

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2015

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Message from the Director

It is my pleasure to present the Iowa Department of Human Services SFY15 Performance Report. As Iowa's safety-net agency, we help nearly 950,000 Iowans lead safer, healthier, and more independent lives. From the results found at the end of this report, I believe you will see that we are accomplishing this work in an ever more efficient and thorough manner.

We appreciate this measure of our work, and we hold ourselves accountable for continually improving results.

Sincerely,

Charles M. Palmer
Director

ACCOMPLISHMENTS

The department achieved results in several program and service delivery areas during FY15. A brief review:

- **Child Support Recovery Unit (CSRU).** CSRU is proud to be the recipient of a competitive 1115 demonstration grant awarded by the federal Office of Child Support Enforcement. The project funded by this grant is entitled, "Reliable Employment And Child Support Help (REACH)," which provides for coordination of child support services with employment and fatherhood/parenting services to improve the financial well-being of children.
- **Differential Response (DR).** DHS was directed by the General Assembly to implement a DR System, two discrete pathways to respond to accepted allegations of child abuse and neglect, by January 1, 2014. The Department implemented DR on January 1, 2014, and continues to work with stakeholders to assess implementation. Ongoing efforts to assess include case reviews, data analysis, family, provider, and community feedback.
- **Program Integrity (PI).** For SFY14, the PI unit had savings of over \$49M. The increase of over \$8M from SFY13 is again largely attributed to the inclusion of the Affordable Care Act (ACA)

required Federal Recovery Audit Contract (RAC) operated by the PI vendor. The fixed price PI contract savings performance of \$36.1M was realized in both cost avoidance and recoveries, while the RAC recovered \$13.3M for SFY14. The RAC activities include recovery of short stay hospital inpatient stays that should have been billed as outpatient observation stays, Diagnosis Related Group (DRG) validation and hospitals credit balance recoveries.

- **Mental Health and Disability Services (MHDS) Redesign.** In SFY 15 MHDS Redesign implementation continued. On July 1, 2014, 14 MHDS regions became fully operational under the direction of a regional governing board. All MHDS regions are providing the required core services and 13 of the regions are providing some core-plus services. Seven regions are providing residential crisis stabilization services and 10 regions are providing justice involved services. DHS has implemented a web-based inpatient psychiatric hospital bed tracking system to assist in locating open beds for individuals needing immediate access to inpatient psychiatric services. All hospitals with inpatient psychiatric services are voluntarily reporting in the system.
- **Access to Health Care Coverage.** More than 541,000 Iowans had access to health coverage through Medicaid and the Iowa Health and Wellness Plan at the end of SFY14. Nearly 55,000 children in Iowa had access to health coverage through Children's Health Insurance Program (CHIP) and *hawk-i* at the end of SFY14.
- **Dental Wellness Plan.** The Dental Wellness Plan launched May 1, 2014, and has served more than 26,600 low-income Iowans. There have been 41% completed risk assessments which can help identify potential issues before they become problems, and allow for less costly, preventative treatments. Good oral health can contribute to better overall health and lower system costs.
- **Food Assistance Program Integrity.** Iowa ranked third in the nation on selected case-related measures related to program integrity including low case and procedural error rates and timeliness of actions. As a result, in FFY14, the department was awarded a bonus of more than \$850,000 from the federal government.

AGENCY OVERVIEW

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.

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 core functions: economic support, healthcare and support services, adult and child protection, and resource management.

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 limited time (five-year lifetime limit) cash assistance for parents who agree to pursue specific steps for self-sufficiency, food assistance, employment and training opportunities (required for most FIP recipients), quality childcare (including regulation of in-home businesses and licensed centers), recovery of court-ordered payments from non-custodial parents to custodial parents, and refugee services.

Child Support Recovery operations are organized into four regions. The regions administer the program through 22 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.

2. Health Care and 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. There are several activities within this core function.

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.

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* (Healthy and Well Kids in Iowa) program provides health care coverage to children whose family income is above Medicaid limits but who cannot afford health care coverage. *hawk-i* provides a comprehensive health care benefits package including physician services, hospitalization, prescription drugs, immunizations,

dental care and vision care. New in SFY10 – a dental only program, the first in the nation.

The DHS Targeted Case Management (TCM) Unit operates as a contracted provider for the provision of person-centered services to Medicaid-eligible individuals that are diagnosed with intellectual or developmental disabilities or brain injury and reside in or are transitioning to a community setting and need assistance with accessing necessary medical, social, educational, and other services, such as housing and transportation.

The DHS administers mental health institutes at Cherokee and Independence. The DHS serves adults and children in need of inpatient psychiatric care and treatment. A wide range of services that work and coordinate with community-based services across Iowa is available. Mental health institutes at Clarinda and Mount Pleasant also provided substance abuse services and long-term geropsychiatric services until June 30, 2015.

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 have been civilly committed to the unit. CCUSO serves over 100 patients.

Glenwood Resource Center and Woodward Resource Center provide care for people with intellectual disabilities. Most people have profound intellectual disabilities and many have life-threatening seizure and swallowing disorders. Both facilities provide a wide range of services including diagnostic evaluation, treatment, training, care, habilitation, a time-limited assessment program, and community based services through the Medicaid Home and Community Based Waiver program. As community resources become available, the number served at the resource centers has declined steadily and will continue to decline.

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 in support of 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 State Training School at Eldora provides a range of specialized and highly structured substance abuse, physical, mental, and behavioral health intervention services for the most troubled male youth in the State of Iowa. The State Training School provides individualized care and treatment and educational services including special education and vocational programs.

4. Resource Management

The purpose of this core function, also known as general administration, is to provide leadership to manage and support delivery of quality services to Iowa's citizens. Following a SFY10 reorganization, general administration divisions include Mental Health and Disability Services; Field; Adult, Child and Family Services; Medical Services; Fiscal Management; and Data Management.

General administration is the underlying infrastructure that supports all other functions of the Department. This DHS team works to:

- Ensure policy and program are compliant with federal and state regulations;
- Ensure sound stewardship of State resources;
- Position the Department to leverage and maximize federal funding;
- Track and measure results achieved, and;
- Implement technology improvements to create improvements in accuracy and efficiency.

In addition to the Field Policy and Program staff, Field Operations staff directly and indirectly support the delivery of the Department's services to Iowans.

Field Operations is composed of five 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. A sixth centralized service area was added in FY10. Its duties are to coordinate services at customer service centers, including new statewide centralized intake unit to evaluate complaints of abuse or neglect.

The regional service areas administer and deliver the programs and services through 104 field offices staffed by social work, income maintenance, clerical, and management staff. About a third of the field offices operate on a full-time basis, with others open by appointment only.

The primary function of social work staff is child protection and safety. After the intake unit assigns an assessment, social work assessors determine if abuse has occurred. They also address safety needs by the provision of in-home or out-of-home services purchased from community-based private contractors. Services 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.

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, Food Assistance, 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.

With reorganization in FY10, the Child Support Recovery Unit is a division of Field Services.

General Administration provides support and technical assistance agency-wide to field operations, child support recovery, targeted case management and state institutions, as well as numerous external customers and stakeholders including:

- Program and service development and management, such as 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.
- 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.

KEY RESULT SERVICE/ PRODUCT/ ACTIVITY

Name: Food Assistance (FA) and Food Assistance Employment and Training (FAET) Program

Description: Provides federal assistance to low-income individuals and families to purchase unprepared food and nonalcoholic beverages through an electronic benefit transfer swipe card. Through the voluntary Food Assistance Employment and Training (FAET) program, job seeking skills, classroom training, and structured employment assistance search is provided to people receiving Food Assistance. DHS is partnering with select community colleges to provide services to those seeking training for employment.

Why we are doing this: Food Assistance prevents hunger and helps families meet their basic nutritional needs and increases the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving Food Assistance are on fixed incomes. Food Assistance allows seniors to not have to make the difficult choice between buying food or prescription drugs. Approximately half of the Food Assistance beneficiaries are children. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowans. The U.S. Department of Agriculture has estimated that every \$5 in Food Assistance generates \$9.20 in local and state economic activity. The Food Assistance Program brought \$519.1M of direct benefits into Iowa in SFY15, a 5.7% decrease from SFY14.

What we're doing to achieve results: Several initiatives have been implemented to streamline the Food Assistance Program. DHS 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 simplified the application for Food Assistance and do most interviews over the phone. In 2014, DHS started contracting with Kirkwood Community College, DMACC and Southwestern Community College to provide employment training services. The colleges have increased participation in the program and are actively pursuing more enrollees. The goal is to make people self-sufficient by providing a variety of short term certification programs and high school equivalency certificates.

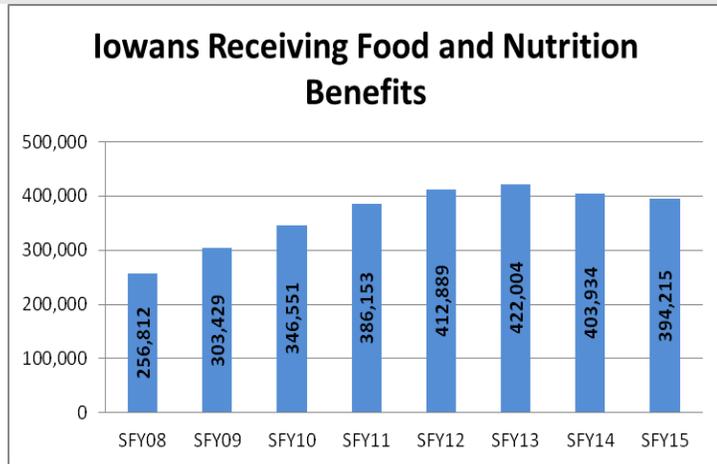
Results

Performance Measure:

Number of Iowans receiving Food and Nutrition Assistance.

Performance Goal/Target:

400,756 for June 2015



What was achieved: At the start of SFY15 in July 2014, 408,670 Iowans were receiving Food Assistance. By the end of SFY15 in June 2015, the number had dropped to 394,215, a reduction of 14,455 or 3.50%.

Data Sources: In the chart above, data for SFYs 2008-14 came from the department's F-1 Report – "Food Assistance Program State Summary". To provide more complete and accurate counts of households and recipients, DHS has made improvements which are reflected in counts for SFY15 and future years. Counts are done mid-month following the report month rather than at the end of the report month as has been done in the past. For example, July counts are done mid-August.

- About 2,000 households are in a closed status at the end of each month but are re-opened the following month.
- Under the old counting method, these households would not be included and as a result, household and recipient counts have been understated.

Work is underway to incorporate the new methodology into the F-1 Report; however, until that happens, data in the F-1 Report will continue to reflect understated counts based on the old methodology.

Resources: The Food Assistance Program is 100% federally funded. It brought \$519.1M into Iowa in SFY15.

KEY RESULT

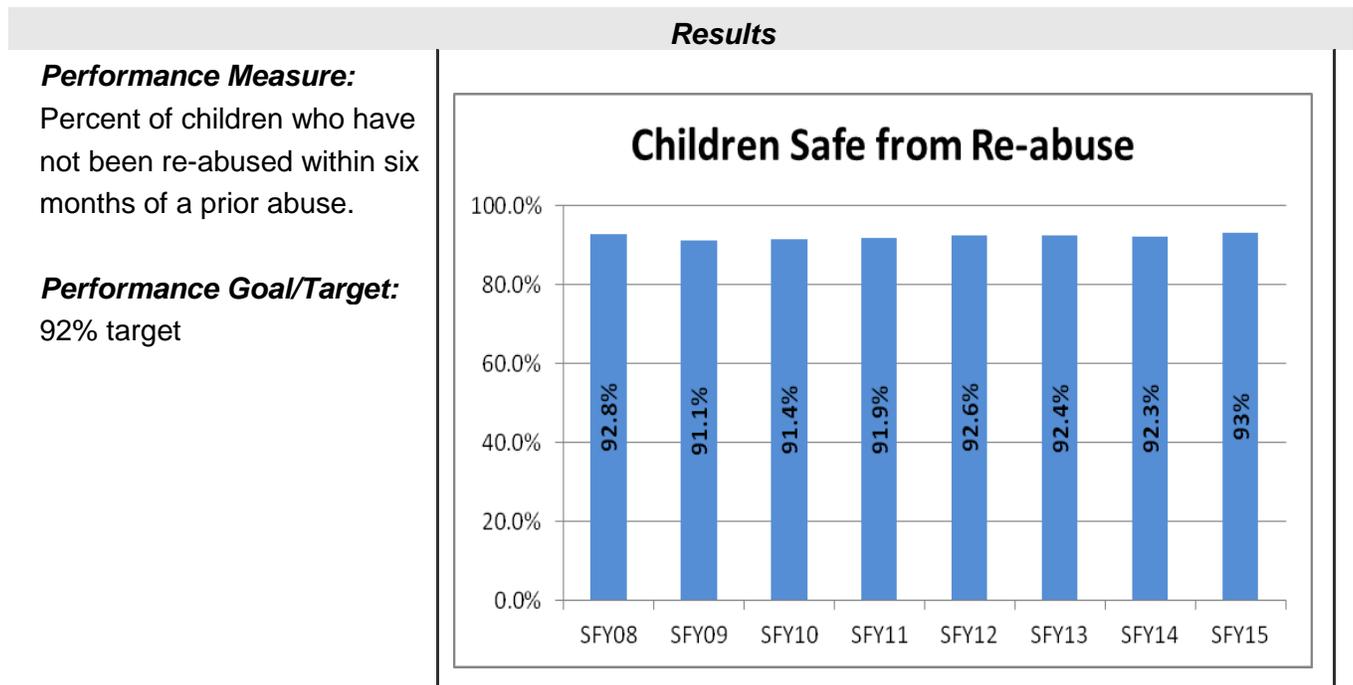
SERVICE/ PRODUCT/ ACTIVITY

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 and confirmed high-risk child abuse assessment. 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: 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: 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.



What was achieved: 93% of children did not experience re-abuse for at least six months following a previous occurrence. 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.

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

SERVICE/ PRODUCT/ ACTIVITY

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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 Decision Making 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.

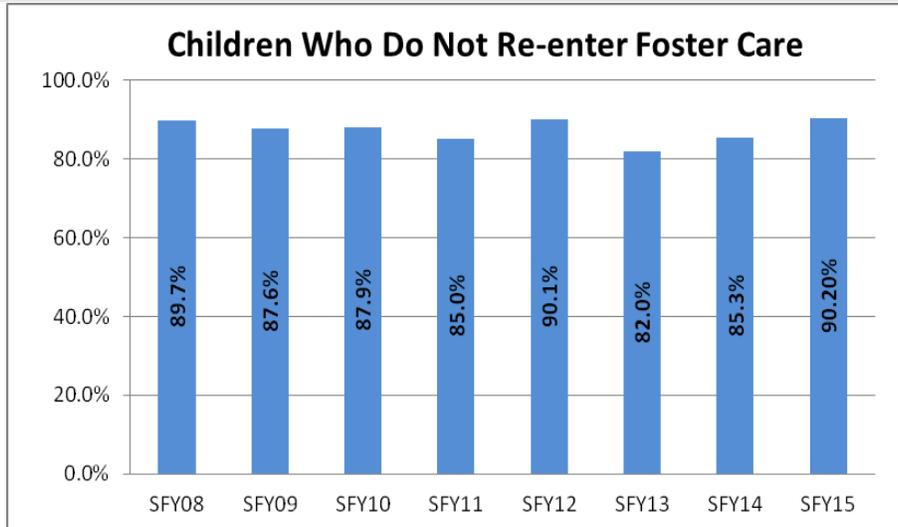
Results

Performance Measure:

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

Performance Goal/Target:

90.7%



What was achieved: 90.2% 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: Children's Health Insurance Program (CHIP)

Description: The CHIP program expands Medicaid to 167% of the Federal Poverty Level (FPL) for children and provides *hawk-i* to children up to 302% of the FPL. Under *hawk-i*, health and dental 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 and immigration requirements, and live in a family whose countable income is not more than 302% of the FPL. Effective March 1, 2010, the *hawk-i* Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for *hawk-i* because they have health insurance coverage. The dental-only program covers eligible children whose family's countable income is not more than 302% of the FPL.

Why we are doing this: To reduce the number of uninsured Iowa children. Access to health and dental 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 children (37,406 for *hawk-i* and 3215 for dental-only and 17,548 for Medicaid expansion, including those children funded by Title XIX funds). The *hawk-i* program provides health care coverage to children in families at or below 302% 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.

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. The Medicaid and *hawk-i* programs work together to determine eligibility and enrollment for children in the appropriate program.

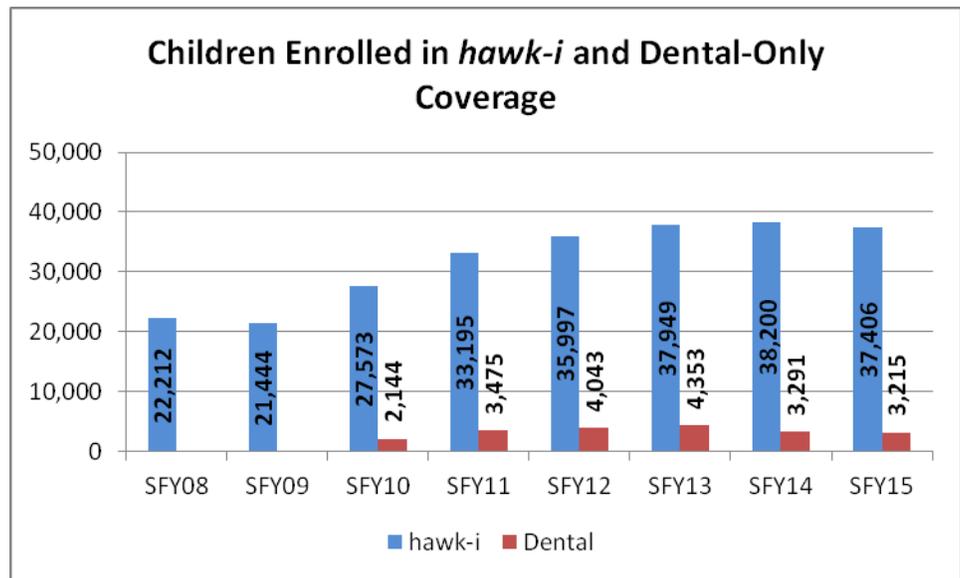
Results

Performance Measure:

Number of children who are enrolled in *hawk-i* and dental-only coverage is a monthly count of children enrolled on the last day of each month.

Performance Goal/Target:

hawk-i 37,710



What was achieved: *hawk-i* insured 37,406 children for *hawk-i* and 3,215 for Dental only.

Data Sources: "Monthly Log Demographic Reports", Iowa Medicaid Enterprise, Bureau of Adult and Children's Medical Program through a contract with *hawk-i* Project Office.

Resources: This activity is funded with federal funds (approximately 71%), state general fund appropriations (approximately 29%), and some enrollee cost-sharing. Total state expenditures for SFY15 for CHIP were \$45,159,093. ~~\$40,860,857~~. Of this, ~~\$30,917,709~~ 33,401,103 was expended for the *hawk-i* program.

KEY RESULT

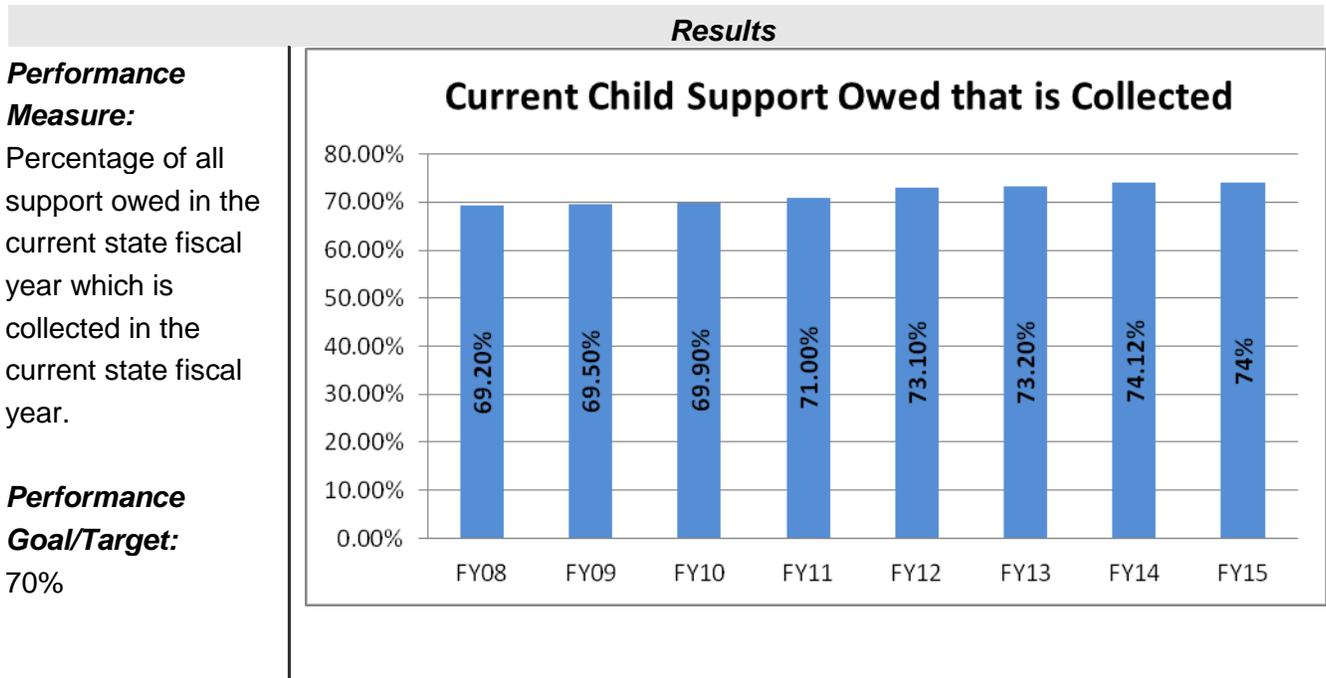
SERVICE/ PRODUCT/ ACTIVITY

Name: Child Support Recovery

Description: Provide services to establish paternity and support orders, so there is a legal duty for both parents to provide for their children. Enforce the obligation to provide ongoing support for custodial parents and children. In SFY15, CSRU processed nearly 3 million payments and served over 606,961 parents and children.

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, and levies bank accounts. Another strategy being used to improve collections is to identify the most effective way to work interstate cases. Child support also studies performance each month.



What was achieved: Child support collected 74% of current year support owed during FY15, providing for a more financially stable home environment for families dependent upon child support. \$323.5M 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: Iowa Medicaid Preferred Drug List (PDL) Program

Description:

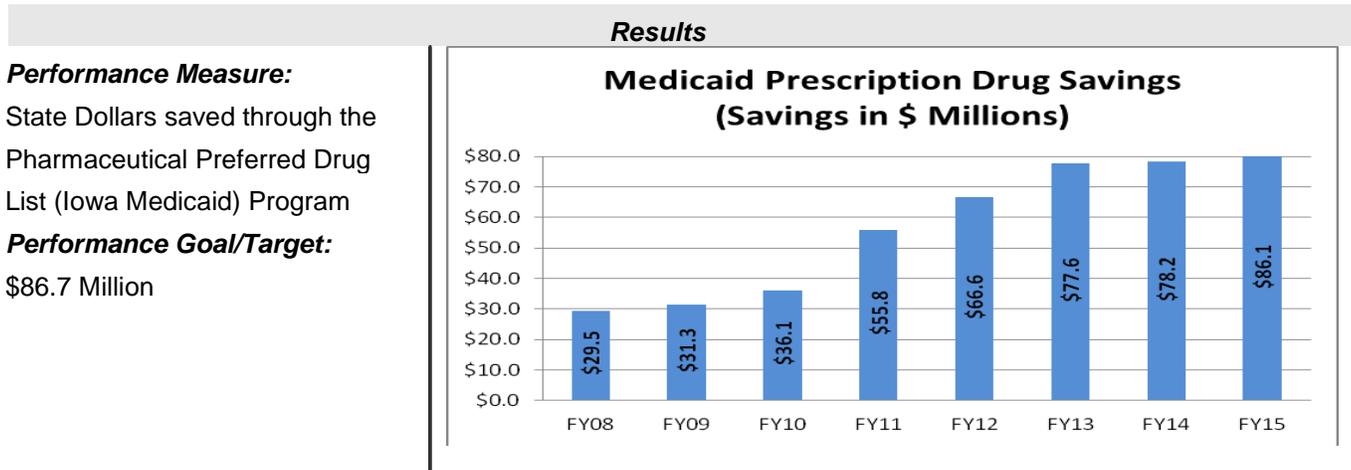
A Preferred Drug List (PDL) is a list comprised of preferred and nonpreferred drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee. Preferred drugs have been identified as therapeutically equivalent to other drugs within a drug class and a cost benefit to the Medicaid program. While all drugs on the PDL are available, nonpreferred drugs require prior authorization (PA) in order for reimbursement to occur.

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%.

The following chart includes drug expenditures for each SFY and supplemental rebates received:

SFY	Drug Expenditures	Supplemental Rebates
2005	\$407.8M	\$9M (for 6 months only)
2006	\$332.4M	\$16M
2007	\$235M	\$14.1M
2008	\$232.9M	\$13.8M
2009	\$248.8M	\$14.7M
2010	\$252.2M	\$14.9M
2011	\$260.9M	\$12.8M
2012	\$280.7M	\$18M
2013	\$265.5M	\$14.1M
2014	\$263.5M	\$12.6M
2015	\$299.8M	\$11.8M

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.



What was achieved: \$86.1M in state dollars were saved through the Preferred Drug List and an additional \$110.2M in Federal dollars for a total of \$196.3M in pharmaceutical savings in SFY15.

Data Sources: Iowa Medicaid Enterprise

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

KEY RESULT

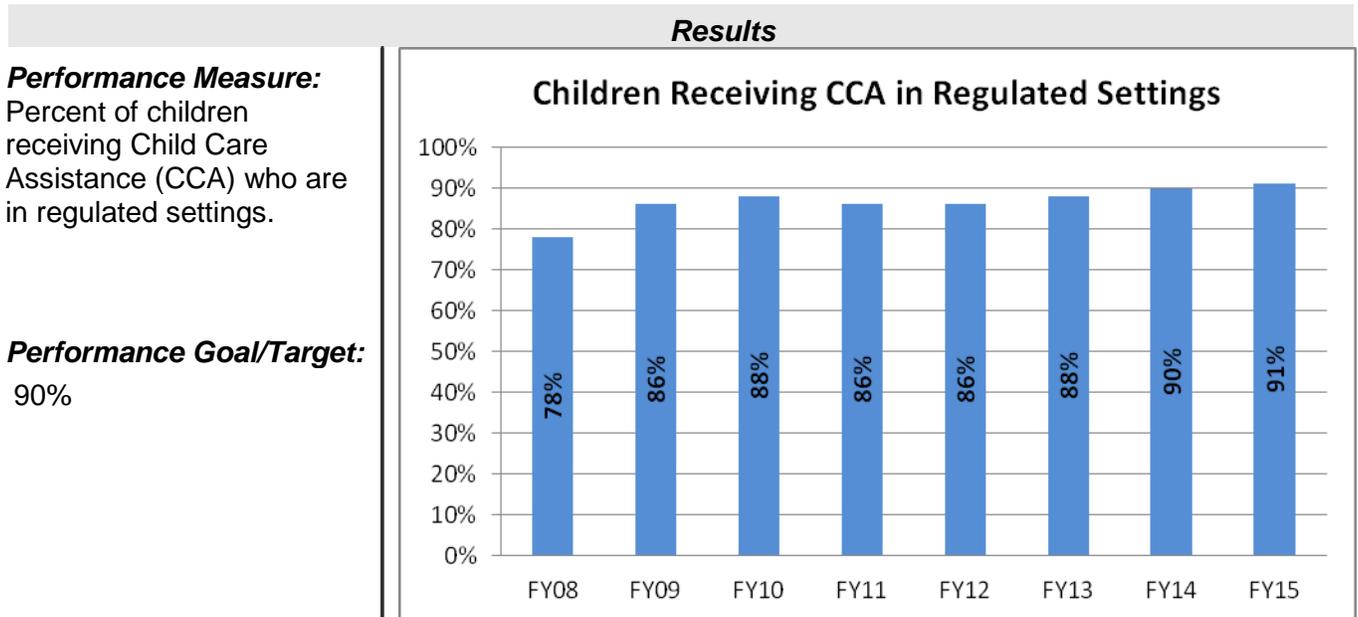
SERVICE/ PRODUCT/ ACTIVITY

Name: Child Care Assistance

Description: Provides funding for child care for 20,533 children of low-income parents who are working at least 28 hours per week, in school full-time, or are working and in school for a combined minimum of 28 hours per week.

Why we are doing this: Providing funding for child care 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: Child care assistance pays providers on behalf of low-income parents who are working or in school to help defray the cost of child care in a regulated setting. The DHS website maintains a list of registered and licensed child care providers, aiding parents in locating safe and regulated environments for their children to stay.



What was achieved: Regulated child care environments provide safe and monitored environments for children. 91% of children receiving child care assistance in SFY15 received that child care in regulated settings.

Data Sources: DHS DCPD and the Kindertrack system.

Resources: \$28,398,422 state and \$73,010,903 federal dollars were spent on child care assistance in SFY15.

KEY RESULT

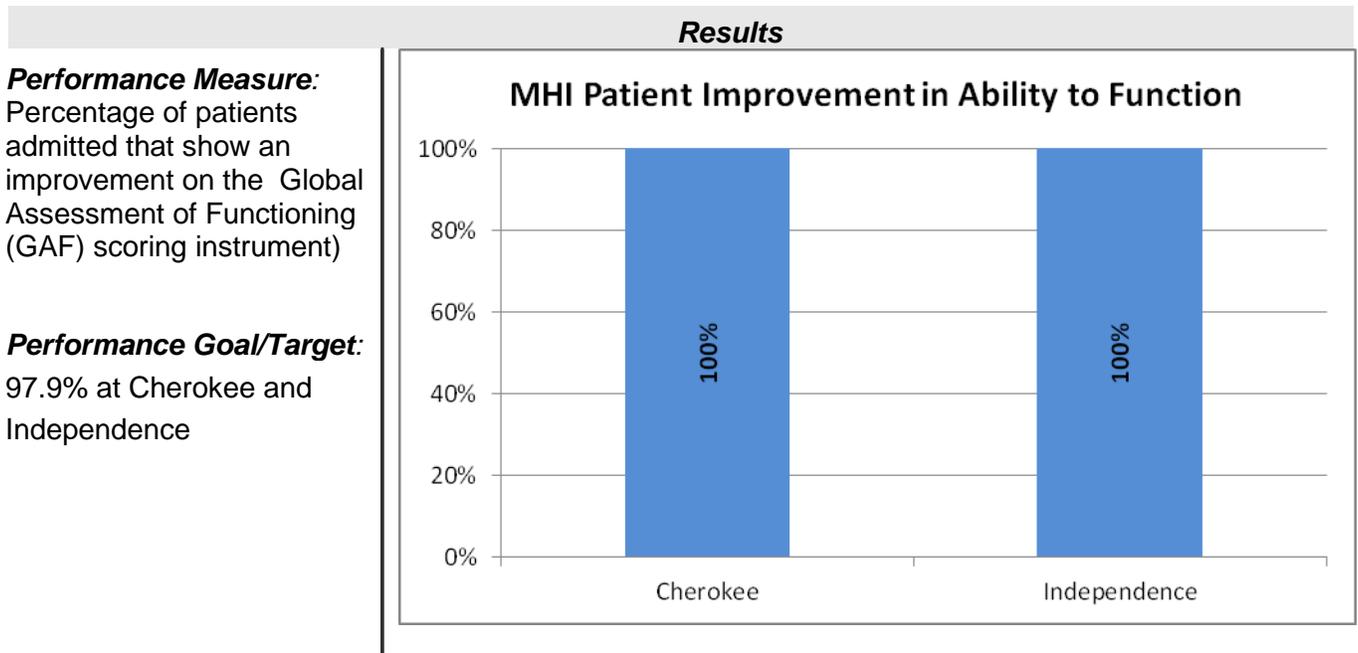
SERVICE/ PRODUCT/ ACTIVITY

Name: Mental Health Institutes (MHIs) – Improvement of MHI patients’ ability to function. (Cherokee, Independence)

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

Why we are doing this: Mental health services provided at the MHIs are designed to stabilize a patient’s condition and improve their ability to function to enable them to successfully integrate back into the community.

What we’re doing to achieve results: The MHIs provide short-term psychiatric care and treatment for individuals with severe symptoms of mental illness. Both facilities provide psychiatric inpatient care for children and adolescents and adults. Sub-acute care in a Psychiatric Medical Institution for Children (PMIC) is available at Independence for children who cannot be served in the community. Both facilities continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal Centers for Medicare & Medicaid Services. Independence and Cherokee are accredited by the Joint Commission. The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices.



What was achieved: Both Mental Health Institutes attained the goal in one or more program areas. The individual performances were: 100% at Cherokee MHI, 100% at Independence Psychiatric Program, and 100% at Independence Psychiatric Medical Institution for Children.

Data Sources: Cherokee MHI and Independence MHI.

Resources: The SFY16 state appropriation of \$34,014,144 to the two Mental Health Institutes.

KEY RESULT

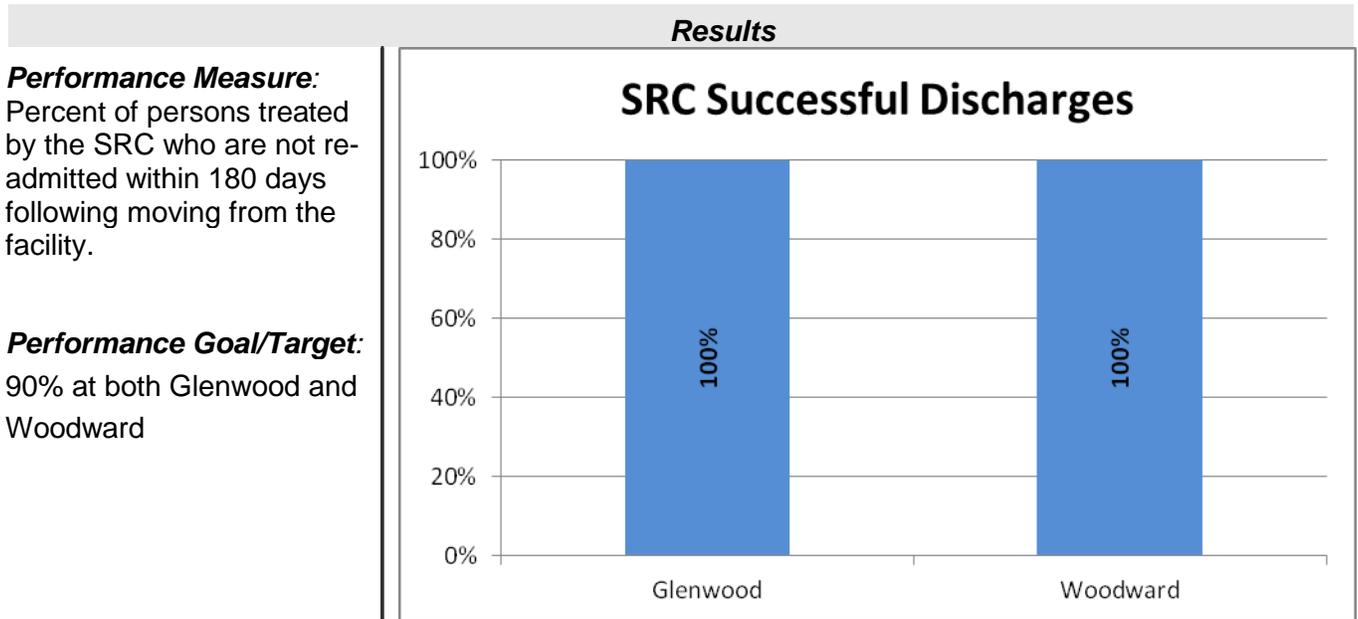
SERVICE/ PRODUCT/ ACTIVITY

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

Description: Measures the percentage of individuals that do not return to an 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 intellectual 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 intellectual or other developmental disabilities, and to assist residents to return to their communities.

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



What was achieved: Both Glenwood and Woodward had a transition rate of 100%.

Data Sources: Glenwood and Woodward SRCs.

Resources: The state appropriation to the two State Resource Centers totaled \$36,550,959 for SFY15.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Targeted Case Management (TCM)

Description: The TCM Unit serves individuals with intellectual and developmental disabilities and brain injury by focusing on an individual's strengths, interests, abilities and competencies. This involves the development of a comprehensive, person-centered, and outcome-based achievement plan that includes input from the individual, family members, guardians, and other professionals and agencies to identify, develop, implement, and monitor necessary community-based services.

Why we are doing this: The TCM Unit's mission is to serve these individuals and their families with respect, care, and compassion while helping them secure quality services and supports intended to assist them in living healthy, safe, and successful lives at home in the community of their choice. The safety of these individuals, family members, and staff is at the forefront of every decision made, and is a key factor in ensuring they are able to lead happy and successful lives in the community.

What we're doing to achieve results: The Unit utilizes a multidisciplinary team that includes Social Workers, a Nurse Clinician, and Administrators that hold safety consultations when an individual has risk factors and safety concerns that may jeopardize their placement in the community. Safety consultations address issues such as new treatment recommendations, self-injurious behavior, health concerns, emergency discharge, or changes in living arrangements.

Results

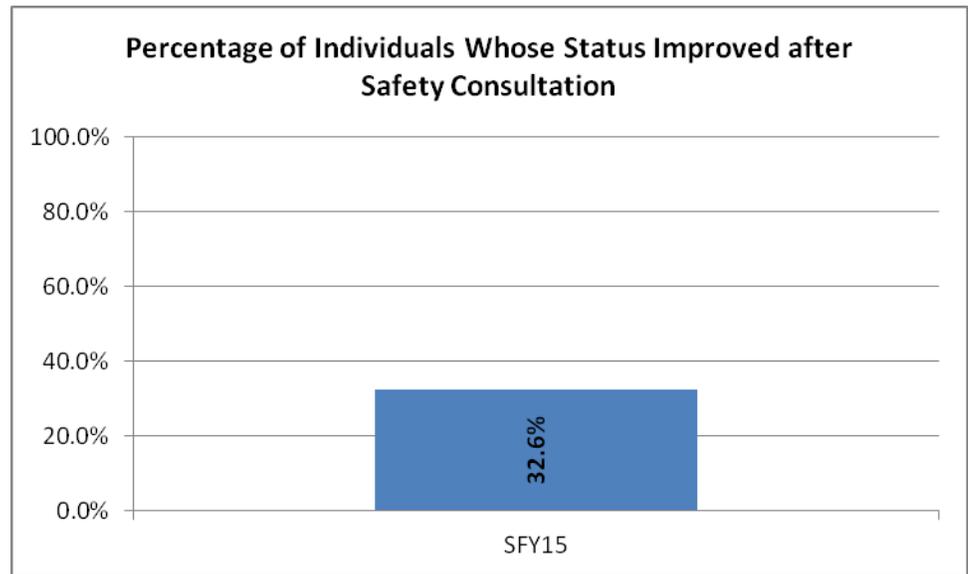
Performance Measure:

Percentage of individuals who experience risk factors and safety concerns that may jeopardize their community placement whose status improved after a safety consultation.

Performance

Goal/Target:

30%



Note: The DHS-TCM has provided safety consultations for individuals for a number of years; however, FY 2015 was the first year it began tracking individual improvement outcomes following consultations.

What was achieved: The situational status for 32.6% of individuals improved following a safety consultation, which exceeded the target by 2.6%.

Data Sources: DHS, Targeted Case Management Unit, Safety Consultation Data.

Resources: The TCM Unit is reimbursed with Medicaid funds for providing services to eligible individuals with intellectual or developmental disabilities or brain injury.

Agency Contacts

Copies of the Department of Human Services' Performance Report are available on the DHS website at <http://www.resultsiowa.org/humansvs.html> . Copies of the report can also be obtained by contacting Amy McCoy at 515-281-4848. The Department of Human Services' website is <http://dhs.state.ia.us> .

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