

CARROLL COUNTY

THREE YEAR STRATEGIC PLAN **Fiscal Years** **2010-2012**

~VISION STATEMENT~

People with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice, community and empowerment.

Developed by the Carroll County MH/DD Stakeholder's Group

Approved by the Carroll County Board of Supervisors: _____

Chairman, Carroll County Board of Supervisors

Process for development of the 2010-2012 Strategic Plan

1. Needs Assessment

The Carroll County Stakeholder's group consists of representation from local residential and vocational providers, county case management, county board of supervisors and a consumer. The Carroll County Stakeholder's group met on four occasions (11/26/08, 1/28/09, 2/18/09 and 3/11/09) to complete a need's assessment for the purpose of developing this strategic plan. The focus of this Strategic Plan is to increase options and strengthen community-based services to individuals, so that they have access to quality services and supports to help them live in the community of their choice.

In order to determine future goals, it was important begin the Strategic Planning process with a review of the current goals. On 1/28/09, the CPC Administrator reviewed the current Strategic Plan goal progress with the MH/DD Stakeholder's Group which focused on increased community employment opportunities for persons with disabilities. This goal has been met with progress consisting of a reduction in the number of consumers in work activity from 58 to 49, an increase in community employment for consumers with no additional services from 6 to 17, a decrease in persons receiving a combination of community employment and another day service from 31 to 21, and 37 out of 38 consumers maintained or increased community employment hours with only one having a decrease.

The group then viewed a PowerPoint presentation that illustrated various areas of need and potential gaps, both administratively and systemically. Each of the following areas was analyzed with the majority of concerns identified pertaining to the systemic gaps in that exist in Carroll County. The administrative areas were discussed with minimal issues raised in this area. Upon completion of the PowerPoint presentation, group members were provided time to submit their recommendations to the CPC or email them prior to the next meeting. Following is the list of potential need areas which the Stakeholder's group reviewed and provided comment.

ADMINISTRATIVE

- Application process
- Service Funding Authorizations-Are they timely?
- Payments to Providers
- Collaboration –do we need more? In what aspect?
- Quality Assurance

SYSTEMIC

- Housing
- Community Based Services
- Community Involvement
- Person-Centered Services vs. System-driven Services
- Community Employment opportunities
- Mental Health Services/Adequate emergency services
- Infrastructure of organizations

Three members expressed the lack of transitional housing as an area of need in our community. Currently, fifty-eight persons with Mental Retardation receive 24-hour Home and Community Based Waiver Services (HCBS) with a budget expense of approximately \$1,000,000. Thirteen persons are receiving community-based ICF/MR Services and five persons are receiving ICF/MR services at Glenwood Resource Center. The lack of availability of a transitional home or apartment in the community makes it difficult to transition individuals into independent living if they are accustomed to 24-hour care. Offering Supported Community Living on an hourly basis is not always a cost-effective option particularly for an individual who has resided in a 24-hour HCBS home for an extended period of time. The Carroll County Case Managers have identified several individuals on their caseloads who could move to a higher level of independence, however due to various issues such as guardian/family concerns and potential safety issues, it is critical that this level of care be established to ease transitions. Carroll County needs to consider exploration of a home or apartment setting that could be staffed within the community. This would allow for increased inclusion of persons with disabilities within the community, particularly for individuals who are being discharged from an inpatient setting who may not need 24-hour care but are not ready for independent living.

In order to increase options and strengthen community-based services for individuals so that they have access to quality supports to help them live in the community of their choice, it is in the best interest of the individuals receiving services for the county to join in the effort to strengthen the Providers that deliver those services. A provider agency must have strong infrastructure, such as staff development, information technology, human resources, and quality assurance in order to deliver quality services. In an effort to unite with local providers to strengthen infrastructure not only internally but systemically, the MH/DD Stakeholder's Group identified a goal of moving from a System-Driven to more of a Person-Centered service system within Carroll County. Methods for moving our system in this direction were discussed in terms of determining whether we as a whole are doing a good job at assessing people's priorities and life expectations versus plugging them into what is available or our perception of what we think they need. Annual training to provide direct line agency staff with techniques to implement this method of practice could be employed. We also agreed that the need for increased provider collaboration through quarterly advisory meetings to enhance services within the community, explore grant opportunities, and goal progress is essential to accomplishing this mission.

Another recommendation was to explore possible service options that could replace the need for traditional services as well as reach individuals before they enter the service system. With the advances in technology, there are more than likely mechanisms to utilize that could replace the need for traditional paid services such as overnight staffing coverage. This would allow for increased independence and normalcy for the persons whom we support. The development of support groups for families (ie; autism) was also recommended to strengthen family supports and provide a foundation for education and awareness. Through development of such support groups, the aim would be to provide assistance to families before they need to access traditional supports.

The lack of psychiatric services for children as well as adults was identified as a significant gap within Carroll County. Currently, no children's mental health services exist, therefore families are required to travel to urban areas to access child psychiatry services.

The lack of crisis services for persons with mental retardation as a need locally and on a statewide level was identified. HCBS/MR Waiver providers are not able to access the traditional services (inpatient psych) for behavioral issues and the Resource Centers do not provide any inpatient services without formal admission. Woodward and Glenwood will consult within the community but this requires scheduling and services are not immediately available in crisis situations. Due to the cost in the development of these types of services, it was recommended that Carroll County consider partnering with contiguous counties to share the cost on a regional level.

The lack of transportation on the weekends and evenings tends to be a barrier for consumers wishing to access socialization and activities. Region 12 will transport on Sundays for church services, but it tends to be on an individual basis upon request.

2. Goals/Objectives

Goal #1 – The Carroll County MH/MR/DD service system will provide more individualized supports for people with disabilities to lead fulfilled lives that offer choices and opportunities within the scope of a person’s needs and abilities.

Objective 1: In keeping with the values and principles of choice, community and empowerment within the management plan, Carroll County will acquire a person-centered vs. system-driven service system by June of 2012.

Action Steps:

1. Carroll County Community Services will co-sponsor trainings locally with various service providers on an annual basis to enhance learning opportunities for agency staff that will ultimately lead to better services for the consumers whom we serve.
2. Carroll County Case Managers will develop Individual Service Plans that support the consumer’s dreams and visions for their future and advocate for progress. In situations where progress towards a consumer’s goal is stagnant from year to year, the Case Manager will work collectively with the team towards development of creative ideas that will lead to accomplishment.
3. The MH/DD Stakeholder’s Group will develop a self-advocacy group that will promote the consumers abilities to speak up for themselves and obtain what they want out of life.
4. Develop support groups for families to increase support and education in the areas of autism, mental health/mental retardation etc.
5. Survey consumers/families/guardians in years one and three to assess their perspective on the system.
6. Increase provider collaboration through quarterly advisory meetings to enhance services within the community, grant opportunities, and progress towards the indicators.
7. Increase transportation on the evenings and weekends so that consumer’s are able to access the community for socialization and activities of their choice.

Measures of Progress:

1. One formal training for local providers/consumers sponsored yearly.
2. Survey tool developed which will measure the consumer’s perspective on the service system.
3. Survey results in year three will reveal that 98% of consumers reviewed deem the service system as person-centered.
4. Transportation is available in the evenings and on the weekends through a possible county subsidy or other grant funds by June 2010.

Objective 2: Carroll County will provide services and supports within the community of a person's choice by June of 2012.

Action Steps:

1. Increase independent living and housing opportunities that are community-based and integrated by exploring options for transitional apartments or houses that could be staffed based on individual need.
2. Research funding opportunities for community housing project listed above including county block grant if possible. Cost undetermined at this time.
3. Access the Money Follows the Person Grant to transition individuals from the ICF/MR setting into the community.
4. Research technology options that can replace traditional supports (ie; paid overnight staff).
5. Increase utilization of natural supports for consumers whenever possible.
6. Provide education to families and guardians regarding community based services and foster awareness of consumer's abilities to achieve independence while taking risks.
7. Develop regional crisis service with contiguous counties that would meet the needs of persons with mental retardation when experiencing a mental health or behavioral emergency.
8. Increase psychiatric services to both children and adults within Carroll County which would prevent the need for persons seeking such services to travel to urban areas.

Measures of Progress:

1. Transitional community living apartment/home is established by June 2011.
2. Grant funding is secured for housing project.
3. Natural supports/assistive technology are accessed before (or replaces) Medicaid/county funded services for ten consumers.
4. Parent education/awareness meetings are created.
5. 25% (15) of consumers receiving 24-hour Home and Community Based Services move to a less than 24-hour home or apartment within the community by June 2012.
6. 25% (4) consumers residing in ICF/MR facilities move into the community with HCBS/MR Waiver Services by June 2012.
7. Psychiatric services are established in Carroll County for both children and adults by December 2010.
8. Crisis services for persons with mental retardation are developed by June 2011.

3. Services and Supports

SERVICE	MI	CMI	MR	DD	BI
4x03 Information and Referral					
4x04 Consultation.	X	X			
4x05 Public Education Services	X	X			
4x06 Academic Services.					
4x11 Direct Administrative.					
4x12 Purchased Administrative					
4x21- 374 Case Management- Medicaid Match.		X	X	X	
4x21- 375 Case Management -100% County Funded		X	X	X	
4x21- 399 Other.					
4x22 Services Management.					
4x31 Transportation (Non-Sheriff)		X	X	X	
4x32- 320 Homemaker/Home Health Aides.		X	X	X	
4x32- 321 Chore Services					
4x32- 322 Home Management Services					
4x32- 325 Respite.	X	X	X		
4x32- 326 Guardian/Conservator.					
4x32- 327 Representative Payee					
4x32- 328 Home/Vehicle Modification			X		
4x32- 329 Supported Community Living (ARO)		X			
4x32- 399 Other (ACT)					
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					
4x42-301 Outpatient Evaluation	X	X			
4x42- 305 Outpatient Therapy	X	X			
4x42-306 Outpatient Med Management	X	X			
4x42- 309 Partial Hospitalization.		X			
4x42-396 Medication Assistance					
4x42- 399 Other.					
4x43- Evaluation.	X	X			
4x44- 363 Day Treatment Services		X			
4x44- 396 Community Support Programs		X			
4x44- 397 Psychiatric Rehabilitation /ACT					
4x44- 399 Other					
4x50- 360 Sheltered Workshop Services		X	X	X	
4x50- 362 Work Activity Services		X	X	X	
4x50- 364 Job Placement Services.					
4x50- 367 Adult Day Care		X	X	X	
4x50- 368 Supported Employment Services		X	X	X	
4x50- 369 Enclave		X	X	X	

4x50- 399 Other					
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds		X	X	X	
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		X			
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds					
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds					
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds					
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			X	X	
4x63- 329 Supported Community Living			X		
4x63- 399 Other 1-5 Beds.					
4x64- 310 Community Supervised Apartment Living Arrangement (CSALA) 6-15 Beds					
4x64- 314 Residential Care Facility (RCF License) 6-15 Beds		X	X		
4x64- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6-15 Beds					
4x64- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6-15 Beds					
4x64- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6-15 Beds					
4x64- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6-15 Beds			X	X	
4x64- 399 Other 6-15 Beds..					
4x65- 310 Community Supervised Apartment Living Arrangement (CSALA) 16 and over Beds		X			
4x65- 314 Residential Care Facility (RCF License) 16 and over Beds		X			
4x65- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 16 and over Beds					
4x65- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 16 and over Beds					
4x65- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 16 and over Beds					
4x65- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License)			X	X	
4x65- 399 Other 16 and 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					
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					

4. Provider Network

The following is a listing of providers and services within the network (Note: addresses and telephone numbers are available by contacting the CPC).

AGENCY	MI/CMI	MR/DD
Ameriserve International	NA	HCBS
Carroll County Community Services	CPC, Targeted Case Management(CMI), County Service Monitoring (CMI/MI)	CPC, Targeted Case Management, County Service Monitoring
Carroll Area Nursing Services	Homemaker	Homemaker
Carroll County Sheriff's Department	Transportation for Involuntary Commitments	NA
Cass, Inc.	Supported Community Living	HCBS Supported Community Living/Pre-Vocational Services
Catholic Charities	Outpatient Counseling	NA
Creative Community Options	NA	HCBS Supported Community Living
Counseling Services, Inc.	Outpatient Counseling	NA
Integrated Health Systems/Glenwood	NA	ICF-MR Services
Iowa Vocational Rehabilitation Services	Supported Employment/Job Readiness/Job Assessment	Supported Employment/Job Readiness/Job Assessment
Cherokee Mental Health Institute	Inpatient/Outpatient Medication Management	NA
Family Resource Center	SCL/Habilitation Services	SCL/CDAC/Respite HCBS/MR Waiver Services
Genesis Development	Work Activity (CMI); Residential; Supported Employment (CMI); Adult Day Activity (CMI)	Work Activity, Supported Employment; Supported Community Living; Adult Day Activity
Glenwood Resource Center	NA	ICF/MR
Home Care Options	NA	HCBS Supported Community Living
Howard Center	CSS/Habilitation	Vocational Contract Services/Day Hab/Pre-Vocational/CDAC/Respite/Supported Community Living HCBS/MR/BI/III&Handicapped Waivers
Julie Mayhall	Legal Representation for Commitment	NA
Kris Gerhard	Mental Health Advocacy	NA
Legs On Lease	NA	Vocational Transportation
Mallardview	RCF	NA
Martha Sibbel	Legal Representation for Commitment	NA
New Hope Village	NA	HCBS / Work Activity/ Supported Community Living/Pre-Vocational/Day Habilitation/Enclave/ Transportation/ICF/MR

Opportunity Living I,II& III - Lake City	NA	ICF-MR Services
RegionTwelve	NA	HCBS Transportation
Seasons Center for Community Mental Health	Outpatient, Medication Management, ADT, SCL, Evaluation	NA
St. Anthony's Hospital	Outpatient, Med Management, Evaluation	NA
The Richmond Center	Outpatient, Med Management, SCL/Evaluation/Day Habilitation/Clubhouse	NA
Village Northwest	Work Activity	NA
Wesco	NA	HCBS/Supported Community Living/ Pre-Vocational/ Enclave/Respite

5. Access Points

Access Points are the agencies where individuals may apply for Carroll County funding for disability services.

Authorized Access Points:

- *Carroll County Community Services Department
- *The Richmond Center
- *New Hope Village
- *Home Care Options
- *Carroll County Department of Human Services
- *Howard Center
- *Family Resource Center
- *St. Anthony's Hospital
- *Catholic Charities
- *Counseling Services
- *Mallard View
- *Iowa Vocational Rehabilitation Services

Designated staff at any access point will assist with the completion of the CPC Application form and forward it to the CPC Administrator for eligibility and service planning.