Facts, Figures, Trends 2007-2008

A report by the Idaho Department Of Health and Welfare

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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www.healthandwelfare.idaho.gov

A Message from our Director, Richard M. Armstrong

This year's edition of Facts, Figures and Trends reveals the many faces of people, from children to people with disabilities to elders, who are served through Department of Health and Welfare programs.

While reviewing the program descriptions and statistics in this report, try to imagine the people behind the words and numbers -- more than 300,000 fellow citizens who depended on the health and human services provided by 3,000 state employees last year.

In fact, nearly one in four Idaho residents received a service or benefit through the department. We helped people with medical assistance, substance abuse treatment, and protection from abuse and neglect. We provided immunizations for our children and monitored nursing homes to assure the health and safety of our elders.

As the chapters of this book describe, the demand for our services continues to increase each year, while our staffing levels have remained relatively static. Even with this challenge, we are able to provide high levels of customer service, using better business processes to become more productive. Greater efficiency and higher accuracy helps the department keep up with demand and maintain service levels.

With caring, competence, communication and convenience, our staff serve the needs of our customers. In partnership with the Governor's Office and State Legislature, the department continues to deliver needed services, both effectively and efficiently, to the people of Idaho.

Sincerely,

Richard M. Armstrong

Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how we budget our monies. This guide is not intended to be a comprehensive report about the Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the department's overall budget and major spending categories. Following this overview, we give a brief description of each division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by division for easy reference.

To provide the human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

Goal 1: Improve the health status and safety of all Idahoans.

Goal 2: Increase the safety and self-sufficiency of individuals and families.

Goal 3: Enhance the delivery of health and human services.

The department is designed to help families in crisis situations, giving a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, health care, job training, and cash assistance to get families back on their feet and become self-reliant members of our communities. Staff in all our divisions depend on one another to do their jobs in helping families solve their problems so we can build a healthier Idaho.

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Our Organization

The Department of Health and Welfare serves under the leadership of the Idaho Governor. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor.

Our agency is comprised of nine divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Management Services, Human Resources, Communications and Regional Development, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. As an example, the Division of Family and Community Services will provide direct services for child protection and may partner with community providers or agencies to help people with developmental disabilities.

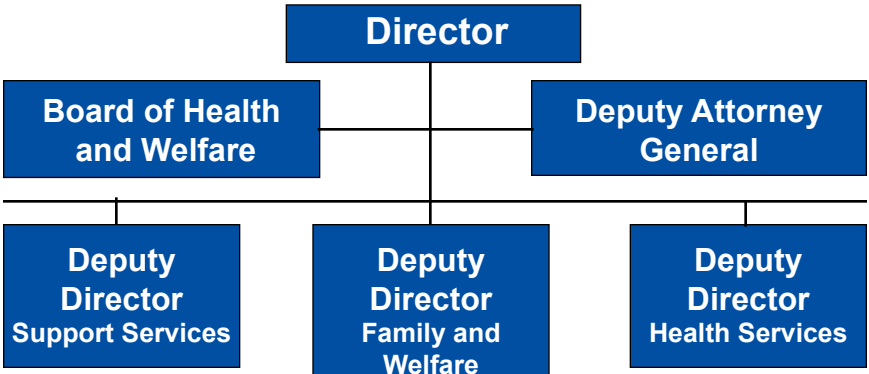
Each of our divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, food protection, public health and hospital preparedness, and Women, Infants, and Children (supplemental nutrition).

Regional Directors help carry out the mission of the department. They work with community leaders and groups to develop partnerships and community resources that help more people than the department could by itself. They also are our director's community representatives and are geographically located to serve each area of the state.

Region	Location	Director	Phone
Region 1	Coeur d'Alene	Karen Cotton	769-1515
Region 2	Lewiston	Tanya McElfresh	799-4400
Region 3	Caldwell	Ross Mason	455-7106
Region 4	Boise	Landis Rossi	334-6747
Region 5	Twin Falls	John Hathaway	736-3020
Region 6	Pocatello	Nick Arambarri	235-2875
Region 7	Idaho Falls	Tracey Sessions	528-5789

Note: All area codes are 208

Organizational Chart



Division of Management Services

Division of Human Resources

Division of Information and Technology

Division of Communications and Regional Development

Division of Welfare

Division of Family and Community Services

- Idaho State School and Hospital

Division of Medicaid

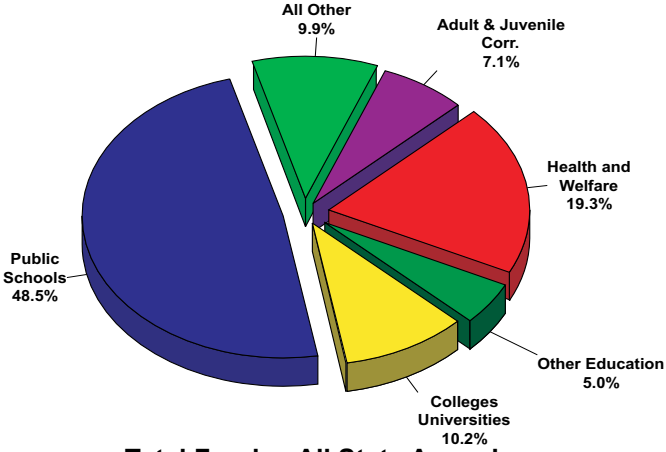
Division of Public Health

Division of Behavioral Health

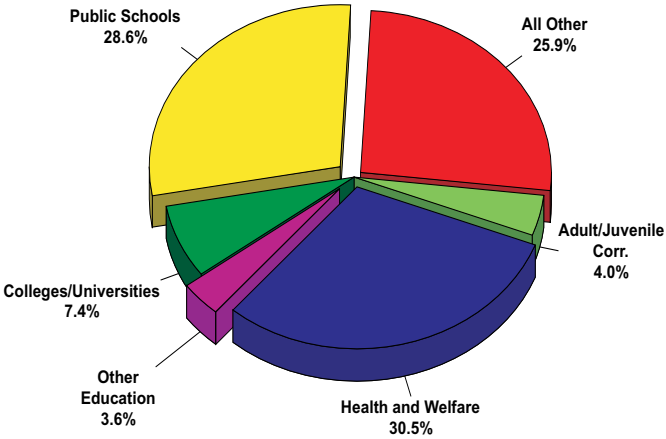
- State Hospital South
- State Hospital North

Total State SFY 2008 Appropriations

State General Funds - All State Agencies



Total Funds - All State Agencies

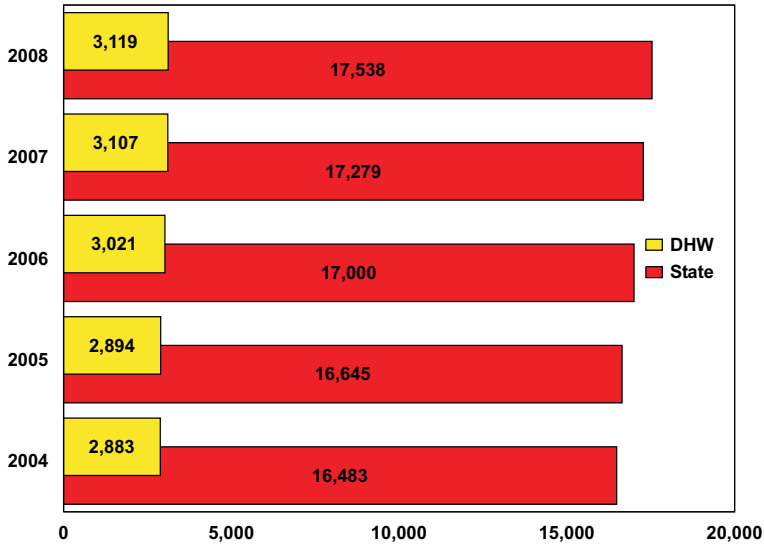


SFY 2008 Financial Data Summary

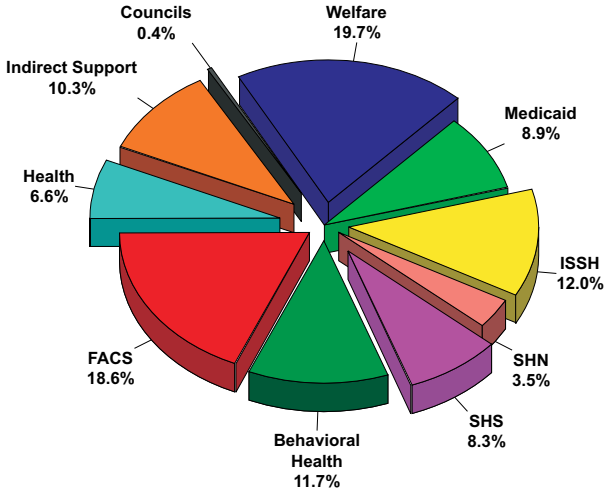
	In Millions			
Functional Area	**General**	**%Total**	**Total**	**%Total**
Public Schools	$1,367.4	48.5%	1,648.2	28.6%
Colleges, Universities	287.8	10.2%	422.9	7.3%
Other Education	142.6	5.1%	208.8	3.6%
Health & Welfare	544.8	19.3%	1,755.9	30.5%
Adult & Juvenile Corrections	201.2	7.1%	232.0	4.0%
All Other Agencies	276.9	9.8%	1,491.2	26.0%
Total	**$2,820.7**	**100.0%**	**$5,759.0**	**100.0%**

Appropriated Full-Time Positions

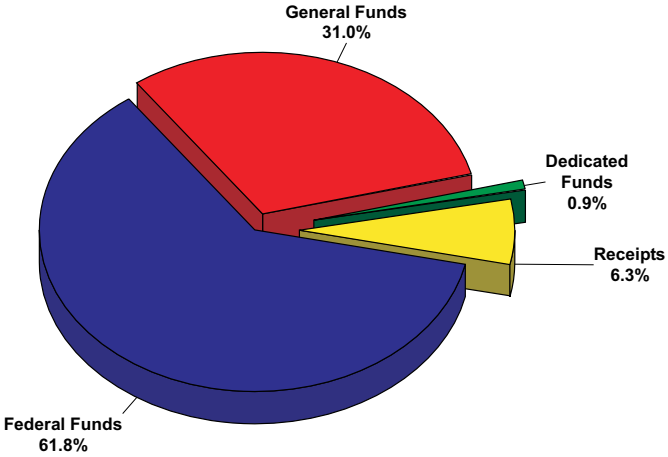
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has grown less than five percent over the last five years, although most program caseloads have increased significantly during the same time period.



SFY 2008 FTP Distribution - Department of Health & Welfare



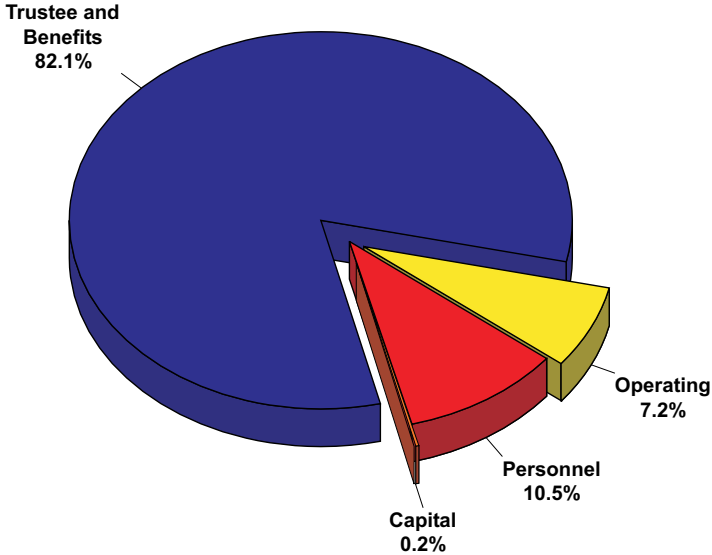
SFY 2008 DHW Appropriation Fund Source



Financial Data Summary

Fund Source		Amount
General Fund		$544.8 Million
Federal Funds		1,084.5 Million
Receipts		111.0 Million
Dedicated Funds		
Domestic Violence	$ 486,100	
Cancer Control	401,700	
Emergency Medical	4,153,000	
Central Tumor Registry	182,700	
Food Safety	638,000	
Medical Assistance	6,000	
Alcohol Intoxication Treatment	3,232,400	
Liquor Control	650,000	
State Hospital South Endowment	1,256,100	
State Hospital North Endowment	862,400	
Prevention of Minors' Access to Tobacco	71,500	
Access to Health Insurance	2,899,100	
Court Services	266,700	
Millennium Fund	500,000	
Total Dedicated Funds		$15.6 Million
Total		**$1,755.9 Million**

FY 2008 DHW Appropriation by Expenditure Category

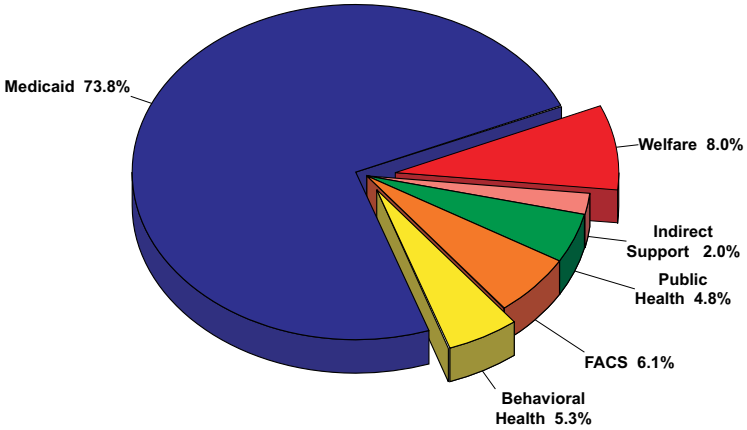


Financial Data Summary

By Object	Amount
Trustee and Benefits	$1,441.8 Million
Personnel Costs	184.5 Million
Operating Expenditures	125.7 Million
Capital Outlay	4.0 Million
Total	$ 1,756 Million

- The appropriation for benefits for Idaho citizens increased more than $48 million from SFY 2007.
- Trustee and Benefit payments make up 82 percent of the department's budget. These are cash payments to participants, vendors providing services directly to participants, government agencies, non-profits, etc.
- The Capital Outlay funding is the first significant investment in capital improvement funding by the department since SFY 2002.
- Health and Welfare purchases services or products from nearly 14,000 companies, agencies or contractors, and over 11,000 Medicaid providers.

Original FY 2008 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	**614.7**	**$ 43,190,100**	**$ 140,834,600**
Medicaid			
Low-income children/ working age adults		134,806,800	474,854,100
Individuals w/Disabilities		163,847,300	558,247,800
Elders		63,248,700	205,563,500
Administration	278.5	14,481,600	54,032,600
Total Medicaid	**278.5**	**$ 376,384,400**	**$1,292,698,000**
Family and Community Services			
Child Welfare	383.4	13,189,300	32,369,900
Foster/Assistance Payments	0.0	12,693,100	28,290,200
Service Integration	27.0	914,500	2,488,000
Developmental Disabilities	166.9	8,972,400	18,611,200
Idaho State School & Hospital	375.5	5,509,500	24,317,700
Total FACS	**952.8**	**$ 41,278,800**	**$ 106,077,000**
Behavioral Health			
Community Mental Health	259.4	19,325,400	25,377,600
Children's Mental Health	89.7	8,445,900	15,325,200
Substance Abuse	15.2	8,326,600	20,873,500
Community Hospitalization	0.0	2,160,400	2,160,400
State Hospital South	259.2	11,564,900	20,078,500
State Hospital North	109.4	7,107,600	8,113,100
Total Behavioral Health	**732.9**	**$ 56,930,800**	**$ 91,928,300**
Health			
Physical Health	134.3	7,802,600	72,653,200
EMS	28.8	323,100	6,559,700
Laboratory Services	42.5	1,877,200	4,818,700
Total Health	**205.6**	**$ 10,002,900**	**$ 84,031,600**
Indirect Support	**321.0**	**$ 16,779,200**	**$ 35,622,300**
Councils/Commissions	**13.0**	**$ 276,600**	**$ 4,744,500**
Department Total	**3,1118.7**	**$ 544,842,800**	**$1,755,936,300**

Notes

Division of Medicaid

Leslie Clement, Administrator, 334-5747

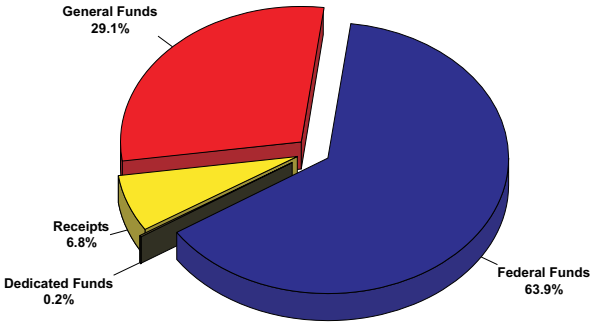
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to other health insurance companies. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

Youth, pregnancy, old age, disability, and family income are among the factors considered in determining eligibility for Medicaid. Covered benefits include basic medical care, services for individuals with disabilities, and long-term care.

The Division of Medicaid has the largest appropriation in the department with an original SFY 2008 total appropriation of $1.3 billion. This funding is composed of approximately 64 percent federal money, 29 percent state general funds, and 7 percent receipts. Receipts have become an increasingly important part of Medicaid's annual budget, providing $83 million in the SFY 2007 budget. Receipts include $33 million in rebates from pharmaceutical companies, $21.6 million from audit settlements with various health care provider agencies and companies, and nearly $9.5 million from estate recovery.

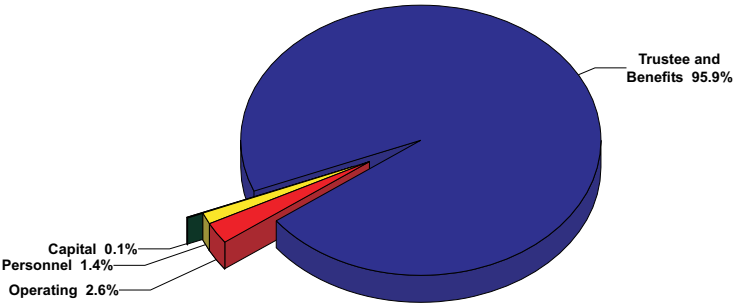
In the funding for services provided to participants, the SFY 2008 federal match rate is 69.87 percent, about the same as in SFY 2007 (69.34 percent) for payment of most benefits. The remainder of funding for services comes from state general funds.

Medicaid SFY 2008 Funding Sources



Authorized FTP: 278.50; Original Appropriation for 2008 -- General Fund: $376.4 Million; Total funds: $1.29 Billion; 73.8% of Health & Welfare funding.

Medicaid SFY 2008 Expenditure Categories



Note: The Division of Medicaid receives approximately 64 percent of its funding from the federal government and spends 96 percent of its total expenditures on benefits.

2007 Review: Successful Implementation of Medicaid Modernization

With the continued support of the Governor's office and legislators, the Division of Medicaid implemented key reform initiatives. Federal authority was given under the Deficit Reduction Act (DRA) to implement three new benchmark benefit plans based on the health needs of participants. The old "one-size fits all" model was replaced with benefit plans designed to provide appropriate coverage with an emphasis on prevention and wellness.

The Benchmark Benefit Plans:

1. The Medicaid Basic Plan: is for low-income children and working-age adults. Individuals in this plan are assessed as having average health needs. Their benefits include medical, dental, and vision.
2. The Medicaid Enhanced Plan: for individuals with disabilities and/or special needs. Their benefits include all basic plan services plus developmental disability services, enhanced mental health services, and long-term care.
3. The Medicare/Medicaid Coordinated Plan: for adults over 21 years of age who have Medicare coverage and also qualify for Medicaid because of low income. This plan includes an option to enroll in a Medicare Advantage Plan with wrap-around Medicaid coverage.

Healthy Connections, Idaho's primary case management program, provides medical homes for all participants regardless of their benchmark plan. Exemptions are given for participants who live in institutions and for those with unique circumstances. A medical home performs essential care coordination, ensuring that participants receive the right care, at the right time, in the right place.

Applicants for health plan coverage also have the option of selecting a premium assistance program. Idaho offers the Access Card for eligible children whose families prefer to select private health plan coverage to meet their needs. Idaho continues to offer Access to Health Insurance, a small-business premium assistance program.

Key features of reform include:

A. Promoting Personal Responsibility:

- Families at higher income levels are expected to share in the costs of their benefits by paying premiums.
- Incentives are provided to encourage good health choices such as taking children to their well-child check-ups and keeping immunizations current.
- Co-pays have been implemented to deter inappropriate use of emergency room services and emergency transportation.

B. Encouraging Prevention and Wellness Activities:

- Coverage has been expanded to provide all adults with annual health exams.
- The reimbursement rate for well-child visits has been increased to align with commercial health plan rates.
- New preventive health coverage has been added to help individuals lose weight and quit smoking.
- A healthy schools grant has been established to partially fund school nurses so they can provide preventive health screening and services.

C. Providing Opportunities for Employment:

- Medicaid for Workers with Disabilities (Medicaid Buy-In) allows individuals to work, or work extended hours, without losing Medicaid coverage by paying a portion of their health care costs through premiums.

D. Providing a Self-Directed Waiver Option:

- This option gives certain individuals with disabilities more choices and control over how Medicaid funds are used to buy the services and supports that fit their needs.

E. Implementing Savings & Efficiencies:

- Idaho joined a multi-state pharmacy purchasing pool that has provided significant savings, reduced total pharmacy costs, and provided funding for preventive health incentives.
- Best price negotiations for incontinent supplies resulted in a 23 percent cost reduction.
- A policy was implemented that requires Medicare enrollment as a condition of Medicaid eligibility, and has ensured that Medicaid is the payor of last resort for individuals who have other health care coverage.
- Dental plan outsourcing for participants on the Medicaid Basic Plan controls cost while increasing access.
- A chronic disease management program initiated with community health clinics and family residency programs pays for performance.

F. Offering Options for Long-Term Care:

- An Aging Connections pilot program in northern Idaho provides single point of entry for individuals needing help with long-term care needs.
- Financing reforms ensure that long-term care coverage is available only to those without resources to pay.
- Long-term care partnership policies are now being sold in Idaho. Individuals who purchase commercial long-term care insurance are able to protect a portion of their assets if they become eligible for Medicaid financed long-term care.

Medicaid Services

State Medicaid programs are driven by federal and state laws and agency rules. Each state operates under a State Plan, an agreement with the federal government that describes how the state has established its eligibility, benefits, and payments under its state Medicaid program. In 2006 and 2007, Idaho's policy makers re-wrote Idaho Code to reflect Medicaid Modernization by simplifying the program design and aligning benefits with the health needs of participants. At the same time, President Bush signed into federal law the Deficit Reduction Act (DRA). Idaho was one of the first three states in the country to take advantage of the DRA with benchmark plans that provide flexibility, which was previously only available through waivers.

Benchmark plans allow states the option to target benefits to certain populations, test programs in certain geographical areas, and require all participants to have a medical primary care provider. Before passage of the DRA, states were required to request waivers to exercise these options. The waivers require additional reporting, require demonstration of cost neutrality, and require periodic renewal. The benchmark plans carry none of these requirements and are implemented through State Plan amendments. Idaho amended its State Plan to incorporate its three new benchmark plans: the Medicaid Basic Plan, the Medicaid Enhanced Plan and the Medicare/Medicaid Coordinated Plan.

Idaho still maintains four waivers. The following three waivers give Idaho the ability to offer cost-effective home and community-based services as an alternative to institutional services for participants on the Medicaid Enhanced Plan.

- The Aged and Disabled (A&D) Waiver: provides a community-based alternative to adults who would otherwise be in a nursing home.
- The Developmental Disabilities (DD) Waiver: provides an alternative to adults with developmental disabilities who would otherwise be in an Intermediate Care Facility.
- The Idaho State School and Hospital (ISSH) Waiver: provides a means of discharging adolescents from ISSH into a safe community placement.

Idaho has one 1115 Demonstration Waiver that requires budget neutrality:

- The Health Insurance Flexibility Act (HIFA) Waiver: allows Idaho to provide premium assistance. This waiver provides individuals who apply for health coverage the opportunity to choose private insurance. This option is available to those who would otherwise receive benefits through the Medicaid Basic Plan.

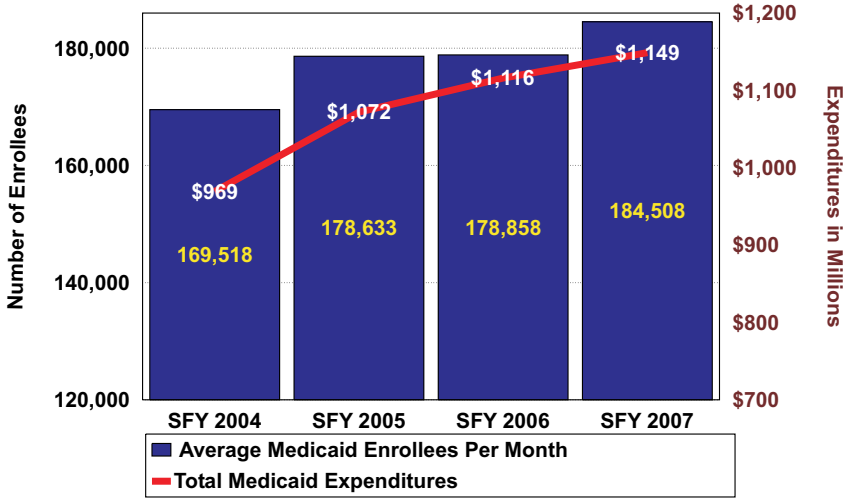
Idaho's CHIP (Title XXI) Program has been folded into the Medicaid Modernization framework. Most children who qualify for coverage under Title XXI are of average health, and receive coverage through the Medicaid Basic Plan. There are some instances where children who have special needs will qualify for CHIP because of low-income. In these cases, they receive services through the Medicaid Enhanced Plan. Regardless of how a child's care is financed, they are provided the benefit plan that best aligns with their health needs.

Separating enrollees by population needs allows Idaho to clearly see the major cost drivers in the program. Participants in the Medicaid Basic Plan tend to be more fluid, moving on and off the program as employment and income changes. These participants reflect the majority of our enrollment but only a fraction of our total program costs. Participants on the Medicaid Enhanced Plan and on the Medicare/ Medicaid Coordinated Plan have significantly different needs and requirements. They tend to be enrolled in Medicaid long-term due to serious disabilities.

Medicaid Enrollment and Expenditures

Medicaid enrollment grew by three percent in SFY 2007. The average monthly enrollment for Medicaid in 2007 was 184,508 compared to 178,858 in SFY 2006. The Divisions of Welfare and Medicaid have updated how eligibles are counted to include those who become retro-eligible. Participants can be granted coverage up to 90 days prior to them becoming eligible. This method will give a more accurate picture of the number of participants we cover at any given point in time.

Average Medicaid Enrollees Per Month and Annual Expenditures for Services (including retros)

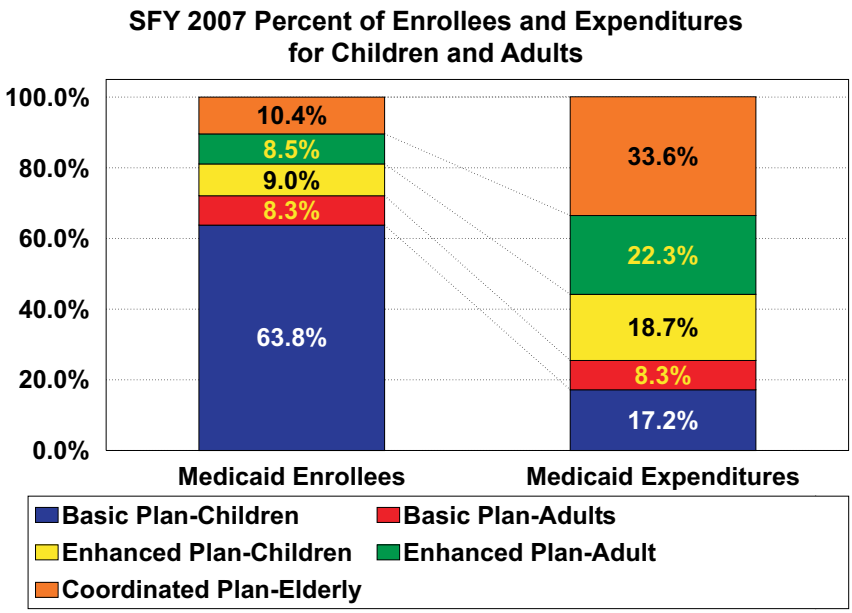


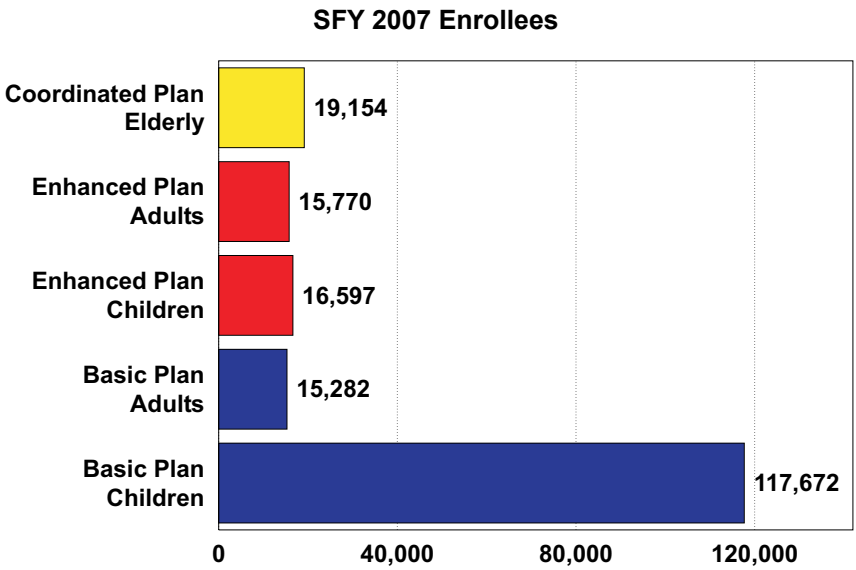
Annual Expenditures for Services

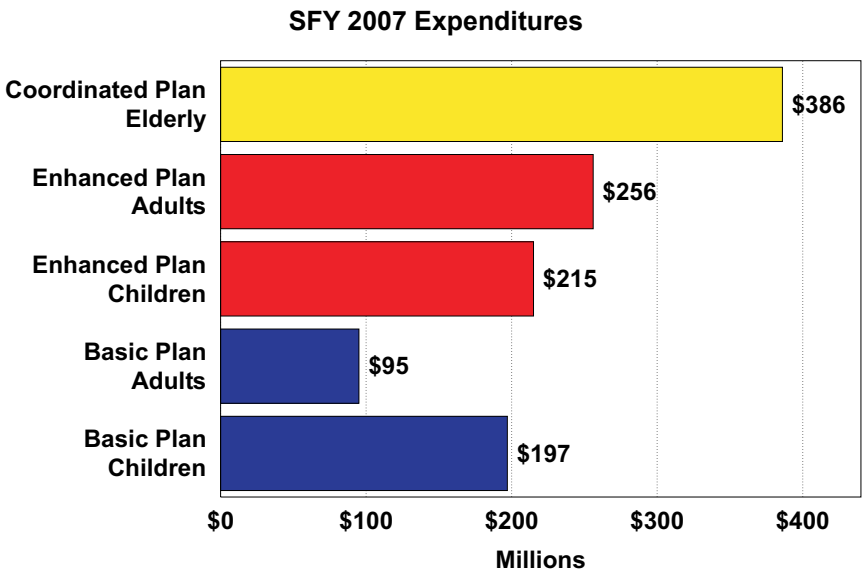
The largest number of Medicaid participants are low income children under 21 years of age and working age adults. They make up 133,000 or 72 percent of the total SFY 2007 Medicaid enrollment. However, this population accounts for only 25 percent of the total Medicaid expenditures. The largest expenditures are accrued by participants with disabilities and/or special needs, and those who are dual eligible (have Medicare and Medicaid). These participants account for only 28 percent of the Medicaid populations, but 75 percent of the total expenditures in SFY 2007.

Medicaid Participants and Expenditures by Benchmark Plan

Participants in the Medicaid Basic Plan are the largest single group of Medicaid enrollees. The cost per month for each child was $140 in SFY 2007, and the cost per adult was $517. By comparison, participants in the Medicaid Enhanced Plan cost $1,077 per child and $1,352 per disabled adult. By far, the largest expenditure was for participants in the Medicare/Medicaid Coordinated Plan. Although this population is only about 20,000, expenditures totaled nearly $386 million in SFY 2007, for a monthly average expenditure of $1,681 per participant.


SFY 2007 Percent of Enrollees and Expenditures
for Children and Adults
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
10.4%
8.5%
9.0%
8.3%
63.8%
33.6%
22.3%
18.7%
8.3%
17.2%
Medicaid Enrollees
Medicaid Expenditures
Basic Plan-Children
Basic Plan-Adults
Enhanced Plan-Children
Enhanced Plan-Adult
Coordinated Plan-Elderly

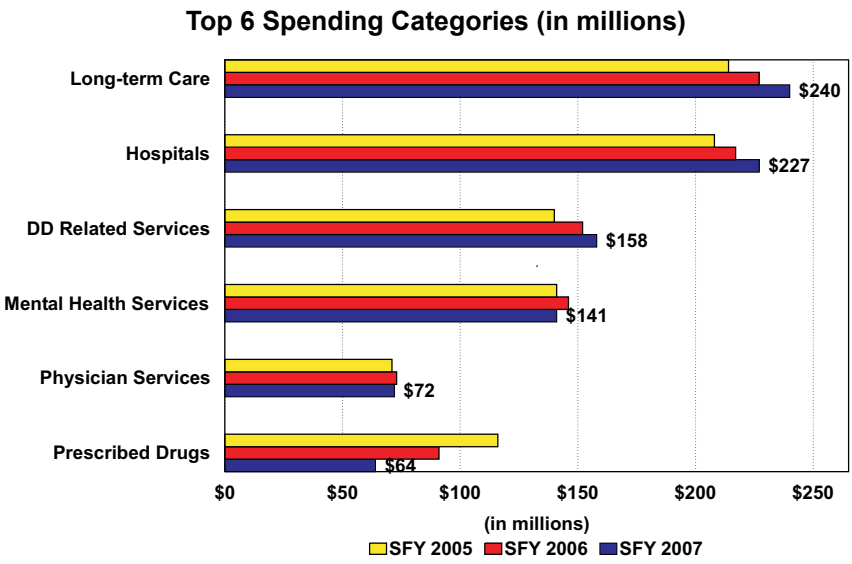

SFY 2007 Enrollees
Coordinated Plan Elderly
19,154
Enhanced Plan Adults
15,770
Enhanced Plan Children
16,597
Basic Plan Adults
15,282
Basic Plan Children
117,672
0
40,000
80,000
120,000



Medicaid Expenditures for Services

The long-term care expenditures were the most costly service for Medicaid, with a $240 million spent in SFY 2007, up $13 million from SFY 2006. Hospital service expenditures were second highest with $227 million, which is a $10 million annual increase. Developmental disability services were next with a cost of $158 million, followed by mental health at $141 million, physician service expenditures at $72 million, and non-psychotherapeutic pharmacy at a cost of $64 million.

The Part D prescription drug program was fully implemented during SFY 2007, which appeared to dramatically reduce our drug purchases. Due to the funding mechanisms used by the federal government, the decline in SFY 2006 was slight, as we had to pay the “clawback,” which is a 100 percent general fund payment. The total net drug cost after compensating for the clawback and rebates actually increased 5.6 percent from SFY 2006 to SFY 2007. This program also continues to lower our drug rebate amounts which should stabilize because Part D is now fully implemented. Other spending categories remained stable or increased at a normal rate.



Licensing and Certification

The Licensing and Certification Program teams protect and promote the health, safety, and individual rights of Idahoans who require health-related services, supports, and supervision in care facilities by enforcing compliance with state and federal statutes, rules, and regulations.

The Licensing and Certification Program teams survey, inspect, license, and /or certify all health care facilities in the state. They ensure skilled nursing facilities, hospitals, and Intermediate Care Facilities for Developmentally Disabled/Mentally Retarded (ICF/MR) meet both state and federal guidelines and conditions of participation. Additionally, team members conduct surveys and license/certify Residential Care of Assisted Living Facilities (RALFs) and Certified Family Homes (CFHs) to ensure they comply with state statute and rule requirements.

There are 66 staff members that are responsible for over 2,400 health care and/or residential facilities and over 19,700 treatment beds. The teams work closely with advocates, other governmental agencies, stakeholders, and partners in the respective industries to ensure safe and effective care in a wide variety of settings.

FACS Stories from the Field

Foster Care: A neighbor calls Child Protection. There are six children living next door to her. The family car is there and she hasn't seen the children outside for 3 days. Child Protection arranges with law enforcement to meet at the home. No one comes to the door, but they can see a 3, 4, 5, 7 and 8 year old through a bedroom window. The children have been locked in the bedroom and report that they have not eaten for the past 2 days. They don't know where their parents are. Police officers declare the children in imminent danger. The neighbor states that the children have an aunt who has taken care of them in the past. The children are placed in foster care with the aunt until the parents can be located and the safety threats can be reduced.

Independent Living: A 17 and a half year old is preparing to leave foster care in the next six months. About a year ago, his foster parents helped him develop an independent living plan. Part of his plan has been to learn to cook for himself, do laundry, and budget his funds. He has also gotten support from the foster alumni group. He has received funds to enable him to buy some of the basic items he needs to live in an apartment. He has a construction job that will begin when he turns 18.

Adoption: Abandoned by her parents, a two year old child is being adopted by her foster family. She has lived with them for most of her short life and has many special needs due to drug abuse and no pre-natal care by her birth mother. She has thrived in her foster/adoptive home and has found a permanent home with them.

Developmental Disabilities Services: A local family has two school-aged children with Autism. They are well-insured through their respective employment but their insurance benefits only covered limited amounts of therapy. As they matured, the children developed behaviors that were making it difficult to integrate safely with others, especially other children. Therapy obtained through their local school district was helpful, but additional therapies were needed. Through funding available from the Family Support program, this family has been able to purchase additional therapy through local therapists that specialize in Autism Spectrum Disorders. Both children have shown marked improvement in their skills as a result. Through specialized therapy, the parents have also learned how to incorporate sensory activities into their children's daily routines that have effectively reduced the maladaptive behaviors their children were demonstrating. Both children are now able to participate in school and church activities.

Navigation: Jim admitted to having a drinking problem for years, making some poor choices and just living the "hard" life. He immediately said, "I need money for gas to get out of here or I will go nuts." He continued to talk about all the things wrong in his life and what he cannot do. His navigator turned Jim's attention to his strengths and resources he had, not only within himself but also within the community. His focus slowly changed from the "cannot do" to "this might be possible". Jim initially called his previous food stamp worker about his current situation and she encouraged him to apply for food stamps. Whether he knew it or not, this started his ladder to "get out." Jim's food stamp worker referred him to S.L. Start and to Navigation Services. He had been sober for five years and got his drivers license reinstated. He was a good auto mechanic and was able to work on his own vehicle. He went to his meeting with S.L. Start and received a gas voucher. He remained determined to get "out of here" and now had a plan. Jim was able to get his commercial drivers license physical free from the Community Health Clinic. He called a long distance trucking company, completed the application and got a job interview. Jim left a note one day, "Thanks for listening, I got the job and I am out of here." He had used his strengths to build his ladder to meet his goal.

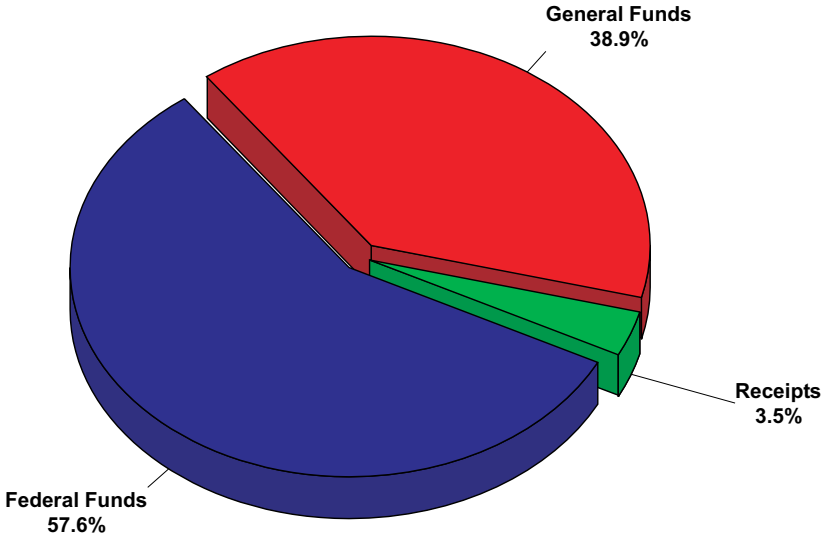
Division of Family and Community Services

Michelle Britton, Administrator, 334-5680

The Division of Family and Community Services directs many of the Department's social services programs. They include child protection, adoption, foster care, developmental disabilities, screening and early intervention for infants and toddlers, and navigation services. Programs work together to provide services for children and families that focus on the entire family, building on family strengths, while supporting and empowering families.

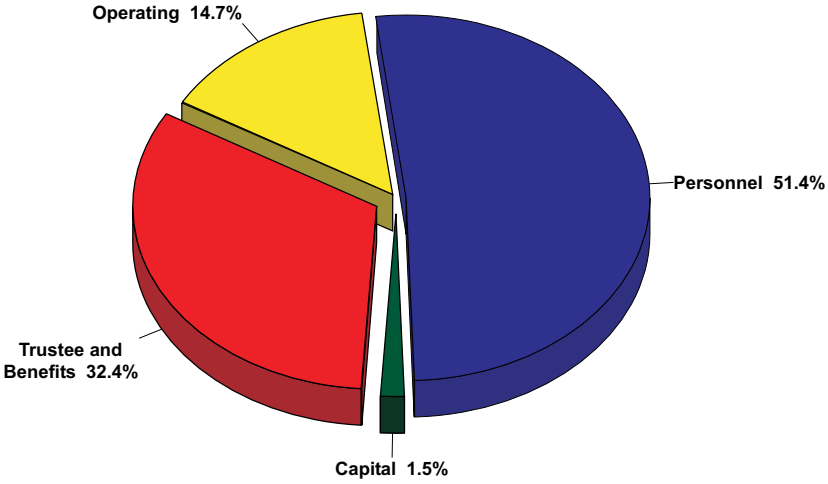
Idaho State School and Hospital in Nampa also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2008 Funding Sources



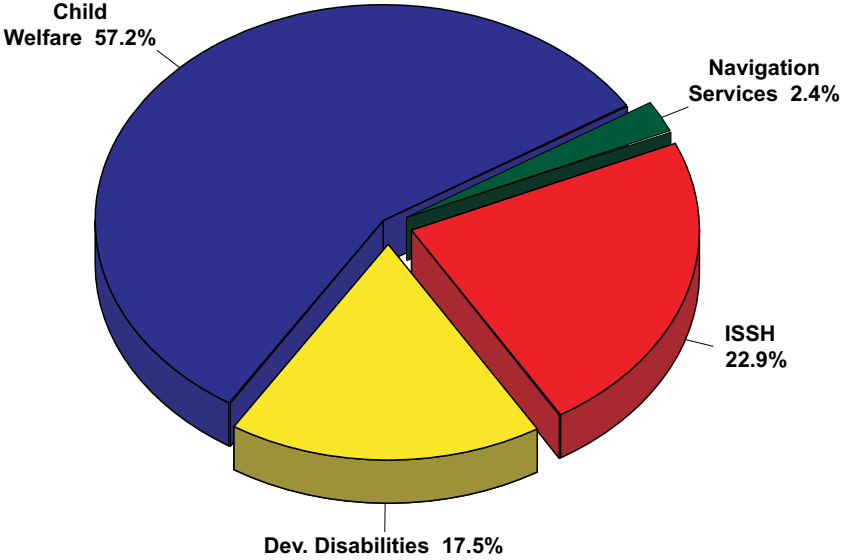
Authorized FTP: 952.9; Original Appropriation for 2008 — General Fund: $41.3 million; Total Funds: $106.1 million; 6.1% of Health and Welfare funding.

FACS SFY 2008 Expenditure Categories



Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24-hour-a-day, seven-days-a-week staffing levels required at the Idaho State School and Hospital.

FACS Spending by Program



Note: Child Welfare includes Child Protection, Foster Care, and Adoption.

2007 FACS Division Highlights

The most significant activity for FACS during FY 2007 was stabilizing services and administration of the division following the separation of Behavioral Health Services into its own division. The new Division of Family and Community Services (or FACS) is comprised of Developmental Disabilities Services, Children and Family Services, the 211 Idaho CareLine, and the Idaho State School and Hospital (ISSH). During the 2007 legislative session, Navigation Services were also added. The new Behavioral Health Division provides community-based treatment and hospital services to adults and children with mental health disorders and treatment programs to those with addictions.

In child protection, with the successful attainment of the goals in the Performance Improvement Plan in 2006 that resulted from the initial federal Child and Family Services Review, the program has been able to give more focus to other pressing needs. During FY 2006, the Children and Family Services Program had experienced high rates of turnover for social work staff. The turnover rate reached 22 percent for social workers Department-wide for the year, resulting largely from low pay and excessive workload. With improvements in compensation from the legislature and other measures, the turnover rate in SFY 2007 decreased to 16 percent.

Strategies to address workload are underway. According to the results of a workload study completed by an independent contractor at the recommendation of the Office of Performance Evaluation (OPE), the Children and Family Services program is significantly understaffed relative to workload. Workload demands have increased due to caseload growth and expanded accountability for outcomes from the federal government. In August, 2007, the Department submitted its response to the workload study to OPE. In that response, the Department described an incremental strategy to seek additional resources, leverage increased federal funds, and limit caseload growth through improved early intervention and permanency efforts.

For the Infant and Toddler Program, the focus for 2007 was the expansion of services to children with developmental disabilities and delays. For FY 2007, the program received 15 new positions as well as increased funding for contractors. The Infant and Toddler Program had experienced a 7 percent increase in caseload growth from the previous year, generated in part by the referral of abused and neglected children under three years of age for assessment to meet a new federal requirement. Recruiting specialty staff and contractors for services such as Occupational Therapy, Physical Therapy, and Speech Therapy has

been very challenging given the shortage of available professionals relative to the demand for them in schools and hospitals.

The Idaho State School and Hospital continues to be a valuable asset to the state. Clients dually diagnosed for mental health and developmental disability services constitute the principal challenge to ISSH. These clients comprise the majority of ISSH admissions. In response to requests for admissions, ISSH provides technical assistance to community partners through its Crisis Prevention Team in order to assist providers to maintain clients in their own communities. ISSH's census continues to decline as a result of the efforts of the team.

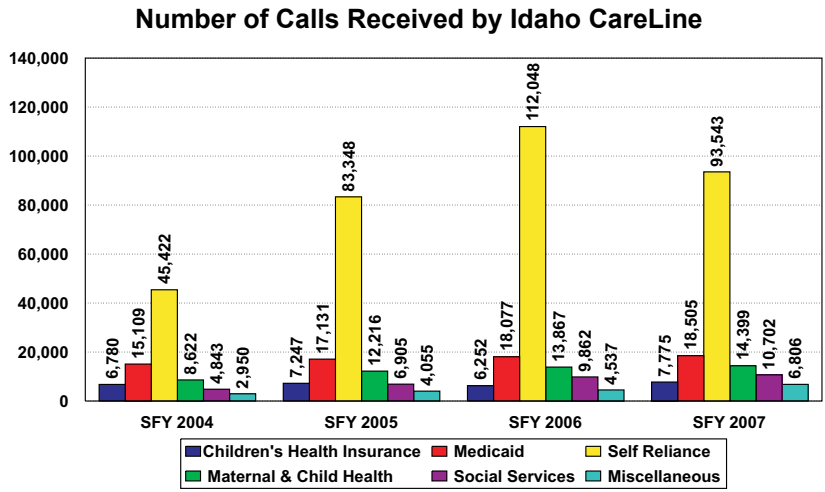
2-1-1 Idaho CareLine

The Idaho CareLine is a bilingual, toll-free, telephone information and referral service that links citizens with health and human services in Idaho. Staffed by 10 customer service representatives who assisted 151,726 callers last fiscal year, the Idaho CareLine serves as a central directory for department programs and local community resources with a database of over 3,400 health and human service contacts.

In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho. 2-1-1 is a national initiative providing an easy-to-remember, three-digit phone number that provides easy access for callers to receive information and get connected to local community resources. To insure compliance with department and national 2-1-1 customer service standards, caller satisfaction surveys were implemented in January 2007. The data shows that 99.7% of those surveyed indicated they were very satisfied or satisfied with the service received and 97.1% of callers indicated they would use the 2-1-1 service again. Over 62% of calls originated from households containing between 2 and 4 persons with an annual income of less than $20,000. Over 73% of callers surveyed self-identified their ethnicity as Caucasian, followed by 18.9% Hispanic.

Calls to the Idaho CareLine decreased slightly from SFY 2006, a result of fewer child care calls. This reflects improvement in the public's ability to directly access the ICCP Consolidated Unit due to their improved phone system and staffing levels. Overall, the call data remains fairly consistent and we would project a similar call volume for SFY 2008.

The Idaho CareLine helps callers Monday through Friday, 8 a.m. to 6 p.m. MST with emergency after hours assistance provided through an on call service. Additional information and an online, searchable database is available at www.idahocareline.org. The Idaho CareLine telephone number is 2-1-1 or 1-800-926-2588.



Note: The SFY 2007 Self-Reliance category reflects calls concerning services which help keep a family stable, such as emergency dental and medical, child care, Food Stamps, cash assistance, child support, housing, rent, and utility assistance. Child care is responsible for over 65 percent of these calls.

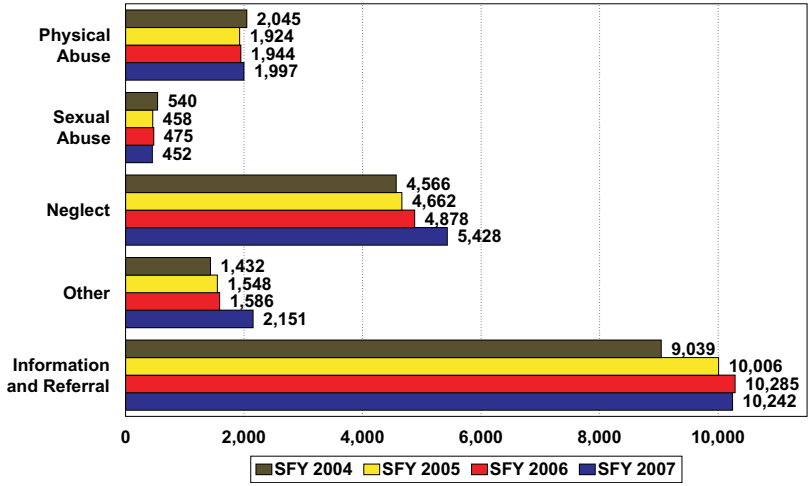
Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act and the Interstate Compact on the Placement of Children.

Child Protection

Children and Family Services screens or assesses each report or referral it receives about possible child abuse or neglect to determine if there are current and ongoing safety issues for a child. Social workers work with families to create a plan so children can remain safely in their home. If the children's safety cannot be ensured with a safety plan, the children are removed from their home by law enforcement or the court. When children are removed to assure their safety, Children and Family Services works with families to reduce the threats of safety so the children can safety return.

Child Protection and Prevention Referrals



Note: In SFY 2007, there were 10,028 child protection referrals from concerned citizens. There were an additional 10,242 calls from people seeking information about child protection. Frequently, they are referred for services in other divisions or agencies. "Other" often includes prevention work by social workers for homeless families, the School-Based Prevention Program, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Juvenile Justice evaluations.

Foster Care

Foster care is a critical component of the state's child welfare services system. Foster families provide care for children who have been abused, neglected or are experiencing other serious problems within their families. Whenever possible, relatives of the children are considered as a placement resource and are licensed as a foster family.

As part of their role, foster families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. Foster families work with children and their families with the goal of reuniting the family when the issues that required placement are resolved. In some instances, when families are unable to make necessary changes to protect their children, the foster family may be considered a permanent placement for a child through the state's adoption program.

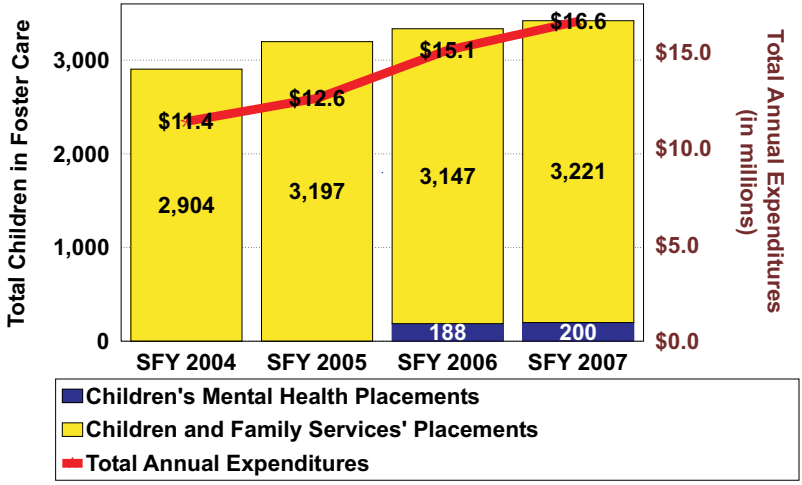
Due to the steady increase of the number of children in foster care, the need to recruit and retain foster families is critical. In 2003 there were a total of 2,382 children placed in foster care during the state fiscal year, increasing to 3,421 children in SFY 2007. Almost 6 percent of these children are from the Children's Mental Health Program.

Beginning in SFY 2008, the budget and expenditures between child protective services and children's mental health services will be tracked separately.

Relatives are a placement preference for children, but in many cases, a relative home is not available and the recruitment of non-relative homes for all ages becomes a necessity. Additionally, there is a need for homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. There also is a need for foster parents of Hispanic and Native American ethnicity.

In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in each of the regions. Children and Family Services, in partnership with local universities, is also providing training programs for foster parents to develop parenting skills and techniques to deal with children who have been abused or neglected.

Children Placed in Foster Care and Annual Expenses



Note: Some children with severe emotional disturbances are placed in foster care on a voluntary basis as a therapeutic intervention to provide for their mental health needs. In SFY 2006 Children's Mental Health Services was transferred from Family and Community Services to the Division of Behavioral Health. Children entering foster care from the Children's Mental Health program are shown in the blue bar for SFY's 2006 and 2007.

Independent Living

Each year Idaho has an average of 150 foster youth reaching the age of adulthood (18 years) while in care. Idaho's Independent Living Program assists these older foster youth to transition successfully from life in foster care to living as self-reliant adults. The program provides funds and services that address employment, education, housing, and personal needs. The focus of Idaho's current independent living plan is to provide opportunities for growth through post secondary assistance, career exploration and to assure that young people have the knowledge and skills necessary to know how to compete for, and maintain, a job. This is best achieved through a coordinated effort of child welfare and tribal social service programs, foster parents, and service providers working with older youth. During SFY 2007, 767 eligible youth between the ages of 15 to 20 were served through the department's Independent Living Program and the Casey Family Program.

The department, along with the Casey Family Program, has supported the development and growth of the Foster Youth Alumni in Idaho (FYI) advisory group. This group includes youth in foster care and those who have transitioned out of foster care. These young adults are committed to bringing attention to the needs of children and youth in the child welfare system. Advocating for positive changes, advisory group members help develop and guide improvements to policies and practices in order to normalize the foster care experience and create safety for children who cannot remain in their own homes.

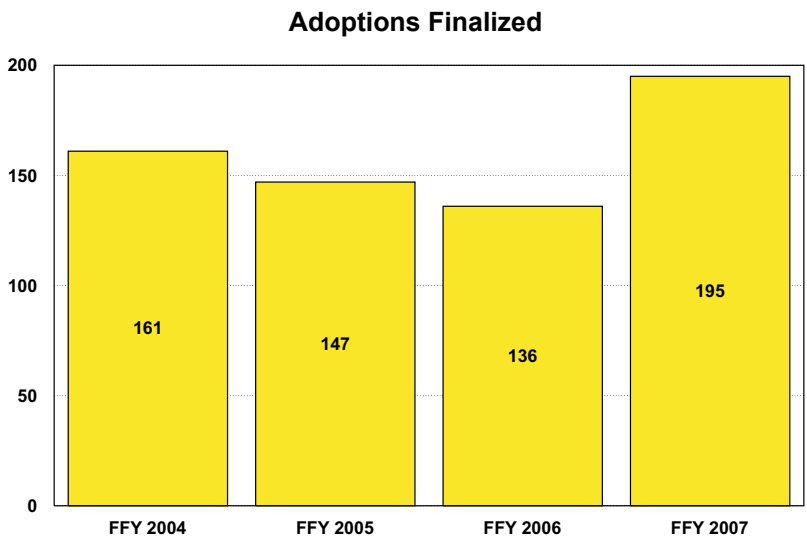
In 2003, the Education and Training Voucher Program (ETV) was initiated by Congress. The ETV program provides youth with up to $5,000 per academic year to assist with the cost of attendance to a post secondary educational institution. Education is a significant component in the successful preparation for independence for many youth. Youth who have been in foster care and have received their high school diploma or GED may be eligible for ETV program funds. During 2006-2007, 51 youth participated in the ETV program.

Adoption

Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together, or are children who have physical, mental, emotional, or medical disabilities. Some children may be older but still need a

permanent home through adoption. The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. Individualized adoption recruitment involves a variety of strategies and collaboration with community partners.

Adoptive families who adopt special needs children are eligible to apply for either federal or state adoption assistance benefits. These benefits help adoptive families meet the expenses associated with finalizing an adoption and the cost of parenting a child who has special needs.



Monthly Adoption Assistance SFY 2007

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,031	$330
State	154	$277
Total	**1,185**	

Idaho's Second Child and Family Services Review

Children and Family Services first participated in the federal Child and Family Services Review in 2003. All 50 states were reviewed. Each state developed and implemented a 2-year Program Improvement Plan to achieve the minimum federal standards in the areas of Child Safety, Permanency, and Well-Being.

Idaho's program improvement highlights since 2003 include:

- Establishment of a quarterly Continuous Quality Improvement case review process in which practice performance is monitored through file reviews and interviews with social workers, supervisors, parents, foster parents and children
- Increased adherence to seeing a child when the Department receives a report of child abuse or neglect
- Increased contacts between social workers, foster parents, children and their family members
- Expansion of a New Worker Academy that includes assignments for new workers to demonstrate their newly acquired knowledge while beginning their jobs
- Increased number of adoptions finalized within the 24 month federal timeframe
- Development of a set of practice standards which set forth expectations for Children and Family Services staff
- Successful collaboration with Idaho's Supreme Court Child Protection Committee (Court Improvement Project).

Idaho's next Child and Family Services Review is scheduled for April 2008. The process is virtually identical to the 2003 review. The state first prepares a self-assessment. The federal government develops Idaho's data profile based on data Idaho sends them. The case review itself is conducted in three Idaho communities and includes comprehensive interviews of a wide range of community stakeholders. The federal standards for the upcoming review are higher and no state is expected to meet the standards in every area of safety, permanency or child well-being. The purpose of the Child and Family Services Review is to continually improve outcomes through an updated Program Improvement Plan developed after the review has been completed.

Developmental Disabilities Services

This program manages and delivers services for people with developmental disabilities, ranging in age from infants to senior citizens. Through partnerships with community members, the program makes service choices available for consumers and their families, allowing them to strive for self-direction and fully participate in their communities.

Family Supports

The Family Support Program funds assist families in caring for family members with developmental disabilities at home. Funds pay for assistance unavailable from other sources. They often are combined with other donated community funds or resources to buy items such as wheelchair ramps. In SFY 2007, 669 Idaho families received $326,244 worth of goods and services from this program.

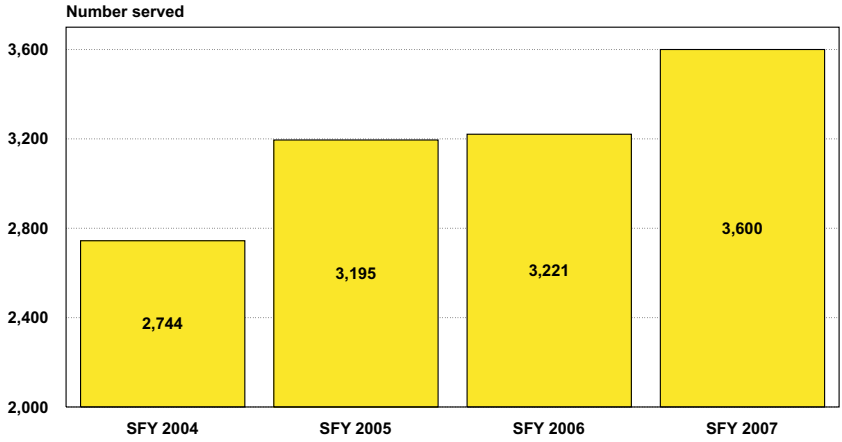
Idaho Infant Toddler Program

The Idaho Infant Toddler Program coordinates early intervention services for families and children with special needs from birth to three years of age. The program partners with agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The four most frequently provided services are Speech/Language Therapy, Developmental Therapy (special instruction), Occupational Therapy and Physical Therapy. During SFY 2007 a total of 3,600 infants and toddlers with disabilities and their families were served by the Infant Toddler Program. The increase in children enrolled is due to the growing population, increased prevalence of certain disabling conditions such as autism, and the recognition of the importance of early development.

Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services in the context of the family's normal routines. More than 95 percent of services are delivered in the child's home or other typical environments. Meeting this program requirement presents unique challenges in identifying sufficient qualified professionals to provide services in homes and child care settings. Prior to a child turning three and aging out of the program, transition plans are coordinated with local schools and other community resources to ensure a child continues to receive needed supports.

During SFY 2007, 1,716 children exited from this program. Twenty-six percent exited before age three after achieving identified developmental goals. Thirty-eight percent exited at age three and were identified as eligible for continued services in Special Education. Others who exited did not require Special Education, moved from the state, or no longer participated in services. Ten percent of the children served by the Infant Toddler Program have been involved in substantiated cases of neglect or abuse and were referred for assessment under provisions of the Child Abuse Protection and Treatment Act Extensive work was completed in SFY 2007 on the data reporting system to respond to increased federal accountability and reporting requirements. These reporting requirements placed significant additional demands on administrative support structures.

Individuals Served in the Infant Toddler Program

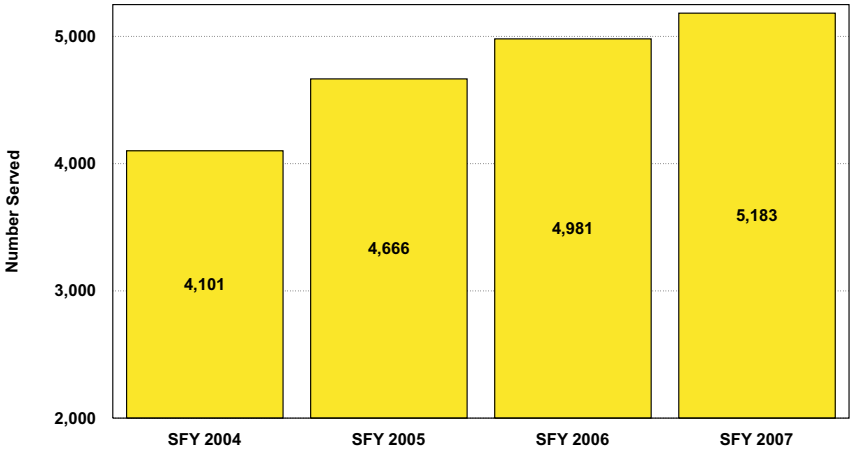


Service Coordination for Children From Birth to 21 Years of Age

Service coordination is available for Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require help to obtain and coordinate services and supports. In SFY 2007, 133 private service coordination agencies served 5,183 children at a cost of $4.7 million.

Service coordination is delivered according to a plan created with the family of the child, the service coordinator, service providers and others important in the child's life.

Individuals Served Through Service Coordination

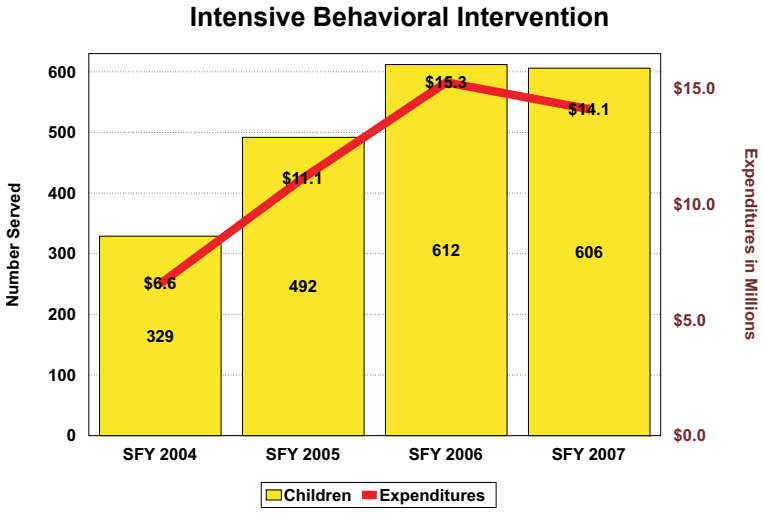


Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disabilities agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by department-certified IBI professionals and paraprofessionals.

All IBI services are reviewed and prior-authorized by Developmental Disabilities Program clinicians every four months. In SFY 2007, 606 children were served, a 1% decrease from SFY 2006. The rapid growth in IBI services slowed in SFY 2007 because of three factors:

- Many children reached the three year cap on IBI services
- Increased scrutiny of eligibility and therapy services prevented children who didn't need IBI from being served
- In previous years IBI was introduced to many new Idaho communities. Now that the service is widely available, fewer communities are newcomers to accessing IBI services.



Court-Related Services

The department conducts court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that unique needs of people with developmental disabilities are considered when courts make guardianship or commitment decisions. Multi-disciplinary teams of physicians, psychologists, and social workers complete these evaluations and court reports. Under orders of Idaho's district courts, the Developmental Disabilities Program provided evaluations for 124 guardianships during SFY 2007, an 18 percent decrease from SFY 2006.

Navigation Services

Navigation is a short-term, solution-focused (120 days or less), flexible service intended to help members of the community who are experiencing temporary instability find services and resources appropriate for their needs. Navigation Services was fully implemented statewide on July 1, 2006. Its primary purpose is to aid customers in achieving health, stability and safety through linkages to resources and services. It is intended to augment existing department programs and services. It is a voluntary program. Navigation ultimately addresses only as much as is desired by the customer(s).

Navigation Service's mission is to increase the number of competent, healthy and stable individuals, families and communities in Idaho. Navigation works with customers in crisis who can benefit from a linkage to resources and services. Navigators are experts who work with participants to help determine a strength-based plan to regain family health and stability. Navigation practice elements include:

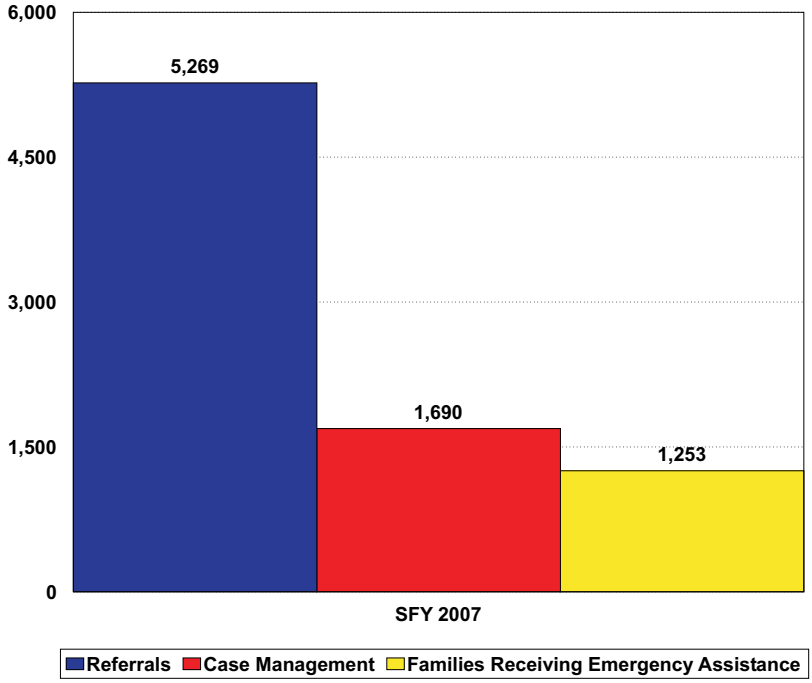
- a strength-based assessment
- an outcome-oriented case plan
- referral to and collaboration with community and department programs
- facilitation of Resources and Services meetings to coordinate multiple service providers on a single case.

Congruent with its direct services to customers, Navigation has responsibility within the department and the community to aid the development of needed resources, provide technical assistance regarding resources and services, and support customer service initiatives.

Among the initiatives currently supported by Navigation are:

- Kinship care support (using Casey Family Programs funds and reducing the number of children in foster care)
- Foster parent recruitment
- Promotion of the Earned Income Tax Credit education and resource effort
- Independent-living support for youth leaving state care
- Temporary reallocation of Navigation staff in support of customer service efforts (e.g., Medicare Part D, SR call center, Medicaid application back log).

Navigation Services Referrals, Cases and Families



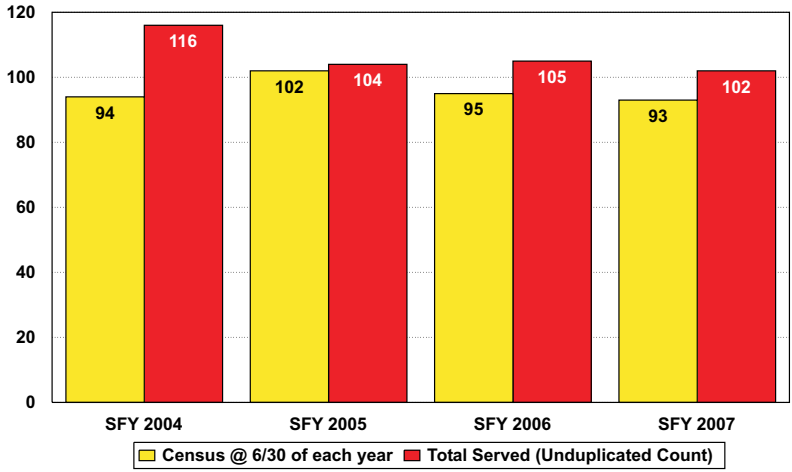
Idaho State School and Hospital

Susan Broetje Administrator, 442-2812

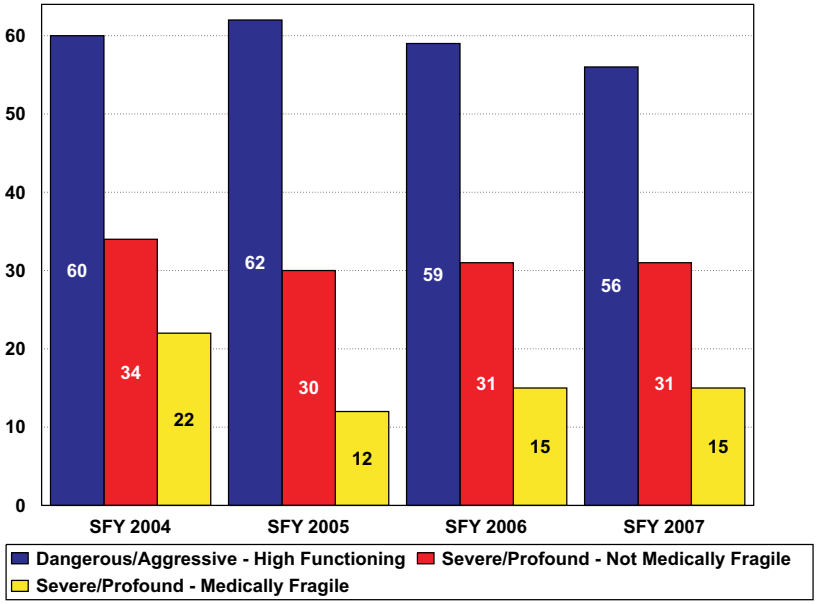
As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for people with developmental disabilities in the state. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training methods to teach clients the skills they need for independent living. Improvements in community services have resulted in only clients with significant behavioral disorders being admitted to ISSH, with a gradual, but steady, decline in the number of individuals needing institution-based care.

ISSH provides services to individuals with developmental disabilities who have exhausted all other resources, or who are not successful in other settings. People are referred to ISSH when private providers no longer can provide services to them, or their medical needs require more intensive care than can be provided in most community settings.
ISSH also serves as a resource center for individuals in the community, providing training, assistance in locating alternative placements, and crisis prevention and intervention. As a resource center, ISSH helps keep individuals in their community homes.

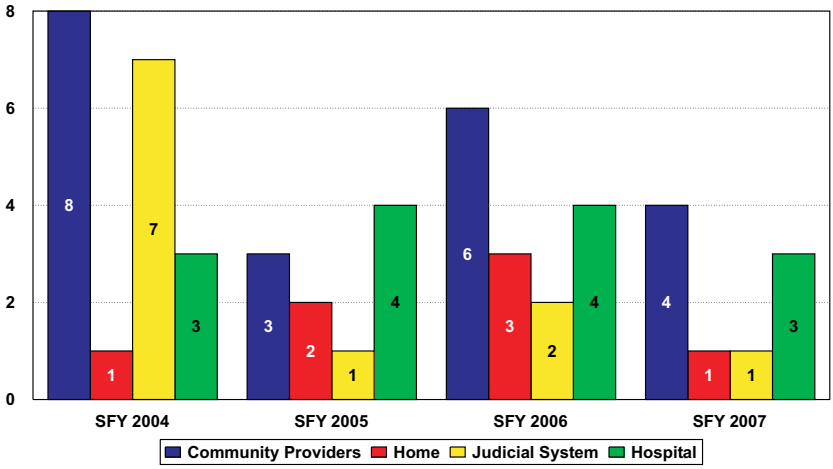
Historical Look at Census and Clients Served



Demographics of Clients Served

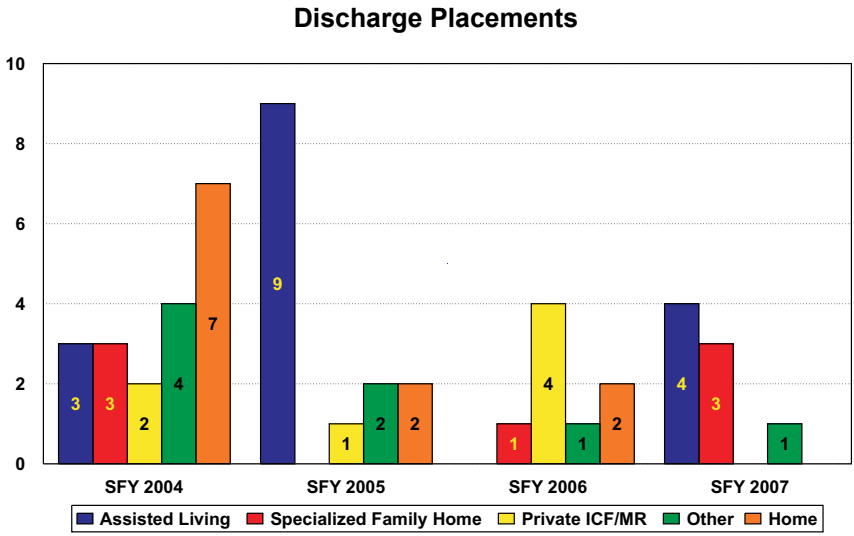


Types of Admissions



Most admissions to ISSH come from community providers and are referred by regional Health and Welfare staff that does not have available resources to manage the person's behavior. These clients frequently are in crisis, have a dual diagnosis of a developmental disability and a mental health disorder and need intensive treatment and behavior management. In SFY 2007, most admissions were clients who could not be successfully supported in community.

ISSH pursues the most appropriate placement opportunities for clients ready to leave the facility. ISSH works closely with providers in the public sector to support people being discharged from the institution. ISSH advocates for the creation of services and supports in individual Idaho communities to support people where they live so they do not have to leave their families and homes. While there are still a number of individuals who have resided at ISSH for many years, the services at ISSH have evolved from primarily being a long term residential service to focusing on shorter term, intensive intervention with re-integration into the community at large as soon as possible.



Notes

Division of Behavioral Health

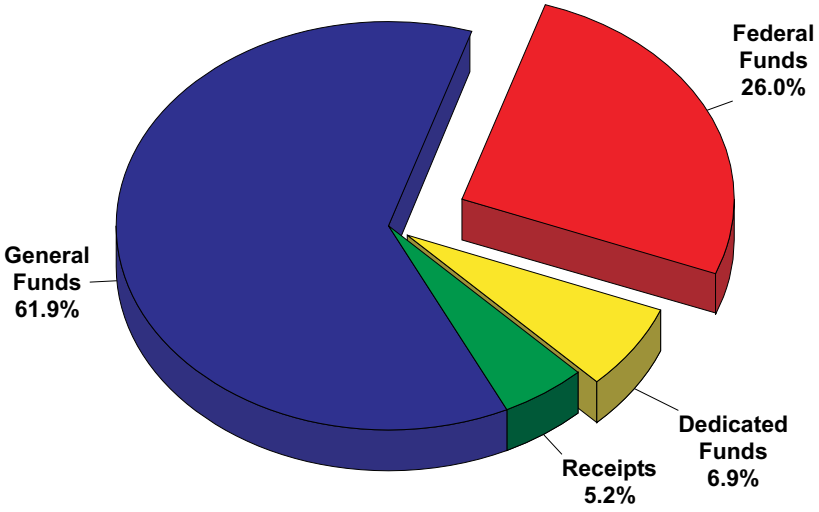
Kathleen Allyn, Administrator, Phone 334-6997

The Division of Behavioral Health helps children, adults and families address and manage personal challenges that result from mental illnesses and/or substance abuse problems. The division recognizes that many people suffer from both a mental illness and substance abuse addiction, and is engaged in a process to integrate services for co-occurring disorders to improve outcomes. Services accessed through the division are consumer driven and prevention oriented.

The division is comprised of the Children's and Adult Mental Health Programs, and Substance Abuse Services. The division also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

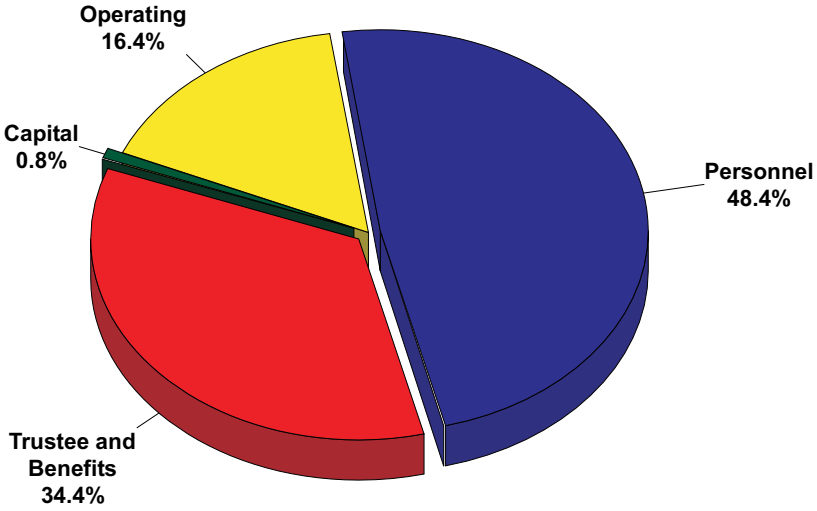
Behavioral Health was formed by executive order of Governor James Risch in June 2006. The programs administered by Behavioral Health were previously under the Division of Family and Community Services.

Behavioral Health SFY 2008 Funding Sources

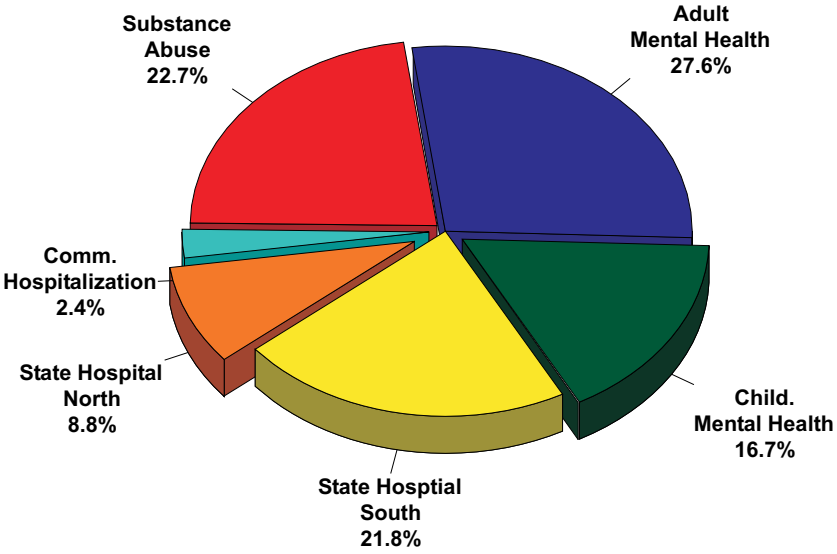


Authorized FTP: 732.9; Original Appropriation for 2008--General Fund $56.9 million; Total Funds $91.9 million, 5.3% of Health and Welfare funding.

Behavioral Health SFY 2008 Expenditure Categories



Behavioral Health Funding by Program



2007: Division of Behavioral Health Program Highlights

The Division of Behavioral Health was created in June 2006 by the Governor's Office by moving mental health and substance abuse out of the Division of Family and Community Services. A detailed plan was developed to enhance and improve integration of the mental health and substance abuse service delivery system. Below are a few of the strategies aimed at developing a community-based system of care:

- In November, the 27-year-old Jeff D lawsuit was vacated. During the lawsuit, children's mental health services expanded. We are looking forward to continuing to expand children's mental health services.
- The Children's Mental Health Program has expanded the capacity to provide Wrap Around services. Wrap Around services are designed to assist children and families who are receiving services from multiple providers.
- The Department has continued a partnership with the Courts to provide Assertive Community Treatment (ACT) to Mental Health Court clients. The number of clients in Mental Health Courts has continued to increase.
- The Division awarded $3.25 million appropriated by the legislature to be awarded as grants to communities to improve access to psychiatric services, transitional housing, trauma reduction education, cognitive behavioral group therapy, and telemental health.
- The Division worked with multiple stakeholders, including: private providers, The Department of Correction, the Department of Juvenile Corrections, and Medicaid to develop a Common Mental Health Assessment Tool.
- The Department was appropriated an additional $6.5 million dollars to expand substance use disorder services to eligible adults and children.
- The Access to Recovery (ATR) Grant, which ended in August 2007, was successful in expanding the capacity of the substance use disorder system to serve approximately 9,200 clients.
- The Division collaborated with the Supreme Court and was awarded funding to create a Family Drug Court.

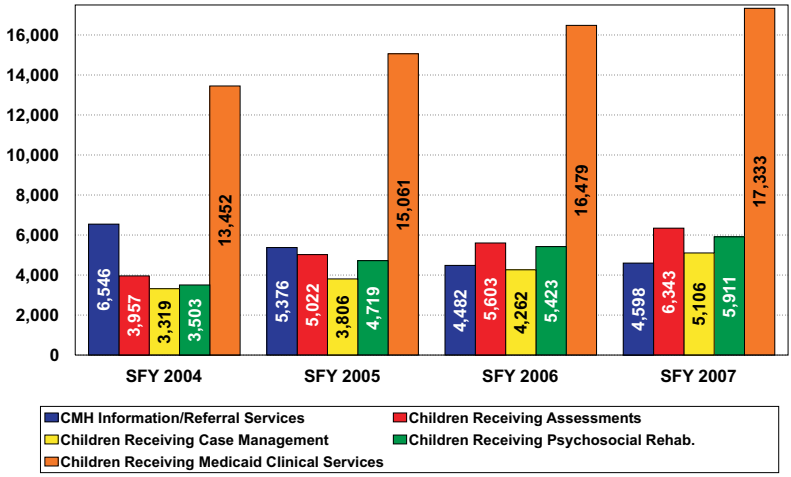
Children's Mental Health Services

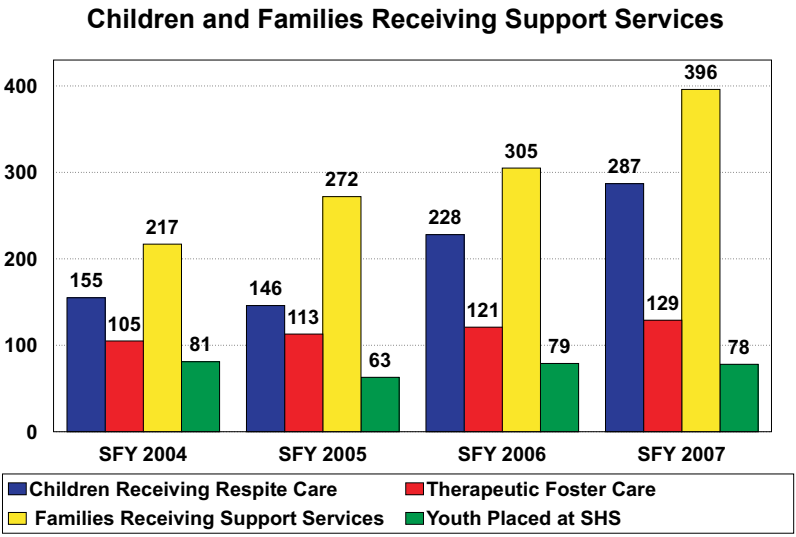
The Children's Mental Health Program is a partner in the development of a community-based System of Care for children with a Serious Emotional Disturbance (SED) and their families. The program provides services and supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their community.

The Idaho Council on Children's Mental Health (ICCMH) is leading this effort through statewide collaboration between families, advocates, mental health service providers, and directors of agencies that serve children. The ICCMH provides oversight to seven Regional Children's Mental Health Councils and the Tribal Coordinating Council in Idaho's System of Care. Regional councils in turn oversee 35 local Children's Mental Health Councils that focus on the development of the system at a local level. The department manages a Federal Cooperative Agreement, under the direction of the ICCMH, to assist the State to develop, implement, and evaluate a statewide System of Care for children with SED and their families.

Parents and family members play an essential role in developing the System of Care. They are involved in all levels of development, from their own service plans to policies and laws. Without parent involvement and the support to sustain their involvement, the System of Care would not be able to achieve positive outcomes for children and their families.

Children Receiving Mental Health Services





Note: On the chart above, "Children Receiving Respite Care" cases are counted based on the number of children involved, even though respite care services are breaks and time for parents to get away.

Suicide Prevention Services

In 2003, the Department of Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, and community members to develop the first Idaho Suicide Prevention Plan. Idaho's plan is based on the National Strategy for Suicide Prevention and outlines objectives and strategies that communities can use to reduce the rate of suicide in Idaho, which is consistently higher than the national rate. Leadership for the implementation of the plan is provided by Idaho Council on Suicide Prevention.

As part of a comprehensive effort to address suicide prevention in the past year, the department collaborated with Idaho State University which resulted in receiving the Garrett Lee Smith Memorial Act Grant for youth suicide prevention. This grant focuses on increasing awareness of suicide risk factors and protective factors for Idaho youth.

For more information on the Idaho Suicide Prevention Plan, visit the department's website at www.healthandwelfare.idaho.gov.

Suicide Rates

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2002 to 2006, 1,102 Idahoans died from suicide. In 2004, the latest year for comparable state data, Idaho had the 6th highest national suicide rate, according to the National Center fro Health Statistics. Among teens, Idaho's rate was the 9th highest in the nation.

Completed Suicide Rate by Age*

	10-14	15-19	20-64	65+	Total
CY 2003	2.8	13.8	21.3	19.9	16.0
CY 2004	2.9	13.8	22.9	21.4	17.2
CY 2005	2.9	9.1	19.8	26.8	15.7
CY 2006	3.7	11.7	19.5	19.5	14.9

**Rate per 100,000 population.*

Completed Suicides by Age

	10-14	15-19	20-64	65+	Total
CY 2003	3	15	169	31	218
CY 2004	3	15	187	34	239
CY 2005	3	10	168	44	225
CY 2006	4	13	168	33	218

Adult Mental Health Services

Adult Mental Health System Structure

Comprehensive mental health services are provided through seven regional Community Mental Health Center, which include 22 field offices across the state. The Regional Mental Health Centers (RMHC) work closely with the two state psychiatric hospitals, State Hospital South in Blackfoot and State Hospital North in Orofino, and have primary responsibility for the development of a system of care that is both community-based and consumer-guided. Additionally, programs also

work with Corrections and the Courts to address the needs of clients referred through Mental Health Courts.

Each Region has a Regional Mental Health Board. Membership as stipulated in Idaho Code section 39-3130, consists of county commissioners, law enforcement, consumer representatives, advocates or family members, Department of Health and Welfare employees who represent the mental health system within the region, a physician or other licensed professional of the healing arts, a mental health service provider, a representative of a hospital within the region, and a member of the regional substance abuse authority. A representative from each of the seven Regional Mental Health Boards is appointed to the State Planning Council on Mental Health. The Regional Mental Health Boards advise the Division of Behavioral Health on local needs within the region, and they regularly provide input and recommendations regarding system improvements.

In FY 2007, the Mental Health Authority responsible to provide services related to prior authorization, complaint investigation and quality assurance was under the Division of Behavioral Health. In FY 2007, this unit provided administrative care services to 4,331 adults.

The U.S. Census website estimates total population. According to the 2006 estimate, there were 1,466,465 individuals in Idaho. Federal prevalence estimates indicate expectations of 5.4% of the population will have a serious mental illness and 2.6% of the population may be diagnosed with a serious and persistent mental illness. According to these estimates, approximately 38,128 Idaho citizens could be expected to have a serious and persistent mental illness diagnosis compared to 79,189 with a serious mental illness.

Comprehensive Array of Services

Idaho's community based mental health care system provides assessment and treatment for adult citizens who are diagnosed with serious and persistent mental illness. The purpose of treatment is to facilitate the individual's ability to function as successfully and independently as possible. As symptoms of mental illness abate and the individual's coping skills increase, criminal justice involvement and hospitalization tend to decrease.

The mental health program for adults provides a comprehensive array of services. Treatment plans are individualized according to the needs of the individual. Service options include crisis screening and intervention, counseling, groups, psychosocial rehabilitation, case management, medication therapy and Assertive Community

Treatment. Assertive Community Treatment is available in all regions, and these intensive services provide support to individuals who need it through the regional program and to those who are referred through regional Mental Health Courts.

During FY 2007, the total number of documented and unduplicated individuals receiving services dropped slightly, from 20,051 in FY 2006 to 19,440. In this reporting period, ACT clients referred from Mental Health Court were tracked separately from traditional ACT clients (see below).

Adult Mental Health Services

	SFY 2004	SFY 2005	SFY 2006	SFY 2007
Adults Receiving Services	17,902	19,173	19,620	18,893
ACT Team Clients	368	400	431	405
MH Court ACT Clients				142
Total Served	18,270	19,573	20,051	19,440

Legislative Changes

Several articles of 2007 legislation affected the Adult Mental Health system in Idaho. These included Senate Bills 1143 and 1149 and Idaho Code 19-2524. Senate Bill 1143 authorizes funding of development grants for mental health and substance abuse treatment services "…through the state mental health authority, working in coordination as a development grant advisory group with the department of correction, the department of juvenile corrections, the courts and the regional mental health board." This bill further states that development projects "…shall include, but not be limited to: twenty-four (24) hour emergency psychiatric services, short-term psychiatric beds, crisis intervention teams, transitional housing and detoxification facilities." As a result of this legislation, one Multi-Year Development Project was awarded to Bonneville County to develop a substance abuse/mental health treatment program for offenders. One-Time Development projects were awarded to eight applicants from around the State of Idaho. Projects included development of transitional housing, telemental health, and a rural outpatient clinic.

Senate Bill 1149 authorizes the courts to "…order defendants to undergo substance abuse assessments and mental health examinations; to provide for plans of treatment for substance abuse; to set plans of treatment for mental health; to require criminogenic assessments and the delivery of such assessments to specified persons; to require that

certain assessments, reports and plans of treatment be sent to the Department of Correction in certain circumstances; and to provide for payment of assessment and treatment expenses." Regional Behavioral Health Program Managers have been collaborating with the courts and corrections to facilitate this process.

Outcomes and Data Infrastructure Efforts

In September 2007, the Division of Behavioral Health authorized the Project Management Office to conduct an evaluation of the Adult Mental Health data system. The Program Management Office was also evaluating and determining opportunities and challenges to crafting a credible and reliable data capture system for the Adult Mental Health program. Based on this, it was determined that the existing Idaho Mental Health Program system was not sufficient to consistently capture critical data necessary to determine program effectiveness and outcomes. In an effort to capture critical data until a strong infrastructure could be developed, the Behavioral Health (BH) Monthly Data Report was piloted in December 2006. This report relies on regional hand counts of core data elements. These regional numbers are submitted to the department's Central Office, where they are manually tallied into a statewide monthly report. This report continues to evolve as the Leadership Team refines data definitions and identifies either more effective means of data capture or additional elements that need to be tracked.

At the same time that the BH Monthly Data Report was being developed, a series of meetings with regional data entry personnel identified core data elements and mapped the current needs and system procedures. The two State Hospitals (North and South) committed to purchasing the VistA system, and that was installed in the summer of 2007. The Adult Mental Health program explored options and funding possibilities for development of a data system. One possibility is the joint purchase and use of the WITS system by both the Adult Mental Health and the Substance Abuse program. In addition to cost sharing benefits, this would also allow easier linking to necessary client information for those individuals with co-occurring substance abuse and mental health diagnoses and service needs.

Bureau of Substance Abuse Services

The department's Bureau of Substance Abuse Services includes prevention and treatment services, private prevention and treatment staff training, program certification, tobacco inspections and DUI evaluator licensing.

Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs. Substance use disorder prevention services use an array of strategies to target populations, ranging from early childhood to adults. Prevention services are designed to foster development of anti-use attitudes and beliefs and to facilitate development of social and learning skills that enable youth to lead drug-free lives. Services include education of youth and parents, programs for children of addicts, mentoring and after-school programs, life skills programs, and community coalition building.

The goal of treatment services is to eliminate addiction of alcohol and other drugs. Throughout the state, the department has established substance use disorder treatment services for indigent citizens abusing or dependent on alcohol or other drugs. Currently, Idaho has 54 state-approved substance use disorder treatment providers with 112 sites, 105 stand-alone Recovery Support Service providers, of which 59 are faith-based providers. Substance use disorder providers deliver the following levels of care: social setting detox, residential (24-hour per-day) treatment, intensive outpatient treatment, outpatient treatment, and treatment in halfway houses. Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents. Recovery Support services include adult safe and sober housing, adolescent respite housing, drug testing, case management, family/marital/life skills programs, dental care for methamphetamine addicts, child care and transportation.

The department partners with Regional Advisory Committees (RACs) to assess regional needs and assets for substance use disorder prevention and treatment services. The RACs are composed of Department staff and representatives of other appropriate public and private agencies. The RACs provide local coordination and exchange of information on all programs relating to the prevention and treatment of substance use disorders.

The department also partners with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) to help coordinate statewide activities and programming relating to the prevention and treatment of substance use disorders. The purpose of ICSA is to assess statewide needs, develop a statewide plan, and coordinate and direct

efforts of all state entities that use public funds to address substance abuse.

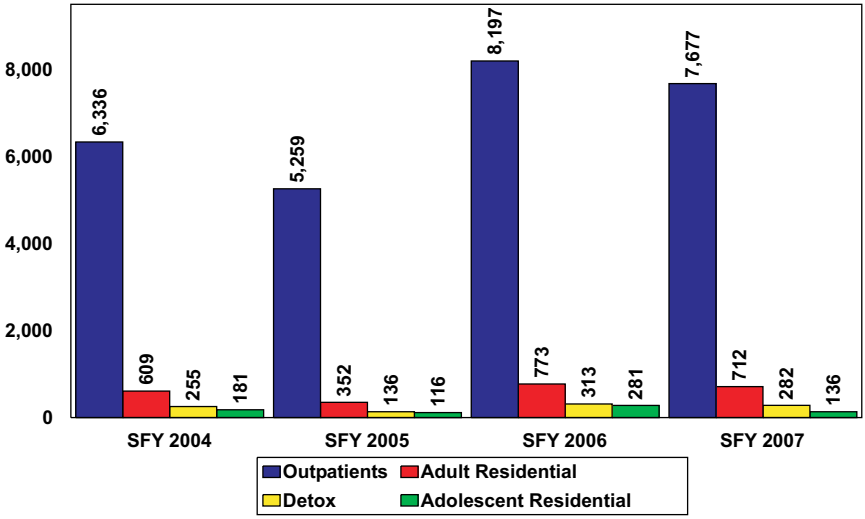
In August 2004, Idaho was awarded a Substance Abuse and Mental Health Services Administration Access to Recovery (ATR) grant. Idaho was awarded $7.6 million per year for three years, for a total of $22.8 million. Idaho's program was designed to expand the state's continuum of treatment services, reaching people who previously were unable to access services.

The grant focused on four priority populations, which included Native Americans receiving services on Idaho's Reservations, Hispanics, adolescents, and persons who were court supervised. The program allowed clients to select a provider from a menu of assessment, clinical treatment, and recovery support service providers. Idaho worked to involve faith community recovery advocates, community and tribal health clinics, community and tribal social services providers, and state services in its system.

ATR-funded direct treatment services were initiated in April 2005 and ended in August 2007. Through the three years of the grant, 11,226 unduplicated clients were served. This number included 1,389 Native Americans, 1,549 Hispanics, 1,276 adolescents, and 9,523 court supervised clients. Through the grant, many rural residents no longer had to travel to larger cities for treatment; ATR helped bring recovery support services to local Idaho communities including Soda Springs, Kamiah, Arco and Mountain Home. The number of clients served exceeded the federal grant requirement by 2,298 clients.

With the grant expiration in August of 2007, the department requested the Legislature to transition ATR funding from federal to state funds to continue the momentum of providing services to people who meet the financial and clinical eligibility requirements and are on waiting lists for help. In the SFY07 legislative session, the legislators did just that, appropriating $6,800,000 for substance use disorder treatment and recovery support services.

Adult and Adolescent Substance Abuse Clients per Service



Since 2005, the Bureau of Substance Abuse Services has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2007 data showed the following:

- Adults experienced a 31% reduction in alcohol or drug use in the last 30 days from 38.1% at intake to 12.1% at discharge, while adolescents' usage decreased 33.4% from 46% at intake to 12.6% at discharge.
- Both adults and adolescents saw a five% increase in employment or enrollment in educational opportunities.
- Adults had an 87% reduction in criminal justice involvement, while adolescents improved with an 80% reduction.

The infrastructure for substance use disorder treatment also showed improvement in FY 2007, with the number of approved treatment facilities continuing to increase on a steady basis. Additionally, the number of Faith Based recovery support services provided continued to steadily increase. The department also funds Addiction Studies Programs at Boise State University, the College of Southern Idaho, Lewis-Clark State College. Program coordinators from these programs and the department have developed and implemented a competency-based curriculum on campus and online to prepare Certified Alcohol Drug Counselors.

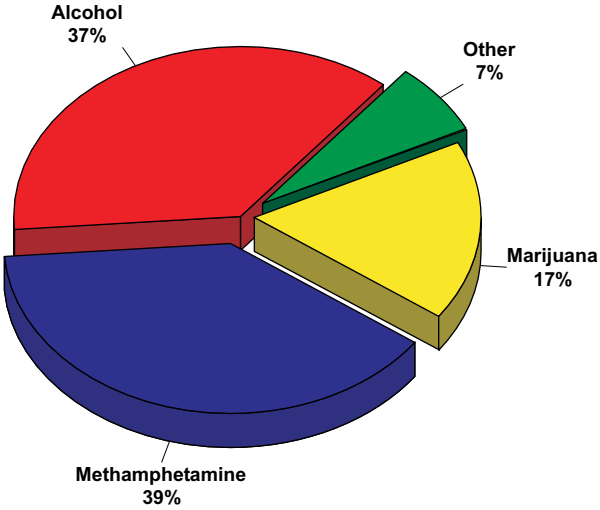
Substance Use Disorder Clients by Primary Substance

In 2007, the typical adult in state-funded substance use disorder treatment was Caucasian, with 60% male and 40% female. Thirty-four percent were 25-34 years of age, while 23% were 35-44 years of age. Most clients lived independently, with 60% being employed or in school. The primary drug of choice shifted in 2007 from alcohol to methamphetamine being the primary drug of choice at 39%, followed closely by alcohol at 37%. For adolescents, 88% in state-funded treatment were 15-17 years of age. Marijuana addiction accounted for 62% of those seeking treatment.

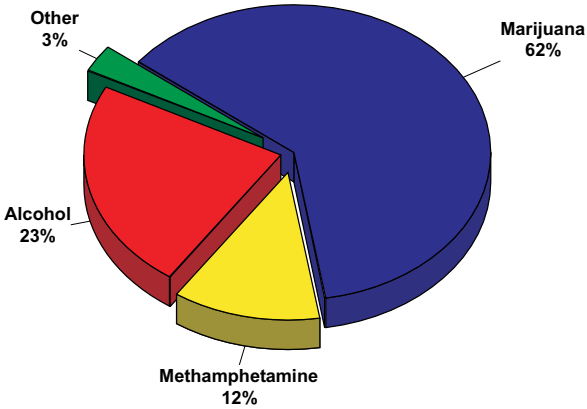
The year 2007 marked the first year that methamphetamine was the primary drug of choice for adult clients. In all previous years, alcohol has been the primary drug of choice. The rise in methamphetamine as the primary drug of choice may be attributable to the rise in the number of criminal justice clients the bureau is treating. In 2007, 89% of the clients funded through the Bureau of Substance Abuse were criminal justice clients.

In 2000, the department began a five-year plan to fund 'best practice' substance abuse prevention programs. Today, 99% of funded programs meet this classification. The department also is working with the Idaho Supreme Court to expand the number of Drug Courts in each judicial district. Drug Courts are proving to be very effective in addressing substance abuse.

Adult Substance Abuse Clients By Primary Substance SFY 2007



Adolescent Substance Abuse Clients by Primary Substance SFY 2007



Substance Use Disorder Prevention Services

In 2007, the Bureau's substance use disorders prevention programs served 21,127 participants in one-time and recurring activities and programs through 57 State prevention program providers. Programs were provided in 42 of the 44 counties and included parenting classes, in-school education classes and after-school education and activity programs. In 2007 tools were developed to measure the effectiveness of Idaho's programs. These tools will be used state-wide and will give outcomes data for fiscal year 2008.

The Idaho Tobacco Project

The Department of Health and Welfare and the Idaho State Police partner in the Idaho Tobacco Project. This collaborative effort blends merchant education, retailer permitting, and inspections for a comprehensive program to reduce sales of tobacco products to youth under age 18. The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases.

	CY 2003	CY 2004	CY 2005	9/18/2006
Permittees	1,804	1,752	1,692	1,739
Inspections	1,529	1,955	1,826	1,548
Violations	244	221	220	161
Non-Compliance Rate	15.6%	12.3%	12.4%	13.0%

State Hospital South

Tracy J. Farnsworth, Administrator, 785-8402

State Hospital South in Blackfoot provides psychiatric inpatient treatment and skilled nursing care for Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital works in partnership with families and communities to enable clients to return to community living. The facility is accredited by the Joint Commission on Accreditation of Health Care Organizations, and is certified by the Center for Medicare and Medicaid Services. State Hospital South includes 90 psychiatric adult beds, 29 skilled nursing beds, and 16 beds for adolescents. It also maintains a statewide program to restore competency of criminal justice patients.

The 29 skilled nursing beds in the Syringa Chalet Nursing Facility offer services to consumers with a history of behavioral or psychiatric illness. The average age of a resident is 69. Adolescents between the ages of 11 and 17 are treated in a psychiatric unit that is geographically separate from adult treatment.

Treatment is provided through an interdisciplinary team, including psychiatrists and other physicians, psychologists, nurses, therapeutic recreational specialists, and social workers. The team works with patients and their families to develop and implement individual treatment plans. Treatment includes evaluation, medications, individual and group therapy, education, recreation, and discharge counseling.

Inpatient Psychiatric/Skilled Nursing Services

	SFY 04	SFY 05	SFY 06	SFY 07
Utilization Based on Census Days				
Adult Psychiatric Census Days	27,299	27,620	27,844	26,555
Daily Occupancy Rate	82.9%	84.1%	84.8%	80.8%
Syringa Skilled Nursing Census Days	8,002	7,780	9,425	9,849
Daily Occupancy Rate	75.4%	70.0%	75.0%	92.5%
Adolescent Unit Census Days	4,033	3,901	4,382	4,402
Daily Occupancy Rate	68.9%	66.3%	75.0%	75.2%
Hospital Volume of Service				
Number of Admissions	369	405	405	427
Number of Census Days	39,334	39,301	41,651	40,806
Readmission Rates	39.6%	34.1%	33.3%	36.1%
Cost Per Census Day	$427	$438	$458	$460

State Hospital North

Robert Bourassa, Administrator, 476-4511

State Hospital North in Orofino is a 55-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with our patients and their families, as applicable, and the referring Regional Mental Health Centers to develop goals for hospitalization and to arrange follow-up care after an inpatient stay. Hospitalization at State Hospital North is intended to be of short to intermediate duration with the objective of stabilizing presenting symptoms and returning the patient to community living in the shortest reasonable period of time. Length of stay is variable based on patient need and prevailing best practice within the mental health field. The average length of stay is approximately 70 days. At present, admissions to State Hospital North require commitment through the court system.

Treatment is individualized and is delivered within interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, masters-prepared clinicians, a psychosocial rehabilitation specialist, therapeutic recreation specialists, a dietitian and support personnel. The staff deliver a number of specialized services to include: assessments and evaluations, medication management, a variety of therapies, opportunities for community integration, involvement in recreational and educational activities, and discharge planning. The facility uses the Recovery Model in treatment and promotes alignment with the patient in developing a self-directed care plan to assist them in working towards their own recovery goals.

In SFY 2007, with constraints imposed by facility remodeling, State Hospital North maintained an average census of 48. With the completion of planned construction/renovations in the spring of SFY 2008, the facility anticipates an increase in average census to approximately 55.

Inpatient Psychiatric Services

	SFY 04	SFY 05	SFY 06	SFY 07
Utilization Based on Census Days				
Average Daily Census	45	44	43	48
Daily Occupancy Rate	88%	88%	86%	89%
Hospital Volume of Service				
Number of Admissions	228	192	187	231
Number of Census Days	16,446	16,285	15,826	7,513
Readmission Rates	32%	38%	39%	37%
Cost Per Census Day	$355	$380	$438	$410

Notes

Division of Welfare

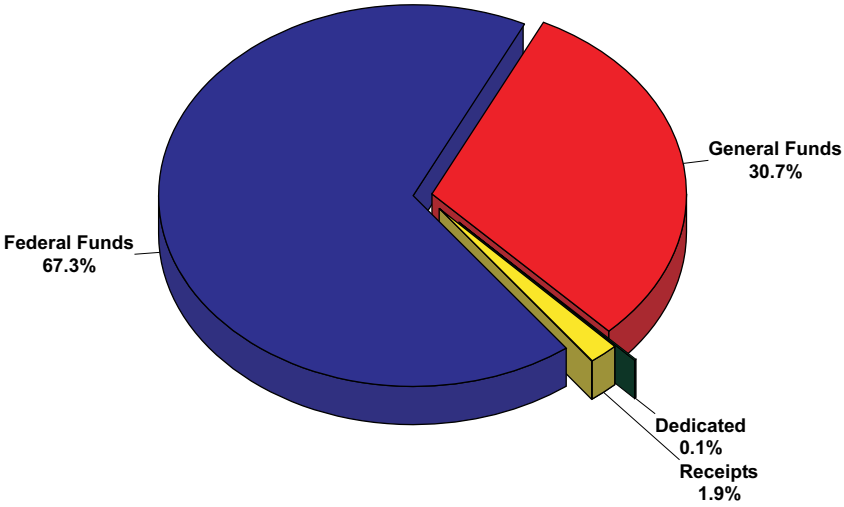
Russell Barron, Administrator, Phone 334-5696

The Division of Welfare administers Self-Reliance Programs serving low-income individuals and families. Field-based personnel in offices around the state process applications for services that help families in crisis situations. Those services also assist families in becoming more self-reliant. The Division manages state and federal programs including Child Support, Food Stamps, Child Care, Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind, and Disabled (AABD). Self Reliance Programs provide critical aid and options for families while encouraging participants to improve employment and become more self-reliant.

The Division does not manage the Medicaid Program, but does determine Medicaid eligibility. Other programs managed through contracts with local organizations, include Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance.

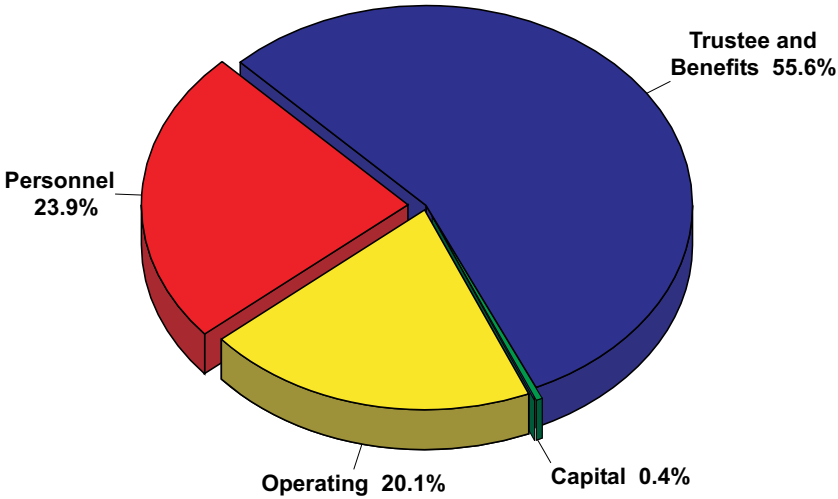
The Division of Welfare promotes stable, healthy families through program access and support services.

Welfare SFY 2008 Funding Sources

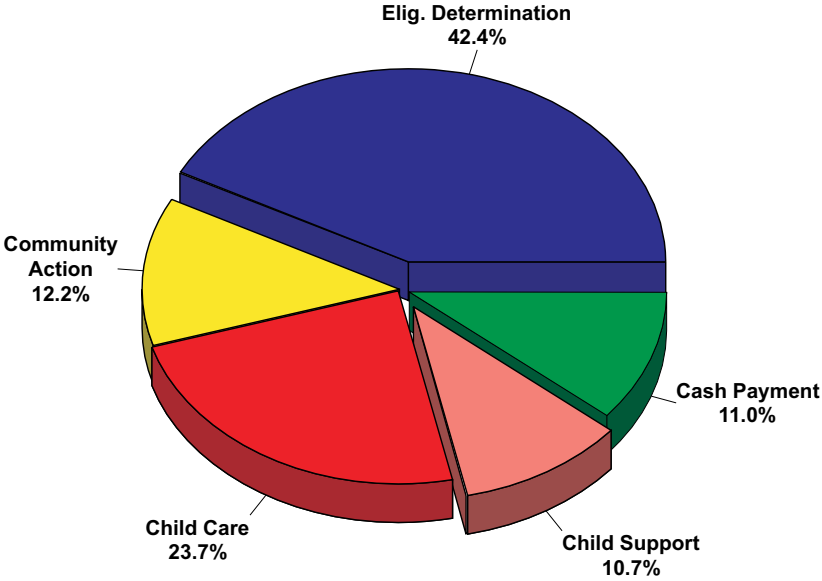


Authorized FTP: 614.7. Original Appropriation for 2008: General Fund: $43.2 million; Total Funds: $141 million; 8.0% of Health and Welfare funding.

Welfare SFY 2008 Expenditure Categories



Welfare Spending by Program



2007 Self-Reliance Highlights

Improved Performance

The Division of Welfare worked diligently to improve performance in three programs: Food Stamps, Medicaid Eligibility and Child Support. Each program faced performance issues around accuracy and timeliness. Tangible results became visible in SFY 2007 in our Food Stamps Payments and Medicaid Eligibility performance.

Idaho's improved performance in Food Stamp payment accuracy resulted in a performance bonus for FFY 2006.

Medicaid timeliness also improved significantly in SFY 2007. Working with new options under Medicaid Reform, the Division was able to resolve critical backlogs in applications and redeterminations. At the end of SFY 2007 redeterminations were being completed at a 99.5% timeliness rate, a performance level we've never attained in the past.

Child Support focused on financial accuracy and data reliability in SFY 2007. Financial accuracy was initially identified in a legislative audit in the recent past. Since then, child support continues to make incremental improvements in financial accuracy through improved case management and quality assurance efforts. Record level caseloads and continued caseload growth has made it difficult to maintain financial accuracy. In SFY 2007 Child Support began a significant effort to review paternity data to ensure we complied with federal reliability standards.

EPICS Replacement

The 2006 legislature appropriated $4.5 million to begin the three-year process of replacing the antiquated automated eligibility system (EPICS). SFY 2007 was our first year of the project. The first year of the EPICS replacement project focused on real-time eligibility, online case management, electronic applications, and improved automated interfaces. As a result of the work in this first year, we have not only developed critical tools, we have improved business processes. These improvements have helped improve timeliness and accuracy in our benefit programs. In the second year of the project, we will begin the installation of the case management function (including notices, benefit management, eligibility determination, relational data base and improved registration and data entry). We will also continue to refine our automated interfaces and roll out electronic case files.

Continuing Challenges

Several federal requirements continue to impact the programs in the Division of Welfare. The Federal Deficit Reduction Act adds a $25 fee

requirement to Child Support and additional verification requirements for Medicaid recipients (documenting citizenship and identity).

The Child Support caseload continued to grow at an annual rate of almost six percent, which is challenging Child Support staff. The total amount owed in child support arrears in Idaho exceeded $493 million at the end of September 2007.

The federal reauthorization of Temporary Assistance for Needy Families (TANF) has established new standards to help families find and keep employment, which requires more tracking and effort from applicants and staff. Idaho has performed better than most states with work services since welfare reform, but will now have to make adjustments to meet the new federal standards.

New federal review requirements are being introduced in Medicaid, TANF, and Child Care. These requirements will add additional work in our Quality Assurance efforts to ensure that only eligible individuals participate and that they receive accurate benefit payments. These new review requirements will add new federal reports with potential sanctions for poor performance.

In addition, we are experiencing more federal audits and reviews in our interfaces (Social Security and Internal Revenue Service) and program operations (Food Stamps, Medicaid, and TANF).

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. Benefit Program services include food, medical, child care, and cash assistance. Applications are available in field offices around the state, by phone, mail, and the Internet. These services have strict eligibility requirements and include:

- Food assistance (Food Stamps)
- Eligibility determination for medical assistance under a variety of programs for children, adults with low income, pregnant women, disabled individuals, nursing home care, and help with health insurance costs or Medicare premiums
- Cash assistance (TAFI, AABD).

2. Child Support services can help families by:

- Locating an absent parent, conducting paternity testing, or creating a new or enforcing an existing child support order
- Provide medical support enforcement to ensure children are covered by available insurance;
- Mandating child support participation for individuals receiving Food Stamps, Medicaid, or TAFI. This requirement is an effort to encourage participant self-reliance and increase household income while receiving benefit program services
- Providing help to other states to enforce and collect child support for parents living in Idaho. These interstate services account for about one-fifth of Idaho's cases.

3. Coordination and oversight for contracted and community-based services. These include:

- Nutrition-related services and food commodities
- Low-income home energy assistance
- Telephone assistance
- Child care provider education
- Weatherization.

Benefits are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer system (EBT). Child Support uses EBT and Electronic Funds Transfer (EFT) to distribute collected child support to families. These two systems lower program operating costs.

Program Participation

Participation in benefit programs, Child Support, and contracted services traditionally is measured by the average monthly caseload or the average monthly number of individuals served. Reporting these numbers does not give a true picture of the number of people served during the year. Today, services are designed to promote self-reliance and provide temporary assistance. Food Stamps and family cash assistance have work requirements for those receiving benefits to help people achieve self-sufficiency. As people served become self-reliant, they no longer need state and federal services.

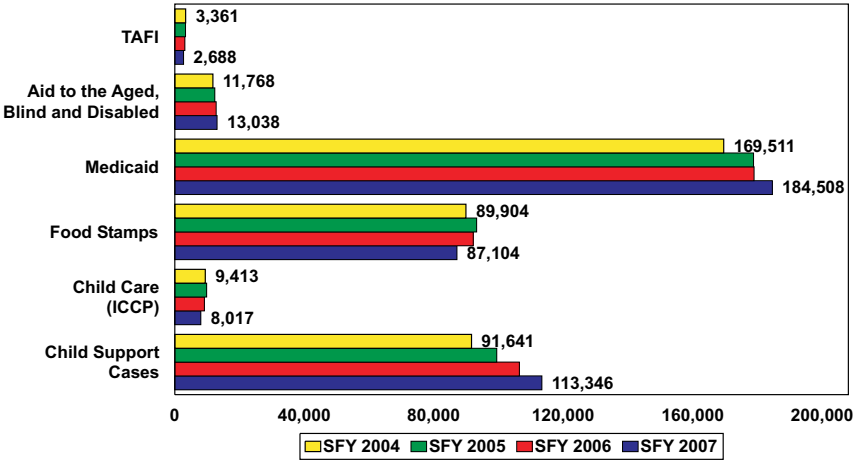
A better measure of participation is the total number of individuals served in a year. Comparing total participants in a year to the monthly average illustrates our success in helping people become more self sufficient. As expected, services for the elderly do not change much compared to programs with work requirements. This table summarizes annual participation rates compared to the monthly average.

SFY 2007 Monthly Served vs. Annual Participation

	Monthly Avg. Served	Annual Individuals Participating	Turnover
Cash Assistance for Families (TAFI)	2,688	8,072	200%
Food Stamps	87,104	145,134	67%
Medicaid	184,508	219,872	19%
Cash Assistance for Elderly, Blind and Disabled (AABD)	42,418	47,844	13%

Note: TAFI has a 24-month lifetime limit on benefits which encourages temporary use. As expected, elderly and disabled participants in AABD have little annual turnover.

Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Program totals should not be added together because many participants receive services from more than one program. In June of 2007, there were 205,389 people receiving benefits, excluding child support cases.

Numbers Served by Region

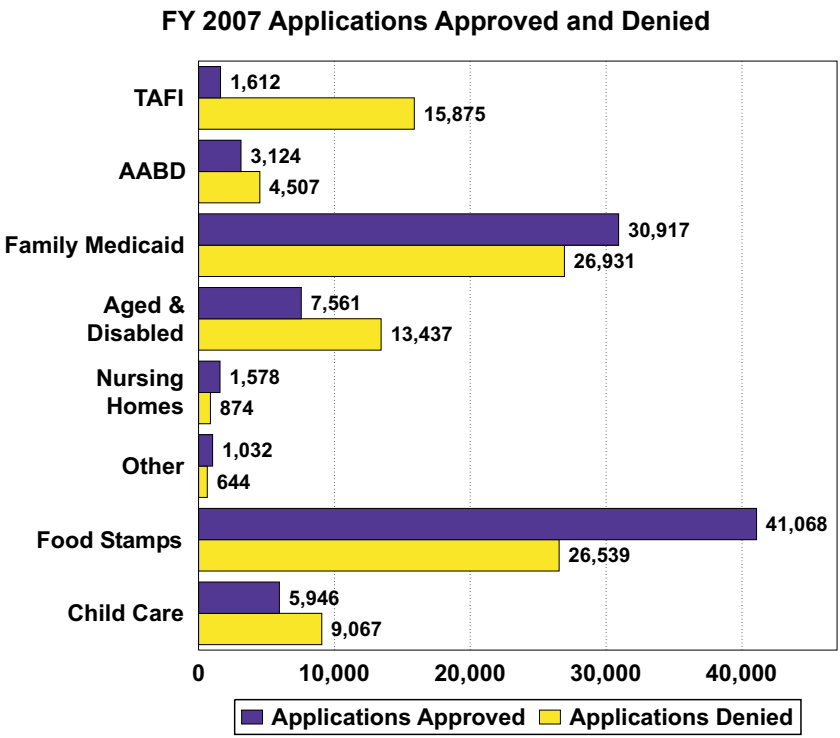
In June of 2007, 205,396 people received assistance services from the department in the form of Cash Assistance, Medicaid, Food Stamps and Child Care. This compares to 196,802 in June 2006 and 179,901 in June 2003.

Region 3 in southwest Idaho had the highest utilization of services, leading the state in enrollment in Medicaid, Food Stamps and Child Care with, 19.72% of Region 3's population participated in a division benefit program. Idaho's most populous area, Region 4 (which includes Boise), had the lowest use of benefit programs, with only 9.27% of the regional population participating.

Idaho population, People Receiving Assistance, Percent of Regional Population Receiving Assistance during June 2007

Region	Estimated Population	Receiving Cash Payments	Medicaid	Food Stamps	Child Care Assistance	Totals
1	206,140 14.1%	2,578 1.2%	22,684 11.0%	10,833 5.3%	821 .4%	25,363 12.3%
2	101195 6.9%	1,583 1.6%	12,023 11.9%	6832 6.7%	470 .5%	13,479 13.3%
3	237,246 16.2%	3,261 1.4%	42,261 17.8%	19,248 8.1%	1,598 .7%	46,782 19.7%
4	403626 27.5%	3,070 .8%	33,374 8.3%	15,453 3.8%	1,262 .3%	37,406 9.3%
5	173,626 11.8%	1,620 .9%	23,623 13.6%	9,878 5.7%	899 .5%	25,985 15.0%
6	160241 10.9%	2,078 1.3%	22,630 14.1%	12,336 7.7%	866 .5%	25,839 16.1%
7	184,391 12.6%	1,450 .8%	27,912 15.1%	12366 6.7%	1,007 .5%	30,542 16.6%
Totals	1,466,465 100%	15,640 1.1%	184,508 12.6%	86,946 5.9%	6,923 .5%	205,396 14.0%

NOTE: Estimated population percentage is of the state's total population. All other percentages for each category are the percentage of each region's population. Many participants receive services through more than one program. The total is an unduplicated count of these four self-reliance programs.



Benefit Program Services

The Division of Welfare manages benefit payments in four major programs: Food Stamps, Child Care, Medicaid Eligibility, and Cash Assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled).

Food Stamp Program

The Food Stamp Program helps low-income families maintain good health and nutrition. Federally funded, it is managed by the state, and helps families buy the food they need using an Electronic Benefits Transfer card, which works like a debit card.

Idaho's Food Stamp Program has experienced many improvements in recent years.

Program Integrity: After being sanctioned by USDA Food and

Nutrition Services for two consecutive years (2004 and 2005) for poor accuracy rates, Idaho was recognized as the second most improved state in the nation for Food Stamp accuracy for 2006. Idaho's error rate reduced by nearly 50%, from 8.34% in FFY 2005 to 4.54% in FFY 2006. Idaho received a financial award in the amount of $484,888 for our performance. As of July 2007, Idaho's state-reported accuracy rate surpassed our 2006 performance with an error rate of only 3.93%. Idaho continues to make improvements in the areas of timeliness as well.

Access: Participation rates in the Food Stamp program are a measurement of the percentage of individuals who are eligible for the Food Stamp program and who actually access it. Idaho has improved its participation rate from 49% in 2002 to 62% in 2005. This compares to a national participation rate of 60% in 2004. During this same time period (from 2002 to 2004), Idaho's rank in Food Stamps participation increased from 44th in 2002 to 30th in 2004.

We have improved access to the program by streamlining processes and reducing the amount of effort required by applicants to meet Food Stamp program requirements. In the near future, we will simplify the application process even further by making it possible for Idahoans to apply for services using an online application. This, coupled with other options for interviews (such as by phone) will greatly help rural Idahoans access the program.

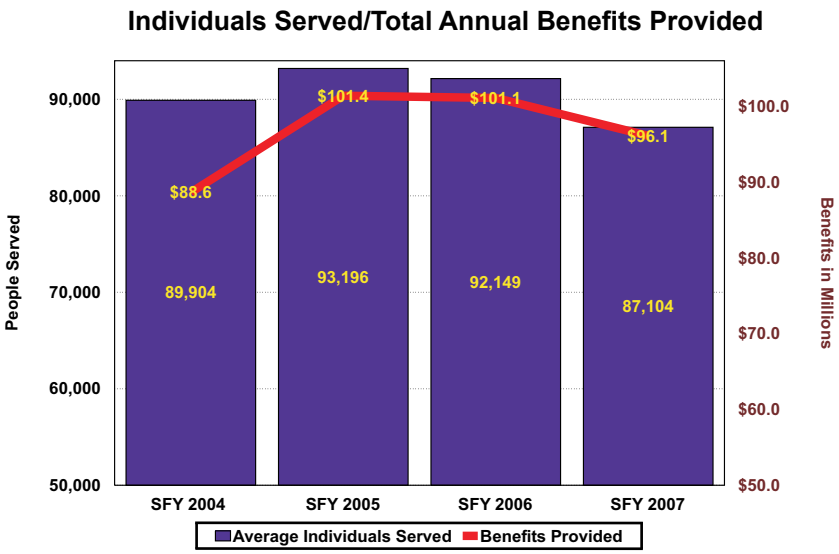
Participation is sensitive to changes in the economy. During the economic downturn from 2001 to 2004, participation increased 53 percent. In June 2005, enrollment peaked at 94,956, declining to 86,946 in June 2007.

We believe several years of a poor economy prompted record growth, but improving economic opportunities are now resulting in a slight decline in program participation. Participation in 2006 remains relatively high, indicating the working poor remain in low-paying jobs.

Recipients fall into two groups: working poor families and families with adults who are elderly or disabled. As of June 2007, 76 percent of recipient families included adults working or seeking work. The average monthly benefit in 2007 was $222.91 per family. The remaining 24 percent of Food Stamp households are families where all members are elderly or disabled.

Fifty-three percent of all individuals receiving Food Stamps in Idaho are children. Average monthly earnings for households with income containing three to four family members is $1,077.

Many Food Stamp families move on and off the program. In SFY 2007, 46,013 people received Food Stamps year-round, out of a total of 145,134 who received services at some point during the year.



Idaho Child Care Program (ICCP)

The Idaho Child Care Program provides two types of services for families in Idaho. First, it provides child care subsidies to low income families and second, it provides funding to improve the quality of child care provided to children in Idaho.

Subsidy Program: ICCP helps low-income families pay for child care while parents work or attend educational or training programs. ICCP subsidies are an essential support that helps families become self-reliant and maintain employment. Of families participating:

- 76.9 percent are employed
- 20.1 percent are in training or going to college
- 10.1 percent attend college and work.

Most of these families have monthly incomes at or below $1,500. Many families receiving ICCP benefits contribute to their child care expenses through a co-payment with the state.

Child Care Quality Improvement: Through a contract with the University of Idaho's Center on Disabilities and Human Development and Idaho AEYC, the IdahoSTARS professional development system, and resource and referral provides the following quality initiatives:

Child Care referral services

- 2,500 facilities enrolled in the referral system
- 4,548 child care referrals

Career development for child care providers

- 108 moved to a new career level based on their training activities

Voluntary professional development program

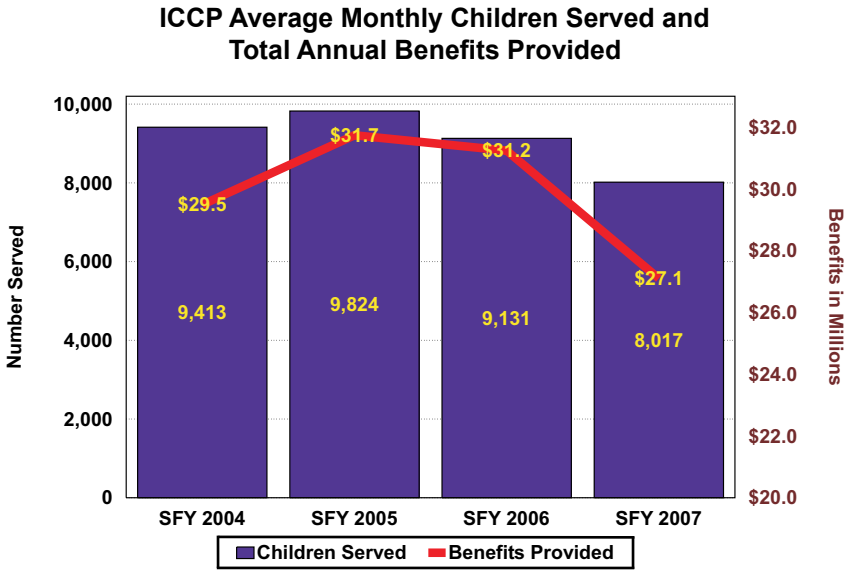
- 1,500 individual providers enrolled in the professional development program
- 1,008 Providers received scholarships, bonuses, grants and incentives for classes and achievements in the program

Professional development training and training registry

- 419 trainings
- 4,300 attended training

Quality rating system for child care providers

- 22 facilities participating in the pilot.



Health Coverage (Medicaid)

The Division of Welfare determines financial and personal eligibility for individuals who apply for Medicaid Services. The Division of Medicaid determines health care services or "coverage" that an individual may receive, depending on the Medicaid program approved or the type of care a person requires.

In SFY 2007 the Division of Welfare processed nearly 83,000 applications for Medicaid and determined continuing eligibility for individuals receiving Medicaid. In a typical year, more than 200,000 people access health coverage through Medicaid programs, which includes more than 175,000 children.

The Idaho Medicaid program includes a number of eligibility categories and corresponding differences in benefits. Groups such as pregnant women, low-income children, and individuals with disabilities have different eligibility requirements and slightly different coverage.

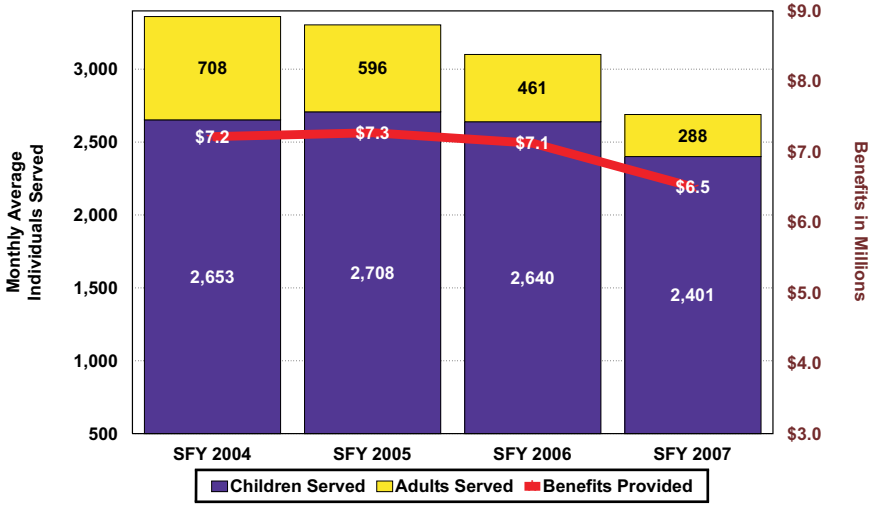
A number of other Medicaid programs serve the aged, blind, and disabled, including individuals who require nursing facility or in-home care. In an average month, approximately 46,271 people receive health coverage in this category, which includes approximately 3,707 people residing in long-term care facilities, more than 34,964 of whom are disabled or aged adults, and approximately 7,069 disabled children.

Temporary Assistance for Families in Idaho (TAFI)

TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. TAFI replaced Idaho's historical AFDC or "Welfare" program in 1997. Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant. A typical TAFI family consists of a single mom with one or two children under age eight. Each family receives a maximum of $309 monthly, regardless of family size. Idaho has set a lifetime limit of 24 months of TAFI cash assistance for adults. Families receiving TAFI can also receive short-term training to become employed or to sustain employment. A typical TAFI family is on assistance for only four months.

Approximately 60 percent of TAFI cases are child-only cases where children receive assistance while living with a relative. The relative providing care is most often a grandparent. Typically these children do not have parents to care for them due to drug problems or incarceration. There is no work participation requirement for these TAFI cases.

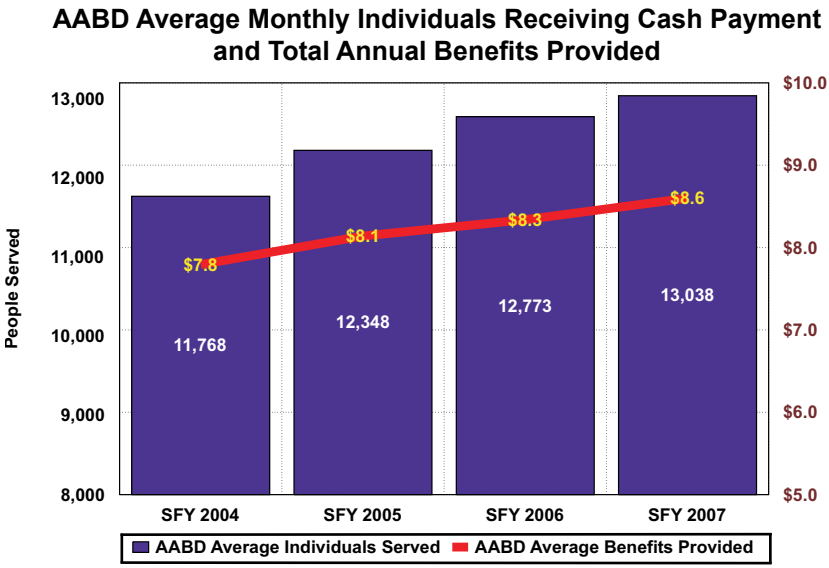
TAFI Average Individuals Served and Total Annual Benefits Provided



Aid to the Aged, Blind, and Disabled (AABD)

AABD assistance provides cash payments to certain low-income participants who are blind, disabled, or age 65 or older. In any given month, approximately 13,000 individuals receive an AABD cash payment. Of this number, 2,100 are over age 65, 1,000 are disabled children, the rest are disabled adults. AABD cash assistance is intended to supplement the participant's low income to help them meet the needs of everyday living.

Cash assistance payments are based on the person's living arrangement. Individuals living in facilities that provide specialized care or supervision generally receive a higher cash payment. The average monthly payment for a person receiving AABD cash assistance is $55. Individuals living in their own home receive an average of $46 per month, while the highest average cash payment is for individuals who live in certified family homes. These individuals receive an average monthly grant of $280.



Child Support Services

The Child Support Program promotes the physical and economic health of families by ensuring parents are financially responsible for their children. The program helps locate non-custodial (absent) parents and enforces their obligations to provide financial and medical support for their children.

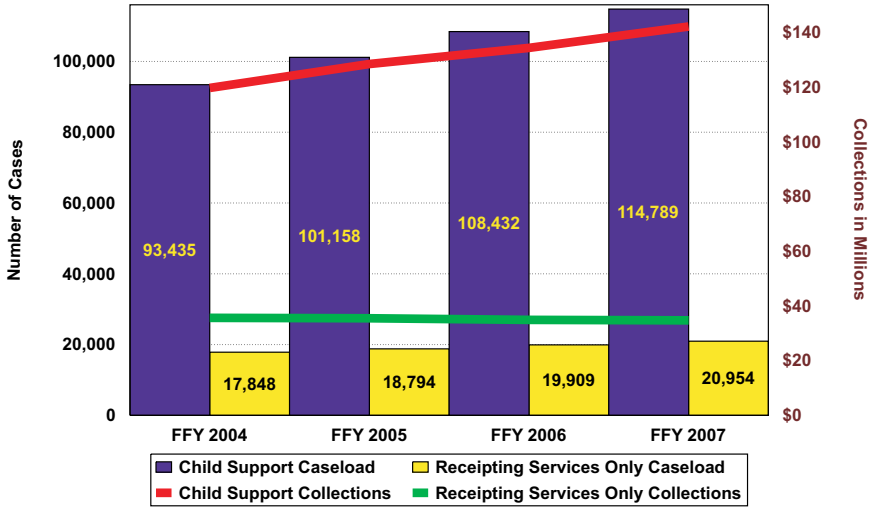
In FFY 2007, Child Support Services administered a monthly average of 114,789 child support cases, collecting and distributing $142 million.

In addition, nearly 21,000 Receipting Services Only (RSO) were administered by the program. These are cases in which a custodial parent has not requested the state to take an enforcement action against a non-paying, non-custodial parent.

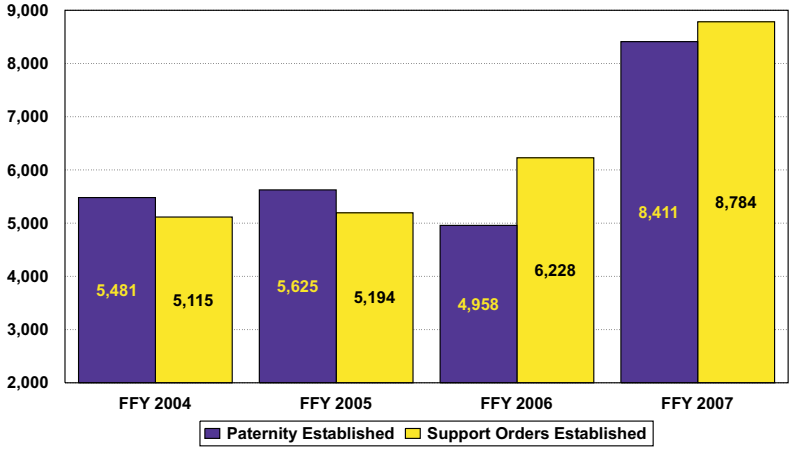
Including RSO cases, the Department of Health and Welfare administered nearly 136,000 child support cases, collecting and distributing $177 million during FFY 2007.

Services include establishing paternity, locating non-custodial parents, establishing court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

Child Support Caseload and Dollars Collected



Paternity and Support Orders Established



Note: In FFY 2007, the Child Support program focused efforts on improving case accuracy and integrity, explaining the increased number of both paternity and support orders established.

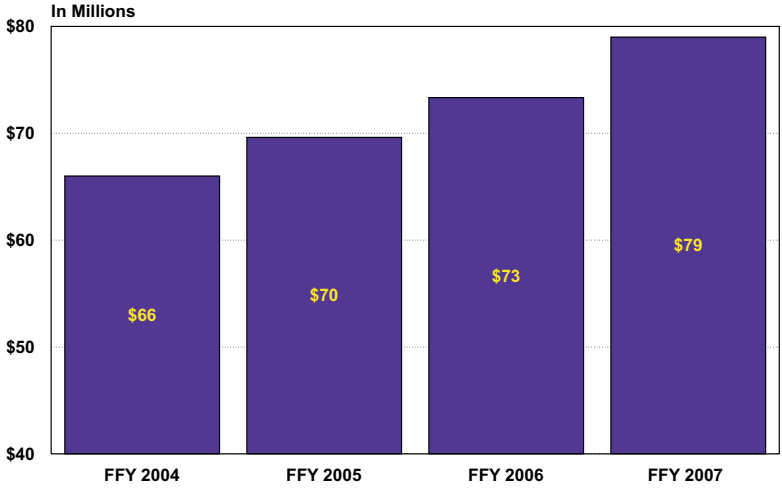
Child Support Enforcement Methods

Child Support Services uses a variety of methods to enforce child support orders. The primary tool for enforcing payments is wage withholding. Other tools include New Hire Reporting through Electronic Data Matching, License Suspension, federal and state tax offsets, and direct collection methods.

Wage Withholding

The primary method for the state to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy, ease of paternity tests, and implementation of the new hire reporting system. In FFY 2007, $79 million was collected using this method.

Child Support Collected Through Wage Withholding



Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with the expanded use of data matching for in-state and out-of-state parents. In 1997, wage withholding was responsible for 32 percent of all state child support case collections. In 2007, it accounted for 56 percent.

New Hire Reporting-Electronic Data Matching

The Department electronically matches parents responsible for paying child support with those taking new jobs, according to files from the

Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin new jobs. The Department matched an average of 1,842 people per month in FFY 2007.

License Suspension

Non-custodial parents who are $2,000 or 90 days behind in child support are subject to license suspension. This could include driver's licenses, fishing and hunting licenses, and professional licenses. About half of all people with existing obligations who were notified their licenses were about to be suspended are meeting their payment obligations.

As a result of the license suspension process, payments have been collected for many families. There were more than 1,992 licenses suspended during FFY 2007.

Federal and State Tax Offset

Non-custodial parents who are in arrears are subject to state and or federal tax offsets. In FFY 2007, households who receive child support enforcement services received $13,000,751.91 in tax offset dollars.

Direct Collections

When appropriate, the state can collect past due child support payments directly from several sources, including federal and state income tax refunds, lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching (FIDM).

Child Support Service Fees

The Child Support Program provides services for parents needing assistance in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

Child Support Service Application Fee (for those not on assistance)	$25
Establishing Paternity or a Child Support Order:	
If parents stipulate	$450
If case goes to trial	$525
Income Tax Refund-Attachment-State	$25
Income Tax Refund-Attachment-Federal	$25

Contracted Services

Enhanced Work Services (EWS): EWS works with Self-Reliance participants to help them gain, sustain, or upgrade employment opportunities. Adults receiving services through TAFI (Cash Assistance), Food Stamps, non-custodial parents in child support cases, and those at risk of coming onto TAFI are candidates for EWS. Four contractors deliver these services statewide and served 10,455 participants in SFY 2007.

Child Support Customer Service (CSCS): The CSCS contractor delivers professional and proficient child support receipting, case management, financial analysis audits, and customer service call center services for Idaho Child Support. This contractor receipted 620,311 transactions in SFY 2007, amounting to $127.9 million. The contractor completed 2,292 financial audits, 316,123 customer service calls, 1.3 million interactive voice response calls, and 9,241 website emails.

Financial Institution Data Match (FIDM): FIDM transmits bi-weekly data match information to the Department from financial institutions and public utilities on non-custodial parents with child support cases in arrears. This contractor transmitted 33,817 data matches in SFY 2007.

IdahoStars: This contract ensures a consistent, statewide Child Care Resource and Referral system, and Professional Development Registry and Career Pathway system that are consumer-driven to increase public awareness and improve the quality of child care in Idaho. 2-1-1 Idaho CareLine is the universal point of access. In SFY 2007, there were 4,742 child care referrals to parents, 9,346 ICCP providers registered, and 1,511 participants in the Professional Development Registry.

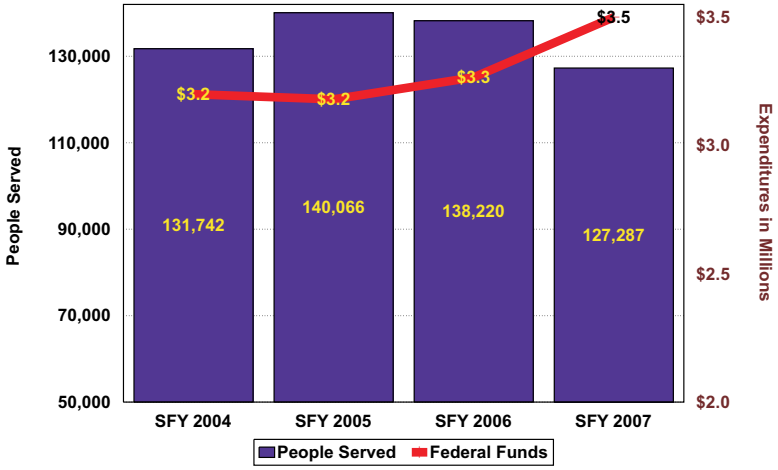
Community Services: The Division of Welfare administers federal grant programs to improve living conditions for low-income households and encourage self-reliance. These programs are available to qualifying communities and residents. The programs include Community Services Block Grant (CSBG), The Emergency Food Assistance Program (TEFAP), Low Income Home Energy Assistance Program (LIHEAP), the Idaho Telephone Service Assistance Program (ITSAP), and the Weatherization Assistance Program (WAP). Together these Community Service Programs served over 127,200 Idahoans. The breakdown of individual program numbers are listed under each program section to follow.

Community Action Partnerships in Idaho: Community Action Partnership in Idaho provides many services that revitalize communities and serve low income families. They provide these services through a variety of funding sources that are administered through the Department of Health and Welfare.

Community Services Block Grant (CSBG): CSBG funding is used to provide programs that help eliminate the causes of poverty, and enables families and individuals to become self-reliant. Services are delivered through locally operated and managed Community Action Agencies and Community Council of Idaho (formerly known as the Idaho Migrant Council), which provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent $3.3 million serving 127,287 people during SFY 2007.

The last few years have seen an increase in the cost of services per individual served, an increase in the amount of carry-over funds, and implementation of longer term self-reliance services like counseling instead of shorter-term emergency solutions.

Community Services Block Grant

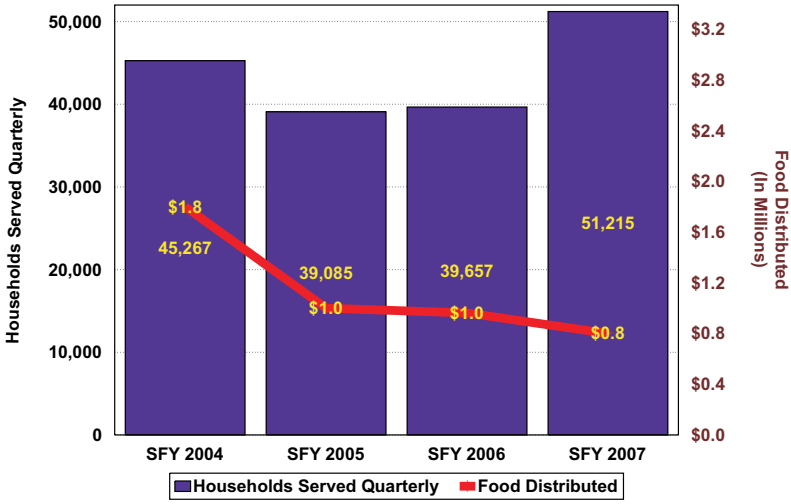


The Emergency Food Assistance Program (TEFAP): TEFAP helps supplement the diets of Idaho's low-income citizens. This program is a federally administered program of US Department of Agriculture (USDA). The USDA purchases surplus food commodities from American food producers and distributes them to states. TEFAP's administrative budget is 98 percent federally funded.

In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During each quarter SFY 2007, TEFAP provided 51,215 families with food. For the year, 743.5 tons of food valued at $756,439 was distributed to low income Idahoans.

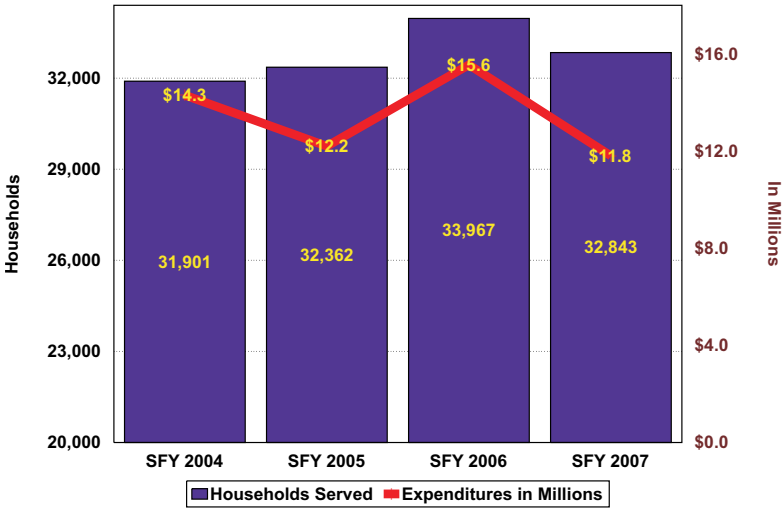
TEFAP commodities are becoming more of a supplemental to a community food basket, rather than the main reason someone comes into a food bank. Also, TEFAP commodities are made up of fewer high value food items, such as meats, and include more things like flour, cheese and butter.

The Emergency Food Assistance Program (TEFAP)

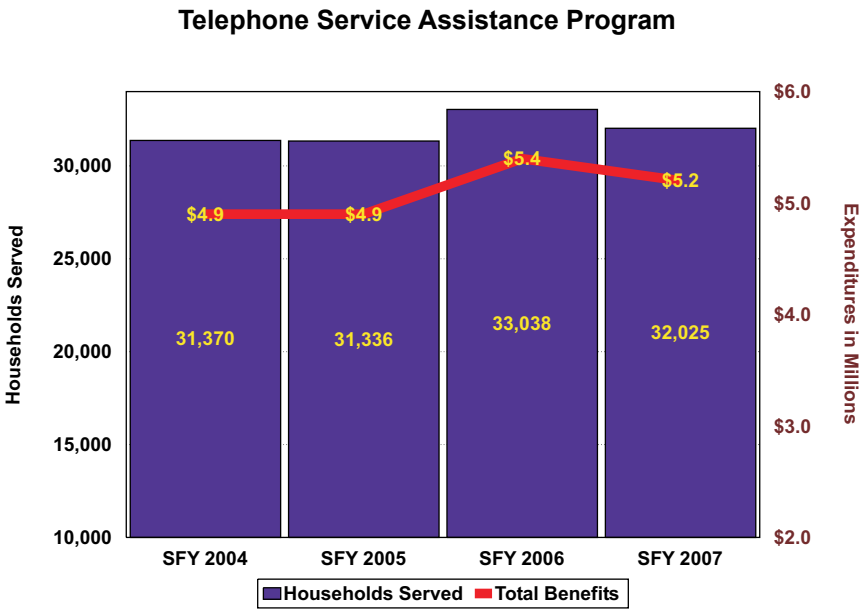


Low-Income Home Energy Assistance Program (LIHEAP): LIHEAP pays a portion of low-income energy costs and provides energy conservation education through Community Action Programs. Payment is made to energy suppliers and vendors. A federal grant from the U.S. Department of Health and Human Services funded the SFY 2007 program with $11.8 million, serving 32,843 Idaho households.

Low-Income Home Energy Assistance Program



Telephone Service Assistance Program: The Idaho Telephone Service Assistance Program assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 21 telephone companies using monthly fees collected from Idaho telephone service customers. During SFY 2007, 32,025 households received nearly $5.2 million in benefits, with a typical benefit of $13.50 per month.

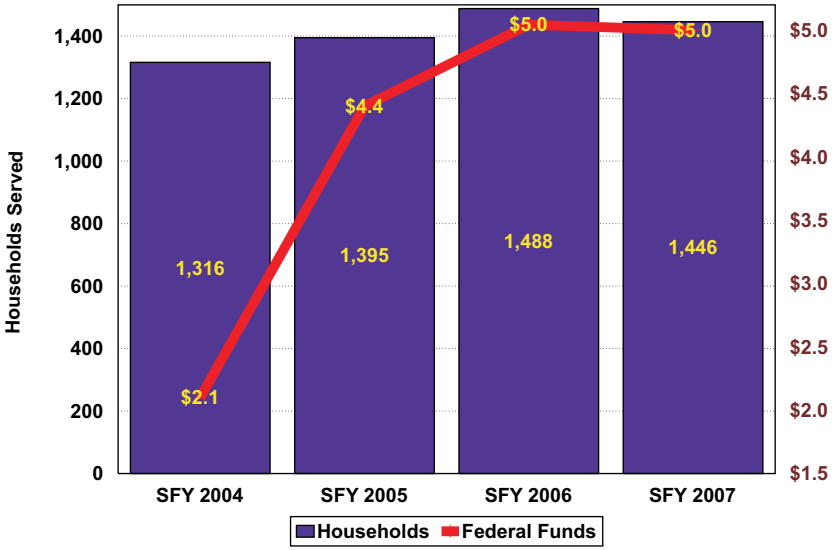


Weatherization Assistance Program: The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve their living conditions. Projected energy savings from 2007 weatherization activities returned $2.69 in energy-related benefits for every $1 invested.

Idaho's weatherization program is funded by utilities, the U.S. Department of Health and Human Services, the Bonneville Power Administration, the Petroleum Violation Escrow and the U.S. Department of Energy. In SFY 2007, $5 million were spent on 1,446 homes.

Weatherization measures include repair or replacement of heat sources, insulation, weather stripping, and caulking windows and doors.

Weatherization Assistance Program (Federal Expenditures)



Notes

Division of Public Health

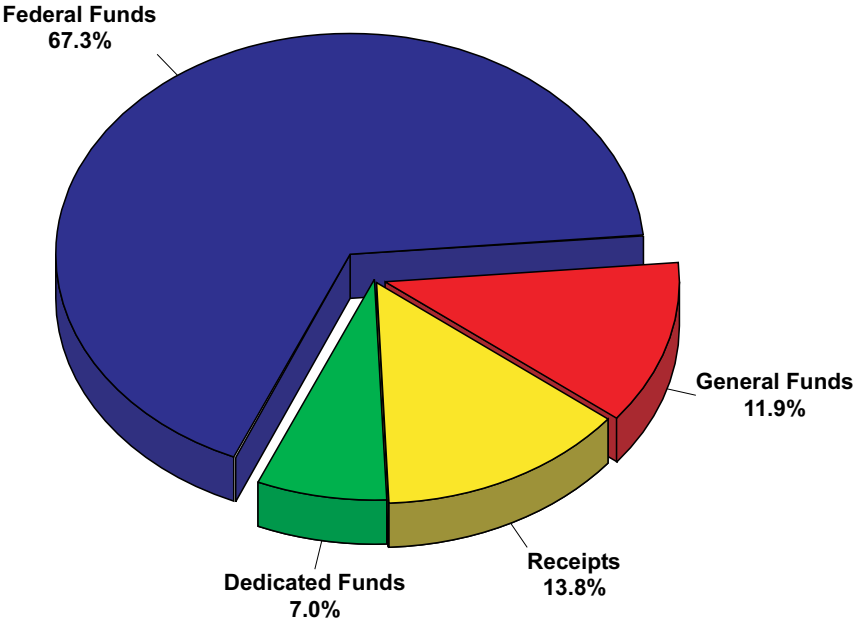
Jane Smith, Administrator, 334-5932

The Division of Public Health provides services ranging from immunizations to testing for communicable diseases and food safety, to emergency medical services. Programs and services promote healthy lifestyles, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with District Health Departments (Public Health Districts) to provide many services throughout the state. Immunizations, epidemiology, prevention of sexually transmitted diseases, food protection, and oral health are examples of programs coordinated between state and local District Health Departments.

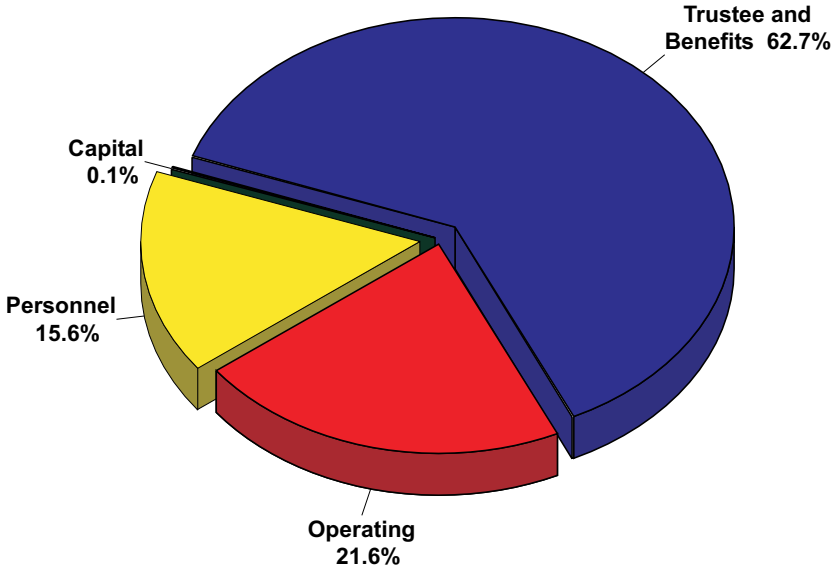
The division includes the Bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Health Planning and Resource Development, Vital Records and Health Statistics, Laboratories, and Epidemiology and Food Protection.

Public Health SFY 2008 Funding Sources

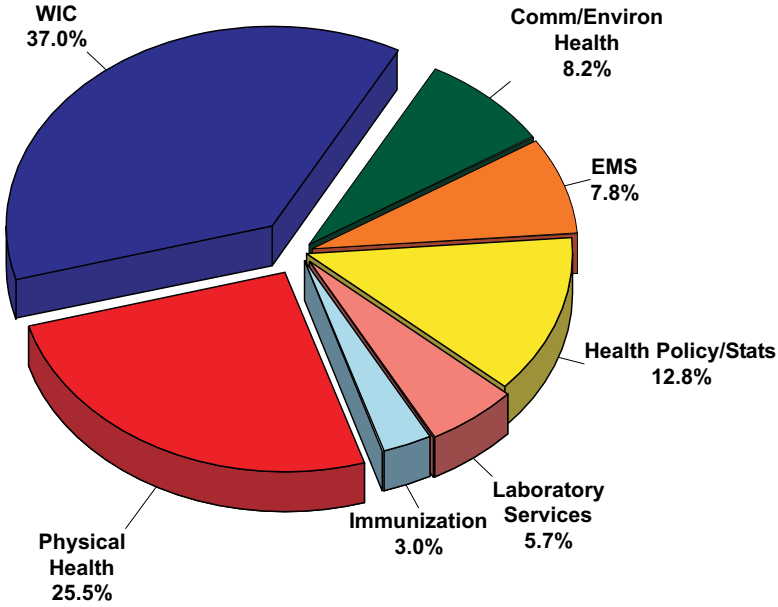


SFY 2008 Authorized FTP: 205.6; General Fund Appropriation: $10 million; Total Funds: $84 million; 4.8% of Health and Welfare funding.

Public Health SFY 2008 Expenditure Categories



Public Health Spending by Program



2007: Improving the Health of Idaho Citizens

The Division of Public Health protects the health of Idaho citizens through vaccinations, disease surveillance and intervention, and encouraging people to lead healthy lifestyles through health promotion. This year, efforts were noted through:

State Bureau of Laboratories: Genetic-based testing identifies and catalogues DNA fingerprints from all enteric bacterial isolates and compares these data within the state to identify and define outbreaks, as well as with national data to identify outbreaks that cross state lines. Such work identifies whether or not infected individuals are infected from a common source, such as the national E. coli O157:H7 outbreak associated with fresh bagged spinach in September-October 2006; the Idaho Lab was the third in the country to detect and confirm this outbreak.

Epidemiology: Providing up-to-date information on West Nile Virus to the public. A print campaign in English and Spanish, was updated significantly in 2007 and distributed widely to educate the public about the virus and how they could take steps to avoid infection. New radio and television public service announcements from Governor Otter and others, based on first-person accounts from ill Idahoans, were utilized to stress mosquito avoidance. Added awareness that WNV is a mosquito-borne virus and information on how citizens can take action (e.g. by wearing repellent, stopping mosquitoes from entering homes by repairing screens, reducing mosquito habitat around their homes by draining standing water, etc.) were important education tools in an effort to reduce cases of West Nile Virus in 2007.

A web link on the department's web site was updated regularly to provide timely information on surveillance findings regarding human cases, horse cases, positive birds and positive mosquitoes. In addition, a new automated WNV information line was established for members of the public to access a wide variety of facts via the telephone. Government entities were also provided updated guidance on virus surveillance and response.

Women's Health Check: Women's Health Check (WHC) partners with Medicaid and Welfare Divisions to expedite cancer treatment for uninsured, low income women who have been screened and diagnosed through the program. Since the programs inception in 1997, over 25,000 women have been screened for breast and cervical cancer. A total of 311 women have been diagnosed with breast cancer and 13 women have been diagnosed with cervical cancer through the program. Utilization of the WHC web-based data system has allowed the program to track

quality patient services through appropriate case management and timely follow-up of abnormal screening tests through a network of over 400 providers throughout the state.

Recommendations for new vaccines: The newest vaccine that has been approved by the federal Advisory Committee on Immunization Practices (ACIP) is for the human papilloma virus (HPV) vaccine which protects young women from genital wart infections which may lead to cervical cancer later in life. At this time this vaccine is approved only for use in females, 9 to 26 years of age.

The Respiratory Health Program received funding: The program received $300,000 from the Millennium Fund Committee for SFY 2007. The majority of the fund was invested into anti-tobacco commercials and an evaluation of the ads among the target audience. The target audience was individuals with low Social Economic Status (SES), namely persons with less than a high school education, annual household income less than $25,001, and no health care coverage or who can be covered by Medicaid. It is estimated the smoking rate for Idahoans with low SES was 33.0% compared with 14.7% for persons not falling into this category. Monies were also used to promote QuitNet and QuitLine as free resources to assist tobacco users with their quit attempts.

Changes were made in the Division of Health: Both the Health Preparedness Program (HPP) and the State Office of Rural Health and Primary Care (SORHPC) focus on health systems with goals of building/sustaining health care infrastructure. HPP is charged with improving medical surge capabilities and enhancing community, hospital, and public health preparedness. SORHPC is charged with promoting quality health care for people in Idaho and increasing access to services. In 2007, these two programs were combined to form one bureau, the Bureau of Health Planning and Resource Development. Both HPP and SORHPC work closely with hospitals, federally-qualified health centers, EMS providers, local district health departments, health care associations, and universities. This reorganization/integration avoids program duplication and promotes sharing vital resources that complement each other, increasing the Division of Health's overall capacity for planning and systems sustainability. Neither new FTEs nor additional funding were required.

Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with the Public Health Districts. Programs include Sexual and Reproductive Health, Immunizations, Children's Special Health, Women's Health Check and Women, Infants and Children (WIC).

Sexual and Reproductive Health Program

The Sexual and Reproductive Health Program serves as the Title 10 grantee and administers funding for seven delegate agencies that provide family planning services throughout Idaho. The 45 clinics managed by the health districts work to ensure access to family planning services for residents in 40 of Idaho's 44 counties.

The national target for Healthy People 2010 is to reduce the pregnancy rates of teens 15-17 years old to 43 pregnancies per 1,000. Idaho's pregnancy rate declined from 2002 to 2005 and remained below the Healthy People 2010 goal in 2006. In 2002, the pregnancy rate for Idaho teens 15-17 years of age was 22.6 per 1,000. In 2003 and 2004, the rate dropped further to 20.9 per 1,000 each year and then declined slightly in 2005 to 20.8 pregnancies per 1,000 females aged 15-17. The teen pregnancy rate increased in 2006 to 22.8 per 1,000 females aged 15-17.

The Sexual and Reproductive Health Program also operates the sexually transmitted disease (STD), HIV/AIDS, and Hepatitis C prevention control projects. The projects work in partnership with the seven Idaho District Health Departments and community-based organizations to prevent the transmission of chlamydia, gonorrhea, syphilis, HIV, AIDS, and Hepatitis C through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

Syphilis rates rose dramatically beginning in 2002 and continued to rise through 2004 when rates hit 5.6 cases per 100,000 population, for a total of 77 cases reported in 2004. With additional training to health care providers, epidemiologic surveillance and aggressive investigation of infected partners, rates decreased to 0.8 cases per 100,000 population with only 12 cases reported in 2006.

Chlamydia and gonorrhea rates have increased. Chlamydia rates rose from 173.2 cases per 100,000 in 2003 to 234.1 cases per 100,000 in 2006, a 35.2 percent increase. Gonorrhea cases increased 182 percent in the same time period.

To curb the spread of chlamydia and gonorrhea, the Department of Health and Welfare funded an aggressive media campaign, increased

partner management efforts, alerted private providers about the increases and appropriate treatments, and encouraged the use of expedited partner therapy to treat exposed partners.

Rate of Sexually Transmitted Diseases

	Chlamydia	Gonorrhea	Syphilis
2006	234.1	14.1	0.8
2005	195.9	8.3	3.8
2004	203.8	7.5	5.6
2003	173.2	5.0	3.3

Note: Rates per 100,000 of population. For HIV/AIDS data, see Bloodborne Diseases.

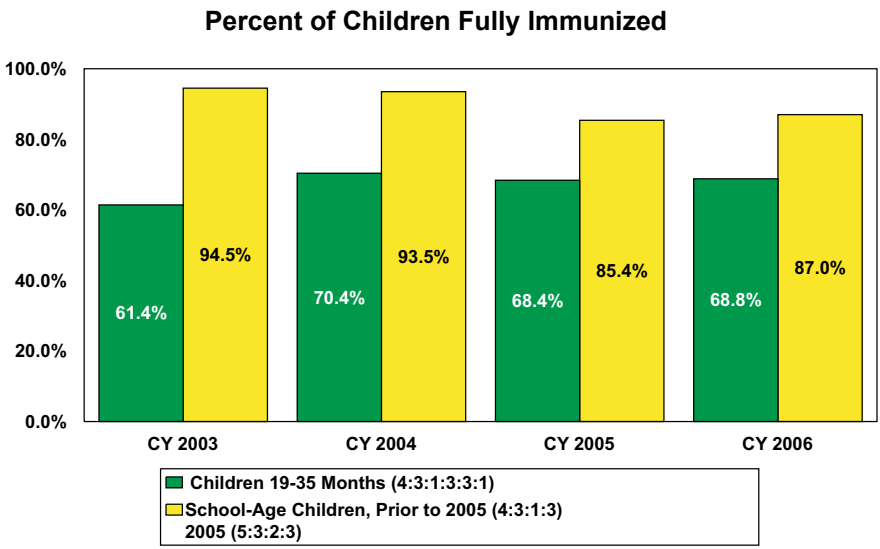
Immunization Program

The Idaho Immunization Program (IIP) is a multifaceted program which strives to increase immunization rates and awareness of childhood vaccine preventable diseases (vpd). The IIP provides educational resources to the general public, health care providers, and distributes vaccines to private and public health care providers which are administered free of charge to children receiving health care in Idaho. The program overseas the national Vaccines For Children (VFC) program and conducts quality assurance site visits with enrolled VFC providers to ensure vaccine efficacy, provide updates regarding state and national immunization trends, vpd outbreaks, new vaccines, and ACIP (Advisory Committee on Immunization Practices) recommendations.

Number of Childhood Vaccine Preventable Diseases

Disease	CY 03	CY 04	CY 05	CY 06
Haemophilus influenzae B (HIB, invasive)	0	1	2	1
Measles	0	0	0	0
Mumps	1	3	0	7
Pertussis (whooping cough)	82	66	211	88
Rubella	0	0	0	0
Total	**83**	**70**	**213**	**96**

The IIP also possess a child care and school component which is focused on increasing the number of school aged children who have received all recommended childhood immunizations. The school and child care activities include quality assurance site visits and educational opportunities for school nurses, school staff, and child care staff. During these visits the IIP staff reviews immunization records and provides education to increase the knowledge of school nurses and staff regarding the immunization schedule, school immunization rules, and protocols for vpd outbreaks among students.



Immunization Reminder Information System (IRIS)

IRIS is a secure,voluntary, statewide web-based immunization registry which allows health care providers, schools, and child care facilities access to vaccination records for people of all ages residing in Idaho. IRIS is currently utilized by 306 providers and 1,037 school and child care facilities in Idaho which has resulted in approximately 95 percent of Idaho's children under 2 years of age enrolled in the registry.

Number of Idahoans Enrolled in Registry by Year

	FY 2004	FY 2005	FY 2006	FY 2007
Ages 0-35 Months	52,919	56,650	59,527	61,219
Ages 3-5 Years	44,896	48,064	51,628	56,341
Ages 6-18 Years	77,487	86,170	103,018	122,765
Ages > 18 Years	61,889	77,548	86,364	99,781
Total	237,191	268,432	300,537	340,106

Note: Patients in the registry on July 1, 2006 totaled 300,537. In 2006, there were 10,249 Idahoans enrolled in the registry without vaccinations.

Vaccine Distribution

The Immunization Program purchases vaccines through the Vaccines for Children Program sponsored by the federal Centers for Disease Control and Prevention. For the last four years, the program distributed more than 500,000 vaccine doses statewide through more than 700 providers, Public Health Districts, clinics, and private physicians.

Vaccine Adverse Event Reporting System (VAERS)

The Immunization Program distributes more combination vaccines to reduce the number of injections a child must receive to be fully immunized, ComVax (hepatitis B/Haemophilus Influenzae, type B), Pediarix (diphtheria, tetanus, acellular pertussis/hepatitis B/polio), and Twinrix (hepatitis A/hepatitis B). More vaccines are being administered, but with fewer injections.

The majority of adverse reactions vary from pain and swelling around the vaccination site to fever and muscle aches. A more serious and rare

adverse reaction to a vaccine is an allergic reaction.

In SFY 2007, Idaho submitted 38 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and Public Health Districts. This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine.

The Immunization Program began offering new vaccines several years ago, varicella in 1999, hepatitis A in 2000, Prevnar in 2001, and Pediarix in 2003, Tdap and Menactra in 2005, Rotavirus and ProQuad in 2007 and HPV as a VFC only vaccine in 2007.

Number of Adverse Reactions and Rate per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2007	38	479,702*	0.8
SFY 2006	48	502,516	1.0
SFY 2005	58	468,121	1.2
SFY 2004	57	472,952	1.2

**Note: The number of vaccines for SFY 2007 will increase as health care provider accountability reports continue to be received.*

Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of $48 per month in vouchers for prescribed healthy foods based on physical assessment, along with counseling in nutrition and breastfeeding, to more than 70,000 participants annually. The average food voucher increased $2 from 2006 mostly due to increasing milk prices. This year, milk increased over $.50/gallon. On average, a WIC participant receives four gallons of milk per month. WIC services are delivered through the Public Health Districts, The Shoshone Bannock Tribe and Nimiipuu Health.

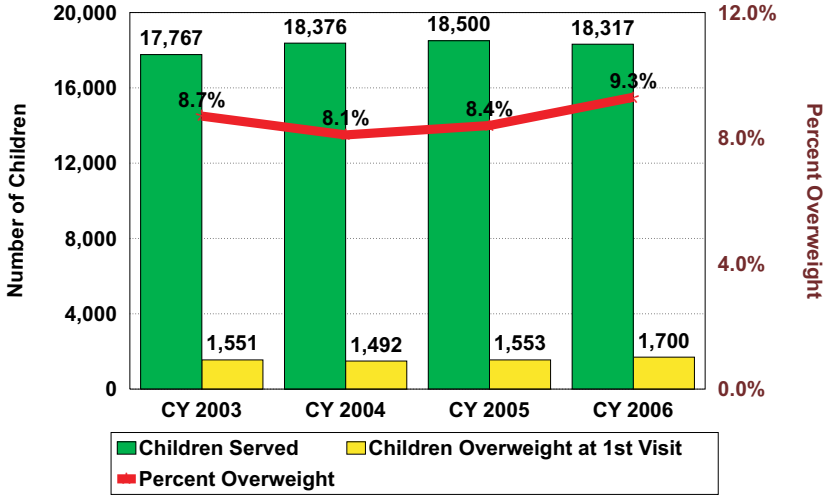
Clients Served Monthly and Average Voucher Value

Year	SFY 2004	SFY 2005	SFY 2006	SFY 2007
Clients Served (Monthly Average)	35,756	37,737	37,278	37,593
Average Voucher (Per Month)	$45	$46	$46	$48

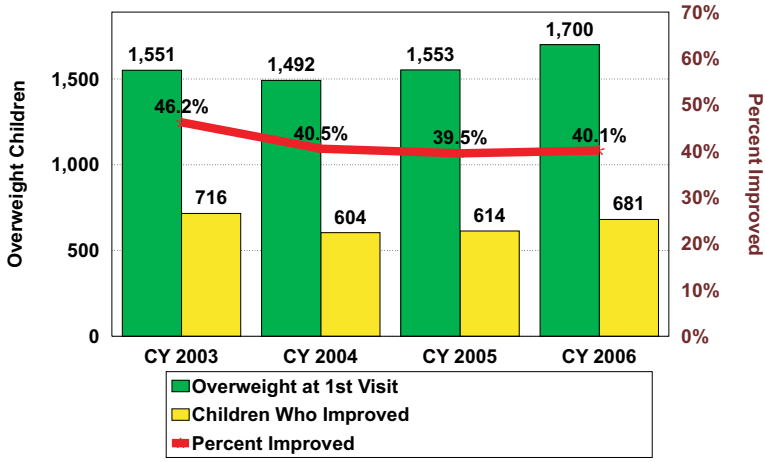
WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure status of their weight with their height to obtain their Body Mass Index (BMI). Prior to 2006, this report defined “improved status” for a child if the child’s BMI percentile for age moved them from "overweight" to a normal weight or from “at risk for overweight” to normal category. Beginning in 2006, the definition for “improved status” is defined as a decrease of at least one percentile point for age in BMI. In addition, the count for number of children served was revised from children with two visits in the same calendar year within the 2-5 year group to unduplicated number of children served regardless of dates of visits. Therefore, data in the charts below have been revised for 2003-2005; 2006 data are comparable. In 2006, 1,700 children served by WIC aged 2 to 5 years (9.3 percent) were overweight at a previous visit to WIC. Of those children, 40.1 percent improved their weight status at their recertification visit.

Children Served and Those Overweight, Ages 2-5



Overweight Children (age 2-5 years) with Improved Status



Women's Health Check

Women's Health Check offers free mammography to women 50-64 years of age, and Pap tests to women 40-64 years of age, who have income below 200 percent of federal poverty guidelines, and who have no insurance coverage for breast and cervical cancer screening. The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990.

"Every Woman Matters" is a law passed by the 2001 legislature which provides cancer treatment coverage through Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check, but diagnosed with breast or cervical cancer, do not qualify for coverage under the Every Woman Matters law. Women's Health Check has screened women in Idaho since 1997. The number of active providers has increased from year to year, allowing more women to be referred to the program and screened statewide. The average age at screening is 52.

Year	Women Screened	Breast Cancer Diagnosis	Cervical Cancer Diagnosis
SFY 2007	3,780	43	3
SFY 2006	3,508	47	2
SFY 2005	3,579	47	1
SFY 2004	3,067	46	3

Office of Epidemiology and Food Protection

The Office of Epidemiology and Food Protection tracks disease trends and epidemics and works with the Centers for Disease Control and Prevention (CDC) to respond and report to outbreaks. The office also:

- Offers consultation and direction to district health departments on the investigation and intervention of diseases and developing interventions to control outbreaks and prevent future cases
- Delivers tuberculosis consultation and treatment services
- Provides medical direction for programs in the Division of Health
- Provides oversight on food inspection programs.

Epidemiology capacity has significantly increased with the placement of additional epidemiologists in the local District Health Departments and at the state level. The authority to isolate individuals and quarantine sites was added to the State statutes in July 1, 2003. In addition, legislation was passed that made smallpox, transmissible spongiform encephalopathies, West Nile Virus, and SARS reportable conditions in Idaho, and shortened the timeframe for reporting of other diseases of public health concern.

Idaho has progressed from a completely paper-based disease reporting system to full implementation of a web-based electronic disease reporting system (base version of NEDSS) and has begun to implement electronic laboratory disease reporting, shortening significantly the amount of time it takes to receive disease reports.

Bloodborne Diseases

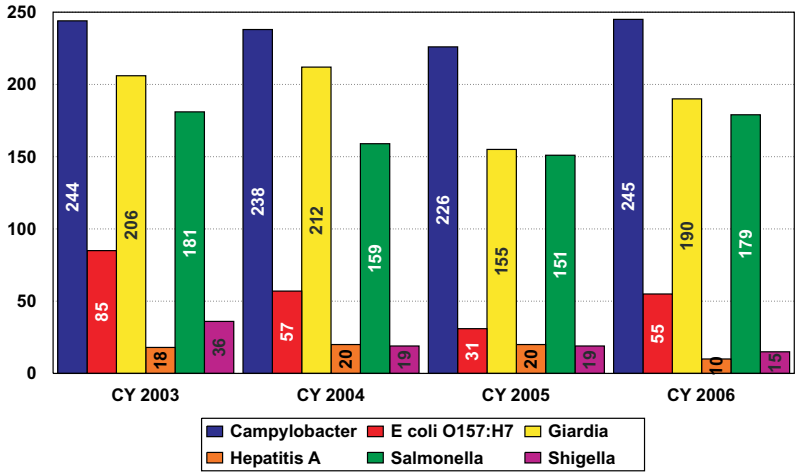
Bloodborne diseases, such as hepatitis B and C along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or exchange of bodily fluids during sexual contact.

Bloodborne Diseases	CY 02	CY 03	CY 04	CY 05	CY 06
New HIV Reports	24*	19*	20*	25	27
New AIDS Reports	24	20	25*	26	31
Idaho Residents Living with HIV/AIDS**	736*	777*	813*	845*	921
Acute Hepatitis B	7	8	14	16	16
Acute Hepatitis C	1	1	1	1	1

**Reports among residents of Idaho at first diagnosis with AIDS or with HIV. Data have been revised for CY 2002-2005.*
***HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.*

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water, or hand-to-mouth as a result of inadequate handwashing following bathroom use.



Food Protection

The Office of Epidemiology and Food Protection work to protect the public from illnesses associated with the consumption of food. The Food Protection Program provides oversight, training, and guidance to environmental health specialists in Idaho's seven Public Health Districts. These environmental health specialists perform inspections of food facilities and provide education to food establishments to prevent foodborne outbreaks.

Epidemiologists at both the state and District Health levels investigate foodborne illnesses and outbreaks, working closely with the food protection program and environmental health specialists to investigate suspected and confirmed foodborne illnesses and take steps to reduce disease and prevent future outbreaks.

	SFY 04	SFY 05	SFY 06	SFY 07
Foodborne outbreaks	5	8	8	10
From licensed food est.	3	6	6	4
From home, church, picnics	2	2	2	6
People ill	81	539	120	52

NOTE: Confirmed and probable cases only are counted in total. Two large outbreaks accounted for the majority of ill people listed in 2005.

West Nile Virus

West Nile virus (WNV), a mosquito-borne virus affecting humans, horses, birds, and other animals, entered the U.S. in 1999. It slowly migrated across the continent and began showing up in western states in 2003. Other states have typically seen a large surge in human cases the second or third year the virus entered their state, and Idaho was no exception. In 2006, Idaho's third year for local virus transmission, our state led the nation in reported WNV infections with 1,000 human cases, contributing to 23 Idaho deaths.

During the 2007 WNV season, state epidemiologists worked closely with the Public Health Districts to investigate infections and promote interventions for the public, along with providing healthcare updates to Idaho providers. The state laboratory was instrumental in expediently testing samples submitted for people with serious illnesses to determine if West Nile infection was the cause. A public information campaign that included radio, television, and print materials was utilized to convey the "Fight the Bite" of mosquitoes prevention campaign. The 2007 West Nile season ended with approximately 120 human illnesses, with the virus contributing to one death.

WNV is now established in the local ecosystems for much of Idaho. As it has in other states, it is expected to cause illness in humans and animals every mosquito season. We cannot predict future activity, but the central and northern areas of our state could easily experience increased activity in 2008. The epidemiology staff will be working closely with Public Health Districts and state and community partners to prepare for the next mosquito season.

Laboratory Services

The Public Health Laboratory provides a wide range of services including testing for communicable diseases; analyzing environmental samples; testing for bioterrorism agents; administering state and federal regulations governing operation of private physician and hospital clinical laboratories; and required testing for transportation and disposal of hazardous materials.

The State Lab in Boise conducts environmental tests on air pollution, environmental chemistry, environmental terrorism, and water

bacteriology. Environmental tests include testing for mercury in fish, and testing public drinking water for regulated chemicals such as arsenic and cyanide.

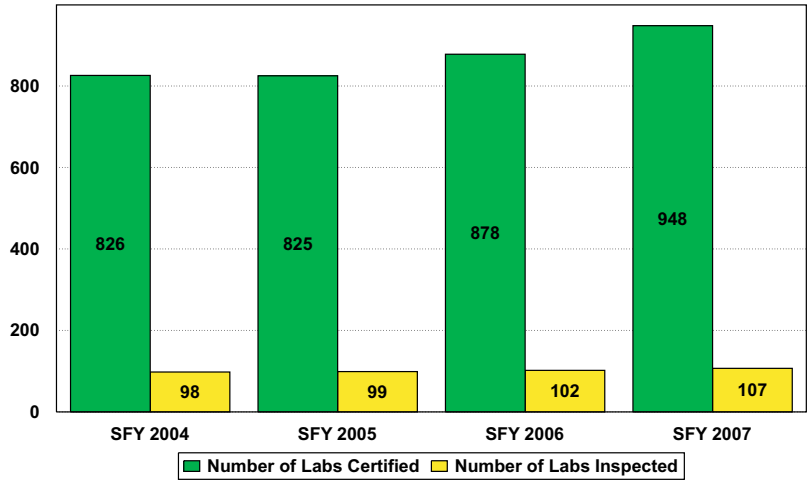
The lab also conducts microbiology, virology, and serology tests. These tests include tests for sexually transmitted diseases such as Chlamydia and gonorrhea; food and enteric bacteriology such as salmonella and E. coli O157:H7; vaccine preventable diseases such as pertussis; respiratory diseases such as influenza, SARS, and Hantavirus; and rabies in animals and humans.

The State Lab continues to be invaluable in the surveillance and testing of West Nile virus, testing samples from mosquito pools and people. Laboratory services are provided by a central lab in Boise where facilities and capacity have been significantly upgraded.

The number of inspected laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 45 JCAHO, CAP, and COLA laboratories.*

*	CLIA	Clinical Laboratory Improvement Amendment.
	JCAHO	Joint Commission on Accreditation of Healthcare Organizations.
	CAP	College of American Pathologists.

Number of Labs Certified and Inspected



Note: Not all certified labs are inspected. The portion of labs Health and Welfare inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs needing on-site inspections. The Department has increased the number of labs in Idaho certified by CLIA.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of people by providing leadership, education, outreach programs, technical assistance, and analysis to prevent injuries, reduce risk behaviors, control chronic disease, and prevent and reduce exposure to environmental risks.

The bureau is comprised of three sections: Risk Behavior Prevention, Chronic Diseases, and Environmental Health.

Programs that make up Risk Behavior Prevention include tobacco prevention and control, physical activity and nutrition, unintentional injury, and sexual violence prevention.

Chronic Diseases include asthma and diabetes prevention and control, comprehensive cancer control, and oral health.

Environmental Health addresses environmental health education and assessment associated with contaminated environments, indoor environment, and fish consumption advisories.

Tobacco Prevention and Control

The Tobacco Prevention and Control (TPC) Program works to create a state free from tobacco-related death and disease. Dubbed “Project Filter,” the comprehensive program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The TPC program fosters statewide coordination necessary for successful tobacco control within these program goals:

- Prevent initiation of tobacco use among youth
- Promote tobacco cessation among users
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities.

Through a targeted, multi-faceted approach, the TPC program has helped reduce smoking in Idaho. Idaho ranks fifth in the nation for the lowest percentage of adults who smoked in 2006 at 16.8 percent. The percentage of adults who smoked was 20.0 percent in 2006 based on the median of all the states and U.S. Territories.

Idaho Adults aged 18 and Over	CY 2003	CY 2004	CY 2005	CY 2006
Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)	18.9%	17.4%	17.9%	16.8%

Note: According to the 2005 Youth Risk Behavior Survey (conducted every 2 years), 16% of Idaho students in grades 9-12 smoked one or more cigarettes in the last 30 days.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (PAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. PAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2006 was 61.6 percent, based on the median of all states and U.S. territories.

Idaho Adults 18 and Over	CY 2003	CY 2004	CY 2005	CY 2006
Overweight Adults (Body Mass Index >25)	59.3%	58.2%	61.4%	59.7%

Note: According to the 2005 Youth Risk Behavior Survey, 28 percent of Idaho students in grades 9-12 considered themselves overweight. The Youth Risk Behavior Survey is conducted every two years, in off-numbered years.

Idaho Comprehensive Cancer Control Program

Cancer is the second leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. The Idaho Comprehensive Cancer Control Program (ICCCP) began in July 2005 with funding by the Centers for Disease Control and Prevention.

The Comprehensive Cancer Alliance for Idaho (CCAI) released the statewide Idaho Comprehensive Cancer Strategic Plan in July 2006. Goals of the plan include decreasing the incidence of preventable cancers, decreasing preventable cancer deaths, and improving the quality of life for people in Idaho affected by cancer. The plan was developed over a one-year period by the CCAI, which is made up of 200 healthcare professionals, state agencies and programs, cancer-related non-profit organizations, insurance providers, Idaho Tribes, Local Health Departments, cancer survivors and others.

Planning efforts identified colorectal cancer as the top priority for the ICCCP. Behind lung cancer, colorectal cancer is the second leading cause of cancer deaths in Idaho, affecting both men and women. Idaho has some of the worst screening rates for colorectal cancer in the nation, even though this cancer is largely preventable with screening.

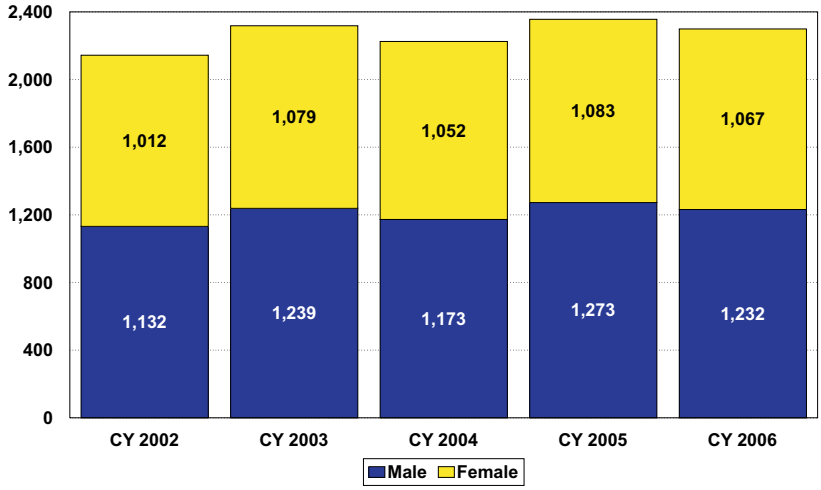
In 2006, the ICCCP was awarded a settlement from the manufacturer of the drug Lupron. The manufacturer of Lupron was overcharging for the drug and the ICCP received $154,718 from the settlement. These funds

are being used for:

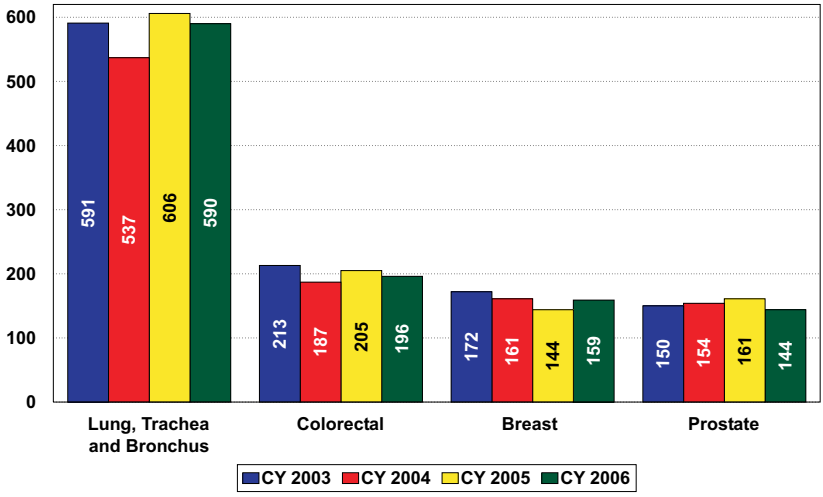
- Media campaigns primarily focused on colorectal cancer
- To increase awareness about the importance of following cancer screening guidelines
- Education about the importance of detecting of cancer in the earliest and most treatable stages.

The ICCCP was recently awarded a supplemental grant to address the growing problem of skin cancer in Idaho.

Cancer Deaths of Idahoans



Idaho Cancer Deaths by Primary Site of Malignancy



Injury Prevention

The Unintentional Injury Prevention Program contracts with Idaho's seven Public Health Districts to implement a fall prevention exercise program (Fit and Fall Proof) for the elderly. The program focuses on improving balance, strength, and flexibility to reduce the risk of falling.

Falls are the leading cause of injury death for Idahoans aged 65 years and older. From 2004-2006, an average of 119 individuals died each year in Idaho from fall-related injuries. A total of 85 percent of these fatalities were among individuals aged 65 years and older. The Fit and Fall Proof program continues to expand in the seven Public Health Districts with a total of 54 active class sites at the end of September 2006. It is anticipated that 61 active sites will be maintained during FY 08. A refresher training for Fit and Fall Proof Master Trainers was conducted in June 2007 and a revision to the class leader curriculum manual was completed in August 2007. Currently, Boise State University is conducting a controlled research study of the Fit and Fall Proof program.

Injury Death Rate, Death Due to Accidental Falls*

	<65	65+	Total
CY 2006	1.6	70.9	9.6
CY 2005	1.1	53.1	7.1
CY 2004	1.6	59.2	8.2
CY 2003	2.3	64.9	9.4

**Rate per 100,000 population in age group.*

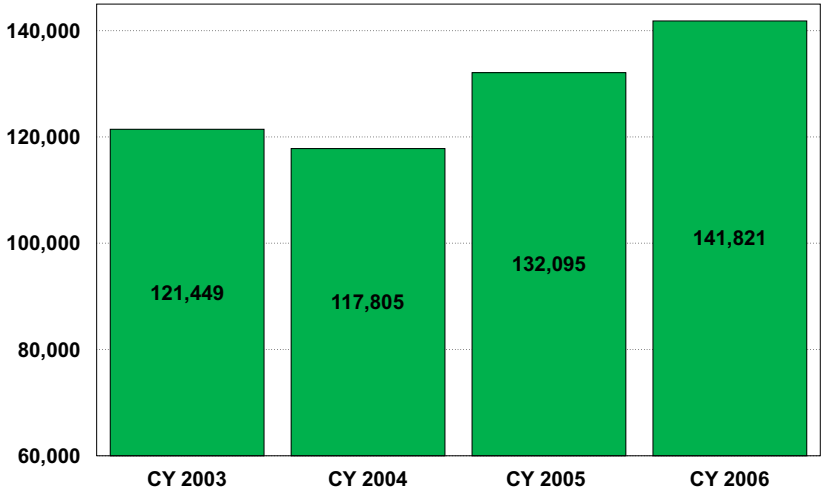
Number of Deaths Due to Accidental Falls

	<65	65+	Total
CY 2006	21	120	141
CY 2005	14	87	101
CY 2004	20	94	114
CY 2003	28	101	129

Bureau of Vital Records and Health Statistics

The Bureau of Vital Records and Health Statistics is responsible for the registration, documentation, correction, and amendment of vital events that includes birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends which can be used to develop and shape future health interventions and programs. The bureau issues vital record certificates and produces numerous statistical reports and publications.

Birth, Death, Marriage and Divorce Certificates Issued



Bureau of Health Planning and Resource Development

The Bureau of Health Planning and Resource Development unites the Health Preparedness Program and the Office of Rural Health and Primary Care to more easily integrate complementary activities. Both programs work closely with hospitals, federally qualified health centers, emergency medical service providers, local district health departments, associations, universities and other key entities in the health system. This reorganization/integration will avoid program duplication and help share vital resources, increasing the overall capacity for planning and supporting systems' sustainability.

Health Preparedness Program

The Health Preparedness Program coordinates public health and hospital preparedness planning to increase overall health preparedness and response capabilities statewide. This program develops the capacity and infrastructure for state preparedness to respond to acts of bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Statewide and regional planning lay out frameworks to upgrade infectious disease surveillance and investigation, enhance hospital systems to address large numbers of casualties, expand public health laboratory and communication capacities, and provide for the distribution of antibiotics and vaccines.

Office of Rural Health and Primary Care

Rural Health and Primary Care administers programs to improve access to health care in rural and underserved areas of Idaho. To accomplish this, Rural Health collects data that identifies health professional shortages, provides technical assistance, administers grants, and promotes partnerships to improve rural health care.

Three types of health professional shortage areas (HPSA) are measured in Idaho: primary care, dental, and mental health. A HPSA means any of the following has been designated through a federal formula to have a shortage of health professionals:

- An area which is rational for the delivery of health services
- An area with a population group such as low-income persons and migrant farm workers
- A public or nonprofit private medical facility.

Doctors included in a primary care HPSA are all medical doctors who provide direct patient and outpatient care. These doctors practice in one of the following primary care specialties: general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not counted.

Geographic Area of Idaho with HPSA Designation

	CY 2004	CY 2005	CY 2006
Primary Care	83.6%	88.9%	90.0%
Dental Health	82.4%	92.9%	92.4%
Mental Health	100.0%	100.0%	100.0%

The Office of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities.

The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, comply with HIPAA requirements and support quality improvement initiatives. Twenty-eight Idaho hospitals are eligible for SHIP grants, with all 28 applying and receiving federal funds in FFY 2007, totaling $241,920.

State grants also are available through the Rural Health Care Access Program. These grants are targeted for government and non-profit entities to improve access to primary care and dental health services in Health Professional Shortage Areas and Medically Underserved Areas.

State Grants for Rural Health Care Access Program

	CY 2004	CY 2005	CY 2006
Grant Requests	$1,982,439	$1,258,366	$1,537,436
Amount awarded	$ 225,444	$ 236,800	$ 272,900
Organizations Applying	24	14	19
Organizations Awarded	7	5	7

Emergency Medical Services

The Emergency Medical Services (EMS) Bureau supports the statewide system that responds to critical illness and injury situations. Services include licensing ambulance and non-transport EMS services, certification and recertification of EMS personnel, operation of the statewide EMS Communications Center, providing technical assistance and grants to community EMS agencies, and evaluating EMS system performance.

EMS Personnel Certification

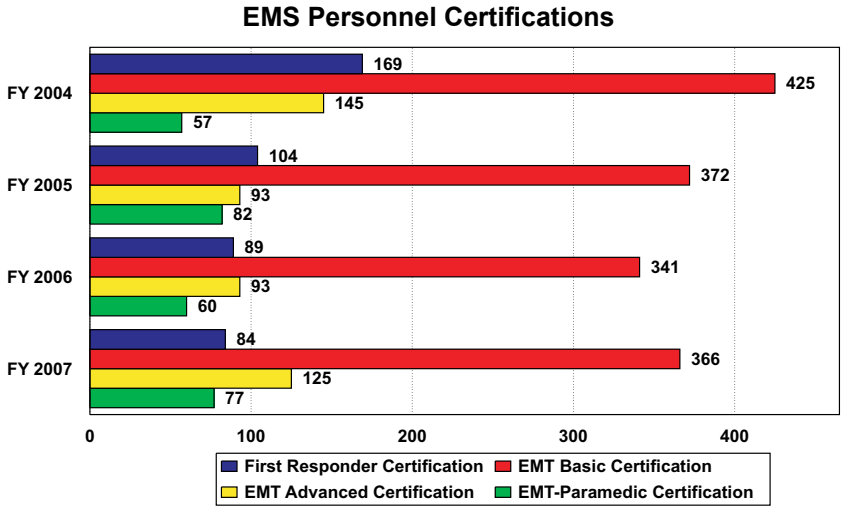
An individual is certified by the EMS Bureau for a two- or three-year period, indicating minimum standards of EMS proficiency have been met. All Idaho certified personnel are trained in courses which meet or exceed the national standard curriculum.

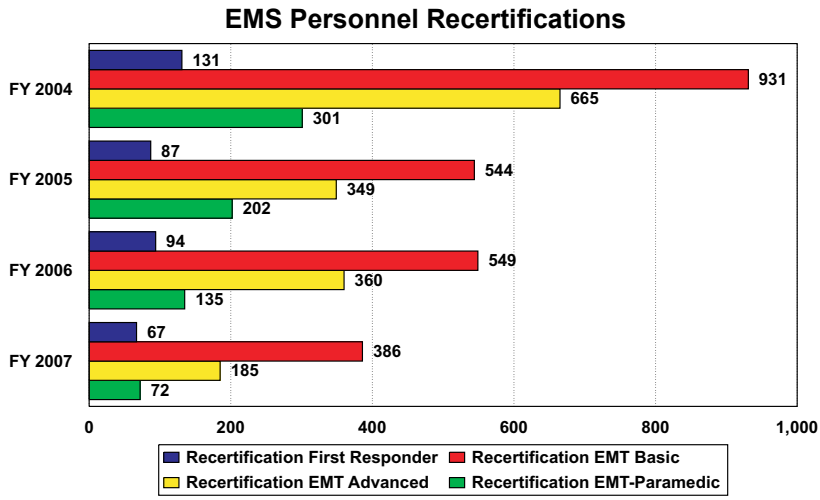
Recertification is the process of renewing certification at the same level. For recertification, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. Recertification is offered in June and December each year. Bureau workload consists of approving instructors to teach courses related to EMS, administering National Registry examinations, processing applications for certification, recertification, and reciprocity with other states.

Personnel are certified at one of four levels:

- First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator.
- Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning, and operating an automated external defibrillator (AED).
- Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions, and drawing peripheral blood specimens.

- EMT-Paramedic courses require an additional 1,000 hours of didactic, clinical, and field internship training. Personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician, and needle decompression of tension pneumothorax.





Certification/Recertification Data for 2005-2006 have been revised.

Training Grants

EMS Training Grants are available to all Idaho licensed EMS agencies to assist with initial and refresher EMS training courses. Funds may be used for payment of instructors, purchasing books or training supplies, testing or criminal history background check fees, or tuitions.

Year	SFY04	SFY05	SFY06	SFY07
Grant Requests	$237,720	$252,980	$184,702	$199,053
Grants Awarded	$105,257	$112,259	$ 62,237	$ 63,270
Agencies Applying	106	73	67	70
Agencies Awarded	76	61	57	58

Dedicated Grants

The EMS Dedicated Grant program has operated for five years, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 194 licensed Idaho EMS agencies, approximately 180 are eligible to apply. Qualifying applicants must be a governmental or registered non-profit organization.

Transport ambulances, non-transport quick response, search and rescue, and extrication vehicles have been funded through this program. Patient care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, patient moving, rescue, safety, spinal immobilization, splinting, and vital signs monitoring.

Year	SFY04	SFY05	SFY06	SFY07
Grant Requests	$3.2 mil.	$3.7 mil.	$4.1 mil.	$2.7 mil.
Grants Awarded	$1.2 mil.	$1.1 mil.	$1.3 mil.	$1.0 mil.
Vehicle Requests	34	49	45	31
Vehicles Awarded	14	14	14	11
Patient Care Equipment				
Agencies Applying	74	82	64	57
Agencies Awarded	52	51	54	47

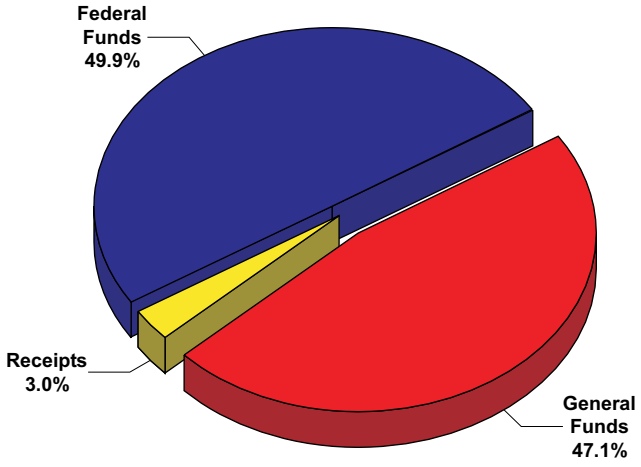
Indirect Support Services

Indirect Support Services provides the vision, management, and technical support for carrying out the department's mission. Indirect Support includes the Office of the Director, Communications and Regional Development, Legal Services, Management Services, Human Resources, and Information and Technology Services.

The Office of the Director oversees the entire department, working with the Governor's Office and the Idaho Legislature to effectively and economically provide policy direction for services and programs of the Department of Health and Welfare.

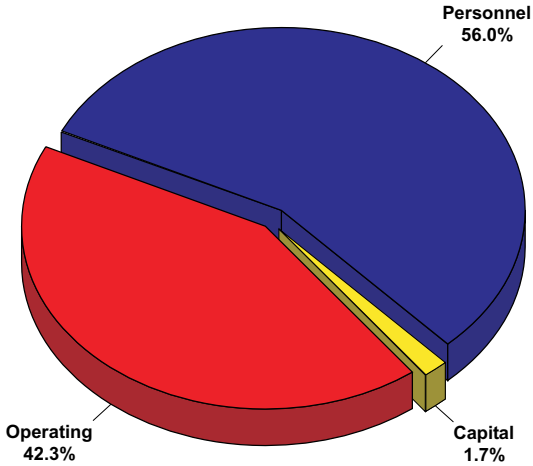
The staff of Legal Services are contracted through the State Attorney General's office and provide legal advice and litigation services. The Division of Management Services provides accounting and budgeting services, oversees the department's facilities, performs internal reviews, and processes all payroll actions. The Division of Human Resources provides services to attract, retain, and develop a workforce to support the department's mission. The Division of Information and Technology Services plans and manages all computer hardware, software, and data processing support for the department.

Indirect Support SFY 2008 Funding Sources

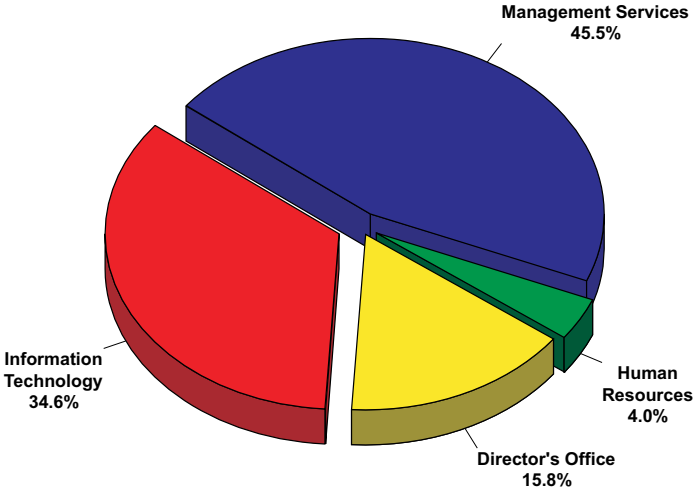


Authorized FTP: 321; Original 2008 Appropriation — General Fund: $16.8 million; Total Funds: $ 35.6 million; 2% of Health and Welfare funding.

Indirect Support SFY 2008 Expenditure Categories



Indirect Support Spending



Office of the Director

Richard M. Armstrong, Director, 334-5500

The Director's Office sets policy and direction for the department while providing the vision for improving the department. The Director's Office sets the tone for customer service and ensures implementation of the department's Strategic Plan.

The Office relies on the Executive Leadership Team (ELT) to help formulate policy. ELT is comprised of members of the Director's Office, Division Administrators, Regional Directors, and Administrators of State Hospital South, State Hospital North, and Idaho State School and Hospital. The Director's Office includes:

- The Director
- A Deputy Director responsible for Health Services
- A Deputy Director responsible for Family and Welfare services
- A Deputy Director responsible for Support Services.

Division of Management Services

Dick Humiston, Administrator, 334-5581

The Division of Management Services provides administrative services to support the department's programs and goals. It manages the department's budget, cash flow, and physical assets; oversees accounting and financial reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other divisions, Management Services provides guidance and support to ensure resources are managed responsibly.

Bureau of Financial Services

Financial Services consists of Financial Management, General Ledger, Accounts Payable, and Electronic Benefits sections.

Financial Management

Ensures adequate cash is available for the department to meet its financial obligations and functions as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs

- Requesting state general and dedicated funds through the Office of the State Controller
- Preparing expenditure reports for more than 100 federal grants that fund department programs. The largest of these federal grants is Medicaid, for which the FY 2007 award was $832 million
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs
- Managing three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and Mental Health;
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services
- Distributing appropriated funding to more than 2,500 operating budgets within the department
- Monitoring program expenditure trends to allocated funding;
- Preparing various financial analysis and reporting for division and executive management
- Monitoring established positions
- Researching and compiling historical expenditure and revenue information.

General Ledger

This unit supports the automated accounting systems used by the department. It also provides system support including design, testing, troubleshooting, interface with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. The unit supports these systems:

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting
- BARS — Primary accounts receivable, receipting, and collections system
- ARTS — Fixed asset accounting and inventory system
- CARS — Motor pool management and reporting system
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee
- P-Card — Electronic purchasing and payment system
- Navision — Front-end data entry and approval processing of vendor payments
- I-Time — Web-based employee time entry system
- Contraxx -- Electronic contract operation and management system.

Accounts Payable

This unit is the statewide accounts payable unit that performs all accounts payable interaction with the Navision accounting system. This unit is responsible for:

- Vendor payments
- Vendor edits
- Warrant issues such as stop payments, forgery, and re-issue
- Rotary Fund payments
- Interagency payments and collections
- Central Office receipting
- Navision approver technical assistance
- Invoice/payment audit.

Accounts Receivable

Billing and collection activity is the responsibility of this unit, unless specifically assigned to another. The department pursues debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

This unit is located in Twin Falls to use available office space in a state-owned facility. Its primary responsibilities are:

- Statewide collection of provider fraud and individual fraud overpayments
- Statewide collection of welfare benefit program overpayments
- Statewide billing and collection for the Department's fee for service programs
- State Lab billings
- Statewide Criminal History Unit billing
- Interagency billings.

Payroll

This unit handles all employee documents relating to insurance, compensation, and payroll deductions, and provides consultation to field offices, and:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS)
- Provides payroll and benefit support for regional, institutional, Central Office, and field personnel
- Verifies online time entry for all staff to ensure accurate and timely employee compensation
- Distributes bi-weekly payroll warrants and pay stubs
- Provides validation and entry of information for new hires,

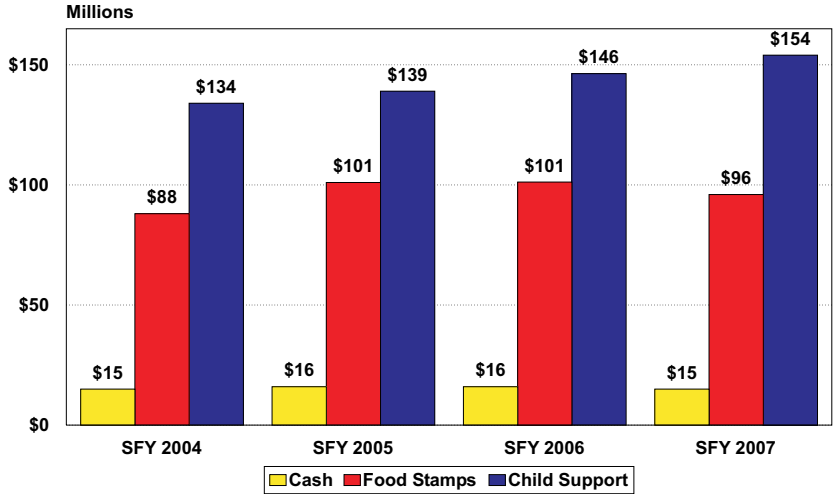
terminations, transfers, etc., and payroll deductions such as health insurance and pension to ensure EIS data integrity and maintains and safeguards employee personnel records for Central Office Divisions.

Electronic Benefit Transfers (EBT)

The Electronic Benefits Transfer Program is responsible for implementation, development, and daily operations of the Department's electronic food benefits and cash payments activities. The Department contracts with a vendor to set up and maintain accounts for Food Stamp benefits, Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind, and Disabled (State Supplement), and Child Support payments. Participants can access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with an EBT Debit Quest Card, or the funds can be deposited directly into their personal bank account.

The areas of responsibility of the EBT program includes: Administration, Customer Support, Systems Management, and Field Operations.

Electronic Payments Distributed



Bureau of Operational Services

Contracts and Purchasing

- Purchases products that cost between $5,000 and $50,000 and coordinates with the Department of Administration's Division of Purchasing for items greater than $50,000
- Provides support, technical assistance, and administration for securing service contracts, and grants. There were approximately 1,100 active contracts and grants Department-wide during SFY 2007
- Has responsibility for use, training, and daily operation of the electronic CONTRAXX management system
- Develops and maintains the Department contract and purchasing manual, policy, and procedures, and provides staff training.

Facilities Management

This section oversees maintenance and construction of state-owned facilities, monitors and coordinates office space leases for the Department, and:

- Plans space for relocations and new facilities
- Coordinates telephone services and purchases telephone equipment
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Compiles project listings to maintain facilities that meet code requirements, ADA compliance, and program needs
- Is responsible for ensuring the maintenance and care of DHW leased and owned facilities at 57 locations statewide
- Coordinates and oversees office relocations statewide
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget request to the Permanent Building Fund Advisory Council
- Monitors and inspects projects under construction
- Coordinates and monitors construction of the Department's buildings and major maintenance projects under delegated authority from the Department of Administration, Division of Public Works
- Monitors, negotiates, and coordinates leases for the Department under delegated authority from the Department of Administration, Division of Public Works, for more than 700,000 square feet
- Ensures proper maintenance and mileage distribution for the Department's motor pool.

HUB Units

These units have field staff in seven locations throughout the state to provide administrative, financial, motor pool, and facilities support for field program staff:

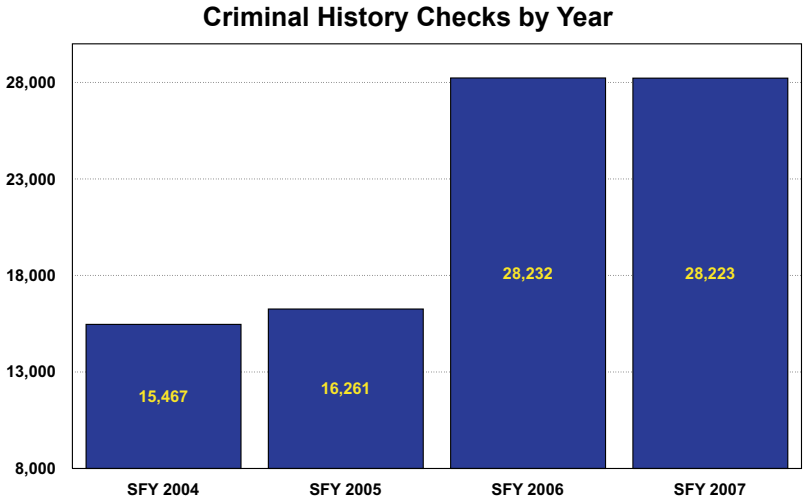
- North HUB — Coeur d'Alene and Lewiston
- West HUB — Boise and Caldwell
- East HUB — Twin Falls, Pocatello, and Idaho Falls

Bureau of Audits and Investigations

The Bureau of Audits and Investigations consists of Criminal History Unit, Internal Audit Unit, Medicaid Fraud & Program Integrity Unit and Welfare Fraud Investigations Unit

Criminal History Unit

The Criminal History Unit conducts required background checks and is central repository of agency background check information received from the FBI and the Department of Law Enforcement. Background checks are required for people who provide direct care and services for program participants including staff, contractors, licensed child care providers, and foster and adoptive parents. In the last two years the Department has participated in a federal pilot project to conduct criminal history and background checks on those who have access to individuals in long term care. This has resulted in a 74 percent increase in the number of applications processed.



Internal Audit Unit

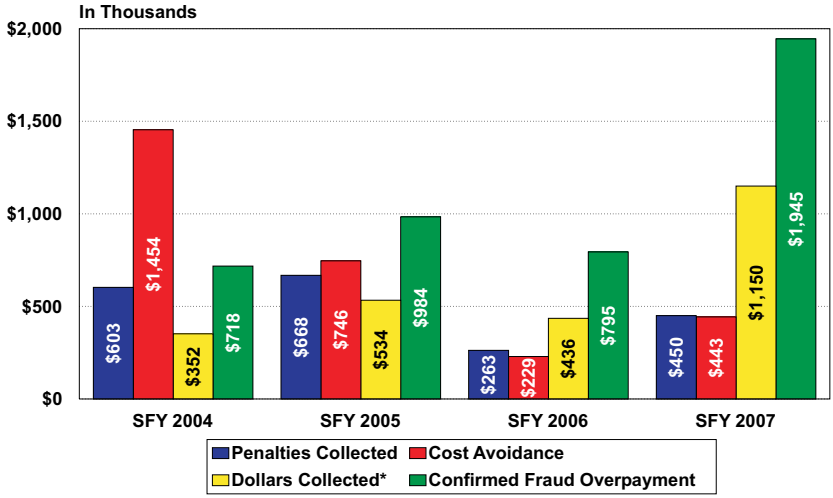
The Internal Audit Unit provides independent appraisal of various operations and systems of control to determine whether processes are following legislative requirements and established policies, procedures and standards. Internal Audit also has authority to determine if resources are used efficiently and economically, and planned objectives are accomplished effectively.

Medicaid Fraud and Program Integrity Unit

The Medicaid Fraud and Program Integrity Unit investigates allegations of Medicaid fraud and conducts federally mandated program reviews by monitoring and reviewing provider billing practices, as well as reviewing provider records to support services billed to Medicaid. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, and through proactive targeting and review of claims to identify improper billing.

Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties imposed, provider agreement termination or program exclusion, or referral for prosecution. Efforts for Medicaid provider fraud concentrate on cases which have the greatest potential for investigation and recovery of funds.

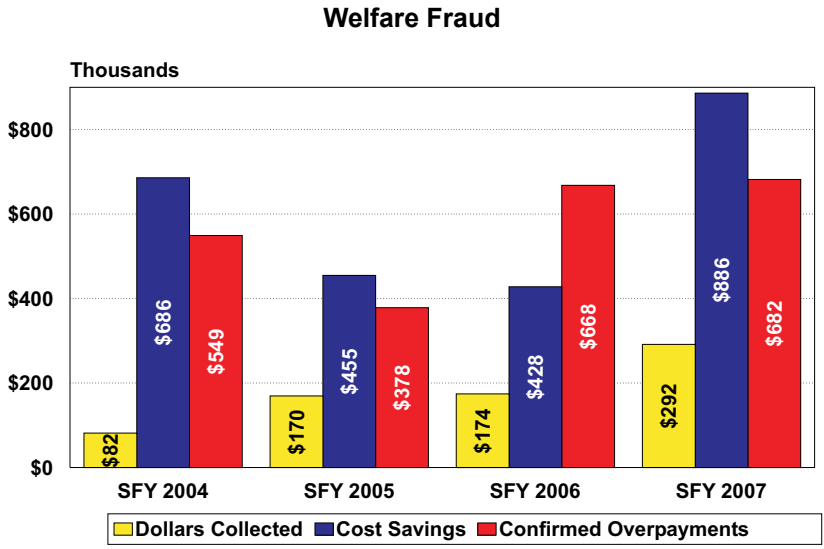
Medicaid Provider Fraud



**Some dollars collected are made on cases from prior years. Cases in which "Confirmed Fraud Overpayment" was made are sent to collections for recovery of funds.*

Welfare Fraud Unit

The Welfare Fraud Unit investigates allegations of welfare program fraud that includes food stamps, cash assistance, child care programs, or other benefits. In every region of the state, investigators work with program staff and local law enforcement to investigate welfare fraud. In SFY 2007 the Department received 933 complaints alleging welfare benefit fraud and closed 498 investigations. Of the closed investigations, 220 were confirmed program violations that resulted in program sanctions with repayment agreements. In 16 cases, the violations resulted in criminal prosecution. In the prior year, there were 136 program sanctions and 8 convictions.



**Some dollars collected are made on cases from prior years. Cases in which 'Confirmed Overpayment' was made are sent to collections for recovery of funds.*

Division of Human Resources

Paul J. Spannknebel, Administrator, 334-0632

The Division of Human Resources supports hiring, retaining, and developing the right people with the right skills to achieve the department's mission, vision, and goals. The division's focus is on supporting the department's Strategic Plan, developing business partnerships, program and process improvement, training and development, and employee relations. Specific services include:

Civil Rights/Affirmative Action/Equal Employment Opportunity (EEO)

- Supports department commitment to advance equal opportunity in employment through education and technical assistance.
- Educates employees on how to maintain a respectful workplace where employees are treated with courtesy, respect, and dignity.
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews.

Staff Development and Learning Resources

- Promotes, coordinates, and provides leadership and management development, succession planning, supervisory development, organizational development, and skills and knowledge development.
- Assists staff in trend forecasting, scenario planning, strategic plan improvement, workforce planning, and special projects.
- Facilitates development and implementation of online learning opportunities for department staff.

Talent Acquisition and Management

- Provides management consultation on effective recruitment and selection strategies for filling current and future needs.
- Develops and implements recruitment campaigns to fill department openings, to include partnerships with Idaho and regional universities for awareness of department career opportunities, internships, and scholarships leading to hiring.
- Trains and partners with department supervisors to effeciently on-board and orient new employees.

Human Resource Systems and Compensation

- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification.
- Researches, develops, and implements human resource system enhancements.

Employee Relations and Human Resource Policy Procedure

- Coaches management and supervisors in promoting positive employee contributions through the performance management process.
- Consults with management and supervisors to consistently resolve employee issues related to discipline.
- Provides consultation to employees and supervisors in the Problem-Solving process.
- Manages the Department's Drug and Alcohol Free Workplace program.
- Develops and maintains the department's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state laws and rules.

Employee Benefits

- Provides employees with information and resources to promote healthy and safe lifestyles.
- Provides timely information to employees about benefit opportunities and changes.

Office of Privacy and Confidentiality

The department’s programs offer services ranging from medical care at the state hospitals to child protection and self-reliance services. The privacy of individuals receiving these services is a top priority of the department.

The department develops, implements and maintains policies and procedures protecting privacy/confidentiality and access to information in department records. The department’s Privacy Office oversees all Privacy/Confidentiality activities statewide. It is responsible for assuring that department actions are in compliance with federal and state laws, and that the department's information privacy practices are closely followed.

The department's Privacy Officer:

- Assists in the identification, implementation and maintenance of department privacy policies and procedures in coordination with department administration and legal counsel
- Coordinates the activities for local programs, institutions, privacy specialists and administrative procedures staff towards consistent and efficient privacy/confidentiality standards
- Answers privacy/confidentiality questions.

Privacy Specialists, located in each of the state's three institutions:

- Consult with programs in their geographic area
- Coordinate the gathering of records from multiple program units and locations
- Determine the minimally necessary information appropriate for the request
- Review and making decisions on client requests for records
- Determine whether a review by Deputy Attorney General is necessary when a request has been denied
- Assist in quality improvement activities.

Division of Information and Technology

Bruce Dunham, Administrator, 334-6598

The Division of Information Technology provides office automation, information processing, and local, wide area, and Internet connectivity for the department statewide. The division provides leadership and direction in the use of information technology to support our mission to promote the social, economic, mental, and physical health of Idahoans.

The Division of IT is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security
- Overseeing the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems
- Securing information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications internally and with external stakeholders
- Providing direction for development and management of Department-wide information architecture standards.

The Division of IT provides reliable, timely, high quality, innovative, flexible, cost-effective information technology solutions, working with our business partners to identify and prioritize products and services required to support our Department's mission.

Bureau of Application Support and Development

The bureau's primary responsibility is operation, maintenance, and support of the Department's business applications. It also is responsible for ongoing enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the Department's application framework. The bureau has three functional areas:

- Application Support is responsible for operation, maintenance, and support of department applications.
- Application Development is responsible for enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the department's application framework.
- Application Delivery includes quality assurance, application testing, system production support and technical documentation.

Project Management Office

The Project Management Office (PMO) is responsible for tracking and managing information technology projects. Relationship managers within the PMO work directly with the DHW business areas. Relationship managers assist the business with project identification and definition, serve as the primary contact for IT issues, and manage business project portfolios. Project managers and project support staff manage projects, conduct business and requirements analysis, and coordinate work with other IT bureaus to meet technology and automated system needs.

Enterprise Architecture

The Enterprise Architecture group sets technical direction for the agency and helps coordinate technology investments between organizational units within the agency to avoid duplication of effort and multiplication of public investments in information technology systems. It plays a lead role in the technical strategy to transition from obsolete legacy platforms to a modern computing platform that gives our staff the tools they need to quickly and efficiently do their jobs. It helps ensure technology investments increase the capabilities of the whole organization instead of investing in isolated systems that divide our efforts and resources. The group also enforces measurable accountability metrics on all technology investments, from inception to production, so we can ensure return on our investments. Above all, the enterprise architecture group strives to ensure that our efforts and investments directly support our public mission of making a positive difference in service to Idaho's most vulnerable citizens.

Bureau of IT Infrastructure

The IT Infrastructure Bureau is responsible for developing and maintaining hardware and software infrastructure which includes:

- Wide Area and Local Area Network support statewide
- User and Data Security
- Forensics support
- Database and Data Warehouse security and support
- Server deployment and maintenance
- Server and Desktop PC vulnerability patching
- Support for Operations, Applications Development and Support, and the Project Management Office.

IT Operations Bureau

The Operations Bureau provides technical support services and coordinates resources to promote the efficient use of technology throughout the Department. The bureau consists of:

- DIT Helpdesk — Provides department staff with technical support services for all computer-related issues including hardware, software, and network
- Print Support — Single point of contact for all network printing services, including multi-function systems
- Statewide Technical Support — IT support staff located throughout the state provide on-site Information Technology services
- HOST Data Operations — Coordinates printing and distribution of all HOST-related data, including restricted federal (IRS) information
- Data Center Operations — Provides support for data center facilities and associated computer systems
- Technology Reviews — Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.

2007 DIT Highlights

The Division of IT has embarked on a number of initiatives to better meet the department's growing and evolving needs for information technology:

IT Organization — The Division of IT continues to evolve to align with the department's Customer Service initiatives as well as the technology demands of the business units. The next iteration will structure the IT organization into a Supply (Operations and Support) and Demand (Project Delivery) model. The objective is to minimize resource contention and balance competing project priorities and allow IT Demand to respond more effectively to new program and business requirements. IT Supply will be structured within the IT Service Management and ITIL methodology and framework to optimize the management and delivery of IT services.

Enterprise Framework — The Division of IT has begun to implement a framework for developing new IT systems to minimize duplication of effort and training while maximizing technology investment and our ability to leverage IT assets across the Department.

Legacy Modernization — The Division of IT has embarked on a program to evaluate our legacy business systems and determine an appropriate lifecycle for their replacement as they become too costly to update and maintain. Major systems proposed for replacement are:

Eligibility Programs Integrated Computer System (EPICS)

Function - EPICS is an automated system used to determine eligibility and process applications in Self-Reliance Programs that include Medicaid, Food Stamps, cash assistance, and child care. The EPICS system enables Self-Reliance workers to manage approximately 375,000 cases each year. Eligibility determination in Self-Reliance programs is a highly complex process that takes into account an individual's personal, financial, and household data. The system must be dependable and deliver accurate benefit determinations to avoid federal penalties.

Status - EPICS is 20-years-old and antiquated by technology standards. The system is labor-intensive, cumbersome to work with, and fails to meet department needs. Programming is difficult and expensive when changes are necessary due to federal or state rule or statute changes.

Replacement Strategy - The approach is to acquire components and build a new technology framework that establishes a foundation for incremental replacement of the current system. This foundation will be

the initial investment in the department's enterprise approach to establish and manage a new technology suite. This framework will not only replace EPICS with a more efficient, flexible, and user-friendly system, it will serve as the foundation for other future department systems, maximizing return on investment.

The department received an FY 07 appropriation for the first phase of a multi-year project. This funding was used for requirements and analysis, business process evaluation, development of system interfaces, creating and deploying software tools to build business capacity, foundational hardware and software, and development of processes for incremental migration of the EPICS system. The FY 08 appropriation will be used for completion and integration of individual work products initiated in FY 07 and the acquisition of a comprehensive Case Management system, a core function of EPICS, which will replace multiple components of the system.

Medicaid Management Information System (MMIS)

Function - The MMIS is a highly complex computer system that maintains information on 175,000 Medicaid clients and is responsible for managing payments to 17,000 Medicaid providers. A total of 40,000 claims are processed through the MMIS every day, with $21 million in payments to providers made each week. The MMIS interfaces with multiple systems to exchange data and will have the flexibility to be configured to meet federal and state statutes, rules, and policies.

Status - The contract for operation and maintenance of the MMIS expires in December 2007. The department has received an exemption from CMS and the State Division of Purchasing to extend the current contract until July 2010. The department is in the process of procuring a MMIS system that consists of a multi-component Request for Proposal (RFP) for both systems components and professional services during FY 07. Vendors may offer bid proposals on any or all components, but each individual component proposal must be self-sufficient.

The system components will provide technical solutions that not only achieve and maintain certification status for the Idaho MMIS, but also are compliant with federal mandates under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It is the intention of IDHW to acquire technology in accordance with the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) directive. This architecture model shall reflect not only state-level operations and program interactions, but also the interactions between the federal and state components of Medicaid.

The professional services components will be awarded individually for

the purposes of obtaining “Best in Class” services from vendors which specialize and have staff expertise in Medicaid Fiscal Agent operations (customer service, claims processing, medical management, provider and client management) and technology Systems Integration (project management, implementation and integration of system components). The intent for professional services components is to purchase the “managerial skills and knowledge” that are specific to each professional service functional area. The professional services components are expected to implement and support a certified MMIS and comply with all relevant federal mandates.

Replacement Strategy - The department received an FY 07 appropriation for the first phase of a multi-year project. The FY 07 funding was targeted for RFP development, review, and contract issuance. The balance of the FY 07 appropriation and the FY 08 appropriation will be used for phase one of Design, Development, and Implementation (DDI) which will include hardware and software purchases and consulting services. The Department will request additional funding in FY 09 and FY 10 to complete the project. The RFP evaluations were completed in September 2007 and contracts awarded in October 2007. The Design, Development, and Implementation (DDI) phase of the project is expected to take 24 months, will begin in November 2007 and is scheduled for completion by December 2009. The system certification by the Centers for Medicare and Medicaid Services will be completed in June 2010.

Division of Communications and Regional Development

Heather Wheeler, Administrator, 334-5583

The Division of Communications and Regional Development encompasses several areas within the department, including: The Administrative Procedures Section, Bureau of Public Information and Communications, and the Regional Directors.

Administrative Procedures Section

The Administrative Procedures Section (APS) consists of a Rules Unit, Hearings Coordinator, and the Custodian of the Record for the Department. APS primary functions are to assist in the processing and writing of the Department's rules, processing of appeals, and public records request.

Bureau of Public Information and Communications

The Bureau of Public Information and Communications provides a point of contact for public information relating to Health and Welfare issues. Staff are responsible for news releases and communicating with the media regarding special events or circumstances important to the public. In addition, the bureau facilitates internal communication within the department to ensure staff are informed of important department information.

Regional Directors

The seven Regional Directors help carry out the mission of the Department. They work with community leaders and local health and human service groups to develop partnerships to assist more people than the Department could by itself. They also are the director's community representatives and are geographically located to reach each area of the state.

Council on Developmental Disabilities

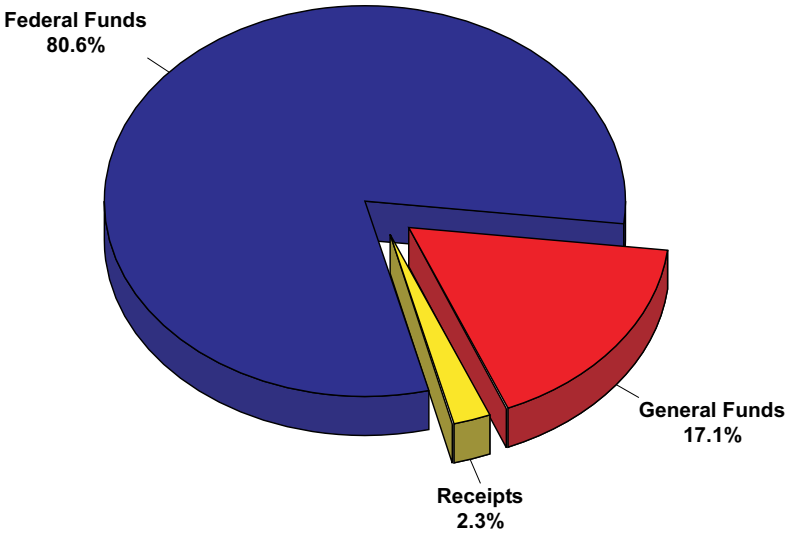
Marilyn Sword, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advocacy body for programs impacting people with developmental disabilities. The Council pursues systems changes that promote positive and meaningful lives for people with developmental disabilities and works to build the capacity of systems to meet people's needs.

Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

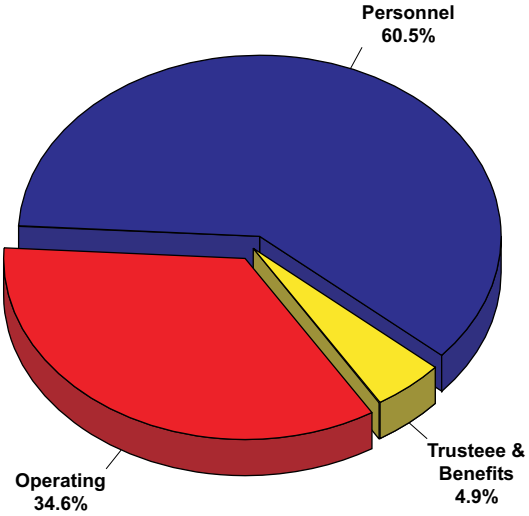
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities FY 2008 Funding Sources



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 6; General Fund: $112,400 Total Funds: $656,800.

FY 2008 Expenditure Categories



Council Initiatives 2007

Education: The Council provided funding for high school students to participate in Disability Mentoring Day; for parents to attend IPUL's Bi-annual conference; for students, professionals, and others to participate in the Annual Tools for Life Conference, and for 20 youth to participate in the Idaho Falls Youth Development Project. The Council also served on the Interagency Council on Secondary Transition; contracted with the Center on Disabilities & Human Development (CDHD) to begin the study of barriers to inclusive education in Idaho; funded the development of transition kits for students and others; assisted the Dept. of Education to recruit parents for IEP facilitator training; and presented information on guardianship alternatives.

Recreation: The Council sponsored a Resource Fair for parents at the Adventure Island Playground in Meridian and provided funding for an Idaho Falls-based universally accessible playground project.

Public Awareness: The Council produced and purchased air time for radio and television public service announcements regarding the new self-directed waiver option for adults with developmental disabilities and monitored the response through the 211 Careline. The Council published three editions of its newsletter, reprinted and distributed several successful publications, printed and mailed the 2006 Annual Report,

supported the Independent Living Conference, and provided funding for individuals to attend other conferences.

Self-Determination: Data was gathered from the 140 graduates statewide of the Idaho Partners in Policymaking program and their recommendations regarding future Partners training were included in a report to the Council. The Idaho Self Advocate Leadership Network now has teams in all DHW regions; SALN has elected a Board of Directors, developed By-Laws and a workplan and is moving toward becoming an independent organization. The Council has provided principal support for this effort with assistance from Co-Ad and CDHD, facilitating SALN members to provide presentations across the state on self determination and to support the attendance of an SALN delegation to a regional conference in Utah. The Determined to Vote! Project – a partnership with the Secretary of State – was concluded for the 2006 cycle, providing training to nearly 400 people with disabilities. The Council continued its collaboration with Medicaid on the development of a self-directed service option for adults with developmental disabilities, participating in quality assurance efforts, rule development and the design of training materials for individuals who select this option. The Council is beginning to conduct research on training strategies and programs to prevent abuse of people with developmental disabilities.

Transportation: The Council serves on the Interagency Work Group on Public Transportation and participated in a regional transportation forum in Lewiston; the Council continues to promote regional human service transportation plans that include people with developmental disabilities.

Employment: The Council continued to promote integrated work and supported promulgation of rules that gave Vocational Rehabilitation oversight authority for extended employment, including changes which allowed consumers the choice of selecting new providers. The Council also supported and facilitated the development of an Idaho Chapter of the Association for Persons in Supported Employment (APSE) and is working with the State Steering Committee on the Employment of People with Disabilities to plan for the establishment of an Idaho Business Leadership Network.

Community Supports: The Council partnered with Medicaid to pass HCR 15 which gave legislative direction to the development of family-directed services for families of children with developmental disabilities,

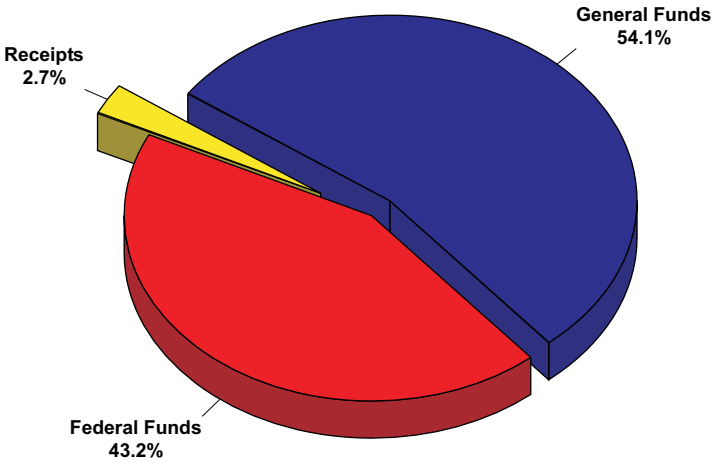
and then worked with Medicaid and others to facilitate the development of this model. The Council also worked with Medicaid and the Center on Disabilities and Human Development to submit a successful application to the Centers on Medicare and Medicaid for a 3-year person-centered planning implementation grant. The Council participates as a member of the Family Support Policy Council, is a partner in the Idaho pilot of the College of Direct Support training effort; and provided funding for direct support staff and others to attend the annual Human Partnerships training conference. The Council continued to partner with the Idaho Bureau of Homeland Security on training and technical assistance for disaster preparedness for people with disabilities.

Housing: The Council supported Opening Doors, an organization helping people with disabilities purchase homes via the Home of Your Own (HOYO) program, to assist two families of individuals with disabilities to purchase homes.

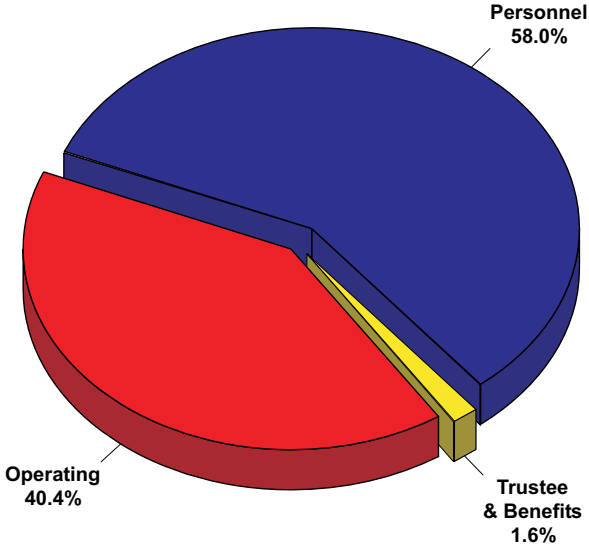
Council on the Deaf and Hard of Hearing

Cindy Schreiner, Acting Executive Director, 334-0879

FY 2008 Funding Sources



FY 2008 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 3; General Fund: $151,100; Total Funds: $279,500.

The Council serves 150,000 Idahoans who are hard of hearing and more than 3,500 people who are deaf. The Council's primary activities for SFY 2006 are:

Educational Interpreter Quality Assurance

The Educational Interpreter Interagency Consortium assists in oversight of grant activities that include:

- Assessing skills and needs of Educational Interpreters in the classroom, using the Educational Interpreter Performance Assessment (EIPA)
- Providing training for interpreters
- Assisting with post-legislation implementation plans to ensure that Idaho K-12 interpreters meet the new minimum standard required by law, i.e., the Idaho Educational Interpreter Act.

Educational Interpreter Guidelines

The Council developed a resource guide, Educational Interpreters In Idaho's Schools, Guidelines for Administrators, Teachers and Interpreters, for school administrators, teachers, and interpreters to use in hiring, supervising, training, and providing professional development to interpreters working in Idaho's public schools. The document contains a brief history of development of the standards and rubrics, and a section on the role and responsibility of an Educational Interpreter, as well as the roles of student, classroom teacher, and teacher of the deaf. The document includes suggested protocols for hiring and evaluating Educational Interpreters, and information on evaluation tools such as the Sign Language proficiency Interview (SLPI) and the Educational Interpreters Performance Assessment (EIPA). The resource section also includes information regarding educational needs of the deaf or hard of hearing students and information on how to help a student use an Educational Interpreter. Guidelines have been distributed to school districts.

Demonstration and Loan Centers

The Council continues to support assistive technology demonstration and loan centers throughout the state that provide telecommunication devices, amplified telephones, and alerting and signaling devices for Idahoans to borrow to determine if they would work for them.

Universal Newborn Hearing Screening
Early Hearing Detection and Intervention

The Council continues to administer Idaho Sound Beginnings, An Early Hearing Detection and Intervention Program funded by the U.S. Department of Health and Human Services. This program assists hospitals in providing hearing screening for all newborns, tracks newborns who do not pass screening, and assures that newborns diagnosed with a hearing loss receive appropriate early intervention services.

Deaf and Hard of Hearing Education Reform

The Council has conducted extensive research and wrote a comprehensive report with recommendations to the State Board of Education and other policymakers regarding essential components that must be in place within Idaho's system.

Public Awareness and Outreach

The Council conducts many workshops around the state to increase awareness of resources for deaf and hard of hearing people. The Council trains agencies, organizations, and individuals on ADA requirements. Staff receive hundreds of phone calls yearly and they provide valuable information and referral services.

Council Goals

- Idahoans of all ages with a hearing loss have equal access to education, jobs, and recreation, along with programs and services that are easily accessible to those Idahoans without a hearing loss
- Disseminate information regarding resources and available technology, and pursue education and work opportunities where communication is critical to success
- Increase awareness of parents, physicians, and other professionals so testing children for hearing loss is done as early as possible. This will ensure that any loss is identified and treated so the child does not lose valuable time when language skills are developing
- Educate and inform people of the dangers of noise-induced hearing loss and promote ear protection
- Public and private businesses are aware of the communication access needs of people who have a hearing loss
- Promote early identification of newborns with hearing loss and assure early intervention services.

The Council continues to provide more services to clients. Last year, the Council:

- Distributed more than 5,000 newsletters
- Responded to more than 450 requests for information and assistance
- Provided demonstration of assistive devices and loans to people who are deaf or hard of hearing at demonstration and loan centers in Idaho Falls, Pocatello, Twin Falls, Boise, Caldwell, Moscow, and Coeur d'Alene• Provided assistance for Idahoans who are deaf or hard of hearing through a program funded from an Assistive Technology grant to help them purchase assistive technology that they otherwise could not afford.

Council on Domestic Violence and Victim Assistance

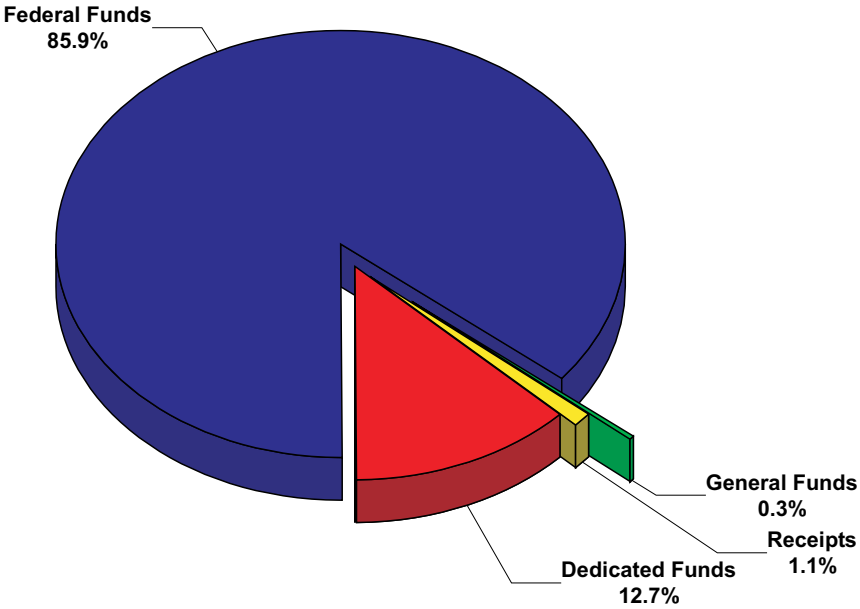
Luann Dettman, Executive Director, 334-5609

The Council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims
- Promoting legislation that impacts crime;
- Providing standards for domestic violence programs, sexual assault programs, and batterer treatment programs
- Training and public awareness on violence and victim assistance.

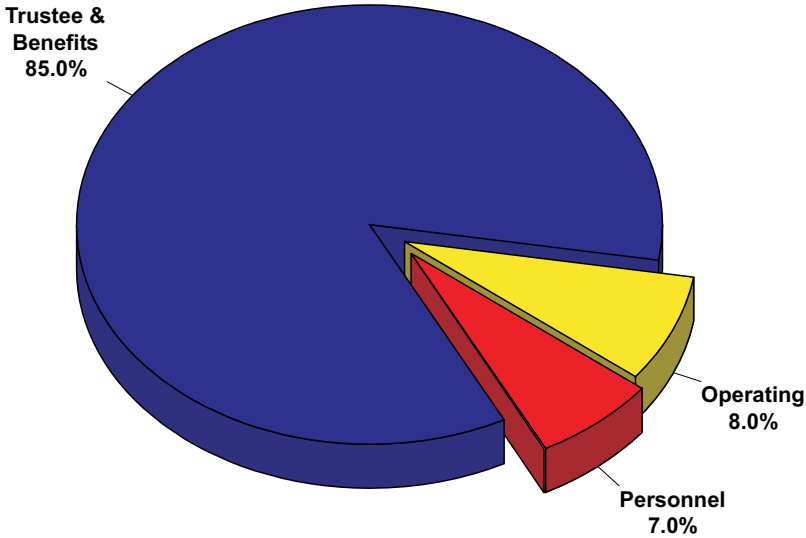
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance
FY 2008 Funding Sources



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 4; General Fund: $13,100; Total Funds: $3.8 Million.

Council on Domestic Violence and Victim Assistance
FY 2008 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho. The members are: Sonyalee Nutsch (Region 2); Reverend Douglas Yarbrough (Region 3); Tore Beal Gwartney (Region 4); Dan Bristol (Region 5); and Karen Hayward (Region 6). Regions 1 and 7 are currently vacant.

As a funding agency, the Council administers a combination of federal and state resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The Council funds approximately 48 programs throughout the state that provide direct victim and batterer treatment services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance.

The Council also provides statewide training for service providers on crime victim issues, and resources to communities, including publications and educational materials.

Note: For more information, visit www2.state.id.us/crimevictim.

Glossary of Terms and Acronyms

A&D .....Aged and Disabled Waiver
ATR..... Access to Recovery Grant
AABD.....Aid to the Aged, Blind and Disabled
ACIP .....Advisory Committee on Immunization Practices
ACT .....Assertive Community Treatment
ADA .....Americans with Disabilities Act
AED ..... Automated External Defibrillator
AIDS .....Auto Immune Deficiency Syndrome
AMH.....Adult Mental Health
APS ..... Administrative Procedures Section
APSE.....Association for Persons in Supportive Employment
CAP ..... College of American Pathologists
CAP .....Community Action Partnerships
CCA.....Comprehensive Cancer Alliance of Idaho
CHC.....Criminal History Check
CDC.....Centers for Disease Control and Prevention
CDHD ..... Center for Disabilities and Human Development
CFH .....Certified Family Home
CLIA..... Clinical Laboratory Improvement Amendment
CMHP .....Children's Mental Health Project
CSBG ..... Community Services Block Grant
CQI .....Continuous Quality Improvement
CSCC.....Child Support Customer Service
CY..... Calendar Year
DD .....Developmental Disabilities
DDA..... Developmental Disability Agencies
DDI ..... Design, Development and Implementation
DIT..... Division of Information and Technology
DRA.....Deficit Reduction Act
DTaP.....Diptheria, Tetanus, acellular Pertussis
DUI .....Driving Under the Influence
EBT..... Electronic Benefits Transfer
EMS.....Emergency Medical Services
EMT .....Emergency Medical Technician
EMT-A.....Emergency Medical Technician - Advanced
EMT-P..... Emergency Medical Technician - Paramedic
EPICS.....Eligibility Programs Integrated Computer System
ELT .....Executive Leadership Team
ETV..... Education and Training Voucher Program

EWS.....Enhanced Work Services
FACS .....Division of Family and Community Services
FFY ..... Federal Fiscal Year
FIDM.....Financial Institution Data Matching
FNS .....Food and Nutrition Services at USDA
FTP.....Full-time Positions
FYI.....Foster Youth Alumni of Idaho
GED.....General Education Degree
HPP.....Health Preparedness Program
HIFA.....Health Insurance Flexibility Act
HIPAA .....Health Insurance Portability and Accountability Act
HIV..... Human Immunodeficiency Virus
HPV.....Human Papilloma Virus
HPSA.....Health Professional Shortage Area
IBI .....Intensive Behavioral Intervention
ICCMH.....Idaho Council on Children's Mental Health
ICCP ..... Idaho Child Care Program
ICCCP .....Idaho Comprehensive Cancer Control Program
ICF/MR .....Intermediate Care Facility for People with Mental Retardation
ICSA.....Interagency Committee on Substance Abuse
IDHW .....Idaho Department of Health and Welfare
IIP .....Idaho Immunization Program
IRIS.....Immunization Reminder Information System
ISSH ..... Idaho State School and Hospital in Nampa
ITSAP .....Idaho Telephone Service Assistance Program
JCAHO .....Joint Commission on Accreditation of Hospital Organizations
JET.....Job Education and Training
LIHEAP.....Low Income Home Energy Assistance Program
MITA .....Medical Information Technology Architecture
MMIS .....Medicaid Management Information System
MMRV.....Mumps, Measles, Rubella and Varicella
MST .....Mountain Standard Time
OPE.....Office of Performance
PAN ..... Physical Activity and Nutrition Program
PH.....Public Health
PMO .....Project Management Office
PWC .....Pregnant Women and Children
RAC .....Regional Advisory Committee
RALF .....Residential Care and Assisted Living Facilities
RFP.....Request for Proposal
RMHB.....Regional Mental Health Board
RMHC..... Regional Mental Health Centers

RSO.....Receipting Services Only
SA.....Substance Abuse
SALN.....Self Advocate Leadership Network
SED.....Serious Emotional Disturbance
SFY.....State Fiscal Year
SHIP.....Small Hospital Improvement Program
SHN.....State Hospital North
SHS.....State Hospital South
SPAN.....Suicide Prevention Action Network
STD.....Sexually Transmitted Diseases
SUR.....Surveillance & Utilization Review
TAFI.....Temporary Assistance for Families in Idaho
TANF.....Temporary Assistance for Needy Families
TBI.....Traumatic Brain Injury
TEFAP.....The Emergency Food Assistance Program
TPC.....Tobacco Prevention and Control Program
VAERS.....Vaccine Adverse Event Reporting System
VFC.....Vaccines for Children
WAP.....Weatherization Assistance Program
WHC.....Women's Health Check
WIC.....Women, Infants and Children
WNV.....West Nile Virus

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