

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2004

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Introduction

message from the director...

It is my pleasure to present the Iowa Department of Human Services 2004 Performance Report. I am proud to be a part of an agency that performs vital work across our State and that accomplishes so much for Iowans everyday.

I am honored to work among those who strive to keep children safe and families intact and those that work tirelessly to improve access to healthcare and financial assistance. I recognize that while all of us work very hard and each of us fulfills a vital role, it is the worker in the field and at our state institutions who must make tough decisions at a moment's notice about the life of a vulnerable child who have the hardest jobs in the agency. It is a privilege to be a part of their lifesaving, life-enhancing work. I urge all the readers of this report to join the Department in continuing to make important contributions to improving the lives of all Iowans.

As you will see in this Performance Report, much was accomplished this past year. And, I am optimistic about the many opportunities the future holds for Iowa. I am hopeful because as I have traveled the state, spending time with field staff and meeting personally with stakeholders, I have observed a strong sense of caring and commitment at every level throughout the state. It is a direct result of the passion and dedication demonstrated by DHS employees across Iowa that significant progress toward improving outcomes was achieved during fiscal year 2004. I also realize that we can and must do even more. We are setting our standards high and our goals even higher. Working together we will continue to improve outcomes, as we work to improve the quality of life for all Iowans.

Kevin Concannon,
Director

AGENCY HIGHLIGHTS

2004 was a year of collaboration, teamwork, partnership, and innovation.

DHS reached out to work more closely with other state agencies and to expand community partnerships and involvement across Iowa during the past year. Projects were undertaken with the Department of Corrections, Department of Education, Department of Elder Affairs, Department of Public Health, the Iowa Veteran's Home, Department of Administrative Services, the Iowa Regent Universities, Department of Management, and Iowa's Homeland Security and Emergency Management Department.

Charter Agency Status approved - DHS joined the ranks of a select few state agencies during 2004 to become a Charter Agency, as a part of the state's re-invention of state government initiative. Many of the results reported throughout this Performance Report were achieved due to increased flexibility and support provided as a Charter Agency. One such project was using Charter Agency Grant Funds in a collaborative project to maximize state revenues for state government health related expenditures. This effort resulted in the Departments of Education, Public Health, Corrections, Iowa Veteran's Home, the Iowa Regent Universities, and DHS working together. DHS continues to work with these agencies to pursue identified federal fund financial opportunities.

Medicaid reimbursements for Iowa schools - In another partnership effort, DHS led a project to expand Medicaid federal fund access for schools, working with the Department of Education and other agencies, the cumulative Medicaid reimbursements for Iowa schools was increased by 25.53% during 2004. This collaborative approach has improved access to services for school age children and their families while maximizing revenue to the State of Iowa. DHS remains committed to

maximizing resources throughout the Department, using three strategies: increased efficiency in the way we work, frequently doing more and improved quality work with less resources; accessing non-general funds including federal monies when available; and following cost containment efforts. Through these continued efforts, DHS has been able to sustain services to Iowans at a time when many other states have been forced to make drastic service and program reductions.

Disaster and Emergency Management, Other Needs Assistance, Crisis Counseling and Emergency Food Assistance - DHS was put to the disaster and emergency preparedness test this past year, as so many people and agencies were in Iowa when a state and then presidential disasters were declared. DHS through its ongoing partnership with the Department of Homeland Security and Emergency Management and the Federal Emergency Management Agency (FEMA), the Small Business Administration (SBA) and many county emergency response teams, managed the state's *Other Needs Assistance Program (ONA)*, provided *Crisis Counseling*, and received federal approval to implement an *enhanced Disaster Food Assistance benefit* in the designated Federal Disaster Relief Areas. DHS assessed the individual personal needs of people affected and administered the payment of approximately \$2 million in assistance through the ONA program using approximately \$550,000 in state funding. DHS activated its disaster crisis counseling program by obtaining two federal grants, in excess of \$450,000. The crisis counseling program was able to place 25 workers in the affected areas, staff the Iowa Concerns Hotline, and make over 700 contacts to provide individual crisis counseling program assistance, educational events and group crisis counseling meetings.

Childcare quality improvement - DHS focused on numerous collaborative childcare quality improvement projects and provided staff support to the *Iowa Learns Council* this past year to ensure that "Children are Ready for School."

Data tidbit: An average of 16,738 children were served monthly in childcare assistance during FY04.

Two major focus areas included, the creation of *Early Learning Standards* and the CHILD CARE QUALITY RATING SYSTEM (QRS) in collaboration with the Iowa Department of Education, Iowa Child Care and Early Education Network, Iowa Child Care Resource & Referral, Iowa Empowerment Office, Iowa Department of Public Health, Iowa Institutions of Higher Education, Iowa Early Care and Education Professional Development, Area Education Agencies, Iowa Head Start Association, and private childcare agencies and preschools.

Access to health care - A critical area of importance to Iowa and DHS is access to quality health care, including access to mental health and substance abuse treatment services. DHS worked to improve access to quality health care through the Medicaid, hawk-i, and Health Insurance Premium Payment (HIPP) programs providing a wide range of benefit coverage and services for Iowans, including mental health parity in all service offerings.

Iowa Medicaid Enterprise - DHS pursued a radically different approach to contracting for services for the Medicaid program administrative functions this past year. This has resulted in a series of multi-year contracts, increased competition, and a move to hire the "best in their class" companies to work jointly to improve the quality of all aspects of Iowa's Medicaid program.

Data tidbit: An average of 281,212 Iowans received a Medicaid card each month during 2004.

Disease management - disease management is an evidence-based approach to improving results while managing costs. Research shows that good quality care is not more expensive and it gets better results. A disease management pilot program for *Diabetes Management* has been implemented. The initial pilot has involved 100 participants and shows a decrease in the need for and utilization of hospital outpatient services with a high level of patient satisfaction. Program cost and savings data are not yet available for this pilot program.

Development of disease management programs was included in the Iowa Medicaid Enterprise (IME) procurement contracts that have been signed. The additional disease management programs will be implemented by the IME as their contracts are brought online.

hawk-i - Providing healthcare coverage for Iowa's children in families with limited incomes is important to enable children to have a safe, healthy and stable childhood. During this past year, outreach efforts were increased to special population groups and an electronic version of the *hawk-i* application was developed to help promote and expand *hawk-i* enrollment to approximately 17,000 children.

Health Insurance Premium Payment Program - DHS continued efforts to ensure access to health insurance while reducing Medicaid costs by obtaining health insurance for Medicaid-eligible people through the Health Insurance Premium Payment Program. HIPP helps low-wage earners by paying the employee's share of the cost of enrolling in an employer's group health plan or the cost of an individual plan that has been determined cost-effective. Savings result because private insurance becomes the primary payer of medical care and Medicaid the secondary payer. This results in decreasing the state's overall uninsured rate at no additional state cost thereby expanding access to quality care. The number of families enrolled in HIPP grew to 2,315 during 2004.

Food Assistance Program - Access to food is a basic need for everyone. The Food Assistance program helps low-income households improve their nutrition. The benefits are 100 percent federal dollars while administration of the program is shared 50-50 with the state. The program benefits individuals but also the retail and agricultural economies in Iowa. Last year, food assistance benefits added \$167 million to Iowa's economy.

Data tidbit: The average food assistance allowance is \$188 per person per month

Many improvements took place with the food assistance program this past year, including participating as one of four states in the

country in a federally funded marketing project to increase awareness sponsored by the Federal Food and Nutrition Services Bureau. A statewide media campaign for program awareness started in March that ran through April and then re-ran during August and September. During 2004, the number of eligible Iowans receiving food and nutrition benefits increased by 18.75% or 29,550 individuals. Approximately 187,215 Iowans receive food assistance. To support the expansion of food assistance in Iowa, DHS sought and received an \$800,000 USDA, Food and Nutrition Service, grant to establish a customer call center – the grant was awarded in 2004 and will be implemented during 2005.

Data tidbit: Iowa ranks 15th in the nation for accuracy in determining food assistance benefits.

Family Investment Program - Iowans earning a livable wage is important to economic stability and quality of life. Iowa's Family Investment Program (FIP) served over 51,000 people across Iowa during 2004 while also increasing the average hourly rate earned to \$8.72/hour. The program helps needy families with children under age 18 become self-sufficient by providing short-term cash assistance and employment and training services.

In addition to increasing the hourly rate, DHS emphasized employment and stability success with those who leave FIP due to increased earnings to enable them to stay off of assistance and remain successfully employed. The "FIP Leavers Success Rate" averaged 64.8% for SFY04.

DHS has focused on increased efforts to "divert" families from needing FIP assistance through the FIP Division program. SFY04 shows that approximately 92.6% of those who received diversion assistance remained off of FIP for at least 17-months.

Mental Health, Developmental Disabilities and Brain Injury Commission - As the State's mental health authority, DHS worked closely with the Lt. Governor's Mental Health, Developmental Disabilities and Brain Injury

Commission redesign project and continues to do so into 2005. The plan for adult services was completed during 2004 while work on the plan for serving children began in March of 2004. The Commission anticipates completing redesign work by December 2005.

State Supplementary Assistance - is a state-funded program designed to meet the special needs of aged, blind, and disabled people not met by the standard benefits paid by Supplemental Security Income (SSI) to enable people to receive care in their own homes, avoiding more costly and less personal care in other settings. A monthly average of 6,000 people are served through this program.

Child Welfare Redesign and Child Protection - The DHS child welfare program redesign efforts continued throughout 2004. **The Community Partnership for the Protection of Children (CPPC)** Partnership Initiative that enables community partners to coordinate intervention, services and support for children and families at high risk for abuse is now in 38 counties across Iowa with plans for further expansion during FY05; minority disparity projects have been started in Sioux City and Des Moines, the child abuse intake and assessment process re-design and streamlining effort has been completed and staff training will take place during FY05.

Data tidbit: - DHS provided services to over 19,586 children and their families to keep them safe during 2004.

Evidence-based practice - Family Team Meetings - In order to be successful with families, we must engage the family and also the informal and formal supports necessary to reduce risk and increase safety for the child involved. Family team meetings are a proven evidence-based approach to engage and partner with a family and with other stakeholders while also assessing family dynamics and functioning. When successfully facilitated, family team meetings serve as a catalyst to maximize resources and achieving results. During 2004, family team meeting standards were adopted, and a family team

meeting evaluation tool and "getting started" guide were developed.

Data tidbit: DHS responds to over 24,000 allegations of abuse and neglect for children and dependent adults every year – that's more than 2.6 reports per hour each year.

Reduce paperwork and increase time spent with children and families - One critical way to improve results in all we do is to provide DHS staff and private providers the opportunity for increased direct "face to face" time with the children and families we serve. This project has focused on taking a critical look at all current processes and identifying opportunities to streamline work flows, reduce paperwork, and focus on critical decision points and critical data needs at each point in the life of a case to improve results. A re-designed life of a case model, resource guides, tools to support decision-making and collect data, and training materials for the re-design were developed during 2004. Training and implementation will occur during 2005.

Data tidbit: DHS licensed 2,700 foster homes, and licensed or registered 7,238 child care providers during 2004.

Purchasing results, Performance Measurement and Quality Assurance - DHS is transforming contracting with private providers and developing a quality assurance and improvement system to place an increased focus on monitoring and improving results. Purchasing outcomes in a child welfare system is a new way of conducting business. During 2004, DHS spent considerable time working with internal staff and private providers to identify and define performance measures, develop structures to collect and monitor data, and report results. A group of initial performance measures has been selected and work to define additional measures will continue during 2005.

DHS is committed to fostering a "learning relationship" with built in accountability as we move forward with implementing the use of performance measures. Quarterly review sessions will start to be held during 2005 with private providers in each Service Area as well

as statewide to review results as a system of care as well as by individual provider. The intent of these sessions is to review the practice of child welfare services and the outcomes reporting system for suggested improvements. Providers will have the opportunity to review data before it is published and an opportunity for a conversation and formal comment if there is data discrepancy will be provided. Working together, providers and DHS have developed an initial set of performance measures. A digital dashboard has been developed to share the performance results publicly during 2005.

Data tidbit: Iowa became the first state in the nation to establish a “joint” Child Support Recovery office with another state, Nebraska, to process cases that the states have in common.

Child Support Recovery – Helping children and families across Iowa achieve self-sufficiency by obtaining court ordered child support payments is one of the things Child Support Recovery does across Iowa. These recoveries assist taxpayers by helping to reimburse government costs for custodial parents who receive public assistance. CSRU helped over 600,000 children by collecting over \$302.8 million in support payments during 2004.

Data tidbit: Iowa’s Child Support Recovery Unit was awarded the Federal Office of Child Support Commissioner’s Award for Exemplary Customer Service for exemplary customer service in 2004.

STATE INSTITUTIONS – DHS operates 9 state institutions serving a wide range of clients.

The **State Training School at Eldora and the Iowa Juvenile Home at Toledo** provide a restrictive and highly structured service setting to assist teen-agers who are delinquent or are children in need of assistance. Toledo serves boys and girls age 12-18 whom a judge has determined to be delinquent or a child in need of assistance. Eldora serves delinquent boys age 12-18. Over 80% of youth admitted to both facilities report alcohol or drug problems, and over 60% had a treatment history indicative of serious mental health

issues. 94 percent of children leaving the Iowa Juvenile Home did not commit an offense within three years of release. The comparable figure at the State Training School was 86 percent.

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.

Data tidbit: Community placements increased by 54 percent in SFY04.

The purpose of Iowa’s four Mental Health Institutes at **Cherokee, Clarinda, Independence, and Mt. Pleasant** is to provide psychiatric care for Iowans needing mental health treatment, and to provide specialized mental health related services, including: substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institute for children (PMIC), and long term psychiatric care for the elderly (geropsychiatric).

The **Civil Commitment Unit for Sexual Offenders (CCUSO)** was established in Iowa in 1999, operated by DHS, and based at the Oakdale Correctional facility. In 2004, the program was relocated to the Cherokee Mental Health Institute. The program is managed independently from Cherokee with all ancillary services purchased from Cherokee.

Volunteer Services – volunteers are the heart and soul of society and a bright and shining star at DHS. During 2004 over 900 citizens volunteered each month donating a total of over 109,000 hours of service that helped thousands of children and families.

“I am optimistic about the many opportunities the future holds.... Working together we will continue to improve outcomes, as we work to improve the quality of life for all Iowans.” Kevin Concannon, Director, Iowa Department of Human Services

Agency Overview

Introduction

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

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

Mission

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

The Department of Human Services touches the lives of more than 31% of the state population annually. In fiscal year 2004, DHS provided services to more than 908,936 unduplicated individuals. Over 30,381 children were cared for in the child welfare system. The Iowa Medicaid Enterprise (Medicaid Title XIX) provided health care coverage for approximately 290,000 needy families with children, persons with disabilities, the elderly, and pregnant women during 2004. Food Assistance was provided to approximately 188,000 people. The Family Investment Program (FIP) served 51,455 individuals. And, the child support recovery program assisted 652,000 children obtain court ordered child support.

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 Iowa 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 for this report*:

1. Economic Support

The purpose of this core function is to provide direct and in-direct economic supports to needy families to assist them in having sufficient resources to meet and provide for basic needs leading to the maintenance of 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.

The **Family Investment Program (FIP)** provides cash assistance, and employment and training services for needy families with children while they become self-sufficient. There is a five-year lifetime limit for receiving FIP benefits, with exceptions in hardship cases.

FIP is funded by a federal **Temporary Assistance for Needy Families (TANF) block grant**, state general funds, child support recoveries, and FIP client overpayment recoveries.

The typical FIP recipient in Iowa is a single, 20-29 year-old, high school educated, caucasian female with two children who receives food assistance and Medicaid services. An average of 20,090 families per month were served in SFY04. Seventy-five percent were one-parent families, 9 percent had both parents in the home, and 16 percent were children living with a relative.

The number of recipients dropped by more than 50 percent since welfare reform began but the downward trend has stalled. Many families remaining on assistance have multiple barriers to self-sufficiency.

FIP provides monthly cash payments based on family size and income. The average payment is approximately \$330 a month per household. The average time a family receives FIP is 21 months. In exchange for payments, adults are required to work toward self-sufficiency.

Employment training support was provided to an average of 17,932 individuals per month through the DHS *Promise Jobs* program provided by contract through the Iowa Department of Workforce Development. DHS also contracts with the Department of Human Rights to offer the **Family Development and Self-Sufficiency (FaDSS)** program for recipients with especially challenging barriers to self-sufficiency. Food Assistance recipients are provided **Food Stamp Employment and Training (FSET)** services.

People leaving FIP due to income level (a positive result of the program) earned an average of 33% or \$2.17 more per hour in FY04 than those who left in FY96. The hourly wage increased from \$6.50 in FY96 to \$8.67 in FY04.

Bringing people and families into programs to receive support services provides help to a large number of people every year in Iowa. An innovative approach to helping people is through the **FIP Diversion Program**. *Diversion* provides immediate, short-term assistance intended to eliminate or reduce reliance on FIP so a person can keep or start a job, thus preventing or reducing the need for receiving welfare support under Iowa's *Family Investment Program (FIP)*. Diversion also funds the *Community-level Parental Obligation Pilot Projects for non-custodial parents*. Diversion is funded by the Federal Temporary Assistance for Needy Families (TANF) block grant.

The *Diversion program* serves people who are eligible for FIP but choose instead to receive targeted employment-related assistance and people who are receiving FIP and need special short-term assistance through the **Family Self-Sufficiency Grant (FSSG) program** to help them become employed and shorten their time on public assistance.

Thirty-five families were diverted from welfare at an average cost of \$1,406 per family through the Family Investment Program. Three-fourths of the payments were devoted to transportation with the remainder for shelter. Approximately 93 percent of the families receiving FIP Diversion remained off FIP 17-months after receiving diversion.

The Family Self-Sufficiency (FSSG) program served 2,234 recipients statewide with payments averaging \$353. Similar to FIP Diversion, most of the FSSG grants went to pay for transportation related items. Approximately 55 percent of FSSG recipients left FIP within 6 months of receiving assistance.

Expanding access to **quality child care, child abuse prevention and teen pregnancy prevention grants, and creation of community-based programs** all aimed at preventing child abuse and neglect is accomplished through several programs, including **Early Childhood Empowerment** funding to support parents in obtaining quality child care through

funding professional development and child care improvement projects at the local level. During FY04 Community Empowerment Areas representing all 99 counties in Iowa accessed Early Childhood funding.

DHS also provides non-medical support services to families during the prenatal period and through their child's pre-school years to prevent child abuse and neglect through the **DHS Healthy Opportunities for Parents to Experience Success (HOPES) program** by a contract with the Iowa Department of Public Health.

The **Food Assistance program** (formerly known as food stamps) promotes the general welfare of low-income families by raising their levels of nutrition to avoid hunger and malnutrition. The program benefits many individuals and families across Iowa as well as bringing benefits to Iowa's economy, specifically the retail and agricultural economies. Approximately \$167 million in federal food and nutrition funds were brought into the Iowa economy in FY04. The United States Department of Agriculture estimates that for every \$5.00 spent in food assistance, \$9.20 is generated in local and state economic activity for a state.

An average of 73,000 households a month or 187,000 individuals received food assistance in SFY04. Of the households receiving food assistance benefits in FY04, approximately 16,000 received food assistance and no other state benefits, while approximately 57,000 households received food assistance while also receiving benefits from the Family Investment Program and/or Medicaid.

Food assistance benefits are based on federal rules that consider size of household, number of people eating together, income, resources, household expenses, value of vehicles, child care expenses, child support payments, and other variables. The average benefit is \$190 per month per household. Food assistance benefits are 100 percent federal dollars. The costs for administration of the food assistance program are shared 50-50 with states.

Aggressive outreach efforts increased food assistance recipients by 19 percent in FY04. The department is attempting to reach people who are eligible but who have not applied. Among the service improvements, the department ended food stamp coupons and replaced them with a debit-like

swipe card, ended the onerous monthly income-reporting requirement and replaced it with semi-annual reporting, and simplified the application process.

Child Support Recovery promotes financial security and stability for children and families in Iowa by assisting parents who have custody of children to receive court-ordered child and medical support payments and determining paternity in out-of-wedlock births. All states that receive federal support through the Family Investment Program/TANF and the federal IV-E programs are mandated to establish a child support recovery program to establish paternity and collect child and medical support payments for persons receiving public assistance as well as those who apply for this service. The collections for public assistance families are assigned to the state and generate additional revenue for the FIP/TANF and foster care programs. Recoveries assist many children and families as well as taxpayers by helping to reimburse the government for the costs for custodial parents who receive public assistance.

The caseload has grown to nearly 183,000 cases representing approximately 652,000 parents and children.

The CSRU uses a number of innovative approaches to help collect child support payments and has been recognized at the national level for these innovations and the results achieved. CSRU operates within four regions set up across Iowa with support provided for employers by a "one-call center" referred to as, *Employers Partnering in Child Support (EPICS)*. Innovations continue for CSRU - CSRU became the first state in the nation to establish a joint office with another state in the Spring of 2004 (Nebraska) to process common cases.

In SFY04, Iowa collected \$302.8 million in child support. Since FY01, Iowa collected over \$1.1 billion in child support payments.

A critical component of CSRU is the direct impact it has on state compliance with federal regulations related to what is referred to as the Maintenance of Effort (MOE) and the funding that it generates to support Iowa's Family Investment Program (FIP). Without the income generated by CSRU, a waiting list would be needed.

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. DHS also 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, outpatient and in-patient substance abuse and chemical dependency treatment, nursing, food and nutrition, pharmacy, and medical services.

Medical Assistance (Medicaid – Title XIX).

Because of the basic services it provides, one may not think of a Medicaid program as being innovative. But innovation is exactly what is taking place with the **Iowa Medicaid Enterprise**. Medicaid is a program funded by the federal government and states for individuals with low income who are aged, blind or 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 mandatory and optional services and mandatory and optional eligible groups. All states that operate a Medicaid program are required to serve the mandatory population groups as well as make the mandatory services available. Decisions regarding the “optional” groups and services are made on a state by state basis.

Iowa's Medicaid provides preventive, acute, and long-term care services using the same private and public providers as other third party payors in Iowa. One special focus of the program is expanding medically appropriate alternatives to institutional long-term 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.

Iowa Medicaid supports and provides a key role in a broad range of programs across Iowa:

- ❑ county programs and policies to provide access to care for those with behavioral health, mental retardation, and development disabilities;

- ❑ access to medical services for children in the state's child welfare program;
- ❑ medical coverage for adopted children, thereby making permanent placement more accessible for children who cannot return to their birth families;
- ❑ access to medical services for low-income pregnant women, or low-income women with breast or cervical cancer;
- ❑ medical coverage for disabled or blind persons, including such persons who are employed; and
- ❑ access to medical services, including long-term care, for elderly persons.

The Medicaid program average monthly enrollment includes over 150,000 children, approximately 50,000 adults, 28,000 elderly, and 60,000 disabled persons.

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 services, dental services, medical supplies and durable medical equipment, adult rehabilitation option services, targeted case management services, optometry, podiatry and chiropractic and mental health services.

For the past eight years, most Medicaid administrative services have been delivered through a single contractor. To make these services more responsive to customer need, contain costs and improve service delivery, increase competition and cost effectiveness of the contractor, the Department has divided the work of the one contractor under a single contract into ten distinct performance-based contracts. This decision has permitted competition from numerous niche and regional players.

The new performance-based contracts include a “performance report card” feature that includes provisions for withholding payments for failure to meet a standard or failure to perform a requirement include the contract. The new contract core areas include: core Medicaid management information systems, provider services, member services, medical services, pharmacy medical services, pharmacy point-of-sale claims processing, surveillance and utilization review, revenue

collections, and provider cost audits and rate setting. These contractors will process more than 18,800,000 claims; enroll approximately 6,500 new providers; respond to 1,000 inquiries from providers, members, and the general public every working day; and enroll approximately 278 members into managed physical health care programs weekly.

The IME contractors will all begin work during FY06 and will be held accountable for a variety of results, that have been built into their performance-based contracts, for example:

- ❑ \$5.0 million in state savings in FY05 over the FY04 base for pharmacy management activities by the pharmacy medical services contractor (including the preferred drug list) and the medical services contractor;
- ❑ In FY06 state funds collected and/or state costs avoided through the activities of the revenue collection contractor, net of the state's costs of revenue collection, shall grow by 15 percent compared to FY05;
- ❑ In FY06 Iowa shall realize state savings through collection of overpayments or avoidance of overpayments, by the provider audit and rate setting contractor of no less than \$500,000 over a SFY05 base;
- ❑ Several contracts have provisions requiring that the level of satisfaction by customers must increase by at least 5 percent in FY06 compared to the previous year.

Innovation continues with the Health Insurance Premium Payment Program (known as HIPP). The purpose of the HIPP program is to reduce Medicaid costs by obtaining health insurance for Medicaid-eligible people when it is determined cost effective to do so. HIPP serves Medicaid-eligible people who have health insurance available either through an employer group plan or through an individual policy. Many low-wage employers offer health insurance, but workers often cannot afford it. HIPP pays the employee's share of the cost of enrolling in an employer's group health plan or the cost of an individual plan that has been determined cost-effective. Savings result because private insurance becomes the primary payer of medical care and Medicaid the secondary payer.

When family coverage plans are purchased to provide coverage to Medicaid-eligible family members, other family members may also be covered. This results in decreasing the state's overall uninsured rate at no additional state cost. For example, in order to cover the Medicaid-eligible children in a family, HIPP would either have to purchase the employee plus child coverage or purchase family coverage. In this example, the parents are covered at the same cost of covering the children. Medicaid costs are projected to be reduced by 23 to 30 percent for persons participating in HIPP.

The Iowa HIPP program is one of the longest-running programs in the country and has been used by other states as a model. As of June 2004, the HIPP program served 8,813 clients per month. Of those, more than a third were non-Medicaid-eligible family members covered at no additional cost to the state.

State Supplementary Assistance. The purpose of State Supplementary Assistance is to meet the special needs of aged, blind, and disabled people not met by the standard benefits paid by Supplemental Security Income (SSI) related to seven categories of special needs (Mandatory State Supplementation, Blind Allowance, Dependent Person Allowance, Family Life Home Assistance, In-home Health-related Care Assistance, Residential Care Facility assistance, and Supplement for Medicare and Medicaid Eligibles). The benefits provided through the SSA program are a required part of the federal Maintenance of Effort (MOE) requirement for the Medicaid program.

In an average month, approximately 6,000 people receive State Supplementary Assistance benefits in Iowa. Among those receiving benefits, approximately 1,000 people who have a financially-dependent relative living with them receive an average of \$250 a month in support. 1,675 elderly or disabled people receive an average of \$435 a month to pay for care in their own homes. And, approximately 2,500 elderly or disabled people living in residential care facilities (RCF) receive an average of \$225 a month to help pay for residential care.

State Children's Health Insurance Program (SCHIP), including *hawk-i*. The State Children's Health Insurance program was created under Title

XXI of the Social Security Act. It enables states to provide health care coverage to uninsured, targeted low-income children. The purpose of SCHIP is to increase the number of children with health care coverage, thereby improving their health outcomes. Targeted low-income children are those under age 19 years of age, who reside in families with income below 200% of the federal poverty level, who are not eligible for Medicaid, and not covered under a group health plan or other insurance. Iowa's CHIP program consists of a **Medicaid Expansion** program that covers children ages six to nineteen whose family income is less than 133% of the federal poverty level and a non-Medicaid program called **Healthy and Well Kids in Iowa (hawk-i)** for children below 200% of the federal poverty level. For a family of four, the maximum annual income is about \$40,000.

Children covered by Medicaid Expansion receive the same services as any other child eligible for Medicaid. In SFY04, approximately 10,000 children received services. An additional 16,000 children received services through **hawk-i**, which provides a comprehensive package of health care benefits that includes coverage for physician services, hospitalization, prescription drugs, immunizations, dental, vision care, and more. Families with income over 150 percent of the federal poverty level pay a premium of \$10 per month per child but no family pays more than \$20 per month. State expenditures for **hawk-i** are matched approximately 3:1 by federal dollars.

Iowa's SCHIP program continues to experience steady growth that has resulted in Iowa being recognized as having one of the lowest uninsured child rates (about 4 percent) in the country. It is projected that at the end of SFY06 there will be 33,796 children covered by Iowa's SCHIP program.

Mental Health and Developmental Disability Community Services Fund. The goal of this program is to provide services that allow people with a disability (mentally ill, chronically mentally ill, mentally retarded, or developmentally disabled) to lead lives as full and productive as possible. The key values of this system are choice, community, and empowerment.

The program makes a system of services ranging from home and community based services to inpatient services in a facility available as needed to

assist beneficiaries to be more self-sufficient, especially by enabling them to work.

Since 1996 every county in Iowa has developed a state approved Mental Health and Developmental Disability Services Plan that specifies the diagnoses covered by the plan, the financial eligibility requirements, the services available, and identification of the Central Point of Coordination for services. Over 46,000 people are served through the Mental Health and Developmental Disability Community Services Fund each year.

A major redesign of the MH/DD system is underway. Under the current system, recipients are limited to benefits depending on county of residence or availability of services. The redesign will be based on the three values of choice, community, and empowerment, and will strive to assure access to services more equitably across the state.

Conner Community Living Transition Program. The purpose of Conner funding is to transition residents of the state Resource Centers into supportive community placements. This program began under the 1994 Conner Consent Decree. DHS contracts with the Iowa Training Consortium at the Center for Disabilities and Development at the University of Iowa to administer the program. The Consortium provides training to build supportive communities, and issues grants to transition specific consumers from the state Resource Centers to living in the community. In each of the last three (3) years, the consortium has successfully transitioned two (2) persons from the state Resource Centers to community living.

Personal Assistance Services. The Personal Assistance Services (PAS) program pays for assistance for individuals with a disability with tasks that they would typically do if the individual did not have a disability, examples include dressing, bathing, access to and from bed or wheelchair, cooking, eating and feeding, housekeeping assistance, and employment support. PAS began as a pilot in FY1995 in 3 counties (Scott, Clinton, and Muscatine), as part of an effort to explore and plan for adding personal care as an option under the Medicaid State Plan. Many of the services available under this program have been added to the Home and Community Based Services (HCBS) Waivers Program and are available for persons who

qualify for Home and Community Based Waiver services.

Currently, this program serves 21 persons. This program maintains the state commitment to the persons who started receiving PAS services in the pilot counties who are not eligible for the HCBS waivers. The program is slowly ending as people leave this program.

State Payment Program (also known as the State Cases Program). Counties pay for most government-paid mental health services in Iowa. The State Cases Program operates in conjunction with county funded services for persons with mental illness, mental retardation, or other developmental disabilities. The program pays for services for residents who do not have legal settlement in a county, when that county would be liable to provide the service because the county provides the same services to other residents who do have legal settlement. The county can apply to the Department of Human Services to use the *state payment program* to pay for services. Approximately one-half of the services provided are for persons with mental retardation, and half is spent to help people with a mental illness. In FY04, the state payment program provided services for an average of 1,975 people a month, an increase of about 9 percent in one year.

Mental Health Institutes at Cherokee, Clarinda, Independence, and Mt. Pleasant. The four MHIs serve adults and children in need of psychiatric care, adults in need of substance abuse treatment, and adults needing long-term geropsychiatric care.

All MHI facilities offer consultation services to community-based mental health providers to facilitate less restrictive community-based placement of patients.

Children and adolescents are offered acute psychiatric stabilization services at Cherokee MHI and Independence MHI. Independence MHI also has a 30-bed psychiatric medical institute for children. Adults are offered acute psychiatric stabilization services at all four MHI facilities. In addition, Mt. Pleasant MHI has a 30-bed substance abuse treatment unit and a 15-bed treatment unit for adults with both mental illness and substance addiction. Older Iowans with long-term mental and

physical health needs are served at the 35-bed geropsychiatric unit at Clarinda MHI.

Combined, the four MHI's served 2,119 patients during FY04.

Cherokee MHI serves a 31 county catchment area for adults and 56 counties for child and adolescent services. 78 percent of admissions to Cherokee MHI are involuntary admissions.

Cherokee MHI Beds	Beds	Patients
Adult Psychiatric Services	48 beds	516
Child & Adolescent Services	12 beds	176
Total Beds	60 beds	692

Clarinda MHI serves a 25 county catchment area for adults and a statewide catchment area for the geropsychiatric services program. 70 percent of admissions are involuntary placements at Clarinda MHI.

Clarinda MHI Beds	Beds	Patients
Adult Psychiatric Services	20 beds	272
Geropsychiatric Services	35 beds	41
Total Beds	55 beds	313

Independence MHI serves a 20 county catchment area for adults and a 43 county area for child and adolescent services. Admission to the Independence PMIC is restricted to referrals from Independence MHI, Cherokee MHI, and the Iowa Juvenile Home. 89 percent of admissions for the adult psychiatric services were involuntary admissions.

Independence MHI Beds	Beds	Patients
Adult Psychiatric Services	40 beds	212
Child & Adolescent Services	25 beds	156
PMIC Services	30 beds	82
Total Beds	95 beds	450

Mt. Pleasant MHI serves a 23-county catchment area for adult psychiatric services and a statewide catchment area for substance abuse and dual diagnosis services. 90% of admissions to Mt. Pleasant are involuntary admissions.

Mt. Pleasant MHI Beds	Beds	Patients
Adult Psychiatric Services	14 beds	91
Dual Diagnosis Services	15 beds	136
Substance Abuse Services	30 beds	437
Total Beds	59 beds	664

Civil Commitment Unit for Sexual Offenders (CCUSO) was established in Iowa in 1999, operated by DHS, and based at the Oakdale Correctional facility. In 2004, the program was relocated to the Cherokee Mental Health Institute. The program is managed independently from Cherokee with all ancillary services purchased from Cherokee.

The purpose of the CCUSO program is to provide 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 admissions process is established in Iowa Code. The Department of Corrections and Office of the Attorney General screen convicted sex offenders who have completed their prison term to identify violent sexual predators believed to continue to pose a significant threat to society. Civil commitment proceedings are then initiated by the Attorney General's Office. If committed, the Department is required to provide treatment services within a secure setting.

CCUSO served 42 patients during FY04. The program has been growing at the rate of 8 additional admissions per year.

Resource Centers at Glenwood and Woodward. The Resource Centers provide a variety of treatment and outreach services to people with mental retardation or disabilities, and assist residents to reach their individual goals and return to their communities. Both Resource Centers serve people of all ages who have mental retardation or other developmental disabilities. Nearly all of the residents have been denied admission to community-based providers for this level of care. Residents were served in the following programs:

Type of Service	GRC	WRC	Total
ICF/MR Residential	429	305	734
Respite	12	21	33
Supported Community Living	13	35	48
Supported Employment	16	23	39
Community Outreach / Family Centered Services	5	2	7
Time-Limited Assessment	10	5	15
Diagnostic Evaluation	36	18	54
Total	521	409	930

Glenwood Resource Center (GRC) operates 391 intermediate care facility beds for persons with mental retardation known as ICF/MR beds. GRC provides diagnostic evaluation, treatment, training, care, habilitation, and other support to individuals with mental retardation and other disabilities, as well as a time-limited assessment program, and community services through the Medicaid Home and Community Based Waiver program. 84 percent of admissions were made on a voluntary basis while 16 percent were involuntary admissions.

Woodward Resource Center (WRC) operates 273 intermediate care facility beds for persons with mental retardation known as ICF/MR beds. WRC provides diagnostic evaluation, treatment, training, care, habilitation, and other support to individuals with mental retardation and other disabilities, as well as a time-limited assessment program, and community services through the Medicaid Home and Community Based Waiver program. 80 percent of admissions were made on a voluntary basis while 20 percent were involuntary admissions.

3. Child and Adult Protection

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

Services targeted specifically to the delinquent population include court ordered services and the graduated sanctions programs (adolescent monitoring and tracking, supervised community treatment, life skills, supervised community treatment, life skills, and school-based supervision.

Child and Family Services. DHS is responsible for the delivery of services and interventions for children who are at-risk of being abused or neglected, or adjudicated to be a child in need of assistance (CINA) or delinquent. Services are directed at child safety, permanency, well-being, and academic achievement and skill development, as well as offender rehabilitation and community safety.

Services include prevention and early intervention, responding to reports of abuse and neglect, an array of in-home supports and services, an array of out of home treatment services, services to achieve a permanent family for a child to grow up in, and services to youth aging out of foster care.

A broad array of services were provided to protect children and families during FY04, including:

- ❑ Responded to over 25,000 reports of neglect or abuse. Abuse was confirmed in 38 percent or 9,500 of the cases.
- ❑ Provided prevention and early intervention services to at-risk children and families.
- ❑ Served an average of 6,523 children and families each month through in-home supports and services, such as family centered services during FY 04.
- ❑ Served an average of 2,759 children and youth each month through out-of-home placement services, such as family foster care, shelter care, group care, psychiatric medical institutions for children, and transitional living services during FY 04.
- ❑ Helped to find permanent families for children who cannot return home through adoption services. Over 5,500 children have been adopted in the past 10 years.
- ❑ Worked with youth who aged-out of foster care to help them transition to self-sufficiency as adults.
- ❑ Worked with communities across Iowa to develop Community Partnerships for the Protection of Children.
- ❑ Partnered with Juvenile Court Services to contract for services for youth adjudicated delinquent.
- ❑ Regulated providers serving children and dependent adults.
- ❑ Managed over 1,200 contracts for private providers to meet the needs of children and families across Iowa.

Iowa's child welfare system was recently reviewed under the nationwide federal Child and Family Services Review (C&FSR) process. This evaluation identified strengths and opportunities for improvement within child welfare. In response to the Review, the Department developed a child welfare Performance Improvement plan (PIP) and

initiated a child welfare re-design initiative. A major goal for the re-design, referred to as *Better Results for Kids*, is to deliver outstanding results for children and families in the key outcome areas of child safety, permanency, academic preparation and skills development, well-being, and for juvenile offenders, offender rehabilitation, and community safety.

The re-design initiative focuses on several key strategies:

- ❑ Improved documentation to demonstrate the need for and provision of quality services
- ❑ Standardized screening tools and assessments
- ❑ Improved information technology system tools to reduce paperwork where possible
- ❑ Clarified definition of populations served in child welfare
- ❑ Ongoing case management
- ❑ Expansion of the Community Partnerships for Protecting Children initiative
- ❑ Increased use of Family Team meetings
- ❑ Increased flexibility in funding services
- ❑ Establishment of a child welfare quality assurance and improvement system
- ❑ Establishment of performance measures for the child welfare system and providers

FY04 was spent on designing improvement strategies and developing implementation strategies. These strategies have begun and will be implemented during FY05.

A large number of children and families are served through the child welfare system each year and every month.

Average Cases Served Per Month

Program	Average Caseload	Month
Family Preservation	15	
Family Centered Services	7,068	
Protective Day Care	943	
Adolescent Monitoring	1,223	
Supervised Community Treatment	357	
Life Skills Development	344	
School-based Supervision	2,625	
Foster family Care	2,783	
Group Care	1,182	
Shelter Care	273	
Independent Living	84	
Total	16,897	

Adoption Subsidy. The purpose of the adoption subsidy program is to achieve stable and permanent families for children that have been abused or neglected, and whose parental rights have been terminated. If these children were not adopted, they would grow up in long-term foster care. In FY 04, the Department achieved a record number of adoptions of children in foster care with 1,060 adoptions. As of June 2004, there are 6,951 children served in the adoption subsidy program.

A child is eligible for adoption subsidy if the child has a special need due to a physical, mental or emotional disability; the child is age 2 or older if of a minority race or ethnic group, or age 8 or older if the child is Caucasian; or if the child is a member of a sibling group of 3 or more children; and, if the state is unable to place the child for adoption without the adoption subsidy.

Adoption subsidy benefits are provided to offset some of the increased costs associated with adopting children with special needs and include monthly maintenance payments, coverage under the Medicaid program, and payment for special services, supplies or equipment, such as medical services not covered by Medicaid, attorney fees and court costs to finalize an adoption.

The majority of children adopted in Iowa have special needs. The average age of a child adopted from foster care is age 6. Currently, once a child is determined eligible for the adoption subsidy program, the child/family are eligible for benefits until the child reaches age 18. This can be extended until age 21 for children diagnosed with physical, mental or emotional disabilities.

The Department works very closely with children and families to attempt to keep a family together rather than to pursue termination of parental rights and adoption of children. Once a decision has been made to terminate parental rights and seek adoption as the best alternative for the child, the Department works to achieve a timely adoption to have the child enter a stable relationship quickly. The federal government has set a national standard that at least 32 percent of all adoptions should be finalized within 24 months of a child's entry into foster care. During FY2004, the Department achieved adoption with 24 months for 65.9 percent of all adoptions.

Child Care Assistance. The Child Care Assistance program provides child care for children of low-income families, children of parents participating in PROMISE JOBS activities, children needing protective child care due to abuse or neglect, and children in foster care. The program also operates the Child Care Resource and Referral system (CCR&R) that provides referrals for child care to parents, consumer education on selecting quality child care services, and provider training and consultation services. Families are eligible for assistance at 140 percent of the federal poverty level and working 28 or more hours per week or in school full-time.

The Department:

- Determines eligibility for subsidies. In FY04, more than 37,000 children between the ages of 0-13 and up to age 19 for children with special needs were provided child care assistance. An average of 16,700 children were served each month.
- Issues payments to providers, including non-registered providers. The Department reimbursed approximately 10,000 providers in FY04.
- Regulates child care providers, including development, enforcement and training related to child care standards. There are approximately 1,500 licensed child care centers and 6,000 registered child development homes.
- Through contracts with the statewide Child Care Resource and Referral system, the Department provides resources for parents looking for child care, delivers assistance with training and technical assistance to providers, and assists communities in assessing and meeting their need for child care.

Family Support Program. The Family Support Program is comprised of the Family Support Subsidy and Children-At-Home programs which assist low to moderate income families whose children have disabilities by providing support services to prevent temporary or long-term residential placements.

The Family Support Programs serve families with children with special needs who meet income guidelines. In both programs, the child must have a developmental disability, special health care needs, or educational handicap determined by a physician.

For the Family Support Subsidy, the family's net taxable income cannot exceed \$40,000. And, for the Children-at-Home program, the family's net taxable income cannot exceed \$60,000.

Last year, the Family Support Subsidy served an average of 378 children each month while the Children-At-Home program served 680 children in 550 families.

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 so that they can be safe, healthy, stable and self-sufficient. 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 and data management, and volunteer services.

Accessibility – Locations

The Department of Human Services maintains offices, programs and services across Iowa. Headquarters are located on the Capitol Complex in the Hoover State Office Building in Des Moines. Field programs are divided into three major functional areas including child welfare and economic assistance, child support recovery, and targeted case management. Headquarter-based policy divisions include the Divisions of Behavioral, Developmental and Protective Services; Child Support Recovery; Financial Health and Work Supports; and Medical Services. Support service divisions include, Fiscal Services, Results Based Accountability, and Data Management.

Field Operations. 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, Child Care Assistance, and child care registration and licensure.

The Service Areas administer and deliver the programs and services through 104 field offices staffed by social worker, income maintenance, clerical and management staff. 65 field offices operate on a full-time basis.

The primary function of **social worker** staff is child protection and safety. Social workers respond to and assess allegations of child and dependent adult abuse. The social work staff determine if abuse has occurred and address safety needs by the provision of services that are provided through either in- or out-of-home services purchased from community-based private contractors that 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. The focus of these services is child safety, protection and stability.

464 social workers with private providers, communities, families and children to assess, deliver, and monitor care needs for at-risk children and adults. These employees also monitor state and federal standards for foster homes and child care providers. 200 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 606 **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 Child Care. 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 (4) regions. The Regions administer the program through 19 locations staffed by child support recovery officers, clerical and management staff. Child Support Recovery Officers interview clients, verify and determine paternity for unwed mothers, and collect child support and medical support payments for children.

General Administration provides support and technical assistance to Field Operations and state institutions agency-wide 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.

Recapped Achievements for FY04

As stated at the beginning of this report, much has been achieved for Iowans during FY04.

- 25,218 allegations of child abuse were investigated with 9,399 cases of abuse confirmed that involved 14,822 children.
- Services were provided to 21,545 children and their families to keep them safe.
- 2,700 foster homes were licensed and 7,396 child care providers were licensed or registered.
- Basic needs for food, clothing, shelter, medical care, and child care were provided across Iowa during FY04:
 - 20,090 families received \$79.9 million for cash assistance.
 - 73,178 families received \$167.2 million in federal food assistance.
 - 389,806 individuals received \$2.1 billion in medical assistance through Medicaid.
 - 37,252 children were supported with \$56.2 million in child care assistance.
 - 652,000 parents and children received \$302.8 million in child support payments.
- A record number of adoptions resulted in over 1,000 children becoming part of new families and being able to leave foster care.

- Iowa's accuracy in determining food assistance benefits improved resulting a three-place rise, to 15th in the nation.
- The use of best practices for child welfare has grown to include over one-third of Iowa's counties through expansion of the Community Partnership model.
- Cost savings and federal leveraging for Medicaid was achieved.
- Redesign of Iowa's child welfare system moved forward, including creation of increased flexibility for funding services and providers, refocusing efforts on cases with an identified greatest need; implementation of two projects to reduce disparities involving minority families.
- Food stamp coupons were replaced with Food assistance debit-like swipe cards. Reporting requirements for recipients were simplified. And, access to food assistance was increased by nearly 20 percent, bringing millions of additional federal dollars to Iowa's economy.
- Iowa became the first state to require recipients of child support payments to receive their benefits electronically, eliminating the expense, time, and uncertainty of using bank checks.
- Iowa achieved a first in the nation by establishing a joint office Child Support Recovery office with another state (Nebraska) to coordinate shared child support cases.
- And, Iowa continued efforts to increase the number of people with mental retardation who live in off-campus homes in communities.

It is a direct result of the passion and dedication demonstrated by DHS employees across Iowa that significant progress toward improving outcomes was achieved during fiscal year 2004. I also realize that we can and must do even more. We are setting our standards high and our goals even higher. Working together we will continue to improve outcomes, as we work to improve the quality of life for all Iowans.

Kevin Concannon,
 Director, Iowa Department of Human
 Services

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children are born and remain healthy and adults achieve and maintain good health.

Goal: Improve access and availability of health care services.

Strategies: 1) Provide health care coverage for needy families and children, persons with disabilities, the elderly and children in foster care and subsidized adoption. 2) Provide inpatient and outpatient behavioral health care for adults, children and adolescents with mental health disorders and substance abuse problems. 3) Partner with counties to provide targeted case management for persons with mental retardation, chronic mental illness, and/or developmental disabilities.

Results

Performance Measure:

Child preventable disease rate. (Total number of positive invasive reported cases of preventable diseases (by Hepatitis B, Measles, Meningococcal, Pertussis, Rubella) estimated midyear population. Rate is per 100,000 population.)

Data Sources:

Iowa Department of Public Health, Bureau of Disease Prevention and Immunizations. Center for Acute Disease Epidemiology -- "Reportable Diseases by Decade".

Figure 1: Child Preventable Disease Rate

Performance Results	Child preventable disease rate
Calendar Year 2003	8.05 per 100,000

Data reliability: The Iowa Department of Public Health publishes these data every year. The methods for identifying these diseases are well established.

What was achieved: Most parents in Iowa make sure their children receive proper medical care including inoculations and vaccinations.

Analysis of results: The Medicaid and SCHIP programs will continue to provide medical coverage for many uninsured children. According to a recent study, 24.5% of Iowa children get their

health care through government programs at a time when the cost of health insurance has soared.

Link(s) to Enterprise Plan: Goal #3 – All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

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Results

Performance Measure:

Adult preventable disease rate

Data Sources:

Iowa Department of Public Health, Bureau of Disease Prevention and Immunizations. Center for Acute Disease Epidemiology -- "Reportable Diseases by Decade".

Figure 2: Adult Preventable Disease Rate

Performance Results	Adult preventable disease rate
campylobacter, cryptosporidium, e coli, giardia, Salmonella, shigella	46.37 per 100,000
AIDS, chlamydia, gonorrhea, HIV, syphilis	276.04 per 100,000

Data reliability: The Iowa Department of Public Health publishes these data every year. The methods for identifying these diseases are well established.

What was achieved: Total positive reported cases of infectious disease in Iowa are low.

Analysis of results: Medicaid provides medical coverage for uninsured adults.

Link(s) to Enterprise Plan: Goal #3 – All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

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Results

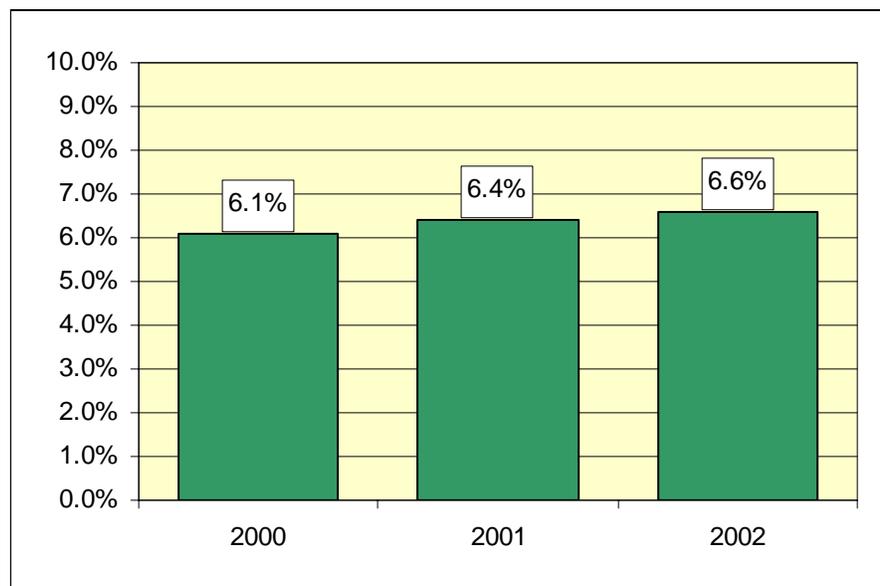
Performance Measure:

Percent of low birth weight babies. Low birth weight is birth weight of less than 2,500 grams (5lb. 8oz.)

Data Sources:

Iowa Department of Public Health, "2002 Vital Statistics of Iowa"; and Births: Final Data for 2002, National Vital Statistics Report, Vol. 52, No. 10, December 17, 2003, Division of Vital Statistics, National Center for Health Statistics.

Figure 3: Low Birth Weight Live Births as a Percent of Total Live Births



Data reliability: These data are from a certificate of a vital event – a birth certificate. Experienced medical staff usually completes these certificates. The Iowa Department of Public Health publishes these data every year

What was achieved: The national average for low birth weight infants in 2002 was 7.8%. Iowa ranks 34th in the nation for low birth weight infants at 6.6%. The national low birth weight rate has increased over the past 10 years and is the highest level reported in more than three decades. The percentage of low-birth weight babies continues to be an issue in Iowa, however it is not growing at the same rate as experienced nationwide.

Analysis of results: Low-income pregnant women have access to pre-natal care covered by Medicaid insurance, which is administered by the Iowa Department of Human Services. Babies

born to low-income families are eligible for Medicaid coverage for the first year of their life. Pregnant women can also receive nutrition assistance through the WIC program administered by the Iowa Department of Public Health.

Link(s) to Enterprise Plan: Goal #3 – All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

STRATEGIC PLAN RESULTS

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Strategies: 1) Provide health care coverage for needy families and children, persons with disabilities, the elderly and children in foster care and subsidized adoption. 2) Provide inpatient and outpatient behavioral health care for adults, children and adolescents with mental health disorders and substance abuse problems. 3) Partner with counties to provide targeted case management for persons with mental retardation, chronic mental illness, and/or developmental disabilities.

Results

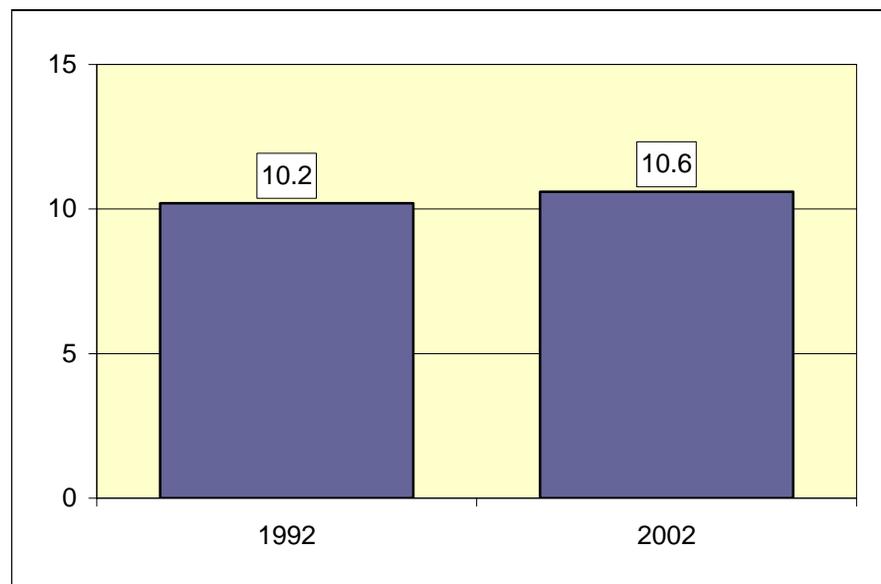
Performance Measure:

Suicide rate

Data Sources:

Iowa Department of Public Health, "2002 Vital Statistics of Iowa"; and Deaths: Final data for 2002. *National Vital Statistics Reports*, 53(5). Hyattsville, MD: National Center for Health Statistics. DHHS Publication No. (PHS) 2005-1120. (p. 92, Table 29)

Figure 4: Suicide Rate per 100,000 Population



Data reliability: These data are from a certificate of a vital event – a death certificate. Professional staff complete these certificates. The Iowa Department of Public Health publishes these data every year

What was achieved: The national suicide rate for 2002 was 11.0 per 100,000 population. Iowa ranked 35th. The suicide rate from 1992 to 2002 has increased by 0.4 per 100,000.

Analysis of results: Services provided by local Community Mental Health Centers, Public and Private Psychiatric Hospitals, and Community Based Psychiatric Services including those managed through the Iowa Plan.

Link(s) to Enterprise Plan: Goal #3 – All Iowans have access to quality health care, including

access to mental health and substance abuse treatment services.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults are safe in their homes and communities.

Goal: Improve the safety for the children and dependent adults we serve.

Strategies: 1) Provide protective services for children and dependent adults. 2) Provide facility-based and community care and treatment for persons at risk of harm to themselves or others.

Results

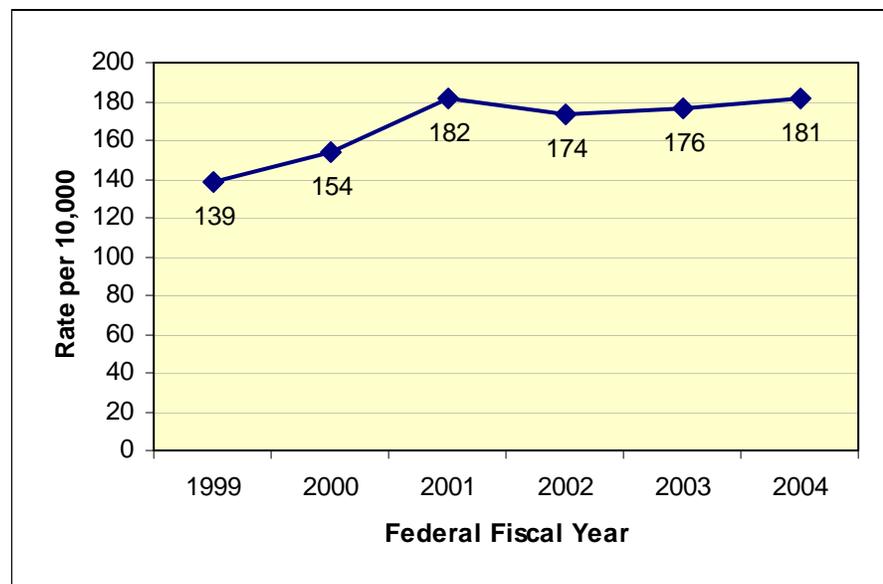
Performance Measure:

Confirmed child abuse and neglect rate

Data Sources:

Child Welfare League of America National Data Analysis System (<http://ndas.cwla.org>).

Figure 5: Confirmed Child Neglect/Abuse Rate per 10,000



Data reliability: The general public and mandatory reporters (e.g., physicians, educators) report suspected neglect and abuse to DHS. DHS staff assess the allegations using defined criteria to determine if neglect and abuse have occurred. These data are reliable indicators of child safety.

What was achieved: Data are used to analyze child and family safety profiles, and geographic profiles, in order to understand how to take action strategically to improve safety.

Analysis of results: The rate of abuse per 10,000 population has increased in Iowa over the past three years. The general population in Iowa is aware of issues of neglect and abuse and are competent and consistent reporters of suspected neglect and abuse. This is demonstrated by report rates similar to national norms, and by a consistent rate of substantiation of neglect or abuse of reports received.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults are safe in their homes and communities.

Goal: Improve the safety for the children and dependent adults we serve.

Strategies: 1) Provide protective services for children and dependent adults. 2) Provide facility-based and community care and treatment for persons at risk of harm to themselves or others.

Results

Performance Measure:

Confirmed dependent adult abuse rate

Data Sources:

Number of confirmed abuse cases taken from DHS Report Series D-3. An estimate of the total number of dependant adults in Iowa is computed by the DHS Bureau of Protective Services, using data from the US Census Bureau, the Iowa Department of Inspections and Appeals, and the DHS Division of Medical Services.

Figure 6: Dependent Adult Abuse Rate per 1,000

Performance Results	Dependent Adult Abuse Rate
Fiscal Year 2004	3.99 per 1,000

Data reliability: Mandatory reports and the general public reports allegations of dependent adult neglect and abuse. These data have been collected and reported for many years, and are reliable indicators of safety in the vulnerable elderly population. It is somewhat more difficult to estimate the total number of dependent adults in Iowa, requiring the consolidation of several data sources and employing assumptions about each source as to the number of adults in each population which may be considered dependent. For this reason, the rate depicted in Figure 6 is an estimate.

What was achieved: Data are used to analyze maltreatment profiles, and geographic profiles in order to understand how to take action strategically to improve safety.

Analysis of results: The population in Iowa is not generally aware of issues of maltreatment and therefore people are not always consistent reporters of suspected neglect and abuse among the dependent adult population.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults are safe in their homes and communities.

Goal: Improve the safety for the children and dependent adults we serve.

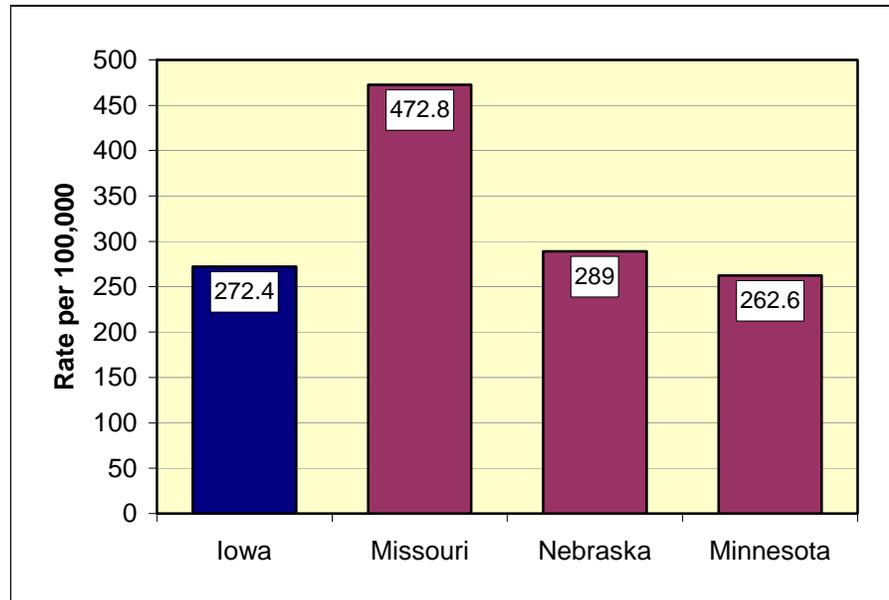
Strategies: 1) Provide protective services for children and dependent adults. 2) Provide facility-based and community care and treatment for persons at risk of harm to themselves or others.

Results

Performance Measure:
Crime victim rate.

Data Sources:
Iowa Department of Public Safety, Iowa Uniform Crime Report: 2003.

Figure 7: Crime Victim Rate



Data reliability: Local officials report their record of arrests to the Department of Public Safety. The data are published in the "Iowa Uniform Crime Report."

What was achieved: In calendar year 2003, the most recent year for which data are available, Iowa had a rate of violent crime victims of 272.4 per 100,000 population. The rate of violent crime victims in Iowa is similar to Minnesota, and less than Nebraska or Missouri.

Analysis of results: Some experts say that only about fifty percent of all crimes are reported.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults are safe in their homes and communities.

Goal: Improve the safety for the children and dependent adults we serve.

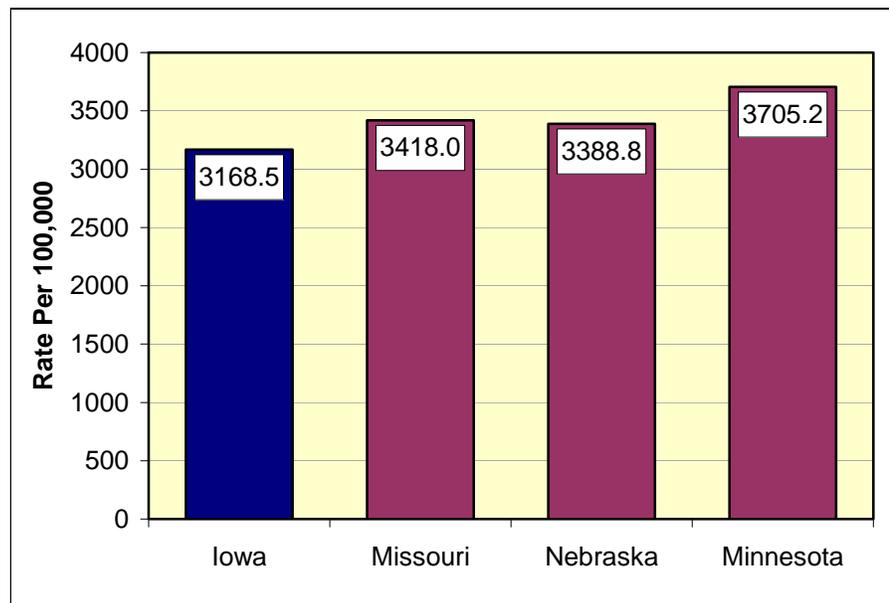
Strategies: 1) Provide protective services for children and dependent adults. 2) Provide facility-based and community care and treatment for persons at risk of harm to themselves or others.

Results

Performance Measure:
Juvenile arrest rate.

Data Sources:
Iowa Department of Public Safety, Iowa Uniform Crime Report: 2003.

Figure 8: Juvenile Arrest Rate, per 100,000



Data reliability: Local law enforcement jurisdictions collect crime data and send it to the Iowa Department of Public Safety. The Department of Public Safety forwards the data to the F.B.I. All reporting agencies follow a uniform definition of crimes. The Bureau of Criminal Investigation has conducted schools throughout the state on the proper completion of the Uniform Crime Report.

What was achieved: An increasing number of children are coming to the child welfare system for assistance. The juvenile arrest rate is a symptom of increasing need for development of community-based support services.

Analysis of results: The Iowa Division of Criminal and Juvenile Justice Planning (CJJP), the division carries out research, policy analysis, program development and data analysis activities to assist policy makers, justice system agencies and others to identify issues of concern and to improve the operation and effectiveness of Iowa's justice system. CJJP administers grant programs to fund local and state projects to prevent juvenile crime, provide services to juvenile

offenders and otherwise improve Iowa's juvenile justice system.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and families have consistency and continuity in their lives.

Goal: Increase the number of children and adults who have consistency and continuity in their family and community supports.

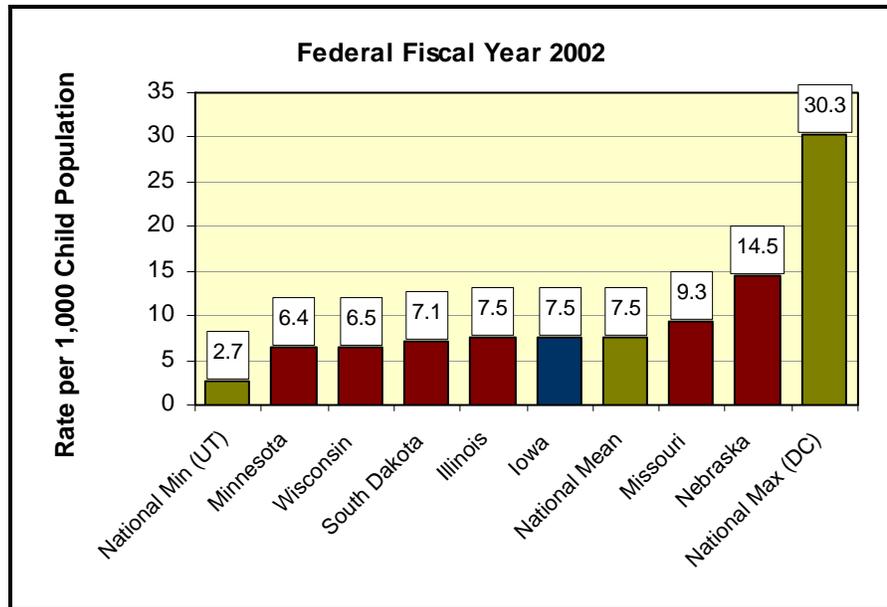
Strategies: 1) Provide services and supports to stabilize individuals and families. 2) Work with community partners to address domestic violence and substance abuse.

Results

Performance Measure:
Children in out-of-home care rate

Data Sources:
Child Welfare League of America, National Data Analysis System, which is derived from each state's Adoption and Foster Care Analysis and Reporting System (AFCARS) database.

Figure 9: Children in Out-of-home Care, per 1,000



Data reliability: These data are from each state's Adoption and Foster Care Analysis and Reporting System (AFCARS) database. For Iowa, estimates of the total population of children under 18 are from Woods & Poole.

What was achieved: The rate of out-of-home care has remained consistent for the past three years.

Analysis of results: Many factors impact the ability to return a child to their family once removed, such as: home living conditions, marital stability of a two-parent family, employment status, economic situation of the family (poverty level), presence of domestic violence, and substance abuse.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and families have consistency and continuity in their lives.

Goal: Increase the number of children and adults who have consistency and continuity in their family and community supports.

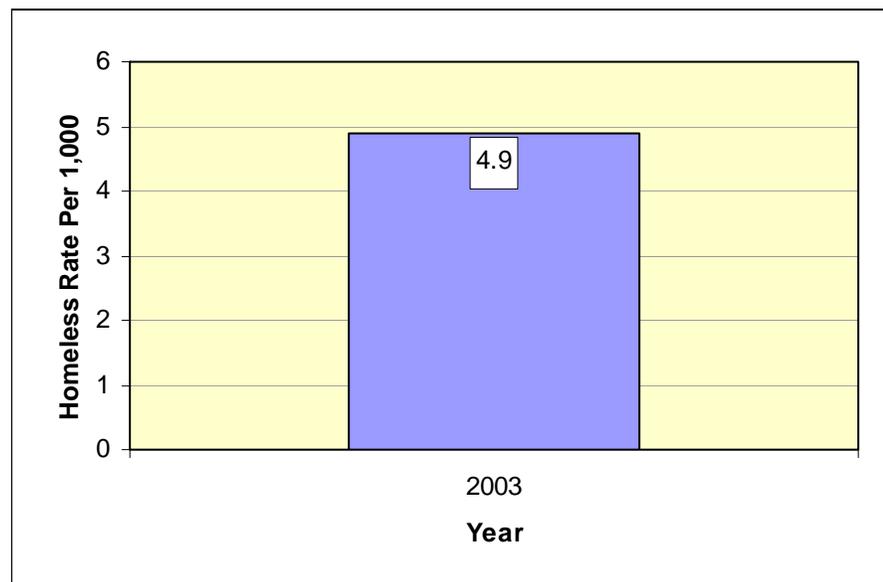
Strategies: 1) Provide services and supports to stabilize individuals and families. 2) Work with community partners to address domestic violence and substance abuse.

Results

Performance Measure:
Homeless rate

Data Sources:
Iowa Finance Authority,
Homeless Programs
Coordinator, Homeless
Management Information
System.

Figure 10: Rate of Homelessness, per 1,000



Data reliability: Data are from the Homeless Management Information System (HMIS) of the Iowa Finance Authority. The Iowa HMIS is a web based data collection system that was mandated by HUD. Only those homeless persons that are receiving homeless services are entered into the system. The numbers are a combined total of persons actually receiving services from all of the homeless shelter and support service programs in the state.

What was achieved: It is very likely that there are more homeless although not in this database because they are not receiving services. National estimates place the homeless population at approximately 1% of a metropolitan area's population. Low-income rental assistance and low income housing programs enable many families to have a place to live. The State administers several programs targeted to prevent low-income individuals and families from becoming homeless, including: Emergency Shelter Grants Program (ESGP); Homeless Shelter Operations Grant Program (HSOGP); Emergency Assistance Program (EAP); and, *Emergency Community Services Homeless Grant Program (EHP)*.

Analysis of results: All Iowa counties have a need to address the homeless population and all have some type of services directed towards homeless persons. Even the most rural county has a food bank or food voucher program. The vast majority of homeless shelters and services are found in the larger counties. Low-income rental assistance and low income housing programs enable many families to have a place to live. The Emergency Assistance program of the Iowa Department of Human Services helps families stay in their home by providing a one-time grant of \$500 for repair or replacement of furnaces and other items. Iowa law prevents utility companies from turning off the heat to any family on FIP during the heating season.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults have sufficient resources to meet and provide for basic needs.

Goal: Improve income level of the people we serve.

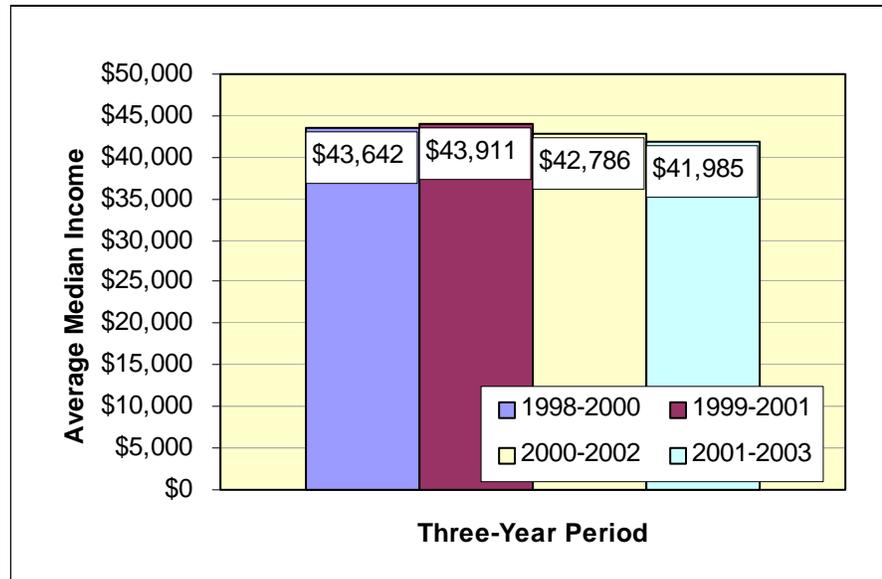
Strategies: 1) Provide financial assistance to needy families. 2) Provide family support and training to low-income persons to obtain and retain employment. 3) Secure child support.

Results

Performance Measure:
Median income level

Data Sources:
U.S. Census Bureau,
Current Population
Survey, Historical
Income Tables, Table H-
8.3A, 2004.

Figure 11: Median Household Income Level



Data reliability: The data comes from the annual March Current Population Survey conducted by the US Census Bureau. Recently, the sample size was increased to provide greater accuracy. In addition, by combining data for three years the Census Bureau has improved estimate reliability from the survey.

What was achieved: For both Iowa and the nation, the median income reached a peak during the period of 1999-2001. In this period the Iowa median income was \$43,911. Since then the median income in Iowa has decreased to \$41,985 for the period of 2001-2003. For the United States as a whole, the median income was \$44,552 during the period of 1999-2001, and decreased to \$43,527 for the period of 2001-2003.

Analysis of results: Iowa is impacted by the same economic trends that affect the national economy. Unemployment benefits help minimize the impact of such events as business layoffs. The FIP program of the Iowa Department of Human Services provides cash grants to assist low income families get a new start. The Medicaid program provides health coverage for low-income

families.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults have sufficient resources to meet and provide for basic needs.

Goal: Improve income level of the people we serve.

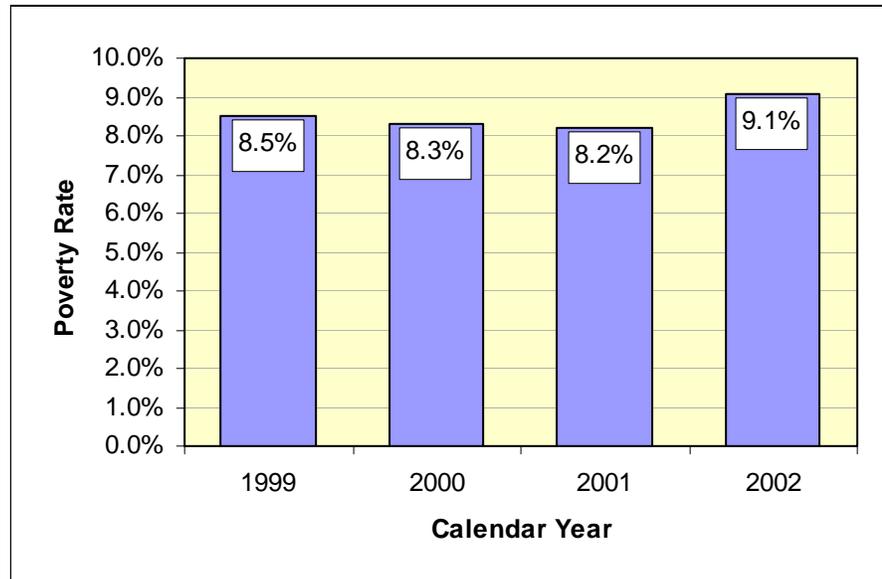
Strategies: 1) Provide financial assistance to needy families. 2) Provide family support and training to low-income persons to obtain and retain employment. 3) Secure child support.

Results

Performance Measure:
Percent of individuals at or below poverty level

Data Sources:
Small Area Income and Poverty Estimates (SAIPE), U.S. Bureau of the Census, Poverty and Health Statistics Branch.

Figure 12: Percent of Individuals In Poverty



Data reliability: These numbers come from the Bureau of the Census' "Small-Area Income and Poverty Estimates" (SAIPE) program. These estimates are based on statistical modeling techniques using data from a number of sources, providing data that are more current than those available from the decennial Census.

What was achieved: The percentage of individuals in poverty increased slightly in 2002, reversing a slight downward trend from 1999 to 2001.

Analysis of results: The Iowa Department of Human Services provides a number of programs to respond to families in need of assistance with low-income. The Family investment Program (FIP) is a federal/state-funded program that provides a cash benefit to families with children that meet specific income guidelines. Benefit amounts vary according to family size. The Food Assistance Program serves a growing population in Iowa and is a first line of defense against hunger for persons in poverty. Medicaid is a program that provides medical insurance for certain individuals

and families with low income and resources.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults have sufficient resources to meet and provide for basic needs.

Goal: Improve income level of the people we serve.

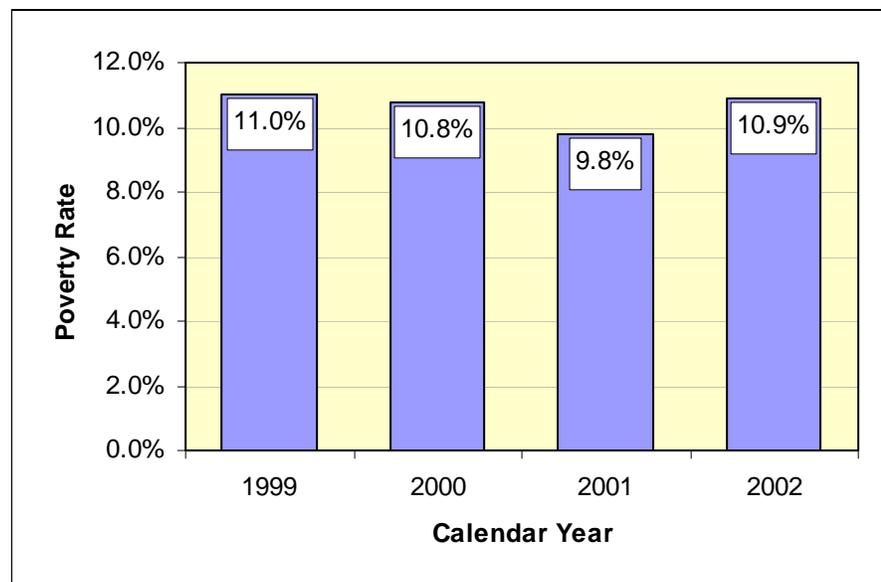
Strategies: 1) Provide financial assistance to needy families. 2) Provide family support and training to low-income persons to obtain and retain employment. 3) Secure child support.

Results

Performance Measure:
Percent of children living at or below poverty level

Data Sources:
Small Area Income and Poverty Estimates (SAIPE). U.S. Bureau of the Census, Poverty and Health Statistics Branch.

Figure 13: Percent of Children in Poverty



Data reliability: These numbers come from the Bureau of the Census' "Small-Area Income and poverty Estimates" (SAIPE) program. These estimates are based on statistical modeling techniques using data from a number of sources, providing data that are more current than those available from the decennial Census.

What was achieved: From 1999 to 2001 the child poverty rate fell from 11% to 9.8%. In 2002 the lowa rate increased to 10.9%. Children are defined as persons age 0-17.

Analysis of results: The Iowa Department of Human Services provides a number of programs to assist low-income families. The Family investment Program (FIP) is a federal/state-funded program that provides a cash benefit to families with children that meet specific income guidelines. Benefit amounts vary according to family size. The Food Assistance Program serves as the first line of defense against hunger for persons in poverty. Medicaid is a program that provides medical insurance for certain individuals and families with low income and resources.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse

have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults have sufficient resources to meet and provide for basic needs.

Goal: Improve income level of the people we serve.

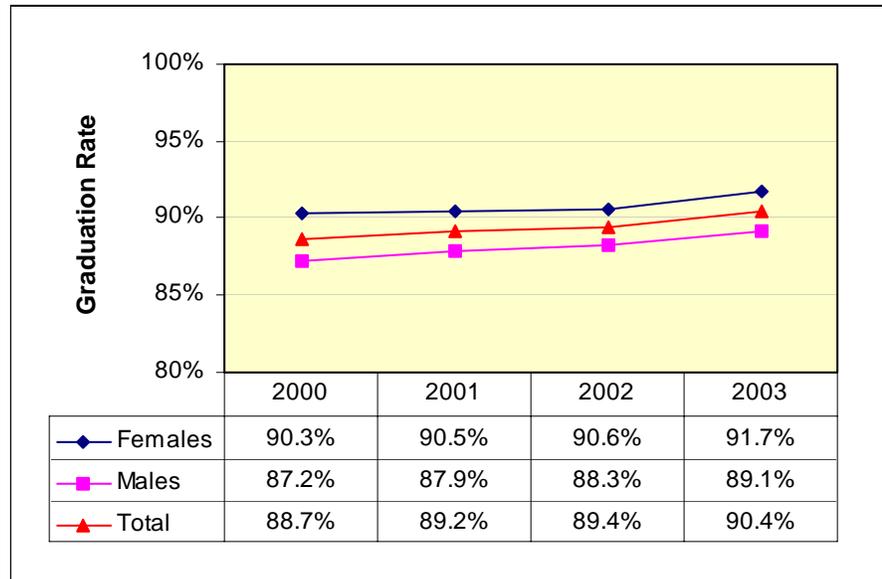
Strategies: 1) Provide financial assistance to needy families. 2) Provide family support and training to low-income persons to obtain and retain employment. 3) Secure child support.

Results

Performance Measure:
High school graduation rate

Data Sources:
Iowa Department of Education. "The Annual Condition of Education Report: 2004"

Figure 14: High School Graduation Rate



Data reliability: These numbers come from the "Annual Condition of Education Report: 2004" (COE). The Department of Education collects high school graduation data from all Iowa public high schools in the spring through the Basic Education Data Survey (BEDS). Since 2003, public high school graduation rate has been one of the indicators for the No child Left Behind (NCLB) Accountability System.

What was achieved: As shown on the accompanying chart, from 2000 to 2003 Iowa's total graduation rate has increased from 88.7% to 90.4%.

Analysis of results: The Iowa Department of Human Services provides a number of programs to assist low-income families. The Family investment Program (FIP) is a federal/state-funded program that provides a cash benefit to families with children that meet specific income guidelines. Benefit amounts vary according to family size. The Food Stamp Program serves as the first line of defense against hunger. Medicaid is a program that pays for medical assistance for certain individuals and families with low income and resources. Together, these programs enable low-

income families to provide for their children.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

STRATEGIC PLAN RESULTS

STRATEGIC PLAN

Key Strategic Challenges and Opportunities: Children and adults have sufficient resources to meet and provide for basic needs.

Goal: Improve income level of the people we serve.

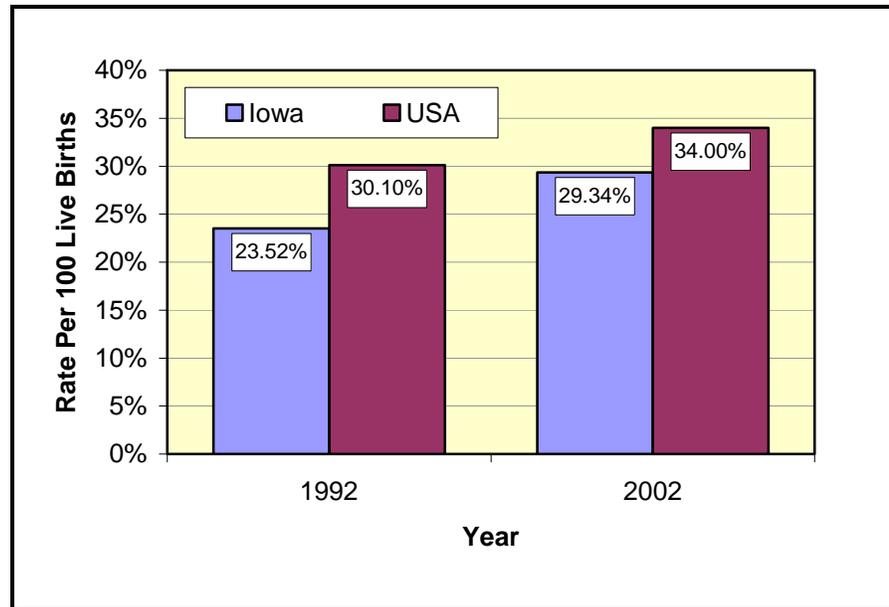
Strategies: 1) Provide financial assistance to needy families. 2) Provide family support and training to low-income persons to obtain and retain employment. 3) Secure child support.

Results

Performance Measure:
Percent of children born to single mothers

Data Sources:
"2002 Vital Statistics of Iowa", Iowa Department of Public Health. National comparison data are compiled from state reports by the Centers for Disease Control and Prevention.

Figure 15: Percent of All Births Which Are Born to Single Mothers



Data reliability: These data are from the "2002 Vital Statistics of Iowa" published by the Iowa Department of Public Health; Center for Health Statistics. The numbers are from a certificate of a vital event – a birth certificate. Experienced medical staff completes these certificates. The Iowa Department of Public Health publishes these data each year.

What was achieved: As shown on the accompanying chart, from 1992 to 2002, the out-of-wedlock live births (per 1,000 births) rate has increased from 235.3 to 293.4. Nationally, the rate of out-of-wedlock births was 340 per thousand in 2002, versus 301 per thousand in 1992.

Analysis of results: The Iowa Department of Human Services provides a number of programs to serve this population. The Adolescent Pregnancy Prevention and Services Program provides grants to allow agencies to educate adolescents about teen pregnancy. The Social Services Block Grant (SSBG) provides Family Planning services for women that do not qualify for Medicaid, but do meet the income eligibility guidelines. Medicaid Family Planning offers services for low-income women. A low-income pregnant woman can be covered by Medicaid, and thus obtain medical care

for herself and her unborn child.

Link(s) to Enterprise Plan: Goal #4 – Seniors, adults with disabilities and those at risk of abuse have safe quality living options in their communities.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Protect children from re-abuse.

Description: Protecting children from repeat abuse (re-abuse) is a primary mission of the Department. This measure looks at the percent of all children that have not been re-abused within six months of a prior abuse.

Why we are doing this: Safety from abuse and neglect is a basic necessity for children to be able to grow up to be normal, healthy, and ready to learn and grow into self sufficient and productive adults.

What we're doing to achieve results: The department provides training to front-line staff and supervisors throughout the child welfare system 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.

Results

Performance Measure:

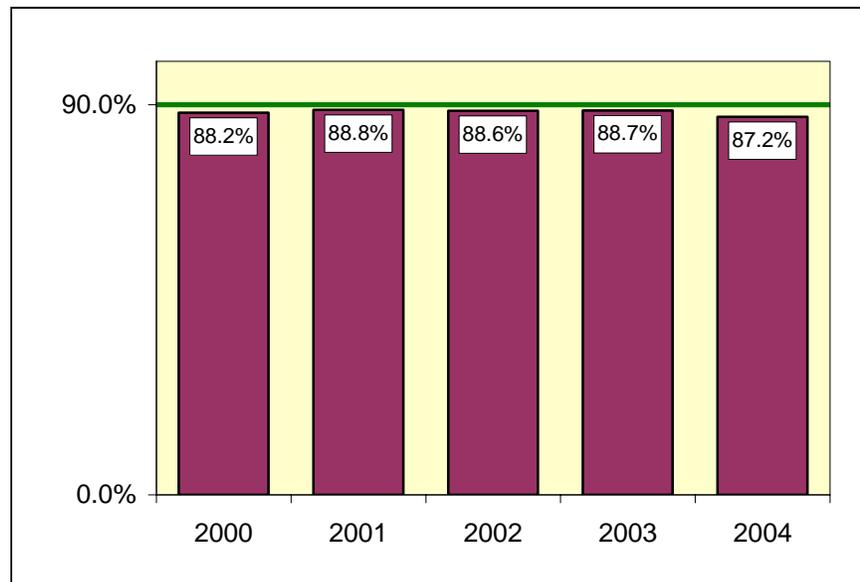
Percent of children who have not been re-abused within six months of a prior abuse

Performance Target:

90%

Data Sources: State Child Welfare Information System (CWIS), STAR sub-system

Figure 16: Children Not Re-abused Within Six Months



Data reliability: Data used for this measure are consistent with federal definitions used for all states as included in the Department's state Child Welfare Information System (CWIS).

Why we are using this measure: 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 was achieved: The percent of children not re-abused has decreased slightly from Fiscal Year 2000 to 2004.

Analysis of results: Repeat abuse has slightly increased over the past four years. This is believed to be the result of increased case complexity and a greater percent of cases involving substance abuse, domestic violence and the use of methamphetamine.

Factors affecting results: Many factors contribute to the incidence of initial and repeat abuse. Parenting skills, the availability of parents to supervise their children, the number of single parent households compared to two-parent households, poverty, methamphetamine and other inappropriate drug use, and crime are some of the factors that impact the incidence of abuse.

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

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Re-unify children with their families.

Description: Percent of children re-united with their parents/family within 12-months of removal. When children are unable to remain safely with their parents, they are placed in temporary out of home care until the family can provide a safe environment for the child. This measure focuses on the measure of re-unifying children with their families.

Why we are doing this: The amount of time a child is separated from their family for any reason impacts the ability for the child to build and maintain family relationships, which can impact their ability to form and build relationships with others throughout their lifetime.

What we're doing to achieve results: The department uses several strategies to re-unite children with their families as quickly as possible from removal, including family team meetings, community care services, and the provision of in-home family-centered services.

Results

Performance Measure:

The percent of children in out of home care who were reunified with parents or caretakers in less than 12 months from the time of removal from home.

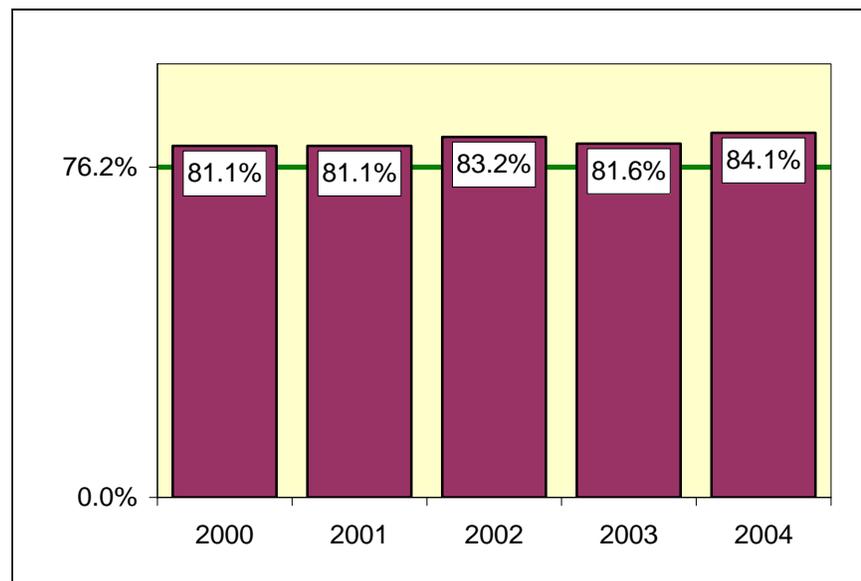
Performance Target:

76.2%

Data Sources:

The data source for this measure is the Adoption and Foster Care Analysis and Reporting System (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Figure 17: Foster Care Cases Re-unified With Family



Data reliability: Data used for this measure are consistent with federal definitions used for all states and federal data reporting in the *Adoption and Foster Care Analysis and Reporting System* (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Why we are using this measure: Keeping families intact and returning children to their families following a removal is a positive event and demonstrates an improved living situation for the child and family as a unit. This measure looks at the effectiveness of the child welfare system regarding the timeliness of returning children to the family.

What was achieved: The number of children that are successfully re-united with their families within 12-months of removal from the home has improved since FY2000.

Analysis of results: The number of children that are successfully re-united with their families within 12-months of removal from the home continues to improve in Iowa despite ever increasingly complicated cases.

Factors affecting results: Many factors impact the ability to return a child to their family once removed, such as: home living conditions, marital stability of a two-parent family, employment status, economic situation of the family (poverty level), presence of domestic violence, and substance abuse. An important associated measure is the percent of re-entries to foster care after a child has been returned to the home.

Resources used: State general funds, federal matching funds, and grant funds are used to support the efforts to improve child safety in Iowa.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Re-unify children with their families

Description: When children are unable to remain safely with their parents, they are placed in temporary out of home care until the family can provide a safe environment for the child. This measure focuses on children being able to successfully return to the parental home without re-entry to the child welfare system within 12-months.

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.

Results

Performance Measure:

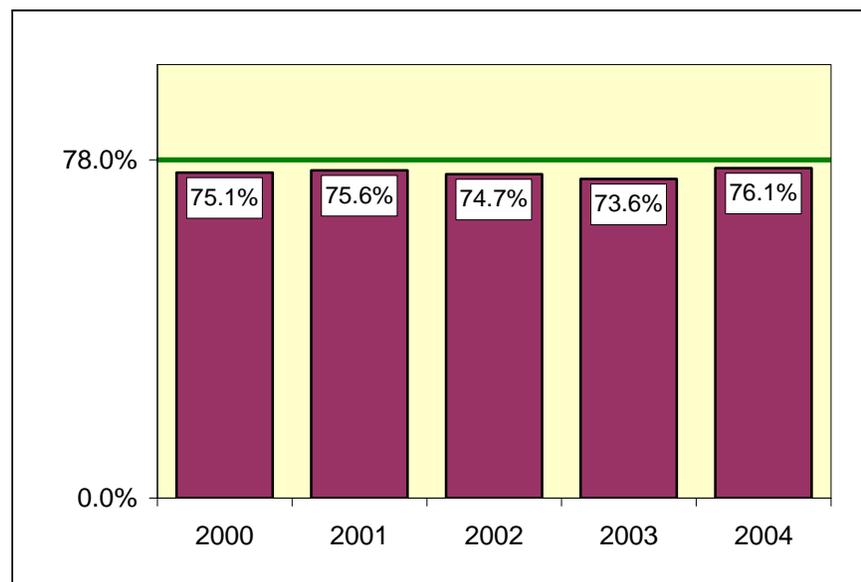
The percent of children who do not re-enter foster care within 12-months of discharge from a prior foster care episode.

Performance Target:

78%

Data Sources: The data source for this measure is the Adoption and Foster Care Analysis and Reporting System (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Figure 18: Children Who Do Not Re-enter Foster Care Within 12 Months



Data reliability: Data used for this measure are consistent with federal definitions used for all states and federal data reporting in the *Adoption and Foster Care Analysis and Reporting System* (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Why we are using this measure: This measure is important in monitoring stability and safety from abuse and neglect following reunification after placement outside the home. The success of transitions home and the development of effective and enduring supports for the continued safety of the child and support of the parent-child relationship is critical to child development and family functioning.

What was achieved: The percent of children that were returned home from out of home care that were able to be successfully maintained in the home has increased from FY2000 to FY2004 from decreases in the prior to years.

Analysis of results: A concerted effort has been made to maintain children in their homes and results have been improved.

Factors affecting results: The underlying conditions of any family are complex and involve addressing child safety, economic, educational, and cultural issues. The support of extended family, community, schools, religious organizations, and other caring individuals is important in the long term ability of children to remain safely in the home of parents.

Resources used: 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.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Attain timely permanence for children unable to safely return to the home of birth parents.

Description: Some children are removed from their home and the court terminates the parental right of the parents. These children need a permanent family to support and nurture their development into health and productive adults.

Why we are doing this: All children grow up more successfully in healthy supportive families. Adoption provides a means to provide a healthy permanent family to children who cannot be safely cared for in the biological family.

What we're doing to achieve results: The department and courts work together to promote adoption, recruit adoptive families, and achieve finalized adoptions.

Results

Performance Measure:

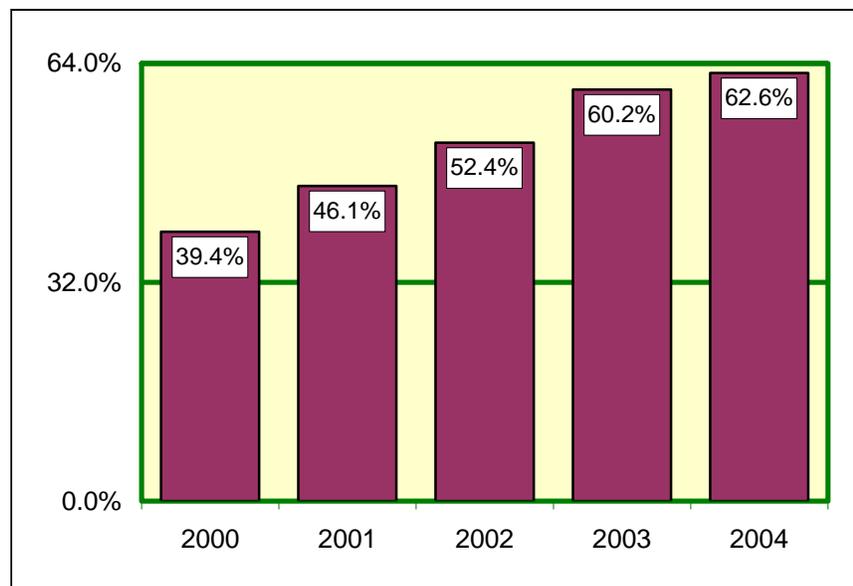
The percentage of children who are adopted in less than 24 months from the time of their most recent removal from home.

Performance Target:

32%

Data Sources: The data source for this measure is the Adoption and Foster Care Analysis and Reporting System (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Figure 19: Timely Adoption from Foster Care



Data reliability: Data used for this measure are consistent with federal definitions used for all states and federal data reporting in the *Adoption and Foster Care Analysis and Reporting System* (AFCARS) database, which is derived from the state Child Welfare Information System (CWIS).

Why we are using this measure: This measure is one way to monitor performance of the child welfare system for children in need of permanence through adoption. This measure is also used by all state child welfare systems and supports the comparison of relative strengths around child permanence.

What was achieved: The number of adoptions finalized within 12-months has risen substantially from FY2000 to FY2004.

Analysis of results: Improved results were achieved due to changes in social work practices, using dedicated resources that focus on adoption, building an improved partnership with the court systems, and improved protocols to reduce waiting time for appeal of termination decisions. The achieved results demonstrate the effectiveness of using dedicated resources focused on finalizing adoptions.

Factors affecting results: In spite of the increasing needs and complexity of the youth who enter the foster care system, targeted strategies supported by needed resources have proven effective.

Resources used: 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 effective communication and cooperation with the court systems and personnel.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase Educational Status.

Description: Measures the average improvement in academic skills that result from a month of instruction at the two juvenile facilities.

Why we are doing this: Most juvenile facility residents are not at their age appropriate educational level. Improving the knowledge and education of these youth helps to better prepare them for the future to succeed in school, in jobs and as adults to be productive and employed citizens.

What we're doing to achieve results: The two juvenile facilities provide intense education experiences for children geared to help them learn and “catch up” to their age appropriate school level. Education helps the youth learn self discipline and developed a broad range of skills that are helpful for their future.

Results

Performance Measure:

Months improvement in grade level in Math and Reading, per month of instruction

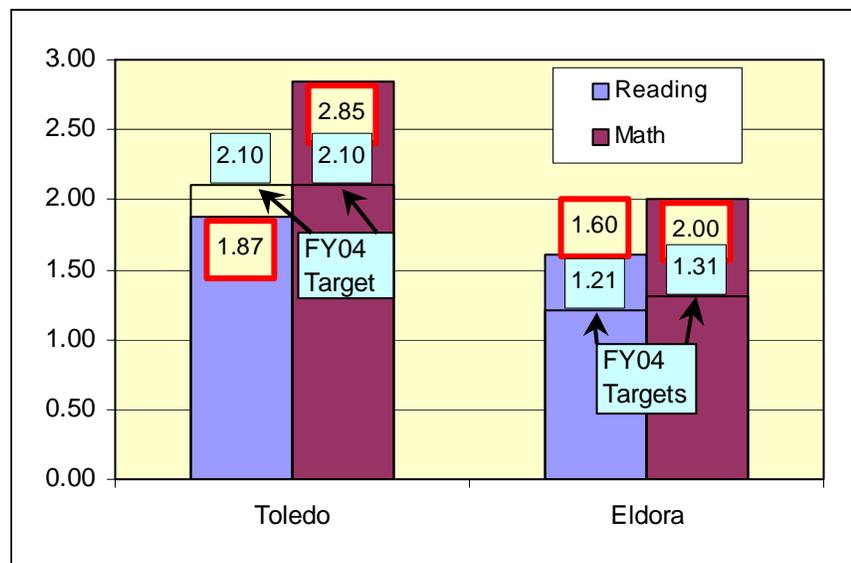
Performance Target:

- 1.21 mos. Reading (Eldora)
- 1.31 mos. Math (Eldora)
- 2.10 mos. Reading (Toledo)
- 2.10 mos. Math (Toledo)

Data Sources: DHS

Juvenile institution administration data for Eldora and Toledo

Figure 20: Educational Improvement in Juvenile Facilities



Data reliability: Reliability is high. This data is based on standardized educational assessments given to all students participating in the educational program at the facilities.

Why we are using this measure: Standardized assessment of educational level allows educators to determine program effectiveness and make changes in curriculum, teaching methods, and teaching materials to address deficiencies.

What was achieved: The actual improvement in math skills exceeded the performance target at both facilities. The improvement in reading skills at Eldora exceeded the target level, but Toledo did not achieve their target improvement in this area.

Analysis of results: Youth are improving their educational level through the education programs provided at the juvenile institutions.

Factors affecting results: Many factors impact the ability of a child to learn, starting with the very reasons why a child was placed at a juvenile institution. Learning disabilities, substance abuse, mental health problems, abuse and neglect, all impact the ability to learn and participate in education programs. In addition to this, youth are typically placed at a juvenile institution for a relatively short period of time during which they participate in school. The average length of stay (ALOS) at the Iowa Juvenile Home is 8 months while ALOS at the Eldora State Training School is 9 months.

Resources used: The state appropriations to the two juvenile facilities, federal education funding, and foundation aid provided to these facilities by the Department of Education.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Reduce re-admissions into the juvenile facilities.

Description: The percentage of discharged juveniles who are subsequently readmitted within 180 days of discharge.

Why we are doing this: Juveniles do better when they have permanent post-discharge placements in the community. Readmission is usually an indication that the discharge and aftercare plans did not go as planned.

What we're doing to achieve results: Discharge and aftercare planning and linkages to community-based programs and services are being increased. Reasons for re-admission are being reviewed to try to identify trends related to specific reasons why youth are readmitted.

Results

Performance Measure:

Percentage of youths who are discharged from the facility and subsequently readmitted within 6 months of the discharge date.

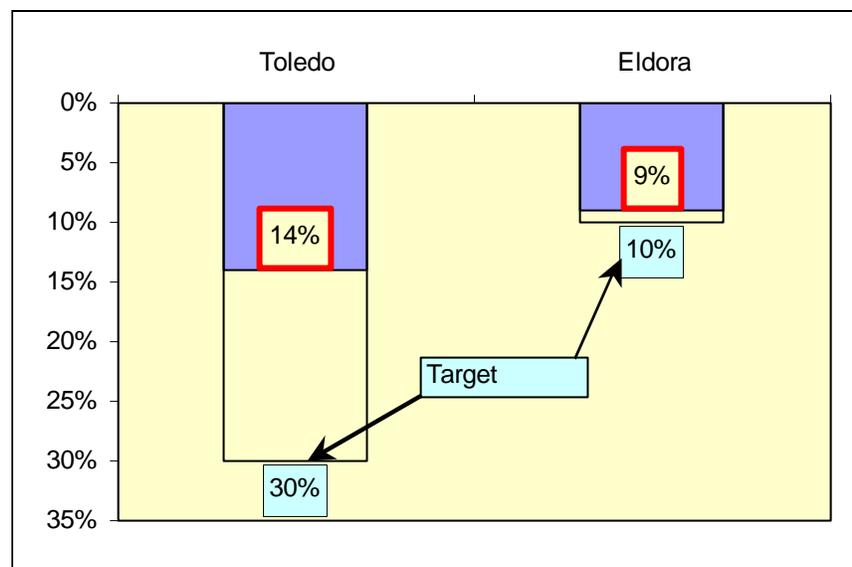
Performance Target:

10% (Eldora)
30% (Toledo)

Data Sources:

DHS Juvenile institution administration for Eldora and Toledo.

Figure 21: Six-month Re-admission Rate



Data reliability: Reliability is high. This data is taken from internal data management systems at the facilities involved. It represents all residents discharged and admitted.

Why we are using this measure: Readmission is an indication that the post-discharge placement did not go as desired. In addition, analysis of recidivism rates and the characteristics of the readmitted juveniles provides useful information for identifying potential areas for improvement.

What was achieved: The performance targets were exceeded. Less youth were re-admitted within 6-months of discharge. Toledo's readmission rate was 14%. Eldora's re-admission rate was 9%.

Analysis of results: Both facilities met their goals.

Factors affecting results: Dedicated and trained staff, innovative treatment approaches, good community linkages and discharge and aftercare planning.

Resources used: The state appropriations for the juvenile facilities.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Family Investment Program/PROMISE JOBS/FaDSS

Description: Having a job with a livable wage that supports a family is critical to keeping families together, safe and self-sufficient. DHS provides support to families and individuals through monthly cash assistance, jobs training, and education and employment services aimed to help families and individuals become self-sufficient and avoid long term reliance on public assistance through the *Family Investment Program (FIP)*, *PROMISE JOBS (Promoting Independence and Self-sufficiency through Employment, Job Opportunities and Basic Skills)*, and *Family Development and Self Sufficiency (FaDSS)* program.

Why we are doing this: Stable and self-sufficient families contribute to economic growth and their communities, improving the quality of life for all Iowans.

What we're doing to achieve results: Families and individuals participating in these programs receive a wide range of support. In exchange for the supports, families must agree to sign a performance agreement, known as a Family Investment Agreement, that details steps, time frames and the supportive services needed to achieve greater self-sufficiency with an emphasis on work. Working together, the results of the programs are closely monitored for each family with a goal of achieving self-sufficiency through employment with a livable wage.

Results

Performance Measure:

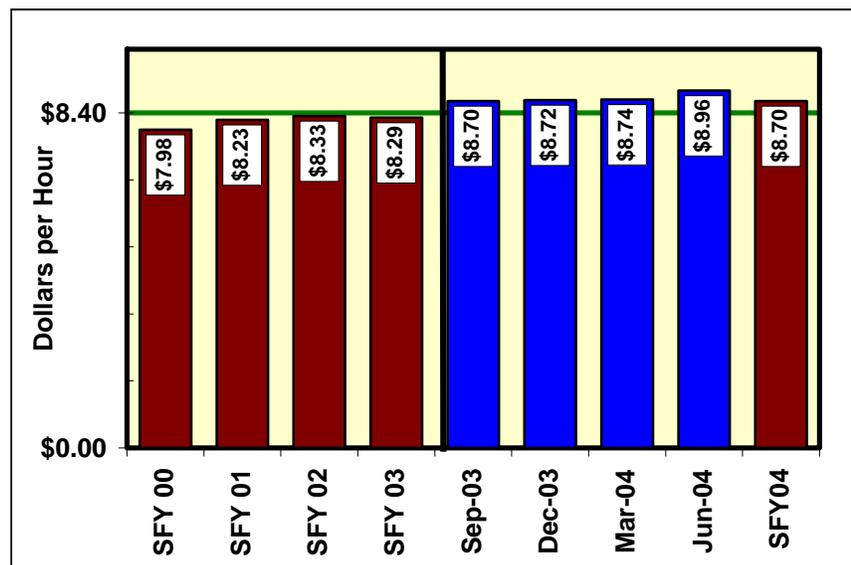
The hourly wage for families who exit the Family Investment Program (FIP) due to income exceeding allowable program participation limits.

Performance Target:

\$8.40 per hour

Data Sources: Promise Jobs Employment Data prepared by Iowa Workforce Development with the DHS Division of Results Based Accountability and Division of Financial, Health and Work Supports.

Figure 22: Average Hourly Wage for Families Exiting FIP Due to Income



Data reliability: Data are reliable and based on actual reported earned income of recipients that is verified with employers. The wage data included are for individuals who received PROMISE JOBS services that were employed at the time they left the program, referred to as *FIP Leavers*. Wages for all employed family members are included; therefore in some cases more than one wage earner may contribute to the overall hourly wage reported.

Why we are using this measure: Earned wages are a key component in the ability for a family and individuals to be self-sufficient and not require public assistance.

What was achieved: The target was exceeded by 30 cents per hour.

Analysis of results: Earned wages continue to increase for program participants (FIP Leavers).

Factors affecting results: The overall national and State of Iowa economy and availability of jobs directly impacts employment opportunities; and, the availability of affordable and reliable childcare affects adult FIP Leavers' ability to obtain and retain employment, increase wages, and remain self-sufficient. Federal welfare reform has directly impacted this area starting in January 1997 when the 60-month lifetime limit for adults receiving FIP assistance was implemented. This has resulted in the number of FIP families decreasing by approximately 50% since FY93 for Iowa. The remaining program participants have significant barriers to successful employment and economic self-sufficiency and are increasingly more challenging to assist in achieving a self-sustaining wage.

Resources used: Appropriations for these programs were \$111,634,671 in FY04.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Family Investment Program/PROMISE JOBS/FaDSS

Description: Having a job with a livable wage that supports a family is critical to keeping families together, safe and self-sufficient. DHS provides support to families and individuals through monthly cash assistance, jobs training, and education and employment services aimed to help families and individuals become self-sufficient and avoid long term reliance on public assistance through the *Family Investment Program (FIP)*, *PROMISE JOBS (Promoting Independence and Self-sufficiency through Employment, Job Opportunities and Basic Skills)*, and *Family Development and Self Sufficiency (FaDSS)* program.

Why we are doing this: Stable and self-sufficient families contribute to economic growth and their communities, improving the quality of life for all Iowans.

What we're doing to achieve results: Families and individuals participating in these programs receive a wide range of support. In exchange for the supports, families must agree to sign a performance agreement, known as a Family Investment Agreement, that details steps, time frames and the supportive services needed to achieve greater self-sufficiency with an emphasis on work. Working together, the results of the programs are closely monitored for each family with a goal of achieving self-sufficiency through employment with a livable wage.

Results

Performance Measure:

Percentage of families who leave and remain off the Family Investment Program (FIP) program for 12-months or longer who have not re-applied for FIP in the fiscal year

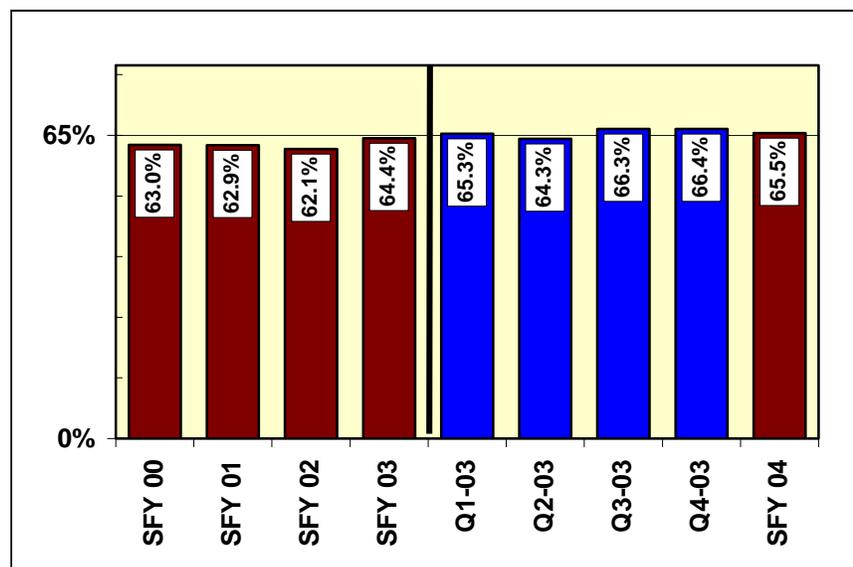
Performance Target:

65%

Data Sources: "FIP

Recidivism" report produced by the Division of Results Based Accountability and the Division of Financial, Health, and Work Supports.

Figure 23: 12-month FIP Non-recidivism Rate



Data reliability: The data are reliable but requires further review and revision regarding the inclusion of families that leave the program because they refuse to follow program requirements and those who reapply the very month that benefits end. These two factors impact the true level of program success. Program participants that refuse to participate in the program and follow program requirements is potentially a good separate measure but should not be included in this measures data. And, including individuals who have really not left the program overstates recidivism.

Why we are using this measure: A family's ability to maintain employment and not have to return for FIP support for one year is an indicator of their ability to sustain their self-sufficiency.

What was achieved: The target was exceeded by one half of one percent at 65.5%.

Analysis of results: The challenge of assisting families and individuals to achieve employment and a self-sustaining income for at least one year is being met.

Factors affecting results: The overall national and State of Iowa economy and availability of jobs directly impacts employment opportunities; and, the availability of affordable and reliable childcare affects adult FIP Leavers' ability to obtain and retain employment, increase wages, and remain self-sufficient. Federal welfare reform has directly impacted this area starting in January 1997 when the 60-month lifetime limit for adults receiving FIP assistance was implemented. This has resulted in the number of FIP families decreasing by approximately 50% since FY93 for Iowa. The remaining program participants have significant barriers to successful employment and economic self-sufficiency and are increasingly more challenging to assist in achieving a self-sustaining wage.

Resources used: Appropriations for these programs were \$111,634,671 in FY04.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Link families to employment and divert them from FIP through the Diversion program.

Description: Providing immediate, short-term assistance can sometimes prevent the need for families to receive long-term public assistance. The Diversion Program of the Family Investment Program provides work-related, immediate short-term assistance to avoid the need for entering the Family Investment Program (FIP). Families are not eligible to receive other FIP program benefits for a specified period of time based on the amount of diversion assistance provided.

Why we are doing this: Providing one-time, immediate assistance that can successfully address a barrier to obtaining and/or keeping a job allows families to be self-sufficient without having to receive long-term public assistance.

What we're doing to achieve results: This is an action-oriented program that responds to the immediate presenting needs of a family to enable the household head to obtain, seek or retain employment. Examples of assistance include: purchasing or repairing a car to provide transportation to work and the payment of specific job expenses such as licensing fees, tools.

Results

Performance Measure:

Percent of families who remain off FIP for at least 17-months following receipt of diversion support.

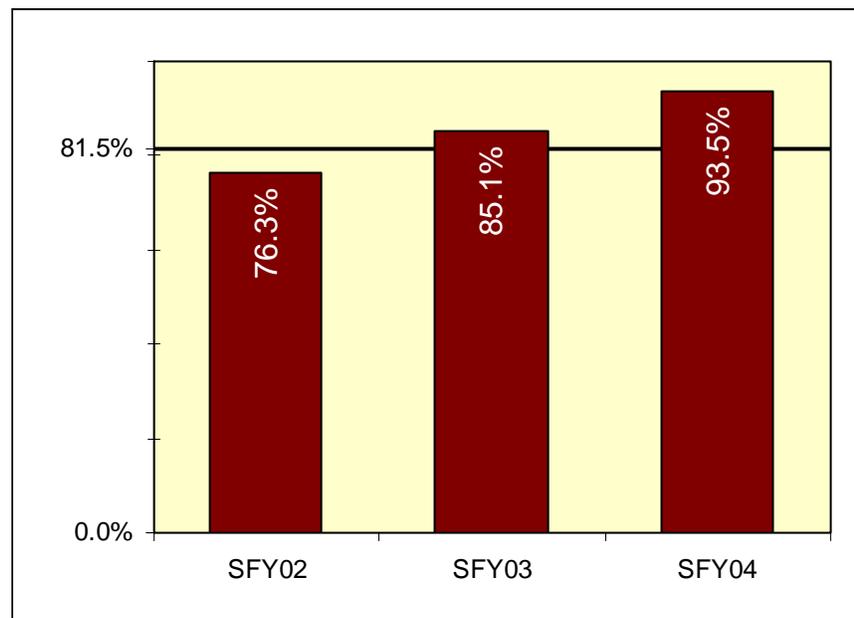
Performance Target:

81%

Data Sources:

Diversion Report produced by the Division of Results Based Accountability and the Division of Financial, Health, and Work Supports.

Figure 24: Diversion from FIP



Data reliability: Data are reliable and come from records of people that received FIP after their period of ineligibility, and if so, when FIP began.

Why we are using this measure: This measure demonstrates the Diversion program success in keeping people from needing to apply for long-term public assistance.

What was achieved: The target was exceeded by 12.5%.

Analysis of results: The program successfully targets and assists people who are able to maintain their self-sufficiency.

Factors affecting results: The target population of this program and the processes used to determine eligibility are different from traditional assistance programs. Inexperience of staff with these differences was a challenge. The overall economy and availability of jobs affects our ability to achieve this target.

Resources used: The FY04 appropriation for this program was \$1,280,467

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Food Assistance

Description: Provides federal assistance to low-income individuals and families to purchase food, nonalcoholic beverages and ingredients to prepare food.

Why we are doing this: The Food Assistance program promotes the general welfare of low-income families by raising their levels of nutrition to avoid hunger and malnutrition. The program also benefits the retail and agricultural economies.

What we're doing to achieve results: Recognizing that many eligible lowans were not receiving Food Assistance, we established an aggressive growth target. In October 2003, we began issuing Food Assistance through an electronic benefit transfer (EBT) card, reducing the stigma of the program and increasing convenience for clients. In December 2003, 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. We also participated in a National Media Campaign sponsored by our federal partners at the Department of Agriculture (USDA) and conducted intense outreach efforts.

Results

Performance Measure:

Number of lowans receiving Food and Nutrition assistance.

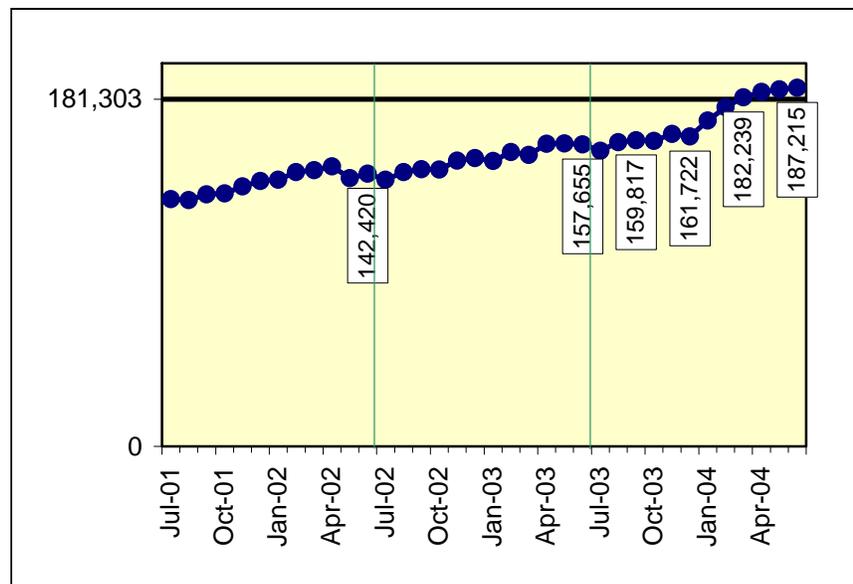
Performance Target:

181,303 by April 2004

Data Sources:

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.

Figure 25: lowans Receiving Food and Nutrition Assistance



Data reliability: The data is very reliable, coming directly from the computer system that issues benefits to clients.

Why we are using this measure: Food assistance prevents hunger and helps family's 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. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowan's. 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 \$167,248,418 into Iowa in FY04.

What was achieved: We exceeded the April 2004 target and continued to achieve growth in the program through the remainder of the year.

Analysis of results: Strategies implemented were effective in achieving our goals.

Factors affecting results: While we have increased the number of cases we handle, we have not had an increase in the number of staff available to handle cases. As caseloads continue to grow, it will become a bigger challenge to process applications in a timely manner and avoid errors. Timeliness and accuracy can lead to federal bonus dollars, however, a failure to maintain this accuracy can lead to federal penalties. We are challenged to continue to provide quality services while workload increases without additional resources.

Resources used: The Food Assistance Program is 100% federally funded. It brought \$167,248,418 into Iowa in FY04.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Re-designation of local Community Empowerment Areas

Description: The department is one of several agencies invested in the e-designation of local Empowerment Areas to support the continued partnership between communities and state government with an emphasis on improving the well-being of families with young children

Why we are doing this: Support of Empowerment Areas helps lowans and their communities to achieve desired results for improving the quality of life for children (0-5) and their families. State government alone can not meet the needs of all families with young children, supporting re-designation provides each empowerment area with the tools and supports they need to directly support children and families.

What we're doing to achieve results: The department contributes to the efforts to integrate early care, health and education systems; and to encourage private as well as public involvement in the development of an Early Childhood System; by fostering partnerships at and between all levels of government for shared accountability toward Iowa's vision.

Results

Performance Measure:

Percent of eligible Empowerment Areas re-designated to receive Early Childhood funding

Performance Target:

100%

Data Sources:

State Empowerment Board

Figure 26: Empowerment Areas Redesignated

Performance Results	Empowerment Areas receiving Early Childhood funding.
Fiscal Year 2004	100%

Data reliability: Each local board conducted a self-assessment approved by the Iowa Empowerment Board (IEB). Upon completion of the self-evaluation, an inter-agency technical assistance team reviews the results along with the local annual report. Strengths and opportunities for improvements are noted and reported during a face-to-face meeting held with each local board. A final report is then submitted by the technical assistance team to the IEB for action to award or deny re-designation. This is a new process for state funded initiatives, thus neither the tool or the process have been validated.

Why we are using this measure: Every three years, local empowerment boards may seek re-designation as a Community Empowerment Area to receive School Ready (state) funds and Early Childhood (federal) funds to develop local early childhood care, health and education systems. Local citizen-led boards must demonstrate the capacity to successfully establish local collaborations and use local data to demonstrate progress in achieving results. The result areas are healthy children, children ready to succeed in school, safe and supportive communities, secure and nurturing families, and secure and nurturing child care environments.

What was achieved: 100% of the local boards seeking re-designation after the first three years of operations were awarded designation status to receive funds for three more years.

Analysis of results: While all of the areas were re-designated to receive funds, all had identified opportunities for improvement prior to their next self-evaluation and review. These opportunities included, more efficient board operations, having a current community plan, expanding collaborative membership, the use of performance measures in sub-contracts and increased ability to use data in decision-making. The interagency technical assistance team uses this information to design training and assistance to local boards in building the capacity to locally achieve the aforementioned results for children 0 –5 years of age and their families.

Factors affecting results: The boards at this time have only been in operation for three years.

Resources used: The Office of Empowerment, within the Department of Management, provides two full-time equivalent (FTE) positions to provide technical assistance, planning and review of local board operations. The Departments of Education, Health, Human Rights and Human Services, provide part-time positions for the same duties as a team under the leadership of the Office of Empowerment.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Court orders for child support.

Description: Financial support from both parents is important to family self-sufficiency. Child Support secures the legal obligation of the absent parent to pay support and then enforces the obligation.

Why we are doing this: Securing a court order for support means that the child has two legal parents and that the parent absent from the child's home has a legal duty to provide for the child.

What we're doing to achieve results: Child Support locates absent parents, establishes paternity if appropriate and obtains the necessary financial information to set support at the appropriate amount as determined by the Supreme Court Child Support Guidelines. Parents can request genetic testing if paternity is being established and can request conferences with Child Support or court hearings to discuss matters they do not agree with or they do not understand.

Results

Performance Measure:

Percent of all child support cases that have a court order to pay child support.

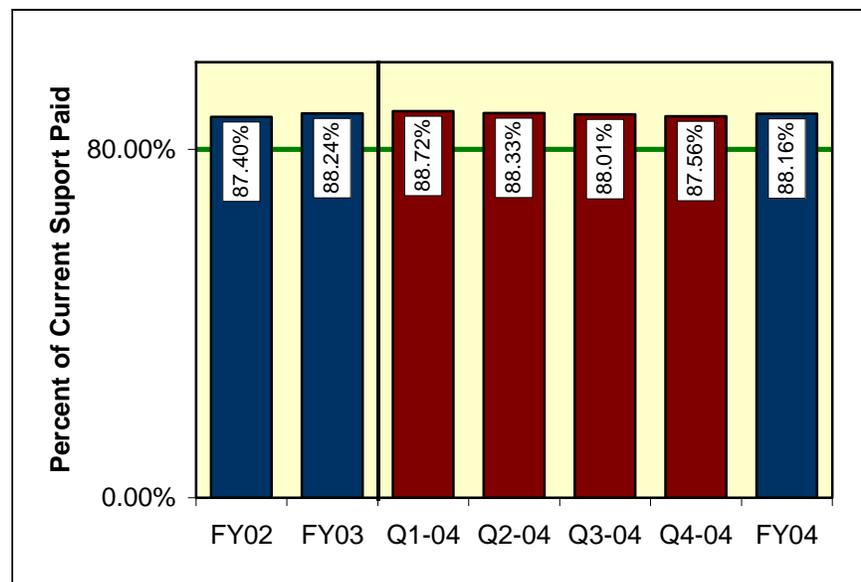
Performance Target:

80%

Data Sources:

Federal Office of Child Support Enforcement (OCSE) 157 Report.

Figure 27: Percent of Child Support Cases with a Court Order



Data reliability: The data originates from the state's federally certified child support software system and is compiled according to federal standards. Each state's system must secure certification. In addition, the annual report is federally audited and must meet a 95% reliability standard.

Why we are using this measure: The duty to collect support does not exist in the absence of a support order. As an example, a state with a low court order level could focus on securing support for a very small part of the universe that has court orders.

What was achieved: Child Support continues to exceed the performance target. In addition, Iowa continues to be in the top 5 of all 50 states and territories securing child support orders.

Analysis of results: There are two barriers to securing orders: the location of the absent parent and the amount of staff time that the state can invest in this activity.

Factors affecting results: A number of factors can affect results, including absent parents that Child Support cannot locate or parents that do not provide the necessary information. Other factors include the number of staff working for Child Support and the amount of resources.

Resources used: This activity, as well as other activities, was funded by the \$5,891,898 general fund appropriation.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Secure current support.

Description: Current and consistent child support is important in providing for the needs of the family. After Child Support secures the legal obligation of the absent parent to pay support, it then enforces the child support obligation in an attempt to collect support when it is due.

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, uses other tools including income tax offsets and license sanctions. The newest strategy 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 current child support paid by obligors on cases that current support is due. Current support is child support payments that are due in a given month.

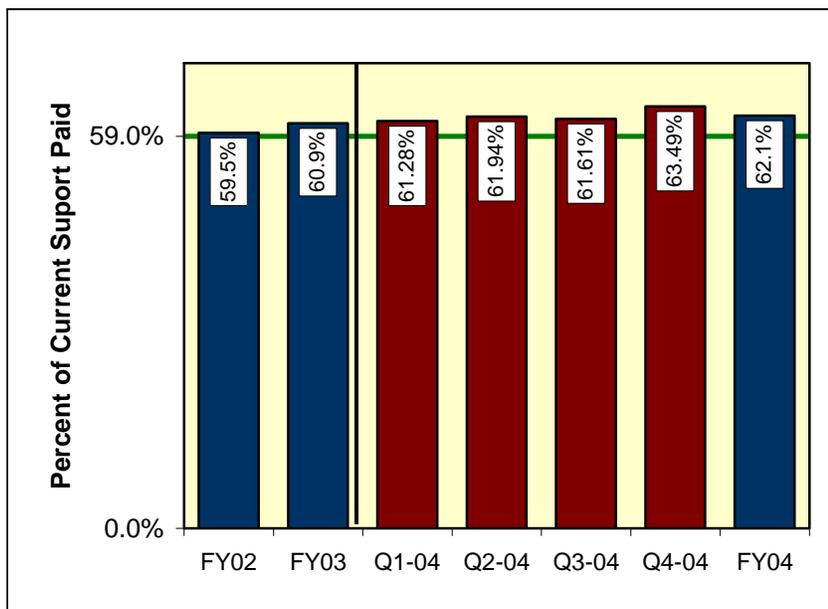
Performance Target:

59%

Data Sources:

Federal Office of Child Support Enforcement (OCSE) 157 Report.

Figure 28: Percent of Current Support Paid



Data reliability: The data originates from the state's federally certified child support software systems and is compiled according to federal standards. Each state's system must secure certification. In addition, the annual report is federally audited and must meet a 95% reliability standard.

Why we are using this measure: Collecting current support in the month it is due means two legal parents are providing for the needs of the child. It also means that the family has a consistent means of income on which to rely.

What was achieved: The performance target was exceeded. Child Support continues to increase its annual performance in current support collected. Since Iowa Child Support ranks 4th in the court order measure, this means that Iowa has a large universe of its cases to collect current support on. Other states that have a low court order percentage focus their efforts on collecting current support on a small part of their universe. A total of \$302.8M was collected in FY04.

Analysis of results: Some barriers exist in collecting current support: location of the employer of the absent parent, the economy, and the amount of staff time that the state can invest in this activity.

Factors affecting results: Many factors can affect the results of this measure. They include the number of staff in Child Support, the economy, seasonal income, the number of processing days for child support payments, and the number of interstate cases where one parent lives in another state.

Resources used: This activity, as well as other activities, was funded by the \$5,891,898 general fund appropriation.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Child care assistance.

Description: Provides funding for child care services to children of low-income parents who are working or in school.

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 provides cash to low-income parents who are working or in school to help defray the cost of licensed child care facilities.

Results

Performance Measure:

Number of children served in child care assistance.

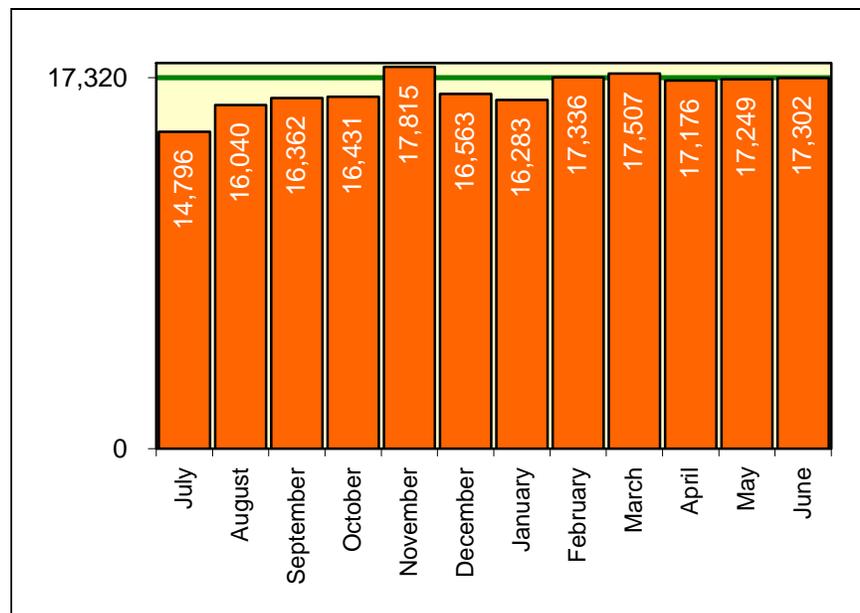
Performance Target:

17,320

Data Sources:

DHS Child Care Services Report

Figure 29: Number of Children Served in Child Care Assistance



Data reliability: Data reliability is under review due to the existing CCA data systems and the difficulty of interfacing with one another. The data reported reflects cases paid and is impacted by the timing of invoices submitted by providers and entered into the system for payment. This does not represent data related to “eligible” families – families who have been approved for child care assistance but for a variety of reasons, no claim/payment has been made.

Why we are using this measure: The measure provides the ability to gauge families/children that are being served against 'eligibles', potential eligibles (families estimated by census to be under eligibility guidelines but who have not applied), and increases in demand due to economic or outreach factors. This is a federally-reported measure.

What was achieved: The performance target of 17,320 was only exceeded in one month of the fiscal year. The average monthly number of children served in CCA was 16,738 in fiscal year 2004.

Analysis of results: Services delivered to target were within a range of 582 children served per month.

Factors affecting results: Several factors impact the ability to project utilization of child care assistance, such as: changing family 'need for service', changing work schedules that allow one parent to be home and services no longer being needed, summer and school breaks, timeliness of invoices submitted by providers, and, the economy and employment rates.

Resources used:

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase access to publicly funded health care

Description: Medical Assistance (Medicaid) provides health care coverage for lowans – needy families and children, persons with disabilities, and the elderly – so they can live healthy, stable, and self-sufficient lives.

Why we are doing this: Federal regulations require that states cover certain mandatory services. Regulations permit coverage of a broad array of optional services. Iowa's Medicaid program helps beneficiaries stay physically and mentally healthy, and to live as independently as possible. This is important because it is more cost effective, and because people enjoy a higher quality of life when they are not forced to move out of their homes to receive treatment for their medical conditions.

What we're doing to achieve results: One special focus of the program is expanding medically appropriate alternatives to institutional long-term care for the aged, disabled, mentally challenged, and for children. Iowa Medicaid is also beginning to focus on patient education, disease management, and care management in order to control costs and improve the health of our members.

Results

Performance Measure:

The average monthly number of enrollees in Medicaid for the State Fiscal Year (YTD).

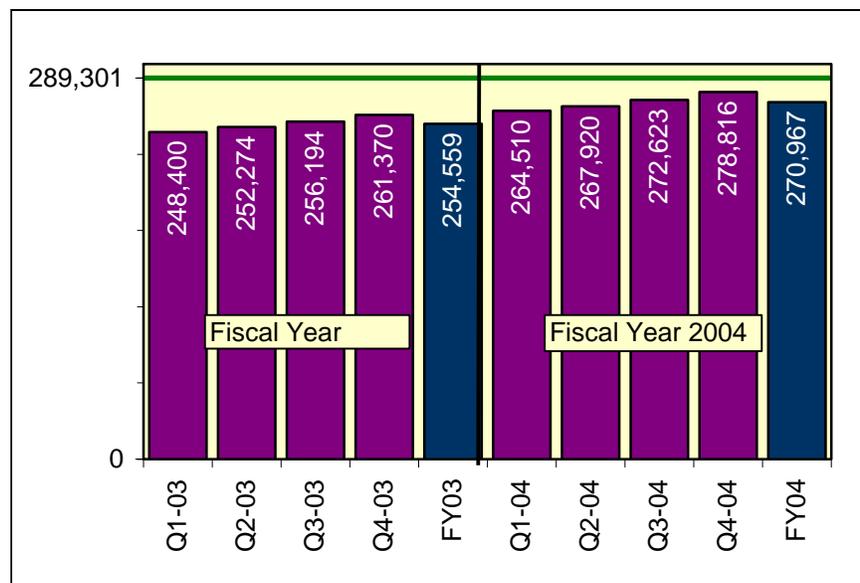
Performance Target:

289,301

Data Sources:

Fiscal agent (ACS) management reports and Fiscal Management Report, "SFY 2004 Medicaid Eligibles"

Figure 30: Average Monthly Medicaid Enrollees



Data reliability: The data are reliable and represent the number of enrollees in Medicaid. Note: Not all enrollees receive services. However, no one can receive services without being an enrollee.

Why we are using this measure: Medicaid is an entitlement program that includes mandatory services and eligibility groups and optional services and eligibility groups. The number of people on Medicaid has a significant impact on the State's budget and the economy of the State.

What was achieved: An average of 270,967 people were enrolled in Medicaid in FY04.

Analysis of results: The number of people enrolling in Medicaid continues to increase in Iowa. The result stated for the fiscal year (FY03 and FY04) is the average monthly enrollment for the year. In FY04 the average monthly enrollment was 270,967, this represents the average enrollment for each month during the year.

Factors affecting results: The fact that the program is an entitlement affects the extent to which the State can control enrollment and service utilization. Challenges currently experienced by the healthcare industry as a whole similarly challenge results with Iowa Medicaid, such as overall availability and cost of healthcare and high health insurance premiums and deductibles. The overall economy and unemployment rates are important factors as well.

Resources used: \$554,095,869 was appropriated for Medicaid in FY04.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase access to publicly funded health care.

Description: Medical Assistance (Medicaid) provides health care coverage for lowans – needy families and children, persons with disabilities, and the elderly – so they can live healthy, stable, and self-sufficient lives.

Why we are doing this: Federal regulations require that states cover certain mandatory services. Regulations permit coverage of a broad array of optional services. Iowa's Medicaid program helps beneficiaries stay physically and mentally healthy, and to live as independently as possible. This is important because it is more cost effective, but also because people enjoy a higher quality of life when they are not forced to move out of their homes to receive treatment for their medical conditions.

What we're doing to achieve results: One special focus of the program is expanding medically appropriate alternatives to institutional long-term care for the aged, disabled, and mentally challenged. Iowa Medicaid is also beginning to focus on patient education, disease management, and care management in order to control costs and improve the health of our members.

Results

Performance Measure:

The average monthly number of adult enrollees in Medicaid for the State Fiscal Year (YTD).

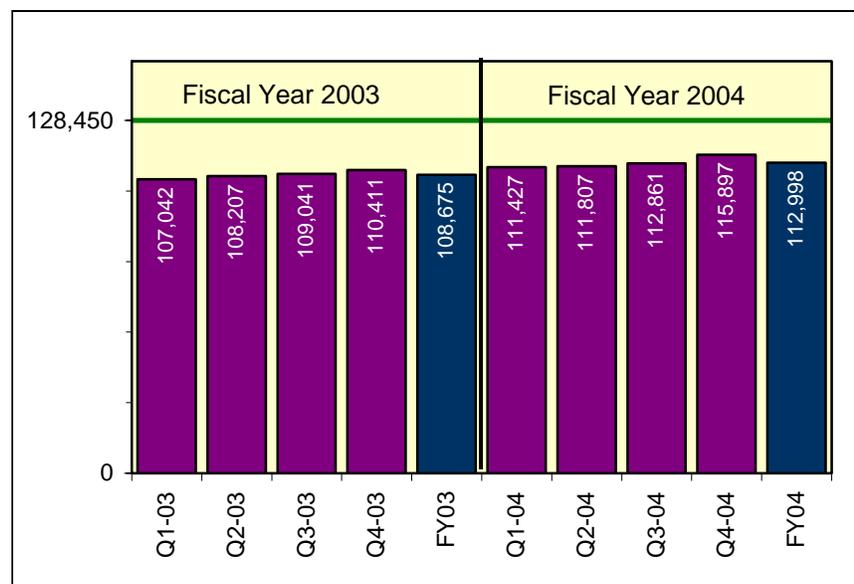
Performance Target:

128,450

Data Sources:

Fiscal agent (ACS) management reports and provided by Fiscal Management Report "SFY 2004 Medicaid Eligibles"

Figure 31: Average Monthly Medicaid Enrollees, Adults



Data reliability: The data is reliable, based on computer systems used to issue benefits.

Why we are using this measure: Medicaid is an entitlement program that includes mandatory services and eligibility groups and optional services and eligibility groups. The number of people on Medicaid has a significant impact on the State's budget and the economy of the State.

What was achieved: A monthly average of 112,998 adults were enrolled in Medicaid in FY04.

Analysis of results: The average monthly number of adults enrolled in Medicaid has remained fairly consistent since July 2003, increasing slightly from 110,400 to 112,998. The result stated for the fiscal year (FY03 and FY04) is the average monthly enrollment for the year. In FY04 the average monthly enrollment was 112,998, this represents the average enrollment for each month during the year.

Factors affecting results: The fact that the program is an entitlement affects the extent to which the State can control enrollment and service utilization. Challenges currently experienced by the healthcare industry as a whole similarly challenge results with Iowa Medicaid, such as overall availability and cost of healthcare and high health insurance premiums and deductibles. The overall economy and unemployment rates are important factors as well.

Resources used: \$554,095,869 was appropriated for Medicaid in FY04. The appropriation does not specify how much is to be used for adults nor how much is to be used for children.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase access to publicly funded health care.

Description: The Healthy and Well Kids in Iowa (*hawk-i*) program is one component of Iowa's State Children's Health Insurance Program (SCHIP). The *hawk-i* program provides health care coverage to targeted low-income, children. Targeted low-income children are those who are under 19 years of age, who reside in families with income below 200% of the federal poverty level, who are not eligible for Medicaid, nor covered under a group health plan or other health insurance.

Why we are doing this: To reduce the number of uninsured Iowa children.

What we're doing to achieve results: DHS conducted outreach efforts during this past year, including partnering with the Department of Public Health to conduct state-wide and local grassroots outreach focused efforts on schools, health care providers, businesses and faith-based organizations. DHS has also partnered with the Department of Education in conjunction with the Free and Reduced Meals programs. We have taken advantage of technology to develop a web-based application so that families can apply on line and have developed an automated process so that county eligibility workers can make referrals to the program when children are either denied or become ineligible for Medicaid.

Results

Performance Measure:

The number of children enrolled in *hawk-i* is a monthly count of children enrolled on the 25th of each month.

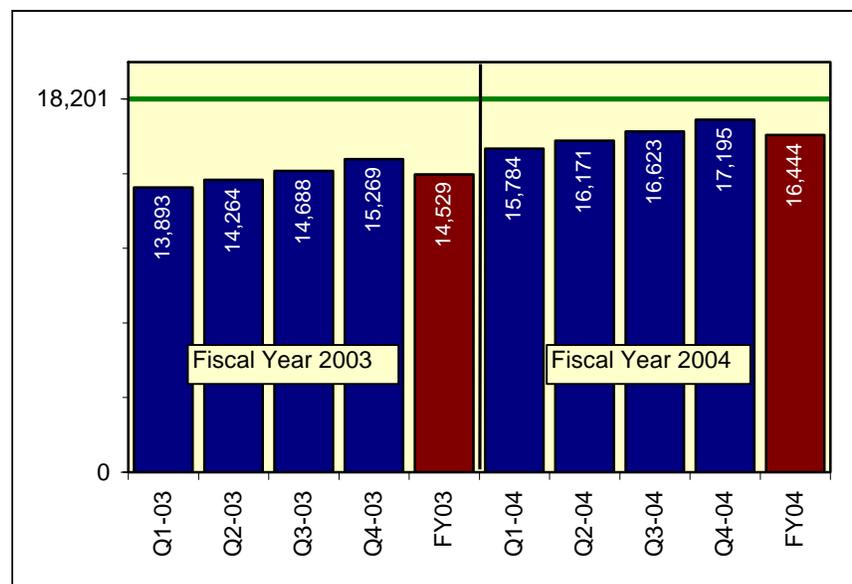
Performance Target:

18,201

Data Sources:

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

Figure 32: Children Enrolled in *hawk-i*



Data reliability: This data represents point-in-time enrollment in the *hawk-i* program from the Department's Third Party Administrator. It is generated by the data system that creates the invoice by which the Department pays the monthly capitation payment to the health plans and is subject to inspection by state and federal auditors.

Why we are using this measure: To demonstrate the monthly point-in-time enrollment of children participating in the program.

What was achieved: Steady growth in the program has been achieved. Iowa is recognized as having the fourth lowest uninsured child population in the country according to the *Child Health USA 2003* Report published by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Analysis of results: 95.56% of the enrollment goal was reached. The result stated for the fiscal year (FY03 and FY04) is the average monthly enrollment for the year. In FY04 the average monthly enrollment was 16,444, this represents the average enrollment for each month during the year.

Factors affecting results: Increasing health care costs in the private sector is creating more need for this program. However, the identification of potentially eligible families continues to be a challenge.

Resources used: 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 '04 for SCHIP were \$12,115,585. Of this, \$7,701,510 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.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase access to publicly funded health care.

Description: The Medicaid expansion program is one component of Iowa's State Children's Health Insurance Program (SCHIP). The expanded Medicaid program provides health care coverage to children, between the ages of 6 and 19 who reside in families with income below 133% of the federal poverty level.

Why we are doing this: To reduce the number of uninsured Iowa children.

What we're doing to achieve results: DHS has partnered with the Department of Public Health to conduct state-wide and local grassroots outreach efforts for the *hawk-i* program that focus on schools, health care providers, businesses and faith-based organizations. DHS has also partnered with the Department of Education to conduct outreach activities in conjunction with the Free and Reduced Meals programs. Approximately 40% of the children identified through these efforts are eligible for Medicaid.

Results

Performance Measure:

Number of children who are enrolled in Medicaid Expansion.

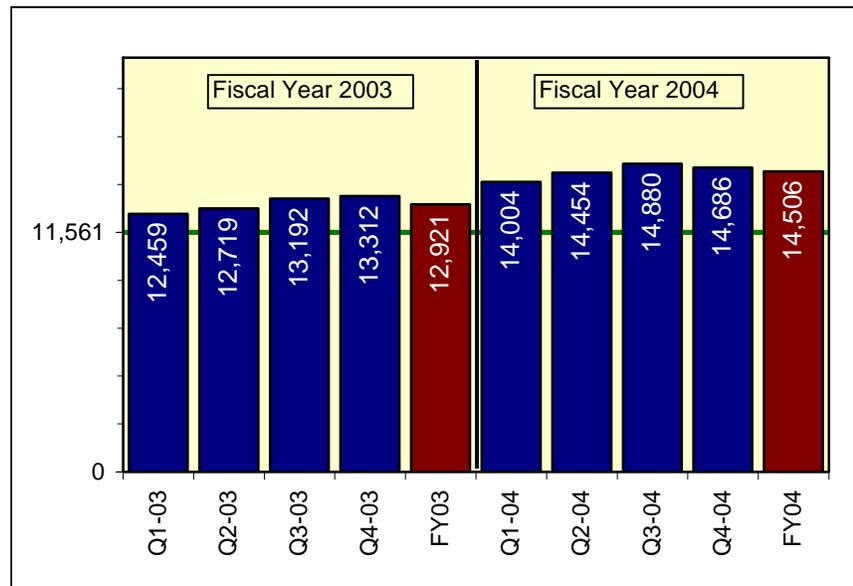
Performance Target:

11,561

Data Sources:

Iowa Automated Benefits Calculation (IABC) System

Figure 33: Children in Medicaid Expansion



Data reliability: This data is generated by the Department's IABC system.

Why we are using this measure: To demonstrate monthly point-in-time enrollment of children participating in the program.

What was achieved Steady growth in the program has been achieved. Iowa is recognized as having the fourth lowest uninsured child population in the country according to the *Child Health USA 2003* Report published by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Analysis of results: The enrollment goal was surpassed by 20.99% (3,072 children). The result stated for the fiscal year (FY03 and FY04) is the average monthly enrollment for the year. In FY04 the average monthly enrollment was 14,506, this represents the average enrollment for each month during the year.

Factors affecting results: Increasing health care costs in the private sector is creating more need for this program. Outreach efforts of the *hawk-i* program continue to identify children who qualify for this program.

Resources used: This activity is funded with federal funds (approximately 75%) and state general fund appropriations (approximately 25%). Total state expenditures for SFY '04 for SCHIP were \$12,115,585. Of this, \$4,414,077 was expended for the Medicaid expansion program. This amount represents expenditures only for the cost of services provided and the payment of claims by the fiscal agent.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Increase access to publicly funded health care.

Description: Medical Assistance (Medicaid) provides health care coverage for lowans – needy families and children, persons with disabilities, and the elderly – so they can live healthy, stable, and self-sufficient lives.

Why we are doing this: To reduce the number of uninsured Iowa children.

What we're doing to achieve results: One special focus of the program is expanding medically appropriate alternatives to institutional long-term care for disabled and mentally challenged children. In addition, Iowa Medicaid provides medical coverage to adopted children who have been removed from and cannot return to their birth families, thereby making permanent placement more accessible for these children.

Results

Performance Measure:

The average monthly number of children enrollees in Medicaid for the State Fiscal Year (YTD).

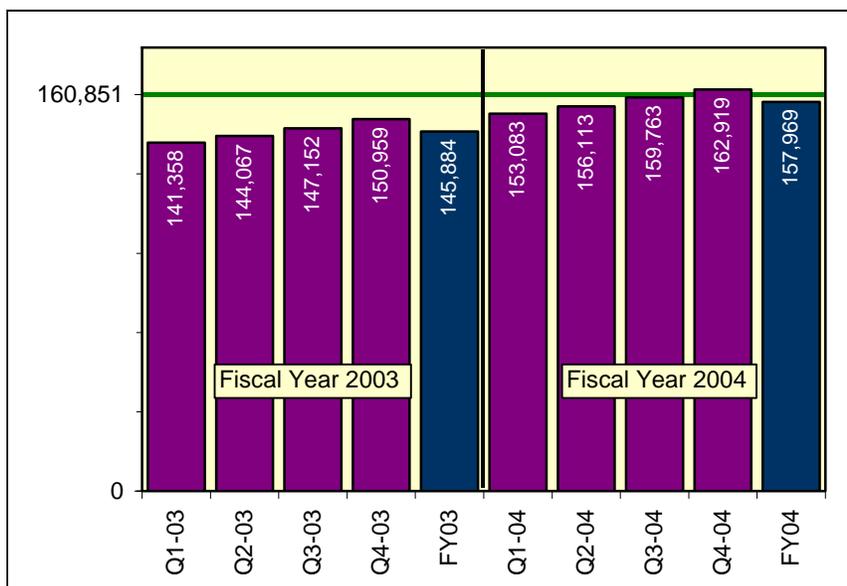
Performance Target:

160,851

Data Sources:

“Monthly Log Demographic Reports”, prepared by the Division of Financial, Health and Work Supports and data from the State of Iowa Fiscal Agent (ACS).

Figure 34: Average Monthly Medicaid Enrollees, Children



Data reliability: The data is reliable, based on computer systems used to issue benefits.

Why we are using this measure: Medicaid is an entitlement program. Eligibility criteria for most coverage groups are federally mandated. The number of people on Medicaid has a significant impact on the State’s budget and the economy of the State.

What was achieved: A monthly average of 157,969 children were enrolled in Medicaid in FY04.

Analysis of results: The number of children enrolled in the program was very close to what was projected. The result stated for the fiscal year (FY03 and FY04) is the average monthly enrollment for the year. In FY04 the average monthly enrollment was 157,969, this represents the average enrollment for each month during the year.

Factors affecting results: The fact that the program is an entitlement affects results because it limits the extent to which the State can control the results. Challenges currently experienced by the healthcare industry as a whole similarly challenge our results with Medicaid. These include the overall availability and cost of healthcare and high health insurance premiums and deductibles. The overall economy and unemployment rates are important factors as well. Outreach through the *hawk-i* program sometimes results in children being enrolled in the Medicaid program when they are not eligible for *hawk-i*.

Resources used: \$554,095,869 was appropriated for Medicaid in FY04. The appropriation does not specify how much is to be used for adults nor how much is to be used for children.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Maximize public/private partnerships in healthcare coverage through the HIPP program.

Description: The Health Insurance Premium Payment (HIPP) program buys available health insurance coverage for Medicaid-eligible persons when it is cost-effective to do so.

Why we are doing this: To reduce Medicaid costs by buying insurance coverage for Medicaid-eligible persons who have health insurance available through an employer group or individual health plan source. When a Medicaid-eligible person has other health insurance coverage, the other coverage becomes the primary payer of their medical care and Medicaid pays only for the non-covered services. Additionally, oftentimes when buying health insurance coverage for the Medicaid-eligible persons in a family, we are able to also cover other family members at no additional cost. Thus reducing the state's overall uninsured rate.

What we're doing to achieve results: We have developed an automated referral process by which the Medicaid-eligibility workers can refer potentially-eligible families to the HIPP Unit.

Results

Performance Measure:

The number of Medicaid eligible families who have a family member eligible for employer-based health insurance or already have employer based health insurance for which Medicaid finds that it is cost effective to pay the employee's share of their insurance premiums.

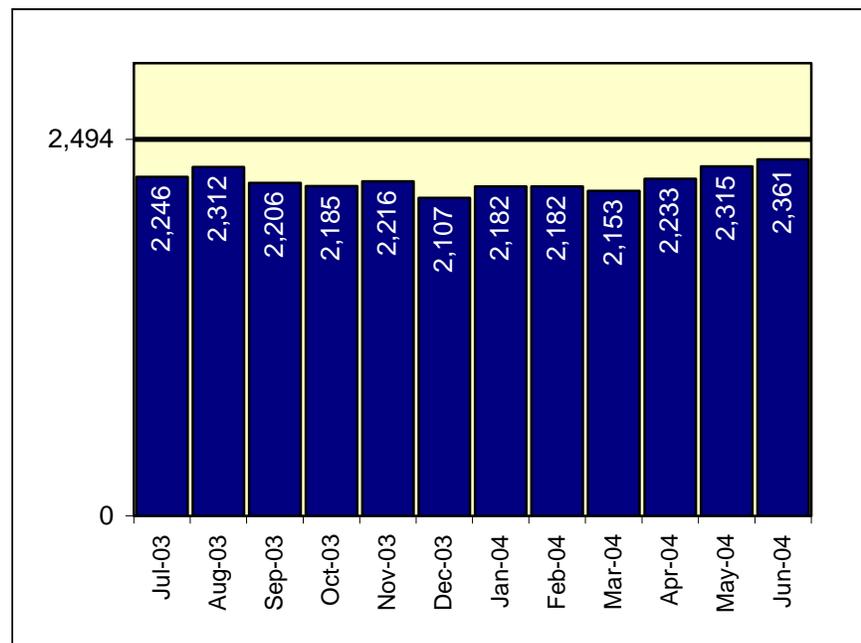
Performance Target:

2,494

Data Sources:

HIPP program reports provided by the Division of Financial, Health and Work Supports.

Figure 35: HIPP Program Participants



Data reliability: This data reflects the number of cases on the HIPP program as determined by the HIPP payment system.

Why we are using this measure: To reflect the number of cases on the HIPP program each month.

What was achieved: 95.66% of the enrollment goal was reached.

Analysis of results: A growth of 115 cases was realized by the program in SFY '04.

Factors affecting results: As health care costs continue to increase in the private sector market and fewer employers offer coverage, it is becoming increasingly difficult to identify cases where buying employer or individual health insurance coverage is a cost-effective alternative for the Medicaid program.

Resources used: \$1,281,570 to fund 21 FTEs to administer the program. Of this, \$573,968 was a state general fund appropriation (plus \$32,461 for salary adjustment) and \$675,141 was federal funding.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Preventing client injuries at MHIs (Cherokee, Clarinda, Independence, Mt Pleasant)

Description: Reducing the number and seriousness of injuries suffered by patients at the four Mental Health Institutes.

Why we are doing this: Patients have a right to be treated in a safe and secure environment without fear of injury. An environment that is safe and secure is also more conducive to patient treatment.

What we're doing to achieve results: Additional staff training and database technology.

Results

Performance Measure:

This is the number of reported injuries that require a physician's treatment (referred to as a Level 3 or above injury) per 100 Mental Health Institute (MHI) residents being served at the Institute during the month.

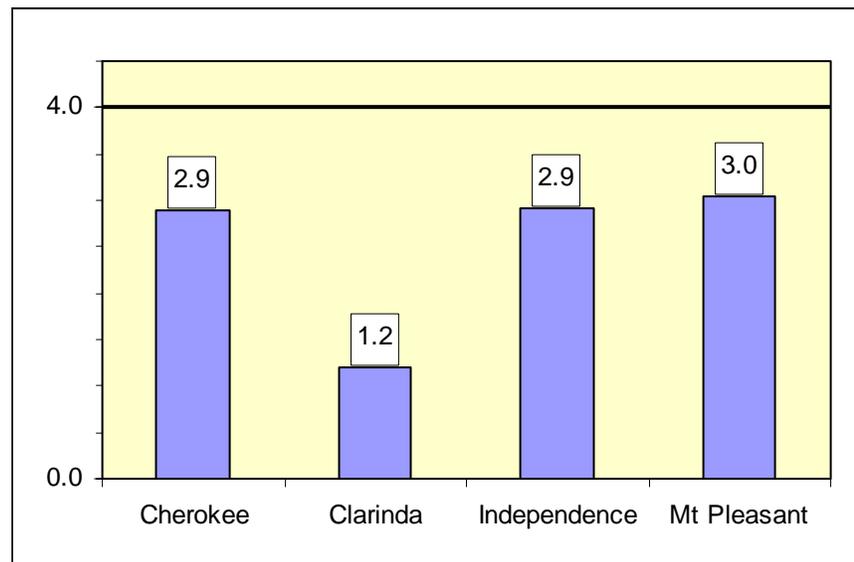
Performance Target:

4 per month (Cherokee)
4 per month (Clarinda)
4 per month (Independence)
4 per month (Mt Pleasant)

Data Sources:

DHS Facility "Population Movement Report"

Figure 36: Injuries per 100 Residents



Data reliability: This data is taken from internal data management systems at the facilities involved. It represents all injury reports for which a patient required medical care.

Why we are using this measure: Injuries to patients that required medical attention are a good measure to assess patient safety.

What was achieved: All four facilities met the target of four injuries per month.

Analysis of results: Clarinda MHI had an injury rate that was less than half the rate at the other three facilities. Further research will be done to determine whether this difference is due to differences in characteristics of the population, the treatment approach, or other factors.

Factors affecting results: Several factors impact the number of injuries, including: physical plant design, the number of patients with severe behavior, medical or other problems, the amount of time patients spend in recreational activities, and staffing levels.

Resources used: The appropriation to the four Mental Health Institutes.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Improve recidivism rate of persons receiving adult psychiatric treatment at MHIs (Cherokee, Clarinda, Independence, Mt Pleasant)

Description: Measures the percentage of patients that return to a MHI within 30 days of discharge.

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

What we're doing to achieve results: The MHIs offer consultation to community providers and participate in discharge and aftercare planning. In addition, Cherokee MHI is offering a psychiatric assistant program to help increase the availability of community-based psychiatric professionals.

Results

Performance Measure:

Percentage of admissions to a Mental Health Institute (MHI) that are re-admissions within 30 days of discharge.

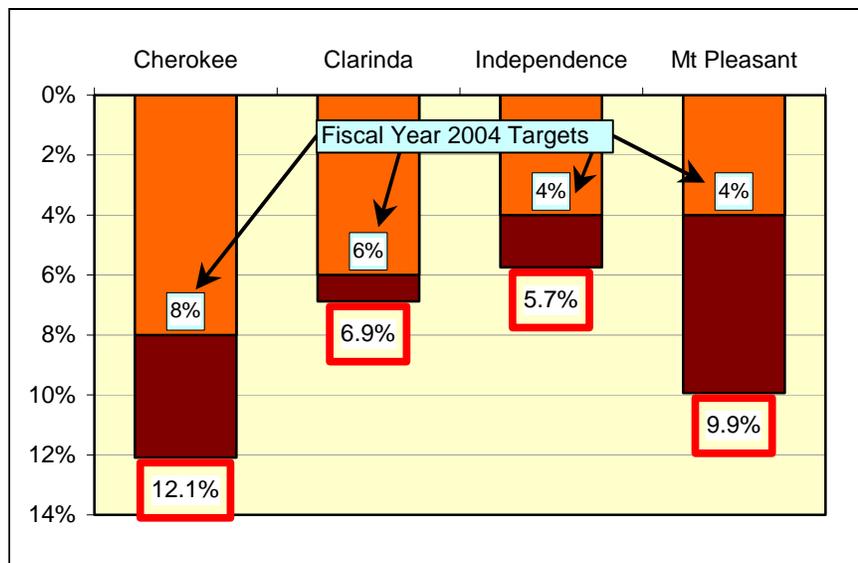
Performance Target:

- 8% (Cherokee)
- 6% (Clarinda)
- 4% (Independence)
- 4% (Mt Pleasant)

Data Sources:

DHS Facility "Population Movement Report"

Figure 37: MHI Re-admissions Within 30 Days



Data reliability: This data is taken from internal data management systems at the facilities involved. It represents all patient admission and discharge information.

Why we are using this measure: Readmission to a facility within 30 days could be an indicator that the patient was discharged into the community too soon. It also could be an indicator of a lack of effective community-based services. Both of these issues are important in analyzing the efficacy of Iowa's mental health system.

What was achieved: None of the Mental Health Institutes met the performance target for re-admissions within 30 days. Clarinda MHI came closest to achieving their target, followed by Independence.

Analysis of results: Clarinda and Independence MHIs came the closest to achieving their targets, while Mt. Pleasant and Cherokee did not achieve their targets. The MHIs have a limited ability to control when patients are recommitted, and the extent and quality of the community-based services that serve discharged patients.

Factors affecting results: There are many factors affecting these results over which the facilities have no control. Most of the commitments to the MHIs are involuntary, meaning that judges determine whether to commit (and recommit) patients. The extent and quality of the community-based services vary throughout the state. Some of the patients returned to their home community may not follow through with their discharge plans, such as taking prescribed medication or utilizing the community-based services that are available and were arranged.

Resources used: The appropriation to the four Mental Health Institutes.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Enable persons with developmental disabilities to spend more time in their community by providing quality outplacement plans for each resident.

Description: Develop and implement a plan that meets the individual needs of the person by identifying barriers to moving and viable solutions to these barriers that allow the person to remain in the community.

Why we are doing this: Court decisions and state/federal policy encourage moving residents of the Resource Centers to community-based placements.

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:

Percentage of outplacements from a State Resource Center (SRC) annually who are not readmitted within 6 months following movement to a community setting.

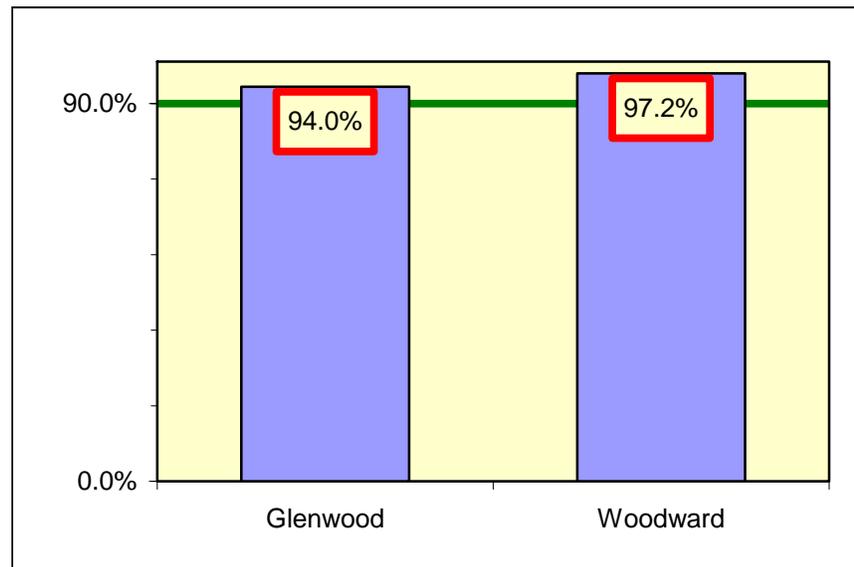
Performance Target:

90% (Glenwood SRC)
90% (Woodward SRC)

Data Sources:

DHS Facility "Population Movement Report"

Figure 38: SRC Re-admissions Within Six Months of Outplacement



Data reliability: This data is taken from internal data management systems at the facilities involved. It represents all patient admission and discharge information.

Why we are using this measure: Court decisions and state/federal policy encourage moving residents of the Resource Centers to community-based placements.

What was achieved: Return rates at the two facilities were better than the 90% performance target: the rate was 94.0% at Glenwood and 97.2% at Woodward.

Analysis of results: The State Resource Centers are doing a good job placing residents in community-based programs that fit the individualized needs of the patient, and the community-based programs are doing a good job meeting the needs of these patients.

Factors affecting results: The results are affected by the treatment needs and characteristics of patients at the Resource Centers, and by the quality and extent of the community-based resources. Other factors include the resources available at the Resource Center to provide transitional support and advising.

Resources used: The appropriation to the two State Resource Centers.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Preventing client injuries at State Resource Centers (SRCs).

Description: Reducing the number and seriousness of injuries suffered by patients at the two Resource Centers.

Why we are doing this: Patients have a right to be treated in a safe and secure environment without fear of injury. An environment that is safe and secure is also more conducive to patient treatment.

What we're doing to achieve results: Additional staff training and database technology.

Results

Performance Measure:

Monthly rate of resident injuries in each State Resource Center (SRC) requiring treatment by a physician per 100 residents served

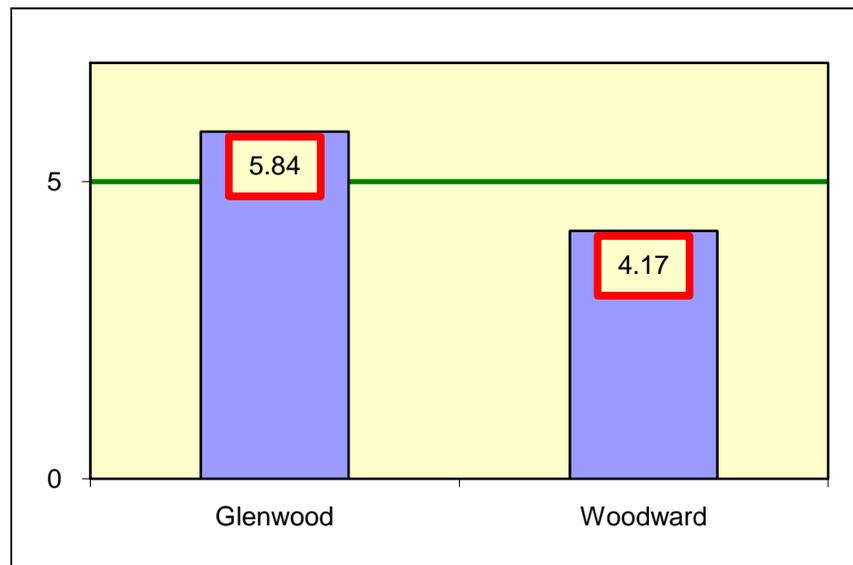
Performance Target:

5 per month (Glenwood SRC)
5 per month (Woodward SRC)

Data Sources:

DHS Facility "Population Movement Report"

Figure 39: Injuries per 100 Residents



Data reliability: This data is taken from internal data management systems at the facilities involved. It represents all injury reports for which a patient required medical care. Reliability is therefore very high.

Why we are using this measure: Injuries to patients that required medical attention are a good measure to assess patient safety.

What was achieved: Woodward RC achieved the target level of 5 injuries per month with a 4.17 injuries per month. The number of injuries at Glenwood exceeded the target level.

Analysis of results: This resource is highly dependant on the mix of persons with secure behavior disorders or medically fragile conditions. The presence of these conditions present unique challenges for staff in balancing maximum independence and safety.

Factors affecting results: Factors affecting results include the mix of persons with behavior disorders and/or medically fragile conditions.

Resources used: The appropriation to the two Resource Centers.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Preventing client injuries in the CCUSO program.

Description: Reducing the number and seriousness of injuries suffered by patients at the Civil Commitment Unit for Sexual Offenders.

Why we are doing this: Patients in the CCUSO program have the right to feel safe and secure while committed to the program. Patients who are concerned for their physical safety are less likely to be able to focus on and benefit from the psychological treatment they need.

What we're doing to achieve results: Additional staff training and database technology.

Results

Performance Measure:

Monthly rate of resident injuries per 100 residents in the Civil Commitment Unit for Sexual Offenders (CCUSO) facility at Cherokee requiring treatment by a physician per 100 residents served.

Performance Target:

2.4 per month

Data Sources:

CCUSO Injury Report.

Figure 40: Monthly CCUSO Injury Rate, Per 100 Residents

Performance Results	CCUSO Injuries, per 100 Residents
Fiscal Year 2004	0.22 per Month

Data reliability: This data is taken from internal data management systems at the facilities involved. It represents all injury reports for which a patient required medical care.

Why we are using this measure: Injuries to patients that required medical attention are a good measure to assess patient safety.

What was achieved: There was only one injury to a patient requiring medical attention during the entire year at CCUSO in FY 2004.

Analysis of results: The rate of injury has been extremely low, allowing patients to feel safe and secure and facilitating the program's psychological treatment goals.

Factors affecting results: Highly trained and committed staff, a strong treatment program that helps patients learn how to control their emotions and deal appropriately with conflict.

Resources used: The appropriation to the CCUSO program.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Process claims

Description: The Department of Human Services purchases a variety of goods and services from vendors and department employees incur travel expenses. The department has made a commitment to reimburse vendors and employees timely.

Why we are doing this: The Department of Human Services purchases goods and services and department employees incur travel expenses as we help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state.

What we're doing to achieve results: The Department of Human Services is maximizing resources by streamlining processes as appropriate.

Results

Performance Measure:

Percent of claims that are paid in a timely manner – within 30 days of receipt in DHS.

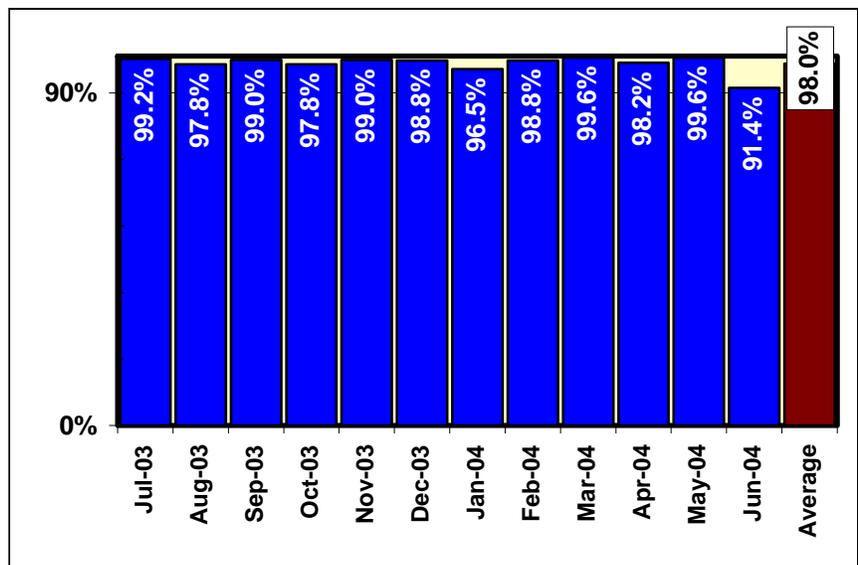
Performance Target:

90%

Data Sources:

DHS Division of Fiscal Management tracking data

Figure 41: Percent of Claims Paid Within 30 Days



Data reliability: All claims are stamped with the date received and with the date paid. The number of days required for processing is calculated based on these dates.

Why we are using this measure: Customers that receive timely payments for goods/services provided will continue to provide for the needs of department clients. Dissatisfied customers may choose to discontinue their business relationship jeopardizing our ability to provide for clients.

What was achieved: The target was exceeded in each month of fiscal year 2004. For the year, an average of 98% of all claims were paid within 30 days.

Analysis of results: Customers received timely reimbursement for goods/services resulting in fewer complaints and better working relationships between the department and vendors. There was a significant drop in the measure recorded in June 2004. This is due primarily to challenges around implementation of the new state accounting system, known as the I/3 system.

Factors affecting results: None

Resources used: The primary responsibility for payment processing is with the Bureau of Purchasing, Payments, & Receipts in the Division of Fiscal Management. Claims for all DHS offices are reviewed and approved for payment in this bureau. There are six FTEs associated with this function.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Child support payment processing.

Description: Service supports Department's core function of economic support.

Why we are doing this: Improve the income level of the people we serve.

What we're doing to achieve results: Partnering with employers, obligors, and other states to increase electronic payment remittance and a continual focus on alignment of resources to meet processing demands. Daily performance measurement occurs to ensure timeliness in payment processing and long-term strategies to enhance processing are derived from strategic planning efforts.

Results

Performance Measure:

The percent of payments processed within two business days of receipt.

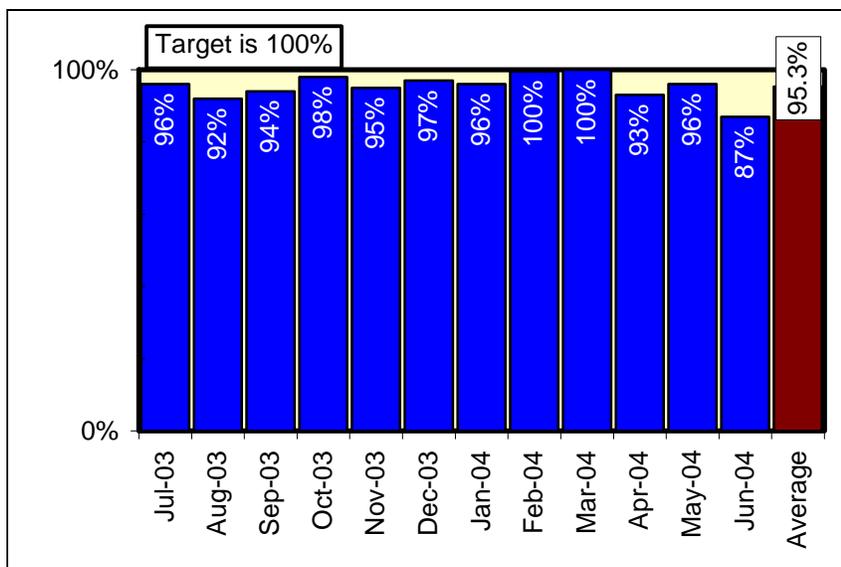
Performance Target:

100%

Data Sources:

DHS Division of Fiscal Management tracking data.

Figure 42: Percent of Child Support Payments Processed Within 2 Days



Data reliability: The majority of data used in measuring performance comes from an automated payment processing system in the form of a management report. The overall performance measure is compiled using the management report data and forwarded for review and approval.

Why we are using this measure: To ensure timeliness in child support payment processing.

What was achieved: The target of 100% was achieved in two months of fiscal year 2004. An average of 95.3% of child support payments were processed within two business days.

Analysis of results: 95.3% of child support payments were processed within two business days in fiscal year 2004. The balance of payments not processed within two business days were processed in three business days.

Factors affecting results: Technology challenges including implementation of the State's new accounting system, staff resources, and fluctuating mail demands are factors affecting results. Each of these factors is being addressed in strategic planning efforts and during the daily focus on enhancements to business processes.

Resources used: General fund allocation for child support recovery unit services.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Performance based contracting.

Description: Contracts executed by the Department of Human Services are to include performance measures.

Why we are doing this: To be in compliance with the Accountable Government Act, but more importantly to act as good stewards of state resources by assuring the Department is paying on the expected performance of contractors.

What we're doing to achieve results: The Department has developed new contract shells to assure each contract has performance measures, means to review contractor performance and expected thresholds of contractor performance prior to payment for services, products or activities. Numerous trainings have been held and technical assistance is made available to contract managers.

Results

Performance Measure:

Percent of all new contracts executed that include performance measures (includes contracts subject to AGA from a random audit sample of at least 60 contracts

Performance Target:

100%

Data Sources:

Division of Results Based Accountability

Figure 43: Performance Based Contracting

Performance Results	Performance based contracting
Fiscal Year 2004	Not Available (program to be implemented during FY05)

Data reliability: A protocol and tool are being developed to assess compliance with the Accountable Government Act and will be tested on a random sample of contracts during the 2005 fiscal year.

Why we are using this measure: To assure compliance with the Accountable Government Act and to assure the agency that contractors are performing in accordance with the contract.

What was achieved: No current data available.

Analysis of results: No current data available.

Factors affecting results: This is the first year in which performance measures and payments based on that performance have been executed.

Resources used: Staff from the Divisions of Fiscal Management and Results Based Accountability have collaborated in developing materials, training and in the provision of technical assistance. They will continue to collaborate in the development of a review tool and protocols for an internal audit of contract compliance.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Cost containment

Description: Controlling costs related to the Medicaid program.

Why we are doing this: Cost containment in the Medicaid program has become a priority as costs have continued to skyrocket. The cost containment strategies are specifically targeted at those areas with the highest rate of growth that can be changed while maintaining program integrity.

What we're doing to achieve results: DHS has identified several areas of the Medicaid program which have higher-than-normal growth in costs. Strategies have been identified to reduce pharmaceutical costs and control inpatient hospital claims.

Results

Performance Measure:

State funds saved through the Medicaid Preferred Drug List (PDL) program (\$20 M total)

Performance Target:

\$7 million (State)

Data Sources:

N/A

Figure 44: Medicaid PDL

Performance Results	Medicaid Preferred Drug List (PDL)
Fiscal Year 2004	Not Available (program to be implemented during FY05)

Data reliability: N/A

Why we are using this measure: Prescription drug expenditures have increased by 115% from SFY 1999 through SFY 2004 (from \$166.3M to \$357.8M). The implementation of a Preferred Drug List and the receipt of supplemental drug rebates from drug manufacturers were determined by the department to be critical in containing the costs of prescription drugs in the Medicaid program.

What was achieved: N/A

Analysis of results: N/A

Factors affecting results: DHS entered into a contract, effective July 1, 2004, with the Iowa Foundation for Medical Care (IFMC) for the implementation of a Preferred Drug List, negotiation for Supplemental Rebates and Pharmacy Prior Authorization activities. The IFMC has subcontracted these services out to GHS Data Management. The Preferred Drug List will be operational on January 15, 2005.

Resources used: Medical Assistance appropriation.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Cost containment

Description: Controlling costs related to the Medicaid program.

Why we are doing this: Cost containment in the Medicaid program has become a priority as costs have continued to skyrocket. The cost containment strategies are specifically targeted at those areas with the highest rate of growth that can be changed while maintaining program integrity.

What we're doing to achieve results: DHS has identified several areas of the Medicaid program which have higher-than-normal growth in costs. Strategies have been identified to reduce pharmaceutical costs and control inpatient hospital claims.

Results

Performance Measure:

State funds saved through State Maximum Allowable Cost (SMAC) program for prescription drugs.

Performance Target:

\$1.8 million

Data Sources:

DHS Division of Fiscal Management tracking data

Figure 45: Prescription Drug SMAC Program

Performance Results	State Maximum Allowable Cost (SMAC)
Fiscal Year 2004	\$2,007,192

Data reliability: Data are based on actual Medicaid claims payments for generic prescription drugs reimbursed using the SMAC rates, therefore these data should be highly reliable.

Why we are using this measure: Prescription drug expenditures have increased by 115% from SFY 1999 through SFY 2004 (from \$166.3M to \$357.8M). Limiting the amount that Medicaid would reimburse for generic (prescription) drugs was determined by the department to be critical in containing the costs of prescription drugs in the Medicaid program.

What was achieved: A savings of over \$2M to the Medicaid program was achieved by limiting the amount of reimbursement for generic (prescription) drugs in the Medicaid program to the established SMAC rates

Analysis of results: The original savings target of \$1.8M was exceeded by over \$200,000 for fiscal year 2004.

Factors affecting results: On November 3, 2003 the department expanded the number of drugs subject to SMAC pricing to 172 drug groups, up from the 93 groups that were in effect on July 1, 2003. Per the requirement in House File 619, the SMAC program is reviewed every two months.

Resources used: Medical Assistance appropriation.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Leveraging Federal funds

Description: Whenever possible DHS seeks to increase Federal matching funds that may be available. Federal matching funds allow each dollar that is appropriated by the State to go further in serving our clients.

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:

Title IV-E claiming penetration rate (%) for federal dollars.

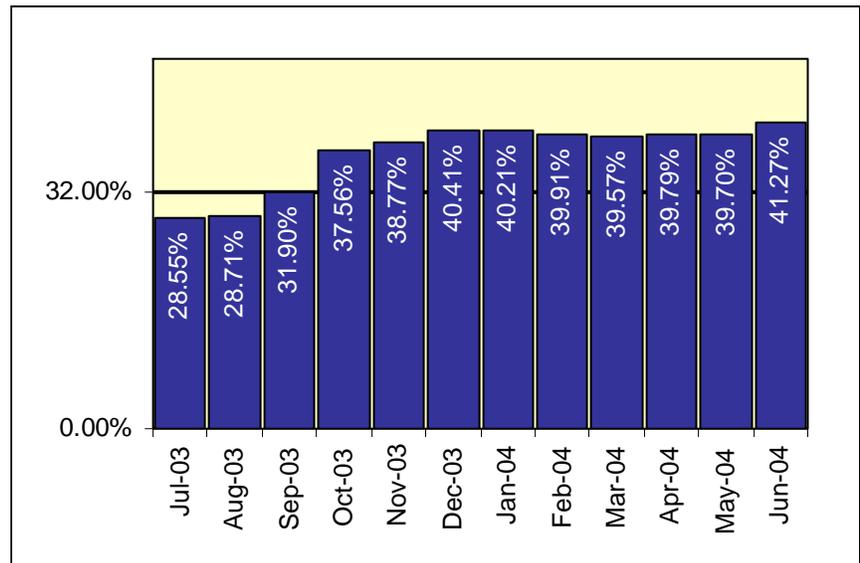
Performance Target:

32%

Data Sources:

DHS-Division of Fiscal Management

Figure 46: Title IV-E Claiming Penetration Rate



Data reliability: Data is generated by the Child Welfare Information Management System based on eligibility information entered by field staff regarding IV-E eligibility of children served in child welfare.

Why we are using this measure: This data is used to determine the amount of federal funds the state is able to claim for foster care and adoptive services.

What was achieved: The target of 32% was exceeded. At the end of the fiscal year, the Title IV-E claiming rate was 41.27%. DHS collected \$49.6M in IV-E matching funds in FY04.

Analysis of results: Improvement in the accuracy of the determination of client eligibility has generated increased Federal funding for services provided to children and families. As a result state funding can be used to purchase additional services. Additionally, this same statistic is used in the calculation of Federal funding available for support of the field staff that are managing the service delivery. These dollars support the level of staff available to provide services.

Factors affecting results: Sufficient staff and data systems are required to sustain this level of Federal Financial Participation (FFP) as well as joint efforts with the Courts and Juvenile Court Services.

Resources used: Improved accuracy in eligibility was achieved through a contract with Maximus, Inc. and a good deal of work on the part of DHS staff. A IV-E eligibility unit was established to assure the effort is sustained.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Leveraging Federal funds

Description: Medicaid Intergovernmental Transfers (IGTs)

Why we are doing this: To leverage additional federal Medicaid revenue as a direct offset to state General Fund costs in the Medicaid program.

What we're doing to achieve results: Drawing additional federal Medicaid funds through the use of IGTs.

Results

Performance Measure:

Dollars obtained through intergovernmental transfer (IGT)

Performance Target:

\$96.5 million

Data Sources:

DHS – Fiscal Management Division

Figure 47: Dollars Obtained Through Intergovernmental Transfer

Performance Results	Intergovernmental Transfers
Fiscal Year 2004	\$81,148,851

Data reliability: This information is taken directly from the department's accounting ledgers, and therefore should be highly reliable.

Why we are using this measure: This is a measurable activity that results in additional federal Medicaid funds being leveraged that provide funding to pay Medicaid program expenditures.

What was achieved: The target for fiscal year 2004 was \$96.5M. DHS obtained \$81.1M during that time period, falling short of the target by \$15.4M.

Analysis of results: Additional federal Medicaid funds, in the amount of \$81.1M, were leveraged as a result of the IGTs. These funds were deposited in the Senior Living Trust Fund (\$52.9M) and the Hospital Trust Fund (\$28.2M).

Factors affecting results: The physician IGT at government-owned teaching hospitals was not implemented. The department submitted a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) on 8/12/03. The department received a formal request from CMS for additional information (RAI) related to this SPA on 11/17/03. The department's response to CMS was sent on 2/5/04. A teleconference call with CMS officials was held on 4/21/04, whereby the department agreed to withdraw its responses to the RAI previously issued. The department sent an e-mail withdrawing the responses with the clear understanding that the implementation date (July 1, 2003) would be maintained. On April 23, 2004, the department received a reply indicating that all activity related to action by CMS on this SPA was stopped effective that date. The department is looking at the possibility of amending the SPA to remove mention of the IGT, however, this has not yet been decided. The department continues to work with CMS in this regard (additional conference calls to be scheduled) until the issue is resolved.

Resources used: Services related to IGTs are paid from the appropriation for DHS's general administration.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Leveraging Federal funds

Description: ICF/MR Assessment Fee

Why we are doing this: To obtain funding (from the assessment fee) to be used to pay Medicaid program expenditures.

What we're doing to achieve results: Assessing a 6% fee on revenues reported by ICF/MR facilities that is used as funding for the Medicaid program.

Results

Performance Measure:

Dollars obtained from Intermediate Care Facility for people with Mental Retardation (ICF/MR) assessment fee.

Performance Target:

\$5.4 million

Data Sources:

DHS – Fiscal Management Division.

Figure 48: ICF/MR Assessment Fee

Performance Results	ICF/MR Assessment Fee
Fiscal Year 2004	\$7,980,783

Data reliability: Information taken directly from the department's accounting ledgers, and therefore should be highly reliable.

Why we are using this measure: This is a measurable activity that results in obtaining revenue that is used as funding for the Medicaid program.

What was achieved: At the end of the fiscal year 2004, DHS had collected \$7,970,884 through the ICF/MR assessment fee.

Analysis of results: The actual amount collected from the ICF/MR assessment fee exceeded the \$5.4M target by about \$2.6M. Collections were higher than usual because of fees collected by state-operated ICF/MR facilities.

Factors affecting results: Originally, the savings target was \$6.1M, but this was based on cost report revenue data that contained inaccuracies. The estimated savings was revised to \$5.4M to reflect the accurate data. In FY04, collections exceeded the targeted amount due to revised rules allowing state-operated ICF/MRs to collect the assessment fee.

Resources used: Costs associated with collecting this fee are collected under a contract paid by the medical assistance appropriation.

PERFORMANCE PLAN RESULTS

SERVICE/ PRODUCT/ ACTIVITY

Name: Systems

Description: DHS supports a state-wide technology infrastructure that includes wide and local area networks, servers (application, file/print, email, etc.), back-up and business continuity solutions, and applications that provide support of services to all the clients of the department.

Why we are doing this: Without this very complex technology infrastructure the citizens of Iowa would not have the following benefits available: Medicaid, Child Support, Food Stamp Assistance, FIP (cash assistance), State Adoption and Foster Care, Child Protection Services and all of the services provided by the State Resource Centers, Mental Health Facilities and Eldora and Toledo Schools. In addition to direct support for the fore mentioned we also share data with many other state and federal agencies (i.e. Dept of Education, Iowa Workforce Development, Internal Revenue Service, Social Security Administration, etc.).

What we're doing to achieve results: DHS constantly seeks to improve the reliability and functionality of the technology infrastructure. The citizens of Iowa depend on services offered by the department and the DHS IT Division is an integral part of the delivery process.

Results

Performance Measure:

Availability (up-time) of DHS Systems (includes DHS network and the various Administrative systems)

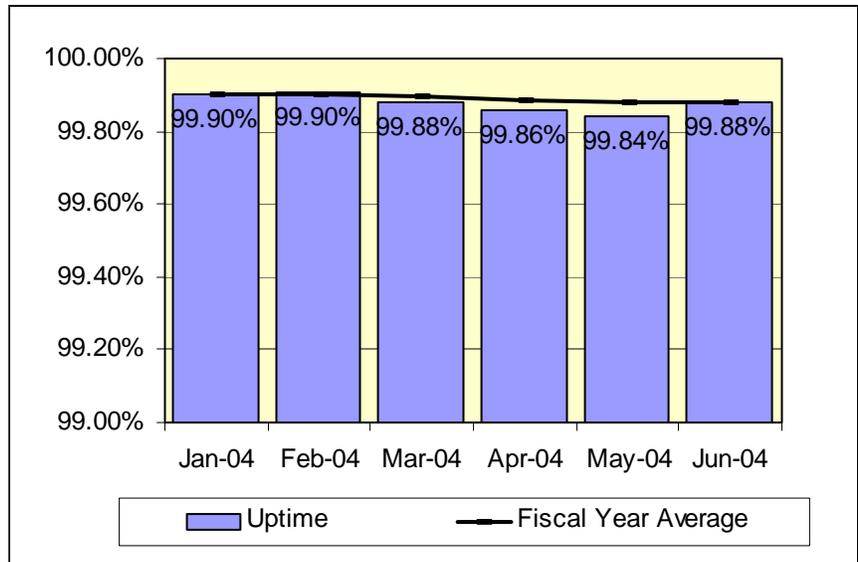
Performance Target:

96% overall

Data Sources:

Server availability from the Bureau of Network Support, Division of Data Management.

Figure 49: Up-time of DHS Servers



Data reliability: Data are from systems that continuously monitor DHS server activity. These systems record the incidence and duration of all outages.

Why we are using this measure: This measure identifies the percentage of time critical systems and data are available to DHS staff and management. DHS workers rely on the computer systems to provide the wide array of services offered through the department. To meet the needs of the citizens of Iowa the servers that support the applications must be available at a very high degree of reliability.

What was achieved: The target of 96.0% uptime was exceeded by a significant margin for the last six months of FY04. In aggregate, DHS servers were available for at least 99.84% of any given month, and the average for FY04 was 99.88% uptime.

Analysis of results: The results of 99.84% to 99.90% availability (up-time) represent a very high level of reliability.

Factors affecting results: These percentages of availability (up-time) are exclusive of the segments of our delivery system outside the control of DHS staff, i.e., ICN, local common carriers, ITE. The results do include down-time as a result of hardware and software problems and scheduled maintenance windows.

Resources used: The resources available to support the servers are funded through DHS General Administration appropriations. A total of 13 staff support not only the servers but also the DHS email system, VPN, network, virus and SPAM control, email encryption, imaging, mid-range systems and new technology testing.

Agency Contacts

Copies of the Iowa Department of Human Services' Fiscal Year 2004 Performance Report are available on the Results Iowa web site (www.resultsiowa.org). Copies of the report can also be obtained by contacting Matthew Haubrich at (515) 281-5232 or mhaubri@dhs.state.ia.us.

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