

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2007

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Introduction Section

Message from the director...

It is my pleasure to present the Iowa Department of Human Services 2007 Performance Report.

The purpose of this Performance Report is to communicate the results of the work we do.

INTRODUCTION

The Performance Report is divided into several sections. The Introduction Section briefly discusses the use of performance measures at DHS, our experience with them, and the Challenges ahead. The Accomplishments Section reviews the special project and other results achieved during 2007. The Agency Overview Section presents the DHS Mission, Vision, Guiding Principles, Core Functions, and the wide range of services, program and supports available through DHS. The Key Performance Results Section presents information regarding the results achieved by DHS related to our Flexible Performance and Charter Agency Agreement with Iowa Governor, Chet Culver.

Use of Performance Measures

DHS operates with fifty-eight (58) identified major components of service delivery. Over 150 agency-level performance measures are used to monitor service delivery.

The Iowa Department of Human Services (DHS) continues to improve the use of performance measures for gauging effectiveness of program

strategies to accomplish the mission of assisting people to become independent, healthy and safe.

These measures are meant to be high-level measures that DHS can impact through numerous client - and population-based services.

Challenges

The department continued to face challenges as we worked closely with a wide network of local partners to serve more than 900,000 Iowans during 2007. Our focus was, and continues to be, on improving services and performance measures as we continue to seek efficient and effective ways to deliver quality services. Customer service and employee satisfaction measures are currently under development, which will help gauge the timeliness and effectiveness of our services as well as the helpfulness, knowledge and expertise of our employees.

Future challenges include connecting the daily work we do to intermediate and high level outcomes, which will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff can use performance measures for decision-making and managing their daily work. More effective communication with the public and stakeholders on the value of DHS services is desired as we attempt to educate others about our role as stewards of public resources.

Much was accomplished this past year and we are optimistic about the many opportunities the future holds for Iowa.

ACCOMPLISHMENTS SECTION

DHS achieved results in many program and service delivery areas during 2007. Following is a brief review of the accomplishments for SFY2007:

1. DHS partnered with Iowa's Homeland Security and Emergency Management (HLSEMD) Division to create the Iowa Individual Assistance Grant Program (IIAGP) for low-income Iowans impacted by disaster events. Grants are provided to individuals as reimbursement for expenditures incurred related to the disaster event. The individual reimbursement grant is capped at \$3,319.00 per household. This program was implemented in response to the February 23, 2007, ice and snowstorms that devastated portions of the state. Since being enacted by the Iowa legislature, the IIAGP was activated six (6) times in 2007. \$305,031 of State dollars was provided as grant assistance to 694 households during 2007. In addition to the IIAGP, DHS was also able to receive approval from the US Department of Agriculture to provide emergency replacement food assistance for over 700 households affected by the February ice and snowstorms.

2. DHS was awarded a *Demonstration to Maintain Independence & Employment* (DMIE) grant in the amount of \$25 million. This grant

funds the provision of Medicaid and other services to inmates being discharged from the Iowa correctional system with an identified mental health diagnosis. DHS worked in partnership with the Iowa Department of Corrections, Iowa Workforce Development, Department of Education, Vocational Rehabilitation Division, and University of Iowa Public Policy Center to obtain the grant. The population served historically has a low employment rate, mental health diagnoses, and no access to health insurance, including no access to Medicaid or Medicare due to their family or disability status. Approximately 675 mentally ill offenders will be served through this program.

3. DHS was awarded a federal grant from the Centers for Medicare and Medicaid Services (CMS) for the *Money Follows the Person* program to increase the ability of Iowa to reduce its reliance on institutional care to meet the needs of persons with mental retardation presently served in Intermediate Care Facilities for the Mentally Retarded (ICF/MR facilities).

4. DHS re-established the Division of Mental Health and Disability Services this past year under the leadership of Dr. Allen Parks. In addition, within this Division, the Bureau of Children's Services and Bureau of Adult Services were re-established. Pursuant to a request from the Iowa legislature, an extensive planning initiative for development of a comprehensive mental health delivery system in Iowa was undertaken this past year, including re-constitution of the Co-Occurring Disorders

Policy Academy and establishment of six (6) mental health planning workgroups. Workgroups were comprised of county, provider agency, consumer, family, advocacy, state agency and expert advisors totaling nearly 100 individuals. The workgroups established included: Alternative Distribution Formula; Community Mental Health; Core Mental Health Services Mental Health and CSA Standards & Accreditation; Co-Occurring Disorders; and, Evidence-based Practices workgroup.

5. DHS' work to strengthen local mental health services provided through Community Mental Health Centers and inpatient psychiatric units in local medical/surgical hospitals was recognized and rewarded by the Centers for Medicare and Medicaid Services (CMS) by authorizing a higher reimbursement rate for services provided through Iowa's Medicaid Enterprise during 2007. Increased reimbursement is a significant step forward to stabilize and improve Iowa's community mental health services.

6. The US Department of Agriculture, Food and Nutrition Service (FNS) recognized DHS, during FY07 for leading the nation in improving access to Food Assistance for eligible Iowans. DHS was able to achieve this, in part, due to continued efforts to streamline and simplify the program, application forms, documentation requirements, and establishment of a Food Assistance Customer Service Center during 2007. This past year the Food Assistance program brought \$250 million in federal-only dollars to Iowa and directly helped more than 200,000 individuals and 109,000 households

each month. The 2007 benefits are more than double the benefits provided to Iowans in 2002.

7. Iowa was recognized as a national leader in providing access to fresh produce through use of electronic benefit transfer cards at farmer's markets and received recognition as the National EBT Council "Project of the Year" for 2007. The annual award is given to a state that demonstrates excellence in EBT planning, technology, or operations. Over 155 farmers in 105 markets across Iowa participated in the program during 2007. Iowa held the First National Conference on Farmer's Markets and Electronic Benefit Access for Food Assistance in September 2006. 23% of all sales transactions were completed through EBT transaction during 2007 (4,300 transactions), up from 21.6% (2,100 transactions) in 2006. DHS conducted a customer satisfaction survey of farmers during this past summer to gauge satisfaction with the EBT project. One first year farmer using the wireless equipment commented, "I think the program is wonderful. My sales increased because of it and my regular customers received it with great enthusiasm. I had several customers ask who else took credit, debit, EBT cards so they could purchase items from them also." Iowa's EBT Farmers Market program, has been selected by the National EBT Council as its 2007 "Project of the Year". The annual award is given to a state that demonstrates excellence in EBT planning, technology, or operations. The national award will be presented to the state at the organization's national meeting later this fall.

8. As part of our ongoing commitment to make access to services and employment available without regard to race, gender, national origin or other protected areas, DHS addressed disproportionality of minority children and disparate outcomes in child welfare in the Des Moines area by sponsoring a training program titled, "Undoing Racism." This program was made available to DHS staff, as well as many public and private partners. The training was provided by The People's Institute and afforded the opportunity for participants to explore the role of institutional racism in disproportionality and how we, as individuals, can all have a positive impact on clients.

9. DHS was able to overcome significant data use, sharing issues, and restrictions raised by the US Social Security Administration (SSA) that threatened access to this information this past year. Removing access to this data would have had a direct impact on our ability to determine eligibility to many of DHS program and services statewide.

10. DHS passed two significant federal program reviews this past year - the child welfare Child and Family Service Review Program Improvement Plan; and the IV-E federal financing review. The Child and Family Service Review was conducted of all 50 states two years ago. No state passed this initial federal review. DHS was informed during 2007 that we had achieved projected performance improvements and were in compliance with the federal requirements. We were recognized specifically for decreasing the rate of re-abuse of children, a decrease in the readmission of

children back into the child welfare system after discharge, an increase in the timeliness of child welfare investigations, and an increase in the rate of monthly visits staff make of families in care.

11. DHS worked with the Aftercare Network and other key child welfare partners to successfully implement the Preparation for Adult Living (PALS) program and the Medical Insurance for Young Adults Program (MIYA) during 2007 to provide continued support and access to medical care for youth that transition of out foster care at age 18 and 19.

12. DHS implemented the Payment Error Rate Measurement (PERM) project for Medicaid and the State's Children's Health Insurance program (SCHIP) and *hawk-i* during 2007 as required by federal legislation by awarding a contract to Myers & Stauffer. The actual PERM review starts during 2008.

13. The timeliness of payments to childcare providers was significantly overhauled during 2007 following changes in childcare provider payment legislation enacted this past year.

14. The Iowa Medicaid Enterprise successfully implemented the Home and Community Based Services, Consumer Choices Option in January 2007, providing more flexibility and individual choice for consumers.

15. I-MERS (Iowa Medicaid Electronic Record System) was developed, implemented, and is available for use by Medicaid providers across Iowa. I-MERS has been implemented at Broadlawns Medical Center, 2-Federally

Qualified Health Centers (FQHC's), and IME has received over 75 requests from providers to implement.

16. The Southern Institute on Children and Families, sponsored by the Robert Wood Johnson Foundation, recognized Iowa's automated referral system for Medicaid and *hawk-i* as one of 31 national *Promising Practices* in their recent "Covering Kids & Families Initiative" report.

17. DHS worked with the Meskwaki Tribal Community to develop a Memorandum of Understanding regarding child protection and the provision of child and family services during 2007. This is the first MOU developed with a Native American Tribe in Iowa and will enable the Meskwaki Tribal Community to receive federal Title IV-E funding for qualifying cases.

18. DHS continued expansion of the Community Partnerships for the Protection of Children Initiative adding 7 new CPPC sites during 2007. The CPPC initiative now has 39 sites covering 98 counties.

19. DHS continued its emphasis on improving the quality of childcare services through the Child Care Quality Rating System. More than 120 childcare providers applied for certification through the system. The childcare program has grown from 64 registered homes and 33 registered childcare centers in 2006 to 458 registered homes and 195 registered childcare centers in 2007.

20. DHS fulfilled direction provided by Executive Order 43, 44, and 46 to Meet & Confer with an authorized union representative of independent providers within two program areas for DHS: the Iowa Home & Community Based Services (HCBS) Waiver, Consumer Directed Attendant Care (CDAC) program; and Registered Child Development Home Providers. AFSCME (American Federation of State, County and Municipal Employees) is the designated representative for both groups of independent contractors in Iowa. DHS completed Meet & Confer discussions regarding the CDAC program and signed a Memorandum of Understanding during 2007. Meet and Confer discussion began regarding Registered Child Development Home Providers and continue to date.

21. DHS participated in four Kaizen events during 2007 aimed at improving operations while improving employee and customer satisfaction.

a. Child Abuse Decision Appeal Process – This event addressed the appeals process related to child abuse appeals from the time an appeal is received in the appeals unit until final agency action. Individuals from the AG's Office, DIA and DHS participated. The objective of this event was to correctly align work processes, identify problematic issues, and streamline the appeal process and necessary support functions.

b. Interstate Compact for the Placement of Children (ICPC) - This event addressed the placement of Iowa children in another state

from the point the potential placement(s) is identified until placement. Individuals from DHS policy, field operation support unit, field operations, and RBA participated.

c. Polk County Office Organizational Design and Workflow Project - This event addressed the flow, alignment and supervision of work functions in the Polk County, City View office with a specific focus on administrative office management and support functions including mail processing; reception, registration and phone coverage; file management; equipment and supply management (ordering, reordering, inventory, dissemination, tracking); and supervision of clerical staff.

d. Grievance Resolution Improvement Process (GRIP) – This event was led by DAS-HRE and had multiple state agencies and AFSCMR representatives participate. The event addressed the handling of union-related grievances with the objective of clarifying purpose, streamlining steps, reducing backlog, and improving outcomes.

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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 33% 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 approximately 22,000 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 287 beds and serve approximately 2,130 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 70 patients a year.

Glenwood Resource Center (GRC) and Woodward Resource Center (WRC) operate 331 and 241 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 273 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 158 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 1,014 adoptions. The focus of these services is child safety, protection and stability.

465 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. 230 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 687 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.resultsiowa.org/humansvs.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 to have an FSET program if a state has a food assistance program.

Why we are doing this: Food assistance prevents hunger, 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 \$5.00 in food assistance generates \$9.20 in local and state economic activity. The Food Assistance Program brought \$261,046,974 of direct benefits into Iowa in FY07.

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.

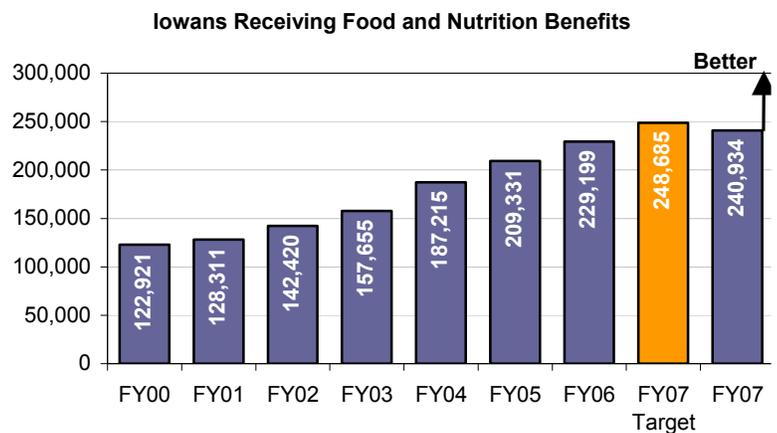
Results

Performance Measure:

Number of Iowans receiving Food and Nutrition Assistance.

Performance Goal/Target:

248,685 by June 2007



What was achieved: At the end of FY07, more Iowans were receiving food assistance than in FY06, for a total of 240,934 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 \$261,046,974 into Iowa in FY07.

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 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.

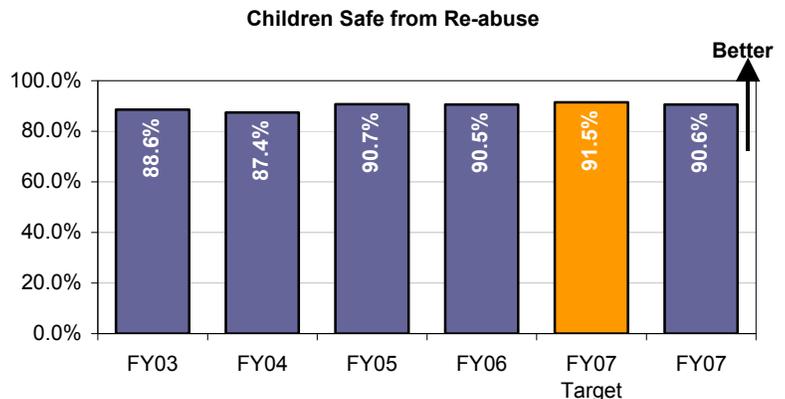
Results

Performance Measure:

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

Performance Goal/Target:

91.5% target



What was achieved: Safety from repeat abuse is improving in Iowa. The actual performance of 90.58% was slightly lower than target, 0.9-percentage points below 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 services, while child welfare providers deliver direct services through contracts 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

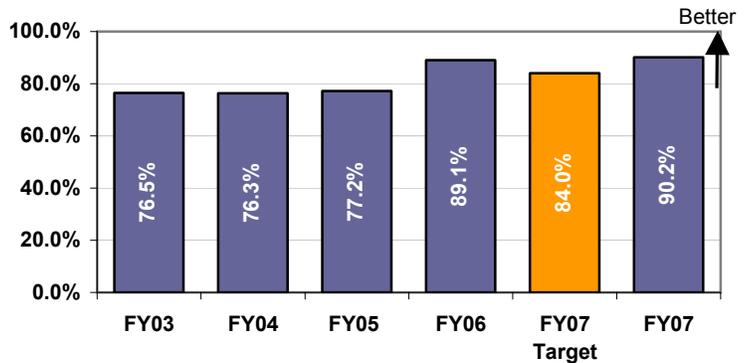
Performance Measure:

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

Performance Goal/Target:

84.0% Target

Children Who Do Not Re-Enter Foster Care



What was achieved: 90.15% 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 203,472 children (181,579 in Medicaid and 21,893 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 9% 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.

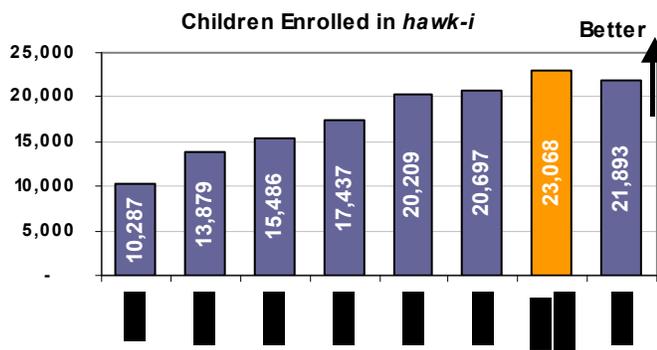
Results

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:

23,068



What was achieved: *hawk-i* ensured that Iowa's children have access to quality health care coverage by enrolling a total of 21,893 children, 5.1% 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 '07 for SCHIP were \$17,511,390. Of this, \$12,583,613 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. The above dollars do not include costs associated with service delivery (field staff). These costs add an additional \$336,672 in state costs.

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 640,700 individuals. Collect over \$327M in total and process over 3.0 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

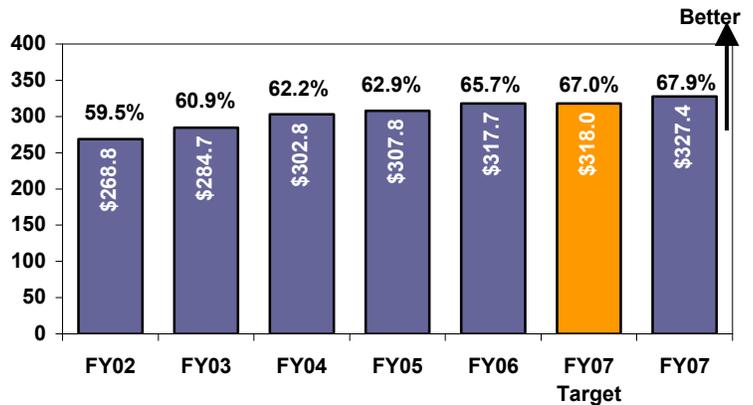
Performance Measure:

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

Performance Goal/Target:

67%

Current Child Support Owed that is Collected



What was achieved: Child support collected 68.4% of current year support owed during FY07, exceeding the collection target by 1.4 percentage points and providing for a more financially stable home environment for families dependent upon child support. \$327.4 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

Name: Title IV-E – Leveraging Federal Funds for Iowa Children

Description: Title IV-E is a subpart of Title IV of the federal Social Security Act. This program provides federal reimbursement to states for the costs of children placed in foster homes or other types of out-of-home care under a court order or voluntary placement agreement. Title IV-E benefits are an individual entitlement for qualified children who have been removed from their homes. The determination of IV-E eligibility and reimbursability for the child allows the state to claim federal IV-E reimbursement for the child's maintenance costs. The IV-E eligibility also allows the state to obtain federal IV-E reimbursement for administrative and training costs associated with the child. Maintenance costs include room and board, applicable childcare costs, and other supervision costs for licensed foster care, treatment foster care, shelter care, group home care and residential care centers.

Why we are doing this: Federal matching funds allow the State to achieve a greater result with the same level of State fund expenditure. Additional Federal funds flowing back into Iowa help make our programs more effective and help stimulate the local economy through the introduction of Federal dollars.

What we're doing to achieve results: DHS carefully considers any activities that may be eligible for Federal matching funds, and works to align program offerings with Federal guidelines. Programs are approved by the federal agencies and are audited for compliance with applicable rules.

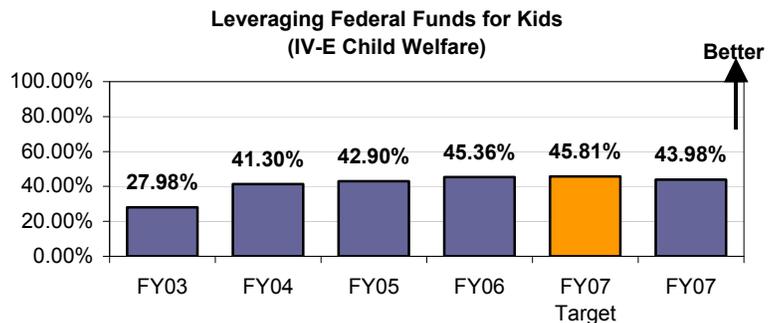
Results

Performance Measure:

Percent eligibility for IV-E

Performance Goal/Target:

45.81% target



What was achieved: The children in the Iowa foster care system are not being determined both eligible and reimbursable at the targeted rate. The child must be determined IV-E eligible and reimbursable for the state to claim IV-E reimbursement for the maintenance costs of the child. The agency managing the child's case and the court must meet certain IV-E procedural requirements for the child to be reimbursable. The child's placement must be with a reimbursable provider or facility to claim IV-E reimbursement. The care provider must also be licensed in a timely manner for the child's maintenance costs to be reimbursable.

Data Sources: Bureau of Budget and Accounting, Fiscal Management Division

Resources: The federal share of maintenance costs is approximately 58%. The federal share of administrative costs is 50%, with the administrative reimbursement rate pro-rated by the percentage of children in out-of-home care who are IV-E eligible. Training costs for public child welfare activities qualify for an enhanced IV-E reimbursement rate. The federal share of eligible training costs is 75%, with the training reimbursement rate also pro-rated by the IV-E penetration rate.

KEY RESULT

Name: Iowa Medicaid Preferred Drug List (PDL) Program

Description:

Why we are doing this: The implementation of the Preferred Drug List and the receipt of supplemental drug rebates from drug manufacturers have played a critical role in containing the costs of prescription drugs in the Iowa Medicaid program. In SFY 2005, with the PDL in effect for six months, the drug expenditures were \$407.8M, representing a 14% annual increase. After accounting for the supplemental rebates (\$9M), this net annual increase in SFY 2005 was reduced to 11.5%. In SFY 2006, the drug expenditures were \$332.6M with nearly \$16M in supplemental rebates.

What we're doing to achieve results: DHS implemented a Preferred Drug List and negotiated for Supplemental Rebates beginning January 2005. In 2006, the Department collaborated in the creation of the Sovereign States Drug Consortium, a multi-state drug pool. Since its inception, this drug pool, authorized by the federal government, has allowed the state to obtain better supplemental rebates. The federal Medicare Part D drug program shifted drug costs out of the Iowa Medicaid program for dually eligible Medicaid members to the federal Medicare program, resulting in a reduction of expenditures from 2006 to 2007, as seen on the chart.

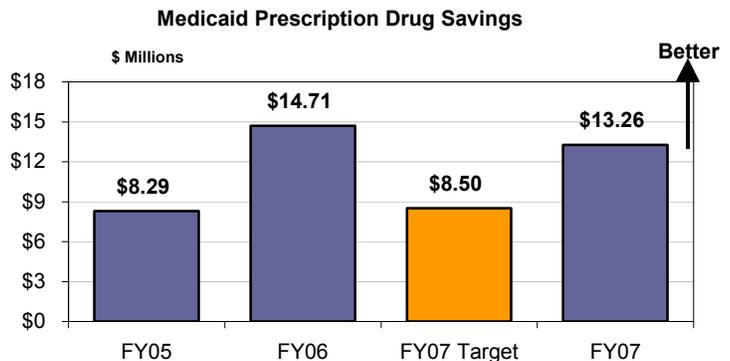
Results

Performance Measure:

State Dollars saved through the Pharmaceutical Preferred Drug List (Iowa Medicaid) Program

Performance Goal/Target:

\$8.5 Million



What was achieved: \$13.26 Million in state dollars were saved through the Preferred Drug List and an additional \$22.06 million in Federal dollars for a total of \$35.33 Million in pharmaceutical savings in FY07.

Data Sources: Iowa Medicaid Enterprise

Resources: State and Federal dollars are used to pay for Medicaid eligible services and benefits.

KEY RESULT

Name: IowaCare

Description: IowaCare is a Medicaid expansion program that provides hospital and physician services for people with limited incomes who are not eligible for Medicaid. The participants pay a small monthly premium, with exceptions made in hardship cases. Coverage is limited to services provided by Broadlawns Medical Center and the University of Iowa Hospitals and Clinics, and the state mental health institutes

Why we are doing this: Eligible people generally have low incomes, do not have access to other insurance, and are not eligible for regular Medicaid. Benefits available include hospital, physician, limited pharmacy, and limited dental services through specified providers (Broadlawns, University of Iowa Hospitals, and the mental health institutes). IowaCare extends medical insurance coverage to a population that otherwise would not have access to such coverage thereby providing and encouraging improved health care.

What we're doing to achieve results: Providing hospital, physician, limited pharmacy, and limited dental services through specified providers (Broadlawns, University of Iowa Hospitals, and the mental health institutes).

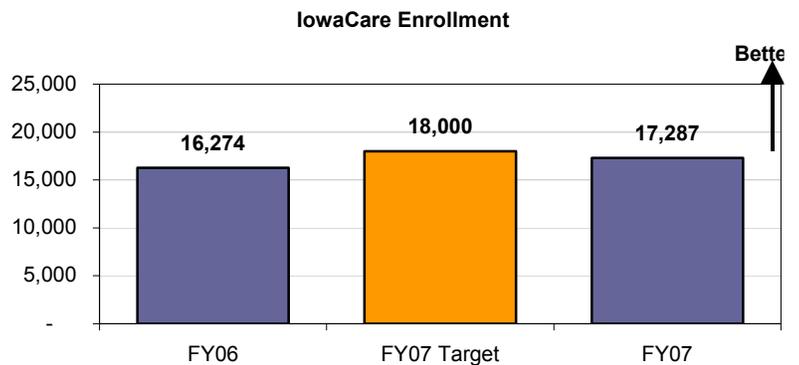
Results

Performance Measure:

Number receiving health care coverage through IowaCare

Performance Goal/Target:

18,000



What was achieved: 17,287 individuals were enrolled in IowaCare, an increase of 1,013 from FY06, but below the 2007 target of 18,000. FY07 was only the second year of this new program.

Data Sources: Bureau of Budget and Accounting, Fiscal Management Division

Resources: Iowa Medicaid Enterprise.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Childcare Assistance

Description: Provides funding for childcare for over 20,000 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.

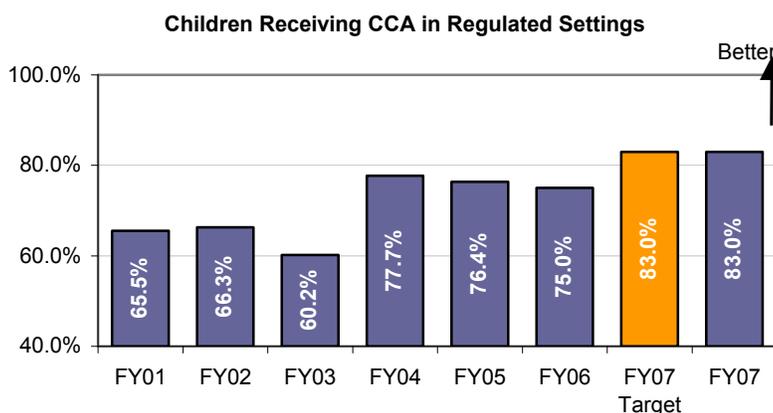
Results

Performance Measure:

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

Performance Goal/Target:

83%



What was achieved: Regulated childcare environments provide safe and monitored environments for children. 83% of children receiving childcare assistance received that childcare in regulated settings, meeting the target.

Data Sources: DHS DCPD system.

Resources: \$23,296,169 state dollars and \$ 61,113,430 federal dollars were spent on subsidized childcare in FY07.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: DHS Mental Health Institute (MHI) – 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.

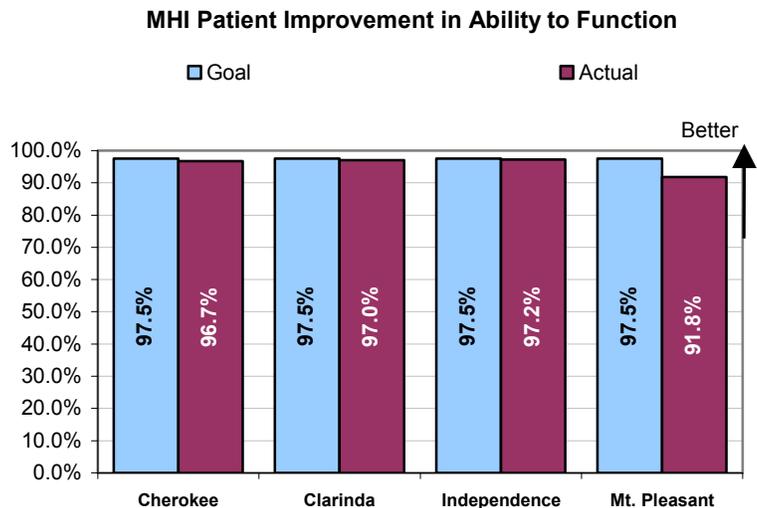
Results

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:

97.5% at each of the four MHIs.



What was achieved: None of the Mental Health Institutes and programs attained the 97.5% goal. The individual performances were: 96.7% at Cherokee MHI, 97.0% at Clarinda Psychiatric Program, 97.2% at Independence Psychiatric Program, 93.4% at Independence Psychiatric Medical Institution for Children, and 91.8% at Mt. Pleasant Psychiatric Program and Mt. Pleasant Dual Diagnosis Program.

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

Resources: The FY07 state appropriation of \$22,269,618 to the four Mental Health Institutes.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: State Resource Centers (SRC) – 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.

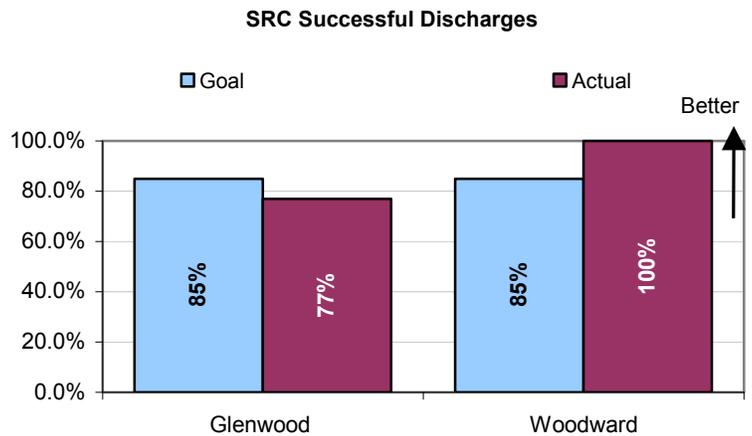
Results

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: Woodward ICF/MR and Woodward Community Programs were above target on readmission rates within 180 days of leaving the facility with 100% not readmitted within 180 days, but Glenwood ICF/MR and Glenwood Community Programs were at 77% readmission, eight percentage points below target.

Data Sources: Glenwood and Woodward SRCs.

Resources: The state appropriation to the two State Resource Centers totaled \$25,751,364 for SFY07.

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.

Results

Performance

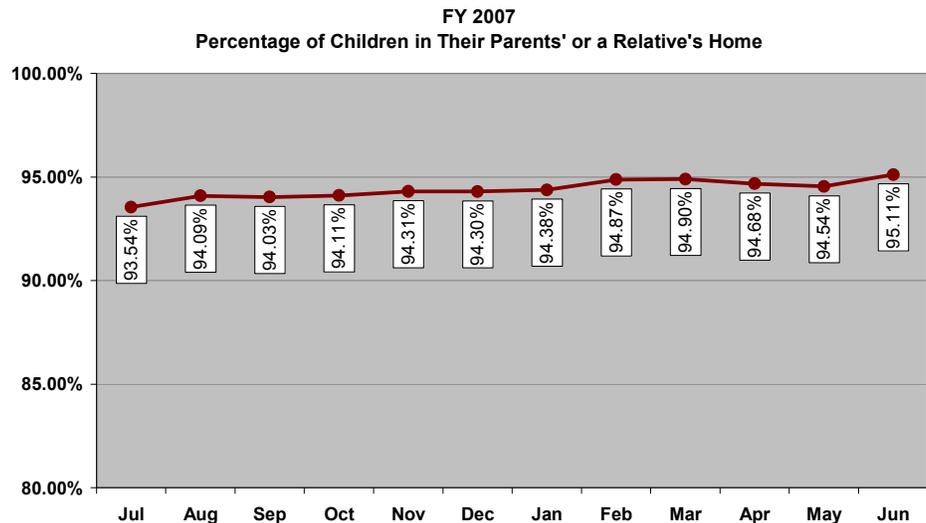
Measure:

Percentage of the children served by TCM that live in their parents or a relative's home

Performance

Goal/Target:

85%



What was achieved: An average of 95.11% of children served by TCM were served in their own home or in the home of an immediate relative, exceeding the target by 10.11 percentage points.

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

Resources: Service provided to children in FY 2007 was 61.79% federally funded. The state absorbed the remainder of the cost, 38.21%.

Performance Measure:

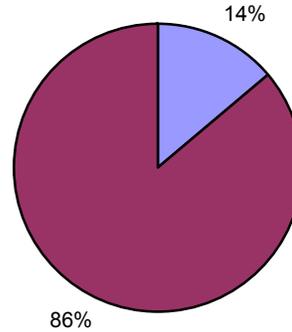
Percentage of consumers with severe and persistent mental illness experiencing one or more day of psychiatric hospitalization

Performance Goal/Target:

10%

FY2007
SPMI Consumers First Instance of Psychiatric Hospitalization

■ Cumulative SPMI with Inpatient Hospitalization ■ Total SPMI



What was achieved: In Fiscal Year 2007, a total of 133 of 1001 SPMI consumers had their first instance of a psychiatric hospitalization. SPMI consumers were counted if they were served for at least one full month during the fiscal year.

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

Resources: Service provided to SPMI consumers in FY 2007 was 100% state funded and billed through Magellan Behavioral Care.

2007 DHS Performance Results - SPAs and Measures

SFY 2007 Performance Results

Core Child and Adult Protection

SPA Number: 402_10002

SPA name: Child, Adult and Family Protection and Services

SPA Description:

Protection of children, adults, and families through the assessment of 25,815 abuse allegations, assessment of service needs and arrangement and monitoring of outcome achievement for 24,804 children and approximately 15,000 adults. (Numbers are FY06 Actuals)

<u>PM</u>	<u>Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
36	Percent of children who do not experience re-abuse for at least 6-months from a previous occurrence.	91.5%	90.3%	Mary Nelson	Utilize standardized assessments, family engagement, and safety plans, reduce caseloads, increase visits, and improve transitions.
37	Percent of children exiting foster care who are re-unified with their families within 12 months from last removal from home (re-unification).	65%	54.4%	Mary Nelson	Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions.
38	Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry)	84%	89.7%	Mary Nelson	Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification.
61	Percent of foster care children who have 2 or fewer moves in the first year after removal (placement)	86.7%	86.2%	Mary Nelson	1) Increase recruitment of qualified foster and adoptive parents; increase use of concurrent planning. 2) Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. 3) Improve family engagement, assessment of family needs; improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. 5) Issue RFP for improved recruitment and retention of foster parents.
85	Percent of maltreatment assessments that are initiated in a timely fashion.	99%	85.8%	Mary Nelson	1) Train centralized intake units in each service area. 2) Maintain as focus in quality assurance reviews.
86	Percent of cases with monthly face-to-face visit with	45%	38%	Mary Nelson	1) Improve clinical consultation. 2) Maintain a focus in quality assurance reviews. 3) Reduce caseloads when possible.
163	Percentage of parents having monthly face-to-face visits with their DHS caseworker.	42%	33%	Mary Nelson	

SFY 2007 Performance Results

SPA Number: 413_10003

SPA name: Adoption Subsidy

SPA Description:

Provides financial support for families who adopt children from foster care with special needs, including physical, mental or emotional disability, and other needs based on age and race/ethnicity. Adoption subsidy is a primary strategy for achieving stable and permanent families for children whose parental rights have been terminated. As of July 2006, there were approximately 7,529 children served in the adoption subsidy program. The adoption subsidy program is established as an entitlement in federal statute and Iowa Code Chapter 600.

PM Performance Measure

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

DHSTarget

63.60%

FY 07 Actual

47%

Owner

Mary
Nelson

Strategy

Increase use of concurrent planning, issue RFP for improved recruitment and retention of foster and adoptive parents.

SPA Number: 401_10004

SPA name: Chafee Foster Care Independence Program

SPA Description:

Provides funds to assist foster care youth transition to young adulthood by providing a range of supportive services, including services to prepare youth for transition, Aftercare Services, and Education and Training Vouchers (ETVs). ETVs are used to assist youth, who have "aged out" of foster care or who were adopted from foster care after attaining the age of 16, by supporting post-secondary education and training programs. DHS provides these services through an inter-agency agreement with the Iowa College Student Aid Commission.

PM Performance Measure

51 Percent of youth, who age out of care at age 18 or older, that have a high school degree or GED at time of discharge

DHSTarget

TBD

FY 07 Actual

65%

Owner

Mary
Nelson

Strategy

1) Provide needed supports as foster child moves into adulthood and tries to become self-sufficient. 2) Improve transition planning - implement transition planning committees.

52 Number of kids served in Aftercare Program

400

501

Mary
Nelson

To ensure each youth exiting foster care due to turning 18 years of age is equipped with the skills and resources needed for successful transition into adulthood and follow-up with services and supports as needed, up to the age of 21, for continued preparation to meet the challenges and opportunities of adulthood.

SPA Number: 413_10006

SPA name: Family Support Programs

SPA Description:

Provides family support subsidies to assist low- to moderate-income families whose children have a disability by providing a range of support services to prevent temporary or long-term residential placements. 378 children are served with family subsidies statewide and the children-at-home project in 14 counties.

PM Performance Measure

54 Annual number of children served in Family Support Programs

DHSTarget

378

FY 07 Actual

378

Owner

Mary
Nelson

Strategy

Provide needed support for family to keep child at home rather than an out-of-home placement

55 Percent of children served who remain at home

95%

98%

Mary
Nelson

Provide needed support for family to keep child at home rather than an out-of-home placement

158 Number of children served by Children-At-Home

600

616

Mary
Nelson

Provide needed support for family to keep child at home rather than an out-of-home placement

SFY 2007 Performance Results

SPA Number: 401_10007

SPA name: Child Abuse Prevention

PM Performance Measure

57 Rate of confirmed child abuse (per thousand)

SPA Description:

Funds services and supports to families to prevent child abuse and neglect. Services and supports such as young parents, Health Opportunities for Parents to Experience Success (HOPES) program, crisis nursery, parent education, respite care, sexual abuse prevention are provided through Department of Public Health and Prevent Child Abuse Iowa.

DHSTarget

15

FY 07 Actual

17.1

Owner

Mary
Nelson

Strategy

1) Community Care program, 2) Home visiting program, 3) Young parents program, 4) Crisis care, 5) Community Partnerships for Protecting Children.

SPA Number: 413_10008

SPA name: Community Care

PM Performance Measure

58 Rate of maltreatment for families referred to Community Care

59 Parental "satisfaction" with services provided by Community Care provider

SPA Description:

Provides funding to community based child welfare providers to serve families diverted from the formal child welfare system. The main purpose is to keep families together in their home communities by developing and providing a range of flexible services with flexible funding that best meets the needs of the child and family and reduces the risk of child abuse and neglect without further or ongoing state agency involvement.

DHSTarget

TBD

FY 07 Actual

12%

Owner

Mary
Nelson

Strategy

Contract with community based providers to link families to community services.

Mary
Nelson

Contract with community based providers to link families to community services.

SPA Number: 413_10010

SPA name: Child Welfare In-home Services

PM Performance Measure

36 Percent of children who do not experience re-abuse for at least 6-months from a previous occurrence.

SPA 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 focus on reducing the risk of abuse and increasing family protective capacities. DHS caseworkers provide case management and oversight of cases, while private providers deliver direct services under contract with DHS.

DHSTarget

91.5%

FY 07 Actual

90.3%

Owner

Mary
Nelson

Strategy

Utilize standardized assessments, family engagement, and safety plans, reduce caseloads, increase visits, and improve transitions.

SFY 2007 Performance Results

SPA Number: 413_10011

SPA name: Child Welfare Out-of-home Services

SPA Description:

Provides funding for an array of out-of-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 the risk of abuse and increasing family protective capacities, achieving permanency for children who cannot return home, and improving the well being of the child. DHS caseworkers provide case management and oversight of cases, while private providers deliver direct services under contract with DHS.

PM Performance Measure	DHSTarget	FY 07 Actual	Owner	Strategy
37 Percent of children exiting foster care who are re-unified with their families within 12 months from last removal from home (re-unification).	65%	54.4%	Mary Nelson	Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions.
38 Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry)	90%	89.7%	Mary Nelson	Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification.
61 Percent of foster care children who have 2 or fewer moves in the first year after removal (placement)	86.7%	86.2%	Mary Nelson	1) Increase recruitment of qualified foster and adoptive parents; increase use of concurrent planning. 2) Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. 3) Improve family engagement, assessment of family needs; improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. 5) Issue RFP for improved recruitment and retention of foster parents.
148 Number of finalized adoptions from foster care	1,000	1,014	Mary Nelson	Issue RFP for improved recruitment and retention of foster parents. 2) Improve concurrent planning.

SPA Number: 413_10012

SPA name: Juvenile Justice In-home Services

SPA Description:

Provides funding for an array of community based in-home services and interventions for youth that have committed a delinquent act. Services are directed at holding the youth accountable for their actions, rehabilitating the youth, and reducing future delinquency. Juvenile Court Officers supervise these cases, while private providers deliver direct services under contract with Juvenile Court Services and DHS.

PM Performance Measure	DHSTarget	FY 07 Actual	Owner	Strategy
62 Percent of youth arrested for committing a delinquent act within 6 months of program discharge	30%	27.5%	Mary Nelson	1) Tracking. 2) Life Skills. 3) Supervised Community Treatment. 4) School-Based Services.

SFY 2007 Performance Results

SPA Number: 413_10013

SPA name: Juvenile Justice Out-of-home Services

SPA Description:

Provides funding for an array of out-of-home services and interventions for youth that have committed a delinquent act. Services are directed at holding the youth accountable for their actions, rehabilitating the youth and reducing future delinquency. Juvenile Court Officers supervise these cases, while private providers deliver direct services under contract with DHS.

PM	Performance Measure	DHSTarget	FY 07 Actual	Owner	Strategy
38	Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry)	84%	89.7%	Mary Nelson	Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification.
61	Percent of foster care children who have 2 or fewer moves in the first year after removal (placement)	86.7%	86.2%	Mary Nelson	1) Increase recruitment of qualified foster and adoptive parents; increase use of concurrent planning. 2) Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. 3) Improve family engagement, assessment of family needs; improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. 5) Issue RFP for improved recruitment and retention of foster parents.

SPA Number: 404_10014

SPA name: Toledo - Delinquent

SPA Description:

The Delinquent Unit at the Iowa Juvenile Home at Toledo provides residential care and treatment services for female delinquents. Toledo provides a basic education program for development of fundamental academic skills and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. The average age at admission is 16 years. The average length of stay is 9 months. The average daily census is projected to be 22.

PM	Performance Measure	DHSTarget	FY 07 Actual	Owner	Strategy
33	Percent of youth who remain in the community for a 6-month period after discharge	90%	98%	Sally Titus	Increase the percentage of youth with discharge plans addressing medical, educational and mental health
159	Reading -- Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.10	0.14	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
160	Math Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.15	0.25	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
161	Psychologist/Counselor Services (Hours per Week)	40	Deactivated	Sally Titus	Deploy staff to assure the provision of services.

SFY 2007 Performance Results

SPA Number: 404_10015

SPA name: Toledo - CINA

SPA Description:

The CINA Unit at the Iowa Juvenile Home at Toledo provides residential care and treatment services for males and females adjudicated to be Children in Need of Assistance (CINA) and whose needs have been unable to be met in community-based services. The Iowa Juvenile Home provides a basic education program for development of fundamental academic skills and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. The average age at admission is just over 15 years. The average length of stay is approximately 9 months. The average daily census is projected to be 64 (20 males, 44 females).

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
33 Percent of youth who remain in the community for a 6-month period after discharge	90%	99%	Sally Titus	Increase the percentage of youth with discharge plans addressing medical, educational and mental health
159 Reading -- Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.10	0.09	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
160 Math Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.15	0.19	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
161 Psychologist/Counselor Services (Hours per Week)	40	Deactivated	Sally Titus	Deploy staff to assure the provision of services.

SPA Number: 405_10016

SPA name: Eldora

SPA Description:

The State Training School at Eldora provides residential care and treatment services for delinquent boys. The State Training School provides a basic education program for development of fundamental academic skills, and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. The average age at admission is 16.6 years. The average length of stay is eight months. The average daily census is 189.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
33 Percent of youth who remain in the community for a 6-month period after discharge	86%	87%	Sally Titus	Increase the percentage of youth with discharge plans addressing medical, educational and mental health
159 Reading -- Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.15	0.15	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
160 Math Academic Grade Level Achievement (Gain in Grade Level per Month in School)	0.17	0.20	Sally Titus	Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs.
161 Psychologist/Counselor Services (Hours per Week)	40	Deactivated	Sally Titus	Deploy staff to assure the provision of services.

SFY 2007 Performance Results

SPA Number: 406_10017

SPA name: CCUSO

SPA Description:

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides care and treatment for violent sexual offenders who have been civilly committed. This unit provides a secure, long term, and highly structured setting to treat sexually violent predators who have served their prison terms but who, in a separate civil trial, have been found likely to commit further violent sexual offenses. The projected admission of 10 new patients increases the projected average daily census for FY 2008 to 77.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
98 Percent of patients who show progress in treatment	22%	14%	Sally Titus	1) Focus on skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. 2) Continue to develop discharge plans addressing medical, educational and mental health needs.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.0	Sally Titus	Improve the ability of persons who are civilly committed to function in the community by providing effective treatment to stabilize aggressive/violent episodes.
152 Number of clients served by CCUSO at close of SFY	72	67	Sally Titus	

SPA Number: 413_10059

SPA name: Transition to Adulthood

SPA Description:

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
145 Number of PALS youth participating in post-secondary education/training or employed.	150	N/A	Mary Nelson	To provide support and services, including a monthly stipend, to eligible youth leaving foster care at 18 years of age in order to assist them in achieving self-sufficiency.
146 Average monthly number of PALS youth with a self-sufficiency plan	270	130	Mary Nelson	Each person enrolled in the PALS program has an individual self-sufficiency plan based on an assessment of the youth's strengths and needs. The youth is required to participate in development of the plan and to recognize and accept their personal responsibility in meeting the goals of their plan.
147 Percent of youth that turn age 18 in foster care with medical insurance	75%	95%	Mary Nelson	
165 Number of Youth leaving paid foster care at 18 receiving Medicaid under the MIYA program.	413	361	Ann Wiebers	Client education of program requirements to maintain eligibility.

SFY 2007 Performance Results

Core Economic Support

SPA Number: 402_22018

SPA name: Food Assistance, FIP, Childcare, and Medicaid benefit access.

SPA Description:

Statewide eligibility determination for all Food Assistance, Cash Assistance (FIP), Title XIX Medical Assistance (Medicaid), Childcare Assistance cases, and the licensure and inspection of childcare centers. In SFY07, 235,430 individuals living in approximately 106,639 households received Food Assistance (formerly known as Food Stamps) each month in Iowa. Also in SFY07, cash assistance was provided to over 116,915 households per month through the Family Investment Program. Over 345,000 individuals per month are served through Iowa's Medicaid program (Title XIX Medical Assistance), and over 19,000 children are currently eligible for Childcare Assistance and referral to other services such as Child Support and work training. DHS also licenses and inspects 1,534 childcare centers throughout the state with a capacity to serve nearly 87,000 children. Caseloads for eligibility determination staff are currently at an average of 435 cases per worker.

PM	Performance Measure	DHSTarget	FY 07 Actual	Owner	Strategy
17	Number of Iowans receiving Food Assistance at the end of the SFY	248,685	240,934	Ann Wiebers	1) Continue outreach efforts with a greater emphasis on the elderly. 2) Implement on-line application. 3) Expand EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects.
22	Average monthly number of enrollees in Medicaid (includes IowaCare, Family Planning Waiver, and Medicaid Expansion).	351,269	333,170	Ann Wiebers	1) Supporting federal outreach for programs offering limited Medicaid coverage for Medicare beneficiaries. 2) Family planning waiver will be submitted by 9/03. 3) Indirect effect of <i>hawk-i</i> outreach.
87	Average monthly number of families receiving FIP	20,258	16,915	Ann Wiebers	1) Improve customer service through process improvement projects. 2) Increase number of families attaining self-sufficiency through employment. Advocate for increased earned income disregard.
88	FA accuracy rate	94.50%	94.49%	Ann Wiebers	Focus corrective action efforts on common error elements.
110	Number of households receiving Food Assistance at the end of the SFY.	114,301	109,498	Ann Wiebers	1) Continue outreach efforts. 2) Implement on-line application. 3) Expand EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects.

SFY 2007 Performance Results

SPA Number: 413_22019

SPA name: Family Investment Program (FIP)

SPA Description:

FIP provides short-term cash assistance to low-income families with children to meet basic needs, including: food, clothing, shelter, and utilities while they try to become self-supporting. Also provides technology support to welfare reform related programs to ensure timely and accurate benefits and services are provided to families. The Family Investment program (FIP) provided cash assistance to a monthly average of 16,915 families with an average benefit of \$327 per family per month. All FIP participating families are required to enter into an agreement to actively seek employment and to participate in our employment and job training program referred to as "PROMISE JOBS". PROMISE JOBS is funded by DHS and contracted to Iowa Workforce Development.

PM Performance Measure

	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
2 Hourly rate of earned income for families exiting FIP due to income reasons	\$7.70	\$7.81	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
3 Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	70%	69.8%	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
153 TANF work participation rate (target specified by TANF federal block grant)	43.62%	34.08%	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for

SPA Number: 413_22020

SPA name: FIP Diversion Programs

SPA Description:

The Family Self-Sufficiency Grant (FSSG) program pays for goods or services to meet a specific short-term employment-related barrier allowing a FIP family to obtain or retain employment within two months of receiving the FSSG assistance. Although a family may receive FSSG more than once, the total limit per year per family is \$1,000. A total of 2,478 FIP families received FSSG in SFY 2007 at an average cost of \$535. 53% of FSSG payments in SFY 2007 were for transportation-related expenses, such as car repairs. A similar program provides short-term assistance to address employment-related barriers to enable families to avoid having to go on FIP.

PM Performance Measure

	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
168 Percent of families leaving FIP within 6 months of receiving FSSG.	TBD	65.4%	Ann Wiebers	Continue to identify FIP cases potentially eligible for FSSG and provide assistance as appropriate.

SFY 2007 Performance Results

SPA Number: 413_22021

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

SPA Description:

Provides training, education and employment services to families receiving cash assistance under the Family Investment program (FIP). PROMISE JOBS (Promoting Independence and Self Sufficiency through Employment) helps families become more economically self-sufficient and avoid long-term dependence on public assistance. Participation in PROMISE JOBS is required for most FIP recipients. Participants develop a Family Investment Agreement (FIA) that outlines what steps they will take to leave public assistance. Each FIA is individualized to a participant's needs. Persons who fail to participate or fail to comply with their FIA are considered to have chosen a Limited Benefit Plan (LBP), and lose their FIP benefits. Services include intensive job search activities for finding employment; monitored employment; work experience or unpaid community service; basic education, including assistance with high school completion, GED, adult basic education, and English-as-a-second-language; post-secondary classroom training; parenting skills i improvement training; family development services to assist families in overcoming significant barriers to self-sufficiency; life skills training to support money management, nutrition, parenting information, and developing community resources; and some limited financial assistance for transportation and childcare, depending on the activity and available funding. Services are currently provided under a contract with the Iowa Department of Workforce Development. These services enable the state to meet federally mandated work participation requirements as a condition for receiving approximately \$131 million in federal funds annually under the Temporary Assistance for Needy Families (TANF) block grant. In SFY07 through March 2007, a monthly average of 13,061 persons were served through PROMISE JOBS.

PM Performance Measure

	DHSTarget	FY 07 Actual	Owner	Strategy
2 Hourly rate of earned income for families exiting FIP due to income reasons	\$7.70	\$7.81	Ann Wiebers	1)Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
3 Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	70%	69.8%	Ann Wiebers	1)Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
153 TANF work participation rate (target specified by TANF federal block grant)	45.91%	34.08%	Ann Wiebers	1)Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for

SFY 2007 Performance Results

SPA Number: 413_22022

SPA name: Family Development and Self Sufficiency
(FaDSS)

SPA Description:

Provides support services to families receiving cash assistance under the Family Investment Program (FIP) who have overwhelming barriers to leaving FIP and are at risk of long-term welfare dependency. The program is comprehensive and works to stabilize families in crisis by assisting them to overcome barriers to education, employment, and self-sufficiency. Barriers may include being a minor parent, being a victim of domestic violence, having a history of substance abuse or past incarceration, or having a child with disabilities. FaDSS supplements basic services provided under PROMISE JOBS. Services are provided by local community agencies through a contract with the Iowa Department of Human Rights. A monthly average of 1,569 families were served in state fiscal year 2006.

PM Performance Measure

	<u>DHS Target</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
2 Hourly rate of earned income for families exiting FIP due to income reasons	\$7.45	\$7.81	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
3 Percent of families who leave and remain off FIP for at least 12-months (recidivism rate)	62%	69.8%	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for
153 TANF work participation rate (target specified by TANF federal block grant)	42.5%	34.08%	Ann Wiebers	1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for

SFY 2007 Performance Results

SPA Number: 413_22023

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

SPA Description:

Provides food assistance and employment and training services to non FIP food stamp recipients and families for the purpose of enhancing their employability. Recipients can purchase food using an electronic benefit transfer swipe card. Projected to bring in \$261,069,170 in federal food assistance benefits (formerly known as food stamps) to a monthly average of 109,111 households in state fiscal year 2007. The U.S. Department of Agriculture has estimated that every \$5 of benefits generates \$9.20 in local and state economic activity. The economic benefit is projected to be over \$522 million for Iowa in SFY 07. Through the Food Stamp Employment and Training (FSET) program, 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 is offered only in Polk and Scott counties under a contract with Iowa Workforce Development. However, the FSET status of all food assistance recipients must be determined and recorded using the state information system. Federal law requires a state have an FSET program to receive federal support for a food assistance program.

PM Performance Measure

	DHSTarget	FY 07 Actual	Owner	Strategy
17 Number of lowans receiving Food Assistance at the end of the SFY	248,685	240,934	Ann Wiebers	1) Continue outreach efforts with a greater emphasis on the elderly. 2) Implement on-line application. 3) Expand EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects.
18 Percent of eligible lowans who receive food assistance.	53%	62.92%	Ann Wiebers	1) Continue outreach efforts with a greater emphasis on the elderly. 2) Implement on-line application. 3) Expand EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects.
162 Monthly average number of elderly lowans receiving Food Assistance	13,784	13,889	Ann Wiebers	1) Marketing strategies geared to the elderly. 2) Integrate the on-line food assistance application with Project Seamless administered by the Dept. of Elder Affairs.

SPA Number: 401_22024

SPA name: Supplemental Food Program

SPA Description:

Provides supplemental food programs for low-income working families and the elderly. The Emergency Food Assistance program provided a monthly average of 159,284 people with 2,937,815 lbs of food with an estimated value of \$1,749,054 in SFY 06. 1,247,264 lbs of food valued at \$900,868 of supplemental commodities were provided in Polk and 8 surrounding counties to a monthly average of 3,876 people. 250,056 lbs of food valued at \$74,206 was provided for senior congregant meal sites, and 173,032 lbs of food valued at \$74,206 was provided to Woodward Resource Center. Federal regulations require state contributions for supplemental food programs.

PM Performance Measure

	DHSTarget	FY 07 Actual	Owner	Strategy
72 Average monthly number of people served through food banks and soup kitchens via the Emergency Food Assistance Program.	129,930	178,668	Ann Wiebers	1) Include information about emerging food programs as part of local DHS intake/interview process. 2) Make referrals to local community programs.
73 Average monthly number of people served through supplemental commodities in Polk and 8 surrounding counties.	4,620	3,420	Ann Wiebers	1) Include information about emerging food programs as part of local DHS intake/interview process. 2) Make referrals to local community programs.

SFY 2007 Performance Results

SPA Number: 413_22025

SPA name: Parental Obligation Grant Program

SPA Description:

Provides community level projects that help parents develop and maintain relationships with their children to support meeting parental obligations, including financial support. This program provides funds for community collaborations to provide an array of services such as: family counseling, legal services, visitation counseling and neutral drop-off and pick-up services, job training and mediation services. Two to three new projects are funded each year.

PM Performance Measure

- 74 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.
- 75 Percent of parents participating in the pilot programs who maintain or improve the frequency of visits with their children.

DHSTarget

80%

FY 07 Actual

80%

Owner

Jeanne
Nesbit

Strategy

Contract with 2 empowerment or decategorization areas in a competitive process to secure services for fathers who owe support to help the fathers overcome barriers to paying support and to a safe healthy relationship with the child.

Contract with 2 empowerment or decategorization areas in a competitive process to secure services for fathers who owe support to help the fathers overcome barriers to paying support and to a safe healthy relationship with the child.

SPA Number: 402_22026

SPA name: Establish/Enforce child support orders (CSRU)

SPA Description:

Child Support Recovery assists families of Iowa to achieve and maintain financial self-sufficiency by establishing and enforcing child and medical support orders, and by processing support payments. It is a national leader and ranks consistently among the top ten states in overall performance. CSRU establishes paternity and child support orders to establish a legal obligation for both parents to provide for their children. The goal of the program is to assist custodial parents to receive court-ordered child support payments, and to assist in determining paternity in out-of-wedlock births. Recoveries assist taxpayers by helping to reimburse government costs for custodial parents who receive public assistance. CSRU enforces the obligation to pay for over 693,000 individuals collecting over \$333 million for Iowans through the processing of over 3 million payments per year.

PM Performance Measure

- 19 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
- 20 Percent of all child support owed in the current state fiscal year which is collected in the current state fiscal
- 123 Total Child Support collections
- 164 Percentage of cases with paternity established so that children have two parents legally responsible for their care.

DHSTarget

85.5%

FY 07 Actual

86.09%

Owner

Jeanne
Nesbit

Strategy

Child support will assist in securing self sufficiency by establishing orders for support and securing current

Child support will assist in securing self sufficiency by establishing orders for support and securing current support.

Child support will assist in securing self-sufficiency by securing current and delinquent support.

Children will have two legal parents.

SFY 2007 Performance Results

SPA Number: 402_22027

SPA name: Resettlement

PM Performance Measure

- 69 Average wage for refugees placed in full time employment.
- 167 Percent of BRS resettled refugees placed in a job with health benefits available within 6 months of placement.

SPA Description:

Provide resettlement services to assist newly arriving refugees in obtaining housing, medical care, enrollment in school, financial assistance and referral to employment services.

DHSTarget

FY 07 Actual

Owner

Strategy

\$8.25	\$9.37	Jeanne Nesbit	Arrange for housing, medical care, and school and job placement.
80%	87%	Jeanne Nesbit	Arrange for housing, medical care, and school and job placement.

SPA Number: 402_22028

SPA name: Self-Sufficiency

PM Performance Measure

- 69 Average wage for refugees placed in full time employment.
- 167 Percent of BRS resettled refugees placed in a job with health benefits available within 6 months of placement.

SPA Description:

Provide services and support to refugees to secure self-sufficiency.

DHSTarget

FY 07 Actual

Owner

Strategy

\$8.25	\$9.37	Jeanne Nesbit	Arrange for housing, medical care, and school and job placement.
80%	87%	Jeanne Nesbit	Arrange for housing, medical care, and school and job placement.

SPA Number: 413_22029

SPA name: Early Childhood Funding

PM Performance Measure

- 56 Number of childcare slots available

SPA Description:

Provides funding for the Early Childhood Empowerment initiative to increase the availability of quality childcare in support of parents obtaining or keeping employment. There are 58 Empowerment Areas receiving early childhood funding.

DHSTarget

FY 07 Actual

Owner

Strategy

TBD	142,690	Mary Nelson	1) Provide financial support through contracting for the recruitment and retention of childcare providers. 2) Provide financial support through contracting to increase the knowledge of childcare personnel in providing safe and developmentally appropriate childcare environments
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SFY 2007 Performance Results

SPA Number: 413_22030

SPA name: Childcare Assistance

SPA Description:

Provides childcare funding for over 7,000 children of low-income parents who are working or in school, as well as children in foster care.

PM Performance Measure

21 The average monthly number of children served in child care assistance for the fiscal year.

DHSTarget

21,146

FY 07 Actual

17,557

Owner

Mary Nelson

Strategy

1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption subsidy. 6) Advocate for increase in provider payments and

66 Percent of children receiving CCA who are in regulated settings

83%

83%

Ann Wiebers

1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption

141 Average monthly number of children served in Child Care Assistance

21,146

20,329

Mary Nelson

SPA Number: 413_22031

SPA name: Childcare Quality

SPA Description:

Provides funding to Childcare Resource and Referral network, as well as other organizations to improve childcare quality.

PM Performance Measure

119 The number of registered child development homes

DHSTarget

5,500

FY 07 Actual

5,373

Owner

Mary Nelson

Strategy

1.) Provide financial support through Childcare Resource and Referral contracts for home consultation to recruit and retain registered homes.

142 Number of providers at Level 2 or higher in Quality Rating System

450

553

Mary Nelson

1.) Provide financial support through Childcare Resource and Referral contracts for QRS Specialists to encourage providers and offer support in participating in QRS. 2.) Provide financial support through ISU Extension contracts to ensure providers have access to training and assessments on environment rating scales.

SFY 2007 Performance Results

SPA Number: 413_22057

SPA name: EBT Retailer Fee

PM Performance Measure

109 Amount, per transaction, of EBT retailer fee

SPA Description:

The Iowa Department of Human Services pays \$0.07 per transaction to retailers for Food Assistance transactions using the Electronic Benefit Transfer (EBT) card. This fee is paid to grocers for executing electronic transactions for food stamp recipients.

DHSTarget

\$0.00

FY 07 Actual

\$0.07

Owner

Ann
Wiebers

Strategy

SFY 2007 Performance Results

Core Health Care & Support Services

SPA Number: 413_34032

SPA name: Long Term Care Services

SPA Description:

Provider Payments for Long Term Care Services Including: Nursing Facility, Skilled Nursing Facility, Intermediate Care Facility for Mental Retardation (ICF/MR), Medicaid Waiver Services, Residential Care, Home Health, Medicare Part A Crossover.

PM Performance Measure

90 Percent of State long-term care resources devoted to home and community based care

DHSTarget

23.3%

FY 07 Actual

20.8%

Owner

Gene Gessow

Strategy

Increase home and community based services (HCBS) utilization. Make sure that those with Nursing Facility level of care needs are aware of and understand how to access waiver services (subject to available budget)

SPA Number: 413_34033

SPA name: Acute Care Services

SPA Description:

Provider Payments for Acute Care Services, including: Hospital, Practitioner, Durable Medical Equipment & Medical Supplies, and Transportation.

PM Performance Measure

92 Percent of Medicaid members who are aware of available preventive health care resources.

DHSTarget

75%

FY 07 Actual

Owner

Gene Gessow

Strategy

1) Lay the groundwork for increased awareness of available preventive health care resources to members through Medicaid 2) Work with Member Services and Medical Services contractors during the IME implementation plan to assure that these goals are met.

SPA Number: 413_34034

SPA name: Pharmacy Services

SPA Description:

Provider Payments for Pharmacy

PM Performance Measure

93 Rate of growth in pharmacy costs per member per

DHSTarget

-17%

FY 07 Actual

-33.2%

Owner

Gene Gessow

Strategy

1) Changes in State Medicaid Upper Payment Limit pricing 2) Implementation of preferred drug list

128 Increase in State savings from Medicaid pharmacy cost saving strategies

\$8,500,000

\$7,700,000

Gene

Gessow

SPA Number: 413_34035

SPA name: Managed Care & Medicare & HIPP Premium Payments

SPA Description:

Premium Payments to Managed Care Organizations, Iowa Plan, Medicare (Part A & B) & Health Insurance Premium Payment (HIPP) program

PM Performance Measure

94 Percent of children and adults with access to managed care (either PCCM or capitated).

DHSTarget

50%

FY 07 Actual

73.6%

Owner

Gene Gessow

Strategy

Identify new managed care partners to maintain the percentage of children and adults with access to managed care.

SFY 2007 Performance Results

SPA Number: 413_34036

SPA name: Medicaid IME

SPA Description:

Payments Connected with administration of the Medicaid Program, including, but not limited to payments to contractors.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
124 Proportion of 15-month-old children on Medicaid with six well-child visits	68.80%	NA	Gene Gessow	
125 Proportion of children on Medicaid with a dental visit	57.50%	51.8%	Gene Gessow	
126 Proportion of Medicaid members with asthma where appropriate medications are used	65.70%	83.5%	Gene Gessow	
127 Proportion of women on Medicaid receiving prenatal care from the first trimester	77.20%	70.4%	Gene Gessow	
129 Savings from Medicaid utilization and care management strategies	\$4,000,000	\$2,000,000	Gene Gessow	
130 Savings from Medicaid surveillance and utilization review compared to contract cost	350%	211%	Gene Gessow	
131 Increase over the prior year in Medicaid revenue collections from third parties	15%	16.53%	Gene Gessow	
132 Increase in State collections of Medicaid overpayments	\$550,000	\$500,000	Gene Gessow	
133 Percent increase in member satisfaction with administration of Medicaid Program over prior year, based on survey results	5%	5%	Gene Gessow	
134 Percent of members aware of Medicaid Member	75%	50%	Gene Gessow	
135 Percent increase in provider satisfaction with Medicaid Provider Services over prior year, based on survey results	5%	7.44%	Gene Gessow	
136 Percent of clean Medicaid claims accurately paid or denied on time	99%	99%	Gene Gessow	

SFY 2007 Performance Results

SPA Number: 413_34037

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

PM Performance Measure

24 Number of children who are enrolled in *hawk-i*

25 Number of children who are enrolled in Medicaid Expansion

SPA Description:

*Provides for health care coverage to children who live in families whose income is too high 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. As of June 30, 2008 the annual average number of children expected to be enrolled in Medicaid Expansion is 15,323, and 28,608 children in the *hawk-i* program.*

DHSTarget

23,068

FY 07 Actual

21,893

Owner

Ann
Wiebers

Strategy

1) Maintain outreach funding level, 2) Continue partnerships with schools in free and reduced lunch programs, 3) Continue to contract for grassroots outreach activities. Place emphasis on targeting special populations and working with businesses, healthcare providers, schools, faith-based and minority organizations.

Ann
Wiebers

1) Maintain outreach funding level, 2) Continue partnerships with schools in free and reduced lunch programs, 3) Continue to contract for grassroots outreach activities. Place emphasis on targeting special populations and working with businesses, healthcare providers, schools, faith-based and minority organizations.

SPA Number: 413_34038

SPA name: Health Insurance Premium Payment (HIPP) Program

PM Performance Measure

68 Number of HIPP Referrals

97 Number of Medicaid-eligible individuals who use employer provided insurance through HIPP

139 Number of additional non-Medicaid eligible family members with health insurance via HIPP

SPA Description:

Reduces Medicaid costs by obtaining or maintaining health insurance coverage for Medicaid-eligible persons, through the payment of third-party insurance premiums for third party coverage, through an employer or individual health plan, when it is determined cost-effective to do so. This allows the family to maintain a connection with the private insurance market and the other coverage then becomes the primary payer of their medical care. Provides health insurance for approximately 8,502 people on 2,095 Medicaid cases per month.

DHSTarget

18,942

FY 07 Actual

11,668

Owner

Ann
Wiebers

Strategy

Increase program awareness.

Ann
Wiebers

Increase program awareness.

Ann
Wiebers

Increase participation of Medicaid-eligible persons.

SPA Number: 401_34039

SPA name: Community Based Pregnancy Prevention Programs

PM Performance Measure

67 Percent of community teen pregnancy and parenting grantees that do not have an increase in live births to mothers under age 18.

DHSTarget

66%

FY 07 Actual

81%

Owner

Mary
Nelson

Strategy

TBD

-

SPA Number: 413_34040

SPA name: State Supplementary Assistance Program
Security

PM Performance Measure

121 Reduced State costs for Medicaid resulting from the
SSA Supplemental for Medicare and Medicaid Eligibles

SPA Number: 413_34041

SPA name: Personal Assistance Services

PM Performance Measure

66 Percent of children receiving CCA who are in regulated
settings

SPA Number: 413_34042

SPA name: MHDD Community Services

PM Performance Measure

50 Annual number of adults served through county funded
programs

106 Percent of adults served in the community vs.
congregate settings.

SFY 2007 Performance Results

SPA Description:

Provides for cash assistance to meet special needs of aged, blind and disabled people not met by the Supplemental

Income (SSI) payment. Will provide support to people through in-home health care, family life, blind assistance, residential care facilities, and mandatory assistance to Medicare and Medicaid eligibles. Benefits provided through this program are required as a part of federal Medicaid Maintenance of Effort (MOE). Failure to meet MOE for this program would risk the loss of the Medicaid program.

DHSTarget

\$6,672,479

FY 07 Actual

\$6,554,025

Owner

Ann
Wiebers

Strategy

Continued identification of eligible people.

SPA Description:

Provides funding to assist individuals with a disability with tasks that they would typically do if the individual did not have a disability These tasks might include dressing, bathing, access to and from bed or wheelchair, toilet assistance, eating and feeding, cooking and housekeeping assistance, employment support, etc., The Personal Assistance Service enables individuals with a disability to live in their own home rather than in an institutional setting. This program is a pilot in 2 communities -- one urban and one rural.

DHSTarget

83%

FY 07 Actual

83%

Owner

Ann
Wiebers

Strategy

1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption

SPA Description:

Provides funding to counties for community-based services to achieve health and self-sufficiency for adults with Disabilities. Also includes funding of services for individuals with disabilities who do not have a county of legal Settlement.

DHSTarget

46,400

FY 07 Actual

45,779

Owner

Allen Parks

Strategy

All money will go out to counties in a timely manner.

TBD

Sally Titus

TBD

SFY 2007 Performance Results

SPA Number: 402_34044

SPA name: Targeted Case Management

SPA Description:

Targeted Case Management operates as a Medicaid provider that receives no appropriated funds and exists on fee-for-service revenues funded by federal, state, and county dollars. Counties may choose to select DHS Targeted Case Management as their designated provider of case management services. The unit employs professional case managers who plan, arrange, monitor and adjust services to eligible people. The DHS Targeted Case Management Unit is designed to help consumers with mental retardation, chronic mental illness or developmental disabilities gain access to appropriate living environments, needed medical services, and interrelated social, vocational and educational service. To become eligible, individuals must be receiving Medicaid and have a condition of mental retardation, brain injury and/or chronic mental illness.

PM Performance Measure

- 102 Percent of Targeted Case Management Consumers with a Severe and Persistent Mental Health Condition receiving psychiatric inpatient services.
- 103 Percent of the children served by TCM that live in the family home.

<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
10%	13.29%	Jeanne Nesbit	TBD
85%	94.2%	Jeanne Nesbit	TBD

SPA Number: 407_34045

SPA name: Cherokee

SPA Description:

Cherokee Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults and children. Cherokee MHI admitted 533 patients in SFY 2006. Cherokee has 46 adult beds and 12 children/adolescent beds. Cherokee serves adults from a catchment area of 41 northwestern Iowa counties and children from 56 western Iowa counties. In addition, Cherokee MHI provides outpatient mental health services and serves as a resource center to the community.

PM Performance Measure

- 80 Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument
- 100 Number of hours per 1,000 patient hours spent in restraint or seclusion.
- 149 Percent of MHI clients who are not readmitted within 30 days of discharge
- 150 Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay

<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
97.5%	96.7%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
2	0.21	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
80%	89.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SFY 2007 Performance Results

SPA Number: 408_34046

SPA name: Clarinda Psych

SPA Description:

Clarinda Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults. Clarinda MHI is the primary inpatient provider for adults with chronic mental illness who are involuntarily committed in its 15-county southwestern Iowa catchment area. Clarinda MHI admitted 252 patients in SFY 2006. Clarinda MHI operates 20 adult psychiatric beds.

<u>PM</u>	<u>Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
80	Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	97.5%	97.0%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
100	Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.00	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149	Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150	Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	85%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SPA Number: 408_34047

SPA name: Clarinda Geropsych

SPA Description:

Clarinda Mental Health Institute (MHI) provides inpatient gero-psychiatric services to approximately 48 elderly Iowans annually. The Gero-psychiatric program at Clarinda is the only state facility serving this population group. All of the individuals served in this 35-bed unit have a serious cognitive loss or dementia and 93% exhibit significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care. Clarinda serves a statewide catchment area.

<u>PM</u>	<u>Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
100	Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.00	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150	Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	85%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SFY 2007 Performance Results

SPA Number: 409_34048

SPA name: Independence Psych

SPA Description:

Independence Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults and children. Independence MHI is the primary inpatient provider for adults with chronic mental illness who are involuntarily committed in its 28-county northeastern Iowa catchment area, and children/adolescents from 43 eastern-Iowa counties. Independence MHI admitted 337 patients in SFY 2006. Independence has 40 adult beds and 25 l child/adolescent beds.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
80 Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	97.5%	97.2%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	1.07	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149 Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150 Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	89.8%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SPA Number: 409_34049

SPA name: Independence PMIC

SPA Description:

The Independence Psychiatric Medical Institution for Children (PMIC) was established to provide additional sub-acute care capacity in Iowa and to serve children whose needs were unmet by community-based providers. Entry to this program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo when there is no community PMIC that is willing to accept the child. Independence PMIC admitted 55 patients in SFY 2006. There are 30 beds.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
80 Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	97.5%	93.4%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.06	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149 Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150 Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	89.8%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SFY 2007 Performance Results

SPA Number: 410_34050

SPA name: Mt. Pleasant Psych

SPA Description:

Mt. Pleasant Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults. Mt. Pleasant MHI is the primary inpatient provider for people with chronic mental illness who are involuntarily committed in its 15-county southeastern Iowa catchment area. Mount Pleasant MHI admitted 91 patients to the acute unit in SFY 2006. Mt. Pleasant MHI operates 14 adult psychiatric beds.

<u>PM</u>	<u>Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
80	Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	97.5%	91.8%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
100	Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.31	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149	Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150	Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	96.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SFY 2007 Performance Results

SPA Number: 410_34051

SPA name: Mt. Pleasant Dual Diagnosis

SPA Description:

The Dual Diagnosis Unit at Mt. Pleasant integrates substance abuse as well as mental health treatment into all aspects of the existing mental health program and service system rather than isolating substance abuse treatment as a discrete intervention. Treatment programs for dual diagnosis provide a comprehensive range of integrated services including counseling, case management, medications, housing, vocational rehabilitation, social skills training, and family intervention that are modified to include both diagnoses. Research has demonstrated that compared with nonintegrated treatment, a variety of positive outcomes in domains such as substance abuse, psychiatric symptoms, housing, hospitalization, arrests, functional status, quality of life, and reduced costs are associated with dual diagnosis services (Drake et al., 2001). Mt. Pleasant DD unit admitted 158 patients in SFY 2006 to its 15-bed unit. Mt. Pleasant DD has a statewide catchment area.

PM Performance Measure

	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
80 Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument	97.5%	91.8%	Sally Titus	Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.31	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149 Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150 Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	96.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SFY 2007 Performance Results

SPA Number: 410_34052

SPA name: Mt. Pleasant SA

SPA Description:

Provision of a 30-day residential substance abuse treatment program for adults. This program has approximately 1/3 of the total number of residential substance abuse treatment beds in Iowa. As such, it is a primary resource for court ordered treatment and for offenders in the Community Based Correctional system. Mount Pleasant SA admitted 367 patients in SFY 2006 to its 30-bed program. Mount Pleasant SA has since expanded to provide 50 SA beds. Mt. Pleasant has a statewide catchment area.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
81 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%	91.8%	Sally Titus	Decrease the average ASAM scale scores of persons discharged by continuing to improve the quality of the treatment episode.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	2	0.00	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
149 Percent of MHI clients who are not readmitted within 30 days of discharge	92%	95.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.
150 Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay	80%	96.5%	Sally Titus	Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes.

SPA Number: 411_34053

SPA name: Glenwood ICF/MR

SPA Description:

Glenwood Resource Center provides Intermediate Care Facility (ICF) services to adults and children with mental retardation or developmental disabilities who are voluntarily or involuntarily admitted. These services include treatment, training, care, habilitation, support and instruction. Glenwood serves 340 persons annually (315 adults and 25 children). Glenwood serves a 52 county catchment area.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
30 Percent of consumers who are not readmitted within 180 days following moving from the facility	85%	77%	Sally Titus	Provide effective waiver support services to enable persons to successfully remain in the community.
100 Number of hours per 1,000 patient hours spent in restraint or seclusion.	4	0.05	Sally Titus	Provide effective treatment, rehabilitation, and habilitation services to ensure persons are able to successfully live in the community.
108 Percent of the ICF/MR clients that are employed and wage earners	60%	65%	Sally Titus	TBD

SFY 2007 Performance Results

SPA Number: 411_34054

SPA name: Glenwood Comm.

PM Performance Measure

30 Percent of consumers who are not readmitted within 180 days following moving from the facility

SPA Description:

Glenwood Resource Center provides a variety of treatment and outreach services to people of all ages with mental retardation or other developmental disabilities. Like its sister facility at Woodward, Glenwood helps residents reach their individual goals and return to their communities. Nearly all of the residents at Glenwood have been denied admission to community-based providers of this level of care. Glenwood serves 34 persons (adults and children) annually in these services.

DHSTarget

85%

FY 07 Actual

77%

Owner

Sally Titus

Strategy

Provide effective waiver support services to enable persons to successfully remain in the community.

SPA Number: 412_34055

SPA name: Woodward ICF/MR

PM Performance Measure

30 Percent of consumers who are not readmitted within 180 days following moving from the facility

DHSTarget

85%

FY 07 Actual

100%

Owner

Sally Titus

Strategy

Provide effective waiver support services to enable persons to successfully remain in the community.

100 Number of hours per 1,000 patient hours spent in restraint or seclusion.

4

0.07

Sally Titus

Provide effective treatment, rehabilitation, and habilitation services to ensure persons are able to successfully live in the community.

108 Percent of the ICF/MR clients that are employed and wage earners

60%

65%

Sally Titus

TBD

SPA Number: 412_34056

SPA name: Woodward Comm.

SPA Description:

Woodward Resource Center provides a variety of treatment and outreach services to people of all ages with mental retardation or other developmental disabilities. Like its sister facility at Glenwood, Woodward helps residents reach their individual goals and return to their communities. Nearly all of the residents at Woodward have been denied admission to community-based providers of this level of care. Woodward serves 39 persons (adults and children) annually in these home and community based waiver services.

PM Performance Measure

30 Percent of consumers who are not readmitted within 180 days following moving from the facility

DHSTarget

85%

FY 07 Actual

100%

Owner

Sally Titus

Strategy

Provide effective waiver support services to enable persons to successfully remain in the community.

SFY 2007 Performance Results

SPA Number: 413_34058

SPA name: IowaCare

SPA Description:

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
137 Percent of IowaCare members who pay premiums or declare a hardship exemption	95%		Gene Gessow	Information sent to each new member. In-person premium payment office at Broadlawns.
138 Percent of IowaCare enrollees who smoke	15%		Gene Gessow	Coverage of smoking cessation program beginning Jan. 1, 2007, includes Quitline Iowa counseling, nicotine replacement products, and generic Zyban.

Core Resource Management

SPA Number: 401_67001

SPA name: Service Delivery Support

SPA Description:

Provides the foundation and administrative support for the management, delivery and improvement of all DHS services and program. Service delivery across the array of programs and services depends on corporate accountability through performance management, goal setting, strategic planning, information technology, data management, fiscal, accountability, revenue maximization, program direction and oversight, human resource management, and an effective liaison with federal and state policymakers.

<u>PM Performance Measure</u>	<u>DHSTarget</u>	<u>FY 07 Actual</u>	<u>Owner</u>	<u>Strategy</u>
5 Percent of Claims Paid within 30 days of initial receipt	90%	95%	Jan Clausen	Direct staff resources to claims processing
6 Percent of child support payments processed within 2 business days of receipt.	100%	95%	Jan Clausen	Shift resources and cross train to ensure adequate staffing during peak receipt times.
14 Availability (up-time) of DHS systems (includes DHS network and the various administrative systems).	96%	99.5%	Tom Huisman	Work with ITE to monitor and improve system availability.
15 Employee satisfaction rate.	80%	N/A	Bill Gardam	1) Improve ongoing communications with employees. 2) Expand employee performance recognition programs.
101 Employee Turnover Rate	3%	7.4%	Bill Gardam	1) Develop programs to respond to identified causes of turnover. 2) Promote employee recognition and training programs.

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.

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