



**POLK COUNTY  
MENTAL HEALTH, INTELLECTUAL DISABILITIES, AND  
DEVELOPMENTAL DISABILITY SERVICES**

**FY14 ANNUAL REVIEW**

## **ACTUAL EXPENDITURES & SCOPE OF SERVICES**

Polk County citizens are eligible for county-funded services if they meet financial eligibility criteria as well as one of the following population group categories: persons in need of mental health services (NCMI), persons with chronic mental illness (CMI), persons with intellectual disabilities (ID), or persons with developmental disabilities (DD). Funding for persons with developmental disabilities is subject to availability of funding, and waiting lists may be maintained for all other population groups if funding is not sufficient. For Polk County's fiscal year (FY14), July 1, 2013 through June 30, 2014 the reports are embedded within this annual report:

- Total Expenditures by Chart of Accounts Number and Disability Type (County Report #1)
- Persons Served by Age Group and by Primary Diagnostic Category (County Report #2)
- Unduplicated Count of Adults by Chart of Accounts Number and Disability Type (County Report #3)
- Unduplicated Count of Children by Chart of Accounts Number and Disability Type (County Report #3)
- Mental Health System Growth/Loss Report (County Report #4)
- Waiting List Report (County Report #5)

## PROVIDER NETWORK PROFILE

Polk County service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however Polk County makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. PCHS has identified access points within the provider network to assist individuals or their representatives to apply for services.

<b>Polk County Regional Network of Providers</b>	<b>Funded Programs in the Polk County Region</b>
Behavioral Technologies 2601 E. University Avenue Des Moines, IA 50317 Tele: (515) 283-9109	Supported Community Living Enclave Day Activity Program
Broadlawns Medical Center – BMC 1801 Hickman Road Des Moines, IA 50314 Tele: (515) 282-2200  BMC–Community Access Program 2300 Euclid Ave., Suite B Des Moines, IA 50310 Tele: (515) 282-6770  BMC–PATH 2300 Euclid Ave., Suite B Des Moines, IA 50310 Tele: (515) 282-6750	Adult Inpatient Psych Adult Outpatient Psych Adult Day Treatment Adolescent Day Treatment (FOCUS) Dual Diagnosis Services (mental illness and substance abuse) RCF/PMI  Case Management Integrated Health Home – Intensive Care Coordination Service Coordination Supported Community Living  Integrated Services Program
Candeo 9550 White Oak Lane Johnston, IA 50131 Tele: (515) 259-8110	Supported Community Living Supported Employment Employment Skills Training
Child Guidance Center, a division of Orchard Place 808 5th Avenue Des Moines, IA 50309 Tele: (515) 244-2267	Outpatient Psychiatric Treatment Outreach
Children & Families of Iowa 1111 University Avenue Des Moines, IA 50314 Tele: (515) 288-1981	Representative Payee
ChildServe Box 707 Johnston, IA 50131 Tele: (515) 727-8750	Case Management Respite Supported Community Living In-Home Home Health Care Services Day Habilitation Services
Christian Opportunity Center Box 345 Pella, IA 50219 Tele: (515) 628-1162	Supported Community Living

<b>Polk County Regional Network of Providers</b>	<b>Funded Programs in the Polk County Region</b>
Community Support Advocates 6000 Aurora Avenue, Suite B Des Moines, Iowa 50322 Tele: (515) 883-1776	Integrated Services Project Case Management Integrated Health Home – Intensive Care Coordination Service Coordination
Crest 3015 Merle Hay Rd, Suite #6 Des Moines, IA 50310 Tele: (515) 331-1200	RCF/ID Supported Community Living
Des Moines Area Regional Transit 1100 DART Way Des Moines, IA 50309 Tele: (515) 283-8111	Transportation
Easter Seal Society 2920 30th Street Des Moines, IA 50310 Tele: (515) 274-1529	Integrated Services Program Case Management Service Coordination Supported Community Living Respite Adult Day Activity Employment Skills Training Supported Education Supported Employment
Eyerly–Ball Community Mental Health Services 1301 Center Street Des Moines, IA 50309 Tele: (515) 243-5181	Outpatient Psychiatric and In–Office Clinical Treatment & Evaluation Senior Outreach Counseling Mobile Crisis Team Mental Health Jail Diversion Integrated Health Home – Intensive Care Coordination Forensic Assertive Community Treatment RCF/PMI Supported Community Living
Golden Circle Behavioral Health 945 19th Street Des Moines, IA 50314 Tele: (515) 241-0982	Integrated Services Program Service Coordination
Goodwill Industries of Central Iowa 4900 NE 22nd Street Des Moines, IA 50313 Tele: (515) 265-5323	Supported Employment Adult Day Activity Work Activity Employment Skills Training
Homestead 1625 Adventureland Drive, Suite B Altoona, IA 50009 Tele: (515) 967-4369	Supported Community Living Respite Work Activity
H.O.P.E. P.O. Box 13374 Des Moines, IA 50310 Tele: (515) 277-4673	Supported Community Living Supported Employment Respite

Polk County Regional Network of Providers	Funded Programs in the Polk County Region
Link Associates 1452 29th Street West Des Moines, IA 50266 Tele: (515) 262-8888	Case Management Service Coordination Supported Community Living Respite RCF/ID Transportation Supported Employment Employment Skills Training Work Activity Adult Day Activity
Lutheran Services in Iowa Des Moines Service Office 3125 Cottage Grove Des Moines, IA 50311 Tele: (515) 274-4946	Respite Supported Community Living
Mainstream Living, Inc. 333 SW 9th Street Des Moines, IA 50309 Tele: (515) 243-8115	Supervised Living Apartments Supported Community Living RCF/PMI
Mosaic 11141 Aurora, Building 3 Urbandale, Iowa 50322 Tele: (515) 246-1840	Supported Community Living
Optimae LifeServices 602 East Grand Ave. Des Moines, IA 50309 Tele: (515) 283-1230	Supported Community Living Community Integration
Passageway 305 15th Street Des Moines, IA 50309-3407 Tele: (515) 243-6929	Psycho-social Clubhouse Supported Employment
Primary Health Care, Inc. 2353 SE 14th Street Des Moines, IA 50320 Tele: (515) 248-1400	Homeless Outreach Pharmacy
Progress Industries 5518 NW 88th Street Johnston, IA 50131 Tele: (515) 557-1810	Supported Community Living
Strawhacker and Associates 4601 Westown Parkway Suite 220 West Des Moines, IA 50266 Tele: (515) 223-7370	Rent Subsidy
Telligen 1776 West Lakes Parkway West Des Moines, IA 50266 Tele: (515) 223-2900	Inpatient Utilization Review

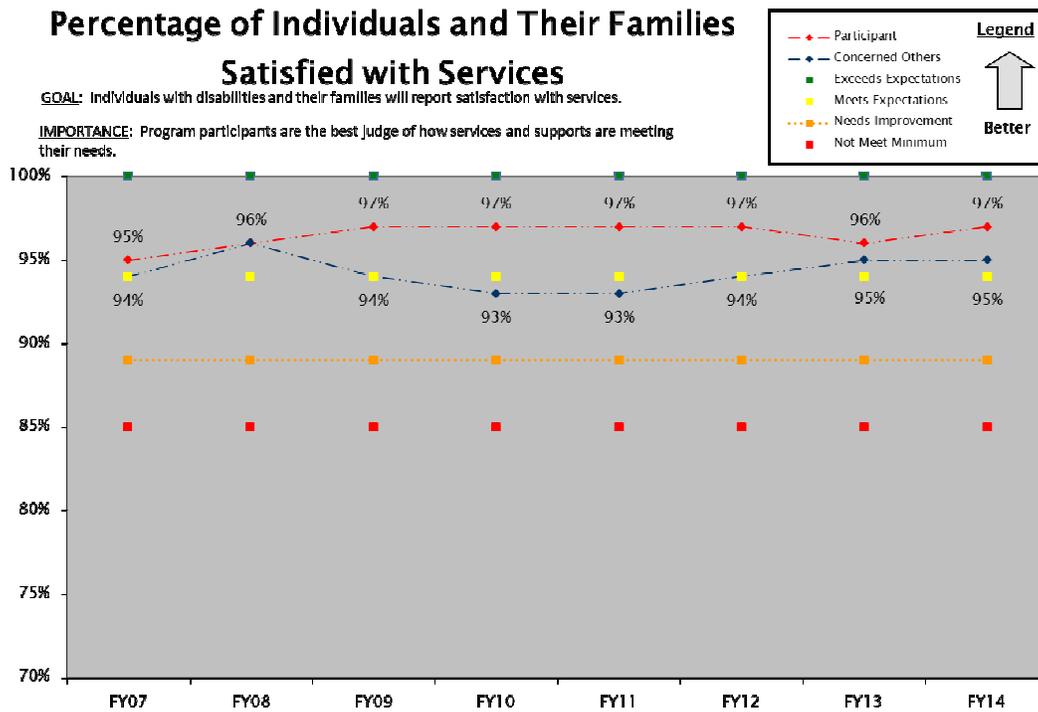
<b>Polk County Regional Network of Providers</b>	<b>Funded Programs in the Polk County Region</b>
Trans Iowa, L.C. 1550 E Army Post Road Des Moines, Iowa 50320 Tele: (515) 266-4500	Transportation
WesleyLife Community Services P. O. Box 7192 944 18th Street Des Moines, IA 50309-7192 Tele: (515) 288-3334	Homemaker Service Mobile Meals

## STAKEHOLDER INPUT & PARTICIPATION

Polk County includes participants, their families, and network providers in program planning, operations, and evaluation. The County's over-all approach to assuring the quality and effectiveness of all program components is through the provider network membership criteria, the County/PCHS contract, reports to PCHS, participant, collecting and summarizing information about appeals, grievances, and plans of correction; and obtaining a variety of participant and family satisfaction information. Stakeholder input was also incorporated into strategic planning focus areas.

FY14 stakeholder satisfaction was evaluated as a component of the overall Case Management/Integrated Health Home, Service Coordination, and Integrated Services outcome evaluation process. Approximately 10% of all participants and family members were interviewed by phone or through a face to face interview by evaluators independent of Polk County Health Services. The survey process allowed participants to agree or disagree, with each survey question. The satisfaction with the system was very positive this year, with the overall satisfaction continuing to be high and stable ranging from 95% (family/concerned others) to 97% (participant satisfaction). Those receiving ongoing supports and their concerned others continue to view worker responsiveness, communication with family members, and staff turnover as key issues to consider when rating service satisfaction. Quality of life remains the lowest of rated areas.

### SYSTEM SATISFACTION RESULTS



## QUALITY ASSURANCE IMPLEMENTATION, FINDINGS, AND IMPACT ON PLAN

Plans are developed and revised based on stakeholder feedback, system outcome results, and review of trends in objectives. Following are the results of the 2013 – 2014 evaluation process.

### *SYSTEM OUTCOME RESULTS – INTEGRATED SERVICES PROJECT*

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The Integrated Services program consists of the four Integrated Service Agencies as well as Polk County Health Services, where all share risk and are vested in the program's success. This year's evaluation suggests that the system was challenged. However, this was primarily the result of issues at one program. Three of the programs met overall expectations, and one failed to meet minimum expectations. Program system averages met or exceeded expectations in 11 of 16 outcome areas, resulting in an overall average of 73%. The system exceeded expectations in five outcome areas: Participant Satisfaction, Concerned Other Satisfaction, Psychiatric Hospital Days, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The system met expectations in six outcome areas: Involvement in the Criminal Justice System, Employment--Engagement Toward Employment, Education, Somatic Care, Negative Disenrollments, and Quality of Life. The system was particularly challenged in five areas: Community Housing, Homelessness, Employment--Working Toward Self-Sufficiency, Participant Empowerment, and Community Inclusion.

One of the most important measures of any service program is satisfaction. If participants are not pleased with the service, they are less likely to participate in the program and the program will not be successful in meeting its objectives. This year, both participants and concerned others reported high satisfaction with the services provided and with staff who work with them. Participants described staff as available and dedicated, they praised the way in which staff respected them and supported them to be more independent and pursue their own goals. Concerned others appreciated that the participants were pleased with the staff and services; they felt that they could reach staff if needed and that staff kept them adequately informed.

Relevant to other outcomes, the programs continued to maintain infrequent use of emergency rooms for psychiatric care and relatively low rates for psychiatric hospitalizations. Many ISA participants have been with the programs for some time, thus staff have been able to build relationships with participants and providers to connect individuals with appropriate treatment and help to monitor progress. In interviews, many participants and family voiced their appreciation for the availability and support of staff, especially if they were experiencing personal crises or distress.

This year, the system was also able to maintain last year's reduction in jail days and reported fewer negative disenrollments. The majority of any program's jail days tend to be attributable to a few participants. This year, 49 participants spent at least a day in jail, representing less than 10% of the participants served. The programs appreciate the services of the Jail Diversion program to assist with communication with the criminal justice system, as well as monitoring of participants when they are in jail. In addition, the growth of PCHS's FACT program over the last year may have provided an alternative support service, contributing to fewer jail days within the ISA system.

The ISA system continued to meet expectations for engaging participants in employment and in encouraging participants to pursue employment-related education opportunities, although challenged to have participants working at least half-time. Being engaged in employment (working at least 5 hours per week and earning minimum wage or more) provides participants with some additional income, improves their job skills, builds their resume and may create a positive transition to future employment interests and opportunities. Working a few hours is a first step in pursuing employment. With additional job skills and experience, these individuals will be better positioned to pursue more extensive employment or career opportunities.

Although system declines were noted in Participant Empowerment, Somatic Care, and Community Inclusion, these system changes were the result of struggles at one program affecting the system level results. In each of these areas, the other three programs met or exceeded expectations.

The greatest system challenge for the ISA programs at this time appears to be finding ways to address participant homelessness. Despite the fact that more than three of every four participants was in safe, affordable, accessible and acceptable housing, ISA participants averaged more days homeless this year than ever before. The system reported a total of 1,442 homeless days, acquired by 28 participants, making up an average of 6% of the participants served at any given time. Thus, homeless days are attributable to a few participants, many of whom stayed in the Central Iowa Shelter.

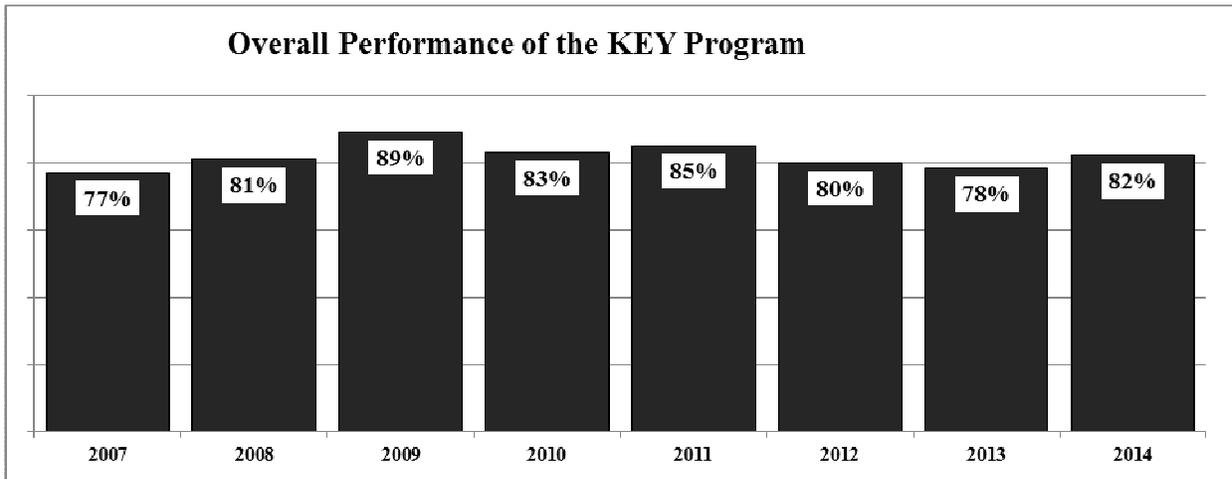
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*SYSTEM OUTCOME RESULTS – KNOWLEDGE EMPOWERS YOUTH*

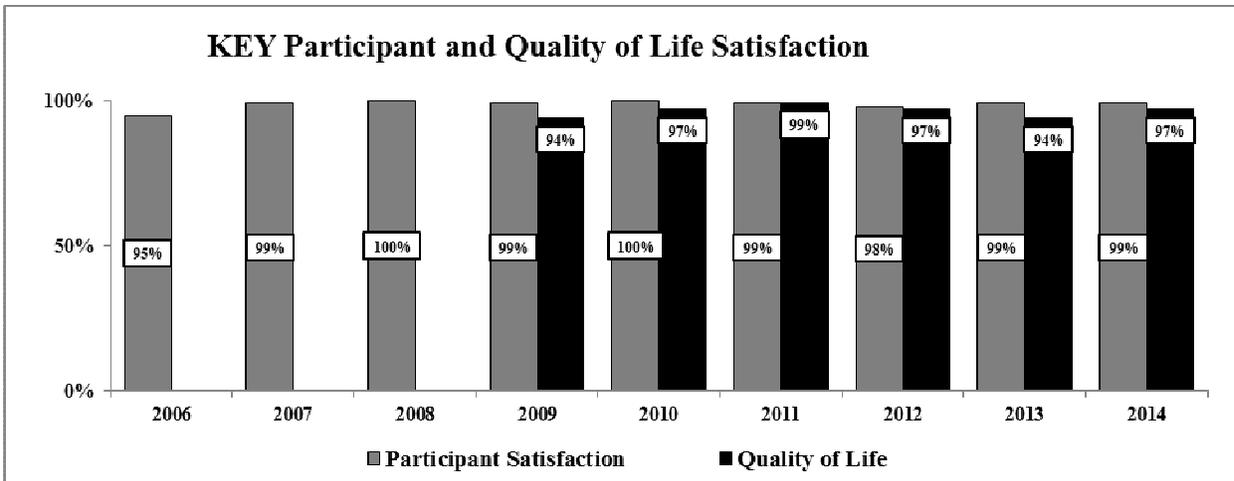
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The KEY program is a

The KEY program is a subsidiary Integrated Services Program for young adults transitioning from the foster care system. The program offers the same flexibility of services as the Integrated Services Program. Overall, the program met expectations this year.



The program excelled in eight outcome areas and met expectations in four others. The program excelled for Jail Days, Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Quality of Life, and Administrative Outcomes. The program met expectations for Community Housing, Employment – Engagement Toward Employment, Negative Disenrollments, and Psychiatric Hospitalizations. The program was challenged in three outcome areas: Homelessness, Employment – Working Toward Self-Sufficiency, and Emergency Room Visits for Psychiatric Care.



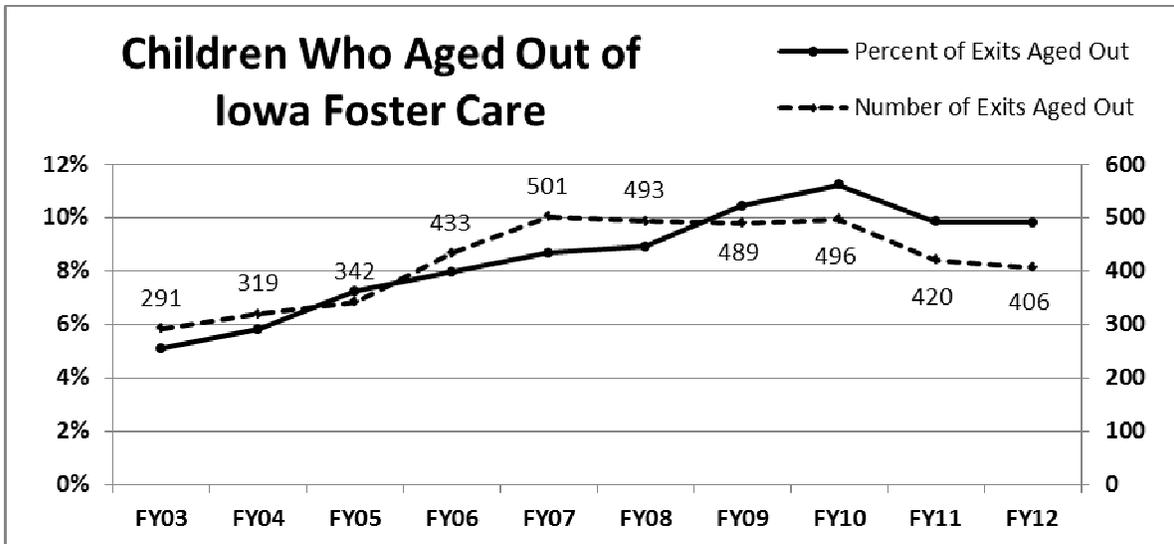
Consistent with previous evaluations, KEY participants report that they are very satisfied with the services that they receive, the staff who work with them, and the quality of their lives. In interviews, participants praised KEY staff for their dedication, flexibility, and availability. They appreciated that the program allowed them to try things on their own, even if it meant that they might fail. Participants reported many ways in which their lives had improved since enrolling in the program.

Participants' satisfaction with their quality of life may well be related to their integration into the community. Three of every four were living in community housing that was safe, affordable, accessible and acceptable. All KEY participants were engaged in community activities, visiting local attractions, and participating in community events. One of every two were completing high school, pursuing post-secondary education or participating in trainings related to their employment. Several participants were balancing both work and school. Thus, KEY participants were living typical young adult lives.

The KEY program reported few jail or psychiatric hospital days. All participants received somatic care for the eighth consecutive year. Although the program is somewhat challenged to reduce visits to the emergency room for psychiatric care, these visits were typically one-time events for participants during the year. In FY15, the program is considering adding a day habilitation program specifically for KEY participants to provide them with more activities and staff time during the day. KEY participants can participate in CSA's SAGE program. However, the KEY participants would prefer a program more tailored to their demographics and interests.

The program did report less success in encouraging participants to pursue employment this year, particularly to work more than twenty hours per week. Although one in four (26%) participants was working at least 5 hours per week, the program reported a decline in the percent work at least 20 hours from 29% last year to 17% this year.

The program's most challenging area continues to be homelessness. This year, the program reported a considerable increase in homeless nights compared to last year. This year's average of 14.6 days is more than triple last year's 4.7 days average, with 62% attributable to a single individual who had employment income but chose not to spend it on rent.



As has been mentioned in previous evaluations, the KEY program serves an important community function, providing transitional support for youth in the foster care system to become responsible and productive adults. Several recent studies have indicated that continued support of former foster children is cost effective in terms of improved academic achievement and, therefore, income potential, as well as decreased likelihood of arrests and use of public benefits (Burley & Lee, 2010). Unfortunately, the need for support for these young adults will likely exist into the foreseeable future as considerable numbers of youth continue to age out of the foster care system. In FY12 (the most recent available statistics), almost one of every 10 youth leaving Iowa’s foster care system had reached the age of 18 without having been reunified with or adopted by a family. That meant that more than 400 Iowa children aged out of the system in FY12. Although fewer foster children were aging out of the system in FY12 compared to historic highs in FY07 and FY08, the number remains relatively high compared to a decade ago (U.S. DHHS, 2014). To meet some of this need, the KEY program intends to increase enrollment up to 50 total participants in FY15.

#### References

American Academy of Pediatrics (2012). Health care of youth aging out of foster care, in *Pediatrics*, 130 (6), 1170–1173, available at: <http://pediatrics.aappublications.org/content/early/2012/11/21/peds.2012-2603>.

Burley, M., & Lee, S. (2010). Extending foster care to age 21: Measuring costs and benefits in Washington State. Olympia: Washington State Institute for Public Policy, Document No. 10-01-3902. Available at: <http://www.wsipp.wa.gov/rptfiles/10-01-3902.pdf>, last visited July 16, 2013.

U.S. Department of Health and Human Services (2014). Administration for Children & Families, Statistics and Research, Child Welfare Outcomes Report Data, Iowa’s State Data Tables from the years 2009–2012, Iowa Context Data, Available at: <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/iowa.pdf>, last visited July 13, 2014.

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#### *SYSTEM OUTCOME RESULTS – FORENSIC ASSERTIVE COMMUNITY TREATMENT*

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The FACT program is a subsidiary Integrated Services Program, offering the same flexibility as the Integrated Services Programs but specifically serving adults who are at high risk or have a history of criminal justice involvement. Utilizing a self-contained team composed of professionals from psychiatry, nursing, addiction counseling, vocational rehabilitation, and the criminal justice system, this forensic focused best practice service model provides treatment, rehabilitation, and support services. Services are available seven days per week, twenty-four hours each day to assist individuals with building independent living and coping skills in real life settings.

The FACT program began serving individuals in November 2011. This year, the FACT program experienced considerable growth. The program started the current fiscal year with 27 participants and ended the current year with 45. These participants are served by a team of six members, including a Team Lead, an Assistant Team Lead/Case Manager, a vocational specialist, a substance abuse specialist, a housing specialist, and a nurse. All participants who are on probation are assigned to one probation officer who attends weekly team meetings.

This is the second year for the FACT evaluation to have performance expectations for the outcome measures. Assessed against those standards, the program demonstrated improvements compared to FY13 but continues to be challenged. This year, the program exceeded expectations for five areas, met expectations in four more, and was challenged in seven outcome areas. The program excelled in Employment-Working Toward Self-Sufficiency, Participant Satisfaction, Somatic Care, Emergency Room Visits for Psychiatric Care, and Quality of Life outcome areas. It met expectations for Involvement in the Criminal Justice System, Education, Negative Disenrollments, and Psychiatric Hospital Days outcomes. The program was challenged by Community Housing, Homelessness, Engagement Toward Employment, Participant Empowerment, Family Satisfaction, Community Inclusion, and Administrative Outcome Areas.

Despite challenges in many areas, participants reported high satisfaction with the program and staff. In particular, they appreciated the assistance finding and maintaining community housing and the medication supports that the program provides. In interviews, many spoke about how well the staff treated them, how comfortable they were working with the staff, and how they felt supported and cared about. They reported improvements in many areas of their lives attributable in part to the supports and encouragement that they received in the program. Several participants struggled with isolation and appreciated the efforts that FACT staff made to encourage them to socialize more. They suggested ways to improve the program by providing more diverse activities and opportunities to do things during the day. Community Inclusion continues to be a challenging area for the program.

Although wanting more communication and services, concerned others echoed praises similar to participants, particularly appreciating that their family members had more stable housing and were being supported to maintain their mental health. Concerned others' suggestions for program improvements included a program website with contact information for staff, a program brochure with information about available services, and an updated community resource list available to participants and concerned others.

This year, the program was also successful in accessing somatic care for all participants. In interviews, several participants mentioned access to the FACT nurse and the assistance the team provides with their medications.

The program was also successful in minimizing the use of the emergency rooms for psychiatric care and maintaining acceptable rates of psychiatric hospitalizations and jail days. These were no small feats given the growth of the program this year. A small cohort, seven participants have been in the program for more than two years, another 14 for more than a year. Over time, staff have been able to establish relationships with these participants, helping them to find stable housing, finding ways to improve or maintain their mental health, encouraging them to form natural supports, and being there when crises occur. Through these efforts, participants spent less time in the hospital or jail and more time in the community.

Program participants spent more time this year in housing that was safe, affordable, accessible and acceptable, although the program struggled with documentation issues for this outcome area. Despite gains in Community Housing, participants reported more homelessness this year compared to last year. Two participants spent three to four months homeless, two others spent two months homeless. None of these were new enrollees.

In interviews, both participants and concerned others expressed their appreciation for FACT staff assistance with housing. The program often puts individuals up in extended stay hotels while they help search for affordable housing that will accept participants with criminal backgrounds. Program staff try to establish good relationships with landlords so that the program can intervene early when housing issues arise to mediate or help move the participant. The program also provides or arranges for rent assistance, typically related to participants' goals. The program takes into account both financial need and needs related to goals, such as the need for a safe environment to remain clean and sober or the

availability of employment opportunities for participants seeking jobs. The program recently hired a housing specialist to focus on identifying available housing options, building and maintaining relationships with landlords, and assisting participants to find community housing.

Program participants were more likely to be employed this year and maintained education compared to FY13. By the final reporting week in April 2014, the program had five participants working 20 or more hours per week and two additional participants working at least five hours per week. During the year, three program participants were working on employment-related training or taking college classes. In interviews, several participants mentioned educational and employment goals. A couple suggested that they wanted more assistance finding employment. The program notes that a frequent requirement of probation for their participants is being employed, volunteering, or completing a GED.

Despite improvements in some areas, the program continues to be challenged to meet documentation expectations. Reported results for Community Housing and Employment outcomes were adjusted due to lack of or inconsistent documentation. Participant Empowerment and Administrative Outcomes were both challenging areas. This year, the program experienced a 67% growth rate. Most of their documentation issues with participant empowerment were because individualized and measurable goals were not in place for new enrollees within 30 days. File reviews suggested that the program was more successful ensuring that goals were in place and reviewed regularly for current enrollees. Relevant to Administrative Outcomes, the program reports their belief that level of functioning assessments were completed but not entered into the electronic system. Originally, the program had a program assistant who entered events in the electronic system, but that position was eliminated last year. In the coming year, outcome event entry will become the responsibility of the assistant team lead. The program will also be hiring an additional case manager.

Recent national reviews of the FACT model (Morrissey, 2013) note that, while assertive community treatment (ACT) has an extensive evidence base, national adoption of FACT programs has proceeded despite a very limited evidence base. Pre-post design research has reported reductions in jail days, arrests, hospitalizations, and hospital days (Lamberti et al., 2001; McCoy et al., 2004), but lack control groups to determine if the results were attributable to a FACT program. Cusack and colleagues' recent randomized trial (2010) reported favorable results at one and two years with the FACT participants having fewer bookings, fewer psychiatric hospital days, and more involvement in outpatient psychiatric care, when compared to usual care peers over the same time period. Although there was a noted difference in bookings, there was not a significant difference in the duration of jail stays between the groups once they were jailed. Thus, the mixture of results from previous studies suggests the need for a wide range of outcome measures to fairly assess effectiveness. Furthermore, long term results from the Arkansas Partnership Program (see Jennings, 2009, Smith, Jennings, & Cimino, 2010) report long term (9 years) success at preventing criminal recidivism when applying ACT to forensic patients, by retaining the fidelity of the ACT model but adding enriched, residential rehabilitation program prior to community treatment (Jennings, 2009).

Thus, in the coming year, the FACT program may want to consider recommendations from both the empirical literature and their participants and concerned others for ways to improve the program. The program will likely want to address their documentation issues, implementing more effective and efficient practices and oversight. Program staff may want to reach out to PCHS staff and other PCHS program directors for ideas. Although it has taken time to build the program, participant satisfaction, improvements in several outcome areas, and emerging evidence in the literature suggest that fostering and maintenance of such a program is an important community investment.

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*SYSTEM OUTCOME RESULTS – CASE MANAGEMENT/INTEGRATED HEALTH HOME – INTENSIVE CARE COORDINATION*

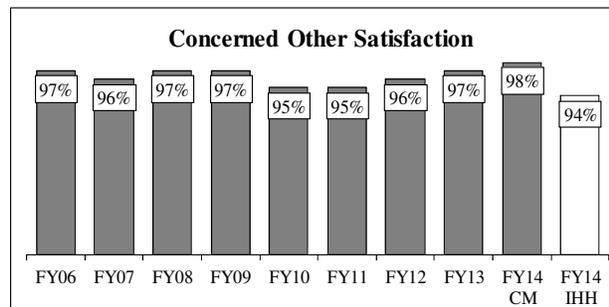
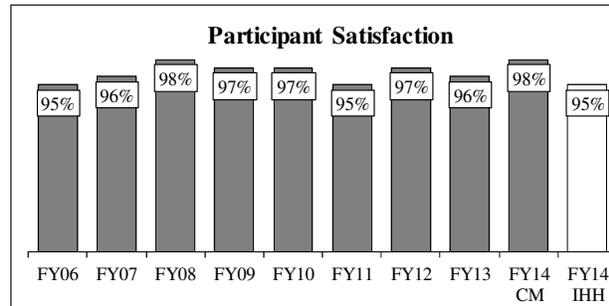
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This was a year of transition for both the Case Management and Integrated Health Home systems. With the introduction of the Integrated Health Home Intensive Care Management (IHH-ICM), the composition of Case Management has changed. Participants with serious mental illness and children with serious emotional disturbance are now required to be served by an IHH. Case Management continues to serve children and adults with intellectual or developmental disabilities. With this change in the populations served by case management, results from previous years' evaluations are not necessarily comparable to this year's evaluation.

As of June 30, 2013, Golden Circle closed their Case Management program. Most eligible participants became enrolled in Eyerly Ball's Integrated Health Home (IHH) when it opened in July 2013. As of July 31, 2013, Broadlawns CAP program began transferring their eligible participants to Broadlawns' newly created IHH. That transition proceeded into December 2013. The remaining participants with mental illnesses at the other providers, CSA and Easter Seals, transferred their participants to one of the IHH programs by December 31, 2013. In October 2013, CSA opened an IHH for transitional age youth. Although PCHS remains as the Regional Administrator for participants and, therefore, continues to measure outcomes so as to monitor and report to participants' system progress, Magellan, under contract from the Department of Human Services, is the primary evaluator of the IHH programs.

This year, the Case Management (CM) system met expectations with an 85% overall performance. All of the four remaining Case Management agencies (ChildServe, CSA Case Management, Easter Seals, and Link) met or exceeded expectations in their overall performance. The Case Management program exceeded expectations in the areas of Homelessness, Involvement in the Criminal Justice System, Education Transition, Participant Satisfaction, Family and Concerned Other Satisfaction, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Areas. The program met expectations for Community Housing, Employment–Engagement Toward Employment, Adult Education, Participant Empowerment, Somatic Care, and Community Inclusion outcomes. The system was challenged by two outcome area: Employment–Working Toward Self–Sufficiency, and Case Management Involvement in Child Education.

Despite the changes, participant and concerned others satisfaction remained high. While all of the programs have worked to minimize disruptions for participants, for example hiring many of Broadlawns' CM staff for their IHH program, there were new processes and procedures, as well as staff changes, to which participants, program directors, and oversight agencies have had to adjust. Thus, programs did an exceptional job of making sure that participants' needs were met. Participants in both the Case Management and the Integrated Health Homes systems were very satisfied with the services they received and the staff who worked with them. They especially appreciated staff's efforts to improve their quality of life and independence. They described staff as professional, dedicated, caring and responsive. They valued the time they had with staff, and, if anything would like to spend more time with these staff members. Concerned others also reported that case management and integrated health home staff were responsive to participants' needs, listened to and worked well with participants and family members.



In many areas, the Case Management system continued to excel. Eight to nine of every ten participants were living in safe, affordable, accessible and acceptable housing. With the supports of staff, participants spent very few days homeless, in psychiatric hospitals, seeking psychiatric care through the emergency room or spending nights in jail. Negative disenrollments, the majority of which are participants who were sentenced to prison, remained relatively low at less than 1%.

Case Management participants were more likely to be actively involved in their communities. More than one of every four adult participants were engaged in employment and about the same percent were pursuing education opportunities. Nine of every ten were involved in their communities, attending events, participating in activities, or visiting attractions. Teenagers were involved in transition activities, better preparing them for independent living as adults.

Case management programs continued to be diligent with documentation. Both file reviews and interviews with participants and concerned others indicate that staff worked closely with participants to develop individualized and measurable goals and to find strategies to help participants be successful with goals. They encouraged participants to pursue employment or education opportunities. They monitored services and advocated for participants with providers. In addition, they completed paperwork and annual level of functioning assessments to maintain participant eligibility when appropriate.

The Case Management system continued to be challenged by the Case Management Involvement in Child Education outcome, albeit an issue at only one program which impacted the system average. The requirement is that case managers attend at least one school meeting with both the child participants' parents and the school personnel. For most children, this would be their annual individual education plan (IEP) meeting. The issue is that these meetings are often scheduled for all students over a few days. Thus, Case Managers who serve primarily child participants are unable to attend meetings for all their child participants when the meeting schedules overlap. Despite being challenged by the outcome, file reviews indicate that Case Managers are involved with child participant education issues, visiting students at school, meeting with teachers, and discussing education issues with parents. In interviews, several parents expressed how much they appreciated case managers advocating for their child at school. Having Case Managers informed and involved in the school plans helps to promote efficiency of services, consistency in communication, and ability for service providers to support the goals that students are working on at home and at school.

The newly formed Integrated Health Home (IHH) system, however, was challenged by PCHS's evaluation expectations. The program achieved an overall 55% performance, and a Does Not Meet Minimum Expectations rating. One program performed in the Needs Improvement category, and the other two performed in the Does Not Meet Minimum Expectations range. The IHH system exceeded expectations for the Participant Satisfaction and the Emergency Room Visits for Psychiatric Care outcome areas. The system met expectations for the Homelessness, Involvement in the Criminal Justice System, Family and Concerned Other Satisfaction, Negative Disenrollments, and Quality of Life. The system was challenged by eight outcome areas: Community Housing, Employment Working Toward Self-Sufficiency, Engagement Toward Employment, Adult Education, Participant Empowerment, Somatic Care, Community Inclusion, and Psychiatric Hospital Bed Days.

In part, the IHH system was hindered by the speed with which programs were expected to be functional, while training all new staff and monitoring evolving policies and procedures. These new programs included many staff who may not have been familiar with PCHS's evaluation or expectations. At the program level, outcome monitoring was hindered by a slow rollout of PCHS's new Business Intelligence reporting. Until the end of the year, PCHS was not able to provide the IHH systems with real-time outcome results as initially planned. Faced with these challenges, the IHH programs report that their primary focus was meeting the needs of their participants. Results from satisfaction interviews suggest that the programs were successful in meeting those needs. Now that this transition period has been completed, the coming year may provide a more realistic evaluation of IHH performance on PCHS's outcome measures. Despite the poor performance, the IHH programs should be commended for their devotion to quality improvement, exemplified by their continued cooperation with PCHS to collect a broad range of outcome data and participation in this evaluation.

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*SYSTEM OUTCOME RESULTS – SERVICE COORDINATION*

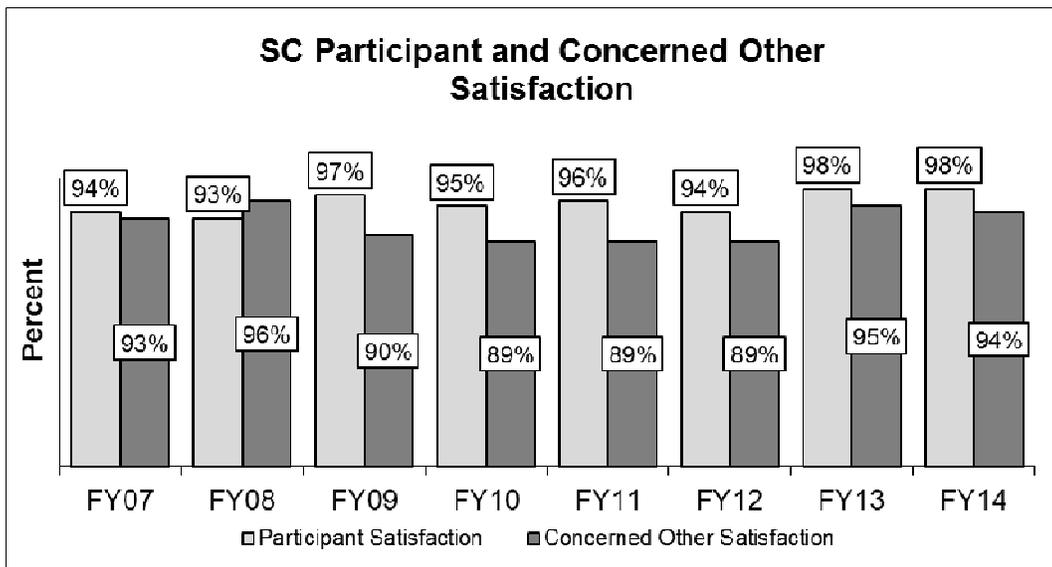
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The Service Coordination system met expectations this year with a 75% overall performance. The system met or exceeded expectations in 13 of the 17 outcome areas. The system exceeded expectations in Participant Satisfaction, Appropriate Disenrollments, Psychiatric Bed Days, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Areas. The system met expectations in Employment Working Toward Self-Sufficiency, Engagement Toward Employment, Education, Participant Empowerment, Concerned Other Satisfaction, Somatic Care, and Community Inclusion. The system was challenged in four areas: Community Housing, Homelessness, Involvement in Criminal Justice, and Negative Disenrollments.

The Service Coordination system provides two separate functions – a triage to help determine what services individuals need and which program would best serve those needs, and a program for individuals that needed only minimal services

and supports. In the past, the program also provided service coordination services for individuals living in ICFs and for participants on waiting lists for other PCHS programs. Although the program serves both triage and minimal services functions, the evaluation includes only those receiving minimal services. This is the second year for which programs are evaluated based solely on participants receiving minimal services and not including those from the triage track or ICFs. Thus, outcome measures are most comparable to those reported last year in contrast to previous years' performances.

An important measure of any service system is the satisfaction of system participants and their concerned others. This year, the service coordination system excelled in both Participant and Quality of Life Satisfaction and met expectations for Concerned Others Satisfaction. Participants were very satisfied with the services and supports that they received from the Service Coordination system. In interviews, participants appreciated staff's availability, resourcefulness and emotional support. They reported that the programs helped them to be or remain independent and noted many improvements in their lives based on the supports provided. Concerned others were also grateful for the services provided, the caring and responsive staff that worked with participants, and the available resources.



In addition to satisfaction measures, the system performed well in several areas. Participants were more likely to be employed or pursuing education compared to previous years. Nearly a third of participants (31%) were working at least five hours per week, and one of every five was working 20 or more hours per week. More than one of every four participants was involved in adult education related to employment, either taking college classes, adult education classes, completing a GED, or work related trainings. Close to seven of every ten participants were engaged in community activities, attending community events, or visiting attractions.

Programs were exceedingly effective in transferring participants to other programs when they needed a higher level of care or appropriately disenrolling them to independence when they no longer needed services. Program participants had few if any visits to the emergency room for psychiatric care and spent little time in psychiatric hospitals. Almost all participants received somatic care during the year. Thus, the programs continued to be successful in meeting many of the needs of participants.

The system reported several challenging areas this year. Fewer participants were reported to be living in safe, affordable, accessible and acceptable housing compared to previous years. Consistent with last year, programs reported high rates of homelessness, averaging more than two homeless days per participant. These were challenging areas across PCHS's systems. In addition, the service coordination system continued to report high jail days, consistent with last year's results. The high jail days likely contributed to more frequent negative disenrollments this year, as some individuals were sentenced to long prison terms.

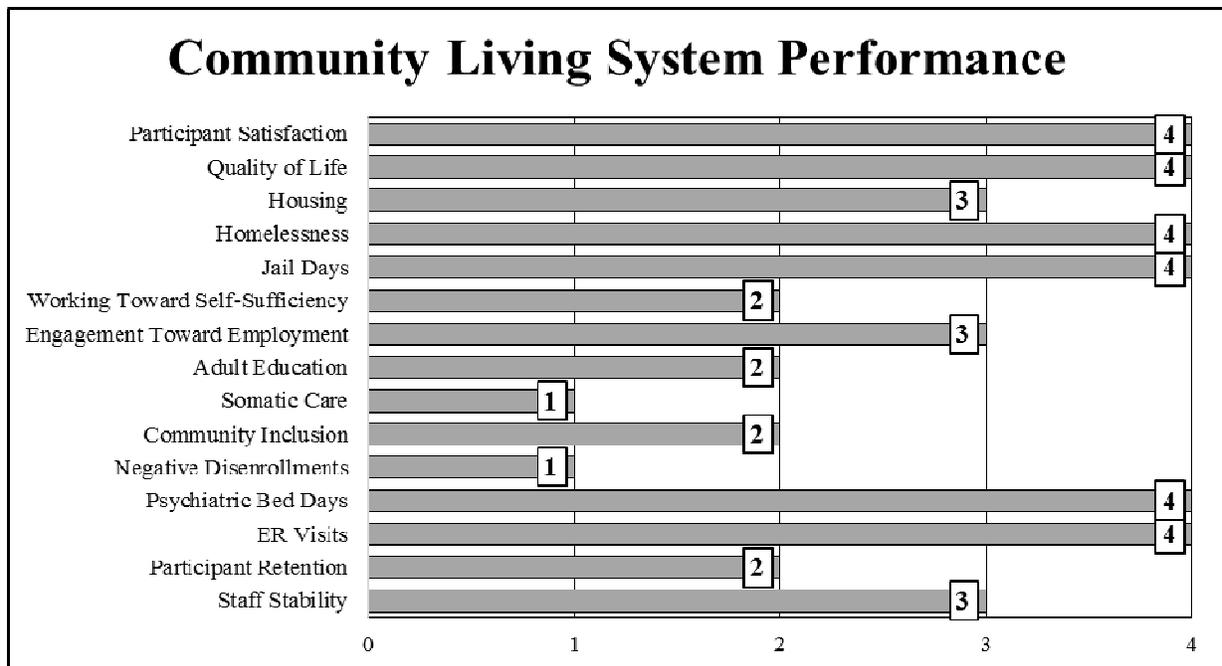
With the implementation of the Affordable Care Act and development of the Integrated Health Homes, the Service Coordination system experienced a 35% reduction in the number of enrolled participants over the course of the year. Over the course of the last several years, the service coordination program has gone from creation, to exceeding capacity and development of waiting lists, to reduction. Thus, all of the agencies and programs should be commended on their continued adjustment to the ever shifting landscape that they need to negotiate. The coming year appears to be no exception. As of July, the service coordination programs at Easter Seals and Link will be completely integrated into their respective case management programs as county-funded case management. As both agencies had already coordinated efforts between their service coordination and case management programs, participants are not likely to experience much, if any, transition and should continue to receive the excellent services that they have come to expect.

*SYSTEM OUTCOME RESULTS - COMMUNITY LIVING*

The evaluation suggests

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Community living services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. They promote this mission by developing supportive relationships to work through individuals' life transitions, promoting responsibility through information and options, building opportunities for meaningful community participation, and supporting experiences which create meaningful life roles. PCHS's charge to the community living system is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. To this end, PCHS contracts with 16 organizations to provide community living services: Behavior Technologies, Broadlawns, Candeo, ChildServe, Christian Opportunity Center (COC), Crest Services, Easter Seals, Eyerly Ball, The Homestead, H.O.P.E, Link Associates, Lutheran Services in Iowa (LSI), Mainstream Living, Mosaic, Optima LifeServices, and Progress Industries. In FY14, the system supported more than 1,800 participants to remain living in their communities by providing supported community living supports.

This is the first year for the Community Living Outcomes evaluation. The intent of the evaluation is to monitor participant and management outcomes in order to annually assess the performance of the Community Living network services. Results are reported and scored for fifteen outcome areas. The overall average system performance was 72%, in the Needs Improvement range set by PCHS.



Despite challenges in several areas, the vast majority (97%) of program participants reported being very satisfied with the services and supports they received, the staff who worked with them, and the quality of their lives. In interviews, participants often expressed their appreciation for the supports and services provided that allowed them to continue to live as independently as possible in the community. They noted ways that services contributed to improvements in the quality of their lives from better living situations, improved functioning, decreased isolation and enhanced social and community participation. They praised staff because they were kind, respectful, available, and resourceful. Participant satisfaction is a primary indicator of service quality. Participants who are satisfied are typically engaged in services and, thus, have at least the potential to improve the quality of their lives through supports.

In addition to Participant Satisfaction, the system performed well in five other outcome areas, exceeding expectations for Homelessness, Involvement in the Criminal Justice System, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Quality of Life. Very few spent any time homeless, in jail, or in psychiatric hospitals. Participants received sufficient psychiatric supports that they did not need to seek psychiatric care through the emergency room.

The system met expectations in three additional areas: Community Housing, Engagement Toward Employment, and Staff Stability. Eight of every ten participants was living in a safe, affordable, accessible and acceptable housing situation. One of every five was engaged in employment, working at least 5 hours per week and earning minimum wage or higher. Agencies reported that more than nine of every ten employees were retained for at least three months.

The system faced challenges in six outcome areas: Employment – Working Toward Self-Sufficiency, Adult Education, Somatic Care, Community Inclusion, Negative Disenrollments, and Participant Retention. Although one of every five participants was working at least five hours per week and earning at least minimum wage, only seven of every hundred participants was working at least 20 hours per week and earning minimum wage or more. Sixteen of every hundred participants were enrolled in adult education related to employment. Less than nine of every ten participants accessed somatic care, and eight of every ten were engaged in community activities or attending community events. Less than three of every four participants had been with their agency for at least a year. Over the course of the year, 126 participants or approximately seven percent were negatively disenrolled.

Programs that reported particularly high rates of negative disenrollments also reported low rates of participant retention, suggesting that they may be struggling to engage, support and meet the needs of participants. Unfortunately, sufficient numbers of participants were not available for interview using the sample of convenience to provide more specific information about participant satisfaction and feedback for some agencies. PCHS and the Community Living providers may want to consider augmenting the sample for interviews to provide more feedback from participants, especially for programs that are not well represented in the convenience sample. Adding interviews with family and concerned others to the evaluation would provide an additional source of feedback from stakeholders for the programs.

By participating in this evaluation, Polk County's Community Living providers should be commended for their commitment to assessing and ultimately improving the quality of services that they provide. With ongoing performance information, providers will be able to better monitor service provision, more quickly respond to gaps or issues, and continue to contribute to improved quality of life for the individuals that they serve.

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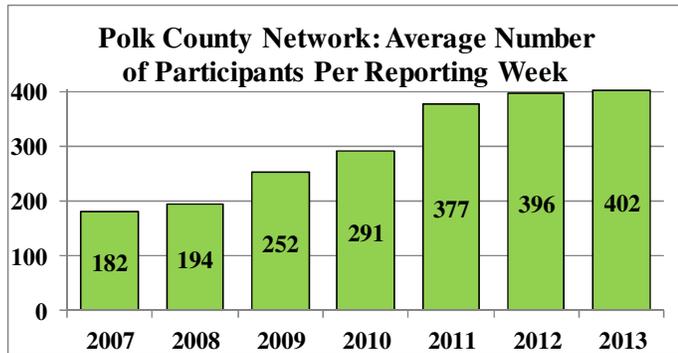
#### *SYSTEM OUTCOME RESULTS – SUPPORTED EMPLOYMENT*

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In this seventh year, the Supported Employment Scorecard Evaluation suggests that the supported employment network continues to be successful in supporting individuals to obtain and maintain employment. The network is composed of four service providers (Candeo, Goodwill Industries, H.O.P.E., and Link Associates). Over the past seven years, the supported employment network has continued to increase the number of individuals served. Participants continue to report being satisfied with the services they receive and the staff who work with them. Wage rates remained stable; however, participants worked fewer hours per week on average compared to last year. This resulted in both lower weekly earnings and fewer participants working toward self-sufficiency compared to 2012. Although fewer participants obtained employment during the year, those who did spent less time in job development before obtaining employment. Based on the file review, employment services and wages and hours worked were well documented.

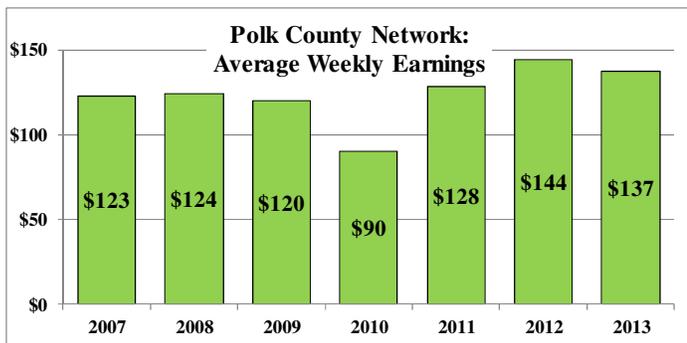
The annual Supported Employment Scorecard Evaluation serves as the foundation for the Pathways to Self-Sufficiency Employment Scorecard, a tool to support informed choice. Choosing an employment agency is an important decision. The scorecard documents the efforts of Candeco, Goodwill Industries, H.O.P.E. and Link Associates supported employment programs to increase the quality of life of individuals served through their commitment to providing responsive, efficient, and effective employment services.

The Polk County Network continued to grow, although at a slower rate this year. In part, growth was limited because of the loss of a network provider. Participants served by the agency that closed were transferred to other agencies to continue their support. Thus, individual agencies served more individuals although the network had limited growth. Agencies report that there is continued demand for their services and most try to expand to meet that demand. In 2013, the network served more than 400 participants per reporting week, an increase of 2% compared to 2012.

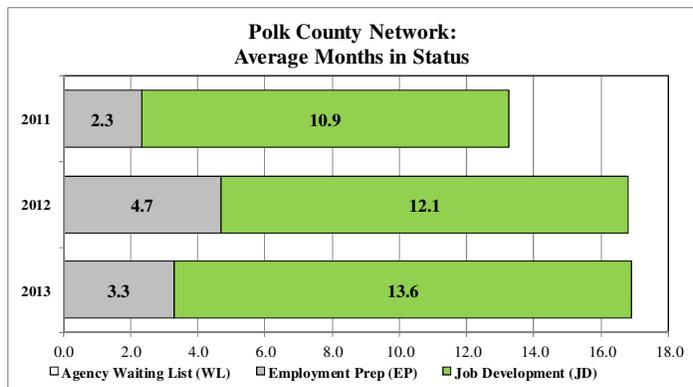


Consistent with previous years, the network serves three participants with intellectual disabilities for every one with mental health disabilities. Participants were most likely to qualify for Level 3 supports (41%).

Supported employment participants reported slightly lower average weekly earnings this year compared to last year. This year, participants averaged over \$8 per hour and worked about 16 hours per week. Although the average hourly rate remained stable compared to last year, a decrease in hours worked from 17 in 2012 to 16 in 2013 resulted in an average decrease of about \$7 per week compared to 2012. Participants were most likely to be working in housekeeping or janitorial services.



Regardless of whether participants acquired employment in 2013, supported employment participants spent well over a year acquiring skills and searching for employment. In 2013, participants spent less time in employment preparation than in 2012 (3.3 months average in 2013, 4.7 months average in 2012). However, participants spent more than a year on average in job development (13.6 months in 2013, 12.1 months in 2012). Of note, all agencies reported that they did not have waiting lists for services. However, some agencies simply did not accept applications or did not act on applications for periods during the year. Of those



who sought employment, approximately one of every three (31%) obtained employment during the year. Although fewer participants obtained jobs in 2013 (31% compared to 43% in 2012), those who did were able to start working sooner (6.6 months of job development in 2013 compared to 8.9 months in 2012). Based on data from the Current Population Survey (BLS, 2008–2013) individuals seeking employment, regardless of disability status, averaged 8.5 months of unemployment in 2013 (mean 36.6, median 16.8 weeks), less than in previous years.

As of June 2013, Iowa's employment levels returned to their pre-recession peak (Gordon, 2013). However, the Iowa Policy Project cautions that employment levels need to have exceeded their pre-recession peak to account for increases in the labor force due to immigration, movement of workers into the state, and addition of high school and college graduates (Gordon, 2013). To meet these increases, the Iowa Policy Project estimates that the state needs to add about 52,000 jobs, 1500 per month over the next three years. The state had been on pace with averaging about 2100 new jobs per month, but saw job losses in September and October 2013.

Other concerns include the increased percentage of unemployed participants who are facing long-term unemployment (out of work for 27 months or more) and the disproportionate increase in part-time rather than full-time employment. The substantial underemployment rate comes at "stark personal and social costs .... These costs include real barriers to re-entering the workforce, physical and psychological costs to workers and their families, and general productivity losses. The burden of unemployment and underemployment ... falls disproportionately on those already disadvantaged in the labor market" (Gordon, 2013, Jobs section). Although these concerns are currently voiced in regard to employment following the recent recession, they are issues faced by many individuals with disabilities in all economic times, particularly for individuals with mental health issues.

Despite challenging economic conditions and the loss of a provider, the Polk County Network agencies continue to support an increasing number of individuals in their pursuit of meaningful, sustaining employment. In part, this report reflects those participants' appreciation of the staff that helps them prepare for employment, find employment and successfully maintain their employment. The programs should be commended for their continued efforts to find and implement innovations, from creating Goodwill's drop-in center to incorporating more research-based, real-world practices such as Candeo, Goodwill and Link's Project Search programs and Link's General Store training. This report supports the conclusion that the Polk County Network continues to meet the challenge of providing individualized and quality supported employment services for the residents of Polk County.

## WAIT LIST INFORMATION

Polk County did not have a waiting list during the fiscal year ending June 30, 2014 (see also County Report #5).

## PROGRESS TOWARD GOALS AND OBJECTIVES

### STRATEGIC PLAN ~ FISCAL YEAR 2014 YEAR END STATUS

Polk County Health Services, Inc. exists to support improved access to health care and to promote full citizenship for people with mental illness, intellectual disabilities, or developmental disabilities. FY14 is a transition year to a new regional structure and funding mechanism. As a result, objectives in the FY10 - FY12 strategic plan are being carried over through FY14. This plan assumes that the state will not mandate expansion of existing services or creation of additional core services without additional funding.

#### STRATEGIC COMMITMENT #1: SYSTEM RESOURCES & INFRASTRUCTURE

**PINNACLE ISSUE #1:** We cannot control funding availability because of state and federal priorities and uncertainties. We must continue to adapt and resolve funding changes to ensure that the greatest number of people are able to receive quality supports.

**PINNACLE ISSUE #2:** All providers are challenged with recruiting and retaining qualified staff. Providers are being held to higher level of accountability with heightened audits and an increase in the amount of detail needed to meet minimum Medicaid documentation standards. Federal and State policy over-interpretation has resulted in a re-direction of resources from direct services to paperwork and technology. Providers are additionally challenged by state caps on allowable mileage reimbursement despite rising fuel costs.

**GOAL:** To establish a system of resource and infrastructure management to accommodate demands on the capacity of the system.

OBJECTIVE #:	OBJECTIVE DESCRIPTION:
1	Increase revenues by working with legislators, other counties, providers, consumers, and their families.
2	Deliver services on a timely basis in appropriate settings and in an effective and efficient manner.
3	Work with provider agencies to identify creative tools for recruiting and retaining qualified staff.

#### **STATUS:**

- Objective 1 (Increase revenues by working with legislators, other counties, providers, consumers, and their families.):
  - Advocate for adequate revenues to maintain existing services, core services and to provide additional core services. In addition, advocate for any county savings from the Affordable Care Act to be reinvested into the system.
    - Staff attended both Legislative Interim Committee meetings and encouraged legislators to maintain the Equalization Fund and delay or eliminate the clawback.
    - The Legislature adopted a clawback methodology that more fairly represents the actual savings experienced by counties due to implementation of the Iowa Health and Wellness Plan.



- PCHS staff meet monthly with IHH directors along with the other coordination directors to discuss Polk County policies and PCHS system values.
- Designated IHH staff are members of the PBS Coordination Team that meets monthly to discuss PCHS values, develops monthly trainings and provides networking opportunities.
- PBS Coordination Team visited or is scheduled to visit each IHH team to discuss PCHS/PBS values.
- IHH staff attend the monthly coordination training developed by the PBS Coordination Team.
- Objective 3 (Work with provider agencies to identify creative tools for recruiting and retaining qualified staff.):
  - Collaborate with the Positive Behavior Support (PBS) Network to increase competencies surrounding positive behavior support, trauma informed care, and co-occurring disorders.
    - This fiscal year, the PBS Network provided trainings in motivational interviewing, emotional intelligence, compassion fatigue, trauma informed care, leadership, and an employment simulation.

**FY14 KEY INDICATOR:**

Metric	FY14 Goal	Jul13 to Sept13	Oct13 to Dec13	Jan14 to Mar14	Apr14 to Jun14
PCHS Staff time spent directly addressing case management issues in on-going services.	Baseline	-	-	-	YTD 416.75 hours
Number of SOARS applications/Length of time to process.	Baseline	0/NA	0/NA	0/NA	0/NA
Average length of time to first face to face contact in Service Coordination Triage	<20 days	23 days	8 days	8 days	8 days

**STRATEGIC COMMITMENT #2: EMPLOYMENT**

**PINNACLE ISSUE:** Employment services must continue to be re-designed to fit our values. While PCHS and Polk County network providers have reached consensus about the value of employment, there remains a lack of clarity about the purpose of employment among other stakeholders. Public perception does not view individuals with disabilities as capable of working. Current services and funding streams do not promote increased self-sufficiency.

**GOAL:** Polk County will see movement toward self-sufficiency.

OBJECTIVE #:	OBJECTIVE DESCRIPTION:
1	Continue to explore additional supports/services needed by people who move toward self-sufficiency.
2	Develop incentive/outcome performance process for employment providers using the scorecard.
3	Continue to develop community integration supports/services within current restrictive budget constraints.

**STATUS:**

- **Objective 1 (Continue to explore additional supports/services needed by people who move toward self-sufficiency.):**
  - (FY14 Strategy Change) Work with employment providers and Integrated Service Agencies to re-establish Supported Education services.
    - Easter Seals received startup money to re-establish supported education. The coordinator has been hired and the first class will begin in August 2014.
  - Evaluate supports and services needed based on time to find a job and disenrollment data.
    - Two additional Project SEARCH programs were added this fiscal year.
- **Objective 2 (Develop incentive/outcome performance process for employment providers using the scorecard.):**
  - (FY14 Strategy Change) Maximize Ticket to Work Incentive Dollars by incorporating evaluation costs into PCHS Operating Budget.
    - Provider agency feedback to maximize Ticket to Work Incentive Dollars was implemented.
  - Continue to award Ticket to Work revenues based on Supported Employment Scorecard.
    - Incentive dollars were awarded at the Polk County Health Service's April board meeting.
- **Objective 3 (Continue to develop community integration supports/services within current restrictive budget constraints.):**
  - Work with Targeted Case Managers to monitor transition aged youth to ensure the use of community based employment settings.
    - An employment training was held May 16, 2014 for all Care Coordinators that reiterated that community based employment services were options for transition aged youth.

**FY14 KEY INDICATOR/S:**

Metric	FY14 Goal	Jul13 to Sept13	Oct13 to Dec13	Jan14 to Mar14	Apr14 to Jun14
Increase the percentage of adults in the labor force working 20 or more hours per week at minimum wage or higher	>18%	12%	13%	13%	14%
Increase the percentage of adults in the labor force working greater than 5 hours per week at minimum wage or higher	>18%	27%	27%	29%	29%

**STRATEGIC COMMITMENT #3: COMMUNITY LIVING**

**PINNACLE ISSUE:** While the state institutions still use restrictive techniques, community providers may not, but the positive alternatives haven't yet become part of the community provider culture. Residential providers are not comfortable serving a growing number of individuals with complicated and sometimes intense needs and, as a result, these individuals enter and over-utilize inappropriate levels of care (i.e. jail or hospital) or are forced to leave Polk County to access services.

**GOAL:** Provide opportunities for individuals to live healthy and productive lives within the community.

<b>OBJECTIVE #:</b>	<b>OBJECTIVE DESCRIPTION:</b>
1	Develop ability to provide residential/support services to all individuals within Polk County.
2	Explore ways to provide services to individuals with immediate needs.
3	Develop/implement Community Living Scorecard.
4	Explore alternative funding streams to fund residential/support services.

**STATUS:**

- Objective 1 (Develop ability to provide residential/support services to all individuals within Polk County.):
  - (FY14 Strategy Change) Identify the needs of individuals who cannot currently be served in 24-hour services within Polk County.
    - PCHS Staff met with all provider agencies and case managers/service coordinators/IHH care coordinators and identified the needs for individuals living outside Polk County. Provider agencies were identified to meet with these individuals and are currently developing programs.
  - (FY14 Strategy Change) Develop community living services within Polk County for individuals with challenging needs to remain in Polk County and living outside of Polk County.
    - Developed community living services for 8 individuals moving back from out of county. PCHS Staff continue to work with providers in developing additional community living services for other individuals living within and outside of Polk County.
  - Continue to work with Network Providers to develop crisis stabilization/respite beds within the community.
    - See Objective 4 under Treatment.
- Objective 2 (Explore ways to provide services to individuals with immediate needs.):
  - (FY14 Strategy Change) Enhance Eyerly-Ball Residential's ability to allow faster admissions and to provide transitional vs. permanent housing
    - Developed a plan with Eyerly-Ball residential to have a transitional component to their residential program which allows for faster admissions to the program.
  - Review and implement Residential Options Committee recommendations regarding scope and purpose.
    - Reviewed the scope and purpose of the Residential Options Committee with committee members. Identified areas needing further clarifications and implemented those changes.
- Objective 3 (Develop/Implement Community Living Scorecard.):
  - Review Community Living Scorecard measure compatibility with MHDS redesign performance measures.
    - PCHS Staff have continued to meet with providers to move from a Community Living Scorecard to a Community Living Evaluation. Provider agencies indicated the management indicators for community living were already present within organizations and preferred evaluating alignment with system outcomes. A workgroup proposed targets and a framework for distributing incentives. Additionally, integrating the data verification process into PolkMIS is partially implemented.
- Objective 4 (Explore alternative funding streams to fund residential/support services.):

- None.

**FY14 KEY INDICATOR/S:**

Metric	FY14 Goal	Jul13 to Sept13	Oct13 to Dec13	Jan14 to Mar14	Apr14 to Jun14
Decrease net number of individuals moving out of Polk County to licensed facilities.	28 individuals (-4)	43	35	31	19

**STRATEGIC COMMITMENT #4: TREATMENT**

**PINNACLE ISSUE:** The goal of mental health treatment is often based on a medical model of symptom remediation or elimination before people can get on with their lives. Treatment models based on recovery and resiliency concepts and principles offer people a better chance to live a full and productive life.

**GOAL:** Treatment services will incorporate recovery concepts and principles and people will receive the treatment service that best fits the treatment goals.

OBJECTIVE #:	OBJECTIVE DESCRIPTION:
1	Offer training opportunities for practitioners on recovery concepts.
2	Incorporate recovery concepts and principles into services.
3	New services must explicitly state how recovery principles will be applied.
4	Increase collaboration between treatment, residential and employment providers based on a common recovery based plan.

**STATUS:**

- Objective 1 (Offer training opportunities for practitioners on recovery concepts.):
  - Collaborate with the Positive Behavior Support Network, Community Living, and Employment Guiding Coalitions to provide on-going training opportunities related to motivational interviewing, trauma informed care, co-occurring disorders, and positive behavior support.
    - The Positive Behavior Support Network provided training on Motivational Interviewing and trauma informed care that was available to member agencies.
- Objective 2 (Incorporate recovery concepts and principles into services.):
  - Work with treatment providers to implement utilization review and quality assurance activities.
    - The focus for this year for treatment providers was preparation for the Affordable Care Act.
  - Continue to work with Criminal Justice Coordinating Council (CJCC) to develop therapeutic alternatives to incarceration.
    - Through the CJCC, Polk County planned to add a person to the post booking jail diversion program beginning July 1, 2014 and two vehicles to be used for transportation. We also worked with the CJCC in the development of the St. Gregory program described immediately below and developed metrics that measure cost avoidance of our jail alternative programs.
  - Decrease admissions to Mt. Pleasant IRTC for people with MH/SA co-occurring disorders by referring to community based co-occurring competent providers.

- St. Gregory opened a detoxification and 3.5 residential treatment program in space made available by at the Polk County Jail that will serve as an alternative to Mt. Pleasant.
  - (FY14 Strategy Change) Provide funding for a vehicle for the Post Booking Jail Diversion Program staff to transport clients to appointments with Social Security, doctors, probation officers, etc.
    - Eyerly-Ball purchased a vehicle in May, 2014 for the jail diversion staff and a second vehicle is in the budget for FY15.
- Objective 3 (New services must explicitly state how recovery principles will be applied.):
  - As new services are developed or re-designed, recovery and trauma informed care principles will be applied.
    - The Crisis Observation Center was developed with recovery and trauma principles in mind. A leading expert on Trauma Informed Care toured the facility and made remodeling recommendations that were incorporated into the center.
- Objective 4 (Increase collaboration between treatment, residential and employment providers based on a common recovery based plan.):
  - Work with treatment providers to implement the Affordable Care Act's goal of better integrating treatment of mental health and physical health treatment.
    - Broadlawns was a leader in Iowa regarding enrolling people in the Iowa Wellness Plan. PCHS Staff facilitated meetings with Broadlawns and Eyerly-Ball to learn how the processed worked. Eyerly-Ball had fewer resources to assist people in the enrollment process so the Medication Access Coordinator was re-tasked to help with this process.
  - Work with Public and Private mental health, intellectual disability, and substance abuse providers, crisis management points and Community Corrections to develop multi-system network plan for crisis planning and communication.
    - (FY14 Strategy Change) Develop a twenty-three hour crisis observation unit that would serve up to five people at one time. Twenty-three hour crisis observation is intended to provide very short-term crisis stabilization and triage to appropriate services. Planning for the twenty-three hour crisis observation unit began in January 2014 and the center is scheduled to open July 15, 2014.
    - PCHS Staff began work to establish a crisis stabilization center that will provide 24-hour care for individuals needing a longer time to stabilize and move to appropriate services.

**FY14 KEY INDICATOR/S:**

Metric	FY14 Goal	Jul13 to Sept13	Oct13 to Dec13	Jan14 to Mar14	Apr14 to Jun14
Quarterly amount spent on people receiving treatment services	Baseline	\$1,296,996	\$1,297,934	\$222,882	\$42,449
Decrease admissions to Mt. Pleasant	<200	49	57	39	27
Minimize jailing individuals with mental health issues thru Mobile Crisis Team	<2%	.85%	1%	.44%	1.4%

## NUMBER, TYPE, AND RESOLUTION OF APPEALS

While County policy is outlined in the Regional Management Plan, the Service Appeal Board reviews circumstances in which Polk County funds are authorized, allocated or expended. Another function the Service Appeal Board fulfills is to review and determine resolution of appeals. During this fiscal year, there was one appeal presented to the Service Appeal Board.