

JEFFERSON COUNTY

Fiscal Year 2006

ANNUAL MANAGEMENT REPORT

CENTRAL POINT OF COORDINATION

and

MENTAL HEALTH ADMINISTRATOR,

SANDY STEVER

PROGRESS TOWARDS GOALS AND OBJECTIVES:

The Jefferson County Goals and Objectives from Fiscal Year 2005 are also in place for the 2006 report. These goals are directed toward the “needs” of our individuals. Jefferson County stakeholders created a vision statement that keeps a focus on what is needed for our consumers, while remembering there is a limit on the amount of funds available and appropriate funding. The Vision Statement says: Jefferson County intends to meet the optimal needs of adults with mental disabilities on a community based, integrated concept. Jefferson County intends to continue to develop and maintain a cost-effective approach to providing a local, community based, integrated system of services and supports that will be guided by and enhance the individual’s principles of choice, empowerment and community integration, with individual “needs” being served and not individual “wants”. The following is a review of Jefferson County’s Fiscal Year 2006 goals and objectives:

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

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

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

Action Steps for Objectives A and B:

1. Evaluation of consumer services for appropriateness.
2. Encourage providers and consumers to access natural resources and supports.
3. Provide only those services necessary!
4. Implement cost reduction measures if budget constraints occur, i.e.: waiting lists and “Growth versus Needs service evaluation”.
5. CPC will communicate via letter or personally within in a “team” meeting setting regarding budget constraints if they were to occur.

Goal # 1 Summary:

During 2006, Jefferson County was able to allow existing and new individuals to access more services without adding additional strain to the budget. These services include Pre-Vocational, Adult Rehabilitation, waiver site homes and transportation. Jefferson County is also utilizing RCF providers, when appropriate, HCBS and /or ARO services. Jefferson County anticipates this transition which will allow more funds for new individuals or existing individuals to access other services as needed.

Jefferson County continues to promote evaluation of all individual’s services funded for appropriateness. The CPC, Case Managers, provider staff, the individual and sometimes others are all part of the “team” to determine appropriate “needs”, not wants. The professional staff have human service credentials to assist with this evaluation of needs and determination of services. The CPC was regularly attending annual and quarterly team meetings that facilitates this input. However, with the increase in administrative responsibilities and with no additional professional support in the CPC office, the CPC had to reduce to attending just the meetings that discusses the needs and, therefore, directly connects to the funding. While this reduction in time by the CPC was necessary, the CPC, Case Managers, providers and various other agencies have continued to work toward services for each consumer that are tailored to meet their needs and will allow for more adequate evaluation of services. Each consumer has the goal to be as independent as that consumer can be within their personal limitations while trying to foster their independence rather than deter their independence with too many services. The CPC has also encouraged the case managers to be in a position to facilitate the meetings in order to address all of the goals identified on the individual’s case plan. These are the goals the providers should also be addressing.

The CPC has also attended local unit case management meetings at least quarterly to provide for more open communication and collaboration with case managers in order to maintain an understanding of how services are determined and to address any concerns case managers may want to discuss. Discussion does include ensuring needs and not wants for individuals are identified as goals, and that those needs are then further identified as to where the most appropriate place for the needs should occur, such as supportive community living or adult day habilitation, or perhaps adult rehabilitation option at the drop-in center instead of at the individual's home.

Goal #2: Continue to improve the transition process.

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

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

Action Steps for Objectives A, and B:

1. Determine eligibility and services needed of those transitioning.
2. Attend Transitional Advisory Board meetings as CPC.

Goal #2 Summary:

This goal was determined out of a need to identify prior to adulthood the new consumers who would be needing services through the county. Then, determine if, through the efforts of the CPC, AEA, the schools, providers and the family, the older juveniles could become part of the larger community at an earlier age, thus requiring less and possibly no county services upon reaching adulthood. Progress was not made in FY 05 nor in FY 06. However, the CPC did implement a "mini-tab" in the county to attempt increasing transition. The mini-tab was started with Vocational Rehabilitation and AEA. Later, the CPC invited the local case manager team leader to attend. Further involvement came from our local workshop, the Fairfield School District and our Board of Supervisors.

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

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

Objective B: Continue to work with providers on the mental health needs in order to reduce hospitalizations.

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

Action Steps for Objectives A, B, and C:

1. Determine eligibility and services needed for consumers to try to prevent ongoing hospitalizations.
2. Assist the court with identifying options and alternatives for individuals who have been hospitalized.
3. Make referrals for mental health treatment and for substance abuse treatment as identified.

Goal #3 Summary:

This is an ongoing effort in Jefferson County that has seen positive outcomes through joint collaboration of Mental Health and Legal Professionals to direct consumers into community based services instead of hospitalizations. The CPC facilitated and created the process for individuals presenting themselves to the court system for substance abuse concerns. Additionally, the CPC has regular discussions with the local magistrate regarding individuals being processed for court commitment, or for individual needs as they leave a hospital setting. This direct communication and coordination of services allows for greater assistance to be provided up front, with less funding needed as an individual's mental illness is stabilized.

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

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

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

Action Steps for Objectives A, and B:

1. Evaluate current services and service delivery.
2. Maintain communication of providers through stakeholders meetings and the mental health coalition.

Goal #4 Summary:

The CPC is on the Progressive Housing Board for the new Jackson Point apartments that has been developed to provide greater opportunities for individuals to live independently in the community. While other activities continue to be discussed such as SCL and ARO, the Jackson Point apartments has been evolving tremendously during FY 2006. There will be housing opportunities for 20 individuals with supports in place on an hourly basis. These supports will be provided through either the HCBS waiver or through ARO. The local RCF announced their closing which will occur next fiscal year. Therefore, Jackson Point will be one place for many individuals to go to who are ready to transition to a more independent environment.

Goal #5: Improve management of county community services and MH/DD service through quality assurances from managed systems of care.

Objective A: Use rate setting methodology.

Objective B: Utilize satisfaction surveys for consumers and providers.

Action Steps for Objectives A and B:

1. Determine how rates are established.
2. Send out satisfaction surveys prior to the completion of the annual report.

Goal #5 Summary:

Jefferson County is host county for Fairfield Tenco and for ResCare. The rates we set impacts all consumers from the various counties who use these services both in Jefferson County and in the counties that these providers serve based upon the rates we establish. For other providers we use, our contract is either with that provider, or we piggy-back onto the contract established by that host county. Outcome studies and Annual audit reports are part of the contract negotiations. Consumer and Provider satisfaction surveys are sent out to gather their opinions and needs of our mental health service system. Four various surveys were sent out this year and are the CPC Survey, Case Management Survey, Mental Health Center Survey and the Individual Satisfaction Survey. The results are identified under "Quality Assurance" on page 6 of this document.

STAKEHOLDER INVOLVEMENT:

The Stakeholder Planning Committee has been changing and evolving due to the numerous changes that are occurring in our mental health system. The following individuals either participated directly, or participated through comments or e-mails to give input into our needs. Many of the individuals are part of our Mental Health Coalition. New members continue to be sought based upon the needs seen. The members being identified are:

Sandy Stever	Jefferson County CPC
Pat McAvan	Assistant County Attorney
Alan H.	Individual / Community Member
Steve Burgmeier	Board of Supervisor
Mike Pech	Board of Supervisor
Richard Reed	Board of Supervisor
Benny Waggoner	Jefferson County Magistrate
William Butner	Parent of Individual and on the appeals board
Sharon Coffin	Parent of Individual
Kathy D.	Individual
Bob Rohret	Provider – SIEDA / MECCA
Ron Berg	Provider – SIEDA / MECCA
John Kuster	Provider – ResCare
Ken Williams	Provider – Tenco
Rod Hotek	Provider – ResCare
Bev Fulton	Provider – Tenco
David Wilson	Provider – First Resources
Lorraine Uehling-Techel	Provider – Tenco
Janet Phelps	Provider – Van Buren Job Opportunities
Dottie Moxom	Provider – First Resources
Lisa Belzer	Provider – First Resources
Dave Miller	Senator
John Whitaker	Representative
Joan Summers	Provider – First Resources Corporation
Joe Smutz	Chief Deputy – Jefferson County Sheriff's Office
Kaye O'Mara	Jefferson County Clerk of Court
Tim Dille	Jefferson County Attorney
Dee Bradley	Community Member
Ralph Paulding	Hospital Administrator
Dr. Mike Eisner	Hospital Emergency room physician
Mary Coffin	ARC of Jefferson and nearby counties
Darlene Vorhies	ARC of Jefferson and nearby counties
Judy Alexander	Director Case Management - SICM
Terri Mercer	Case Management – SICM
Matt Smith	Case Management – SICM
Erin Carroll	Case Management – SICM
Tabatha Watters	Case Management – SICM
Cathy Miller	Case Management – SICM
Margie Gerber	Provider - Jefferson County Mental Health Center
Jerry Droz	Jefferson County Sheriff
Tammy Hotek	Provider - SIEDA
Jen Robertson	Provider – ResCare
Joliene Kirby	Provider – ResCare Cedar Creek
Gloria Brown	Provider – ResCare Cedar Creek
Marquetta Huffman	8 th Judicial Court Advocate
Jesse Hornback	Keokuk County CPC/GA Director
Barb Adam	Van Buren County CPC

The Stakeholder Committee meetings have been occurring as a result of the Jefferson / Van Buren Mental Health Coalition and also the Substance Abuse Forums. The Mental Health Coalitions are held monthly at the Jefferson County Courthouse, while the substance abuse forums were held monthly until the protocol was established. The individuals participating on the substance abuse forum indicated a desire to participate at the mental health coalition meetings due to the need to keep consumer services in place and the similarities of both for planning purposes. The meetings are held the third Tuesday of each month from 9:00 until about 10:30. Changes to these meetings have occurred in Fiscal Year 2007 and will be reported next year.

QUALITY ASSURANCE:

Quality Assurance continues to be implemented through the use of surveys including individual client satisfaction regarding their provider and case manager, Case Management satisfaction as viewed by providers, mental health survey for individuals at the mental health center and overall satisfaction with the Jefferson County Mental Health system. Responses were positive! Specific comments addressed were:

- Some case managers are more motivated than other.
- Case managers need more training.
- Case managers need to be more objective in advocating for their consumers and should be advocating for needs not wants.
- Case managers tend to always be polite.
- More experienced case managers understand needs better.
- The CPC is caring and available when consumers need her.
- Need more funding for programs.
- The CPC has the attitude needed to work with consumers and goes the extra mile for all clients.
- The CPC does her job well.
- The CPC needs more help in that office.
- The CPC is excellent. She has the needs of individuals in mind and truly cares about people.
- The CPC, case managers and providers should continue to advocate for legitimate needs and services, not wants.
- Good to work with a CPC that considers the NEEDS of people for specific services, as opposed to just providing programs and unnecessary services as in the past.
- The CPC makes providers accountable for the services they provide to people. Given the tight budgets and economics, it is HIGHLY IMPORTANT that providers show results and progress in individual's quality of life.
- Jefferson County should be congratulated in having an educated, caring, involved individual on the team. It makes it better and more meaningful as we all try to help others.
- We are doing a good job of striving to make the money do the best for the most and in working with parents/guardians on behalf of the individual.
- It is difficult to get in to see a doctor at the mental health center.
- The MHC staff are friendly and easy to work with.

Quality assurance surveys will continue to be used to help make needed improvements. It appears training needs should be addressed and possibly the need to get individuals in to see either a psychiatrist or a nurse practitioner more rapidly. However, many case manager surveys, individual surveys, CPC surveys and the mental health center surveys had no specific comments and the person who had submitted the form indicated they were satisfied with their services. It should be noted that the role of everyone who works in the life of others is very difficult. No one can be the perfect provider, case manager nor CPC for every single person. However, the survey results showed we are doing a very good job! Congratulations are in order for our stakeholders in Jefferson County for the hard work they do!

PROVIDER NETWORK

Provider Name	Provider Address1	City	PhoneNumber
ABBE CENTER FOR COMMUNITY MENTAL HEALTH	800 1ST STREET NW	CEDAR RAPIDS	(319) 398-3562
ASSOCIATES FOR BEHAVIORAL HEALTH	3100 E AVENUE NW	CEDAR RAPIDS	(319) 398-3534
CENTER VILLAGE	19248 MAPLE AVE	KEOSAUQUA	
CHAE KEIPER	1848 LIBERTYVILLE RD	LIBERTVILLE,	
CHAUTAUQUA CLINIC	204B WEST BURLINGTOON	FAIRFIELD	(641) 472-7216
CITY OF MARSHALLTOWN	24 NORTH CENTER STREET	MARSHALLTOWN	
COMMUNITY CARE, INC	108 EAST INDUSTRIAL STREET	DEWITT	
DHS	1305 E WALNUT ST	DES MOINES	
EAST CENTRAL IOWA ACUTE CARE	PO BOX 359	DES MOINES	
FAIRFIELD SENIOR CITIZEN CENTER	209 SOUTH COURT	FAIRFIELD	(641) 472-4403
FIRST RESOURCES CORPORATION	109-C EAST MARION STREET	SIGOURNEY	
GREAT RIVER MEDICAL CENTER	1221 S. GEAR AVE	WEST BURLINGTON	
HENRY COUNTY CARE FACILITY	915 SOUTH IRIS STREET	MT. PLEASANT	(319) 385-2656
HIGHLAND PLACE RCF		FAIRFIELD	
HILLCREST FAMILY SERVICE	2005 ASBURY ROAD	DUBUQUE	
HOPE HAVEN AREA DEVELOPMENT CENTER	1819 DOUGLAS	BURLINGTON	
IVCCD - ATTN MARGE GOOD	CAREER DEVELOPMENT CENTER	MARSHALLTOWN	(641) 752-7106
KEOKUK AREA HOSPITAL	1600 MORGAN STREET	KEOKUK	
MID-EASTERN IOWA COMMUNITY MHC	507 EAST COLLEGE ST	IOWA CITY	(319) 338-7884
RAGTIME INDUSTRIES	116 NORTH SECOND	ALBIA	(641) 932-7813
REACH FOR YOUR POTENTIAL	1705 SOUTH 1ST AVE	IOWA CITY	
REM	402 WESTCOR DRIVE; UNIT A	CORALVILLE	(319) 545-1227
RES CARE, CEDAR CREEK	301 WEST BURLINGTON	FAIRFIELD	(515) 693-4541
RES CARE, FAIRFIELD COMM SERVICE	301 WEST BURLINGTON	FAIRFIELD	
RES CARE, ORCHARD HILL	301 WEST BURLINGTON	FAIRFIELD	
RES CARE, OTTUMWA SCATTERED SITE	301 WEST BURLINGTON	FAIRFIELD	
SE IOWA CASE MANAGEMENT	BOX 1103	FAIRFIELD	
SHERIFF, JEFFERSON COUNTY	1200 WEST GRIMES	FAIRFIELD	
SHERIFF, JOHNSON COUNTY	P. O. BOX 2540	IOWA CITY	
SHERIFF, LINN CO		CEDAR RAPIDS	
SHERIFF, WAPELLO COUNTY	COURTHOUSE	OTTUMWA	
SMALL, STEPHEN	P. O. BOX 422	FAIRFIELD	
SOUTHERN IOWA MENTAL HEALTH CENTER	110 E MAIN STREET	OTTUMWA	
ST LUKE'S HOSPITAL	PO BOX 7165	DES MOINES	(515) 362-5111
SUNNYBROOK ASSISTED LIVING INC.	3000 WEST MADISON	FAIRFIELD	(641) 469-5778

Provider Name	Provider Address1	City	PhoneNumber
SYSTEMS UNLIMITED, INC	1556 FIRST AVE SOUTH	IOWA CITY	
TEN FIFTEEN TRANSIT	2417 S. EMMA STREET	OTTUMWA	
TENCO INDUSTRIES, INC.	710 GATEWAY DRIVE	OTTUMWA	
THE ARC OF JEFFERSON & NEARBY COUNTIES	% DARLENE VORHIES	FAIRFIELD	(641) 472-4449
VAN BUREN JOB OPORTUNITIES	BOX 70	KEOSAUQUA	
WAGGONER, BENNY B.	2280 W TYLER, STE 201.	FAIRFIELD	
WAPELLO COUNTY AUDITOR	101 W 4TH STREET	OTTUMWA	
WASHINGTON COUNTY MINI BUS	1010 WEST 5TH ST	WASHINGTON	(319) 653-6703
WCDC, INC.	P. O. BOX 61	WASHINGTON	(319) 653-7248

ACTUAL EXPENDITURES / ACTUAL SCOPE OF SERVICES / WAITING LIST

ACTUAL EXPENDITURES:

This information is taken from the County Dollars Spent by COA Code and Disability Type report from the COMIS system. This does not include salaries for CPC or staff as that is completed by our Auditor's Office. Also, Direct Administrative and all Administrative items were charged to "other" as this appeared the best way to separate these amounts. All of the administrative costs should be attributed proportionately across the areas of mental illness, chronic mental illness, mental retardation and developmental.

County Dollars Spent by COA Code and Disability Type

Date *10/27/200* *For Jefferson County FY: 2006*

Account	Mental Illness	Chronic Mental	Mental Retardation	Develop mental	Other	Service
1126 Stationery / Forms / Gen Office					\$3,824.92	\$3,824.92
1141 Postage & Mailing					\$335.22	\$335.22
1141 Employee Mileage					\$2,510.50	\$2,510.50
1141 Telephone and Cell phone					\$1,209.18	\$1,209.18
1142 Educational & Training					\$808.56	\$808.56
1148 Dues & Membership					\$50.00	\$50.00
1163 Office Equipment & Furniture					\$419.00	\$419.00
1200 Purchased Administrative					\$650.00	\$650.00
2137 Case Management - T19 Match		\$754.47	\$20,488.	\$1,163.64		\$22,407.05
2137 Case Management - 100% County				\$634.56		\$634.56
3100 Transportation (non-Sheriff)			\$309.69			\$309.69
3135 Bus & transportation non-sheriff		\$743.40	\$4,886.25	\$575.00		\$6,204.65
3232 Respite			\$13,135.			\$13,135.55
3232 Supported Community Living	\$419.32	\$3,109.96	\$60,088.			\$63,618.11
3239 Other	(\$709.98)	\$42,631.	\$5,968.76	\$116.98		\$48,006.95
4130 Physiological Tmt. Outpatient	\$16,386.	\$1,856.00				\$18,242.56
4139 Physiological Tmt. Other	\$1,100.00	\$50.00				\$1,150.00

Account	Mental Illness	Chronic Mental	Mental Retardation	Develop mental	Other	Service
4239 MHC Block Grant -	\$400.00	\$50.00				\$450.00
4300 Evaluation	\$2,940.00	\$255.00				\$3,195.00
4330 Jeff Co Block Grant for MHC	\$74,096.					\$74,096.00
5036 Sheltered Workshop Services	\$377.69	\$8,508.19	\$61,383.	\$3,245.60		\$73,514.71
5036 Work Activity Services		\$619.51	\$6,561.72	\$6,049.56		\$13,230.79
5036 Adult Day Care		\$4,655.35	\$29,631.			\$34,287.32
5036 Supported Employment Services			\$6,129.85			\$6,129.85
6332 Supported Community Living	\$100.95	\$11,545.	\$180,69			\$192,345.9
6431 RCF/PMI (Comm. 6-15 Bed)		\$408.14				\$408.14
6431 Nursing Facility (Comm. 6-15		\$1,673.36				\$1,673.36
6431 ICF/MR (Comm. 6-15 Bed)			\$95,165.			\$95,165.94
6531 RCF (Comm. 16+ Beds)		\$39,825.	\$35,920.			\$75,745.63
6531 RCF/PMI (Comm. 16+ Beds)		\$19,310.				\$19,310.60
6531 ICF/MR (Comm. 16+ Beds)			\$35,928.			\$35,928.06
6539 Other (Comm. 16+ Beds)			\$637.54			\$637.54
7131 Inpatient (State MHI)	\$38.14	\$1,043.17				\$1,081.31
7231 Inpatient (State Hosp. School)			\$140,92			\$140,921.6
7331 Inpatient (Other Priv./Public		\$15,436.				\$15,436.24
7435 Sheriff Transportation	\$1,023.18	\$5,093.86				\$6,117.04
7439 Legal Representation (cmtmt court	\$390.00	\$440.00				\$830.00
7439 Mental Health Advocates	\$682.10	\$7,005.82				\$7,687.92
4230 Psychotherapeutic Tmt.	\$300.00					\$300.00
4230 Psychotherapeutic Tmt. Outpatient	\$70.00					\$70.00
Total	\$97,613.	\$165,01	\$697,85	\$11,785.	\$60,054.	\$1,032,326.

ACTUAL SCOPE OF SERVICES:

County: Jefferson

	MI	CMI	MR	DD	BI
Service					
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation.	X	X	X	X	X
4x05 Public Education Services	X	X	X	X	X
4x06 Academic Services.					
4x11 Direct Administrative.	X	X	X	X	X
4x12 Purchased Administrative					
4x21- 374 Case Management- Medicaid Match.		X	X	X	
4x21- 375 Case Management -100% County Funded					
4x21- 399 Other.					
4x22 Services Management.	X	X	X	X	X
4x31 Transportation (Non-Sheriff).	X	X	X	X	X
4x32- 320 Homemaker/Home Health Aides.			X		
4x32- 321 Chore Services					
4x32- 322 Home Management Services			X		
4x32- 325 Respite.			X		
4x32- 326 Guardian/Conservator.					
4x32- 327 Representative Payee	X	X	X	X	X
4x32- 328 Home/Vehicle Modification			X		
4x32- 329 Supported Community Living			X		
4x32- 399 Other.		X			
4x33- 345 Ongoing Rent Subsidy.					
4x33- 399 Other					
4x41- 305 Outpatient	X	X			
4x41- 306 Prescription Medication.					
4x41- 307 In-Home Nursing					
4x41- 399 Other					
4x42- 305 Outpatient	X	X			
4x42- 309 Partial Hospitalization.		X			
4x42- 399 Other.					
4x43- Evaluation.	X	X			
4x44- 363 Day Treatment Services		X			
4x44- 396 Community Support Programs					
4x44- 397 Psychiatric Rehabilitation					
4x44- 399 Other					
4x50- 360 Sheltered Workshop Services.	X	X	X	X	X
4x50- 362 Work Activity Services	X	X	X	X	X
4x50- 364 Job Placement Services.	X	X	X		
4x50- 367 Adult Day Care.	X	X	X		
4x50- 368 Supported Employment Services	X	X	X	X	X
4x50- 369 Enclave					
4x50- 399 Other.					
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds					
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds	X	X	X		
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds			X		

4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		X			
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds		X			
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.					
4x6x- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds	X	X	X		
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds	X	X	X		
4x6x- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds			X		
4x6x- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds		X			
4x6x- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds		X	X		
4x6x- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds			X	X	
4x6x- 399 Other 6 & over Beds..					
4x71- 319 Inpatient/State Mental Health Institutes	X	X			
4x71- 399 Other					
4x72- 319 Inpatient/State Hospital Schools			X	X	
4x72- 399 Other.					
4x73- 319 Inpatient/Community Hospital		X			
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	X	X	X	X	

WAITING LIST:

There is currently no waiting list for services provided by Jefferson County.

NUMBER OF APPEALS

Jefferson County had no appeals or grievances during FY 2006.

Additional information on appeals, there continues to be an appeals process utilizing a 28E agreement between Jefferson, Keokuk and Van Buren Counties as a multi-county appeals board. The board is set up as follows:

Multi-County Appeals Board consists of three (3) members, one each from Jefferson, Keokuk and Van Buren Counties who are appointed by the Board of Supervisors as represented by each county. The Board of Supervisors shall select its representative from among the following members: consumers, family members, provider, businessperson, citizen volunteer. Appointments are made for a three year term with staggered start.

The Multi-County Appeals Board is a governmental body subject to Chapter 21 of the Code of Iowa Open Meetings Law and as such shall comply with the agenda, notice, recording, documenting and meeting regulations thereof. The Board shall be advised and assessed by the County Attorney of the county from which the service/funding dispute arises.