



IDAHO DEPARTMENT OF
HEALTH & WELFARE

FY2014 – FY2018 DHW Strategic Plan

*“To Protect and Promote
the Health and Safety
of all Idahoans.”*

July 1, 2013

www.healthandwelfare.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 1, 2013

Dear Citizens,

I am pleased to present the 2014-2018 Strategic Plan for the Idaho Department of Health and Welfare.

Since its establishment, the Department and its partners have been successful in promoting and protecting the social, economic, mental and physical health and safety of Idahoans. In providing these valuable services, DHW continues to be a vital partner to other agencies and communities in our state.

As we look to the future, we have a number of important initiatives and opportunities for our State to help strengthen Idaho citizens and families, while improving their health and self-sufficiency. Foremost among these is the extraordinary effort to modernize our eligibility system and processes to handle the requirements of the Patient Protection and Affordable Care Act that must be operational by October 1, 2013.

At that time, our Medicaid eligibility system must be integrated with our state's insurance exchange marketplace to seamlessly process applications for people who go through the marketplace and are determined Medicaid eligible. Because of the late start for the design and implementation of Idaho's insurance marketplace, the challenges for this complex integration and continuing case management are substantial.

Medicaid also is the focal point on several other major initiatives, as the program concentrates on coordinating care and transforming the payment system from fee for service to one based on improving outcomes. Medicaid's behavioral health services will implement managed care for both mental health and substance abuse treatment services during 2013, while the program systematically progress toward managed care for the elderly, many of whom are the highest cost Medicaid recipients. The program aspires to implement managed care for this group during 2014.

Other initiatives include:

- In our public assistance programs, we continue to redesign our work processes to provide better customer service, and look to technology for more online opportunities to provide self-service, portal tools.
- At the request of Governor Otter, we will explore possible Medicaid expansion to low-income adults with a plan that requires personal accountability on the part of participants, while redesigning the health delivery system to focus on improving outcomes.
- In mental health services, our vision is to develop the community infrastructure to successfully integrate people with serious and persistent mental illnesses successfully into their communities.
- For children who cannot live safely in their homes, we are partnering with churches for our “One Church, One Child” initiative for more successful foster care placements through the support of our state’s faith-based communities.

All of these initiatives will help Idaho citizens and families meet the challenges they face.

As we move forward, we continue to focus on the goals and objectives outlined in this plan and work toward them. This plan is outcome driven and we will use it to:

- Enhance our accountability to Idaho citizens and lawmakers;
- Improve our administration and delivery of services; and
- Assess program effectiveness to help us plan for the future.

Our Strategic Plan lays the foundation for us to address state and community issues with a vision that is coordinated with our partners. The plan sets a prioritized timeline for meeting measurable objectives to attain goals that better serve the people of our state. The Department is committed to deliver services that provide for the safety and well-being of Idaho’s children and families. This strategic plan continues to be the road map for our journey.

Sincerely,



Richard M. Armstrong
Director

VISION, MISSION, VALUES

Vision

Provide leadership for development and implementation of a sustainable, integrated health and human services system.

Mission

Promote and protect the health and safety of Idahoans.

Values

Integrity, high quality customer service, and compassion are the foundation for all Department activities. A focus on these values will lead to success.

Goals and Objectives

Goal #1 - Improve the health status of Idahoans

- Objective #1: Improve healthy behaviors of adults to 77.1% by 2018.
- Objective #2: Increase the use of evidence-based clinical preventive services to 70.3% by 2018.

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

- Objective #1: Increase the percent of Department clients living independently to 84.3% by 2018.
- Objective #2: Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.5% by 2018.
- Objective #3: The percent of children who are safe from maltreatment and preventable illness will reach 89.9% by 2018.

Goal #3 - Enhance the delivery of health and human services

- Objective #1: Ensure that in 2018, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.
- Objective #2: Increase the percent of Idahoans with health care coverage to 78.7% by 2018.
- Objective #3: By 2018, Department timeliness standards will be met for 97.2% of participants needing eligibility determinations for, or enrollment in, identified programs.

- Objective #4: The Department eligibility determination accuracy rates of key identified programs will reach 87.6% by 2018.
- Objective #5: The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2018.

GOAL #1

Improve the health status of Idahoans

Objective #1

Improve healthy behaviors of adults to 77.1% by 2018.

Performance Measure

The percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

Rationale for Objective and Performance Measure

The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases such as cancer and heart disease.

Performance Measure Description

The performance measure is a composite of five healthy behavior indicators for Idaho adults who:

- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months:

How Performance Objective Was Created

The overall performance percentage of 77.1% is a composite of individual health indicator performance objectives. These performance objectives were developed through a combination of analysis of trend data, comparisons to the US state median, high, and low values, and seven year projections, along with relevant *Healthy People 2020* goals.

Environmental Factors

While the Department will attempt to motivate individuals to practice healthy behaviors, there are environmental factors beyond the control of the Department that may impact our ability to improve healthy behaviors, including:

- Family and peer influence;
- Broad changes in socio-economic status of the population;

- Changes in the education level of people;
- Fluctuations in tobacco prices and taxes;
- Marketing and social acceptance of tobacco use (especially as portrayed in the media);
- Changing preferences of food types;
- Availability and price changes for unhealthy foods;
- Availability of affordable fruits and vegetables;
- Changing levels of stress;
- Availability and costs of alcohol;
- Availability and costs of illicit drugs;
- Enforcement trends for illicit drugs;
- The availability of public infrastructure for physical activity; and
- The amount of funding resources appropriated to motivate and promote positive behaviors.

GOAL #1

Improve the health status of Idahoans

Objective #2

Increase the use of evidence-based clinical preventive services to 70.3% by 2018.

Performance Measure

Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).

Rationale for Objective and Performance Measure

The performance measure reflects the use of screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects preventive services directly linked to improving cancer health, heart disease, and child health.

Research indicates that using evidence-based clinical preventive services is directly related to improving individual health.

Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by health care providers.

Performance Measure Description

The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months;
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

How Performance Objective Was Created

The overall performance percentage of 70.3% was created by using the average of the individual targets (i.e., a composite performance objective).

The performance objectives for the individual indicators that make up the overall performance percentage were created from trend data, a seven year projection,

the relevant *Healthy People 2020* goal and comparisons to the US state median, high, and low values.

Environmental Factors

The Department will facilitate access to and promote the value of the evidence-based clinical preventive services. However, there are factors beyond the control of the Department that impact the use of evidence-based clinical preventive services including:

- An individual's motivation to seek services;
- Availability of individual insurance coverage;
- Affordability and provision of health care coverage by employers;
- Access to health care services;
- The availability of health care professionals in rural and urban settings;
- Health care provider priorities and practice patterns;
- Changes in the national recommendations for screenings;
- Parental attitudes and concerns about immunizations; and
- Financial resources appropriated to the Department to promote the use of services.

GOAL #2

Increase the safety and self-sufficiency of individuals and families

Objective #1

Increase the percent of Department clients living independently to 84.3% by 2018.

Performance Measure

Percent of Department clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

Rationale for Objective and Performance Measure

Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting.

The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

Performance Measure Description

The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized:

- Percent of year hospitalized clients lived independently in community;
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.

How Performance Objective Was Created

The overall performance percentage of 84.3% was created by using the average of individual performance percentages (i.e., a composite percentage).

The percentages for the individual indicators that make up the overall performance objective were created from trend data and program input based on Department research of circumstances that impact performance capabilities.

Environmental Factors

The Department will work to provide independent living opportunities. However, there are environmental factors beyond the control of the Department that will impact our ability to achieve this objective. They include:

- The availability of services. Local communities and private healthcare providers are not mandated to provide services in a particular locality. Providers may not offer services in rural areas where it is not economically feasible. If local services are not available, the Department must provide services;
- Community acceptance of people with physical or mental challenges is beyond the Department's control. If those capable of living independently are not accepted in community neighborhoods, there is a good chance these individuals will have to return to an institution, for they will have no other option;
- Changes in federal requirements; and
- The amount of financial resources appropriated to deliver services.

GOAL #2

Increase the safety and self-sufficiency of individuals and families

Objective #2

Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.5% by 2018.

Performance Measure

Percent of individuals and families who no longer use the Department's benefit programs as measured by the No Longer Use Services Composite (NLUSC).

Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most benefit programs are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support program. This program is a long-term service to promote financial responsibility in families which leads to less dependence on government services. The Division of Family and Community Services also administers several services with a similar ideal.

Performance Measure Description

The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their needs for the Department's benefit programs.

The performance measure is a composite of service indicators for Department participants including:

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (this is an indication of children improving or graduating out of Department programs);
- Successful completion of substance abuse treatment programs;
- Amount of current child support collected vs. current child support owed;
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to participate in work-related activities,

such as job training, that will help them become employed. Many TAFI participant families are single-parent households.

- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food, or cash assistance. This is measured by tracking the percentage of clients enrolled in Food Stamps, Medicaid, TAFI, in a state fiscal year who do not enroll in those services the following fiscal year.

How Performance Objective Was Created

The overall performance percentage of 50.5% was created by using the average of the individual performance percentages (i.e., a composite percentage).

The percentages for the individual indicators that make up the overall performance objective were created from federal requirements (benchmarks), historical data, trend data, and program input based on department research of circumstances that impact performance capabilities.

Environmental Factors

Factors that are external to the Department that could affect the achievement of this performance measure include:

- A small percentage of people with a disability, illness, or old age require sustained social services in order to protect their safety and the safety of those around them;
- Declining economic conditions that result in a decrease in salaries, loss of benefits, or unemployment, usually leading to an increased need for public support;
- The availability and cost of transportation for families to work;
- The availability and costs of child care;
- The skills and education levels of participants;
- Change in federal requirements;
- Financial resources appropriated to deliver services; and
- Federal government and consumer group pressure to increase the enrollment of people who are eligible for Food Stamps, but do not apply. Today, Idaho is the 36th "hungriest" state according to Food and Nutrition Services' estimates.

GOAL #2

Increase the safety and self-sufficiency of individuals and families.

Objective #3

The percent of children who are safe from maltreatment and preventable illness will reach 89.9% by 2018.

Performance Measure

Percent of children who are safe as measured by the Safety Composite (SC).

Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe.

The performance measure reflects trauma factors the Department can impact such as preventable physical disease and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

Performance Measure Description

This measure serves as an aggregate measure of Department clients who have been maltreated. The measure includes:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse or neglect;
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry;
- Percent of children 19-35 months who have up-to-date immunizations.

How Performance Objective Was Created

The overall performance percentage of 89.9% was created by using the average of the individual performance percentages (i.e., a composite percentage).

The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

Environmental Factors

Factors that are external to the Department and beyond its control that could affect the achievement of this performance measure include:

- There is a small percentage of people, regardless of the interventions, who engage in behaviors that traumatize themselves or others;
- Given the limitations of current science and medical treatments, there is a percentage of people who will not be safe even by following best practices and interventions;
- By law, we cannot intrude on people's lives and intervene in the area of abuse until after a traumatic event occurs;
- Socio-economic conditions correlate directly with people's behaviors. If economic conditions decline, abuse and neglect often increase;
- Declining economic conditions also may affect public and private funding to support intervention programs;
- Federal partners change focus of child welfare programs; and
- The amount of financial resources appropriated to deliver services.

GOAL #3

Enhance the delivery of health and human services

Objective #1

Assure that in 2018, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

Performance Measures

Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.

Rationale for Objective and Performance Measure

- Ensure Idaho is reviewing areas of the state for HPSA designation eligibility. These designations establish eligibility for federal and state resources such as National Health Service Corps (NHSC) scholarship and loan repayment programs, the Medicare Incentive Payment Program, and Rural Health Care Access Program funding. Programs such as these and others can strengthen the health care system and improve health care access.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution, and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans can't receive the care needed to be healthy.

Performance Measure Description

The performance measure is a measure of the submission of Idaho areas for designation as Health Professional Shortage Areas. The three types of shortage areas used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

Health Professional Shortage Areas means any of the following which has been designated through a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A public or nonprofit private medical facility which may have a shortage of health professionals (42 U.S.C. 254e).

The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient 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 included.

The types of health professionals who are counted in a dental health HPSA are all dentists who provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.

The types of health professionals that are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

How Performance Objective Was Created

The overall performance percentage of 100% was created by consulting with the division administrator and program manager and discussing program performance.

Environmental Factors

This objective aligns with the Department's vision: *To provide leadership for development and implementation of a sustainable, integrated health and human services system.* The Department's work to review and submit areas in Idaho for designation as HPSAs helps establish eligibility for state and federal programs. However, the Department cannot make the final designations or govern how the areas utilize the designation once it has been determined. There are factors that will potentially impact the ability to achieve the target. They include:

- Federal funding to support the designation process;
- Rural communities are unable to recruit and support healthcare providers;
- A change in legislative priorities, funding, or laws that impacts a community's ability to support primary health care providers;
- A negative change in economic conditions that makes it more difficult to support providers, particularly in rural communities;
- A growing population of people living in poverty who do not have the assets, insurance or income to pay for healthcare;
- Lack of public transportation reduces people's ability to make healthcare appointments; and

- Change in federal definitions of HPSA could reduce or eliminate government incentives and support in shortage areas, exacerbating the problem.

GOAL #3

Enhance the delivery of health and human services

Objective #2

Increase the percent of Idahoans with health care coverage to 78.7% by 2018.

Performance Measures

Percent of Idahoans with health and dental care coverage.

Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of health care services which is linked to improved health, safety, and self-reliance.

Performance Measure Description

The performance measure is a composite of three indicators that measure health care coverage. The performance measures are:

- Adults with health care coverage;
- Adults with dental insurance; and
- Children with health care coverage.

How Performance Objective Was Created

The overall performance percentage of 78.7% was created by using the average of the individual performance percentages (i.e., a composite percentage).

- The performance percentage for adult health care coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the US state median, high, and low values.
- The performance percentage for adult dental insurance was determined after examining the actual trend and the projected trend.
- The performance percentage for child health care coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the US value, and high and low values.

Environmental Factors

There are factors beyond the control of the department that will potentially impact the ability to achieve the target. They include:

- Declining economic conditions;
- A decrease in the number of employers offering coverage;
- Rapidly escalating costs of health care may reduce people's ability to purchase insurance or to pay for their share of employer sponsored health insurance premiums;
- An increase in poverty rates; and
- A change in the financial resources appropriated to deliver services.

GOAL #3

Enhance the delivery of health and human services

Objective #3

By 2018, Department timeliness standards will be met for 97.2% of participants needing eligibility determinations for, or enrollment in, identified programs.

Performance Measures

Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

Rationale for Objective and Performance Measure

Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.

Timely application and recertification processing increases the accuracy of those functions.

The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

- Medicaid - Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral; and
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases.

How Performance Objective Was Created

The overall performance percentage of 97.2% was created by using the average of the individual Performance Indicator percentages (i.e., a composite percentage).

The performance percentages for the individual indicator that make up the overall percentage were created from federal requirements (benchmarks), trend data, and Program input based on Department research of circumstances that impact performance capabilities.

Environmental Factors

There are factors beyond the control of the Department that will potentially impact the ability to achieve the target. They include:

- The availability of resources for automation to improve efficiency. Implementation of the new IBES eligibility system and sufficient funding for ongoing maintenance of the new system;
- Timeliness is directly tied to available staff to meet current workload. An increase in caseloads will impact timeliness;
- Staff require one to two years of on-the-job training to develop the skills to become fully productive;
- A decline in economic conditions increases the demand for services. When the state budget tightens because of poor economic conditions, there is a trend to either maintain or decrease resources to the Department. If this occurs and as more people seek services, there is the likelihood that timeliness will decrease;
- Client's submission of application information is inaccurate or incomplete, requiring more staff time to fix;
- A change in Federal guidelines and/or timeframes; and
- A change in the financial resources appropriated to deliver services.

GOAL #3

Enhance the delivery of health and human services

Objective #4

The Department accuracy rates of key identified programs will reach 87.6% by 2018.

Performance Measures

Accuracy rates of key identified programs.

Rationale for Objective and Performance Measure

Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

Performance Measure Description

This performance measure is comprised of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps - Federally Adjusted Payment Accuracy Rate;
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate;
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care;
- Child Protection - Percent of months in which a caseworker visit occurred in child's placement provider home or child's own home;
- Child Support - Financial accuracy; and
- Child Support - Data reliability standards.

How Performance Objective Was Created

The overall performance percentage of 87.6% was created by using the average of the individual percentages (i.e., a composite percentage).

The percentages for the individual indicator that make up the overall performance percentage were created from federal requirements (benchmarks), historical data, trend data, program input, and program goals based on Department research of circumstances that impact performance capabilities.

Environmental Factors

There are factors beyond the control of the Department that will potentially impact the ability to achieve the target. They include:

- The availability of resources for maintenance of major automation tools, chiefly the Idaho Benefits Eligibility System (IBES) to improve efficiency;
- Limited financial resources available to deliver services that are needed by children in child protection cases;
- Increase in demand for services;
- Decrease in staff to meet current demand;
- Increase in costs, such as gas, to provide services to children who live in rural areas;
- Federal or State financial resources appropriated to deliver services;
- Inaccurate application information that is supplied by the participant. The Department checks certain financial records and information in many programs, but not all facets of applicant and client information can be checked; and
- A change in federal rules or benchmarks that measure states' performance.

GOAL #3

Enhance the delivery of health and human services

Objective #5

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2018.

Performance Measures

Customer service performance in our Department is a combination of four separate composites.

- A. *Caring* - Percent of clients treated with courtesy, respect, and dignity.
- B. *Competency* - Percent of clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
- C. *Communication* - Percent of clients who are communicated with a timely, clear, and effective manner.
- D. *Convenience* - Percent of clients who can easily access Department services, resources and information.

Rationale for Objective and Performance Measures

Improving customer service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, reduced job stress, and increased cost effectiveness.

The four areas of improvement were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

Performance Measure Description

Each of the four composites is made up of separate performance measures or indicators.

- A. *Caring* - The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
 - Percentage of benefit applications for which a decision is made in less than 10 days.

- Percentage of families applying for benefits that receive their benefits on the same day they apply.
 - Percentage of benefit cases for which reported information is acted on in less than 5 days.
- B. **Competency** - The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel. The performance indicators are:
- Food Stamps - Federally Adjusted Payment Accuracy Rate from the Department of Agriculture's Food and Nutrition Services (FNS);
 - Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
 - Department - Percent of agency hearings upheld;
 - Child Support - Child Support data reliability standards.
- C. **Communication** - The Communication Composite is made up of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:
- CareLine - Percentage of 2-1-1 CareLine telephone calls with wait/hold times of 60 seconds or less;
 - Percentage of calls to the Benefit Programs Processing Centers with wait times less than 5 minutes.
 - Percentage of abandoned calls to the Benefit Programs Processing Centers.
 - Percentage of calls to the Child Support Call Center with wait times less than 5 minutes.
 - Percentage of abandoned calls to the Child Support Call Center.
- D. **Convenience** - The Convenience Composite is made up of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:
- Welfare - Percent of Temporary Assistance for Families in Idaho (TAFI) and Food Stamp applicants who meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
 - Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less;

- IT - Percent of time that Department computing servers are functioning; and
- Percentage of customers who access benefit and child support services using options other than visiting field offices.

Overall Performance Objective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2018.

How Performance Objectives Were Created

The overall performance percentage of 85.6% was created by using the average of the caring, competency, communication, and convenience composite percentages.

The performance percentages were created from federal requirements (benchmarks), historical data, comparison to other states, trend data, and program input into the circumstances that impact performance capabilities.

Environmental Factors

- Customer feedback must be evaluated carefully since some clients may get angry about being denied services even when they were provided with good customer service.
- Convenience is directly tied to available staff to meet current workload. An increase in caseloads or decrease in staff will negatively impact clients' ability to easily access Department services, resources and information.
- In some areas of the state, there are parking limitations that make it difficult for those who want or need to physically access services. Addressing this issue will take time and resources.
- Due to the rural and remote geography of the state there always will be some degree of inconvenience for clients who require face-to-face meetings.