

IOWA DEPARTMENT OF HUMAN SERVICES

# PERFORMANCE REPORT

Performance Results Achieved for  
Fiscal Year 2017

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## Message from the Director

It is my pleasure to present the Iowa Department of Human Services SFY17 Performance Report. As Iowa's safety-net agency, we help over 1,025,680 Iowans lead safer, healthier, and more independent lives. From the results found at the end of this report, I believe you will see that we are accomplishing this work in an ever more efficient and thorough manner.

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

Sincerely,

Jerry R. Foxhoven  
Director

## ACCOMPLISHMENTS

The department achieved results in several program and service delivery areas during SFY17. A brief review:

- **Child Support Recovery Unit (CSRU).** CSRU is proud to be the recipient of a competitive 1115 demonstration grant awarded by the federal Office of Child Support Enforcement. The project funded by this grant is entitled, "Reliable Employment And Child Support Help (REACH)," which provides for coordination of child support services with employment and fatherhood/parenting services to improve the financial well-being of children.
- **Treatment Outcome Package (TOP) new to Iowa:** In July of 2017, DHS implemented the Treatment Outcome Package (TOP); a multi-rater, child well-being assessment created by Outcome Referrals, in Iowa Child welfare and Juvenile Justice, used for children placed out of home age 5 and older. The assessment process is used to:
  - Assess a child's current treatment needs within 12 domains;
  - Provide current well-being information;
  - Guide treatment and placement decisions;
  - Identify stronger/better performing providers and foster parents;
  - Gives youth a stronger voice.

Information and updates about TOP can be found at: <https://dhs.iowa.gov/child-welfare-systems/top>

- **Crisis Intervention, Stabilization, and Reunification (CISR):** Three of Iowa's child welfare services, Child Welfare Emergency Services (CWES), Foster Group Care Services (FGCS), and Supervised Apartment Living (SAL), have been redesigned and DHS has awarded new contracts; CWES and FGCS began July 1, 2017, and SAL began October 1, 2017.

DHS combined these three services into a single competitive RFP (ACFS 18-001) called Crisis Intervention, Stabilization, and Reunification (a.k.a CISR). The intent of this combination was to better coordinate provider services and combine efforts to better meet the needs of Iowa families.

The DHS awarded multiple contracts for each of the three services in each DHS Service Area and future practice will encourage:

- Awarding contracts by DHS Service Areas, not statewide as they are today, keeps children in their communities;
- Operating referrals under a no reject/no eject basis, with certain exceptions;
- Diversion from placement, when appropriate;
- Single provider caseworker model to coordinate the delivery of the service plan,
- Education Specialists, and
- Crisis intervention plans.
- **Opportunity Passport.** New in 2018, all older youth in Supervised Apartment Living (SAL) foster care will be better supported to learn financial skills and save money—with a chance to match to buy a car, computer, or other asset. Opportunity Passport™ is a package of resources DHS has selected to help transitioning youth in SAL better prepare for adulthood. Participants will obtain experience with the banking system and save money for education, housing, health care, and other specific approved asset purchases. The Opportunity Passport™ package includes Financial Capability Training (FCT), asset specific trainings and assessments, financial coaching, a savings account, matching funds for approved assets, and community connections. We expect at least 50 Iowa youth in SAL will have a bank account and be saving money by fall of 2018.

- **Program Integrity (PI).** For SFY17, the PI unit had savings of over \$19M. This is a significant amount considering that SFY17 was the first full year in which Iowa used a managed care model of service delivery; as such, these recoveries include only fee-for-service payments made outside of the managed care system. During this year, the PI Unit also implemented an extensive effort to oversee the program integrity functions of Iowa's managed care organizations.
- **Mental Health and Disability Services (MHDS) Redesign.** 14 MHDS regions continue to operate under the direction of governing boards. All 14 regions provide the required core services and nearly all the services meet access standards and provide access to some core-plus services. 14 regions provide access to residential crisis stabilization services and 12 regions provide justice involved services. The MHDS regions meet with the managed care organizations to jointly review and plan for MHDS services and outcomes. DHS completed a progress report on MHDS redesign, citing the access to core and core-plus services, but noted inadequacies of the system to serve a small number of individuals with the most complex service needs. DHS gathered initial recommendations from a small group of stakeholders and formed the complex service needs workgroup in SFY18 to provide recommendations to the legislature to more effectively manage services for individuals with the most complex service needs. DHS continued to convene the children's mental health and well-being workgroup in SFY17 to provide recommendations to the legislature on the development of a children's system. In SFY17 the workgroup provided guidance to DHS on the development of two children's crisis services planning grants and recommendations for development of children's well-being collaboratives. Their work will continue in SFY18 as an advisory committee on the development of a children's system.
- **Dental Wellness Plan (DWP).** Since the launch of the Dental Wellness Plan on May 1, 2014, more than 142,295 DWP members have seen a dentist. These members were provided with more than 1,400,000 services that were vital to improving and maintaining their oral health. Over 87,896 members had an exam during their first visit with DWP and 54,460 of those members received a comprehensive risk assessment. Risk assessments can help identify potential issues before they become problems, and allow for less costly, preventative treatments. Good oral health

can contribute to better overall health and lower system costs.

- **SafeCare:** SafeCare is an evidence-based behavioral parenting model shown to prevent and reduce child maltreatment and improve health, development, and welfare of children ages 0-5 in at-risk families. It is an in-home, intensive parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child/infant interactions, keep homes safe, and improve health decision-making. Skills are taught to parents through the following:
  1. **Explain:** Provider explains and provides a rationale for each behavior.
  2. **Model:** Provider models each behavior (demonstrate desired behavior).
  3. **Practice:** Parent practices skills.
  4. **Feedback:** Provider gives positive and corrective feedback to the parent to promote skill acquisition.

In FY 2016 and FY 2017, five of the Family Safety, Risk, and Permanency (FSRP) Services contractors and the Community Care contractor were trained in SafeCare. Each of these organizations have certified home visitors who work with parents until they meet a set of skill-based criteria specific to the modules that comprise the SafeCare curriculum. As we move forward in FY 2018, the DHS will be working with providers to develop the capacity to internally train their staff in SafeCare so the program is expanded.

- **Family Safety, Risk, and Permanency (FSRP) Services:** focus on promoting safety, permanency, and well-being for children; providing interventions to preserve families; reunification of children who have been removed from their homes; or achieving alternative permanent family connections, such as through making and maintaining an adoptive or guardianship placement for children who cannot return home. FSRP Services is the primary family-centered service provided on open DHS child welfare service cases.

In SFY 2017, on a monthly basis, 4,643 families received FSRP Services.

- **Dependent Adult Protective Services (DAPS).** In May of 2017, the culmination of two years of work came to fruition in the release of DARES (Dependent Adult Reporting and Evaluation System). The project, funded in part by the Administration on Community Living's State Grants to Enhance Adult Protective Services, has resulted in data, policy, and practice changes within DAPS. The federal

funds were the first-ever federal grants specifically for Adult Protective Service Systems. Iowa has since been part of national conference presentations on the project, was featured in the National Adult Protective Services Association's Newsletter as a "Shining Star," and is part of the new federal data collection initiative called NAMRS (National Adult Maltreatment Reporting System). The federal data is a collection of both quantitative and qualitative data to analyze the practices and policies of state adult protective services agencies. The data will also be used to analyze trends in the outcomes of investigations into maltreatment of older adults and adults with disabilities. Both federally and locally, the endeavor recognizes Adult Protective Services as a critical element in supporting dependent adults. DHS feels privileged to have been granted the opportunity for federal support to enhance our dependent adult abuse program.

# AGENCY OVERVIEW

## Mission

The mission of the Iowa Department of Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state.

## Core Functions

The Department of Human Services is a comprehensive human services agency coordinating, paying for, and/or providing a broad range of services to some of Iowa's most vulnerable citizens. We have grouped our services and programs into four core functions: economic support, healthcare and support services, adult and child protection, and resource management.

### 1. Economic Support

The purpose of this core function is to provide direct and indirect economic supports to needy families to assist them in having sufficient resources to meet basic needs for good health, safety, and consistency and continuity in their homes, work, and communities. Essential services include the Family Investment Program, Food Assistance, and Child Support Recovery.

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

Child Support Recovery operations are organized into four regions. The regions administer the program through 22 locations staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for unwed mothers, establish and modify child support obligations, and collect child support and medical support payments for children across Iowa.

### 2. Health Care and Support Services

The purpose of this core function is to provide for publicly funded child and adult health coverage and partnering with public and private entities to secure access to healthcare services. The DHS provides individual, community based and facility based health, mental health, and substance abuse treatment. There are several activities within this core function.

The Iowa Medicaid Enterprise serves individuals with low income who are aged, blind, disabled, pregnant, under the age of 21, or members of families with dependent children, so they can live healthy, stable, and self-sufficient lives. Approximately two-thirds of the funding for Medicaid is federal funds. The program includes services that are available for mandatory and optional eligibility groups. All states that operate a Medicaid program are required to serve the mandatory population groups as well as make the mandatory services available. Iowa's Medicaid program provides preventive, acute, and long-term care services using the same private and public providers as other third party payers in Iowa. One special focus of the program is expanding medically appropriate alternatives to long-term institutional care for the aged, disabled, mentally challenged, and for children.

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

The **hawk-i** (Healthy and Well Kids in Iowa) program provides health care coverage to children whose family income is above Medicaid limits but who cannot afford health care coverage. **hawk-i** provides a comprehensive health care benefits package including physician services, hospitalization, prescription drugs, immunizations, dental care and vision care. New in SFY10 – a dental only program, the first in the nation.

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

The DHS administers accredited mental health services through the mental health institutes at Cherokee and Independence. Both mental health institutes serve adults and children in need of inpatient psychiatric care and treatment.

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides a secure, long-term, and highly structured setting to treat sexually violent predators (SVP) who have served their prison terms, but who, in a separate civil trial, have been found likely to commit further violent sexual offenses. The program was created by the 1998 Sexually Violent Predators Act of Iowa to provide secure, inpatient treatment for sexual offenders who are believed to be high risk for sexually re-offending. Inpatient treatment is indefinite, with the length of commitment dependent upon the time required for each individual to complete the criteria for advancement through five (5) treatment phases.

Glenwood Resource Center and Woodward Resource Center provide active treatment for people with intellectual disabilities or other developmental disabilities who require service and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). Most individuals served have significant behavioral challenges or medical issues requiring intensive and complex active treatment. An individual is admitted after no community-based provider has been found that can meet individual's needs and if the Resource Center has the appropriate program and adequate capacity for the admission. The Resource Centers also provide service through the Medicaid Home and Community Based Waiver program. As Iowa's community-based resources become available, the number served at the Resource Centers has declined steadily and will continue to decline in the future.

### **3. Child and Adult Protection**

The purpose of this core function is to provide an array of services and support assistance to strengthen families and communities to increase

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

The State Training School at Eldora provides a range of specialized and highly structured physical, mental, and behavioral health intervention services for male youth that are court adjudicated as seriously delinquent in the State of Iowa. The State Training School provides individualized care and treatment and educational services including special education and vocational programs.

### **4. Resource Management**

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

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

- Ensure policy and programs are compliant with federal and state regulations;
- Ensure sound stewardship of State resources;
- Position the Department to leverage and maximize federal funding;
- Provide fiduciary oversight for an approximate \$6 billion budget;
- Track and measure results achieved, and;
- Implement technology improvements to create improvements in accuracy and efficiency.

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

Field Operations is composed of five service areas with staff who provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, food assistance, Family Investment Program, childcare assistance, and childcare registration and licensure. A sixth centralized service area was added in FY10. Its duties are to coordinate services at customer service centers, including new statewide centralized intake unit to evaluate complaints of abuse or neglect.

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

The primary function of social work staff is child protection and safety. After the intake unit assigns an assessment, social work assessors determine if abuse has occurred. They also address safety needs by the provision of in-home or out-of-home services purchased from community-based private contractors. Services help to keep families intact or result in the pursuit of the termination of parental rights and subsequent placement of children in the homes of relatives or through adoption.

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

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

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

- Program and service development and management, such as administrative rules, policy development, standards of care, and manual development.

- Quality assurance and improvement efforts through identification of best practices and evidence-based practice.
- Financial management, including accounting, budget preparation and monitoring.
- Corporate management and leadership such as performance measurement and management, information technology and data management, and administrative support services, such as quality control for food assistance and Medicaid, and quality assurance and improvement.

## KEY RESULT

### SERVICE/ PRODUCT/ ACTIVITY

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

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

**Why we are doing this:** Food Assistance prevents hunger and helps families meet their basic nutritional needs and increases the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving Food Assistance are on fixed incomes. Food Assistance allows seniors to not have to make the difficult choice between buying food or prescription drugs. Approximately half of the Food Assistance beneficiaries are children. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowans. The U.S. Department of Agriculture has estimated that every \$5 in Food Assistance generates \$9.20 in local and state economic activity. In SFY17, \$495.6 million was drawn from the federal government for Food Assistance benefits, a one-year decrease of 3.1 percent.

**What we're doing to achieve results:** Several initiatives have been implemented to streamline the Food Assistance Program. DHS reduced the frequency that clients are required to report changes in income and began to base eligibility on an estimate of their future income. This simplified program reporting and reduced the burden on clients and staff, making the program more attractive and convenient. DHS simplified the application for Food Assistance and do most interviews over the phone. In 2014, DHS started contracting with community colleges to provide employment training services. The colleges have increased participation in the program and are actively pursuing more enrollees. The goal is to make people self-sufficient by providing a variety of short term certification programs and high school equivalency certificates.

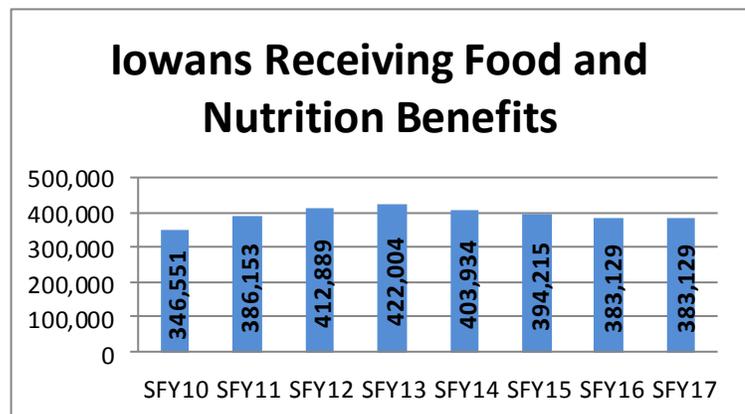
#### Results

**Performance Measure:**

Number of Iowans receiving Food and Nutrition Assistance.

**Performance Goal/Target:**

383,129 for June 2017



**What was achieved:** At the start of SFY17 in July 2016, 382,840 Iowans were receiving Food Assistance. By the end of SFY17 in June 2017, the number had dropped to 365,366, a decrease of 17,474 or 4.5%.

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

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

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

**Resources:** The Food Assistance Program is 100% federally funded. It brought \$495.6M into Iowa in SFY17.

# KEY RESULT

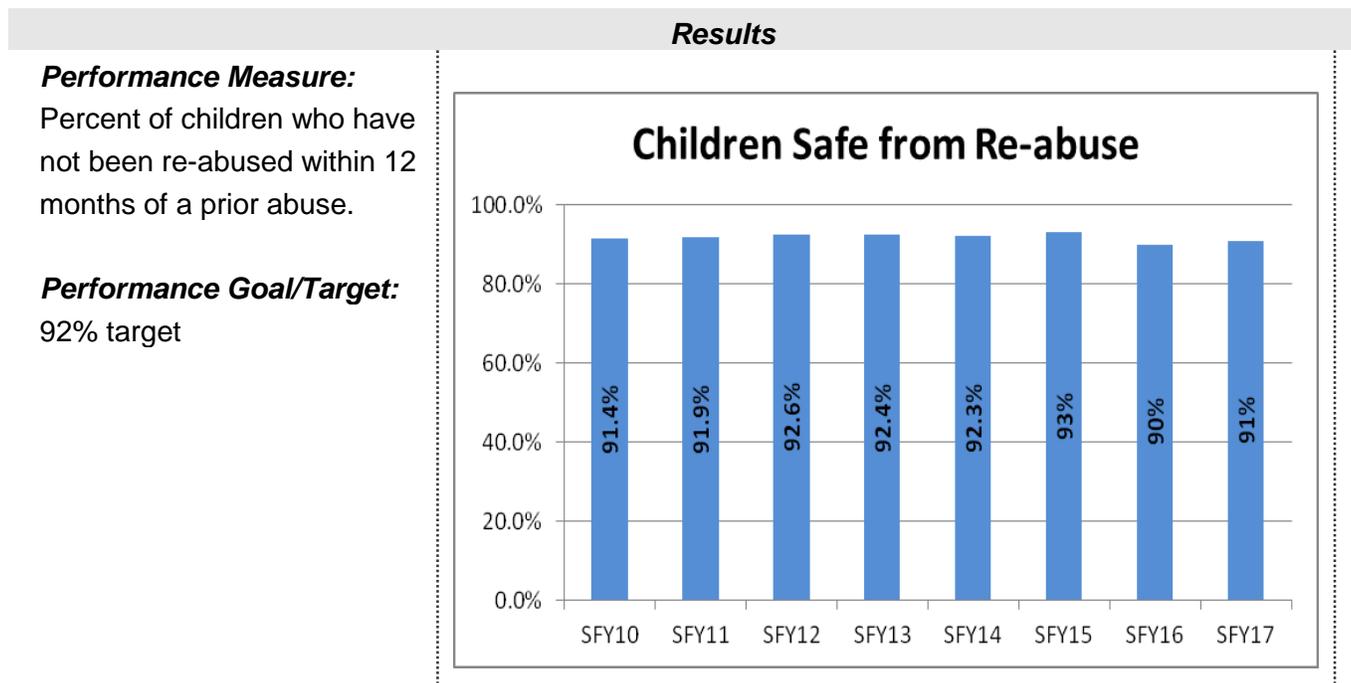
## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Child Welfare In-home Services

**Description:** Provides funding for an array of in-home services and supports to families in which there has been a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

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

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



**What was achieved:** 91% of children did not experience re-abuse for at least 12 months following a previous occurrence. This measure is an indicator of the safety of children and the effectiveness of communities, providers and the department working together to ensure child safety from repeat abuse. This measure is a required measure under the federal child and family services review requirement conducted of all states, providing the ability for some basis of comparability of state systems. Though somewhat comparable amongst states, results in each state are impacted by the individual laws of each state which determine what is defined and counted as abuse and re-abuse.

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

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

# KEY RESULT

## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Child Welfare In-Home Services

**Description:** Provides funding for an array of in-home services and supports to families in which there has been a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

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

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

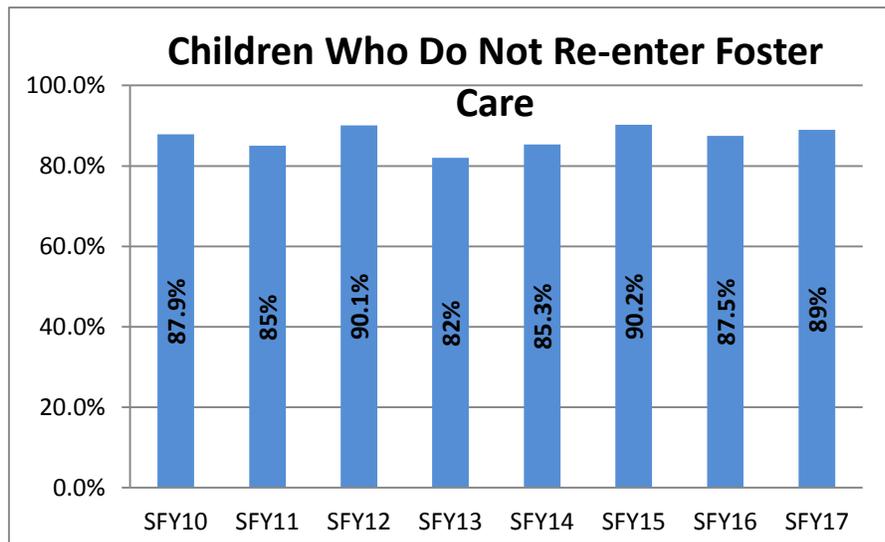
### Results

**Performance Measure:**

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

**Performance Goal/Target:**

91.7



**What was achieved:** 89% of children did not re-enter foster care within 12 months of their last foster care episode. This demonstrates stability and safety from neglect or abuse following reunification after placement outside of the home.

**Data Sources:** DHS STAR and FACS System

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

# KEY RESULT

## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Children's Health Insurance Program (CHIP)

**Description:** The CHIP program expands Medicaid to 167% of the Federal Poverty Level (FPL) for children and provides *hawk-i* to children up to 302% of the FPL. Under *hawk-i*, health and dental coverage is provided to children who live in families who have too much income to qualify for Medicaid, but who do not have health care coverage. Eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship and immigration requirements, and live in a family whose countable income is not more than 302% of the FPL. Effective March 1, 2010, the *hawk-i* Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for *hawk-i* because they have health insurance coverage. The dental-only program covers eligible children whose family's countable income is not more than 302% of the FPL.

**Why we are doing this:** To reduce the number of uninsured Iowa children. Access to health and dental care improves health, wellness, and quality of life. Healthy children are able to attend school, learn, grow, develop healthy lifestyles, and become productive adults. Iowa provides public health insurance to children (42,984 for *hawk-i* and 3,278 for dental-only and 23,870 for Medicaid expansion, including those children funded by Title XIX funds). The *hawk-i* program provides health care coverage to children in families at or below 302% of the Federal Poverty level who are uninsured and not eligible for Medicaid. This program helps fill the gap for children who do not qualify for Medicaid and who have no health insurance coverage.

**What we're doing to achieve results:** The department continues to conduct grassroots outreach activities through a contract with the Department of Public Health as well as working cooperatively with schools, medical providers, businesses, faith-based organizations and other entities in contact with families and children. The Medicaid and *hawk-i* programs work together to determine eligibility and enrollment for children in the appropriate program.

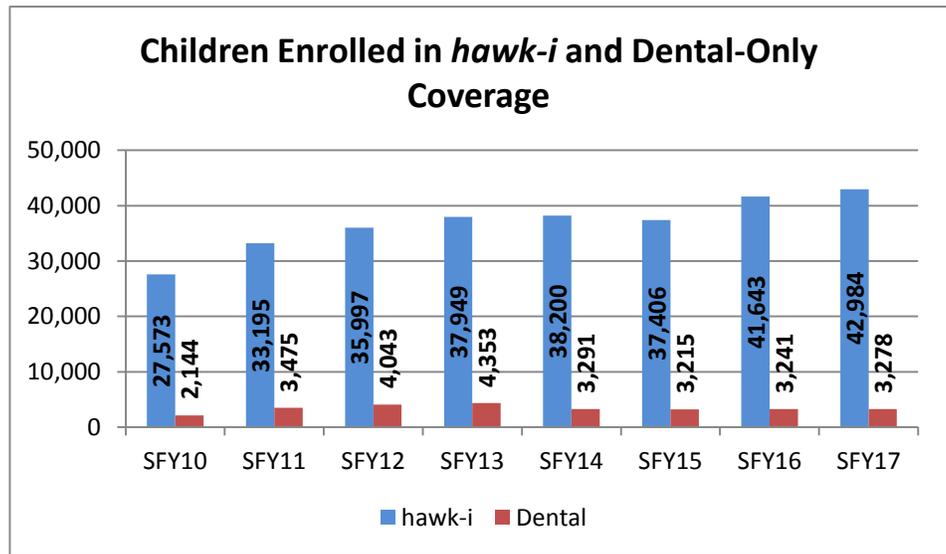
### Results

**Performance Measure:**

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

**Performance Goal/Target:**

*hawk-i* 42,076



**What was achieved:** *hawk-i* insured 42,984 children for *hawk-i* and 3,278 for Dental only.

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

**Resources:** This activity is funded with federal funds (approximately 91%), state general fund appropriations (approximately 9%), and some enrollee cost-sharing. Total state expenditures for SFY17 for CHIP were \$9,564,531. Of this, \$7,132,842 was expended for the *hawk-i* program.

# KEY RESULT

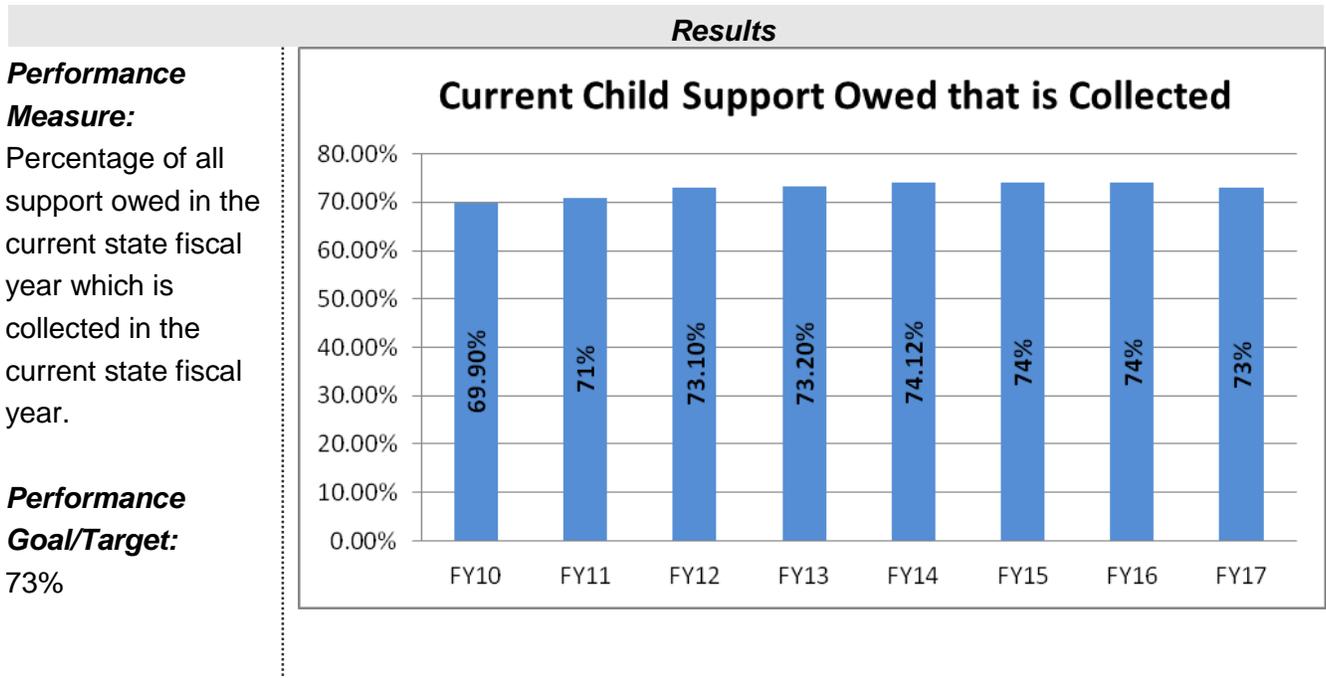
## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Child Support Recovery

**Description:** Provide services to establish paternity and support orders, so there is a legal duty for both parents to provide for their children. Enforce the obligation to provide ongoing support for custodial parents and children. In SFY17, CSRU processed nearly 2.8 million payments and served over 590,311 parents and children.

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

**What we're doing to achieve results:** Child support locates absent parents, secures income withholding orders, and in the case of non-paying obligors offsets tax refunds, applies license sanctions, and levies bank accounts. Another strategy being used to improve collections is to identify the most effective way to work interstate cases. Child support also studies performance each month.



**What was achieved:** Child support collected 73% of current year support owed during FY17, providing for a more financially stable home environment for families dependent upon child support. \$322.3M was collected. In FFY16, the most recently audited year, paternity was established at a rate of 97.30% for children born out of wedlock.

**Data Sources:** Child Support Recovery Unit

**Resources:** Child Support Recovery is funded by state and federal dollars.

# KEY RESULT

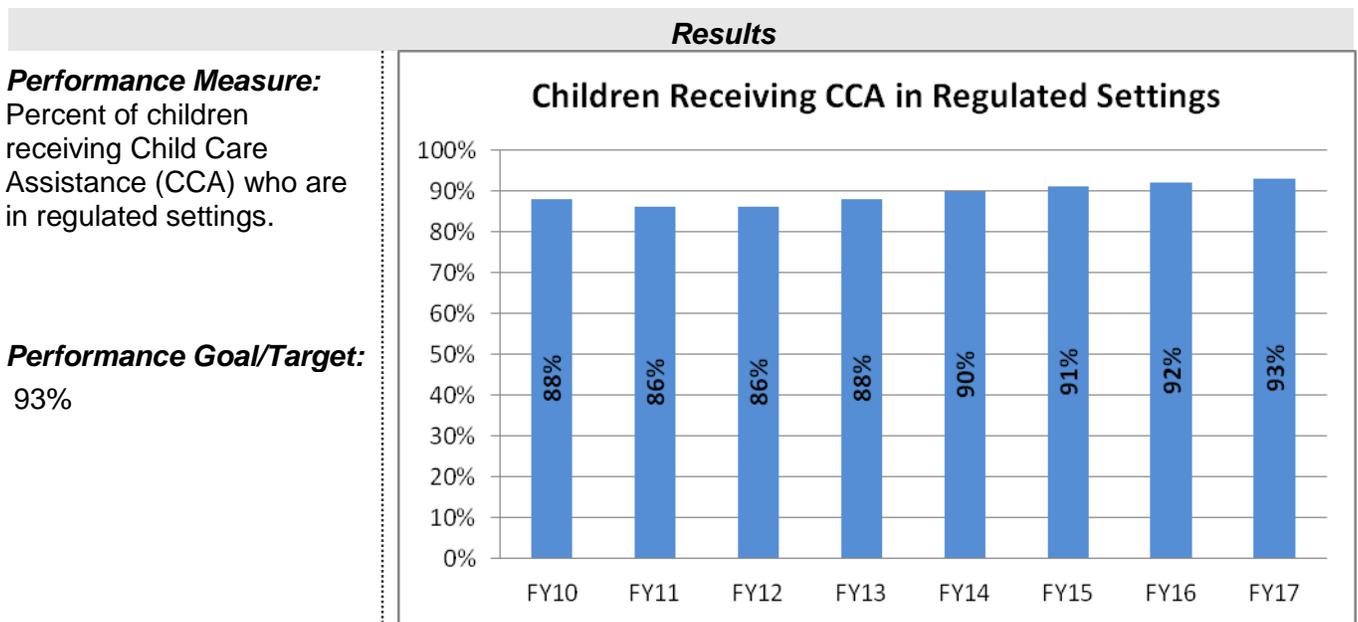
## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Child Care Assistance

**Description:** Provides funding for child care for 22,725 (monthly) children of low-income parents who are working at least 28 hours per week, in school full-time, or are working and in school for a combined minimum of 28 hours per week.

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

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



**What was achieved:** Regulated child care environments provide safe and monitored environments for children. 93% of children receiving child care assistance in SFY17 received that child care in regulated settings.

**Data Sources:** DHS DCPD and the Kindertrack system.

**Resources:** \$28,052,787 state and \$82,713,885 federal dollars were spent on child care assistance in SFY17.

# KEY RESULT

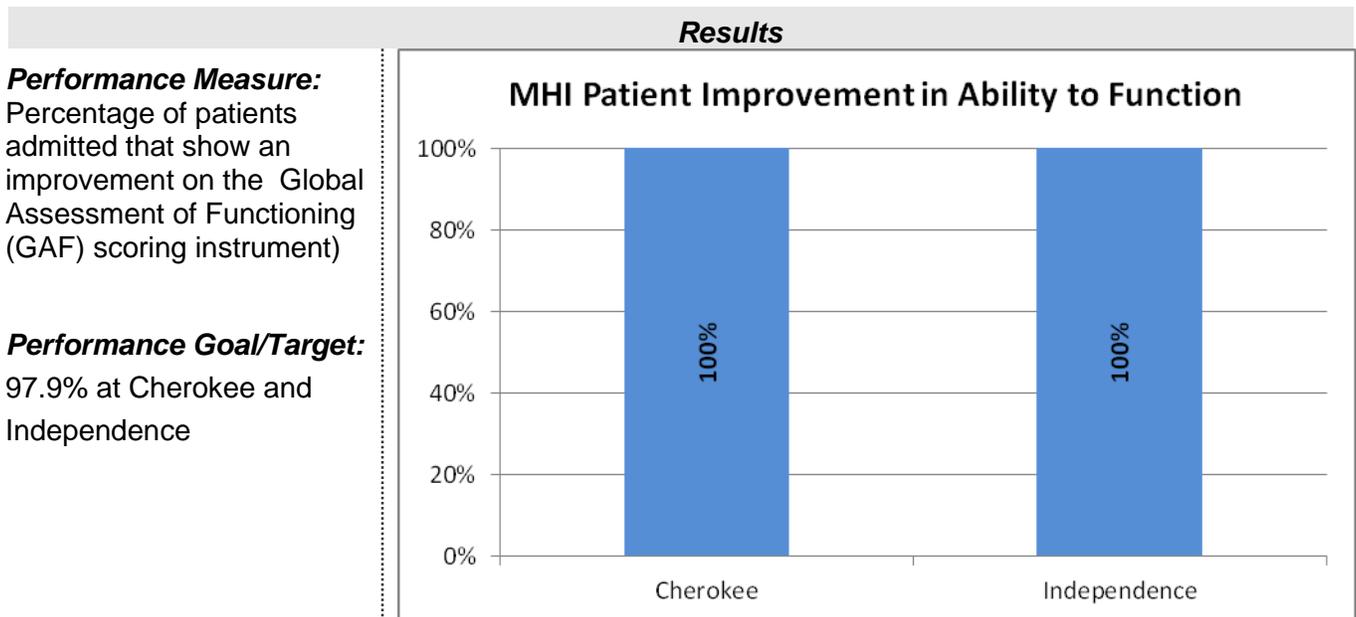
## SERVICE/ PRODUCT/ ACTIVITY

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

**Description:** Measures the percentage of patients admitted that show an improvement in their overall functioning level.

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

**What we're doing to achieve results:** The MHIs provide inpatient psychiatric care and treatment for individuals with severe symptoms of mental illness. Both facilities provide psychiatric inpatient care for children and adolescents and adults. Both facilities continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal Centers for Medicare & Medicaid Services. Independence and Cherokee are accredited by The Joint Commission. The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices.



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

**Data Sources:** Cherokee MHI and Independence MHI.

**Resources:** The SFY17 state appropriation of \$33,196,144 to the two Mental Health Institutes.

# KEY RESULT

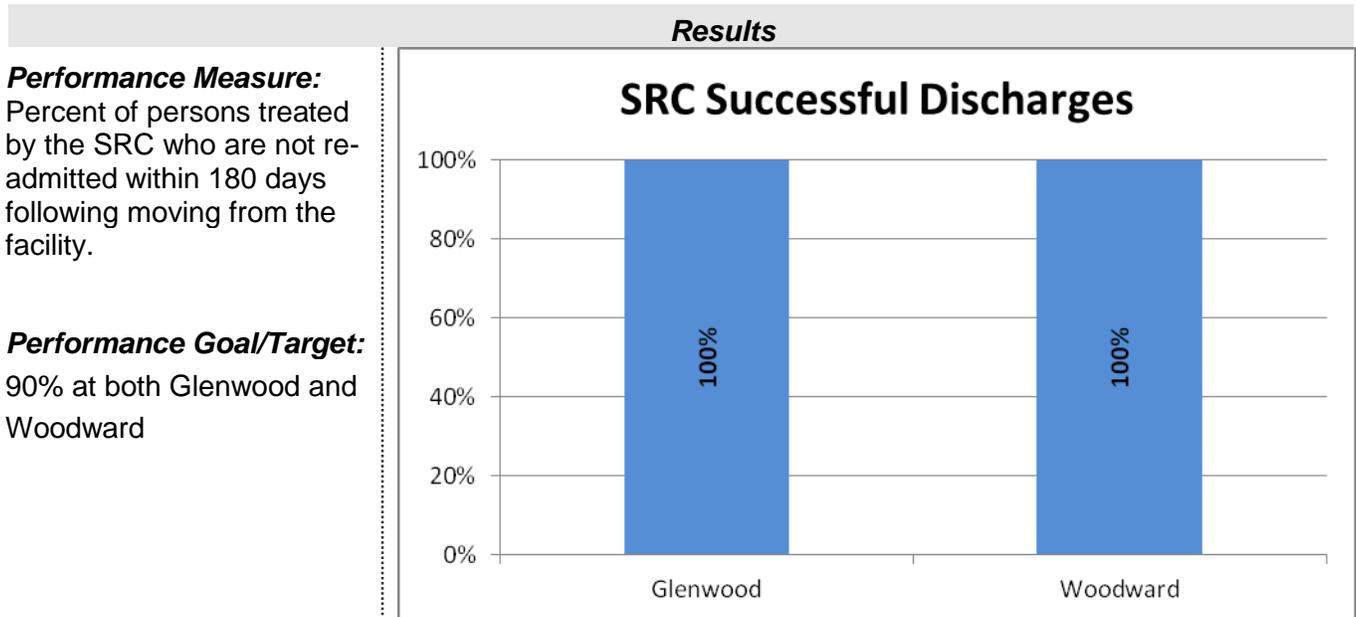
## SERVICE/ PRODUCT/ ACTIVITY

**Name:** State Resource Centers (SCRs) at Glenwood and Woodward

**Description:** SRCs provide a full range of active treatment and habilitation services to individuals with severe intellectual or other developmental disabilities to prepare and support them to live safe and successful lives in the home and community of their choice.

**Why we are doing this:** To improve the successful discharge and community integration of individuals served by the SRCs.

**What we're doing to achieve results:** SRCs assist individuals to reach their goals and discharge planning begins at admission. SRCs actively support individuals to move into appropriate community-based living and to be contributing members to their community.



**What was achieved:** Glenwood had 100% and Woodward had 100% successful discharges.

**Data Sources:** Glenwood and Woodward SRCs.

**Resources:** The state appropriation to the two State Resource Centers totaled \$ 34,772,497 for SFY17.

# KEY RESULT

## SERVICE/ PRODUCT/ ACTIVITY

**Name:** Targeted Case Management (TCM)

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

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

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

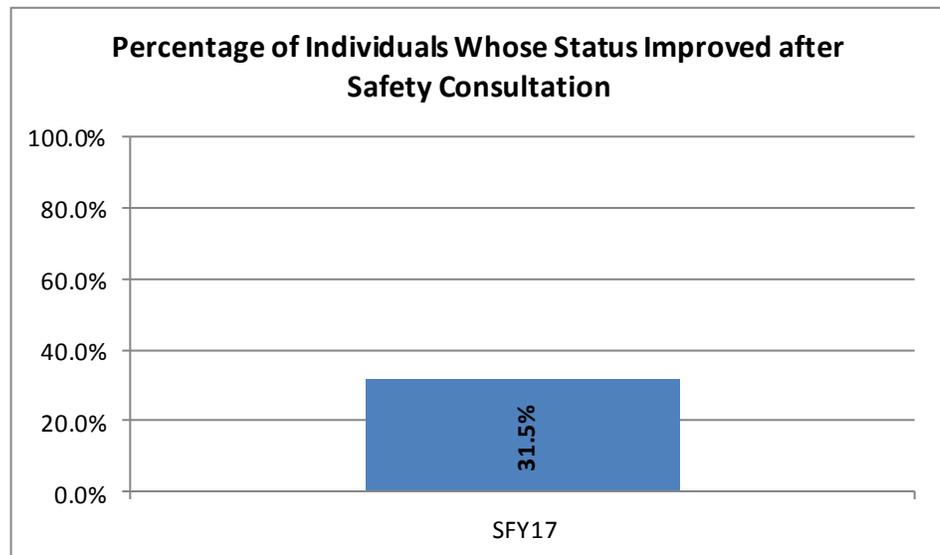
### Results

**Performance Measure:**

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

**Performance Goal/Target:**

**50%**



**What was achieved:** The situational status for 31.5% of individuals improved following a safety consultation, which fell short of the target by 18.5%. Cases staffed by the DHS Safety Team are complex, often requiring exceptional support from our business partners to ensure continued safety, stabilization, and overall improvement in their situation. During this most recent period there were a number of extremely complex individuals staffed with several receiving involuntary discharges from the providers that serve them. Coupled with Iowa's managed care initiative, the Iowa Health Link, providers continue to adjust to new payment methodologies and this has led to a period of instability and uncertainty. During this transition, providers have been challenged to meet the needs of their most complex individuals and this is reflected in the outcomes we have seen.

In the spring of 2017, the Targeted Case Management (TCM) unit began its annual Consumer Survey. This survey is intended to gather valuable customer service data regarding the unit's performance in several key areas. The individuals we serve are asked to rate their case managers on a scale of "Strongly Disagree" to "Strongly Agree" in response to such statements as, "My case manager understand my needs and what I can do," and "I am satisfied with the support provided by the case manager when listening to my ideas."

The survey was sent to a total of 2,000 individuals in 2017, and was completed and returned by 794 individuals for an approximate 40% return rate. Of those who returned their surveys, 92.1% of individuals reported satisfaction with their case manager's overall performance.

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

## **Agency Contacts**

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

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

(515) 281-4848  
TTY: (515) 281-4748 or (800) 831-1399

[www.dhs.iowa.gov](http://www.dhs.iowa.gov)