



Department of  
**HUMAN SERVICES**

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## *Performance Report*

**Performance Results Achieved  
for Fiscal Year 2020**

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## Accomplishments

The Department achieved results in several program and service delivery areas during SFY19. A brief review:

- **Opportunity Passport:** New in 2018, all older youth in Supervised Apartment Living (SAL) foster care are provided greater support to learn financial skills and save money—to purchase things such as a car, computer, or other asset. Opportunity Passport™ is a complement of resources DHS has selected to help transitioning youth in SAL better prepare for adulthood. Participants 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. Throughout the period, October 1, 2018 through September 30, 2019, twenty-three young people from various SAL sites completed the Financial Capability Training (FCT), the first step to enrolling in Opportunity Passport®. Sixteen of these youth then opened an Opportunity Passport™ account by the end of September 2019 and became active participants.
- **Program Integrity (PI):** For SFY20, the PI unit maintains a savings of over \$10 M. These recoveries include only fee-for-service payments made outside of the managed care system. Due to diminished opportunities to offset claims, the PI unit continues to initiate a suspension of payment to providers whose outstanding overpayment remains in excess of sixty (60) days. This process allows for timely pursuit of overpayment recoveries, resulting in reduction of outstanding overpayment accounts with the Department.
- **Dental Wellness Plan (DWP):** The Dental Wellness Plan began on May 1, 2014. In SFY20 over 52,000 unique members received dental care with 308,761,000 services provided. Of these, over 36,500 were preventive services. In addition, 95% of members stayed at full dental benefits with only five percent of the population moving to a basic benefit level for not fulfilling healthy behavior requirements or complying with paying a monthly premium payment. Dental healthy behaviors include completion of an oral health self-risk assessment and preventive dental service. Oral self-risk assessments can help identify potential issues before they become problems and allow for less costly preventive treatments. Good oral health can contribute to better overall health and significantly lower system costs.
- **Mental Health and Disability Services (MHDS):** The 14 MHDS Regions (Regions) continue to operate under the direction of governing boards with an adult services advisory committee and a children's advisory committee. Regions are funded through local property tax revenues. All 14 Regions provide the required original core services (24 hour crisis response, assessment and evaluation, outpatient therapy, medication management, inpatient treatment, support of community living, support for employment, family support, peer support) and nearly all the services meet access standards. By July 1, 2021, Regions are required to expand core services to include services that target individuals with complex mental health and multi-occurring service needs. Crisis stabilization residential services are available in

all Regions. Mobile response is available in all Regions, except one. Regions continue to develop assertive community treatment (ACT), crisis stabilization community-based services, subacute, access centers and intensive residential services. The existing 24 hour help line, YourLifelowa, managed by the Iowa Department of Public Health (IDPH) has become the statewide mental health crisis line. The 2019 Iowa Acts Chapter 61, House File 690 (HF690) further expanded the regional system to include children. Regions have restructured their governing boards and staff to develop a new children's behavioral health system that will include the following new core services: assessment and evaluation relating to eligibility for services, behavioral health outpatient therapy, education services, medication prescribing and management, prevention, behavioral health inpatient treatment, crisis stabilization community-based and residential services, early identification, early intervention and mobile response. Mobile response is available to children in all Regions except one. The Regions continue to develop the other core services for the children's behavioral health system.

- **Children's Behavioral Health System (Children's System):** Signed into law on May 1, 2019, HF690 established the Children's System and the Children's Behavioral Health System State Board (Children's Board.) The Children's System is to provide increased access to mental health services. The MHDS Regions are to ensure core services are available to all children in their Regions regardless of the funding source. The following children's behavioral health core services shall be implemented on or before July 1, 2020, and meet access standards on or before July 1, 2021: assessment and evaluation, behavioral health outpatient therapy, education services, medication prescribing and management, and prevention. The following children's behavioral health core services shall be implemented and meet access standards on or before July 1, 2021: behavioral health inpatient treatment, crisis stabilization community-based services, crisis stabilization residential services, early identification, early intervention and mobile response. The Children's Board is to advise DHS on the administration of the Children's System, provide consultation for the development of administrative rules relating to the Children's System, and are directed to identify behavioral health outcomes and indicators for eligible children with a serious emotional disturbance (SED).
- **Education and Training Voucher (ETV):** Due to opportunities created by the *Bipartisan Budget Act of 2018*, DHS worked with the ETV administrator, Iowa College Aid, to revise ETV program eligibility guidelines. DHS draws federal funding from the Chafee Foster Program for Successful Transition to Adulthood (Chafee) and contracts with Iowa College Aid to administer the program. Financial assistance is provided for college or training to youth formerly in foster care. Beginning with the 2019-2020 academic year, students can apply for ETV up to the age of 26. Prior to this change, participants became ineligible at age 23. The maximum award remains at \$5,000 annually with a max of five years. Priority of funds are awarded to renewal applicants first, followed by new applicants, then graduate students. In the 2018-2019 school year, there were 144 ETV recipients, 89 being first year ETV students.

## Agency Overview

### **Mission**

The mission of the Iowa Department of Human Services (DHS) is to help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide.

### **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 20 locations staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for children born to 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**

DHS partners with public and private entities to secure access to health care services for children and adults. There are several activities within this core function.

Medical Assistance (Medicaid—Title XIX) provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people and pregnant women. The goal is for members to live healthy, stable and self-sufficient lives. The IME works in collaboration with its partners in the health care industry in order to provide quality and cost-effective access to health care for Iowa Medicaid members.

IA Health Link is a major initiative in which DHS has enrolled the majority of Medicaid, Children's Health Insurance Program (CHIP), and Iowa Health and Wellness Plan

members in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, pharmacy, behavioral health, and long term supports and services. This single system of care promotes the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination. Medicaid pays for a wide array of health services through a combination of federal and state funds.

The Healthy and Well Kids in Iowa, or Hawki, program provides free or low-cost health coverage to children whose family income is too high to qualify for Medicaid, but too low to afford individual or employer-provided health care. Hawki coverage is similar to commercial health care coverage and includes, but is not limited to, doctor and dentist visits, immunizations, emergency care, inpatient hospital services, prescription medicines, eyeglasses and vision exams. The Hawki Dental-Only Program, which was implemented in 2010, provides preventive and restorative dental care services as well as medically necessary orthodontia to children whose family income does not qualify for Medicaid and do not qualify for health care benefits under Hawki because they have health insurance.

The Bureau of Targeted Case Management (TCM) provides case management services to individuals living with intellectual or developmental disabilities who receive supports through the Medicaid Home- and Community-Based Services (HCBS) waivers. Case managers work with individuals and their families to coordinate needed medical, social, educational, housing, transportation, vocational, and other necessary services and supports into an integrated plan of care. Case management provides ongoing monitoring to ensure the health, safety and welfare of the individuals served.

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 treatment phases.

Glenwood Resource Center and Woodward Resource Center provide active treatment in a residential program 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 the 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 HCBS waiver program.

### **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 Boys State Training School (BSTS) 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. BSTS 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. General administration divisions include Mental Health and Disability Services (MHDS), Field Operations, Adult, Children and Family Services (ACFS), Medical Services, Fiscal Management and Information Technology.

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 a budget of more than \$6 billion
- 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 (FIP), childcare assistance, and childcare registration and licensure. A sixth centralized service area coordinates services at customer service centers, including a statewide centralized intake unit to evaluate complaints of abuse or neglect.

The regional service areas administer and deliver the programs and services through 104 field offices staffed by social work, income maintenance, clerical and management



staff. About a third of the field offices operate on a full-time basis, with others open by appointment only.

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

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

The Child Support Recovery Unit (CSRU) is also a division of Field Operations.

General Administration provides support and technical assistance agency-wide to Field Operations, CSRU, TCM 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 Results

### Food Assistance (FA) and the Employment and Training 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 program, DHS provides people receiving Food Assistance with job seeking skills, classroom training, and structured employment assistance search. DHS partners with community colleges to provide services to those seeking training for employment.

**Purpose:** Food Assistance prevents hunger and helps families meet their basic nutritional needs while increasing 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 benefits are a safety net for seniors by removing the difficult choice between buying food or prescription drugs. More than half of the Food Assistance beneficiaries are children and the elderly. 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 \$9.00 in local and state economic activity. In SFY19, \$432.6 million was drawn from the federal government for Food Assistance benefits, a one-year decrease of 7 percent.

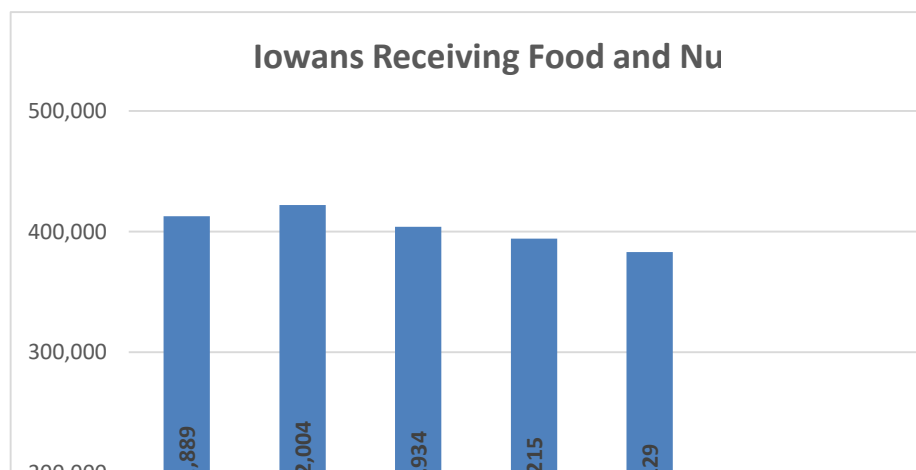
**Activities to Achieve Results:** DHS is traveling to all of the Service Areas to conduct experienced worker training. New and improved monthly training to experienced workers via automated software is being produced and distributed. DHS has implemented additional required verifications. Recipients must now provide verification of dependent care, shelter, and utility expenses to get a deduction. The Employment and Training program is in the beginning stages of opening opportunities for recipients to participate with community based organizations as well as the community colleges. The goal is to make individuals 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:**

319,374 for June 2019



**Achievements:** At the start of SFY19, 341,129 Iowans were receiving Food Assistance. By the end of SFY19, the number had decreased to 319,374, a reduction of 21,755 or 6.4%.

**Resources:** The Food Assistance Program is 100% federally funded. It brought \$432.6M into Iowa in SFY19.

## Child Welfare In-Home Services

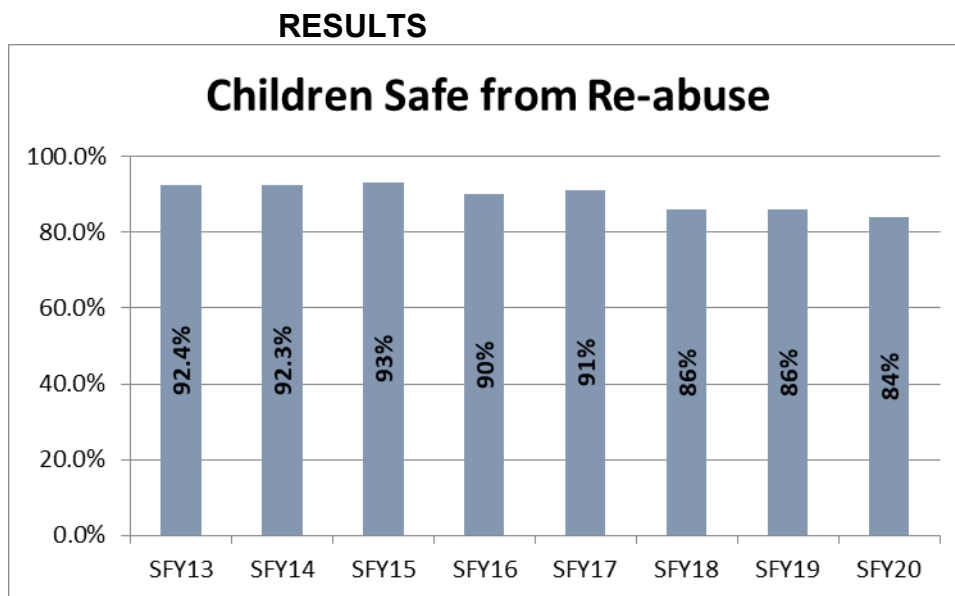
**Description:** Child welfare in-home services provide funding for an array of in-home services and supports to families with a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide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

**Purpose:** Children are dependent on parents safely caring for them, and the Department's role is to assist families who are in need of help to meet the safety needs of their children.

**Activities 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. DHS implemented a quality assurance and continuous improvement initiative to evaluate best practices and to maintain a focus on outcomes.

**Performance Measure:**  
Percent of children who have not been re-abused within 12 months of a prior abuse.

**Performance Goal/Target:**  
92% target



**Achievements:** 86% 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:** ROM

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

## 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.

**Purpose:** 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.

**Activities 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.

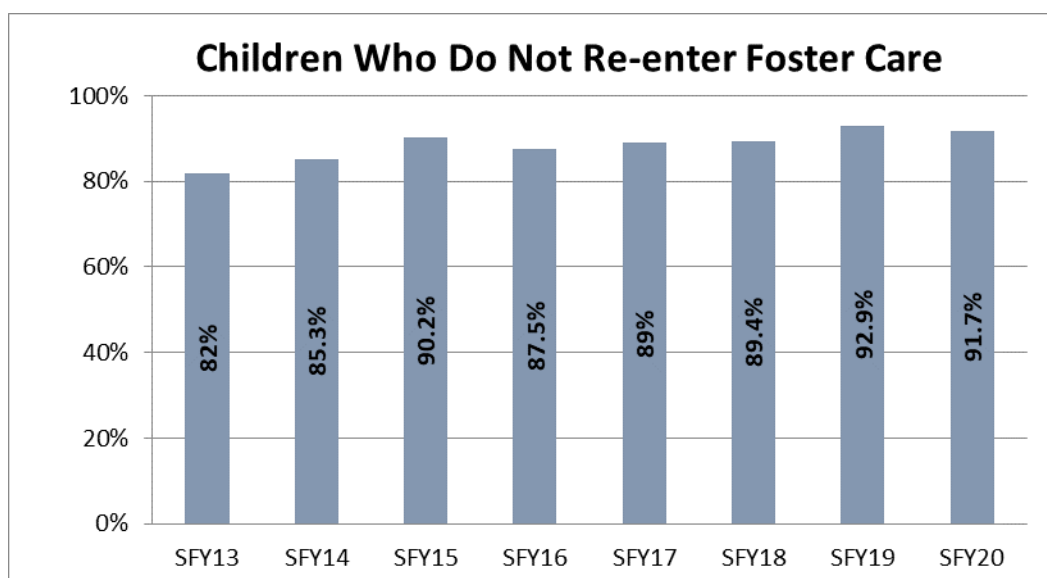
### RESULTS

**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%



**Achievements:** 92.9% 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:** ROM

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

## Children's Health Insurance Program (CHIP)

**Description:** The CHIP program expands Medicaid to 167% of the Federal Poverty Level (FPL) for children and provides Hawki to children up to 302% of the FPL. Under Hawki, 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 Hawki Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for Hawki 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.

**Purpose:** 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 (53,270 for Hawki and 3,450 for Dental-Only and 17,076 for Medicaid expansion, including those children funded by Title XIX funds).

**Activities to Achieve Results:** The Department continues to conduct grassroots outreach activities through a contract with IDPH 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 Hawki programs work together to determine eligibility and enrollment for children in the appropriate program.

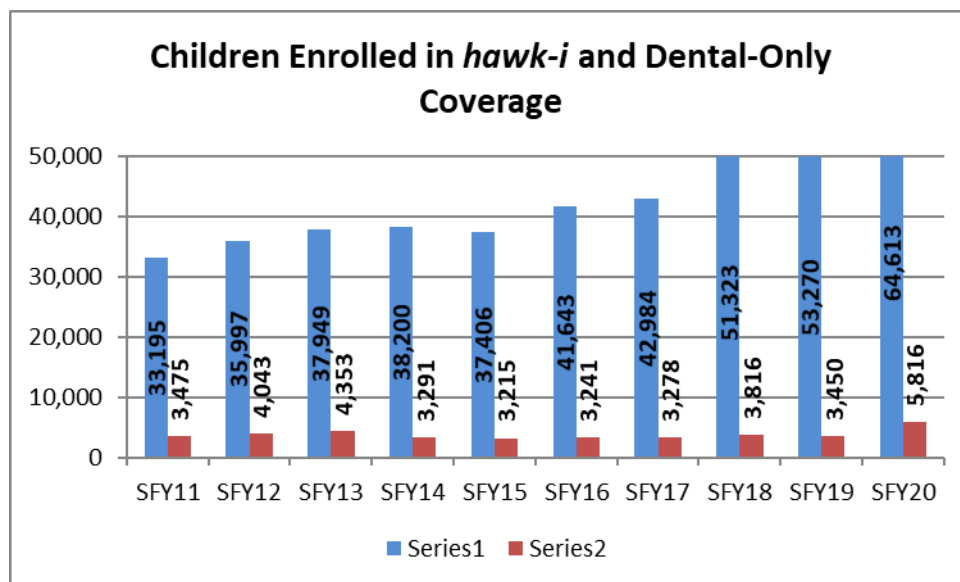
## RESULTS

**Performance Measure:**

Number of children who are enrolled in Hawki and Dental-only coverage is a monthly count of children enrolled on the last day of each month.

**Performance Goal/Target:**

**Hawki** 51,323  
**Dental-Only** 3,816



**Achievements:** Hawki insured 53,270 children for Hawki and 3,450 for Dental-Only.

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

**Resources:** This activity is funded with federal funds (approximately 94%), state general fund appropriations (approximately 6%), and some enrollee cost-sharing. Total state expenditures for SFY19 for CHIP were \$8,573,605. Of this, \$7,984,172 was expended for the Hawki program.

## Child Support Recovery

**Description:** Child Support Recovery provides services to establish paternity and support orders, as there is a legal duty for both parents to provide for their children. Child support recovery enforces the obligation to provide ongoing support for custodial parents and children. In SFY20, CSRU processed nearly 2.7 million payments and served 555,027 parents and children.

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

**Activities 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. CSRU also studies performance each month.

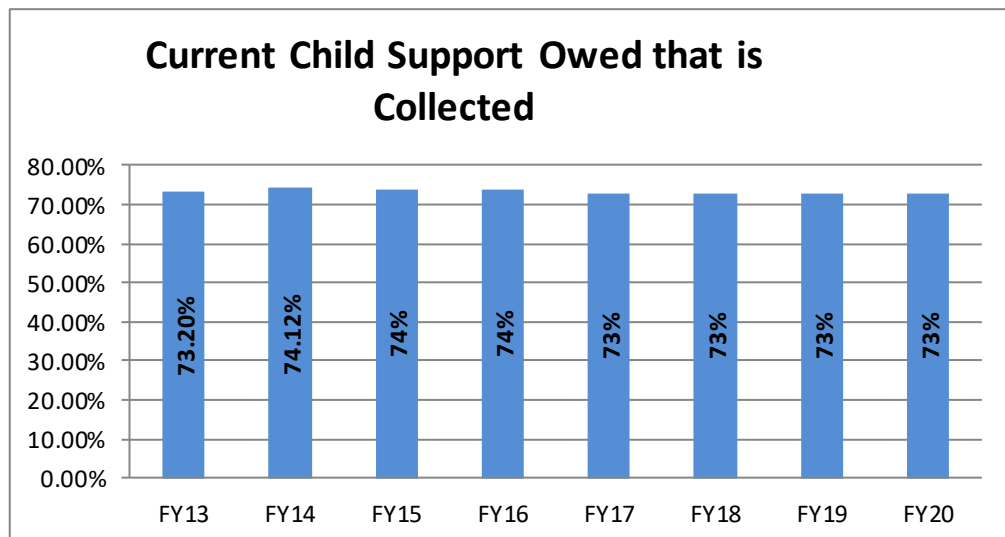
## RESULTS

### Performance Measure:

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

### Performance Goal/Target:

73%



**Achievements:** Child support collected 73% of current year support owed during SFY20, providing for a more financially stable home environment for families dependent upon child support. \$347.9M was collected. Paternity was established at a rate of 92% for children born out of wedlock.

**Data Sources:** Iowa Collections and Reporting System (ICAR)

**Resources:** CSRU is funded by state and federal dollars.

## Child Care Assistance

**Description:** Child Care Assistance (CCA) provides funding for child care for 24,009 (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.

**Purpose:** CCA provides funding for child care services which enables families to meet their goals for self-sufficiency and offers opportunities for their children to be in safe and quality early learning environments.

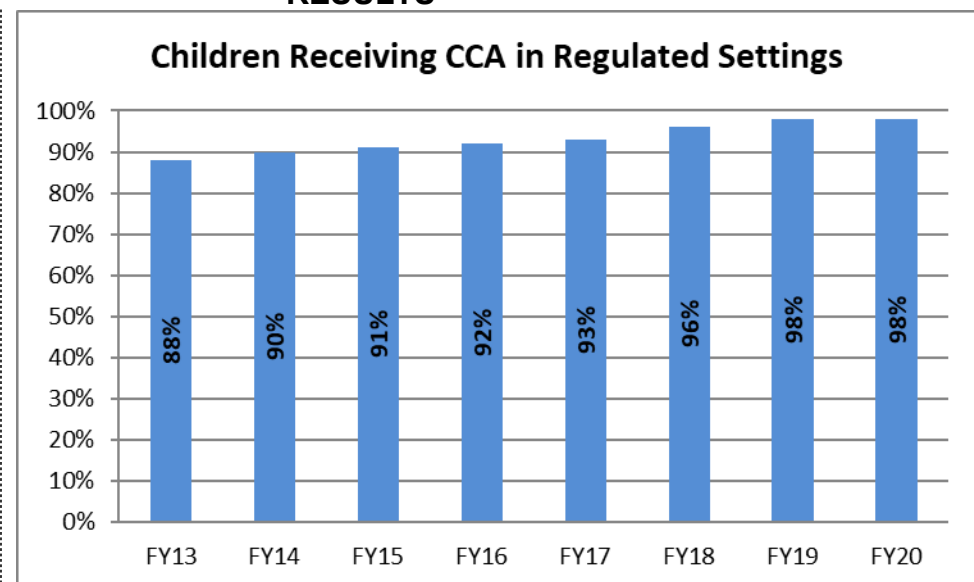
**Activities to Achieve Results:** CCA pays providers on behalf of low-income parents who are working or in school to help defray the cost of child care in a regulated setting. The DHS website maintains a list of registered and licensed child care providers to help parents find safe and regulated environments for their children.

**Performance Measure:**  
Percent of children receiving CCA who are in regulated settings.

**Performance Goal/Target:**

99%

### RESULTS



**Achievements:** Regulated child care provides safe and monitored environments for children. 98% of children receiving CCA in SFY19 received that child care in regulated settings.

**Data Sources:** Kindertrack

**Resources:** \$33,480,836 state dollars and \$84,115,060 federal dollars were spent on CCA in SFY19.

## Mental Health Institutes (MHIs) at Cherokee and Independence

**Description:** 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 (DIA) and survey standards used by the Federal Centers for Medicare and Medicaid Services (CMS). 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.

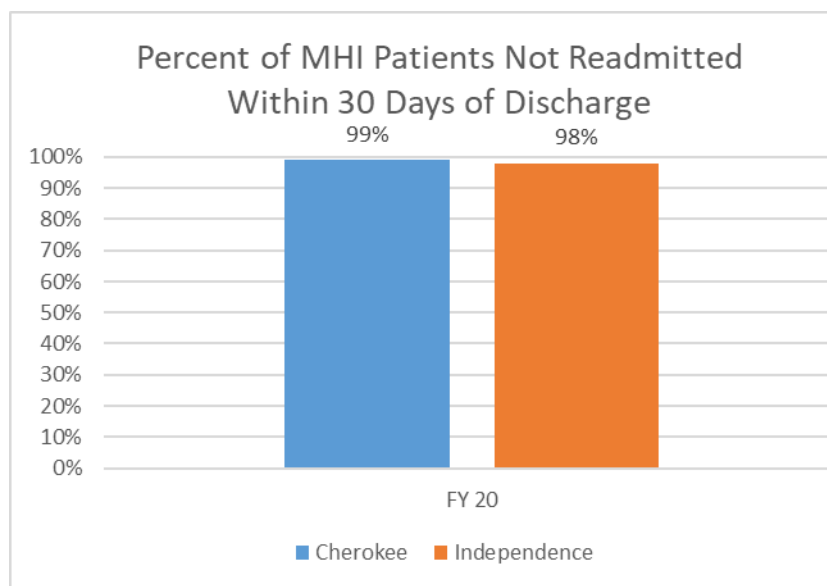
**Purpose:** Mental health services provided at the MHIs are designed to stabilize a patient's condition and improve their ability to function to enable them to successfully integrate back into the community.

**Activities to Achieve Results:** The Department measures the percentage of MHI patients who were not readmitted within 30 days of discharge.

### RESULTS

**Performance Measure:**  
Percentage of MHI patients who were not readmitted within 30 days of discharge.

**Performance Goal/Target:**  
92.0% at the MHIs.



**Achievements:** Both Mental Health Institutes attained the goal in one or more program areas. Cherokee had a rate of 99% and Independence had a rate of 100% of patients not being readmitted within 30 days of discharge.

**Data Sources:** Cherokee MHI and Independence MHI, Avatar Electronic Health Record.

**Resources:** The SFY19 state appropriation to the two MHIs was \$31,383,875.



## State Resource Centers (SRCs) 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.

**Purpose:** The Department works to improve the successful discharge and community integration of individuals served by the SRCs.

**Activities 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 of their community.

### RESULTS

**Performance Measure:**

Percent of persons treated by the SRC who are not re-admitted within 180 days following moving from the facility.

**Performance Goal/Target:**

100% at both Glenwood and Woodward



**Achievements:** Glenwood and Woodward had 100% successful discharges.

**Data Sources:** Glenwood and Woodward SRCs, Interdisciplinary Program Records Electronic Health Record.

**Resources:** The SFY19 state appropriation to the two State Resource Centers totaled \$28,245,202.

## Targeted Case Management (TCM)

**Description:** Case managers work with individuals with disabilities, their families, service providers, and other agencies to integrate services from multiple providers and funding streams into an integrated plan of care.

**Purpose:** Case managers monitor the effectiveness of services and provide ongoing monitoring of the individuals in service to ensure the health, safety, and welfare of the individuals who receive HCBS services.

**Activities to Achieve Results:** The TCM Bureau monitors and follows up on individual incidents. Multi-disciplinary safety consultations occur when an individual has risk factors and safety concerns that may jeopardize their health, safety and/or welfare in their community setting. Safety consultations address issues such as new treatment recommendations, self-injurious behavior, health concerns, emergency discharge or changes in living arrangements.

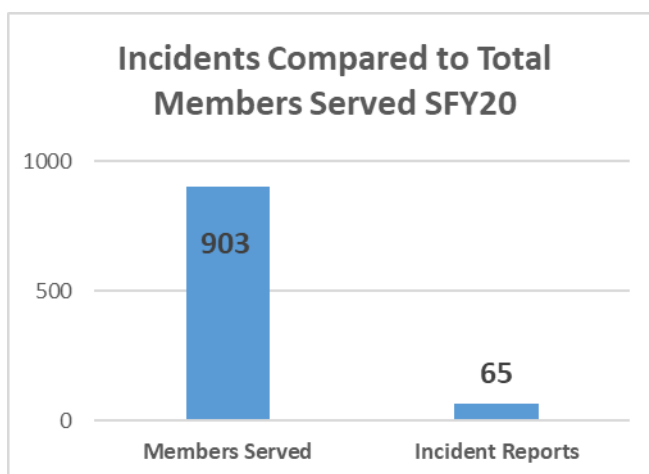
### RESULTS

**Performance Measure:**

Number of individuals served compared to number of members who had major incident reports. Total incidents were 101, for 65 members, 19 of those had duplicate reports. Safety consultations are often a result of major incidents.

**Performance Goal/Target:**

90%



**Achievements:** 92.8% of the individuals served in SFY20 remained safely in the community without major incidents. The DHS Safety Team reviewed 100% of incident reports received. Of the total population served, 7% (n=69) had major incidents. Of those who had incidents 63 individuals received ongoing monitoring and support from their case managers and remained in their home and community safely and 10 (15.3%) individuals received ongoing monitoring and support from their case managers and a multidisciplinary staffing was held on each individual. Of the 10 who received a staffing, 8 individuals remained in their home and community safely, one required a higher level of care, and one moved to a lower level of care. Of the individuals staffed, 100% of the concerns raised were addressed and appropriate resolution was reached to maintain safety.

**Data Sources:** DHS, Targeted Case Management Bureau Incident Report and Safety Consultation Data Base.

**Resources:** Targeted Case Management is reimbursed for services rendered by Medicaid (which includes both Federal and State dollars) in 15 minute units. For services provided in FY20, Targeted Case Management received \$6,500,000.00.

## Agency Contacts

Copies of the Department of Human Services' Performance Report are available on the DHS website at <http://www.resultsiowa.org/humansvs.html>.

The Department of Human Services' website is <http://dhs.iowa.gov/>.

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