

2003 A Year of Adjustment

At the end of 2002, we found ourselves residing within a restructured department, facing another difficult year of budget challenges with 34 new staff. Well, the ride was a bumpy one but we survived. Two goals were set for the unit:

1. Design a system that would adapt to the additional work around Pre-authorization and new incident reporting requirements.
2. Lead the unit to a unified approach that would hold staff accountable concerning timeliness of key work so that no payback activities would result.

**Goal number 1:**

*Pre-authorization:*

We approached training activities around pre-authorization in a consumer specific method. Meaning, one Central Office quality staff person devoted time to working with staff in reviewing individual Magellan cases for authorization. We won our first de-certification appeal. Although this was exciting the resources devoted to this activity were considerable. Our average caseload was reduced to 38 throughout the year rather than 40.

*Incidents:*

You will note a new section in this report for safety. This was a new requirement from chapter 24. The data is telling about community placement issues and again there were associated costs to this reporting and tracking method. Now, looking back, I would say the results justified the expense.

**Goal Number 2:**

The need for staff accountability was evidenced in the fact that in 2002 50% of staff evaluations were not completed timely, staff expectations varied from region to region, and we paid back over $50 thousand dollars for work not completed by staff. We designed a unit work plan that detailed the work to be accomplished by month. I am pleased to say all evaluations were up to date for the first time this January. We worked with staff on expectations, put one reading form in place and revised the best practice book.

Pay back amounts have decreased over the past two years. This year we paid back a total of 128 units for a total amount of $25,600. The contracted time coach has been such an asset in assisting staff to plan organize and accomplish timely work. With the implementation of pre-authorization we can only back bill for 3 months rather than 12. This change in practice was the impetus to system changes implemented.

### Great Things about Year 2003

1. No financial audit comments on the 2002 financial audit
2. CPC’s led us to focus on our referral process
3. All 25 counties chose to contract with us again
4. Consumer satisfaction of 91.5%
5. Consumers involved in work activities doubled
6. All TCM staff have demonstrated they can write incremental steps
7. We are all still privileged to practice our craft in the state of Iowa

This year will be another year where we are looking at ways to save counties money while continuing to serve consumers and maintain our quality of service.

Diane Diamond, Social Work Administrator- DHS TCM

Advisory Board

Our Advisory Board seeks to identify areas of concern within the Unit, and assist in finding solutions and ways of better serving our consumers. The following Case Management employees, county officials and community members served on the Advisory Board for the DHS Case Management Unit in 2003.

Mary Dubert, Scott County CPC

Jill Eaton, Marshall County CPC

Dean Hargens, Crawford County Board of Supervisors

Jan Heikes, Winneshiek/Allamakee County CPC

Lori Nosekabel, Adair/Adams/Clarke/Taylor/Union County CPC

Lisa Rockhill, Lyon County CPC

Mary Williams, Benton County CPC

## Joann Hagen, Parent, Winneshiek County

Chris Sparks, Exceptional Persons Inc., Waterloo

## Diane Diamond, Social Work Administrator



## Kathy Jordan, Lead Supervisor

Dave Wells, Lead Supervisor

Terri Kuntz, Lead Supervisor

Linda Conrad, Supervisor

Counties Served in 2003



Table of Organization



\*For a complete staff listing see Appendix A

Consumer Feedback

# Each year surveys are mailed to a minimum of 50% of consumers in all counties contracting with DHS Case Management. At the request of some CPCs 100% of the consumers are surveyed. We review both the ratings given and the comments that are included on each survey. The results in the following chart show that DHS Case Managers are continuing to meet the very high expectations of those we serve. A total of 576 surveys were returned in 2003.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question |  | Number of responses | % of total responses | % change over 2002 |
| Did some one help you complete this survey? | Yes-F | 38 | 6.6% | -8.0% |
| Yes-CM | 8 | 1.4% | 0.5% |
| Yes-E | 100 | 17.4% | -16.9% |
| Guard | 351 | 60.9% | 41.4% |
| No | 72 | 12.5% | -16.5% |
| DNA | 7 | 1.2% | -0.5% |
| Do you know how to contact your case manager? | Y | 507 | 88.0% | 3.1% |
| N | 36 | 6.3% | -2.1% |
| U | 31 | 5.4% | -0.4% |
| DNA | 2 | 0.3% | -0.6% |
| Does your case manager understand what you can do and what you need? | Y | 525 | 91.1% | 0.9% |
| N | 7 | 1.2% | -0.6% |
| U | 42 | 7.3% | -0.2% |
| DNA | 2 | 0.4% | -0.1% |
| Does your case manager respect your skills and abilities? | Y | 541 | 93.9% | 1.4% |
| N | 8 | 1.4% | -0.4% |
| U | 24 | 4.2% | -1.3% |
| DNA | 3 | 0.5% | 0.3% |
| Do you decide what kinds of activities and services you want? | Y | 499 | 86.6% | 0.9% |
| N | 28 | 4.9% | 0.0% |
| U | 47 | 8.2% | -0.6% |
| DNA | 2 | 0.3% | -0.3% |

**KEY**: DNA = Did Not Answer

 Y = Yes

 N = No

 U = Unsure/Not Sure

 Yes-F = Yes a Friend or Relative

 Yes-CM = Yes My Case Manager

 Yes-E = Yes an employee of an agency where I receive services

 Guard = Guardian completed survey

No = No I completed it myself

Consumer Feedback

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question |  | Number of responses | % of total responses | % change over 2001 |
| Did you set the goals in your case management plan? | Y | 444 | 77.1% | 0.6% |
| N | 46 | 8.0% | -2.7% |
| U | 82 | 14.2% | 2.6% |
| DNA | 4 | 0.7% | -0.5% |
| Prior to your meetings to plan your goals, do you meet with your case manager? | Y | 417 | 72.4% | -0.8% |
| N | 94 | 16.3% | 0.9% |
| U | 62 | 10.8% | 0.6% |
| DNA | 3 | 0.5% | -0.7% |
| Do you talk in your meetings? | Y | 526 | 91.3% | -0.8% |
| N | 24 | 4.2% | -0.8% |
| U | 10 | 1.7% | 0.5% |
| DNA | 16 | 2.8% | 1.1% |
| Are you satisfied with the service you receive from your case manager? | Y | 527 | 91.5% | 0.2% |
| N | 10 | 1.7% | -1.0% |
| U | 27 | 4.7% | 0.0% |
| DNA | 12 | 2.1% | 0.9% |
| Since you began work with your case manager have you felt more apart of your community? | Y | 465 | 80.7% | -2.8% |
| N | 23 | 4.0% | -0.6% |
| U | 61 | 10.6% | 1.1% |
| DNA | 27 | 4.7% | 2.3% |

**KEY**: DNA = Did Not Answer

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Consumer Feedback

|  |
| --- |
| The number of survey respondents who reported satisfaction vs. the number of surveys returned is shown by county. \* |
| Audubon |  | 4/4 |  | Lee |  | 29/34 |
| Benton |  | 12/13 |  | Lyon |  | 5/6 |
| Black Hawk |  | 52/55 |  | Marion |  | 17/18 |
| Butler |  | 7/9 |  | Marshall |  | 21/22 |
| Calhoun |  | 12/12 |  | Monona |  | 7/7 |
| Clarke |  | 13/13 |  | Palo Alto |  | 8/8 |
| Clayton |  | 8/8 |  | Plymouth |  | 20/22 |
| Crawford |  | 13/14 |  | Pocahontas |  | 9/9 |
| Dubuque |  | 105/118 |  | Scott |  | 38/42 |
| Greene |  | 7/8 |  | Sioux |  | 17/18 |
| Guthrie |  | 5/6 |  | Warren |  | 15/16 |
| Jasper |  | 22/26 |  | Winneshiek |  | 14/15 |
| \*2003 surveys were sent to consumers who had been with our Unit for at least one year as of 3/15/03. Since Delaware County did not sign with us until late 2002, none of those consumers met the criteria for the survey. |

### Consumer Feedback

Below is what some consumers had to say about DHS Case Management on this years’ survey.

**🎖***Case Manager* is good about communication and knowing and caring how everything is going with client.

**🎖***Case Manager* is a very good case manager and she always puts the consumer’s wants and needs first.

**🎖***Case Manager* is very friendly, personable, and is very capable of working with the consumer and helping him to express his wants and needs. She is a very good listener not only with the consumer, but also with the parents and guardian.

**🎖***Case Manager* is awesome. She is always available to provide assistance. She promptly returns phone messages and provides valuable input on problems and issues. She is genuinely concerned about her clients well-being.

**🎖***Case Manager* has helped us out with the consumer. We don’t know what we would do with out her. We can call and depend on her to respond to our call or questions we have. She makes every effort to help us out.

**🎖***Case Manager* has been helpful and supportive.

**🎖***Case Manager* is very approachable and always accessible. She responds promptly to any needs of the consumer. Has good understanding and knowledge of waiver programs. She keeps in communication with our provider of services.

*Case Manager* treats people like a person and not a number. She is caring and always does and suggests the best things for the consumer.

**🎖***Case Manager* is very approachable, energetic, and responsive. We feel very lucky to have her.

**🎖***Case Manager* has been very good to work with. She definitely has the best for her consumer. Has always kept us informed. Has always asked for our input on all matters. She is a very understanding person and knows and does her job very well.

**🎖***Case Manager* is a very knowledgeable and pleasant person.

**🎖***Case Manager* has done a wonderful job and seems to care about her clients.

**🎖**I am very pleased with my case manager. He always keeps regular contacts with me and if I ever have a problem or need help he is very helpful.

**🎖***Case Manager* is very conscientious about her job and advocating for her clients. She does an outstanding job.

**🎖***Case Manager* is a terrific case manager. She makes me feel important and valued. She is a caring, intelligent, dedicated person. I consider myself to be lucky to be one of her clients. She has always been there for me when I need her, even through I can tell she carried a very full caseload. *Case Manager* is always willing to check out new ideas for me.

**🎖***Case Manager* has done an outstanding job. He is very respectful, professional, and considerate with regards to my son. We could not be happier.

CPC Feedback

This year we have adapted a more quantitative approach to surveying our CPCs so that we can track the data over time. CPCs were asked to rank their responses to the following questions on a scale of 1-10 with one being poor and ten exceptional. The results are shown below.



Assessment Data

Assessment data has been collected for all consumers since 1997, the year the assessment project began. Each year we look back five years to compare the assessment information from previous years to the current years results. The information is based on annual assessments of all adult mentally retarded, chronically mentally ill, and developmentally disabled consumers of the DHS Case Management Unit. We review data related to consumer’s health, safety, self-sufficiency, and stability and that data is presented on the following pages.

During the year 470 cases were opened verses 363 closed

Assessment Data – Safe Consumers

Abuse Reports and Criminal Convictions

Abuse reports are counted when the consumer is a victim of founded abuse. Founded abuse is shown below by diagnosis as a percent of the total population.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MR**  | **CMI**  | **DD**  | **Percent of total assessment population** |
| **1999** | 0.5% | 1.4% | 1.5% | **0.8%** |
| **2000** | 0.5% | 1.1% | 0.6% | **0.7%** |
| **2001** | 0.2% | 1.2% | 0.5% | **0.5%** |
| **2002** | 0.4% | 0.7% | 0.0% | **0.4%** |
| **2003** | 0.4% | 1.0% | 0.0% | **0.7%** |

Criminal convictions are shown for those consumers with a legal judgment. Consumers are counted during the year that the legal judgment occurred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MR**  | **CMI** | **DD** | **Percent of total assessment population** |
| **1999** | 0.5% | 3.7% | 2.6% | **1.5%** |
| **2000** | 0.8% | 2.7% | 3.0% | **1.6%** |
| **2001** | 1.7% | 1.9% | 1.7% | **1.8%** |
| **2002** | 0.8% | 2.0% | 2.2% | **1.2%** |
| **2003** | 0.8% | 5.5% | 3.0% | **2.3%** |

Assessment Data – Healthy Consumers

The Percentage of consumers who had one or more medical hospitalizations in 2003 is shown.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | **MR**  | **CMI**  | **DD**  | **Percent of total assessment population** |
| **1999** | 5.4% | 13.4% | 7.7% | **7.4%** |
| **2000** | 5.5% | 11.1% | 15.7% | **8.0%** |
| **2001** | 6.0% | 10.3% | 11.5% | **7.8%** |
| **2002** | 7.8% | 11.45% | 8.0% | **8.6%** |
| **2003** | 6.2% | 7.6% | 9.7% | **6.9%** |

The percentage of consumers who had at least one 23-hour observation in 2003 is shown.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | **MR**  | **CMI**  | **DD**  | **Percent of total assessment population** |
| **1999** | 1.0% | 5.3% | 1.0% | **2.0%** |
| **2000** | 1.0% | 4.9% | 0.6% | **2.0%** |
| **2001** | 1.2% | 2.2% | 0.0% | **1.4%** |
| **2002** | 0.7% | 2.1% | 0.7% | **1.3%** |
| **2003** | 0.7% | 2.5% | 0.8% | **1.2%** |

Percentage of consumers who had at least one psychiatric hospitalization in 2003 is show.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | **MR**  | **CMI**  | DD  | **Percent of total assessment population** |
| **1999** | 3.8% | 33.2% | 4.6% | **11.5%** |
| **2000** | 4.0% | 26.6% | 3.0% | **7.2%** |
| **2001** | 4.0% | 27.0% | 4.6% | **11.2%** |
| **2002** | 4.0% | 26.7% | 2.9% | **10.9%** |
| **2003** | 3.5% | 20.6% | 2.7% | **8.3%** |

Assessment Data – Self Sufficient

# Work Setting By Primary Diagnosis 2003

|  |  |  |  |
| --- | --- | --- | --- |
| Work Setting | **MR** | **CMI** | **DD** |
| Competitive | 211 | 134 | 35 |
| Supported | 184 | 62 | 24 |
| Sheltered Work\* | 726 | 189 | 59 |

# Total Percentage of Consumers in a Work Setting 2003

|  |  |
| --- | --- |
| **Work Setting** | **Percentage** |
| Competitive | 15.0% |
| Supported | 10.7% |
| Sheltered Work | 38.5% |
| All Combined | 64.3% |

# Average Monthly Earned Income

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1999** | **2000** | **2001** | **2002** | **2003** |
| Competitive | $401.31 | $368.67 | $369.28 | $429.29 | $394.03 |
| Supported | $303.45 | $327.05 | $317.56 | $280.07 | $373.98 |
| Sheltered Work | $136.02 | $162.88 | $135.46 | $171.13 | $178.45 |

\*Particularly in the area of sheltered work you can see employment levels rebounding to where they were in 2000.

Assessment Data – Stable Consumers

**LIVING SITUATIONS BY PRIMARY DIAGNOSIS**

Consumers who live in their own home or a relative’s home score significantly higher on the assessment. This demonstrates the positive impact the home setting has on other result areas. As you can see a majority of our consumers live in their own home or with a relative.

|  |  |  |  |
| --- | --- | --- | --- |
| **2003** | **MR** | **CMI** | **DD** |
| Own Home | 900 | 425 | 139 |
| Relative's Home | 396 | 48 | 65 |
| RCF | 76 | 183 | 12 |
| RCF - MR | 158 | 4 | 6 |
| RCF - MI | 6 | 35 | 0 |
| ICF | 3 | 1 | 1 |
| ICF/MR | 5 | 0 | 0 |
| Family Life Home | 12 | 0 | 0 |
| Skilled Nursing Facility | 0 | 0 | 0 |
| Jail | 0 | 0 | 0 |
| Other | 30 | 19 | 3 |

Assessment Data – Score Summary

I.S.U. Graduate Research

Through our contract with Iowa State University this year we were able to work with a graduate student who put our assessment data through a rigorous statistical work out. Elaine Eshbaugh received deidentified consumer assessment information on our current consumers and with that was able to provide us with monthly findings in her Data News Letters. Below are some of her findings.

**Highlighted TCM Findings**

Common statistical procedures used in these analyses include correlations, multiple regression, ANOVA, repeated measures ANOVAs, and partial correlations. All analyses used significance levels of p < .05. Specific statistical findings have been omitted.

**Among All Consumers:**

* Women tend to rate more positively than men in the areas of medication management, basic needs, hygiene, community integration, community mobility, money management, and aggression.
* Men tend to rate more positively in the areas of job performance and coping skills.
* Among the four diagnoses, consumers who are developmentally delayed function at the highest level (mean = 118), followed by consumers who are mentally ill (mean = 113). The brain injured group and the mentally retarded group averaged 106 and 105, respectively.

**Among the Chronically Mentally Ill:**

* As one might guess, there is a link between substance use and aggression. If a consumer abuses substances, he or she is likely to be more aggressive. However, it is impossible to tell from the data whether these consumers are aggressive only when using substances or at other times.
* Among consumers who are chronically mentally ill, aggression is not related to increased medical hospitalizations or 23-hour observations. There is a relationship between increased criminal convictions and increased aggression. The link between increased psychiatric hospitalizations and increased aggression is even stronger.
* Consumers who struggle with coping and interpersonal skills are likely to display more aggressive behavior. Perhaps aggression has become a maladaptive coping mechanism for some people, and some folks who lack social skills might be trying to express themselves through aggression.
* Surprisingly, gender does not have a significant relationship with aggression when other variables are controlled.

I.S.U. Graduate Research

 **Employment:**

* Interestingly, about 60% of mentally retarded consumers are employed, whereas 44% of mentally ill consumers work. Among developmentally delayed consumers, 40% have employment, while 45% of brain injured consumers are employed.
* Men have an average gross earned income of $161 per month, while women have an average gross earned income of $123 per month. This is a statistically significant difference.

**Age:**

* Older consumers are less likely to have criminal convictions or committals than younger consumers.
* Older consumers are also rated significantly more positively in the areas of interpersonal skills, follow through, money management, coping skills, and basic needs than younger consumers.
* Older consumers also have better hygiene skills than younger consumers.
* Interestingly, older consumers were more likely to be rated as mobile within the community. However, they were not more likely to be integrated in the community. This is an interesting notion--as people become older they may find their way around the community better than in the past although they do not increase their sense of belonging.
* There were no statistical differences in the following areas: job performance, psychiatric hospitalization, medication management, and substance abuse. However, among mentally ill consumers only, substance abuse is more common among younger rather than older consumers.

**Improvement Across Time:**

* Among all consumers, analysis shows no significant improvement or decline across the three years in the areas of substance abuse, nutrition, job performance, basic needs, community mobility, community integration, money management, follow through, coping, and interpersonal skills.
* Unfortunately, consumers on the whole declined across the three years in two areas. They showed poorer hygiene across time, and their medication management declined. They were also more aggressive across time, although this difference did not quite reach statistical significance.
* On a positive note, consumers do show less criminal convictions and less psychiatric hospitalizations across time. This could be misleading, however, because consumers who would show increased convictions and psychiatric hospitalizations probably disappear from our data.

TCM Safety

In the fall of 2002 wording was added to Iowa Code 441-24 (225C) that required organizations submit incident reports, of a serious nature, to the Targeted Case Management Unit. A safety committee reviews the incidents and provides feedback to improve the overall safety of our consumers.

In calendar year 2003 six hundred eighty two incidents were submitted to the Department of Human Services Targeted Case Management Unit. The charts below note the 1) type of incidents 2) the outcome of each incident 3) the incident type by diagnosis and 4) the incidents in which children were involved.

TCM Safety

**Incidents by Type**

The most frequent incidents reported were physical injuries. They comprised 25% (n = 171) of the incidents. Incidents categorized as “other” accounted for 23% (n = 155) of the incidents. Prescription medication errors and emergency mental health treatment resulted in 16% (n = 112 and 111 respectively) of the incidents. Fourteen percent of the incidents (n = 93) required the intervention of law enforcement. Three percent (n =22) required a report to protective services and unfortunately there were 18 deaths, which comprised (3 %) of the total number of incidents.

From this data we understand that a significant number of incidents reported are uncategorized. Nonetheless they provide important information. Future reporting, of these types of incidents, will assist us in tracking other serious issues, which impact the safety of our consumers.

TCM incident data includes children. Of the 3129 adults and children in Case Management 682 or 21.8% had reported incidents. The break down on the 682 incidents is as follows: 0.2% BI Child, 1.9% BI Adult, 3.5% MR Child, 53.3% MR Adult, 39.2% CMI, 1.9% DD.

TCM Safety Committee

**Incidents by Outcome**

Professional Intervention was required in 43% (n=289) of the reportable incidents. Direct staff was able to resolve 32% (n=210) of the incidents and treatment was necessary for 25% (n=165) of the incidents.

It is encouraging to note that direct care staff was able to resolve roughly a third of the incidents that were reported. In 2004 it will be important to understand how the number of incidents that require intervention, beyond direct care staff, can be reduced.

**Total Incidents by Diagnosis**

The vast majority of our incidents are between our MR and CMI adult population. They comprised 92% (n=631) of the total incidents reported, with our MR adults comprising the majority of the incidents at 364 or 53%.

Individuals with a chronic mental illness or those who are mentally retarded often present a challenge to direct providers in ensuring their safety. As we notify them of incidents, by consumer, they will be able to see trends in their consumer behavior, which will allow them to intervene more appropriately.

**Incidents by Children**

Children comprised only 4% n=25 of the total incidents submitted in 2003. The data indicates that these incidents were most frequently related to medical issues or child protective concerns. The involvement of targeted case management helped to identify these problems and/or ensure the safety of the children who receive targeted case management services.

2003 Financial Information

The DHS Targeted Case Management Unit operates as a Medicaid provider. The Bureau operates on a projected rate for reimbursement of services and then retrospectively settles with various funders on actual costs incurred.

 The federal share in SFY 2003 was 66.29%. The State of Iowa and the counties with which we contract split the remainder of costs, or 16.855% each. The Bureau does not receive an appropriation and operates solely upon revenues generated for services provided. The basis for allowable reimbursable costs is only those costs directly associated with providing TCM.

## The Bureau's salary costs represent 82.66% of total expenses and are limited to staff who directly serve the consumers and staff who support those who serve the consumer. Support costs include items such as rent, travel, training, technology, office equipment, and telephones.



* Numbers of units of service provided were 39,429 compared to 35,881 the previous year. This was a 9.9% increase over the prior year and was due in part to the Adult Rehabilitation Option (ARO) and the waiver programs. Due to this trend and the state of the economy:
* 100% County funded TCM services decreased by 25% from the previous year
* 100% Private funded TCM services increased by 250% from the previous year

The DHS TCM financial team consists of two financial professionals performing the functions of Accountant and Budget Analyst. Four full time field account technicians complement them.

**The Financial Audit Division of the Auditor of State is scheduled to perform a full financial audit for SFY 2003 in March 2004.**

Appendix - A

|  |  |  |
| --- | --- | --- |
| **Central Office** | **Black Hawk Cont**. | **Clay – Spencer Office** |
| Diane Diamond, Bureau Chief | Linda Coonradt, SW2 | Carol Solvik, ITSW2 |
| Dustin Karrer, Administrative Asst. | Janet Dunkelberger, SW2 | David Donaldson, SW2 |
| Larry Campbell, Accountant 2 | Jeanne Erickson, SW2 | Julia Gillespie, SW2 |
| Jacob Shnurman, Budget Analyst | Cathy Hartz, SW2 | David Jaehrling, SW2 |
| David Perret, Program Planner 3 | Kathleen Hemmen, SW2 | Marcia Stover, SW2 |
| Sharyl Foster, Secretary | Sue Holm, SW2 |  |
| Jim Lyons, Account Tech 2 | Marty Jensen-Kilbourn, SW2 | **Clayton** |
| Dave Wells, Supervisor 2 | Andrea Mulling, SW2 | Linda Shaw, SW2 |
| Terry Hornbuckle, Social Worker 3 | Margaret Nevius, SW2 |  |
| Linda Conrad, Supervisor 1 | Pam Ratchford, SW2 | **Crawford** |
|  | Jennifer Tansey, SW2 | Myra Wellner, ITSW2 |
| **Audubon** | Gayle Thompson,  | Lori Seufert, SW2 |
| Jill Christoffersen, SW2 | Keri Warren, SW2 | Terri Ford, SW2 |
| Belinda Mikkelson, SW2 | Joe Wolfe, Supervisor 1 | Paula Musland, SW2 |
|  | Kathy Jordan, Supervisor 2 |  |
| **Benton** |  | **Delaware** |
| Jennifer Anderson, SW2 | Calhoun | Jody Helmrichs, SW2 |
| Tami Gorton, SW2 | Pam Moldovan, SW2 | Susan Schaul, SW2 |
| Renee Walker, SW2 | Jane Zieg, SW2 |  |
|  |  | **Dubuque** |
| **Black Hawk** | Cerro Gordo – Mason City Office | Gina Axtell, SW2 |
| Becky, Folchert, Account Tech 2 | Bonnie Eustice, SW2 | Neil Candee, SW2 |
| Elaine Mohlis, Account Tech 2 | Deb Halfpap, SW2 | Mary Drees, SW2 |
| Carol Rummens, ITSW 3 | Robin Mckee, SW2 | Sue Hahn, SW2 |
| Mary Beth Knight, Secretary  | Terri Kuntz, SW2 | Kristen Kieler, SW2 |
| Lavonne Eckhoff, Typ. Adv. | Char Ingersoll, SW2 | Joan Lentz, SW2 |
| Patty Hogan, Typ. Adv. |  | Connie Murphy, SW2 |
| Pennie Aalderks, SW2 | Clarke | Jon Rousell, SW2 |
| Jennifer Adamson-Chrisman, SW2 | Dale Neas, SW2 | Martha Stuter, SW2 |
| Cathy Bloomquist, SW2 |  | Marcy Wilker, SW2 |

Appendix - A

|  |  |  |
| --- | --- | --- |
| **Dubuque Cont.** | Knoxville | **Scott Cont.** |
| Wendy Woodhouse, SW2 | Lisa Liston, SW2 | Dixie Garstang, Typ. Adv. |
| Ann Bauer, Supervisor 1 | Lori Rockwood, SW2 |  |
| Birgit Morey, Typ. Adv. | Glenna DeZwarte, Typ. Adv. | **Sioux** |
|  | **Marshall** | Mark Klemme, SW2 |
| Greene | Carol Fonua, SW2 | Karla Kool, SW2 |
| Charla Grote, SW2 | Lisa Hovar, SW2 | Nancy Van Otterloo, SW2 |
| Mary Wilson, SW2 | Tammy McAnulty, SW2 | Kim Weaver, SW2 |
|  | Kristi Mann, SW2 |  |
| Guthrie Center |  | **Warren** |
| Bev Harlan, SW2 | **Plymouth** | Darci Alt, SW2 (Guthrie Office) |
|  | Judy Church, SW2 | Ann Eide, SW2 |
| Newton | Jodee Jackes, SW2 | Mark Nickum, SW2 |
| Connie Innis, Typ. Adv. | Kari Westra, SW2 |  |
| Ed Beard, SW2 | Pat Lange, Supervisor 1 | **Webster – Fort Dodge Office** |
| Linda Colligan, SW2 |  | Jeanne Gibson, Social Worker 3 |
| Denise Lacina, SW2 | **Pocahontas** | Mary Kenndy-Seiler, SW2 |
| Deb Ferrone, SW2 | Lisa Peterson, SW2 |  |
|  |  | **Winneshiek** |
| **Lee - Fort Madison** | **Scott** | Terri Fairchild, SW2 |
| Renee Guernsey, SW2 | Tai Brooks, SW2 | Bob Kobliska, SW2 |
| Katrina Scharpman, SW2 | Steve Bogulski, SW2 | Sheri Ehlers, Supervisor 1 |
| Jennifer Degen, SW2 | Paula Dix, SW2 |  |
| Kelly McCain, SW2 | Mary Downing, SW2 | **Woodbury – Sioux City Office** |
| Patsy Watson, SW2 | Larry Flesburg, SW2 | Deb Sattizahn, Account Tech 2 |
| Pat White, Supervisor 1 | Jennifer Kernan, SW2 | Marcy O'Connor, ITSW2 |
| Tara Clark, Typ. Adv. | Renee Koupal, SW2 |  |
|  | Dan Lahart, SW2 |  |
| **Lee - Keokuk** | Janice Townsen, SW2 |  |
| Robin Laffey, SW2 | Paula Severe, SW2 |  |
|  | Diane Smith-Brown, SW2 |  |
|  | Barb Robinson-Legarde, Supervisor 1 |  |

Appendix – B

In 2003 we began using the following form to survey our CPCs

**CPC Survey**

**Date**:

**Customer’s Name**:

**Interviewed By**:

On a scale from 1-10 rate our performance in the following areas, with 10 being exceptional, 5 average and 1 poor.

**Goal**: No less than a score of 8 on all measures.

1. Department of Human Services TCM staff are available during business hours or I receive timely responses to phone calls and e-mails. :

• Comments:

1. Department of Human Services TCM Unit listens to the wants and needs of the consumer and incorporates them when appropriate.

• Comments:

1. DHS Targeted Case Managers correctly apply the county management plan.

• Comments:

1. Referrals are assigned within a reasonable amount of time.

• Comments:

1. Department of Human Services TCM Unit provides requested information.

• Comments:

### Appendix – B

1. Department of Human Services TCM Unit is responsive to service delivery problems.

• Comments:

1. Department of Human Services TCM Unit is responsive to customers’ emergency needs.

• Comments:

1. Program plans are developed in a cost-effective way.

• Comments:

1. I can count on the supervisors and staff to help me access services and identify new strategies to help customers make gains in skills and abilities.

• Comments:

1. Overall Satisfaction.

 • Comments: