

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2006

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Introduction

message from the director...

It is my pleasure to present the Iowa Department of Human Services 2006 Performance Report. Much was accomplished this past year and I am optimistic about the many opportunities the future holds for Iowa.

2006 was a year of changes at DHS. This year saw a major change in the Medicaid system with the opening of the Iowa Medicaid Enterprise started July 1, 2005. Furthermore, 2006 saw the start of a new Medicaid program called IowaCare, designed to offer a limited set of benefits to Iowans who may not have previously been able to access Medicaid. Over 17,000 Iowans were able to access health care through this program.

2006 saw the implementation of the Child Welfare system redesign, known as Better Results for Kids. This new system has an enhanced focus on the most needy cases and providing other families with community-based supports. Services that are available are based on need rather than funding stream.

Other developments in 2006 include: development of the Quality Rating System to improve the quality of child care available throughout the state; approval of legislation to start the Preparation for Adult Living (PALS) program, extending services to young people who are transitioning from the foster care system to self-sufficiency; approval of legislation ending the requirement for parents to relinquish custody of children before receiving Medicaid-paid intensive psychiatric help for

older children; establishment of a second joint child support office location, with Illinois, to process cases both states have in common; significant legislation for the Mental Health system, including re-establishment of a Division of Mental Health and Disability Services in the Department; and re-establishment of a one-of-a-kind physician assistant program at the Cherokee Mental Health Institute, providing post-graduate training in psychiatry aimed at alleviating the shortage of mental health professionals in Iowa.

This year also saw continued growth in the Food Assistance program. In fact, in March of 2006, a record number of Iowans received nutrition support from this program. DHS continues to reach out to more and more Iowans in need of assistance buying groceries, but we still have more room to grow with an estimated 40% of eligible Iowans still not taking advantage of the program. In addition to enhanced outreach and a customer call center, DHS started a pilot program to provide wireless debit card readers at farmers markets around Iowa. The Food Assistance program brought nearly \$240,000,000 dollars in direct benefits to Iowa in 2006, double the amount of benefits from as recently as 2002.

I urge readers of this report to join the Department in continuing to make important contributions to improving the lives of all Iowans.

Kevin Concannon
Director, Department of Human Services

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AGENCY OVERVIEW

The Iowa Department of Human Services is a community partnership working with Iowans who receive services, the taxpayers who fund the services and the people who provide the services. The Department is dedicated to serving Iowa's most vulnerable individuals and families and to focus on access, accountability, quality, and the achievement of results. Working cooperatively with many other public and private organizations, the Department responds to the unique needs of individuals and families who experience personal, economic, social, or health problems by offering a broad range of programs, supports and services geared to improve the health, safety, stability and self-sufficiency of those served.

With this in mind, the identified Mission of the Department is as follows:

Mission

The Mission of the Iowa Department of Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. We do this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities, and by working with our public and private partners to achieve results.

The Department of Human Services touches the lives of more than 31% of the state population annually. The Iowa Medicaid Enterprise (Medicaid Title XIX) provided health care coverage for needy families with children, persons with disabilities, elderly, and pregnant women. The child support recovery program assisted parents and children obtain court

ordered child support. The DHS also provided services through the Child Welfare System, the Food Assistance Program and the Family Investment Program (FIP).

The success of the Department depends on our customers, staff and stakeholders, as well as our partnership with federal, state and local governments, and applying our identified *Guiding Principles* of Customer Focus, Excellence, Accountability and Teamwork in all that is done.

Guiding Principles

Customer Focus We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. Our services promote meaningful connections to family and community.

Excellence

We are a model of excellence through efficient, effective, and responsible public service. We communicate openly and honestly and adhere to the highest standards of ethics and professional conduct.

Accountability

We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.

Teamwork

We work collaboratively with customers, employees, and public and private partners to achieve results.

Core Functions

The Department of Human Services is a comprehensive human services agency

coordinating, paying for and/or providing a broad range of services to some of Iowa's most vulnerable citizens. We have grouped our services and programs into four (4) Core Functions:

1. Economic Support

The purpose of this core function is to provide direct and indirect economic supports to needy families to assist them in having sufficient resources to meet basic needs for good health, safety, and consistency and continuity in their homes, work and communities. Essential services include the Family Investment Program, Food Assistance, and Child Support Recovery. Activities that occur within this core function include: cash assistance, food assistance (formerly known as food stamps), employment and training opportunities, quality childcare (Early Childhood Empowerment), child support recovery, refugee services, and administering community grants to enhance early childhood services.

2. Health Care & Support Services

The purpose of this core function is to provide for publicly funded child and adult health coverage and partnering with public and private entities to secure access to healthcare services. The DHS provides individual, community based and facility based health, mental health and substance abuse treatment. Activities include funding community based services, targeted case management, acute psychiatric inpatient care, and outpatient psychiatric care, outpatient and in-patient substance abuse and chemical dependency treatment, nursing, food and nutrition, pharmacy, and medical services.

The Iowa Medicaid Enterprise serves individuals with low income who are aged, blind, disabled, pregnant, under the age of 21, or members of families with dependent children, so they can live healthy, stable, and self-sufficient lives. Approximately two-thirds of the funding for Medicaid is federal funds. The program includes services that

are available for mandatory and optional eligibility groups. All states that operate a Medicaid program are required to serve the mandatory population groups as well as make the mandatory services available. Iowa's Medicaid program provides preventive, acute, and long-term care services using the same private and public providers as other third party payers in Iowa. One special focus of the program is expanding medically appropriate alternatives to long-term institutional care for the aged, disabled, mentally challenged, and for children. Another special focus is on increasing patient education, disease management, and care management in order to control costs and improve the health of Iowans.

Medicaid pays for a wide array of services, such as: nursing facility services, hospitals, physicians and other medical providers, rural health clinics, mental health institutions and psychiatric hospitals, prescription drugs, home and community based services, ambulance services, kidney dialysis, hospice, dental care, medical supplies and durable medical equipment, and adult rehabilitation, targeted case management, optometry, podiatry, chiropractic and mental health services.

The *hawk-i* program provides health care coverage to children whose family income is above Medicaid limits, but do not have health care coverage. This program serves over 20,000 children annually. ***hawk-i*** provides a comprehensive health care benefits package including physician services, hospitalization, prescription drugs, immunizations, dental care and vision care.

The IowaCare Program, initiated July 1, 2005, was created to provide a limited health care benefit for low-income individuals who are not eligible for Medicaid. Under a waiver approved by the Centers for Medicare and Medicaid Services (CMS), a funding mechanism has been established that allows the State to provide a limited medical benefit to those persons previously

classified as “State Papers” recipients, recipients of care at Broadlawn Medical Center in Polk County, the University of Iowa Hospital and Clinic in Iowa City, and at the State’s four Mental Health Institutes. The benefit allows them to continue to receive medical services with financial participation by the Federal government. The services previously received no Federal match. The program serves adults age 19-64 who meet income guidelines whereby they may earn up to 200% of the Federal poverty level (FPL) but would not otherwise qualify for regular Medicaid.

The DHS Targeted Case Management services are offered to counties. Counties may elect to use the DHS or contract to provider services themselves. Targeted Case Management staff help coordinate and manage services directed at improving stability, health, safety, and self-sufficiency for clients. To be eligible for services, clients must have a diagnosis of chronic mental illness, mental retardation, or brain injury and be eligible for Medicaid. Offices are located in or near counties that have selected the DHS as the provider.

Mental Health Institutes (MHIs) at Cherokee, Clarinda, Independence, and Mt. Pleasant The DHS serves adults and children in need of psychiatric care, adults in need of substance abuse treatment services, and adults needing long-term geropsychiatric services. A wide range of services that work and coordinate with community-based services across Iowa is available. Combined, these four institutions have 238 beds and serve approximately 2000 patients each year.

Civil Commitment Unit for Sexual Offenders (CCUSO) provides long-term treatment for sexually violent predators in a highly structured setting. Patients have completed their prison term and through a civil trial have been committed to the unit. CCUSO serves approximately 45 patients a year.

Glenwood Resource Center (GRC) and Woodward Resource Center (WRC) operate 391 and 273 Intermediate Care Facility/Mental Retardation (ICF/MR) beds (respectively). Both provide a wide range of services to people of all ages with mental retardation or developmental disabilities. Services include, but are not limited to, diagnostic evaluation services, treatment, training, care, habilitation, a time-limited assessment program, and community based services through the Medicaid Home and Community Based Waiver program. Approximately 80% of admissions are voluntary and 20% are involuntary court ordered admissions.

3. Child and Adult Protection

The purpose of this core function is to provide an array of services and support assistance to strengthen families and communities to increase the likelihood that children and adults are safe, healthy, and have consistency and continuity in their lives. Services include: child and dependent adult protective services, community based prevention and support services, foster care, family centered services, family preservation services, adoption, group care, residential treatment, independent living for youth age 16 and older, shelter care, childcare services, and facility based care for delinquent youth. Activities provided that support these services include funding for medical exams conducted during child abuse assessments, a 24-hour child abuse hotline, mandatory abuse reporter training, child welfare training, foster and adoptive parent recruitment and training.

The Iowa Juvenile Home at Toledo and the State Training School at Eldora provide a range of specialized and highly structured substance abuse, physical, mental and behavioral health intervention services for the most troubled youth in the State of Iowa. Both facilities provide individualized care and treatment, evaluate and recommend transitional placement of youth to appropriate facilities in the

community, and provide basic special education and vocational programs. Combined the facilities operate 283 beds.

4. Resource Management

The purpose of this core function is to provide leadership in the management and support of the delivery of quality services to Iowa's citizens. The DHS maximizes resources and continually improves processes to achieve these results. Activities include corporate leadership and management, field operations, organizational and employee development, program management, fiscal management, support services, data management and volunteer services.

Accessibility and Locations maintained within the DHS include offices, programs and services in approximately 157 locations, across Iowa. The DHS is headquartered on the Capitol Complex in the Hoover State Office Building in Des Moines. Programs and services are organized into three major functional areas: 1) field operations including child welfare and economic assistance; 2) child support recovery and targeted case management; and 3) general administration. Headquarter-based policy divisions include the Divisions of Mental Health and Disability Services; Child and Family Services; Financial Health and Work Supports; and Medical Services. Support service divisions include, Fiscal Services, Results Based Accountability, and Data Management.

Field Operations is composed of eight Service Areas with staff who provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, Food Assistance, Family Investment Program, Childcare Assistance, and childcare registration and licensure.

The Service Areas administer and deliver the programs and services through 104 field offices staffed by social work, income maintenance, clerical, and management

staff. 65 field offices operate on a full-time basis.

The primary function of social work staff is child protection and safety. Social workers respond to and assess allegations of child and dependent adult abuse. The social work staff determines if abuse has occurred and addresses safety needs by the provision of services provided through either in- or out-of-home services purchased from community-based private contractors. Services provided help to keep families intact or result in the pursuit of the termination of parental rights and subsequent placement of children in the homes of relatives or through adoption. This year, Iowa DHS with the courts finalized 956 adoptions. The focus of these services is child safety, protection and stability.

447 social workers work with private providers, communities, families and children to assess, protect and deliver services for at-risk children and adults. These employees also monitor state and federal standards for foster homes and childcare providers. 214 social workers conduct safety and risk assessments to determine if children or dependent adults have been abused or neglected or are at risk of abuse or neglect.

Approximately 683 income maintenance workers determine eligibility for access to programs and services for families who need assistance in meeting basic needs for food, clothing, shelter, and medical care. Staff determine eligibility for the Family Investment Program (FIP), Food Assistance (formerly known as Food Stamps), Medical Services (Medicaid Title XIX), and Childcare Assistance. Income Maintenance staff interview clients, verify the economic situation and service needs, determine benefit eligibility, and make program referrals.

Child Support Recovery operations are organized into four regions. The Regions administer the program through 18 locations

staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for unwed mothers, establish and modify child support obligations, and collect child support and medical support payments for children across Iowa.

General Administration provides support and technical assistance agency-wide to Field Operations, Child Support Recovery and Targeted Case Management for State Institutions, as well as numerous external customers and stakeholders, including:

- Program and service development and management, such as development and support of administrative rules, policy development, standards of care, and manual development.
- Quality assurance and improvement efforts through identification of best practices and evidence-based practice.
- Financial management, including accounting, budget preparation and monitoring, and revenue maximization.

Revenue maximization helps to identify and obtain grants as well as to maximize federal matching dollars and other programs.

- Corporate management and leadership such as, performance measurement and management, information technology and data management, and administrative support services, such as quality control for food assistance and Medicaid, and quality assurance and improvement.

Results

For more information about the DHS and our goals and results, please visit the DHS website at:
<http://www.resultsiowa.org/humansvs.html>.

Our annual Performance Report and the DHS data can be found at:
http://www.dhs.state.ia.us/reports_pubs/results_based/index.html

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Food Assistance (FA) and Food Stamp Employment and Training (FSET) Program

Description: Provides federal assistance to low-income individuals and families to purchase food, nonalcoholic beverages and ingredients to prepare food through an Electronic Benefit Transfer swipe card. Through FSET job seeking skills training and employment assistance are provided to people receiving food assistance who do not receive cash assistance under the Family Investment Program (FIP). The FSET program operates in Polk and Scott counties under a contract with Iowa Workforce Development. Federal law requires a state have an FSET program if a state has a food assistance program.

Why we are doing this: Food assistance prevents hunger and helps families meet their basic nutritional needs and increases the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving food assistance are on fixed incomes. Food assistance allows seniors to not have to make the difficult choice between buying food or prescription drugs. Approximately half of the Food Assistance beneficiaries are children. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowans. The U.S. Department of Agriculture has estimated that every \$5 in food assistance generates \$9.20 in local and state economic activity. The Food Assistance Program brought \$239,689,623 of direct benefits into Iowa in FY06.

What we're doing to achieve results: Recognizing that many eligible Iowans were not receiving Food Assistance, DHS established an aggressive growth target. Along with that target, several initiatives were implemented. We began issuing Food Assistance through an electronic benefit transfer (EBT) card, reducing the stigma of the program and increasing convenience for clients. We reduced the frequency that clients are required to report changes in income and began to base eligibility on an estimate of their future income. This simplified program reporting and reduced the burden on clients and staff, making the program more attractive and convenient. DHS also participated in a National Media Campaign sponsored by our federal partners at the Department of Agriculture (USDA) and conducted intense outreach efforts. We simplified the application for Food Assistance. We continue to operate the Food Assistance Customer Service Call Center funded by a USDA Food and Nutrition Service Participation Grant.

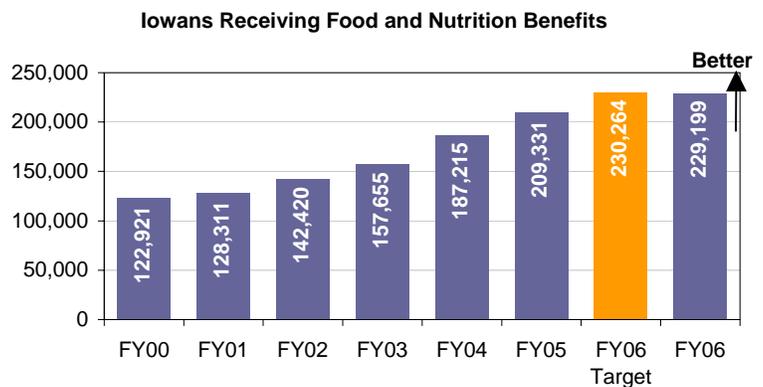
Results

Performance Measure:

Number of Iowans receiving Food and Nutrition Assistance.

Performance Goal/Target:

230,264 by June 2006



What was achieved: At the end of FY06, 19,868 more Iowans were receiving food assistance than in FY05, for a total of 229,199 Iowans.

Data Sources: DHS IABC system, F-1 Report – “Food Assistance Program State Summary” produced by the Division of Results Based Accountability and the Division of Financial, Health, and Work Supports.

Resources: The Food Assistance Program is 100% federally funded. It brought \$239,689,623 into Iowa in FY06.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Welfare In-home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while provide providers deliver direct services under contract with DHS.

Why we are doing this: This measure is an indicator of the safety of children and the effectiveness of communities, providers and the department working together to ensure child safety from repeat abuse. This measure is a required measure under the federal child and family services review requirement conducted of all states, providing the ability for some basis of comparability of state systems. Though somewhat comparable amongst states, results in each state are impacted by the individual laws of each state which determine what is defined and counted as abuse and re-abuse.

What we're doing to achieve results: In order to focus on improving outcomes for families, the department has undertaken a redesign of child welfare services. Through the redesign process, resources were focused on providing training to front-line staff and supervisors as well as providing counseling and support to families to improve parenting skills. Standardized abuse assessment tools have been developed and training is provided to staff in the best practice approach to using the tools. A quality assurance and continuous improvement initiative has been implemented to evaluate best-practices and maintain a focus on outcomes.

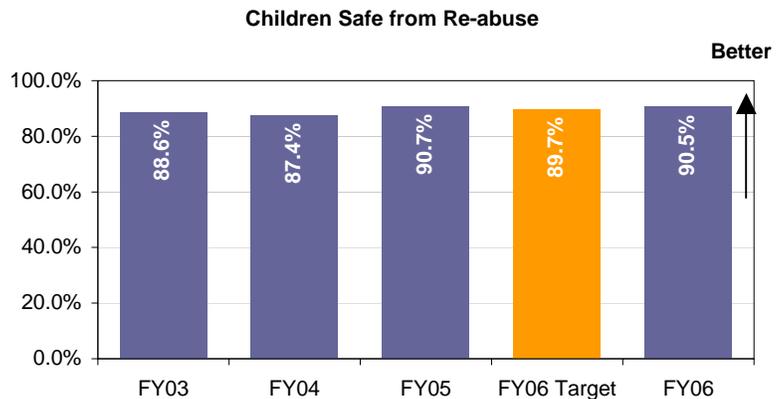
Results

Performance Measure:

Percent of children who have not been re-abused within six months of a prior abuse.

Performance Goal/Target:

89.7% target



What was achieved: Safety from repeat abuse is improving in Iowa. The actual performance of 90.57% was slightly better than target, 0.8 percentage points above target.

Data Sources: State Child Welfare Information System (CWIS), DHS STAR and FACS subsystem.

Resources: A combination of State general funds, federal matching funds and grants are used to support child protection and safety efforts in Iowa.

KEY RESULT TEMPLATE

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Welfare In-home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while provide providers deliver direct services under contract with DHS.

Why we are doing this: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

What we're doing to achieve results: The department uses several strategies to assess the both the needs and strengths of each family, and to work with the family to develop supports and services which meet the shared goals of children living safely in the family home. Trial home visits smooth the transition from foster care to the child's home. Addressing the underlying issues that resulted in the child's removal from the home and helping the child and parents become better prepared and more confident to address further issues in the family prepare both the child and the family for reunification. Family Team Meetings develop community-based supports that will be available to the family after formal services end. The Department has pursued Community Partnerships to prevent child abuse statewide.

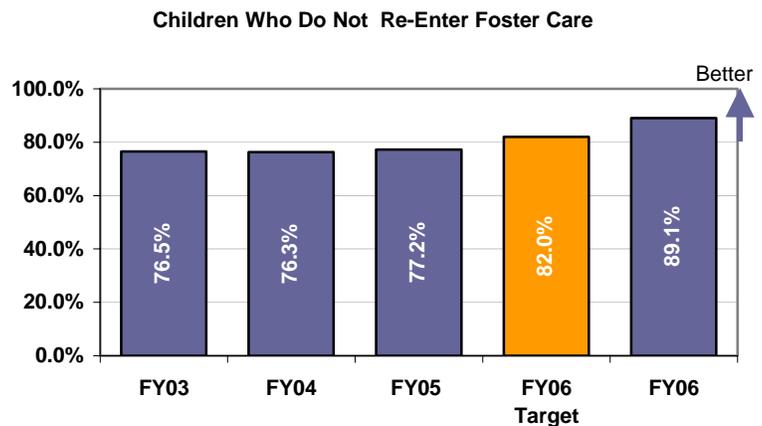
Results

Performance Measure:

Percent of children who do not re-enter foster care within 12 months of their last foster care episode.

Performance Goal/Target:

82.0% Target



What was achieved: 89.1% of children did not re-enter foster care within twelve months of their last foster care episode. This demonstrates stability and safety from neglect or abuse following reunification after placement outside of the home.

Data Sources: DHS STAR and FACS System

Resources: State funds and federal funds are used to support the efforts to improve child safety in Iowa. These funds support direct services of state staff intervening directly with families, the services purchased by the state from child serving agencies, and community based supports developed to support those efforts.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: State Children's Health Insurance Program (SCHIP)

Description: The SCHIP program expands Medicaid to 133% of poverty for children and provides *hawk-i* to children up to 200% of poverty. Under *hawk-i*, health care coverage is provided to children who live in families who have too much income to qualify for Medicaid, but who do not have health care coverage. Eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship requirements, and live in a family whose income is less than 200% of federal poverty guidelines.

Why we are doing this: To reduce the number of uninsured Iowa children. Access to health care improves health, wellness and quality of life. Healthy children are able to attend school, learn, grow, develop healthy lifestyles, and become productive adults. Iowa provides public health insurance to over 203,000 children (182,371 in Medicaid and 20,697 for *hawk-i*). The *hawk-i* program provides health care coverage to children in families at or below 200% of the Federal Poverty level who are uninsured and not eligible for Medicaid. This program helps fill the gap for children who do not qualify for Medicaid and who have no health insurance coverage. The percentage of children who are uninsured (without public or private insurance) at this level is projected to be nearly 13% versus the average for all children in Iowa of 6% (regardless of income level). Providing health care to these children is extremely important.

What we're doing to achieve results: The department continues to conduct grassroots outreach activities through a contract with the Department of Public Health as well as working cooperatively with schools, medical providers, businesses, faith-based organizations and other entities in contact with families and children. A statewide mailing was conducted to all school age children across Iowa at the start of the school year. The Department has developed an automated referral system from Medicaid that has resulted in more referrals to *hawk-i*. Training is being provided across DHS emphasizing the importance of referring children to *hawk-i* when they are identified as not being eligible for or lose their eligibility for Medicaid. The *hawk-i* program also provides awareness and makes referrals to Medicaid services.

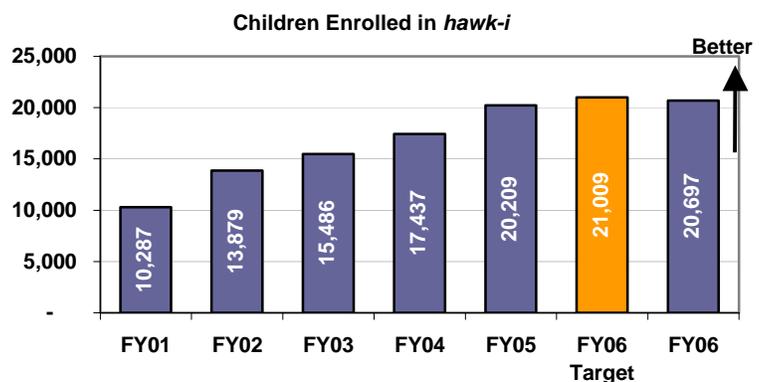
Results

Performance Measure:

Number of children who are enrolled in *hawk-i* is a monthly count of children enrolled on the 25th of each month.

Performance Goal/Target:

21,009



What was achieved: *hawk-i* ensured that Iowa's children have access to quality health care coverage by enrolling a total of 20,697 children, just 1.5% below target.

Data Sources: "Monthly Log Demographic Reports", Division of Financial, Health and Work Supports through a contract with MAXIMUS.

Resources: This activity is funded with federal funds (approximately 75%), state general fund appropriations (approximately 25%), tobacco settlement funds, and some enrollee cost-sharing. Total state expenditures for SFY '06 for SCHIP were \$15,386,871. Of this, \$11,110,027 was expended for the *hawk-i* program. This amount represents the state share of all costs associated with administration and the provision of services to children participating in the program.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Support Recovery

Description: Provide establishment services to establish paternity and support orders, so that there is a legal obligation for both parents to provide for their children. Enforce the obligation to pay for over 600,000 individuals. Collect over \$317M in total and process over 2.7 million payments per year.

Why we are doing this: Current child support collected in the month it is due helps families have predictable income to use for the needs of the children. It also helps families avoid the need for public assistance.

What we're doing to achieve results: Child support locates absent parents, secures income withholding orders, and in the case of non paying obligors offsets tax refunds, applies license sanctions. The newest pilot is a joint office with Nebraska to address the low payment rate of shared interstate cases. Child support also studies the performance in this area each month.

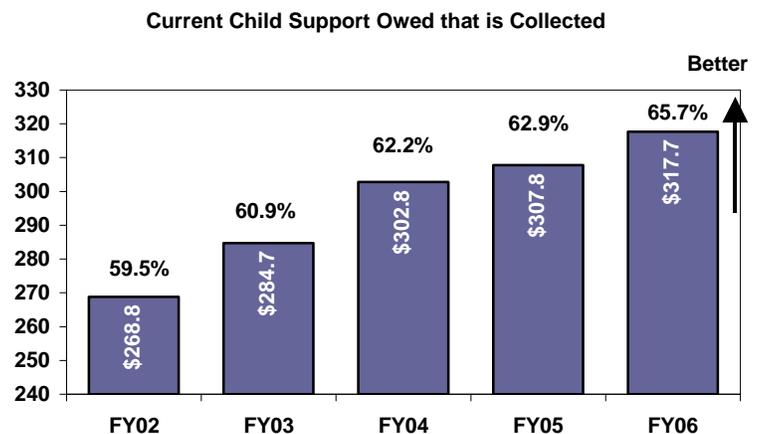
Results

Performance Measure:

Percentage of all support owed in the current state fiscal year which is collected in the current state fiscal year.

Performance Goal/Target:

64%



What was achieved: Child support collected 64.7% of current year support owed during FY06, exceeding the collection target by 1.7 percentage points and providing for a more financially stable home environment for families dependent upon child support. \$317.7 Million was collected.

Data Sources: Child Support Recovery Unit

Resources: This activity, as well as other activities, was funded by the general fund appropriation.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Adoption Subsidy

Description: Provides financial support for families who adopt children with special needs from foster care. Funds are provided to support approximately 6,000 children.

Why we are doing this: The purpose of the adoption subsidy program is to achieve stable and permanent families for children that have been abused or neglected, and whose parents' rights have been terminated. If these children were not adopted, they would grow up in long-term foster care.

What we're doing to achieve results: Adoption subsidy benefits are provided to offset some of the increased costs associated with adopting children with special needs and include monthly (maintenance) payments, coverage under the Medicaid program, and payment for special services, supplies, or equipment, such as medical services not covered by Medicaid, attorney fees, and court costs to finalize an adoption. We are working with the courts, private agencies, and other organizations to promote and achieve adoption, providing concurrent planning – i.e. identifying potential adoptive families while concurrently working to reunite the child with the birth family, and extending termination of parental rights (TPR) appeals so that legal delays do not delay achieving permanency for the child.

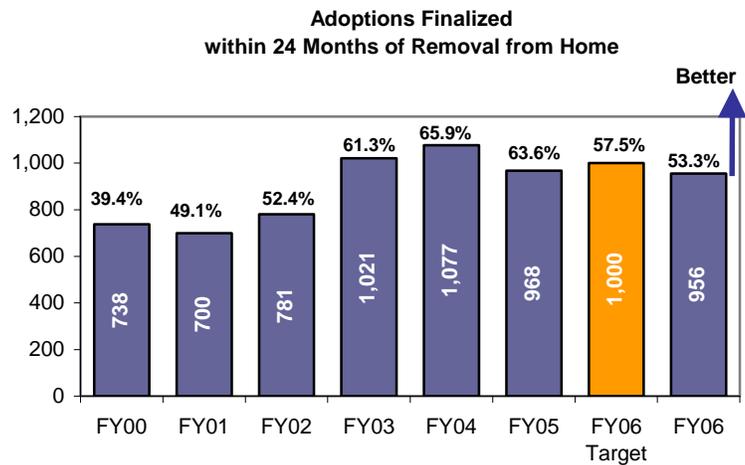
Results

Performance Measure:

Percent of adoptions finalized within 24 months of removal from home (timely adoption).

Performance Goal/Target:

57.5%



What was achieved: The ability of the state to quickly find permanent family homes for children who cannot return to their birth home, so that children do not remain in foster care for long periods of time before permanency, exceeds the national standard but was below the target for FY06. 53.3% of adoptions were finalized within 24 months of the child's removal from birth home.

Data Sources: DHS STAR and FACS system

Resources: A combination of federal and state appropriations are used to fund the adoption subsidy.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Childcare Assistance

Description: Provides funding for childcare for over 16,139 children of low-income parents who are working or in school, as well as children in foster care.

Why we are doing this: Providing funding for childcare services enables families to meet their goals for self-sufficiency and offers opportunities for their children to be in safe and quality early learning environments.

What we're doing to achieve results: Childcare assistance provides cash to low-income parents who are working or in school to help defray the cost of licensed childcare facilities. The DHS website maintains a list of registered childcare providers, aiding parents in locating safe and regulated environments for their children to stay.

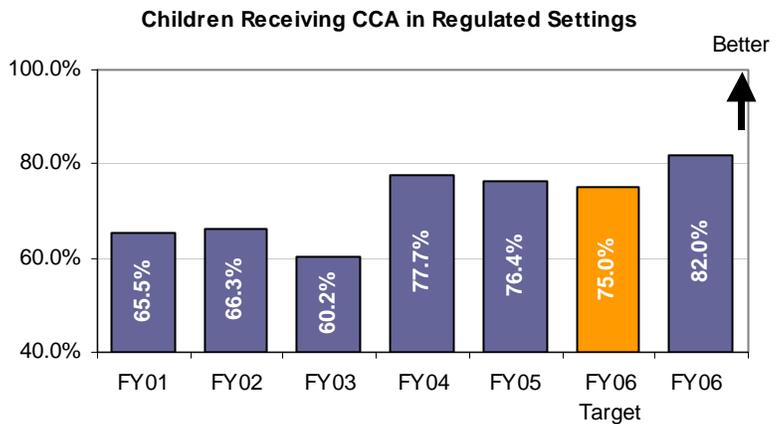
Results

Performance Measure:

Percent of children receiving Child Care Assistance (CCA) who are in regulated settings.

Performance Goal/Target:

75%



What was achieved: Regulated childcare environments provide safe and monitored environments for children. 82% of children receiving childcare assistance received that childcare in regulated settings, exceeding the target by 7 percentage points.

Data Sources: DHS DCPD system.

Resources: \$16,980,015 state dollars and \$45,148,664 federal dollars were spent on subsidized childcare in FY06.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: MHIs – Improvement of MHI patients' ability to function. (Cherokee, Clarinda, Independence, Mt. Pleasant)

Description: Measures the percentage of all patients admitted that show an improvement in their ability to function.

Why we are doing this: Mental health services provided at the MHIs are provided to stabilize a patient's condition and improve their ability to function to enable them to successfully live outside an institution in the community.

What we're doing to achieve results: The MHIs provide a variety of programs of behavioral care such as acute psychiatric care at all four facilities, acute services for patients with a dual diagnosis of substance abuse and mental illness at Mt. Pleasant MHI, substance abuse treatment at Mt. Pleasant, geropsychiatric services for elderly people with a serious mental illness at Clarinda, sub-acute care in a PMIC level of care at Independence. All four facilities continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal CMS. In SFY06 emphasis was placed on improved quality treatment services offered by Clarinda MHI and Mt. Pleasant MHI in order to address critical patient needs and concerns expressed by CMS, improved quality of treatment services by enabling the Clarinda and Mt. Pleasant MHIs to achieve Joint Commission on Accreditation of Healthcare Organizations accreditation (Independence and Cherokee are JCAHO accredited hospitals.) The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices. A replacement for the aging computer system handling medical records, patient data, and patient billing functions was implemented.

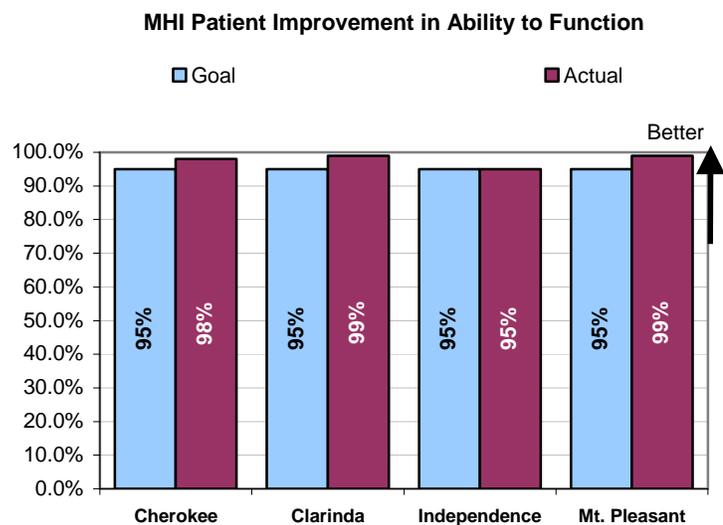
Results

Performance Measure:

Percentage of all patients admitted that show an improvement (as measured by a 20-point increase on Global Assessment of Functioning (GAF) scoring instrument) in their ability to function.

Performance Goal/Target:

95% at each of the four MHIs.



What was achieved: All Mental Health Institutes and programs attained the 95% goal. The individual performances were: 98% at Cherokee MHI, 99% at Clarinda Psychiatric Program, 95% at Independence Psychiatric Program and Independence Psychiatric Medical Institution for Children, and 99% at Mt. Pleasant Psychiatric Program and Mt. Pleasant Dual Diagnosis Program.

Data Sources: Cherokee MHI, Independence MHI, Mt. Pleasant MHI.

Resources: The FY06 state appropriation of \$20,125,741 to the four Mental Health Institutes.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: SRCs – Improve readmission rate of persons receiving treatment at SRCs (Glenwood and Woodward)

Description: Measures the percentage of clients that return to a SRC within 180 days of discharge.

Why we are doing this: The State Resource Centers at Woodward and Glenwood serve persons of all ages who have mental retardation or other developmental disabilities. Nearly all of the residents at the resource centers have been denied admission to community-based providers of this level of care. The goal is to provide a variety of treatment and outreach services to people with mental retardation or disabilities, and to assist residents to find placements in appropriate community facilities.

What we're doing to achieve results: State Resource Centers are working with community-based programs and are working to develop outplacement plans that address the individualized needs of each patient.

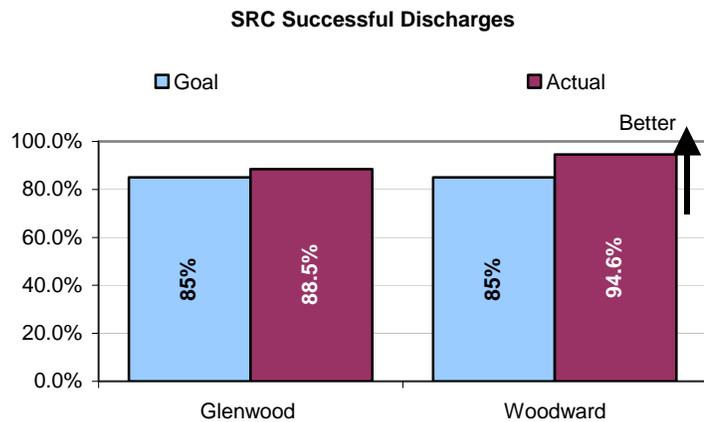
Results

Performance Measure:

Percent of clients treated by the SRC who are not re-admitted within 180 days following moving from the facility.

Performance Goal/Target:

85% at both Glenwood and Woodward



What was achieved: All of the programs at the two resource centers were at or better than target on readmission rates within 180 days of leaving the facility: 88.5% at Glenwood ICF/MR and Glenwood Community Programs and 94.6% at Woodward ICF/MR and Woodward Community Programs.

Data Sources: Glenwood and Woodward SRCs.

Resources: The state appropriation to the two State Resource Centers totaled \$24,725,152 for SFY06.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

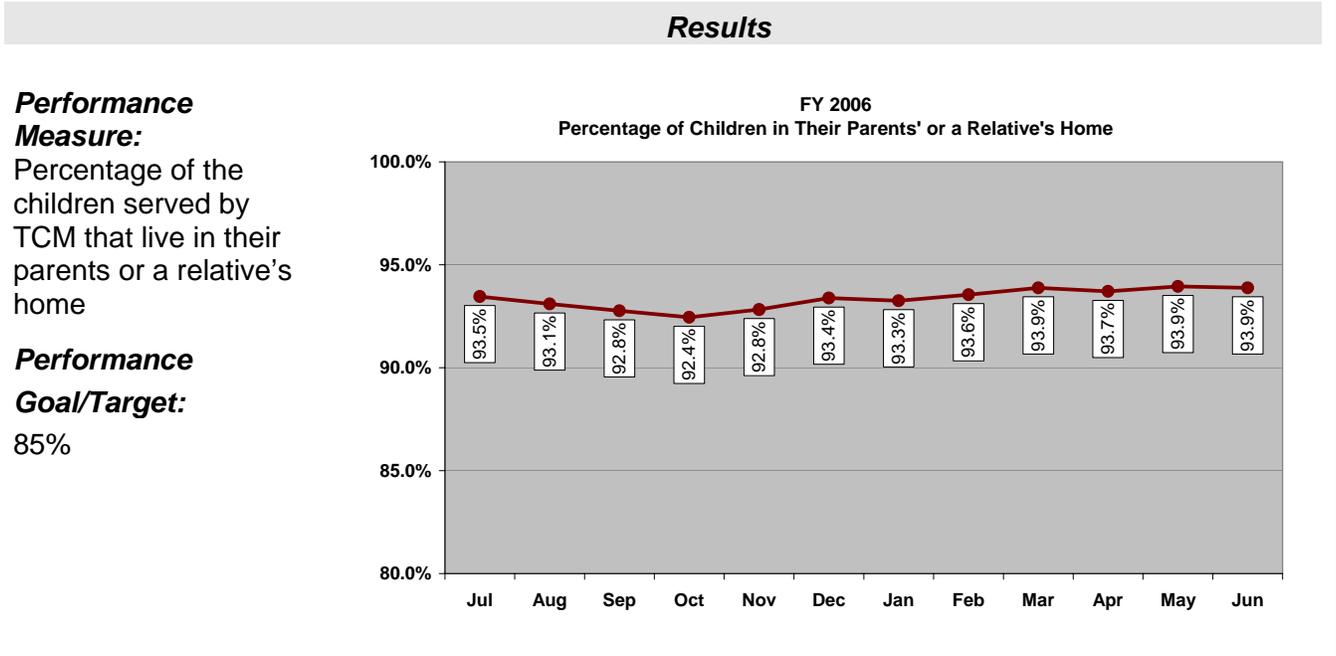
Name: Targeted Case Management

Description: When counties select DHS Targeted Case Management (TCM) as the designated provider in that county, the unit plans, arranges, monitors and adjusts services. Eligible individuals are those receiving Medicaid with a condition of mental retardation, brain injury and or those who are chronically mentally ill. DHS TCM operates as a Medicaid provider that receives no appropriated funds but receives funding through fee-for-service revenues paid by counties using a mix of federal, state, and county funds.

Why we are doing this: Targeted case management focuses on the consumer's strengths, interests, abilities, and competencies. The service involves the consumer, families, guardians, and other professionals and agencies in identifying, developing, implementing and monitoring a comprehensive outcomes achievement plan. Targeted case management seeks to assist the consumer in:

- Gaining independence
- Attaining integration into the community
- Maximizing participation in the decision making process
- Achieving outcomes.

What we're doing to achieve results: A targeted case manager plans, coordinates, and monitors services of other providers. The targeted case manager acts as an advocate to link consumers to service agencies and support systems responsible for providing the necessary direct services.



What was achieved: An average of 93.38% of children served by TCM were served in their own home or in the home of an immediate relative, exceeding the target by 8.38 percentage points.

Data Sources: Consumer assessment data from the case management SQL consumer database

Resources: Service provided to children in FY 2006 was 63.64% federally funded. The state absorbed the remainder of the cost, 36.36%

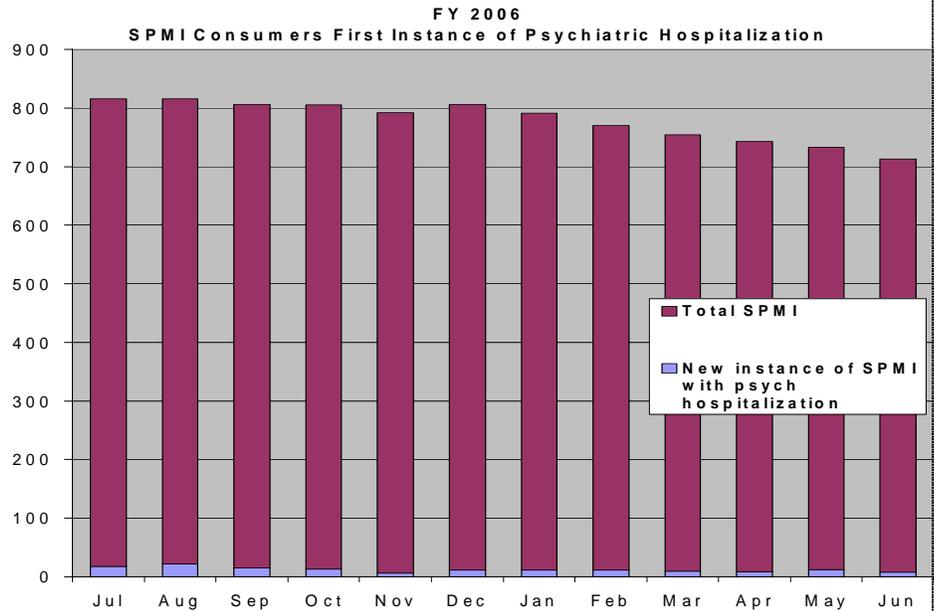
Performance Measure:

Percentage of consumers with severe and persistent mental illness experiencing one or more day of psychiatric hospitalization

Performance

Goal/Target:

10%



What was achieved: In Fiscal Year 2006, a total of 146 consumers with an SPMI diagnosis were admitted and treated at least one day in an inpatient psychiatric hospital. Those 146 consumers represent 19.05% of the total people with an SPMI diagnosis served by TCM during the year.

Data Sources: Consumer assessment data from the case management SQL consumer database

Resources: Service provided to SPMI consumers in FY 2006 was 100% state funded and billed through Magellan Behavioral Care.

2006 DHS Performance Plan Results

Core Function: Child and Adult Protection

SPA: Child, Adult and Family Protection and Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of children who do not experience re-abuse for at least 6-months from a previous occurrence.	89.7%	90.5%	What Occured: Continued trend of protecting children from re-abuse Data Source: Child Welfare Information System, STAR sub-system
Percent of children exiting foster care who are re-unified with their families within 12 months from last removal from home (re-unification).	83%	57.5%	What Occured: Method of measure changed Data Source: Family and Children's Services (FACS) system
Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry)	82%	89.1%	What Occured: Increased by 17% over last year the percent of children not re-entering foster care within 12-months Data Source: Family and Children's Services (FACS) system
Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability).	84.5%	85.3%	What Occured: Placement stability continues to exceed target Data Source: Family and Children's Services (FACS) system
Percent of maltreatment assessments that are initiated in a timely fashion.	83%	98.7%	What Occured: Nearly all maltreatment reports were assessed in a timely fashion Data Source: Division of Child and Family Services
Percent of cases with monthly face-to-face visit with child	35%	38%	What Occured: Continuous improvement efforts helped to drive success on this measure Data Source: Division of Child and Family Services

SPA: Adoption Subsidy

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of adoptions finalized within 24 months of removal from home (timely adoption).	57.5%	53.29%	What Occured: Measure was computed using different methodology Data Source: Family and Children's Services (FACS) system

SPA: Chafee Foster Care Independence Program

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Number of kids served in Aftercare Program	350	366	What Occured: Increased number of children served by 311 over previous year Data Source: Division of Child and Family Services

SPA: Family Support Programs

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Annual number of children served in Family Support Programs	378	378	What Occured: Met target of subsidies for 378 children Data Source: Division of Child and Family Services
Percent of children served who remain at home	95%	99%	What Occured: Exceeded target by 4% Data Source: Division of Child and Family Services

2006 DHS Performance Plan Results

SPA: Child Abuse Prevention

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Rate of confirmed child abuse (per thousand)	15	19.4	What Occured: More standardization in reporting Data Source: Child Welfare Information System, STAR sub-system

SPA: Community Care

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Rate of maltreatment for families referred to Community Care	5%	12.8%	What Occured: Rate decreased by 5.7% from previous year Data Source: Division of Child and Family Services
Parental "satisfaction" with services provided by Community Care provider	90%	87%	What Occured: Satisfaction rate declined slightly from last year Data Source: Division of Child and Family Services

SPA: Child Welfare In-home Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of children who do not experience re-abuse for at least 6-months from a previous occurrence.	89.7%	90.5%	What Occured: Continued trend of protecting children from re-abuse Data Source: Child Welfare Information System, STAR sub-system

SPA: Child Welfare Out-of-home Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of children exiting foster care who are re-unified with their families within 12 months from last removal from home (re-unification).	83%	57.5%	What Occured: Method of measure changed Data Source: Family and Children's Services (FACS) system
Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry)	82%	89.1%	What Occured: Increased by 17% over last year the percent of children not re-entering foster care within 12-months Data Source: Family and Children's Services (FACS) system
Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability).	84.5%	85.3%	What Occured: Placement stability continues to exceed target Data Source: Family and Children's Services (FACS) system

SPA: Juvenile Justice In-home Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of youth arrested for committing a delinquent act within 6 months of program discharge	30%	29.8%	What Occured: Exceeded target Data Source: Division of Child and Family Services

2006 DHS Performance Plan Results

SPA: Juvenile Justice Out-of-home Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability).	84.5%	85.3%	What Occured: Placement stability continues to exceed target Data Source: Family and Children's Services (FACS) system

SPA: Toledo - Delinquent

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of youth who remain in the community for a 6-month period after discharge	95%	88%	What Occured: Fell below target Data Source: Juvenile Facility Data
Hours per 2400 patient hours spent in restraint or seclusion for youth/adolescents.	0.5	2.84	What Occured: More difficult to manage youth are being treated Data Source: MHR data system
Percent of residents who enter the residential substance abuse program who successfully complete the program.	85%	83%	What Occured: A higher rate of clients are successfully completing the treatment program Data Source: MHR data system
Percent of residents who enter the adult correctional system within three years of discharge.	14.0%	4%	What Occured: The percent of discharged clients admitted to corrections remains under 5% Data Source: MHR data system

SPA: Toledo - CINA

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of youth who remain in the community for a 6-month period after discharge	95%	88%	What Occured: Fell below target Data Source: Juvenile Facility Data
Hours per 2400 patient hours spent in restraint or seclusion for youth/adolescents.	0.5	2.84	What Occured: More difficult to manage youth are being treated Data Source: MHR data system
Percent of residents who enter the residential substance abuse program who successfully complete the program.	85%	71%	What Occured: A higher rate of clients are successfully completing the treatment program Data Source: MHR data system

2006 DHS Performance Plan Results

SPA: Eldora

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of youth who remain in the community for a 6-month period after discharge	95%	85%	What Occured: Fell below target Data Source: Juvenile Facility Data
Hours per 2400 patient hours spent in restraint or seclusion for youth/adolescents.	0.5	1.64	What Occured: More difficult to manage youth are being treated Data Source: MHR data system
Percent of residents who enter the residential substance abuse program who successfully complete the program.	85%	92%	What Occured: A higher rate of clients are successfully completing the treatment program Data Source: MHR data system
Percent of residents who enter the adult correctional system within three years of discharge.	14.0%	33%	What Occured: 1/3 of discharged residents enter adult corrections system Data Source: MHR data system
Percent of residents will sustain injuries of a severity that will require attention by a physician.	5%	3%	What Occured: Residents are safe Data Source: MHR data system

SPA: CCUSO

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Annual number of resident injuries requiring treatment by a physician.	2	1	What Occured: Residents are safe Data Source: CCUSO
Percent of patients who show progress in treatment	90%	30.6%	What Occured: Long term treatment is needed to show progress for this difficult population Data Source: MHR data system

2006 DHS Performance Plan Results

Core Function: Economic Support

SPA: Food Assistance, FIP, Child Care, and Medicaid benefit access.

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Number of lowans receiving Food Assistance at the end of the SFY	230,264	229,199	What Occured: Increased food assistance recipients 9.5% over previous year Data Source: F-1 Statistical Report
Average monthly number of enrollees in Medicaid (includes IowaCare, Family Planning Waiver, and Medicaid Expansion).	294,760	324,261	What Occured: Increased average number of Medicaid enrollees by 13% over FY05 Data Source: B-1 Statistical Report
Average monthly number of families receiving FIP	19,326	18,560	What Occured: Caseloads continue to decline and exceeded target for the year Data Source: A-1 Statistical Report
FA accuracy rate	94.7%	94.71%	What Occured: Accuracy met target despite greatly increased caseloads Data Source: Division of Financial, Health and Work Supports
Number of households receiving Food Assistance at the end of the SFY.	105,036	103,004	What Occured: Increased food assistance households by 13% over previous year Data Source: F-1 Statistical Report

SPA: Family Investment Program (FIP)

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Hourly rate of earned income for families exiting FIP due to income reasons	\$7.38	\$7.61	What Occured: Exceeded target by 23 cents per hour Data Source: PROMISE JOBS Employment File from the Iowa Workforce Development
Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	67.8%	69.7%	What Occured: Improved performance by 1.8% over FY05 Data Source: FIP history abstract, ISSV system

SPA: FIP Diversion Programs

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of families not applying for FIP after receiving diversion assistance for at least 12 months after the family is eligible to apply for FIP.	81%	68%	What Occured: As caseloads decline, the remaining cases are more complex and have higher barriers to self-sufficiency Data Source: Division of Financial, Health and Work Supports

SPA: PROMISE JOBS - Promoting independence and self-sufficiency through employment job opportunities and basic skills.

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Hourly rate of earned income for families exiting FIP due to income reasons	\$7.38	\$7.61	What Occured: Exceeded target by 23 cents per hour Data Source: PROMISE JOBS Employment File from the Iowa Workforce Development
Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	67.8%	69.7%	What Occured: Improved performance by 1.8% over FY05 Data Source: FIP history abstract, ISSV system

2006 DHS Performance Plan Results

SPA: Family Development and Self Sufficiency (FaDSS)

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Hourly rate of earned income for families exiting FIP due to income reasons	\$7.38	\$7.61	What Occured: Exceeded target by 23 cents per hour Data Source: PROMISE JOBS Employment File from the Iowa Workforce Development
Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	67.8%	69.7%	What Occured: Improved performance by 1.8% over FY05 Data Source: FIP history abstract, ISSV system

SPA: Food Assistance and Food Stamp Employment and Training (FSET) Program

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of eligible lowans who receive food assistance.	53%	60%	What Occured: Increased participation rate by 5 percentage points over previous year Data Source: Division of Results Based Accountability

SPA: Supplemental Food Program

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Average monthly number of people served through food banks and soup kitchens via the Emergency Food Assistance Program.	129,930	159,284	What Occured: Exceeded target but more than 50,000 lower than last year Data Source: Division of Financial, Health and Work Supports
Average monthly number of people served through supplemental commodities in Polk and 8 surrounding counties.	4,620	3,876	What Occured: 745 below target and almost 300 fewer than last year's monthly average Data Source: Division of Financial, Health and Work Supports

SPA: Parental Obligation Grant Program

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of parents participating in pilot programs who maintain and improve the level of financial support to their children as measured by the amount of child support received.	80%	86.3%	What Occured: Continues last year's trend of highly exceeding target, pilot programs are producing results Data Source: Child Support Recovery Unit
Percent of parents participating in the pilot programs who maintain or improve the frequency of visits with their children.	90%	99%	What Occured: Continues last year's trend of highly exceeding target, pilot programs are producing results Data Source: Child Support Recovery Unit

SPA: Establish/Enforce child support orders (CSRU)

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of all active child support cases that have a court order establishing the legal obligation of both parents to provide for the financial support of the child(ren)	90%	85.64%	What Occured: Slight decline from FY05 performance Data Source: Child Support Recovery Unit
Percent of all child support owed in the current state fiscal year which is collected in the current state fiscal year	64%	65.74%	What Occured: Current child support collections continue to improve Data Source: Child Support Recovery Unit

2006 DHS Performance Plan Results

SPA: Resettlement

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Average wage for refugees placed in full time employment.	\$7.50	\$8.79	What Occured: Increased by 17 cents per hour over previous year Data Source: Bureau of Refugee Services
Percent of refugees who secure a job within the first 90 days of placement.	70%	69%	What Occured: More time required for refugees to secure a job compared to previous year Data Source: Bureau of Refugee Services

SPA: Self-Sufficiency

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Average wage for refugees placed in full time employment.	\$7.50	\$8.85	What Occured: Increased by 23 cents per hour over previous year Data Source: Bureau of Refugee Services
Percent of refugees who secure a job within the first 90 days of placement.	70%	54.7%	What Occured: More time required for refugees to secure a job compared to previous year Data Source: Bureau of Refugee Services

SPA: Child Care Assistance

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of children receiving CCA who are in regulated settings	75%	82%	What Occured: Increased percentage of children in regulated settings by 5.5% over previous year Data Source: Division of Results Based Accountability

SPA: EBT Retailer Fee

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Amount, per transaction, of EBT retailer fee	\$0.00	\$0.07	What Occured: Limited advocacy, powerful opposition Data Source: Division of Financial, Health and Work Supports

2006 DHS Performance Plan Results

Core Function: Health Care & Support Services

SPA: Long Term Care Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of State long-term care resources devoted to home and community based care	25%	20.8%	What Occured: Shift continues from facility-based care to home and community based services Data Source: Iowa Medicaid Enterprise

SPA: Acute Care Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of Medicaid members who are aware of available preventive health care resources.	86%	71%	What Occured: Outreach and education campaigns continue Data Source: Iowa Medicaid Enterprise

SPA: Pharmacy Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
State funds saved through the Medicaid Preferred Drug List (PDL) program (\$20 M total).	\$7,000,000	\$18,700,000	What Occured: PDL is saving money for Iowans; exceeded target due to increased prebate savings, enhanced CMS rebates and supplemental rebates Data Source: Iowa Medicaid Enterprise

SPA: Managed Care & Medicare & HIPP Premium Payments

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of children and adults with access to managed care (either PCCM or capitated).	45%	48%	What Occured: Exceeded target; a growing number of children and adults have access to care Data Source: Iowa Medicaid Enterprise

SPA: Medicaid IME

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of clean Medicaid claims accurately paid or denied on time	99%	99%	What Occured: Claims were processed timely Data Source: Iowa Medicaid Enterprise

SPA: State Children's Health Insurance Program (SCHIP)

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Number of children who are enrolled in hawk-i	21,009	20,673	What Occured: Enrollment leveled off for the year, consistent with trends in other states Data Source: Division of Financial, Health and Work Supports
Number of children who are enrolled in Medicaid Expansion	11,861	15,818	What Occured: Continued expanding enrollment over previous years Data Source: Division of Financial, Health and Work Supports
Total SCHIP enrollment	33,688	32,984	What Occured: Slowdown in hawk-i enrollment caused overall SCHIP enrollment to be slightly less than projected Data Source: Division of Financial, Health and Work Supports

2006 DHS Performance Plan Results

SPA: Health Insurance Premium Payment (HIPP) Program

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Number of HIPP Referrals	TBD	16,441	What Occured: HIPP Referrals down 1,245 from previous year Data Source: Division of Financial, Health and Work Supports
Number of Medicaid-eligible individuals who use employer provided insurance through HIPP	6,090	4,949	What Occured: Fell below target Data Source: Division of Financial, Health and Work Supports

SPA: Community Based Pregnancy Prevention Programs

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Average score of teen pregnancy prevention participant responses to survey questions relating to abstinence and likelihood of postponing sex. (Scale is 1 = not at all, 2 = a little more, and 3 = a lot more.)	2	1.44	What Occured: Surveyed teens less likely to postpone sex than previous year Data Source: Teen Pregnancy Prevention Program
Percent of community teen pregnancy and parenting grantees that do not have an increase in live births to mothers under age 18.	33%	81%	What Occured: Exceeded target but decreased from previous year by 14 percentage points Data Source: Teen Pregnancy Prevention Program

SPA: MHDD Community Services

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Annual number of adults served through county funded programs	46,350	45,779	What Occured: Increased number served by 563 over previous year Data Source: CoMIS Reports

SPA: Targeted Case Management

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of Targeted Case Management Consumers with a Severe and Persistent Mental Health Condition receiving psychiatric inpatient services.	10%	19.05%	What Occured: Continue to reduce the need for costly inpatient services Data Source: Bureau of Case Management
Percent of the children served by TCM that live in the family home.	85%	93.38%	What Occured: TCM is helping children to remain in their family homes Data Source: Bureau of Case Management

2006 DHS Performance Plan Results

SPA: Cherokee

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	97.8%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	8%	6.1%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Hours per 2400 patient hours spent in restraint or seclusion for youth/adolescents.	0.5	10.6	What Occured: More difficult to manage youth are being treated Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	98%	What Occured: Improved from previous year Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	3.49	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

SPA: Clarinda Psych

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	98.2%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	6%	6.9%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	99%	What Occured: Improved from previous year Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	0.12	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

SPA: Clarinda Geropsych

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	99.3%	What Occured: Increased safety of clients Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	0.1	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

2006 DHS Performance Plan Results

SPA: Independence Psych

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	99.4%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	4%	8%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Hours per 2400 patient hours spent in restraint or seclusion for youth/adolescents.	0.5	28.7	What Occured: More difficult to manage youth are being treated Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	95%	What Occured: Exceeded target and equal to previous year. Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	20.72	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

SPA: Independence PMIC

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	99%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	95%	What Occured: Improved from previous year Data Source: MHR data system
Number of hours of restraint/seclusion used monthly.	2	1.71	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

SPA: Mt. Pleasant Psych

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	97.3%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	4%	3.6%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	99%	What Occured: Improved from previous year Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	2.24	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

2006 DHS Performance Plan Results

SPA: Mt. Pleasant Dual Diagnosis

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	97.3%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	4%	2.4%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Percent of admissions that are re-admissions within 30 days of discharge (for each Facility: Cherokee, Clarinda, Independence and Mt. Pleasant).	4%	2.4%	What Occured: MHIs are serving a much higher proportion of involuntary committals Data Source: MHR data system
Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	95%	99%	What Occured: Exceeded target Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	20.24	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system

SPA: Mt. Pleasant SA

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Monthly percent of residents who do not sustain injuries requiring treatment by a physician.	95%	96%	What Occured: Increased safety of clients Data Source: MHR data system
Percent of people receiving substance abuse treatment will show a level of improvement that will allow progression to the next stage of treatment or outpatient monitoring.	95%	99.18%	What Occured: Improved from previous year Data Source: MHR data system

SPA: Glenwood ICF/MR

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of consumers who are not readmitted within 180 days following moving from the facility	85%	88.5%	What Occured: Continued to build upon previous year performance of successfully returning clients to community Data Source: MHR data system
Annual number of clients placed into community programs.	40	16	What Occured: Fewer consumers displayed attributes critical for success than was anticipated Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	0.15	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system
Percent of residents will sustain injuries of a severity that will require attention by a physician.	5%	3.5%	What Occured: Residents are safe Data Source: MHR data system
Percent of the ICF/MR clients that are employed and wage earners	77%	67.7%	What Occured: Fell below target Data Source: MHR data system

2006 DHS Performance Plan Results

SPA: Glenwood Comm

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of consumers who are not readmitted within 180 days following moving from the facility	85%	88.5%	What Occured: Continued to build upon previous year performance of successfully returning clients to community Data Source: MHR data system

SPA: Woodward ICF/MR

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of consumers who are not readmitted within 180 days following moving from the facility	85%	94.6%	What Occured: Continued to build upon previous year performance of successfully returning clients to community Data Source: MHR data system
Annual number of clients placed into community programs.	40	6	What Occured: Fewer consumers displayed attributes critical for success than was anticipated Data Source: MHR data system
Number of hours per 2400 patient hours spent in restraint or seclusion.	4	2.9	What Occured: Decreased use of seclusion/restraint is a positive thing Data Source: MHR data system
Percent of residents will sustain injuries of a severity that will require attention by a physician.	5%	4.3%	What Occured: Residents are safe Data Source: MHR data system
Percent of the ICF/MR clients that are employed and wage earners	77%	67.7%	What Occured: Fell below target Data Source: MHR data system

SPA: Woodward Comm

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of consumers who are not readmitted within 180 days following moving from the facility	85%	94.6%	What Occured: Continued to build upon previous year performance of successfully returning clients to community Data Source: MHR data system

2006 DHS Performance Plan Results

Core Function: Resource Management

SPA: Service Delivery Support

Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
Percent of Claims Paid within 30 days of initial receipt	90%	49%	What Occured: Temporary decrease in productivity due to new state accounting enterprise system Data Source: Division of Fiscal Management
Percent of child support payments processed within 2 business days of receipt.	100%	94%	What Occured: Temporary decrease in productivity due to new state accounting enterprise system Data Source: Division of Fiscal Management
Availability (up-time) of DHS systems (includes DHS network and the various administrative systems).	96%	98%	What Occured: Continued excellent performance of previous year Data Source: Division of Data Management
Employee satisfaction rate.	80%	N/A	What Occured: Planned start FY 2007 Data Source: Division of Results Based Accountability
Employee Turnover Rate	3%	7.98%	What Occured: Some job categories had higher-than-expected turnover Data Source: Division of Results Based Accountability

RESOURCE REALLOCATIONS

DHS had only one resource reallocation in fiscal year 2006. There was a transfer of \$100,000 from the Mt. Pleasant MHI to the Clarinda MHI to cover a projected shortfall at Clarinda. No positions were reallocated, only funds.

AGENCY CONTACTS

Copies of the Department of Human Services' Performance Report are available on the DHS website at http://dhs.iowa.gov/reports_pubs/results_based. Copies of the report can also be obtained by contacting Sandy Knudsen in the Division of Results Based Accountability at 515-281-7064.

Iowa Department of Human Services
Hoover Building
1305 E. Walnut St.
Des Moines, IA 50319

(515) 281-5454
TTY: (515) 281-4748 or (800) 831-1399

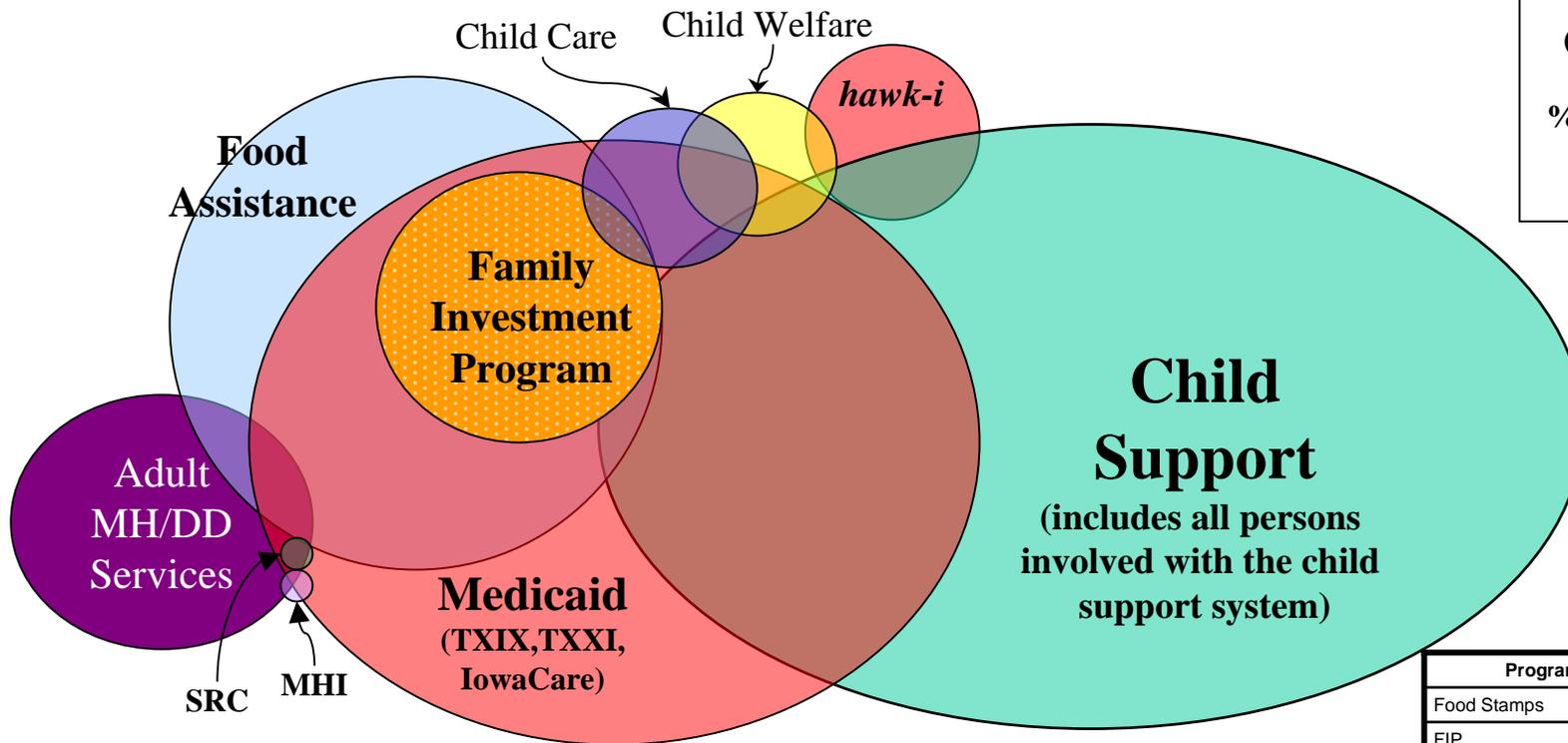
www.dhs.state.ia.us

Total DHS Clients Served

(997,603 unduplicated)

Iowa Population
2,926,354
(2000 Census)

% of Population
Served
34%



Program	Clients Served
Food Stamps	229,199
FIP	45,213
Medicaid	344,667
IowaCare	17,932
hawk-i	20,673
Adult MH/DD	45,779
Mental Health Institutes	232
State Resource Centers	604
Child Welfare	15,004
Child Care	19,136
Child Support	668,268
Total Count *	1,406,707
Unduplicated Total	997,603

Data as of June 2006

This data shows a point in time for service, thus it displays the number of Iowans that DHS serves on a daily basis.

The number of clients DHS serves over time is larger because of client turnover.

Report Date – 9/21/2006



* Some people are in more than one program