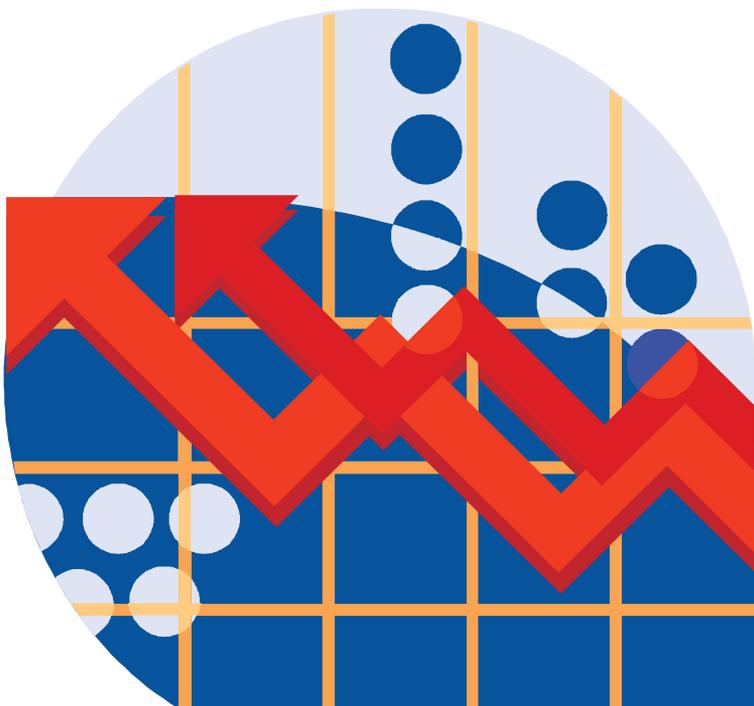


# Facts | Figures | Trends

2009-2010



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## A Message from our Director, Richard M. Armstrong



Many of the Department's programs have traditionally served as a 'safety net' for Idaho's most vulnerable citizens—children, people with disabilities and the elderly. Last year, this changed as the Department began seeing everyday citizens looking for help—casualties of the economy.

During SFY 2009 and continuing today, people are coming to DHW offices in record numbers. You will find the data and numbers showing the program growth on the following pages. But what you won't find in the escalating fever charts and bar graphs is the story of the people who provide the services—DHW employees.

Against a backdrop of record growth and crowded waiting rooms, our employees have become an invaluable asset. In 2001, an Idaho Food Stamp worker carried a caseload of a little more than 100 cases. Today, it's more than 300. Better yet, these same workers have brought an embarrassingly high payment error rate down, becoming one of the best performing Food Stamp programs in the nation.

But if you ask Food Stamp workers what is important, they will tell you that they reduced application processing time lines from 18 days to four days, with emergency applications determinations completed in one day. They are focused on helping people.

I hear stories daily of staff working into the evenings and weekends, or losing accrued vacation, to process applications for people who are desperate for help. Their work stabilizes many Idaho families, some of whom are struggling to keep a roof over their heads. Their exemplary performance comes at the same time I've asked them to take unpaid furlough or additional work because we cannot fill vacant positions due to budget reductions.

I am humbled by the work DHW employees accomplish for Idaho. Without them, these economic challenges would be much more severe for tens of thousands of families. I am confident that when the economy does improve, Idaho will emerge stronger because of the dedicated work they do today.

Sincerely,

A handwritten signature in black ink, which appears to read "Richard M. Armstrong". The signature is fluid and cursive, written over a white background.

# 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 appropriations are spent. 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 health and 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 Idaho Governor C.L. "Butch" Otter. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor.

Our organization deals with complex social, economic and health issues. To do that effectively, DHW is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Management Services, Human Resources, 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 public service divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology, Food Protection, Laboratory Services, Vital Records, Health Statistics, EMS Services, and Health Planning and Resource Development.

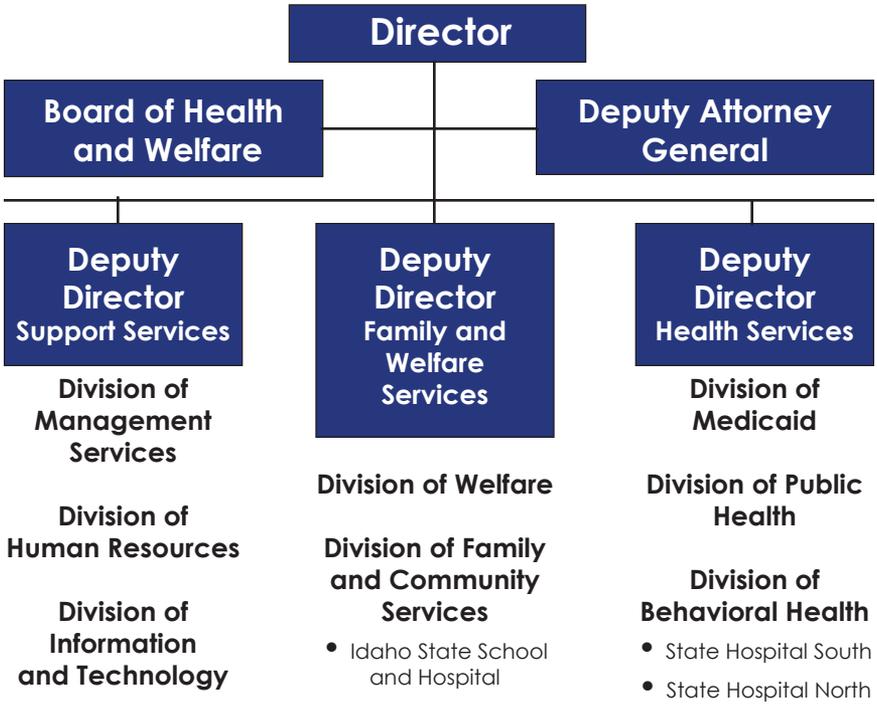
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Bureau of Facility Standards licenses hospitals, assisted living and skilled nursing facilities. The EMS bureau certifies emergency response personnel such as EMTs and paramedics. The Criminal History Unit provides background checks of people working with vulnerable children and adults, such as in daycares or nursing homes.

One of the guiding principles of all DHW programs is to collect and use performance data to maximize state dollars and provide the best services possible. Many of these performance data are available in this publication. By constantly measuring and collecting performance data, DHW programs can be held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. As an example, in the Medicaid program, the federal government is paying for approximately 80% of medical claims for Idaho residents during SFY 2010, while it also shares half of the state Medicaid Program's administrative costs. Overall, in SFY 2010, the federal government will contribute almost 70% of DHW's total appropriation.

DHW is a diverse organization whose workers are dedicated to protecting the health and safety of Idaho citizens.

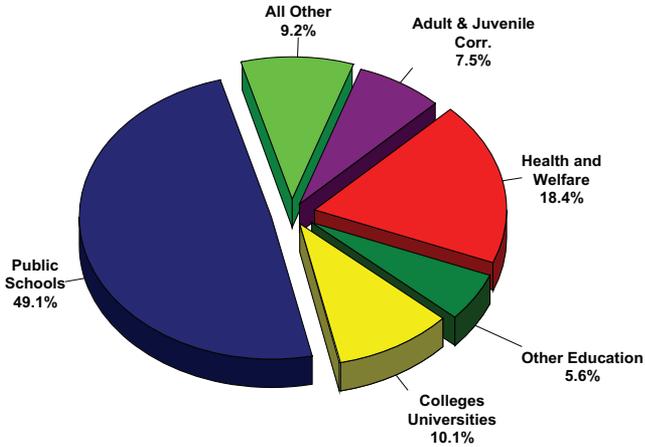
# Organizational Chart



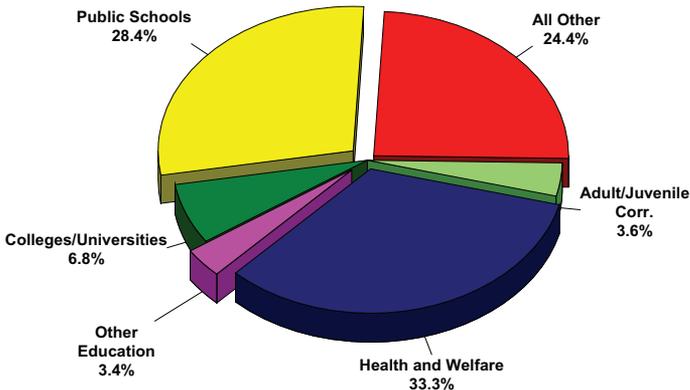
ORGANIZATIONAL CHART

# Total State SFY 2010 Appropriations

## State General Fund Appropriations for all State Agencies



## Total Appropriations for all State Agencies



Total appropriations includes state general funds, federal funds and dedicated funds.

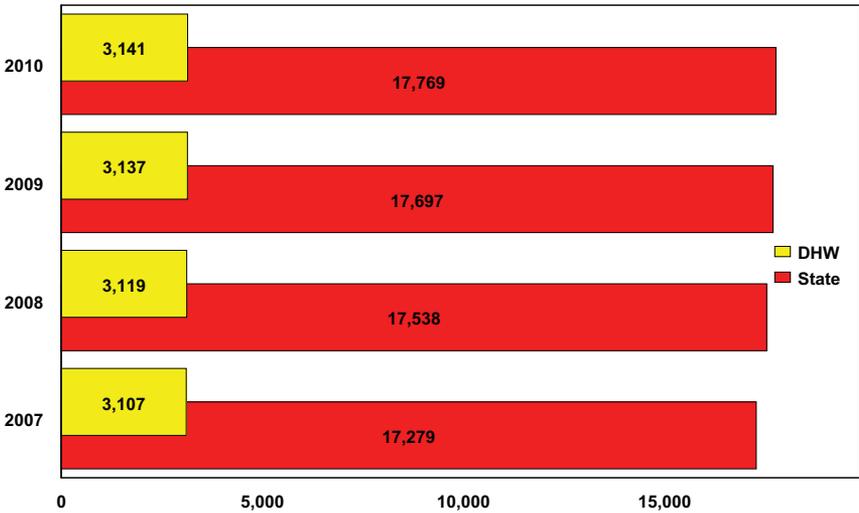
## SFY 2010 Financial Data Summary

In Millions

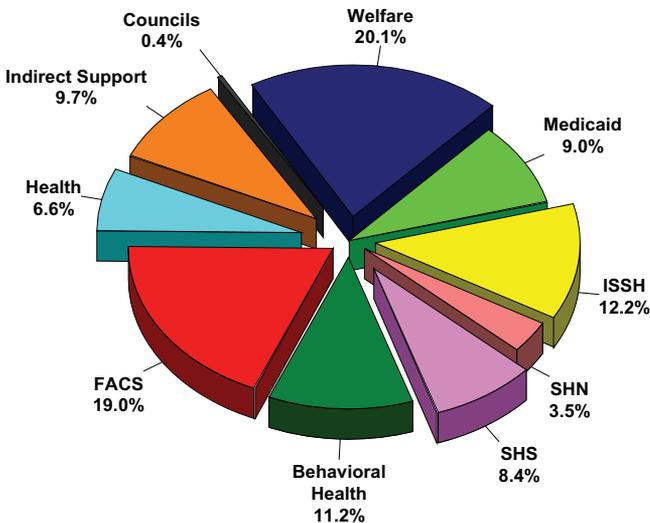
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,231.39	49.1%	\$1,710.8	28.4%
Colleges, Universities	253.28	10.1%	409.8	6.8%
Other Education	141.15	5.6%	205.71	3.4%
Health & Welfare	462.29	8.4%	2,002.90	33.29%
Adult & Juvenile Corrections	186.78	7.4%	217.16	3.6%
All Other Agencies	<u>231.70</u>	<u>9.2%</u>	<u>1,470.15</u>	<u>24.4%</u>
<b>Total</b>	<b>\$2,506.58</b>	<b>100.0%</b>	<b>\$6,016.56</b>	<b>100.0%</b>

## Appropriated Full-Time Positions

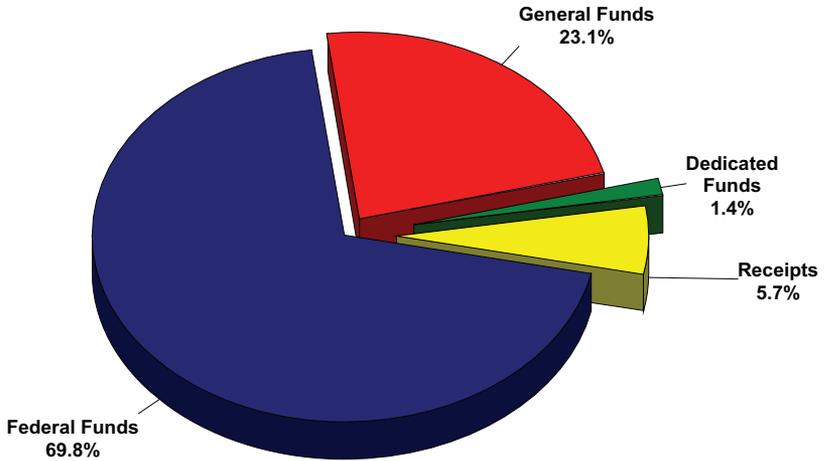
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has grown one percent over the last four years, although most program caseloads have increased significantly during the same time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



### SFY 2010 FTP Distribution - Department of Health & Welfare



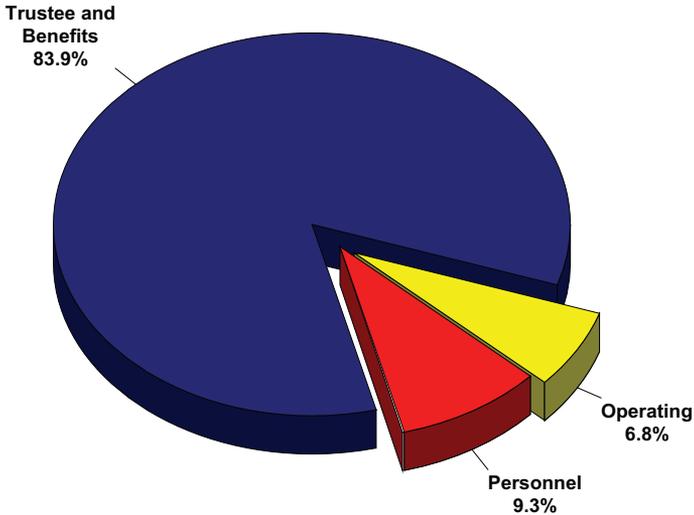
## SFY 2010 DHW Appropriation Fund Source



## Financial Data Summary

Fund Source	Amount
General Fund	\$ 462.3 Million
Federal Funds	1,398.6 Million
Receipts	113.8 Million
Dedicated Funds	
Domestic Violence	\$ 488,600
Cancer Control	403,300
Emergency Medical	2,822,300
Central Tumor Registry	182,700
Medical Assistance	6,000
Alcohol Intoxication Treatment	3,232,900
Liquor Control	650,000
State Hospital South Endowment	1,657,100
State Hospital North Endowment	812,800
Prevention of Minors' Access to Tobacco	50,300
Access to Health Insurance	4,614,100
Court Services	259,800
Millennium Fund	2,894,800
EMS III	1,400,000
Hospital Assessment Fund	8,759,500
<b>Total Dedicated Funds</b>	<u>\$28.2 Million</u>
<b>Total</b>	<b>\$2,002.9 Million</b>

## FY 2010 DHW Appropriation by Expenditure Category

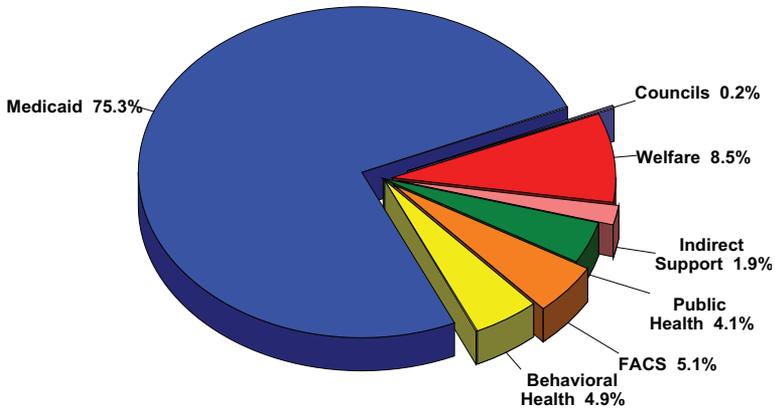


## Financial Data Summary

By Object	Amount
Trustee and Benefits	\$1,680.1 Million
Personnel Costs	186.4 Million
Operating Expenditures	135.7 Million
Capital	<u>.6 Million</u>
<b>Total</b>	<b>\$2,002.9 Million</b>

- The appropriation for benefits to Idaho citizens increased \$127.8 million from SFY 2009, while personnel costs, operating and capital were reduced by \$18.6 million.
- Trustee and benefit payments make up 84% of the department's budget. These are cash payments to participants, vendors providing services, government agencies, non-profits, hospitals, etc.
- The Department purchases services or products from nearly 14,000 companies, agencies or contractors, and over 11,000 Medicaid providers.

# Original FY 2010 DHW Appropriation



By Division	FTP	General	Total
<b>Welfare/ Self-Reliance</b>	<b>631.69</b>	<b>\$ 35,715,500</b>	<b>\$ 170,421,500</b>
<b>Medicaid</b>			
Low-income children/ working age adults		63,375,900	404,093,200
Individuals w/Disabilities		133,430,200	594,028,100
Dual Eligible		95,220,700	440,240,800
Administration	<u>283.00</u>	<u>17,151,400</u>	<u>69,105,000</u>
<b>Total Medicaid</b>	<b>283.00</b>	<b>\$ 309,178,200</b>	<b>\$1,507,467,100</b>
<b>Family and Community Services</b>			
Child Welfare	392.67	11,851,000	30,765,300
Foster/Assistance Payments	0.00	11,584,400	26,311,900
Service Integration	33.00	979,500	2,982,700
Developmental Disabilities	169.42	8,247,900	18,571,400
Idaho State School & Hospital	<u>381.53</u>	<u>2,623,100</u>	<u>23,397,800</u>
<b>Total FACS</b>	<b>976.62</b>	<b>\$ 35,285,900</b>	<b>\$ 102,029,100</b>
<b>Behavioral Health</b>			
Community Mental Health Grants	0.00	2,011,600	2,011,600
Adult Mental Health	243.79	14,419,400	20,348,800
Children's Mental Health	91.80	8,086,500	13,964,500
Substance Abuse	16.04	13,513,900	30,965,900
Community Hospitalization	0.00	3,000,000	3,000,000
State Hospital South	264.22	10,031,200	19,920,000
State Hospital North	<u>110.39</u>	<u>6,913,900</u>	<u>7,923,800</u>
<b>Total Behavioral Health</b>	<b>723.24</b>	<b>\$ 57,976,500</b>	<b>\$ 98,135,600</b>
<b>Health</b>			
Physical Health	136.63	4,501,400	71,801,500
EMS	28.76	0	6,270,700
Laboratory Services	<u>40.80</u>	<u>1,817,300</u>	<u>4,280,700</u>
<b>Total Health</b>	<b>206.19</b>	<b>\$ 6,318,700</b>	<b>\$ 82,352,900</b>
<b>Indirect Support</b>	<b>302.92</b>	<b>\$ 17,171,000</b>	<b>\$ 37,531,700</b>
<b>Medically Indigent</b>	<b>2.00</b>	<b>\$ 381,900</b>	<b>\$ 381,900</b>
<b>Councils/Commissions</b>	<b>12.00</b>	<b>\$ 263,400</b>	<b>\$ 4,576,700</b>
<b>Department Totals</b>	<b>3,140.66</b>	<b>\$ 462,291,100</b>	<b>\$2,002,896,500</b>

## **Division of Medicaid**

***Leslie Clement, Administrator, 334-5747***

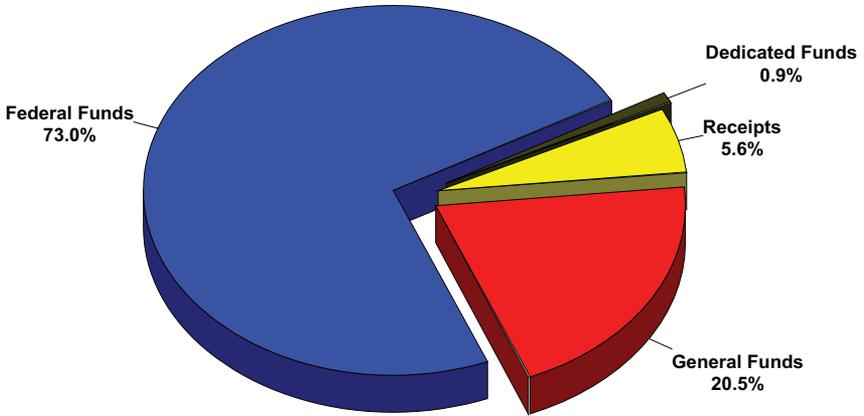
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to a health insurance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

Applicants found to be eligible have access to covered benefits through three benefit plans that align with health needs. The Basic Plan is primarily designed to meet the health needs of low-income children and working-age adults. For individuals with special needs, the Enhanced Plan adds developmental disability, enhanced mental health coverage and long-term care services. Individuals who are dual eligibles (covered by both Medicare and Medicaid) have access to the Coordinated Plan.

The Division of Medicaid has the largest appropriation in the department with an original SFY 2010 total appropriation of \$1.5 billion. This funding is composed of approximately 73 percent federal money, 20.5 percent state general funds, and 6.5 percent receipts and dedicated funds. Receipts have become an increasingly important part of Medicaid's annual budget, providing \$84 million in the SFY 2010 budget. Receipts include \$42 million in rebates from pharmaceutical companies, \$11.1 million from audit settlements with various health care provider agencies and companies, and nearly \$8.6 million from estate recovery. Less than five percent of total spending is spent on administration while 95.6 percent is paid to service providers.

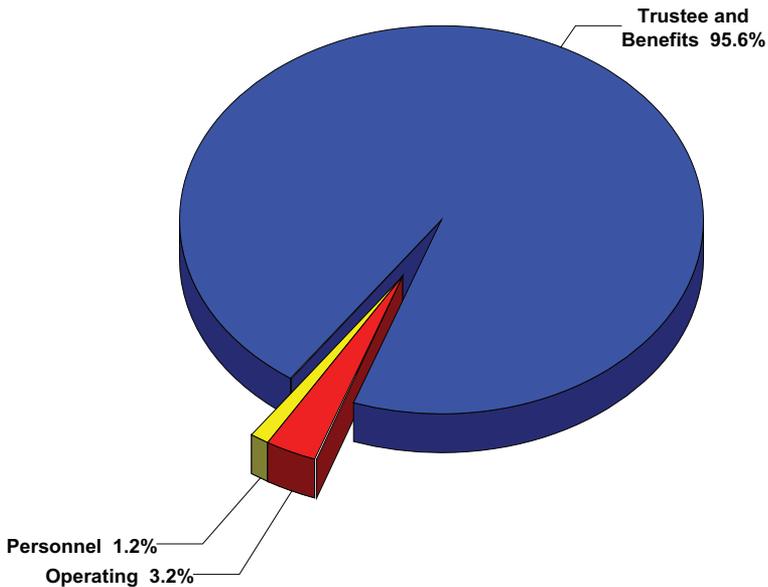
Funding Medicaid is a joint federal and state partnership. On average, the federal government has covered approximately 70% of the Medicaid benefit costs. In the Children's Health Insurance Program (CHIP), this match has historically been about 80%. The match rate was increased under the American Recovery and Reinvestment Act (ARRA) for Medicaid-covered services beginning in October 2008. The increase in federal share is based on economic criteria, including the state's unemployment experience. The average adjusted match rate for the "recession period" is expected to be 79.14 percent. This match rate is expected to return to the post-recession match of around 70% in January 2011.

## Medicaid SFY 2010 Funding Sources



Authorized FTP: 283; Original Appropriation for 2010 — General Fund: \$309.2 million; Total Funds: \$1.51 billion; 75.3% of Health and Welfare funding.

## Medicaid SFY 2010 Expenditure Categories



## SFY 2009 Medicaid Highlights

In SFY 2009 severe economic conditions forced Governor Otter to direct all state agencies to hold back four percent of their 2009 general fund and asked for further reductions in SFY 2010. The Department of Health and Welfare strategically planned reductions that would minimize the impact on the people it serves. For Medicaid, four percent equaled \$10.4 million in state general funds. To date, Medicaid has been able to preserve programs and eligibility to maintain coverage for everyone enrolled, while continuing to serve the most vulnerable people in our state.

The federal government significantly increased its share of Medicaid expenses during SFY 2009 through the American Recovery and Reinvestment Act (ARRA). This significantly reduced matching state funds. As a condition of the ARRA's increased federal match, State Medicaid Programs must ensure that no changes are made to reduce eligibility.

The following budget reduction actions were implemented in SFY09:

- **Administrative Costs:** Reductions in administrative costs included mandatory furlough days, reducing state temporary staff positions, freezing vacancies, reducing travel expenses, and delaying equipment purchases. The Division relies on external contractors to accomplish significant administrative activities and obtained contract reductions from these contractors.
- **Hospitals:** Hospital reductions included reducing ambulatory surgical center reimbursement and interim hospital payments.
- **Medical Supplies:** Pricing reductions were implemented for incontinent supplies.
- **Pharmacy:** Atypical anti-psychotic medications were added to the program's prior-authorization program to obtain state supplemental rebates.
- **Mental Health Services:** As part of the Medicaid Reform Project, existing benefits were evaluated to determine needed changes. The changes resulted in some cost containment objectives and were combined with increased standards to improve the quality of mental health services rendered by providers. The specific adjustments reduced the maximum amount of service hours for psycho-social rehabilitation (PSR), partial care, and service coordination.
- **Developmental Disability Services:** Medicaid reduced the maximum benefit hours available to be billed by developmental disability agencies and service coordination providers.

- **Contingency Plan:** Medicaid implemented its contingency plan to hold the final week of claims payments at the end of the SFY09, pushing the payments into SFY10. This action was necessary due to a funding shortfall.
- **Other Planned Reductions:** Some proposed budget reductions required statutory changes that could not be made without legislative action. Statute changes were approved in the 2009 session with implementation effective in SFY10. These include further changes to hospital reimbursement, reductions in skilled nursing home payments, and freezes on physician, dental, and intermediate care facilities.

## Enrollment and Expenditures by Benchmark Plan

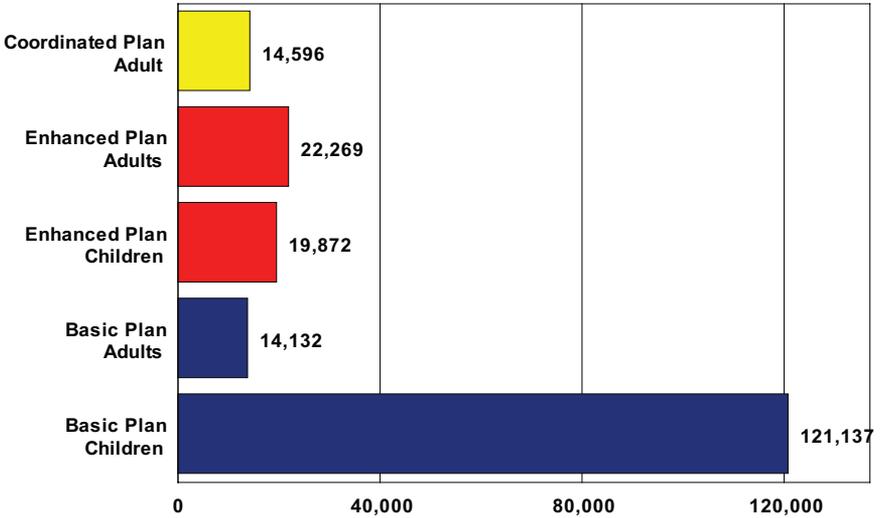
Total enrollment increased 4.1 percent from SFY 2008 to SFY 2009 with approximately 192,000 average monthly participants. Participants in the Basic Plan are the largest group of Medicaid enrollees at 135,300. Almost 90 percent of people in the Basic Plan are children. The cost per month for each child on the Basic Plan was \$164 per month in SFY 2009, with the cost for each adult in the Basic Plan averaging \$681 per month.

By comparison, 22 percent of the participants qualify for Enhanced Plan benefits and cost \$1,185 per member per month for each child, and \$1,868 per member per month for each disabled adult.

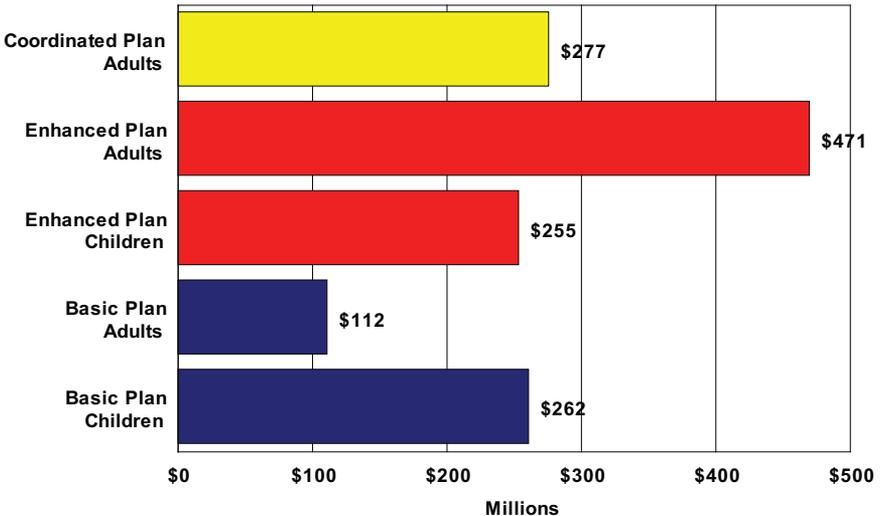
The expenditures for the 14,596 dual eligible participants who qualify for Coordinated Plan benefits totaled \$277 million with an average monthly expenditure of \$1,374.

### SFY 2009 Enrollees

Average Monthly Eligibles



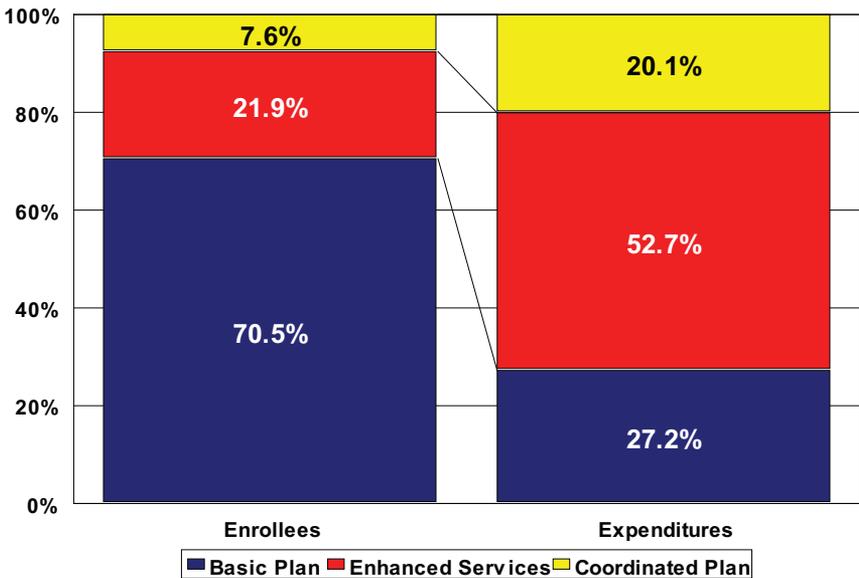
### SFY 2009 Expenditures



## Enrollment and Expenditures Comparison

Basic Plan participants reflect over 70 per cent of enrollment, but just over 27 per cent of the costs. Enhanced Plan participants have more intense needs, both for behavioral health and for medical services. While they reflect a smaller percentage of overall enrollments, their costs are significant. The same is true for the dual eligibles that have significant chronic care and long-term care service needs.

### SFY 2009 Enrollment and Expenditure Comparison



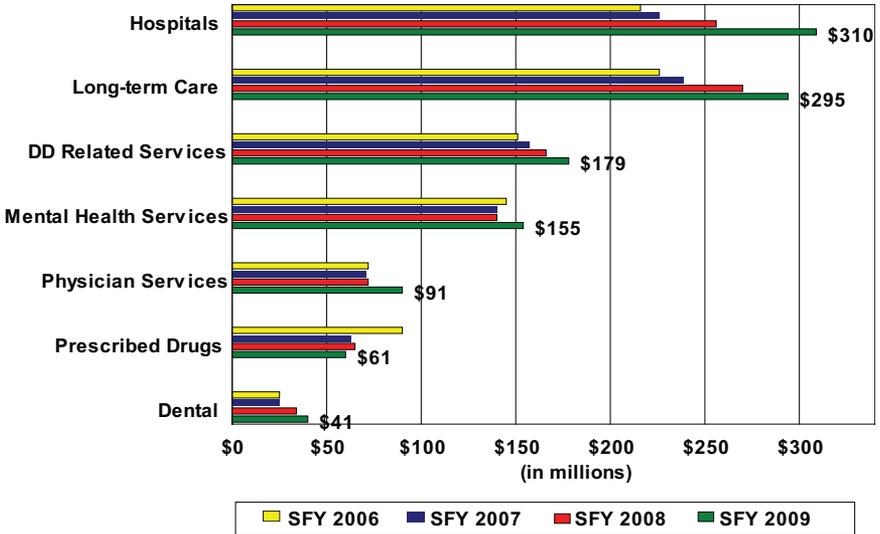
### Medicaid Expenditures for Services

Hospital expenditures were the most costly service in Medicaid, with \$310 million spent in SFY 2009, up \$53 million from SFY 2008. Long-term care service expenditures were the second highest with \$295 million, which is a \$24 million annual increase. Developmental disability services ranked third with a cost of \$179 million, followed by mental health at \$155 million, physician service expenditures at \$91 million, and non-psychotherapeutic pharmacy at a cost of \$61 million.

The Medicare Part D prescription drug program was fully implemented in SFY 2007. While this new Medicare coverage program shifted responsibility from Medicaid to Medicare for paying pharmacy claims for dual eligibles, State Medicaid programs have continued to bear

responsibility for sharing these costs. A separate payment (referred as “clawback”) is required from states that offsets state savings. The total net drug cost, after compensating for the clawback and rebates, increased 11.1 percent from SFY 2008 to SFY 2009. Other spending categories remained stable or increased at a normal rate.

### Top 7 Spending Categories (in millions)



## Medicaid Initiatives

### Idaho Health Data Exchange/Health Quality Commission

The Idaho Health Data Exchange is a 501(c)(6) not-for-profit corporation formed to develop and implement a statewide, interoperable health information exchange in Idaho. The goal is to improve coordination and quality of care, as well as patient safety, by providing critical patient information at the point of care. A statewide exchange creates the infrastructure to allow secure electronic communication between hospitals, health care providers, and ancillary service providers such as laboratories and imaging centers.

A statewide health information exchange makes vital patient information available during an emergency. If a person in an accident is unable to explain their health history to medical providers, the providers can access the information about medications, health issues and tests. This

information can help them make timely, informed decisions about emergency care.

A statewide exchange also can help improve care and reduce medical errors by making information from many different healthcare settings available to a provider. It gives health care providers a better, more complete picture of a patient's health. This information can help ensure that the prescribed care doesn't interact badly with other treatment a patient is receiving. For example, for a patient who can't remember what medications they are taking, the health information exchange makes information about conditions and medications available to health care providers so that they will know the right things to do instead of doing something that might be harmful.

A health information exchange allows health care providers to see what tests you have already had and the results of those tests. When this information is readily available, your health care provider will be less likely to repeat those tests. Especially with x-rays and certain lab tests, this means you are at less risk from radiation and other side effects. It also means you pay less for your health care in co-payments and deductibles.

The Idaho Health Data Exchange is being rolled out statewide in phases. Currently, three hospitals are connected, Saint Alphonsus, St. Luke's, and Kootenai Medical Center as well as two reference laboratories, Interpath Laboratory and Pathology Associates Medical Laboratory. Three payers in Idaho, Blue Cross of Idaho, Idaho Medicaid, and Regence are also participating in the Exchange. Three medical practices are currently participating in the Exchange and activities to recruit additional participants are underway. The goal is to connect at least 30 hospitals, 1,500 providers, and 10 ancillary service providers statewide.

Participation in a health information exchange is a key component in demonstrating meaningful use of an electronic health record. Health care providers demonstrating meaningful use of an electronic health record may be eligible for incentive payments through Medicare or Medicaid. The Idaho Health Data Exchange will work closely with Idaho Medicaid to ensure that Medicaid providers can demonstrate connectivity with the Exchange to qualify for incentive payments.

The Idaho Health Data Exchange is the work product of the Health Quality Planning Commission. The 2006 Legislature created the Commission and charged it with promoting improved quality of care and improved health outcomes through investment in health information technology.

## **Medicaid Management Information System**

The Department is in the process of implementing a new Medicaid Management Information System (MMIS), which includes a claims processing system, electronic document management system, pharmacy benefits management system, and decision support/data warehouse. In addition to the new automated systems, project scope also includes implementation of Medicaid fiscal operations services including Medicaid provider enrollment, call center, web portal services, training, and technical support.

The MMIS project will provide upgraded system functionality and support services for claims and financial processing for Idaho's Medicaid program. The new MMIS will replace an outdated mainframe system. The new system contains components which are more configurable, improving response time to achieve system compliance with changes in federal or state business rules. Many additional benefits will be achieved such as increased analytic capability, web-based services, electronic work flow management, enhanced claim editing, drug rebate processing, and case management functionality. The system will be phased in from February 2010 through July 2010.

The budget for design, development, and implementation is \$51.2 million. For this phase, the Centers for Medicare and Medicaid services matches the majority of the project funds with 90 percent federal funding. After the system is implemented and certified, the federal match is 75 percent.

## **Preventive Health Assistance**

Preventive Health Assistance (PHA) is an Idaho health plan benefit that encourages healthy behaviors to improve the quality of life and reduce medical expenditures. With adoption of the Deficit Reduction Act benchmark benefit package, the Department of Health and Welfare instituted PHA on January 1, 2007. Today, Idaho's PHA program is one of few Medicaid funded, preventive healthcare benefits in the nation.

There are two components of the PHA benefit, behavioral and wellness.

The behavioral portion of the benefit provides incentives to qualifying participants to change behaviors to help improve health outcomes. The PHA pays for some of the costs associated with weight management programs and tobacco cessation products not otherwise covered by Medicaid. Medicaid pays benefits (up to \$200 a year) for each qualifying participant.

The wellness portion of the benefit provides incentives to keep children's well-child exams and immunizations up-to-date by covering the costs of premiums. When premium requirements were first established for CHIP participants, there were concerns that some might lose their Idaho health plan coverage if they fell behind on their payments. The wellness PHA benefit provides a safety-net for families who make sure their child receives preventive services. Children of all ages whose well-child checks (preventive exams) and immunizations are up-to-date are eligible for the offset. Benefits (up to \$120 per year) are applied directly to premiums as they become due. Children who qualify can participate in both the behavioral and wellness benefits.

### **Current PHA Accomplishments and Program Status**

- Recruited 151 participating vendors in all parts of the state.
- Increased rate of well-child checks for children.
- Behavioral benefit participants served: 2,083
- Wellness benefit participants served: 20,028

## **Healthy Connections**

Healthy Connections is Idaho's primary care case management program. It provides medical homes for participants in the Basic and Enhanced Benchmark Plans. The medical home performs the essential care coordination that is the foundation for prevention, wellness, and service delivery based on individual need.

Currently Healthy Connections providers total over 1,330 located at 431 clinic sites in 41 of the state's 44 counties. They serve over 165,000 Medicaid Healthy Connections participants. In 2008, a random sample of Healthy Connections participants was surveyed. Over 90 percent of the 1,048 respondents were satisfied with the quality of care received. Travel distances and wait times for appointments also were well within acceptable limits. The survey also indicated that some providers adopted additional medical home principles beyond those specifically required under Healthy Connections.

With a solid network and participants indicating they have access to quality care, efforts are now directed to improving the participant program knowledge, further standardizing program operations, continuing to support Healthy Connections providers, and promoting medical home concepts.

## **Healthy Schools**

The Idaho Department of Health and Welfare, through the Healthy Schools Program, contracted with the State Department of Education to provide school nurses to a number of schools that have a large

percentage of low-income children and little or no school nurse coverage. This program provides preventive services and promotes child wellness.

The nurses hired through this program have proven the value of having nurses in the schools. They work with their districts to develop health-related policies and manuals for a variety of health-related topics including safe medication administration. The children in these schools receive health-related curriculum such as disease prevention, hygiene, growth and development, etc. They receive screenings for vision, hearing, scoliosis, dental, and pediculosis, and are referred to an appropriate health care provider when necessary.

The nurses also help families find resources. They work with community partners to find dental care, glasses, and even a hot water heater when these necessities are beyond the reach of the family. The nurses develop care plans for children with significant health problems such as diabetes, severe asthma, hemophilia, and seizure disorders. They give teachers information and training so they can identify when these children are having problems and intervene appropriately. They also provide first aid and emergency care.

The State Department of Education has an online reporting tool for the Healthy Schools' nurses. These reports can be accessed at the State Department of Education's Web site.

## **Disease Management**

The goal of Idaho Medicaid's chronic disease management program is to improve the delivery of health care to Medicaid participants with diabetes through a pay-for-performance model. Diabetes has been shown to have a significant impact on the health of participants and the costs to the health care system. The Department worked with seven federally qualified health centers across Idaho to promote evidence-based care for diabetic participants. With their help, the Department developed criteria on which payment is based. Over the first two years, data elements reported to Medicaid were revised and reporting systems refined. The next data will be collected and compiled in the fall of 2009.

## **Dental Services**

Blue Cross of Idaho, partnering with Doral Dental USA, was awarded the State of Idaho contract to administer dental insurance benefits for children and adults enrolled in Idaho Medicaid's Basic Plan. The program, known as Idaho Smiles, was implemented in September 2007. At inception, Idaho Smiles increased the children's fee schedule to providers an average of 7.7 percent and the adult fee schedule 3.9 percent.

Over 135,500 children and adults are currently covered under Idaho Smiles. Benefits include diagnostic, preventive, restorative, endodontic, periodontic, and prosthetic services for children and adults, and orthodontic services for children who meet specific criteria. Eighty-nine percent of Idaho Smiles participants are children and 11 percent are adults. There are currently 621 dental providers participating in Idaho Smiles, which is an average of 64 percent of all Idaho licensed dental providers. Doral Dental has increased the Idaho Smiles provider participation by 16 percent in the past year.

Over 52 percent of Idaho Smiles members accessed dental care in calendar year 2009. As of July, 2009, 99.8 percent of all Idaho Smiles members have at least one general or pediatric dentist within 30 miles of their residence, and 97.7 percent of members have access within 20 miles.

## Pharmacy Services

The Medicaid Pharmacy Program's mission is to provide Medicaid participants with the most effective drug at the right price. Through continued participation with the multi-state Drug Effectiveness Review Project, the pharmacy program ensures that all implemented drug guidelines and parameters meet the most up-to-date, evidence-based standards.

The pharmacy program continued to participate in a multi-state purchasing pool, called TOP\$, with seven other states to maintain the best available pricing for the medications on the program's recommended preferred drug list. Between this program's savings, federal and supplemental rebates, a shift to lower-cost clinically equivalent drugs, and medications moving from brand name to generic, the program realized a cost avoidance of \$53 million for SFY 2009.

Through a one-year grant from the Pew Charitable Trust, the pharmacy program began an academic detailing program. This one-year pilot program is a targeted educational outreach to Medicaid prescribers in southwest and south-central Idaho. The project seeks to improve participant care by providing evidence-based, best-practice information about prescribing mental health drugs. The goals of the program are to improve the health status of Medicaid participants and decrease Medicaid drug costs.

The pharmacy program strives to ensure participant access to needed medications with minimal barriers, and to allow prescribers and pharmacy providers to serve their patients with minimal additional effort. Staff pharmacists continued to work this year with physician advisors on reasonable prior-authorization criteria and guidelines, as well as ensuring that 'request' documents and procedures were concise and easy to use.

## Long Term Care

### Home and Community Based Services

In 2008, the AARP Public Policy Institute recognized Idaho as one of the top 10 states in the country to rebalance its long-term care services, allowing seniors and individuals with disabilities to remain in their homes by providing in-home services through a Home and Community Based Services (HCBS) waiver. The Aged and Disabled HCBS waiver allows adults who would otherwise need nursing facility level of care to remain in their homes and communities. In 2009, Idaho increased the percentage of long-term care spending for home and community-based services from 38 percent to 42 percent. Currently, there are 7,813 adults on the Aged and Disabled Waiver with an average per member per month cost of \$1,561, while the average per member per month cost for nursing facility care was \$5,349.

### Aging Connections

In September 2006, Medicaid implemented Aging Connections, a long-term care options counseling program in northern Idaho. In 2009, work began to implement a modified version of that program statewide through a partnership with the Idaho Commission on Aging. The statewide model will focus on developing a public facing Web site designed to provide people age 60 or older, older adults with physical disabilities, as well as caregivers and service providers with the information they need to plan effectively for current and future long-term care needs.

### Long-Term Care Partnership Program

As of November 1, 2006, individuals who purchase approved, commercial, long-term care insurance are able to protect a portion of their assets if they become eligible for Medicaid financed long-term care. Outreach and community education about this option has been ongoing. There are currently 23 insurance carriers licensed to sell Partnership Policies in Idaho. A federal system to track Long-Term Care Partnership data was completed last spring and insurers were required to make their first submission of that data on August 1, 2009. That data, including the number of Partnership Policies sold in Idaho, will be available through a public facing Web site by the end of 2009.

## Mental Health

In 2009, the Mental Health and Substance Abuse in the Division of Medicaid continued the reform of mental health benefits encouraged by House Concurrent Resolution No. 48 during the 2006 legislature. Medicaid is working closely with other divisions in the Department to coordinate the approach used to transform mental health and substance abuse services reimbursed by Medicaid. This will include:

- Research of evidence-based services and best practice processes
- Implementation of requirements that ensure that all providers are licensed or certified to deliver services within the scope of their education and training
- Development of an internal utilization management processes to ensure that participants with complex cases are able to receive the most appropriate array of services across programs that will support stabilization and recovery

Some highlights of the progress made in SFY 2009 include the following principles and standards of care into Medicaid rule:

- Assessment by the participant's primary care physician to determine if the participant's symptoms are of a physical origin so that the subsequent prescribed treatment matches their true health care need is included in the evaluation process
- Participants have the opportunity to obtain treatment that matches the signs and symptoms of their healthcare need
- Participants have the opportunity for a team approach to their treatment needs to assure that a variety of professionals who represent different disciplines and the participant's natural supports all work together to contribute to the overall plan of care
- Participants have the right to self determine their treatment services, as in what support and treatment would reinforce their quest for healing, transformation, and recovery
- Participants do not undergo evaluation or assessment processes that are not clinically indicated
- Participants are only assessed for skill deficits when they are seeking skill training

## Developmental Disability Services

### Home and Community Based Services (HCBS) Waiver

HCBS waiver services are community-based services available to adults who would, in the absence of services and supports in their homes and communities, need institutional care. During federal fiscal year 2008, approximately 2,323 individuals received services through the Developmental Disability HCBS waiver at an average cost of \$3,910 per month compared to an average cost of \$7,258 per month for services in an institution (ICF/MR).

### Consumer Directed Services

Consumer-directed services are in their third year of implementation and are available statewide to adults eligible for home and community-based services through the Developmental Disability (DD) Waiver. This

option allows adults to exercise more control when accessing the services and supports they need and has been well received by participants. The success of this program will pave the way for additional consumer-directed and family-directed services in the future.

### **Redesign of Children's Benefits**

The Bureau of Developmental Disability Services and the Division of Family and Community Services are co-sponsoring an effort to redesign Medicaid benefits for children with developmental disabilities. The focus of the children's system redesign is to develop an array of benefits to better address the needs of children with developmental disabilities. This array of benefits will include a balance of therapeutic interventions and natural, integrated supports. Through the use of these services and supports, the goal is for children to demonstrate good personal outcomes and reduce their need for the most costly models of services.

### **Family Directed Services**

The development of a Family-Directed Services option is being included in the redesign of children's services. Initial work on this option began in 2007 and continues. Family-directed services will allow those families who want a more hands on and flexible approach to be able to direct their child's services through an individualized budget. Assessments used to help determine an individualized budget setting methodology have been completed and are being analyzed.

### **Participant and Family Empowerment**

Participant and family empowerment continues to be a priority initiative. This initiative will focus on communicating with participants and families to promote fully informed decision-making and increase the contributions of participants and families in policymaking and system improvement efforts.

### **Idaho State School and Hospital (ISSH)**

The Bureau of Developmental Disability Services continues to work closely with the Division of Family and Community Services on participant discharges from ISSH. Through the use of the HCBS waiver services, participants currently residing at the state institution are able to receive appropriate services and supports in the community.

## Licensing and Certification – Federal Programs

Medicaid, through the Facility Standards Bureau, contracts with the Centers for Medicare and Medicaid Services (CMS) to provide survey and certification services for certain federal and state programs. Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Mental Retardation, Hospitals, Home Health Care Agencies, End Stage Renal Dialysis Centers, Ambulatory Surgical Centers, and Hospice providers are among the provider types surveyed by Facility Standards. The bureau is also the single focal point for fire, life safety, and health care construction standards in the state.

## Licensing and Certification – State Programs

### Residential Assisted Living Facilities (RALF)

The RALF program's mission is to ensure the residents of Idaho's RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected. There are 317 facilities in Idaho, with a total of 8,014 licensed beds. The facilities range in size from five to 148 residents. As of December 2008, there were 5,861 residents, for an average occupancy rate of 72 percent. Thirty seven percent of the individuals residing in RALFs are Medicaid funded. This year, the eight RALF survey staff completed 46 initial surveys, 94 standard surveys, 34 follow-up surveys, and 84 complaint investigations. Survey staff also held four, two-day, training courses for administrators. So far, 90 administrators and administrators-in-training have passed the course.

Facility awards were initiated for facilities having a deficiency-free survey (Gold) and three or fewer deficiencies (Silver). So far, seven facilities have been awarded the Gold award, and ten the Silver award.

### Mental Health Credentialing Program

Implemented in August 2006, the Medicaid Mental Health Credentialing Program was tasked with ensuring that Medicaid funded mental health providers demonstrate that they are complying with rule standards for delivering quality services. The program contracts with Behavioral Psychology Associates (BPA) to lead this effort. There are over 330 mental health providers in the state. Regional and central office staff members work with BPA to support providers through the application, self-assessment, and on-site review processes. To date, 104 agencies have achieved a credentialed status, 30 have achieved a provisional status, and 106 providers are in the process of credentialing. Ninety-seven providers have declined to participate in the credentialing process and 15 have had their credentialed status revoked.

### **Developmental Disability/Residential Habilitation Agency Certification**

State Medicaid survey and certification teams inspect developmental disability agencies (DDA) and residential habilitation agencies throughout the state. There are currently five staff members who are responsible for 78 DDA agencies and 66 residential habilitation agencies serving over 5,200 participants statewide. The Department consolidated survey and certification activities with Medicaid being the lead agency during the summer of 2007. The Division of Family and Community Services provides additional staff for DDA certifications that deal primarily with children or intensive behavioral intervention services. The consolidation organized 14 different programs under one set of guidelines.

### **Certified Family Homes**

The Certified Family Home Program supports the Department's mission to promote and protect the health and safety of Idahoans by ensuring a safe homelike environment where residents receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. There are over 2,040 certified family homes providing assistance to individuals on the Developmental Disabilities and the Aged and Disabled waiver. These are individuals who meet an institutional level of care, but have selected this community-based alternative. The number of certified family homes has increased 7.3 percent during this past year.

Eleven statewide staff survey, inspect, and certify the homes each month, with the residents in the home at the time of certification. Provider orientation training opportunities are provided to recruit, train, and support all new providers. The Certified Family Home Program developed a Basic Medication Awareness course for all providers to complete. This past fiscal year, the team completed 32 complaint investigations.

## **Financial Operations**

During SFY 2009 the Bureau of Financial Operations recovered over \$8.6 million through the Estate Recovery Program. The Health Insurance Premium Program saved the Medicaid Program an estimated \$2.7 million by helping 450 individuals acquire or retain health insurance that paid primary to Medicaid. The Medicare Savings Program saved an estimated \$80 million by ensuring that Medicare paid primary for the 28 thousand Medicaid participants who have Medicare. Our Third Party Liability contract recovered approximately 7.9 million from primary insurance, casualty and liability claims, and provider overpayments.

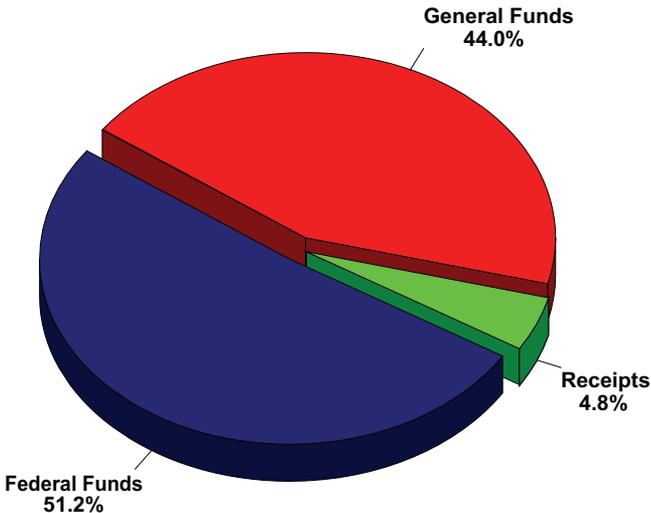
## Division of Family and Community Services

**Michelle Britton, Administrator, 334-5680**

The Division of Family and Community Services directs many of the department's social service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers. Family and Community Services also provides navigation services, which connects individuals and families in crisis situations with services to stabilize their lives. Family and Community Services' programs work together to provide services that focus on the entire family, building on family strengths, while supporting and empowering families.

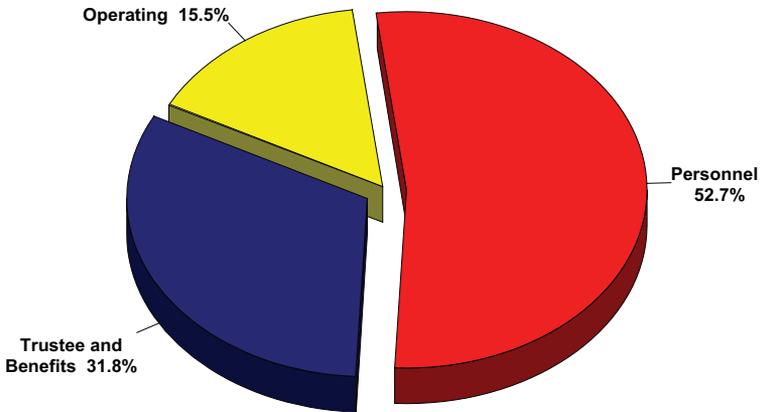
Idaho State School and Hospital in Nampa also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

### FACS SFY 2010 Funding Sources



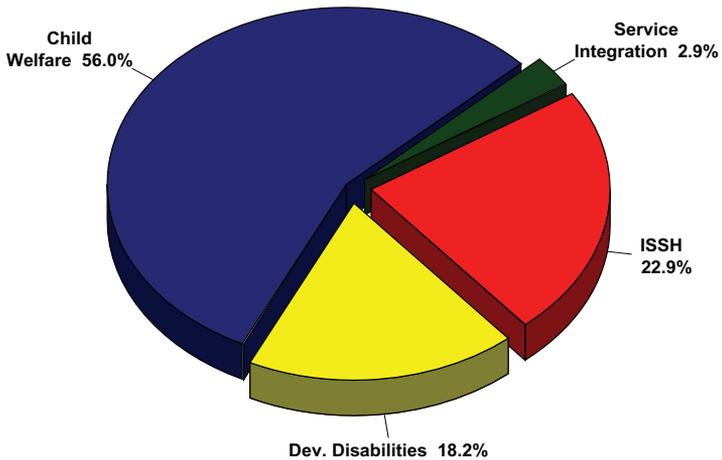
*Authorized FTP: 976.6; Original Appropriation for 2010 — General Fund: \$35.3 million; Total Funds: \$102 million; 5.1% of Health and Welfare funding.*

### FACS SFY 2010 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 24-7 staffing levels required at Idaho State School and Hospital.*

### FACS Spending by Program



*Note: Child Welfare includes Child Protection, Foster Care, and Adoption. Almost half of Child Welfare expenses are for Foster Care/Adoptive assistance payments to families and providers.*

## SFY 2009 FACS Division Highlights

The Division of Family and Community Services participated in the federal Child and Family Services Review (CFSR) in 2003 and 2008. The purpose of the CFSR is to assess outcome improvements in the areas of safety, permanency and well-being for children receiving services from the Idaho's Child Welfare Program. Significant improvements were made to the infrastructure of the Child Welfare Program that include written practice standards, a continuous quality improvement system and an expanded new-worker Academy for training. Partnerships also have been strengthened with northwest universities, Idaho's universities and colleges, Casey Family Programs and other community partners.

As a result of the partnerships and dedicated staff, a new Program Improvement Plan (PIP) was submitted to federal partners in April 2009. The PIP is designed to provide federal oversight and technical assistance. It is critical to improve the child welfare system not only for children in Idaho, but also to avoid financial penalties that may be assessed if expected improvements are not demonstrated. Five themes for improvement have been identified: 1) Maintaining children's safety in their homes; 2) Engaging families; 3) Improving foster care; 4) Placing children in permanent homes more quickly; and 5) Enhancing administrative support to improve practice. Each region of the state is beginning to implement the PIP and has developed a plan to assure improvements locally.

Additional highlights include:

- The Child Welfare Program emphasizes permanent homes for children through reunification or adoption. Increased efforts have doubled the number of adoptions since 2006. The increase from 136 adoptions in FFY 2006 to an estimated 300 in FFY 2008 has also increased the number of families receiving adoption assistance by one-third from 1,079 families in 2006 to 1,564 in 2009. While the cost of the program has increased with hundreds more children living in permanent homes, it will ultimately result in safer, healthier, and stronger families.
- The Division completed a federal financial audit of Title IV-E adoption assistance payments with a failure rate of less than 2%; many states had a failure rate of 20% to 50%.
- Family and Community Services actively collaborated with providers, health agencies, and legislators in the passage of the new daycare licensing legislation. The new daycare legislation will provide more consistent statewide protection for families using daycare. As part of the legislation, the Division will use negotiated rulemaking to develop

rules that will be considered by the 2010 Legislature. Additionally, the Division is working to develop a more stream-lined statewide complaint system through the 2-1-1 Careline.

- Crisis response and capacity for individuals with developmental disabilities has been a focus of the Division this year. As a result, in SFY 2009 the census at Idaho State School and Hospital (ISSH) continued to decline from 80 to 74. As census dropped, four staff positions were reassigned from direct care with ISSH to a community crisis team with members stationed locally in Coeur d'Alene, Nampa, and Blackfoot. These crisis team members have been instrumental in continuing to reduce the census by placing people in community care as well as diverting possible admissions to suitable alternatives. The ability of individuals to move to the community will be facilitated by the ISSH Transition Project in 2010.
- The Division continued to meet challenging federal program performance requirements in the Infant and Toddler Program. Rigorous federal timeline standards for Individualized Family Service Plans and timely service delivery were met. Also, there were improvements for children transitioning to local schools. As a result, the state has been notified by the U.S. Department of Education that Idaho continues to meet requirements for Part C of the Individuals with Disabilities Education Act. This status was achieved by only 26 states and territories.

## 2-1-1 Idaho CareLine

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human resources. 2-1-1 was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for callers to obtain health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho to connect those in need with local community resources.

The 2-1-1 Idaho CareLine serves as Idaho's only centralized telephone and web-based directory for both DHW programs and community based resources, with a database of more than 3,400 health and human service contacts. Staffed by 12 caring and professional agents, the 2-1-1 Idaho Careline experienced a 34% increase in the number of calls; going from the previous record of 159,970 calls in 2008 to 213,730 in 2009. Much of the record call volume can be attributed to people seeking assistance due to economic conditions.

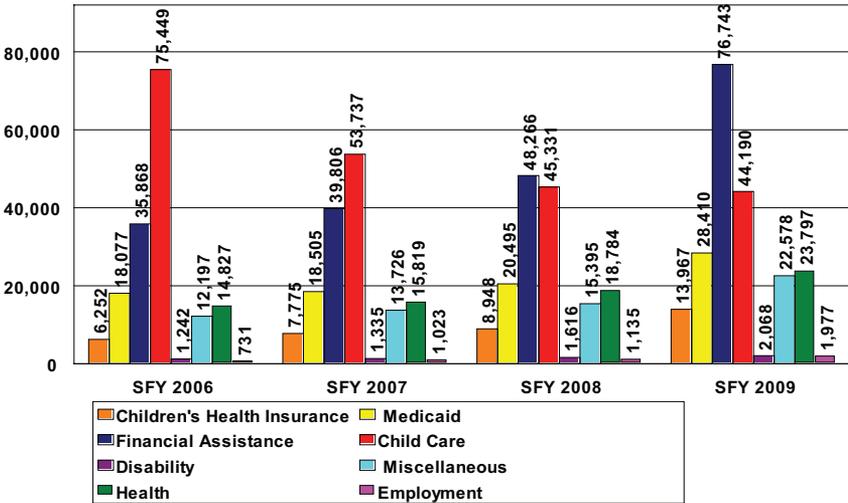
The 2-1-1 Idaho Careline provides a single point of contact for public information campaigns to local organizations, disseminating information

for partner agencies. In 2008 the Careline distributed over 6,000 packets of information on Adoption, Arthritis, Child Abuse Prevention, Diabetes, Fit and Fall Proof, Foster Care, Immunizations, Medicare Part D, Rx Idaho applications, Smoking Law (Indoor), Radon kits, and other special promotions.

2-1-1 agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST. Resources are available 24/7 on-line at: [www.211.idaho.gov](http://www.211.idaho.gov) or [www.idahocareline.org](http://www.idahocareline.org). Emergency/Crisis referral services are available through an after-hours, on-call service.

The 2-1-1 Idaho CareLine can be reached by simply dialing 2-1-1 or 1-800-926-2588.

**Number of Calls Received by Idaho CareLine**



## Children and Family Services

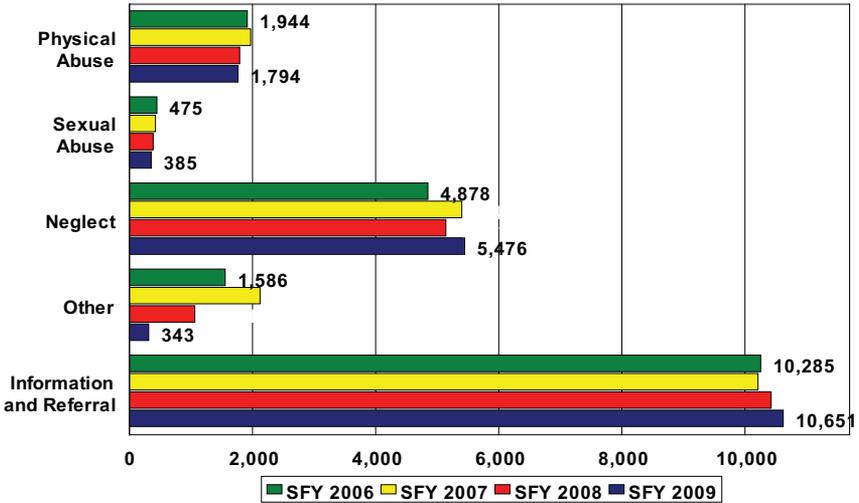
Children and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act and the Interstate Compact on the Placement of Children.

### 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 and families develop a plan for children to enable them to remain safely in their home.

If the children's safety cannot be assured 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 safely return home.

### Child Protection and Prevention Referrals



*Note: In SFY 2009, there were almost 8,000 child protection referrals from concerned citizens. There were an additional 10,650 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 Program. Resource families (foster, relative, and adoptive) provide care for children who have been abused, neglected and/or are experiencing other serious problems within their families. Whenever possible, relatives of children are considered as a placement resource and are licensed as a resource family, or are considered for other supports to the child and the child's birth or resource family.

Placement of a child in an alternate care setting is coordinated and structured to:

- Minimize harm to the child and their family;

- Assure the child will be safe;
- Both the child and family receive necessary services to reduce the long-term negative effects of the child's separation from their parents;
- Allow for continued connection between the child, their family, and the community.

Knowledgeable and skilled resource families and other alternate care providers are integral to providing quality services to children placed outside their family home. Licensing processes and requirements are designed to assess the suitability of potential resource families to safely care for children.

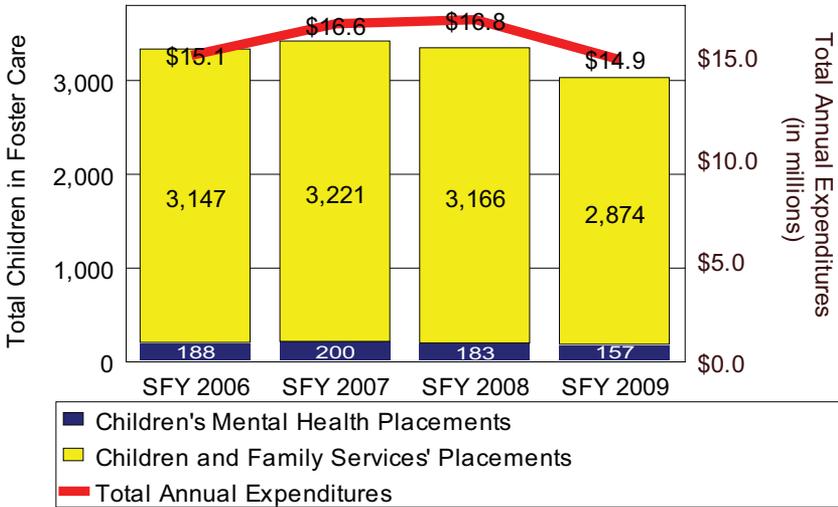
Resource families work with children and their families with the goal of reuniting the family as soon as the issues that required placement are resolved. In some instances, when birth families are unable to make necessary changes to protect their children, the resource family may be considered as a permanent placement for a child.

The need to recruit and retain resource families is critical. There were a total of 3,031 children placed in foster care during the state fiscal year 2009. There continues to be a need for resource homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. Additionally, there remains a need for resource 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. Idaho has implemented a Recruiter Peer Mentor Program which uses seasoned resource parents to recruit and mentor new potential resource families. Regional recruitment efforts through the Peer Mentor Program focus on developing a local presence at multicultural events, fairs, and with community organizations.

Children and Family Services, in partnership with local universities, provides training programs for resource parents to develop parenting skills and techniques to deal with children who have been abused or neglected through a statewide training model called PRIDE. Classes are offered on a regular basis in each region and provide an improved understanding of what resource parents can expect in caring for children placed through the foster care system. This training helps them meet the needs of foster and adoptive children and reinforces their commitment to serve as resource parents.

### Children Placed in Foster Care and Annual Expenses



*Note: This chart shows total number of children served annually. On June 30 of each year, a count of children in foster and residential care is taken. On June 30, 2009 there were 1,575 children in state care, of which 30 were from the Children's Mental Health Program.*

### Independent Living

Idaho's Independent Living Program assists older foster youth prepare for the transition to adult responsibilities. The Independent Living Program provides funding for supports and services that address employment, education, housing, daily living skills, and personal needs.

In SFY 2009, 767 youth between the ages of 15 to 21 were served by the Independent Living Program, which includes 100 youth who reached the legal age of adulthood (18) while in foster care

To help foster youth transition to adulthood and provide higher education opportunities, the Education and Training Voucher Program provides youth with up to \$5,000 per year to assist with the cost of attendance for a post-secondary education. The education voucher is available to youth who have been in foster care after the age of 15 and received a high school diploma or GED. During SFY 2009, 47 youth participated in the program to further their education beyond high school at colleges, universities, technical schools and other institutions of higher education.

The Department, along with the Casey Family Program, supported the development of an Idaho Foster Care Alumni Association chapter which was approved in December 2008. The mission of the foster care alumni

group is to connect and engage the foster alumni community, using their experience and expertise to improve child welfare practice and policy. In addition, Foster Youth of Idaho (FYI) groups continue to be active in many parts of the state for youth who are currently in care.

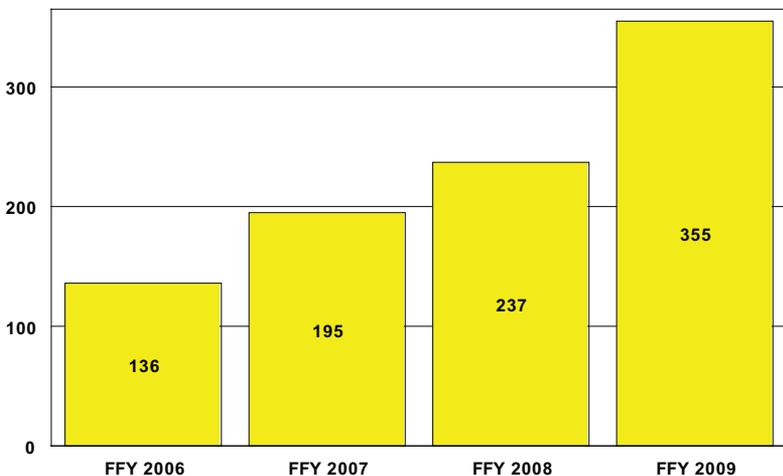
## Adoption

Children and Family Services provide 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.

The number of children adopted in FFY 2009 increased almost 50% from 2008. At the State and local levels, the Department and judicial systems worked closely to improve monitoring and system processes to reduce delays and help children join safe, caring and stable families.

**Adoptions Finalized**



**Monthly Adoption Assistance SFY 2009**

<b>Adoption Assistance</b>	<b>Number of Children</b>	<b>Average Monthly Payment</b>
Federal IV-E	1,337	\$315
State	<u>227</u>	\$270
<b>Total</b>	<b>1,564</b>	

## **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 has 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 provides assistance to families who care for other family members with developmental disabilities that allows them to remain in their home. Funds pay for assistance that is unavailable from other sources and are often combined with other donated community funds or resources to buy items such as wheelchair ramps. In SFY 2009, 751 Idaho families were allocated \$326,540 worth of goods and services from Family Supports.

### **Idaho Infant Toddler Program**

The Idaho Infant Toddler Program coordinates early intervention services for families and children with developmental delays or disabilities from birth to three years of age. The Department of Health and Welfare serves as the lead agency and partners with public agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The four most frequently provided services are:

- Developmental Therapy (special instruction);
- Speech/Language Therapy;
- Occupational Therapy; and
- Physical Therapy.

During SFY 2009, a total of 3,778 infants and toddlers with developmental delays or disabilities and their families were served by the Infant Toddler Program. Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services during the family's normal routines and 96.4% of services are delivered in the child's home or other

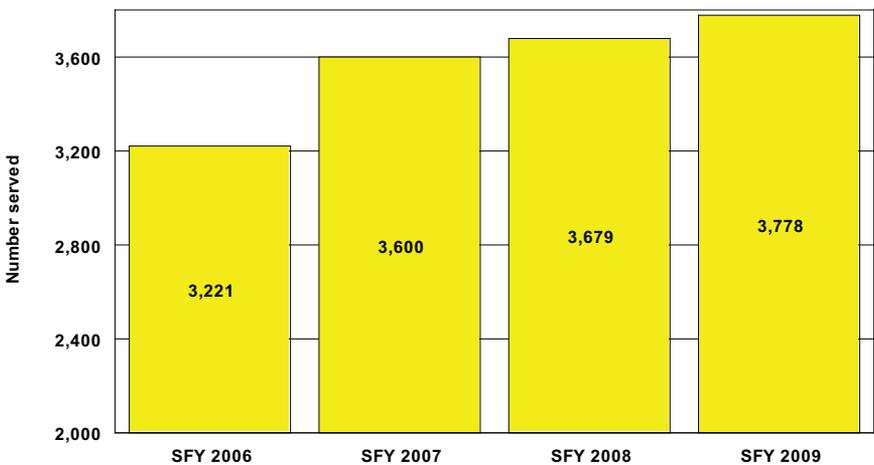
settings for typically developing children. In two regions of the State, four teams piloted a model of evidence-based practices including teaming, natural environment learning practices and coaching families. Early results are very favorable in positively engaging families in promoting their children's learning.

Eight percent of 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.

Due to a shortage of qualified professionals in some areas of the state, the Program struggled to meet timelines for evaluation, plan development and the timely delivery of services. However, improved practices have been implemented to address these performance targets.

Prior to a child turning three and "aging out" of the Program, transition plans are coordinated with local schools and other community resources to help children and families access needed supports. During SFY 2009, 1,824 children exited from this program. 29% exited before age three after achieving all developmental goals on their plan. 37% 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.

**Individuals Served in the Infant Toddler Program**

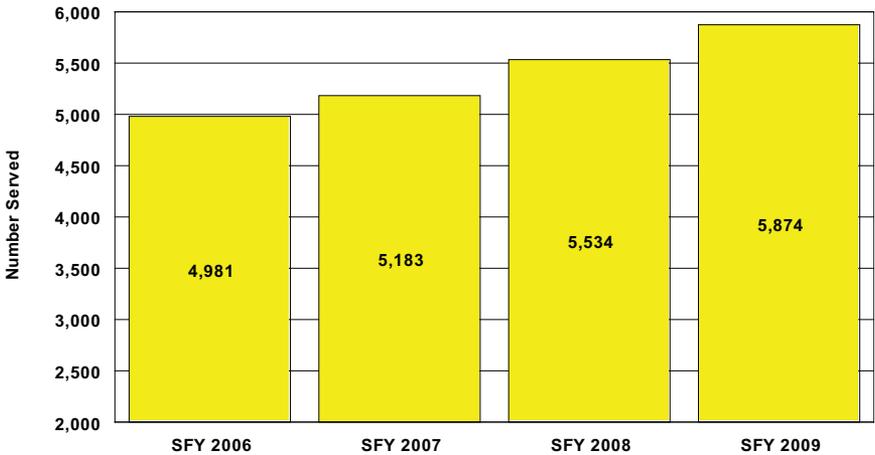


## Service Coordination for Children from Birth to 21 Years of Age

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 2009, 123 private service coordination agencies served 5,874 children at a cost of \$5.4 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.

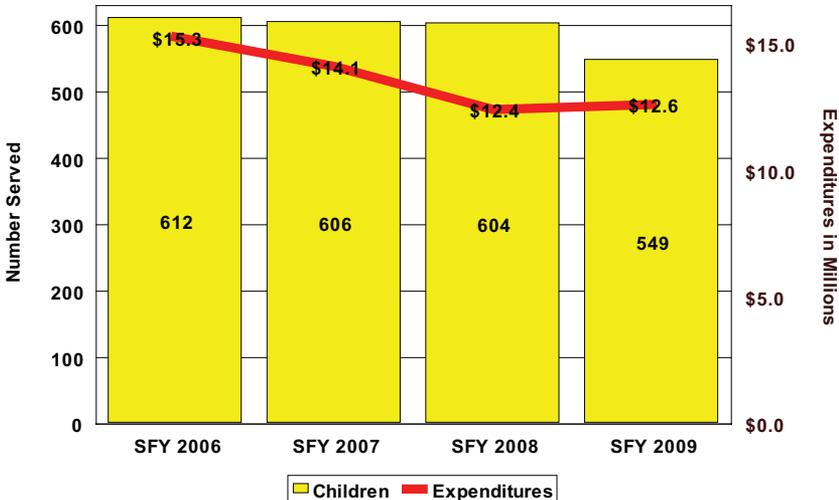
### Individuals Served Through Service Coordination



### Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disability 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 six months. In SFY 2009, 549 children were served, with annual costs totaling \$12.6 million, a 1.6% percent increase from the previous year.

## Intensive Behavioral Intervention



## 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 184 guardianships during SFY 2009, a 30 percent increase from 2008.

## Navigation Services

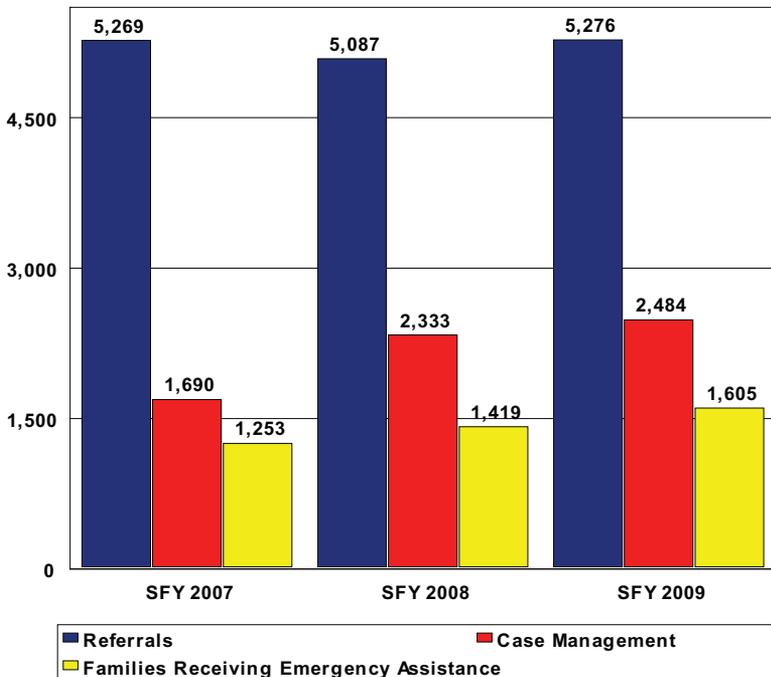
Navigation is a short-term (120 days or less), solution focused service intended to help people who are experiencing temporary instability find services and resources to stabilize their situations and keep families together. The primary purpose of this statewide service is to aid participants in achieving health, stability and safety. It is a voluntary program intended to augment existing Department programs and services, along with community partnerships. Over the last year, Navigation Services assisted a total of 5,276 families, with 1,605 seeking Emergency Assistance. Navigators also provided services to 174 kinship care families across the state.

The primary areas of focus of Navigation Services are:

- Families needing resource services (Emergency Assistance)
- Kinship care support for the prevention of foster care placements
- Leadership and expertise for Victims of Human Trafficking
- Economic development for families and communities through the Earned Income Tax Credit
- Services for foster youth who are about to exit care or are returning as young adults and eligible for Independent Living services
- Services to corrections offenders returning to their communities

Navigators take an active role in identifying community resources beyond the Department of Health and Welfare that will support families in need. This includes generous donations from the Eagles Fraternal Organization and Casey Family Programs to be directed toward assisting kinship care families. In SFY 2009 for every Emergency Assistance dollar spent, 40 cents (a statewide total of \$277,308) was secured from community partners to support the family plan. Along with this, approximately \$123,000 in other community monies and goods were secured for DHW cases through the collaborative efforts of Navigation Services.

### Navigation Services Referrals, Cases and Families



## Idaho State School and Hospital

*Susan Broetje Administrator, 442-2812*

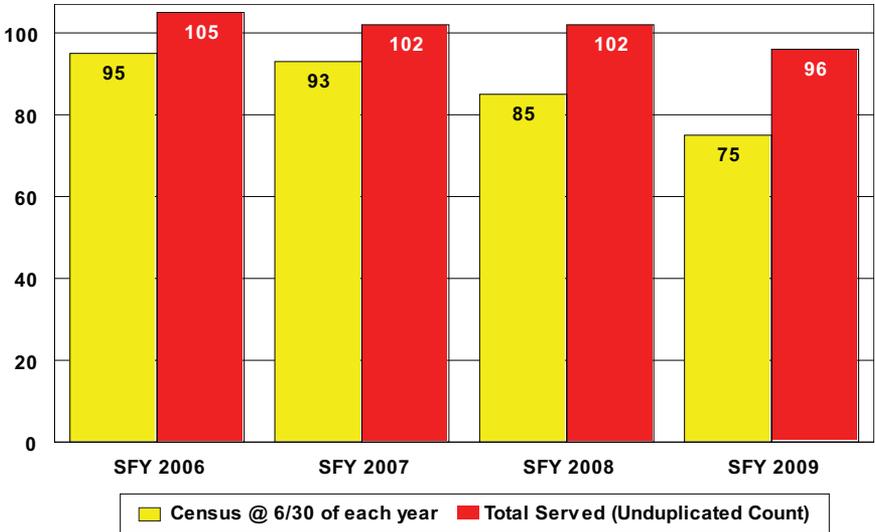
As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for people with developmental disabilities in the state. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training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

ISSH is a safety net that 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.

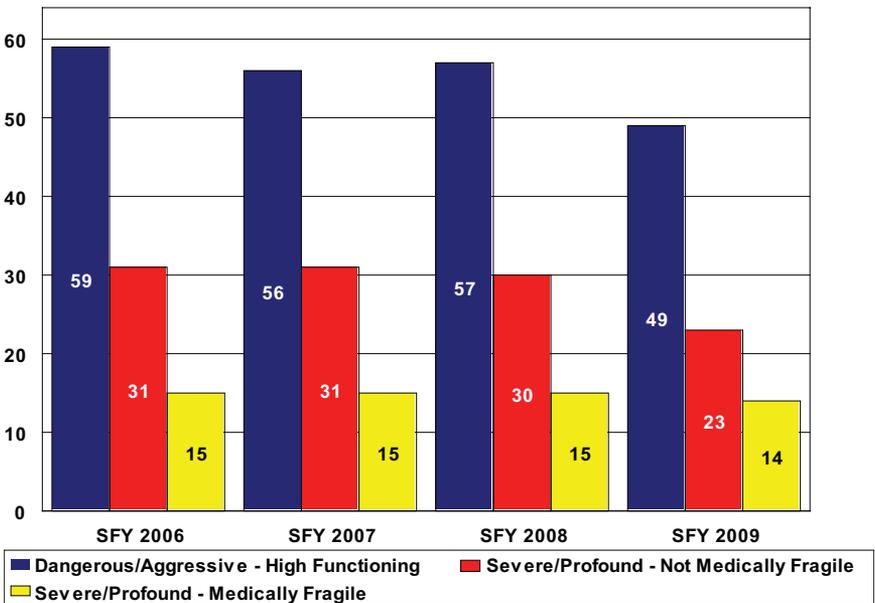
ISSH also serves as a resource center for individuals in the community by providing training, assistance in locating alternative placements, and crisis prevention and intervention. As a resource center, ISSH helps keep individuals in their communities, rather than the state institution.

In the 2009 Legislative Session, the Joint Finance and Appropriation Committee developed legislative intent language that directed the Department to determine what resources would be needed to transition ISSH clients into the community. Focus groups were held to provide input on ideas on how to accomplish this as well as the barriers that needed resolution for successful transition. A review team, which included members of the Legislature, families and advocates, will present a report to the 2010 legislature based on the information provided by these groups. Using the information from the report, the 2010 Legislature will make a determination of the future role of the institution.

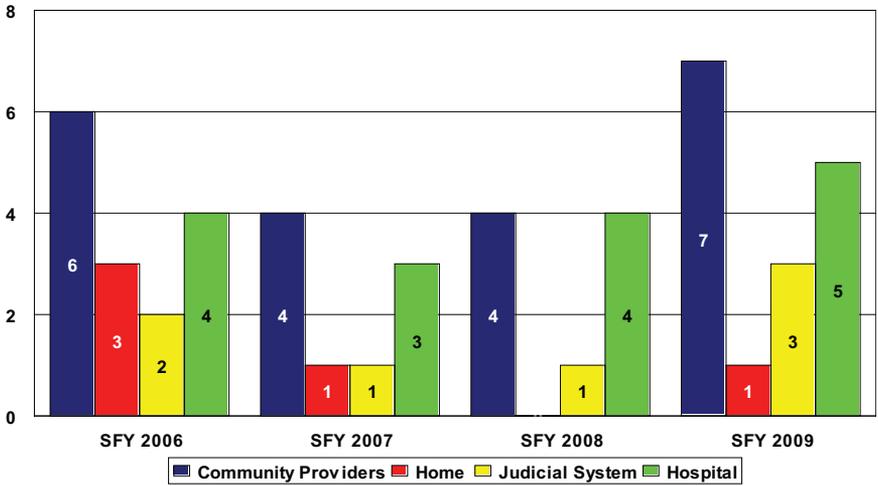
### Historical Look at Census and Clients Served



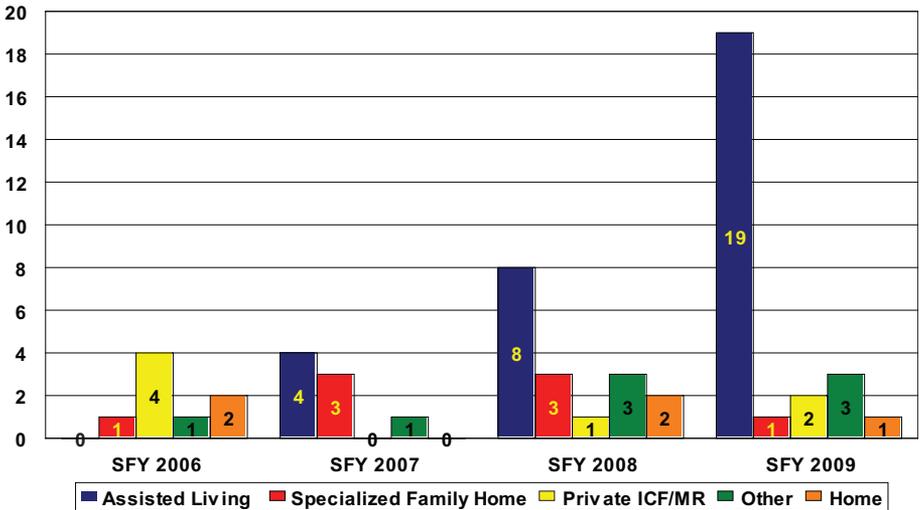
### Demographics of Clients Served



### Types of Admissions



### Discharge Placements



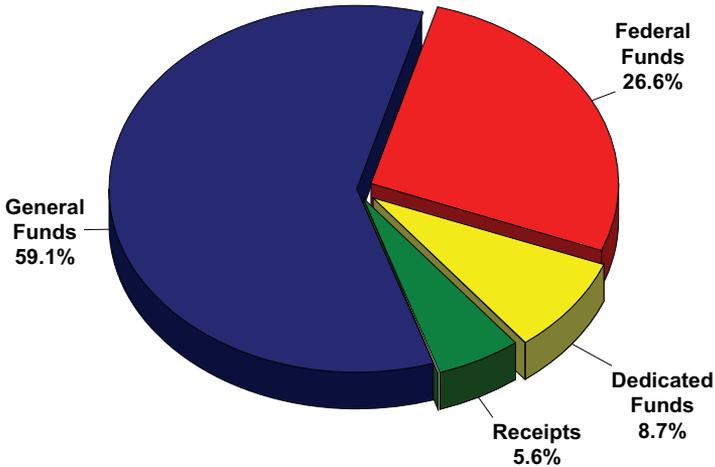
## Division of Behavioral Health

**Kathleen Allyn, Administrator, Phone 334-6997**

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

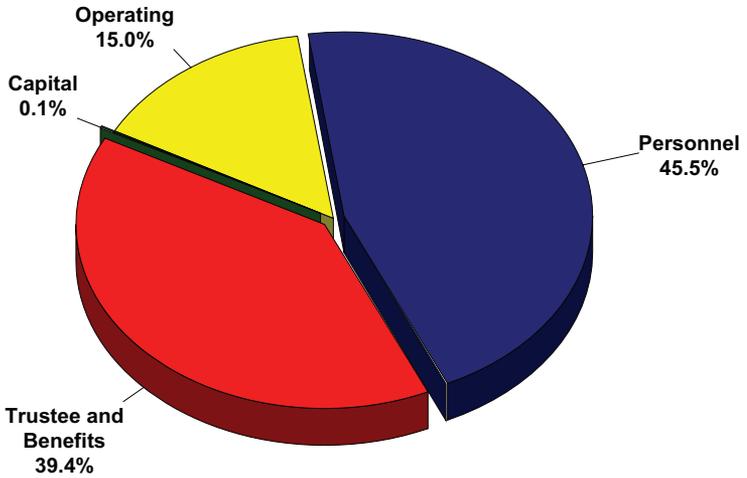
The division is comprised of the Children's and Adult Mental Health Programs, and Substance Use Disorders. The division also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

### Behavioral Health SFY 2010 Funding Sources

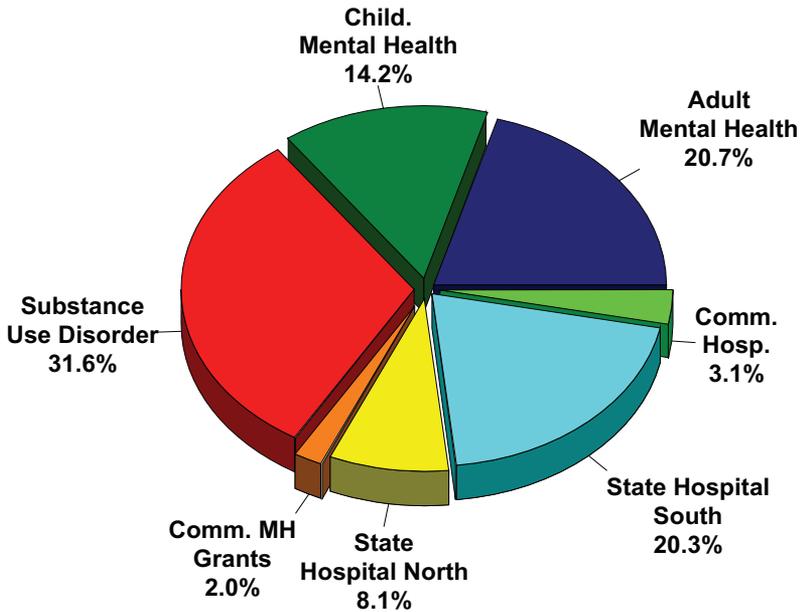


*Authorized FTP: 723.2; Original Appropriation for 2010--General Fund \$58 million; Total Funds \$98.1 million, 4.9% of Health and Welfare funding.*

## Behavioral Health SFY 2010 Expenditure Categories



## Behavioral Health Funding by Program



## SFY 2009: Division of Behavioral Health Program Highlights

- ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. During SFY 2009, 587 clients received ACT team services from the Division's regionally-based ACT teams. This includes 234 people who are participants in the state's mental health courts.
- The Bureau of Substance Use Disorders, through private treatment providers, served 14,905 clients. This is up 87% from 7,960 in SFY 2008. Of the 14,905 clients served:
  - 9,700 were adults involved in the criminal justice system – misdemeanants and felons;
  - 3,120 were non-criminal justice involved adults;
  - 1,795 were adolescents involved in the criminal justice system; and
  - 290 were non-criminal justice involved adolescents.
- On July 1, 2009 the Bureau put into operation the GAIN bio-psychosocial assessments via a web based interface with our new data management system – WITS. This new way to conduct assessments is the Bureau's first step in moving towards a paperless system.
- The percentage of clients completing treatment remained stable, however, the length of treatment dropped slightly for those successfully completing treatment, from 181 days in SFY 2008 to 153.6 days in SFY 2009.
- The Bureau, along with the Interagency Committee on Substance Abuse Prevention and Treatment, fully implemented several client specific projects that began July 1, 2008. These include:
  - Prison re-entry project: A project with the Idaho Department of Corrections to reduce recidivism for clients returning to Idaho communities after prison who are in need of substance use disorder treatment and ancillary services. The project begins to work with the client 335 days before their anticipated parole date. 1,400 re-entry clients were served in SFY 2009.
  - Adult Misdemeanant Protocol: DHW worked with the Idaho Association of Counties in creating a county directed approach to easily move a misdemeanant into the treatment system. During SFY 2009, a total of 3,700 misdemeanant clients were served.
  - Court ordered Clients through Adult Felony 19-2524 and Adolescent

20-520I: DHW continues to work with judges and pre-sentence investigators to refine the process for assessments and treatment for court ordered clients. 19-2524 clients are people who pled guilty or were convicted of a felony who had an addiction and were court ordered for treatment. In SFY 2009 DHW served 1,460 19-2524 adult felons. Adolescents involved with Juvenile Corrections can be court-ordered for evaluation and treatment under 20-520I. In SFY 2009, 130 adolescents were served.

## Children's Mental Health Services

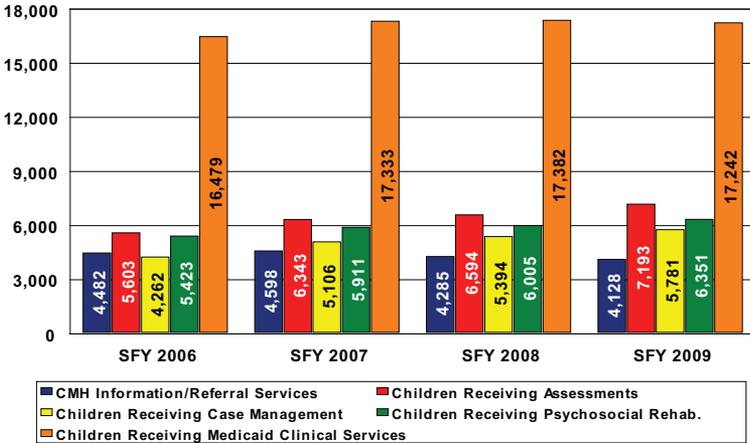
The Children's Mental Health Program is a partner in the development of a community-based System of Care for children with a Serious Emotional Disturbance (SED) and their families. The program provides services and supports that increase the capacity for children with an SED and their families to live,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

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.

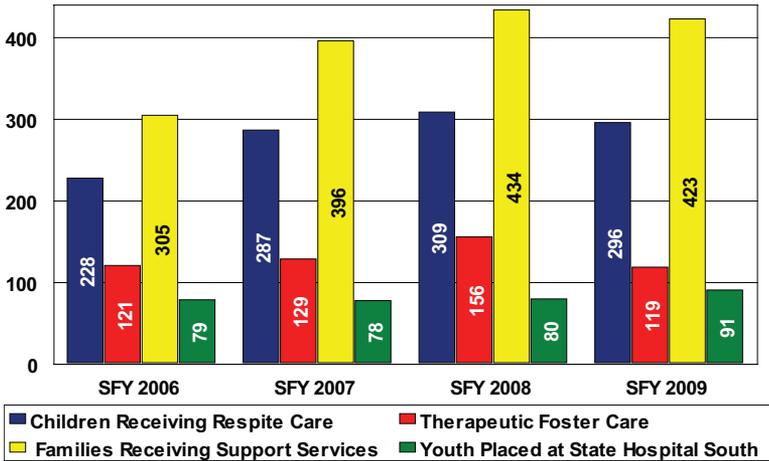
The CMH program continues to provide Parenting with Love and Limits (PLL) program in all seven regions. PLL is a researched-based program that has been shown to be effective in treating youth with disruptive behaviors. The first year evaluation was completed and the outcomes are positive and consistent with other PLL programs. The program has shown improvement in the functioning of the youth served and reduced the time the youth and family receive services from the CMH program. Slightly more than half the cases opened for PLL services were closed within three months compared to an average length of service of 12 months for non-PLL CMH cases. PLL youth showed significant reductions in problem areas of aggression, hyperactivity, conduct problems, and defiance as measured by the Child Behavior Checklist. The rate of graduation from the PLL program is nearly 75%, which exceeds the 70% goal set by the Department.

The Department continues to work with county juvenile justice, magistrate courts, Department of Juvenile Corrections and parents in situations involving youth with mental health issues and the courts. Idaho Code Section 20-511A of the Juvenile Corrections Act allows the court to order mental health assessments and plans of treatment if the youth under court jurisdiction is believed to have a serious emotional disturbance. Data tracked over the last two fiscal years show an increase from 66 youth served in SFY 2008 to 135 in SFY 2009.

### Children Receiving Mental Health Services



### Children and Families Receiving Support 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 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. The Idaho Council on Suicide Prevention provides leadership for the implementation of the plan.

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 web site at [www.healthandwelfare.idaho.gov](http://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 2007, 1,323 Idahoans died from suicide. In 2006, the latest year for comparable state data, Idaho had the 8th highest national suicide rate, according to the National Center for Health Statistics. Among Idaho's 15 to 34-year-olds, suicide was the 2nd leading cause of death. Suicide was the 8th leading cause of death among Idahoans in 2008, up from 9th leading cause in 2007. Suicide was the sixth leading cause among males and the twelfth leading cause among females in Idaho.

Completed Suicide Rate by Age*					
	10-14	15-19	20-64	65+	Total
<b>CY 2004</b>	2.9	13.8	22.9	21.4	17.2
<b>CY 2005</b>	2.9	9.1	19.8	26.8	15.7
<b>CY 2006</b>	3.7	11.7	19.5	19.5	14.9
<b>CY 2007</b>	0.9	18.9	21.3	19.2	14.7
<b>CY 2008</b>	3.7	15.3	20.1	28.5	16.5

\*Rate per 100,000 population.

Completed Suicides by Age					
	10-14	15-19	20-64	65+	Total
<b>CY 2004</b>	3	15	187	34	239
<b>CY 2005</b>	3	10	168	44	225
<b>CY 2006</b>	4	13	168	33	218
<b>CY 2007</b>	1	21	168	30	220
<b>CY 2008</b>	4	17	178	52	251

# Adult Mental Health Services

## Adult Mental Health System Structure

Comprehensive mental health services are provided through seven regional Community Mental Health Centers, which includes 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. Additionally, RMHCs 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 by Idaho Code section 39-3130, consists of county commissioners; law enforcement; consumer representatives; advocates or family members; DHW employees representing 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; parents of children with a serious emotional disturbance; and a member of the regional substance abuse advisory committee. 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 regularly provide input and recommendations regarding system improvements.

Many adults in Idaho suffer from mental illnesses. Nationally, the Federal government estimates 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. Applying these estimates to 20082.6+ Idaho census data, 39,619 Idaho citizens could be expected to have a serious and persistent mental illness diagnosis, with an estimated 82,286 having a serious mental illness.

## Comprehensive Array of Services

Idaho's community based mental health care system provides assessment and treatment for adults 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 decrease and the individual's coping skills increase, it is expected that quality of life also will improve.

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

therapy; and Assertive Community Treatment (ACT). ACT is available in all regions, and includes intensive services that provide support to individuals through the regional program and to those referred through regional Mental Health Courts.

#### Adult Mental Health Services

	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>Adults Receiving Services</b>	<b>19,620</b>	<b>18,893</b>	<b>10,356</b>	<b>8,209</b>
<b>ACT Team Clients (includes Mental Health Court)</b>	<b>431</b>	<b>547</b>	<b>525</b>	<b>587</b>

### Outcomes and Data Infrastructure Efforts

The Division of Behavioral Health and stakeholders identified the lack of a single, comprehensive data system for the Community Mental Health Centers as the challenge to transition to a data and outcome driven system. Thanks to an appropriation from the Idaho Legislature, Web Infrastructure for Treatment Services (WITS) was selected. WITS is a versatile system that can also be used as an electronic medical record, with development initiated during SFY 2009.

Other notable outcomes in SFY 2009 include:

- Rules were published:
  - The sliding fee scale was updated;
  - Standards for Designated Examiners were developed; and
  - An appeal process for individuals who were denied eligibility for Adult Mental Health was outlined.
- Mental Health Court utilization increased;
- A client-perspective outcome measure, the Outcome Questionnaire, was piloted;
- Video Conferencing equipment was purchased, increasing access to psychiatric services;
- A patient assistance software program was purchased, allowing the state to automate the process for applying for free medications from drug companies. In SFY 2009, Idaho mental health clients received approximately \$12 million worth of free medications, based on calculations of average wholesale price. The software cost \$50,000;
- The Department obtained approval from the boards of Social Work, Counseling, and Psychology to provide Continuing Education Units; and
- Both State hospitals implemented an Electronic Medical Record system, Vista, that allows patient records to be accessed from any building on campus. It features bar code scanning for administering medications, tracks medication usage, allows psychiatrists to remotely access charts for after-hours crises, and supports a more efficient billing system.

## Bureau of Substance Use Disorders Services

The Bureau of Substance Use Disorders 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. Prevention services use an array of strategies to target populations, ranging from early childhood to adults, and are designed to foster development of anti-use attitudes and beliefs to enable youth to lead drug-free lives. Services include education of youth and parents, intervention programs, mentoring and after-school programs, life skills programs, and community coalition building. Currently, Idaho has 42 prevention programs funded by Health and Welfare.

The goal of treatment services is to eliminate addiction to alcohol and other drugs. Throughout the state, the department has established treatment services for indigent citizens dependent on alcohol and/or other drugs. Currently, Idaho has 51 state-approved treatment providers with 99 sites, and 56 stand-alone Recovery Support Service providers with 128 sites.

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.

Recovery support services include:

- Staffed Safe and Sober Housing;
- Child care;
- Drug Testing;
- Case Management;
- Life Skills; and
- Transportation

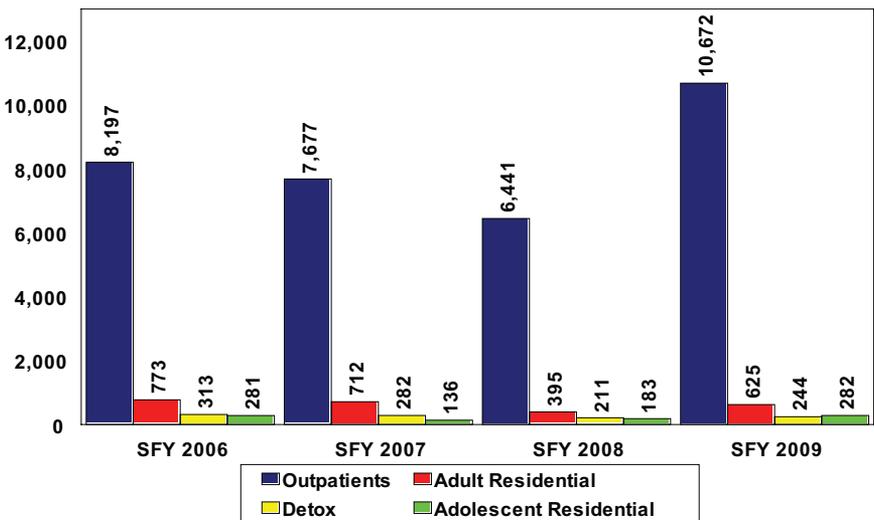
Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents.

The department partners with Regional Advisory Committees (RACs) to assess regional needs and assets for 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.

### Adult and Adolescent Substance Use Disorder Clients per Service



*Note: SFYs 2006-2007 includes people duplicated in more than one category. Beginning in SFY 2008, unduplicated data is being collected to give the most accurate picture of people being served.*

Since 2005, the Bureau of Substance Abuse Services has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2009 data showed the following:

- Over the past two state fiscal years, the rate of adolescents who successfully completed treatment increased 44%;
- In spite of a slowing economy, unemployment was reduced by 51% in FY2009; and
- 58% of people who were homeless when beginning services found homes at the time they discharged from the program.

During SFY 2009, DHW began post treatment, follow-up surveys to collect additional performance data.

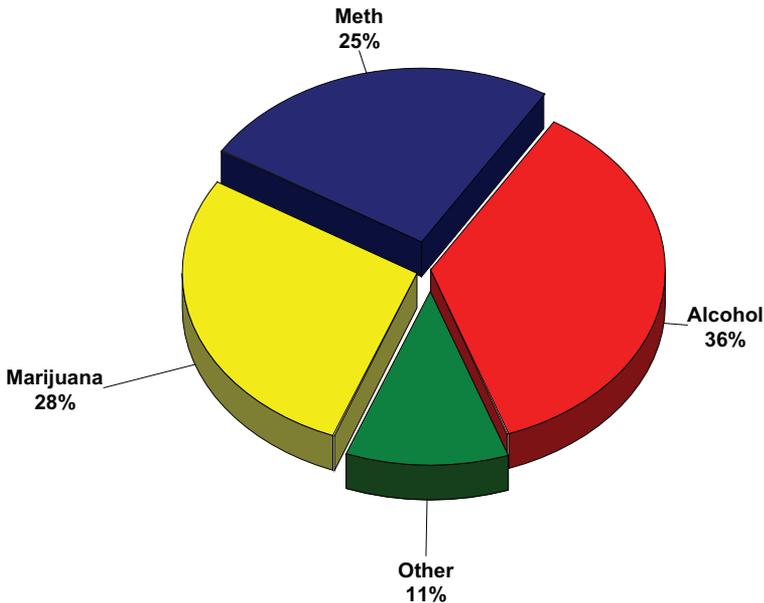
### Substance Use Disorder Clients by Primary Substance

In 2009, the typical adult in state-funded substance use disorder treatment was Caucasian, with 62 percent male and 38 percent female. Twenty-eight percent were 25-34 years of age, while 18 percent were 35-44 years of age. Most clients lived independently, with 51 percent being employed or in school at discharge.

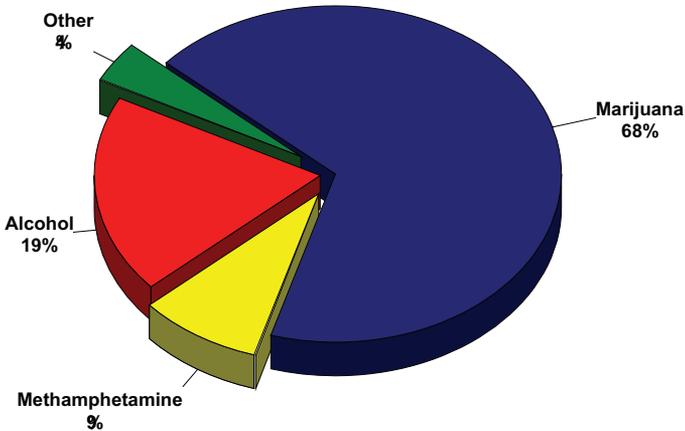
In SFY 2008, the primary drug of choice was methamphetamine at 44%. This dropped significantly in SFY 2009 with 25% using meth as their primary substance. 2009 marked the first year since 2007 that methamphetamine declined as the primary drug of choice for adult clients, falling from the number one drug of choice to the number three drug of choice.

For adolescents, 92 percent in state-funded treatment were 15-17 years of age. Marijuana addiction accounted for 68 percent of adolescents seeking treatment, followed by alcohol at 20 percent.

### Adult Substance Use Disorder Clients By Primary Substance\*



### Adolescent Substance Use Disorder Clients by Primary Substance



### Substance Use Disorder Prevention Services

In 2009, the Bureau's Substance Use Disorders prevention programs served 13,072 adolescents and adults in one-time and recurring activities and programs through 42 State prevention program providers. Programs were provided in 42 of the 44 counties and included best practice parenting classes, in-school education classes and after-school education and activity programs

### 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.

	CY05	CY06	CY07	CY08	CY09
Permittees	1,752	1,692	1,739	1,756	1,399
Inspections	1,955	1,826	1,548	1,873	1,659
Violations	221	220	161	177	239
Non-Compliance Rate	12.3%	12.4%	13.0%	12.5%	14.4%

# State Hospital South

**Tracey Sessions, Administrator, 785-8402**

State Hospital South 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, located in Blackfoot, works in partnership with the Regional Mental Health Centers, family members and community providers to enable clients to receive treatment and return to community living. The facility includes 90 psychiatric adult beds, 29 skilled nursing beds, and 16 beds for adolescents. The hospital also has a specialized criminal justice program to help restore competency for people who are charged with a serious crime, but are mentally unfit to proceed in the criminal justice process.

The 29 skilled nursing beds in the Syringa Chalet nursing facility offers services to residents 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 an adolescent 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. State Hospital South is accredited by the Joint Commission, which is considered the gold standard for healthcare accreditation. SHS also is certified by the Centers for Medicare and Medicaid Services.

## Inpatient Psychiatric/Skilled Nursing Services\*

	FY 06	SFY 07	SFY 08	SFY 09
<b>Adult Psychiatric Patient Days</b>	27,701	26,534	25,507	26,906
Number of Admissions	312	344	253*	363
Avg. Daily Census	75.9	72.7	69.7	73.7
Daily Occupancy Rate	84.3%	80.8%	77.4%	81.9%
30-Day Readmission	0.6%	1.7%	0.4%	1.4%
180-Day Readmission	5.8%	6.4%	6.3%	6.3%
<b>Syringa Skilled Nursing Patient Days</b>	9,284	9,788	9,667	9,970
Daily Occupancy Rate	87.7%	92.5%	91.1%	81.6%
<b>Adolescent Unit Admissions</b>	79	68	70	91
Daily Occupancy Rate	75.0%	75.2%	67.7%	68%
30-Day Readmission	0%	0%	0%	0%
180-day Readmission	7.6%	5.9%	5.7%	6.6%
<b>Cost Per Patient Day</b>	\$512	\$505	\$591**	\$532

\*During SFY 08, SHS was required by the Joint Commission and the Centers for Medicaid and Medicare Services to reduce admissions due to a shortage of psychiatrists at the hospital. This negatively impacted the census in SFY 08.

\*\*A federal audit required SHS to submit \$1.6 million in SFY 08 for the state's share of Medicare payments from previous years' expenses. This settlement increased cost per patient day.

## State Hospital North

**Gary Moore, Administrator, 476-4511**

State Hospital North in Orofino is a 60-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, 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 practices within the mental health field. The median length of stay is approximately 60 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, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian and support personnel.

Staff deliver a number of specialized services that 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 Approach 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 2009, State Hospital North maintained an average census of 53 patients. Starting October 1, 2008, State Hospital North expanded the maximum licensed capacity from 55 to 60 beds.

### Inpatient Psychiatric Services

	SFY 06	SFY 07	SFY 08	SFY 09
Psychiatric Patient Days	15,677	17,513	18,712	19,175
Number of Admissions	187	231	220	249
Average Daily Census	43	48	51	53
Daily Occupancy Rate	86%	89%	93%	89%
<b>Readmission Rates</b>				
30 Day	1.1%	1.7%	0%	3.6%
180 Day	5.9%	10%	5.4%	7.2%
<b>Cost Per Patient Day</b>	\$467	\$438	\$468	\$467

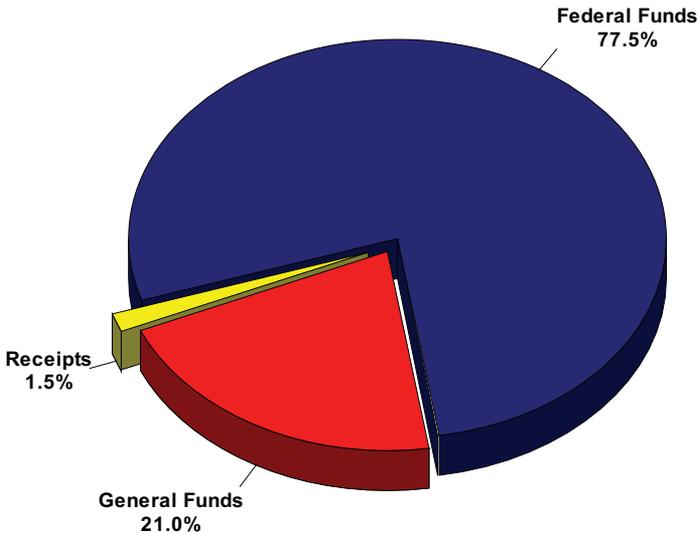
## Division of Welfare

**Russell Barron, Administrator, Phone 334-5696**

The Division of Welfare promotes stable, healthy families through assistance and support services. The Division manages state and federal programs including Child Support, Food Stamps, Child Care Assistance, and cash assistance programs. These programs, also called Self-Reliance Programs, provide critical aid and support options for low-income families and individuals while encouraging participants to improve employment and become more self-reliant.

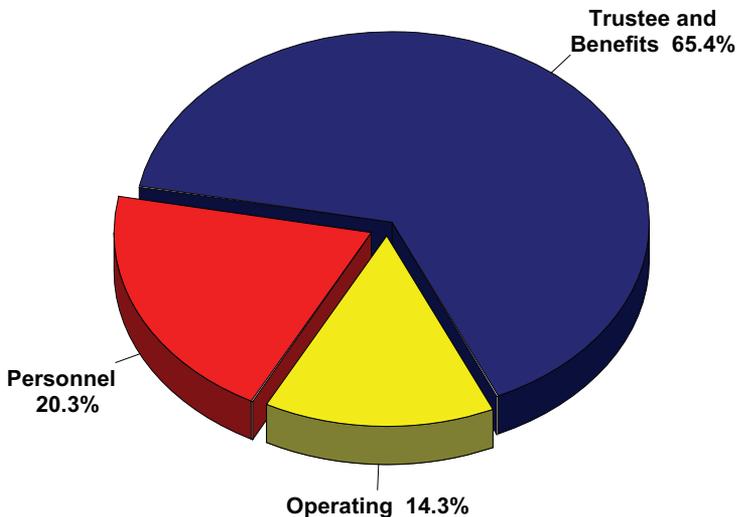
The Division does not manage the Medicaid Program, but does determine Medicaid eligibility. The Division also manages other programs through contracts with local organizations that includes food commodities, energy assistance, telephone assistance, and weatherization assistance.

### Welfare SFY 2010 Funding Sources

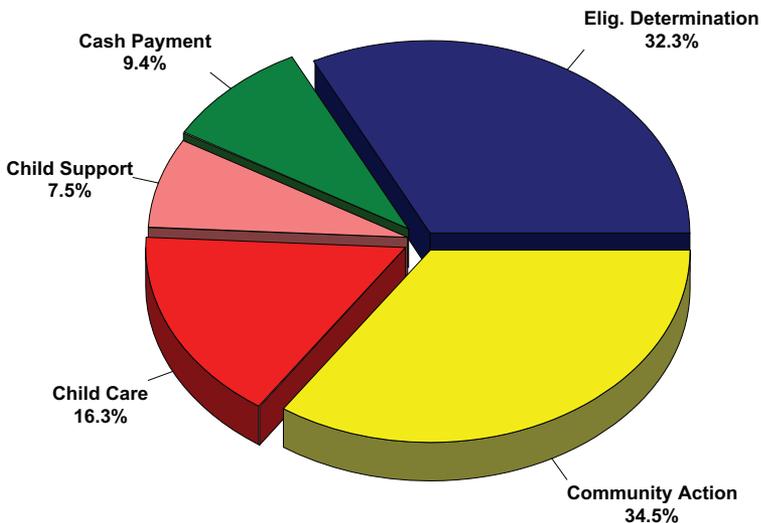


*Authorized FTP: 631.7 Original Appropriation for 2010: General Fund: \$35.7 million; Total Funds: \$170.4 million; 8.5% of Health and Welfare funding.*

### Welfare SFY 2010 Expenditure Categories



### Welfare Spending by Program



## 2009 Self-Reliance Highlights

SFY 2009 was a very eventful and successful year for the Department's Self Reliance Programs. Much of that success can be attributed to the implementation of a New Service Delivery model that accomplishes three major goals:

- Focuses new technology and revised business processes that stress same day service;
- Puts program eligibility decision makers in contact with program applicants early in the application process; and
- Consolidates and streamlines the Food Stamp and Medicaid Eligibility Program's work in the Boise and Idaho Falls processing centers.

Our New Service Delivery model, coupled with the hard work and determination of our staff, can be credited with how well the Self Reliance Programs handled the effects of the struggling economy on our workload.

### **Economic Impacts**

Poor economic conditions continue to magnify participation growth in Self Reliance Programs. Participation in the Food Stamp Program continues its meteoric rise which started during SFY 2008. Each month, new caseload records are being set, with Food Stamp enrollments increasing 42.3% from July 2008 to July 2009 (44,209 more people), and 72.8% from July 2007 to July 2009 (62,402 more people.) Other programs also are experiencing rapid growth, including Child Support, Medicaid eligibility, and cash assistance programs.

Traditionally, the vast majority of applicants of Self Reliance Programs are the working poor; individuals of households whose income is at or below the poverty line. This last year saw many individuals from higher income households apply for services. These higher-income households are suddenly without income due to layoffs and business closings. Additionally, due to these same economic conditions, people receiving public assistance are not finding work and are staying on programs longer. Both of these population dynamics increase monthly program caseloads and workloads of Self Reliance staff.

### **Program Performance**

In spite of dramatic participation increases, Idaho's Food Stamp Program recently received a national high performance bonus award from the Federal government for having the third lowest negative error rate in the nation at 0.72%. Such performance hasn't been seen in Idaho's Food Stamp Program in the last two decades. While not receiving national recognition, the other Self Reliance Programs continue to maintain or improve most of their respective performance ratings over the last year. Modernization of Self Reliance business practices has allowed the Division to absorb caseload increases without negatively impacting performance.

## Business Modernization Projects

The year-long Child Support Modernization Project was successfully completed in SFY 2009. Its goal was to enhance the existing Child Support automated system as improved business processes are developed in an effort to keep pace with rising caseloads in the absence of staff increases. Although the project was completed successfully, the concept and work of modernizing the Child Support Program continues in SFY 2010. This work includes back-scanning case files for electronic viewing, improving the employer portal of the Child Support website, and further streamlining business processes to improve customer service.

The project to replace the Eligibility Programs Integrated Computer System (EPICS) that began in SFY 2007 will end in SFY 2010. EPICS has been used for case management and application processing for the last 22 years. It is being replaced by the Idaho Benefits Eligibility System (IBES).

## Self-Reliance Services

The Division of Welfare provides services in three categories:

### 1. **Benefit Program** services include:

- Food assistance (Food Stamps);
- Child care assistance (Idaho Child Care Program);
- Eligibility determination for medical assistance under a variety of programs for low-income children, adults, and pregnant women; disabled individuals; nursing home care; and help with health insurance costs or Medicare premiums; and
- Cash assistance for Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD) programs.

Applications are available in field offices around the state, as well as by phone, mail and the Internet. These services have strict eligibility requirements. Benefit Program Services are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer system.

### 2. **Child Support** services can help families by:

- Locating an absent parent, conducting paternity testing, and creating a new, or enforcing an existing child support order;
- Provide medical support enforcement to ensure children are covered by health 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; and

- 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 child support cases.

The Child Support Program uses secure electronic transfer of collected funds to distribute child support to families.

3. **Other Community-based Services** include:

- Nutrition-related services and food commodities;
- Low-income home energy assistance;
- Telephone assistance for low-income people;
- Child care provider education; and
- Weatherization to help low-income people conserve energy and save money.

Community-based Services are provided by contractors, such as the Community Action Agencies, who are funded through various federal and state agencies, although the Division maintains some administrative and fiscal responsibilities.

### **Program Participation**

Participation in Benefit Programs, Child Support, and other Community-based Services traditionally is measured by the average monthly caseload or the average monthly number of individuals served. Reporting these numbers does not give a complete picture of the number of people served during the year. It also does not give an accurate picture of workload. Welfare Division staff process all applications for services, however, due to the stringent eligibility requirements of programs, some applicants aren't approved. People who are denied services aren't reflected on program participation and caseload counts, even though significant time and effort may have been expended in the application process.

Today, services are designed to provide temporary assistance and promote long-term self-reliance. Food Stamps and family cash assistance programs have work participation requirements for those receiving benefits to help people achieve self-sufficiency. As people served become more self-reliant, they no longer need or qualify for state and federal services.

Comparing total participants over a year to the average monthly participant count illustrates program success in helping people become more self-sufficient. If a program has high turnover, it is usually evidence that participants are becoming self-reliant and exiting the program. 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.

## Benefit Program Services

The Division of Welfare manages benefit payments in four major programs:

1. Food Stamps (SNAP);
2. Child Care;
3. Medicaid Eligibility; and
4. Cash Assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled).

### Supplemental Nutrition Assistance Program (Food Stamp Program)

The Federal government changed the name of the Food Stamp program during 2009, transitioning to Supplemental Nutrition Assistance Program, or SNAP. SNAP helps low-income families maintain good health and nutrition. The program is Federally funded, but administered by the state. Benefits are provided through an Electronic Benefits Transfer card, which works like a debit card.

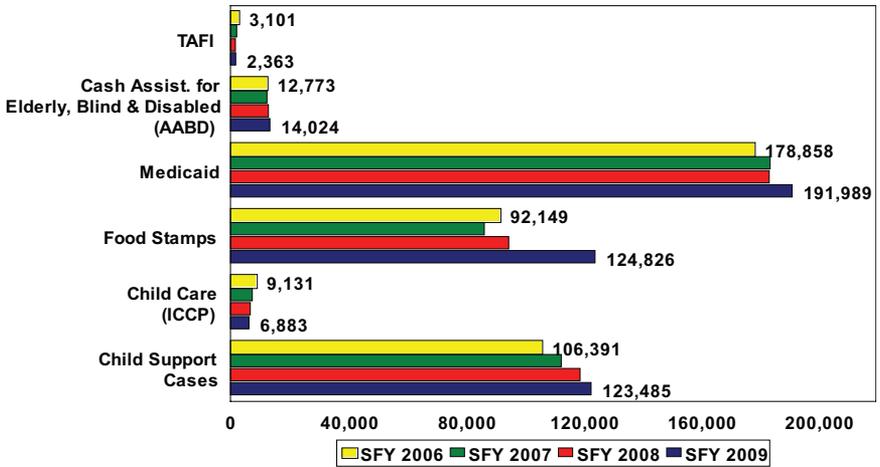
Idaho's Food Stamp Program has seen unprecedented participation growth and record caseloads every month in SFY 2009. This growth actually began in the fall of 2007 and continues today. However, the Division of Welfare has met this growth with accurate and timely service by dedicated field staff. In fact, Idaho's program recently received a high performance bonus for the 3rd lowest negative error rate in the nation.

#### SFY 2009 Monthly Served vs. Annual Participation

	Monthly Avg. Served	Annual Individuals Participating	Annual Turnover
Cash Assistance for Families (TAFI)	2,363	4,761	101%
Food Stamps	124,826	204,856	64%
Medicaid	191,989	247,097	29%
Elderly, Blind and Disabled (AABD) (cash and non-cash)	46,006	51,462	12%

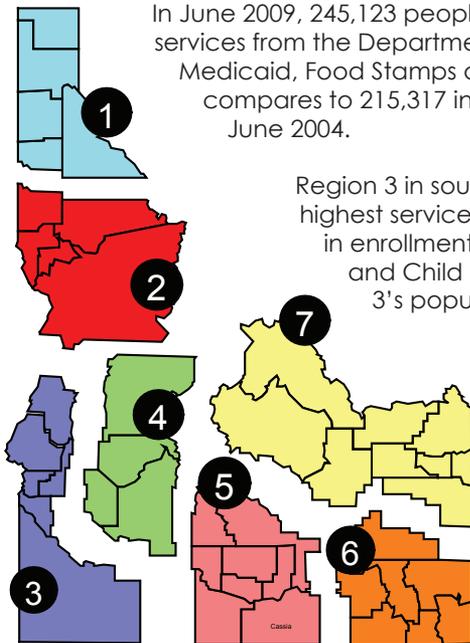
*Note: TAFI has a 24-month lifetime limit on benefits which encourages temporary use. As expected, elderly and disabled participants in AABD have little annual turnover.*

### 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 2009, there were 245,123 people receiving benefits, excluding child support cases.

### Numbers Served by Region



In June 2009, 245,123 people received assistance services from the Department in the form of cash, Medicaid, Food Stamps and Child Care. This compares to 215,317 in June 2008 and 191,918 in June 2004.

Region 3 in southwest Idaho had the highest service usage, leading the state in enrollment in Medicaid, Food Stamps and Child Care. 22.1 percent of Region 3's population participated in a IDHW benefit program.

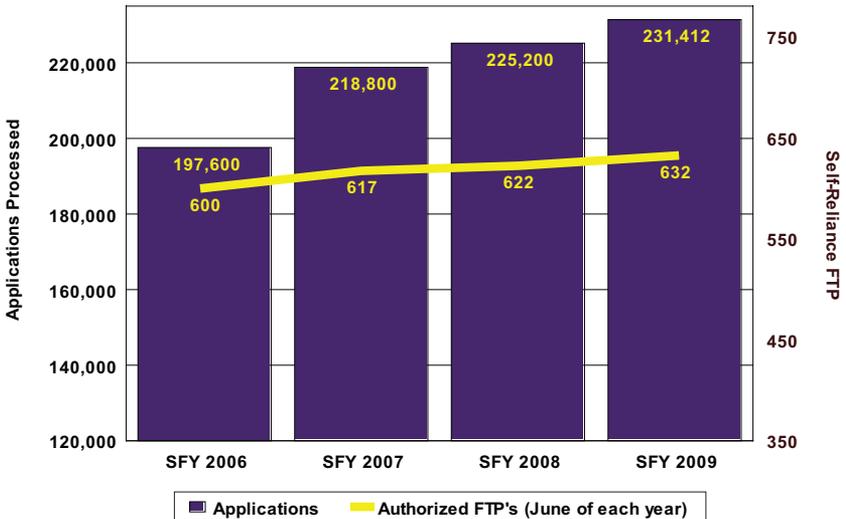
In eastern Idaho, over 17 percent of residents received services, while Idaho's most populous area, Region 4 which includes Boise, had the lowest use of benefit programs, with less than 12 percent of the regional population receiving benefits.

### Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance During June 2009

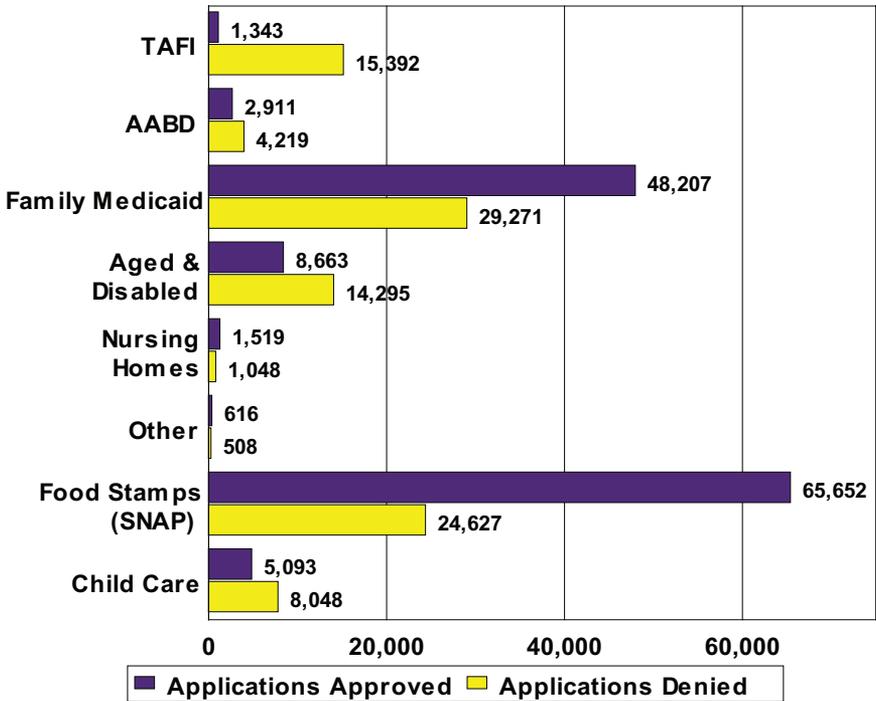
Region	Estimated Population	Receiving Cash Payments	Medicaid	Food Stamps	Child Care Assistance	Totals
1	211,870 13.9%	2,762 1.3%	23,804 11.2%	18,512 8.7%	784 0.4%	30,963 14.6%
2	102,099 6.7%	1,642 1.6%	11,493 11.3%	7,885 7.7%	275 0.3%	13,664 13.4%
3	248,000 16.3%	3,482 1.4%	46,639 18.8%	36,489 14.7%	1,401 0.6%	54,807 22.1%
4	426,283 28.0%	3,340 0.8%	38,223 9.0%	31,701 7.4%	1,205 0.3%	50,733 11.9%
5	176,400 11.6%	1,759 1.0%	26,099 14.8%	16,099 9.1%	862 0.5%	32,028 18.2%
6	161,606 10.6%	2,127 1.3%	23,387 14.5%	16,760 10.4%	698 0.4%	29,429 18.2%
7	197,558 13.0%	1,521 0.8%	30,243 15.3%	19,068 9.7%	786 0.4%	33,499 17.0%
<b>Totals</b>	<b>1,523,816 100%</b>	<b>16,633 1.1%</b>	<b>199,887 13.1%</b>	<b>146,516 9.6%</b>	<b>6,011 0.4%</b>	<b>245,123 16.1%</b>

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.

### Estimated Annual Benefit Applications and Child Support Cases Processed in Relation to Self-Reliance FTP



### SFY 2009 Applications Approved and Denied



#### Caseload Growth:

Similar to last year's Food Stamp Program growth, record caseloads were set every month during SFY 2009. Caseload growth was 39.2% (16,643 more cases) from July 2008 to July 2009. The program's June 2009 caseload stood at 58,412, covering 146,516 people. This growth is expected to continue during SFY 2010 due to the current poor economic conditions and relatively high unemployment rates. Similar Food Stamp growth is also being seen at a national level.

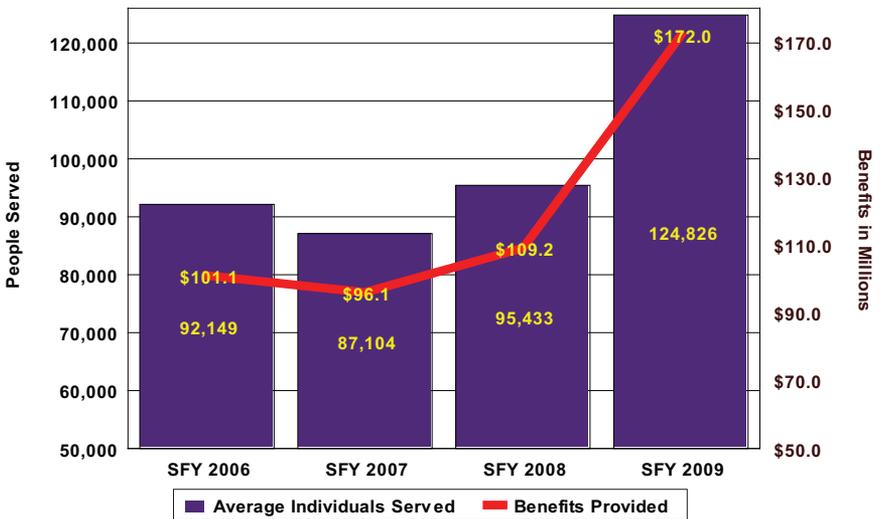
#### Program Performance

In spite of record participation growth, Idaho's Food Stamp Program continues to perform at a high level. As mentioned, Idaho received a bonus award for one of the lowest national rates of applications that were wrongly denied or cases wrongly closed. Along with this, Idaho's payment error rate remains consistently low, at 3.59%, which ranked 12th best in the nation, and the 5th most improved over the prior year. The payment error rate is a measure of how accurately Food Stamp benefits are paid.

One of the challenges of administering the Food Stamp Program is to ensure that not only food payments are determined accurately, but also that families in the need of food assistance are helped as quickly as possible. As of June 2009, more than 97.1% of Idaho SNAP applications are approved within the federal standard of 30 days. Idaho currently averages eight days to approve non-emergency food stamp applications and one day to approve emergency applications. Whenever possible, Self-Reliance staff attempt to serve customers the same day they come into our offices to apply for services.

Efforts to improve the Food Stamp Program performance have come through technology improvements, as well as service delivery changes and business efficiencies. However, it becomes more challenging to maintain current performance levels with record caseloads being set each month.

### Food Stamp Program: Average Individuals Served Monthly and Total Benefits Provided



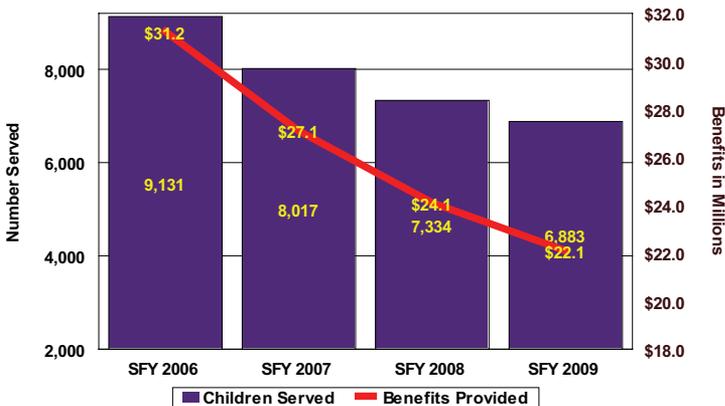
## Idaho Child Care Program

The Idaho Child Care Program (ICCP) provides assistance for child care expenses for low-income families so they can maintain employment. Child care assistance is calculated on a sliding fee scale, dependent on the parents' income. Because of the high costs of child care, many parents earning near minimum wage could not afford to work and pay for child care without ICCP assistance. Payments for assistance are made directly to child care providers.

The decline in the ICCP caseload during SFY 2009 is due to job losses by parents. When parents become unemployed and cannot find work, they do not need or qualify for child care assistance. Despite declining enrollment, child care assistance remains a critical element in allowing many low income families to maintain employment. One of the core values of the program is the importance of a working parent role model for children in the family.

ICCP, in partnership with the University of Idaho and the Idaho Association for the Education of Young Children, also provides professional development and referral services for Idaho child care providers. 7,020 Idaho child care providers are enrolled in the program, benefitting from 838 trainings conducted in the state in SFY 2009. Facilities also participated in a pilot program to develop a quality rating system for child care providers.

### ICCP Average Monthly Children Served and Total Annual Benefits Provided



## 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 enrollees receive, depending on the Medicaid program approved or the type of care a person requires.

In SFY 2009 the Division of Welfare processed 105,232 applications for health coverage and determined eligibility for continuing coverage for 68,005 cases. There were 247,097 people who accessed health coverage through Medicaid programs during the year, with 181,426 of those being children.

During SFY 2009, Medicaid enrollment increased at steady 4%, but timelines for approving Medicaid applications improved significantly. The federally required processing timeline is an average of 45 days. However, for the majority of 2009 the Division processed Medicaid applications in fewer than 20 days. Annual redeterminations of eligibility for individuals who receive Medicaid were completed timely 99.6% of the time over the past year.

Idaho Medicaid 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. Medicaid also provides a program that helps eligible families pay premiums for private or employer sponsored health insurance.

A number of Medicaid programs serve the aged, blind, and disabled, including individuals who require nursing facility or in-home care. In an average month, 46,006 people receive health coverage in this category, which includes approximately 3,699 people residing in long-term care facilities, 33,273 disabled or aged adults who live in the community or in residential facilities, and 9,141 disabled children. Medicaid also provides a program that allows disabled individuals who are employed to continue to receive Medicaid if they share in the cost of the coverage.

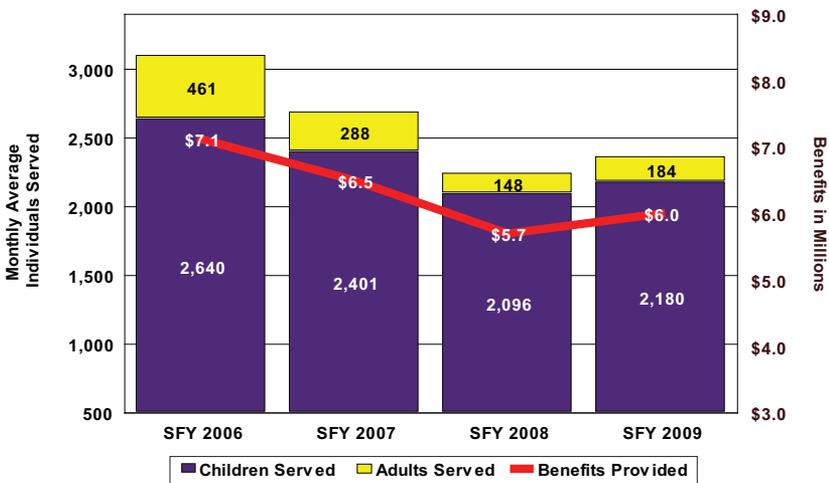
## Temporary Assistance for Families in Idaho (TAFI)

TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant. In Idaho, the work participation rate of families receiving TAFI met or exceeded the federally required rate of 50% every month in SFY 2009.

A typical TAFI family consists of a single mom with one or two children under the age of 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.

The TAFI caseload has grown 4.5% (69 cases) during SFY 2009. Almost 90% of the caseload consists of child-only cases. These are children who are usually being cared for by a relative, often because their birth parents are incarcerated or have a substance abuse problem. The relative providing care is most often a grandparent on a fixed income. There is no work participation requirement for these TAFI cases.

### TAFI Average Individuals Served and Total Annual Benefits Provided



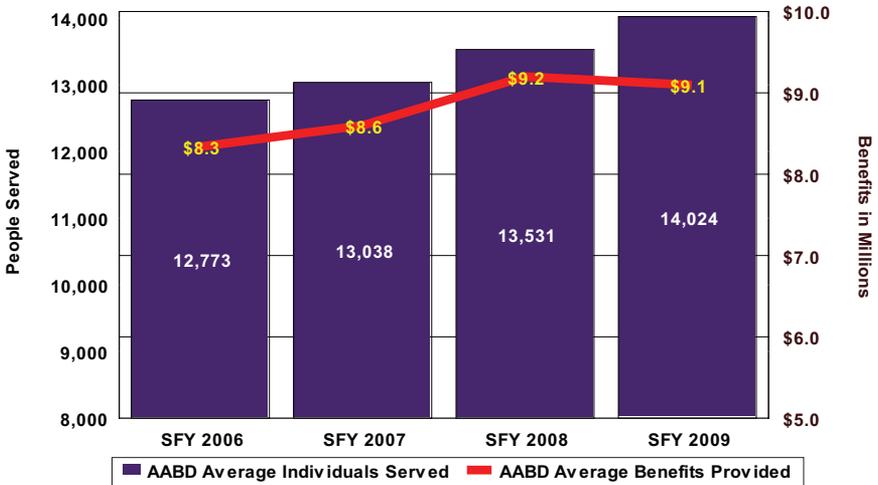
### Aid to the Aged, Blind, and Disabled (AABD)

AABD provides cash assistance to certain low-income individuals who also receive medical assistance because they are blind, disabled, or age 65 or older. There were 14,024 individuals who received an AABD cash payment each month. Of these, 2,279 are over age 65, 1,602 are disabled children, and the rest are disabled adults. AABD cash assistance is intended to supplement the individual'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 payment. The average monthly payment for a person receiving AABD cash assistance is \$54. Individuals living in their own home receive an average of \$48 per month.

As a result of the economic downturn, cash assistance payments to eligible individuals living in their own home was capped at \$53 each month. This has resulted in a projected decrease in general fund expenditures of approximately \$1 million without a loss of Medicaid access.

### AABD Average Monthly Individuals Receiving Cash Payment and Total Annual Benefits Provided

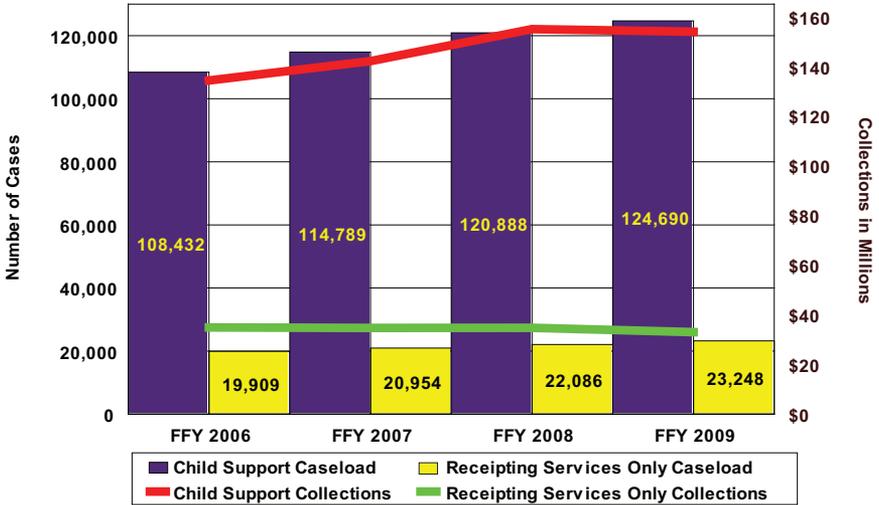


## Child Support Services

The Child Support Program promotes the economic health of families by helping to ensure that non-custodial parents are financially and medically responsible for their children. 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.

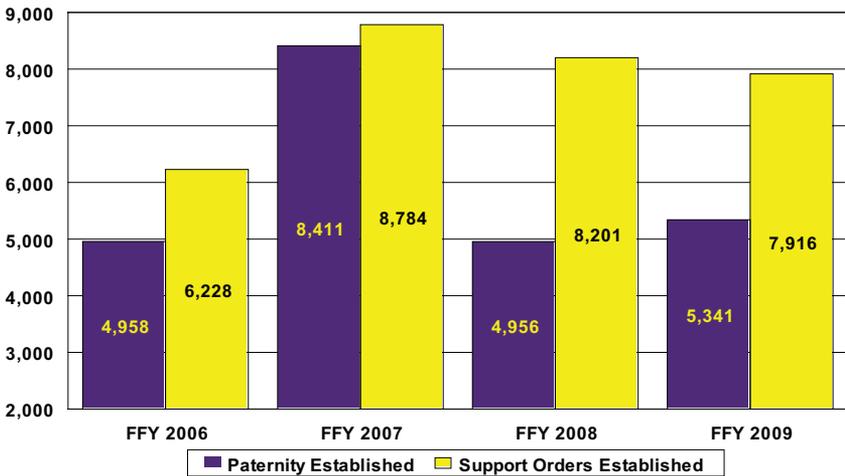
In FFY 2009, the Child Support Program administered approximately 147,000 child support cases, collecting and distributing \$187 million. These cases and support dollars include both state cases and Receipting Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Legislature chose DHW to administer the state's child support program, including county RSO cases. In FFY 2009 the RSO caseload amounted to more than 23,000 cases, collecting and distributing \$33 million. The largest portion of the Idaho child support caseload comes from state cases. In FFY 2009, Child Support Services administered a monthly average of 124,690 non-county child support cases where it collected and distributed \$154 million for Idaho children.

### Monthly Average Child Support Caseload and Total Dollars Collected



Note: Despite a high rate of unemployment in Idaho, collections remained relatively steady.

### Paternity and Support Orders Established



Note: In FFY 2007, the Child Support Program focused efforts on improving case accuracy and integrity, causing unusually high numbers in both paternity establishments and support order establishments that year.

## 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 most important tool 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 2009, \$83 million was collected using this tool.

### Child Support Collected Through Wage Withholding



*Note: The decrease in collections in FFY 2009 may be linked to the downturn of the economy. Although Wage Withholding collections declined, collections from unemployment compensation almost tripled, from \$3 million in FFY 2008 to \$8.5 million in FFY 2009.*

**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 1,350 people per month in FFY 2009.

**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. Approximately one-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 2,948 licenses suspended during FFY 2009.

**Federal and State Tax Offset:** Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2009, households who receive child support enforcement services received \$16 million 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	\$ 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
Annual Non-Custodial Parent Collection Fee	\$ 25

## Child Support Modernization

The Child Support Program continues with its Modernization Project that began in SFY 2008. The need for modernizing the program grew as a result of an ever-increasing caseload and limited staff. With continued expanding caseload pressures, casework timeliness, accuracy, and customer service were becoming significant issues.

The 2008 Legislature appropriated \$3.8 million to improve the program's automated system, called the Idaho Child Support Enforcement System, or ICES. The appropriation also funded a new and enhanced customer service website, automated system interfaces, and development of improved business processes. This work was accomplished during SFY 2009.

Work continues with process improvements planned for SFY 2010. In November 2009, the Modernization Project began electronically scanning and storing all historical Child Support hardcopy case files using the e-CaseFile system, which was as part of the project. Additionally, redesign and implementation of business operations and processes in the seven Child Support offices across the state is scheduled during SFY 2010. This work will focus on units that are responsible for enforcing Child Support court orders and maintaining financial records, with a goal of improving the financial data integrity of Child Support cases. At the end of SFY 2009, the total data integrity of the case accuracy of the Child Support Program was at 80%. The Child Support Modernization Project is projected to improve that rate to over 90% during SFY 2010.

## Contracted Services

Contracted Services include a wide array of services delivered by several organizations, both public and private, across the state that contract with the Department of Administration. These services broaden and enhance the assistance that is available to the public. The services include help with employment, child support, child care, food and nutrition, as well as home utilities and weatherization.

Much of the funding for these services comes from Federal grant monies. The services offered widen the 'safety net' for low-income families and often meet their needs so they do not need to access DHW programs, or they can bridge the gap for individuals and households transitioning from other DHW programs and services.

**Enhanced Work Services:** Provides DHW Self-Reliance participants with training 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 Enhanced Work Services. Four contractors delivered these services statewide and served 16,782 participants in SFY 2009.

**Child Support Customer Service:** Delivers professional and proficient child support receipting, case management, financial analysis audits, and customer service call center services for the Idaho Child Support Program. This contractor receipted 600,447 transactions in SFY 2009, amounting to \$126.5 million. The contractor completed 351,449 customer service calls, 1.3 million interactive voice response calls, and 8,883 website emails.

**Financial Institution Data Match:** Transmits biweekly 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 47,155 data matches in SFY 2009.

**IdahoStars:** This contract with the University of Idaho ensures a consistent, statewide Child Care Resource and Referral system, along with a Professional Development Registry and Career Pathway system that are consumer-driven to increase public awareness and improve the quality of child care in Idaho. In SFY 2009, there were 3,685 child care referrals to parents, 2,154 active ICCP providers registered, and 2,362 participants enrolled in the Professional Development Registry.

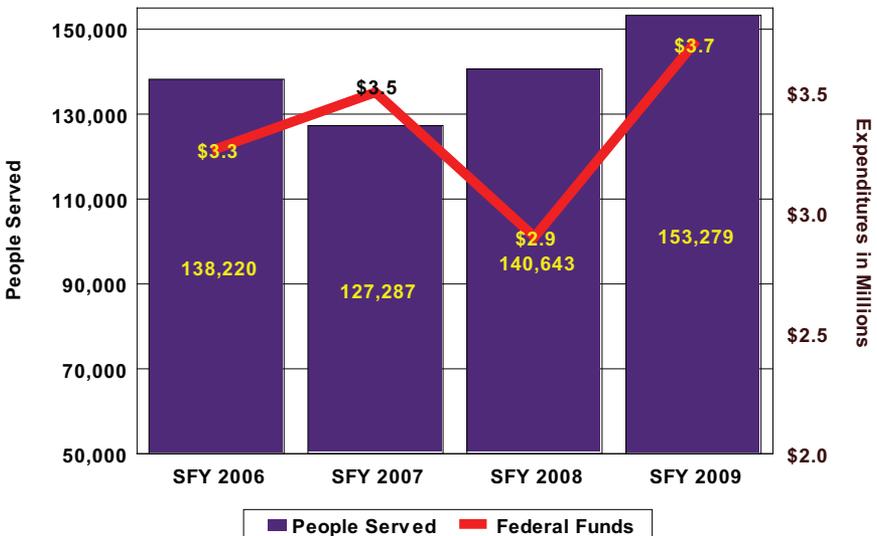
**Community Services:** The Division of Welfare contracts with the Community Action Association Partnership of Idaho for the administration of several federal grant programs to improve living conditions for low-

income households and encourage self-reliance. The programs include Community Services Block Grant, the Emergency Food Assistance Program, Low Income Home Energy Assistance Program, the Idaho Telephone Service Assistance Program, and the Weatherization Assistance Program. Together these Community Service Programs served over 128,749 Idahoans in SFY 2009.

**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 by Community Action Partnership of Idaho through a contract with the Department of Health and Welfare.

**Community Services Block Grant (CSBG):** The grant 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 the Community Council of Idaho (formerly known as the Idaho Migrant Council.) Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent \$3.2 million serving 153,279 people during SFY 2009.

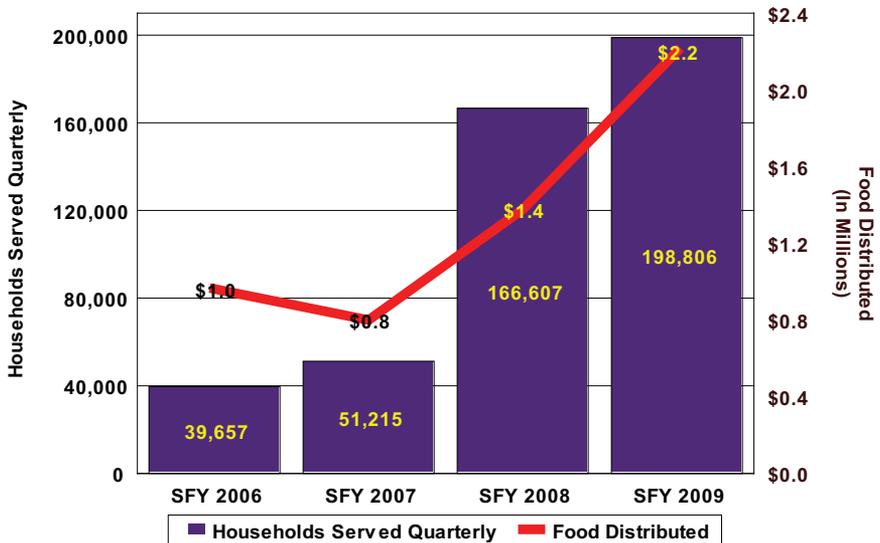
### Community Services Block Grant



**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 the U.S. Department of Agriculture, which 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 SFY 2009, TEFAP distributed 2.6 million pounds of food, valued at \$2.2 million to 198,806 low-income Idaho families.

### The Emergency Food Assistance Program (TEFAP)

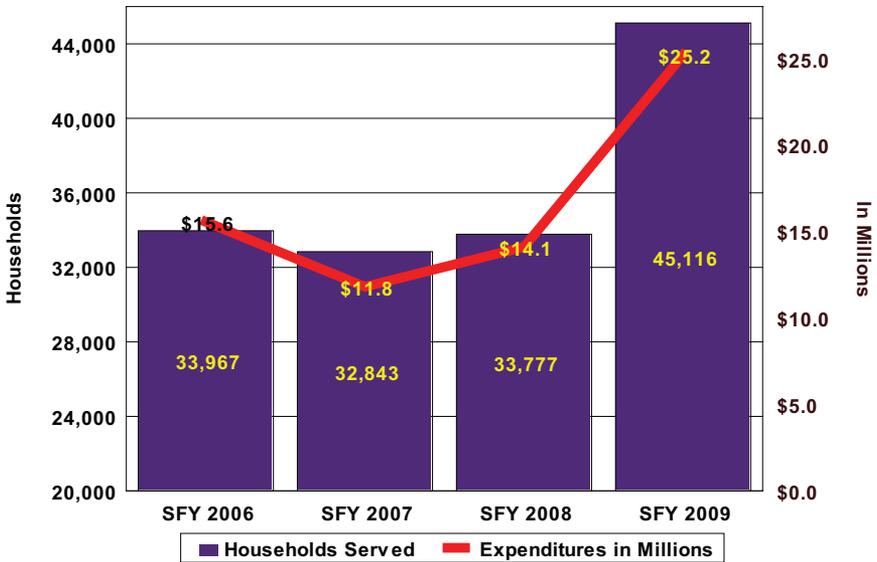


*Note: Until recently, Idaho's foodbanks and soup kitchens did not have a data collection system to record TEFAP participation. A new data system is now collecting this information and is responsible for the large increase in SFY 2008.*

**Low-Income Home Energy Assistance Program (LIHEAP):** LIHEAP funding pays for several energy conservation and education programs for low-income people, along with paying a portion of energy costs for qualifying households. The program is administered through Community Action Programs.

Payment for energy costs is made directly to energy suppliers and vendors. \$25.2 million was spent in SFY 2009, serving 45,116 Idaho households. \$16.5 million of this funding was used as direct payment of energy costs for low-income households.

### Low-Income Home Energy Assistance Program



**Weatherization Assistance Program** : Helps low-income families conserve energy, save money, and improve their living conditions. Projected energy savings from 2009 weatherization activities returned \$2.73 in energy-related benefits for every \$1 invested.

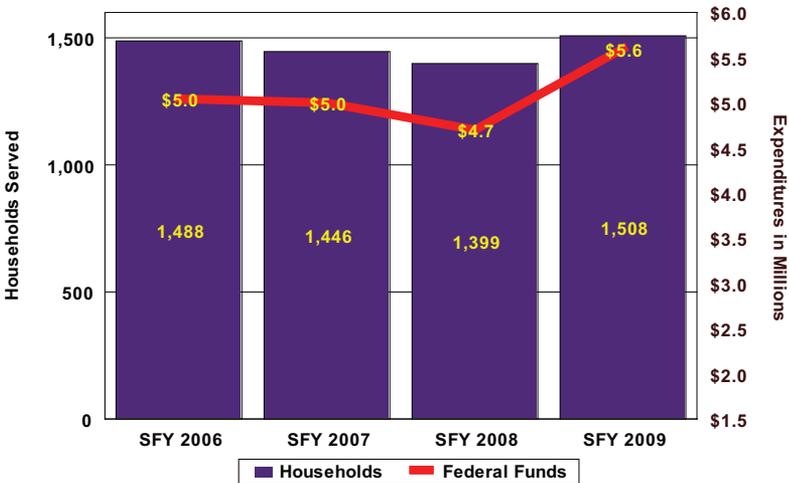
Idaho's weatherization program is funded by utilities, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. In calendar year 2009, approximately \$5.6 million was spent on 1,508 homes.

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

The American Recovery and Reinvestment Act (ARRA) provided Idaho with \$30 million for weatherization services for FFY 2010 and 2011. This funding more than doubled the number of homes that can be weatherized in Idaho annually over the next two years and raised the eligibility level to 200% of poverty.

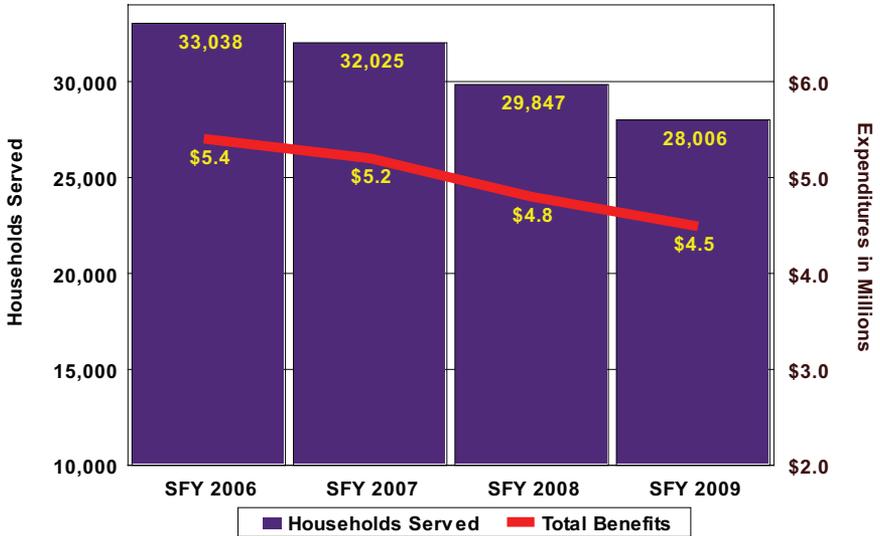
In response to ARRA and the responsibility to stimulate the economy quickly and appropriately, the Community Action Partnership (CAP) network in Idaho began aggressively ramping up to meet an ambitious production schedule. While these funds became available in April of 2009, none could be spent on production because interpretation of federal requirements and wage information related to new Davis Bacon regulations had not yet been finalized. This delayed the actual spending of the ARRA funds but did not prevent the weatherization agencies from hiring and training new staff and contractors. As a result, in the last quarter of SFY 2009, the weatherization activities in Idaho doubled.

**Weatherization Assistance Program (Federal Expenditures)**



**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 2009, the program served an average of 29,006 households per month, with a monthly benefit of approximately \$13.50. Benefits for the state fiscal year totalled over \$4.5 million.

### Telephone Service Assistance Program



*Note: Benefits cannot be used to pay for wireless (cell phone) service. Participation is expected to decline around 6% each year as more people replace their landline with wireless.*

## Division of Public Health

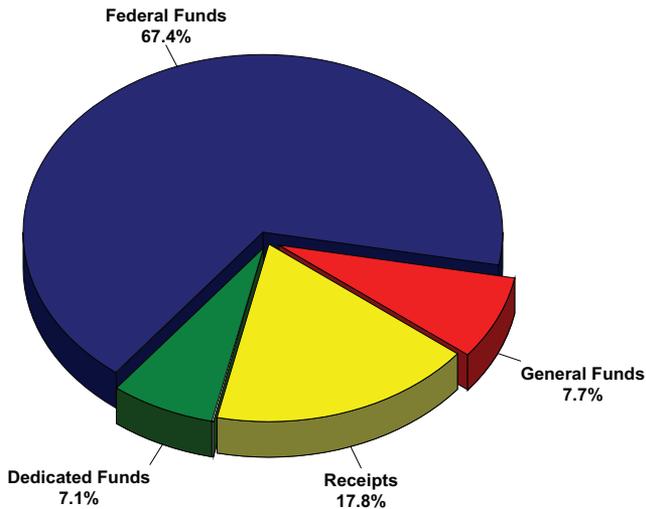
**Jane Smith, Administrator, 334-5932**

The Division of Public Health provides a wide range of services that include immunizations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital records administration, compilation of health statistics, and preparedness for health or safety emergencies. The Division's programs and services actively promote healthy lifestyles and prevention activities, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with local public health districts and other providers 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 public health districts.

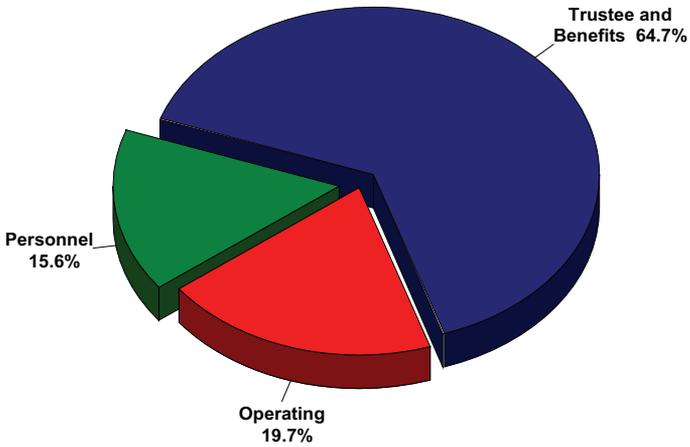
The division includes the Bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services; Laboratories; Health Planning and Resource Development; Vital Records and Health Statistics; and Epidemiology, Food Protection and Immunizations.

### Public Health SFY 2010 Funding Sources

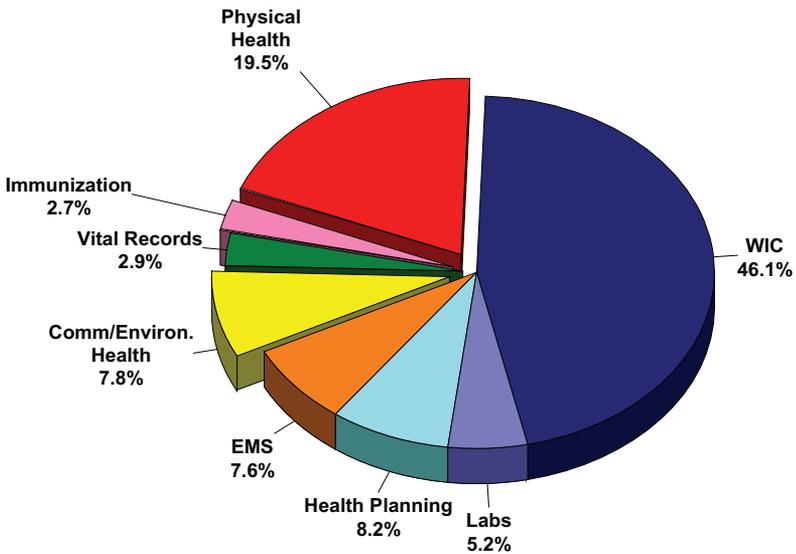


SFY 2010 Authorized FTP: 206.2; General Fund Appropriation: \$6.3 million; Total Funds: \$82.4 million; 4.1% of Health and Welfare funding.

## Public Health SFY 2010 Expenditure Categories



## Public Health Spending by Program



## 2009: Protecting the Health of Idaho Citizens

- The Office of Epidemiology and Food Protection responded to the outbreak of 2009 H1N1 pandemic influenza during April and May, 2009. The office worked with the public health districts to investigate and respond to suspected cases, advising agencies and employers on managing cases and outbreaks in their institutions, providing guidance to physicians and hospitals, and handling media inquiries. The Division of Public Health spent much of the summer working with the Idaho Public Health Districts, the Dept. of Education, medical providers and other agencies for a coordinated response to increased infections in the Fall. Plans were developed and implemented for mass vaccination clinics and community mitigation strategies.
- The Heart Disease and Stroke Prevention (HDSP) Program completed development of the State Plan. The HDSP program collaborated with 11 Critical Access Hospitals to increase community education on the risk factors for heart disease and stroke, the signs and symptoms of heart attack and stroke, and the importance of calling 911. The program also convened a Cardiac Level One Advisory Committee, a Cardiac EMS Subcommittee, a Cardiac Public Education Subcommittee, and expanded the membership of the Heart Disease and Stroke Prevention Advisory Committee. The HDSP program also developed a new web page.
- In August, 2008 the Bureau of Laboratories opened a new 3,000 sq. ft. Biosafety Level 3 (BSL3) laboratory. BSL-3 laboratories are used to contain and study biological agents (bacteria, viruses and fungi) that can be transmitted through the air and cause serious or potentially lethal diseases.
- The Bureau of Vital Records and Health Statistics implemented the Electronic Death Registration System (EDRS) in April 2009. Online death records provide a more timely submission of higher quality death information to the State Registrar. The EDRS enables the state to better serve families by providing copies of death certificates to them more quickly and efficiently. In July 2009, 67.5% of all death certificates were submitted electronically thru the EDRS. Of all death certificates submitted to Vital Statistics in July 2009, over 71% were received within six days from the date of death.
- Due to declining immunization rates, along with funding issues facing the program in SFY 2010, the Idaho Immunization Program developed a task force of healthcare providers, insurance carriers, the Idaho Medical Association, and other stakeholders. The task force is working on long-term solutions that can be presented to the Legislature for consideration.

## Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Sexual and Reproductive Health, Immunizations, Children's Special Health, Women's Health Check, and Women, Infants and Children (WIC) nutritional program.

### Family Planning, STD and HIV Programs

The Family Planning, STD and HIV Programs serve as the Title X grantee and administers funding for seven delegate agencies that provide family planning services throughout Idaho. The 45 clinics managed by local public 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 teen pregnancy rate has historically remained well below the national rate and the Healthy People 2010 goal. Ten years ago, the Idaho teen pregnancy rate was 29.0 per 1,000 females aged 15-17. During the past five years, the rate reached a low of 20.8 in 2005, but has since increased to 23.8 per 1,000 females aged 15-17 in CY 2008.

**Idaho Teen pregnancy number and rate, females aged 15-17**

Year	Number	Rate per 1,000 females aged 15-17
2008	781	23.8
2007	788	23.9
2006	762	22.9
2005	659	20.8
2004	655	20.9
2003	653	20.9
2002	714	22.6
2001	736	23.2
2000	801	25.1
1999	926	29.3

*Note: Idaho teen pregnancy numbers and rates are based on live births, induced abortions, and reportable stillbirths (only those fetal deaths with a gestational period of 20+ weeks or which weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1 percent) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable.*

The Family Planning, STD and HIV Programs also operate the sexually transmitted disease (STD), HIV Prevention, HIV Care, and Adult Viral Hepatitis Prevention projects. The projects work in partnership with local public health districts and community-based organizations to prevent the transmission of Chlamydia, gonorrhea, syphilis, HIV, and adult viral hepatitis through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

For the first time in Idaho history, the number of reported Chlamydia cases topped 4,000 – there were 4,194 cases of Chlamydia and 187 cases of gonorrhea reported in CY 2008. Over the last five years, the rates of Chlamydia per 100,000 population increased 37.7 percent and rates of gonorrhea increased 66 percent. Chlamydia rates increased from 199.8 cases per 100,000 in CY 2004 to 275.2 cases per 100,000 in CY 2008. Gonorrhea cases increased from 103 cases in CY 2004 to 187 cases in CY 2008

During State Fiscal Years 2005-2008, to curb the spread of Chlamydia and gonorrhea, the Division of Public Health 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.

There were 26 cases of syphilis reported in CY 2008 in Idaho for a rate of 1.7 cases reported per 100,000 population. This is a decrease of 69 percent from CY 2004, when rates increased to 5.6 cases per 100,000 population. The number of syphilis cases has decreased since CY 2004 due to additional training of health care providers, increased epidemiologic surveillance, and aggressive investigation of infected partners.

Rate of Sexually Transmitted Diseases			
	Chlamydia	Gonorrhea	Syphilis
<b>2008</b>	275.2	12.3	1.7
<b>2007</b>	248.2	17.9	0.9
<b>2006</b>	234.1	14.1	0.8
<b>2005</b>	195.9	8.3	3.8

*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. The IIP provides educational resources to the general public and healthcare providers. The IIP also oversees the national Vaccines For Children (VFC) program, which provides vaccine for children that might not otherwise receive vaccine.

Using both federal and state funds, the IIP distributes vaccines to private and public healthcare providers free of charge for all Idaho children 0-18 years of age. Healthcare providers can charge a fee for administering a state-supplied vaccine, but cannot charge for the vaccine itself. This practice ensures all Idaho children have access to recommended vaccines, regardless of their ability to pay.

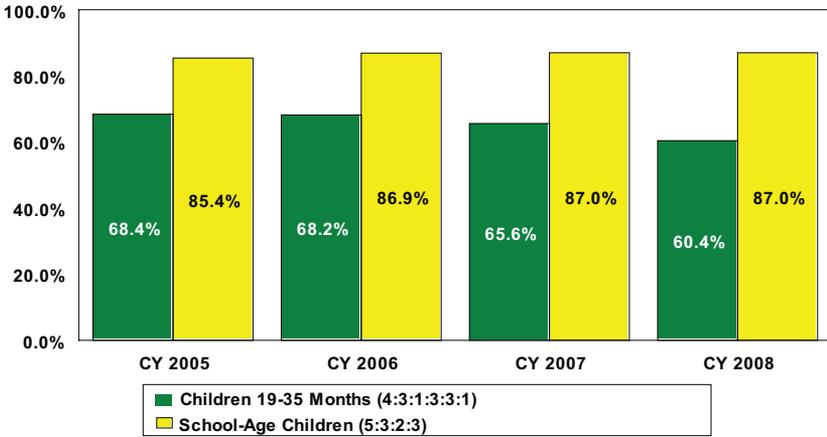
The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy, updates regarding state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices.

The IIP works with schools in an effort to focus on increasing the number of school-aged children who receive all recommended childhood immunizations. School and child care activities include 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 trainings to increase the knowledge of school nurses and staff regarding the immunization schedule, school immunization rules, and protocols for vaccine preventable disease outbreaks among students.

### Number of Childhood Vaccine Preventable Diseases

Disease	CY 05	CY 06	CY 07	CY 08
Hemophilus influenzae B (HIB, invasive)	2	1	8	12
Measles	0	0	0	0
Mumps	0	7	7	2
Pertussis (whooping cough)	211	88	45	40
Rubella	0	0	0	0
<b>Total</b>	<b>213</b>	<b>96</b>	<b>60</b>	<b>54</b>

### Percent of Children Fully Immunized



Note: 4:3:1:3:3:1 is 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, one or more doses of MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more dose of varicella vaccine. The national average is 76.1% for children 19-35 months. 5:3:2:3 is 5 doses of DTaP, 3 doses of poliovirus vaccine, two doses of MMR and 3 doses of HepB.

### Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system that allows health care providers, schools, and child care facilities access to vaccination records for people of all ages residing in Idaho. It is a statewide, secure system that individuals and parents must 'opt-in' to for vaccination records to be stored. IRIS is utilized by approximately 90 percent of all Vaccine For Children providers in Idaho, with one third of those providers submitting data to the registry electronically. IRIS is also being used by schools to complete their 2009 Idaho School Immunization Report.

#### Number of Idahoans Enrolled in Registry by Year

	FY 2006	FY 2007	FY 2008	FY 2009
Ages 0-35 Months	59,527	61,219	64,059	47,669
Ages 3-5 Years	51,628	56,341	62,859	68,096
Ages 6-18 Years	103,018	122,765	150,893	195,857
Ages > 18 Years	86,364	99,781	112,222	136,380
<b>Total</b>	<b>300,537</b>	<b>340,106</b>	<b>390,033</b>	<b>448,002</b>

## Vaccine Distribution

The IIP provides vaccines for VFC-eligible children through the VFC Program sponsored by the federal Centers for Disease Control and Prevention (CDC) and purchases additional vaccines for all other children. For each of the last four years, the program distributed more than 500,000 vaccine doses statewide to more than 330 providers, local public health districts, clinics, and private physicians

The Immunization Program began offering 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 human papillomavirus (HPV) as a Vaccines for Children (VFC) only vaccine in 2007.

## Vaccine Adverse Event Reporting System (VAERS)

The Immunization Program strives to distribute more combination vaccines to reduce the number of injections a child must receive to be fully immunized. These include ComVax (hepatitis B/Haemophilus Influenzae, type B), Pediarix (diphtheria, tetanus, acellular pertussis/hepatitis B/polio), and Twinrix (hepatitis A/hepatitis B). By using combination vaccines, 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 2009, Idaho submitted 32 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.

### Number of Adverse Reactions and Rate per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2009	32	554,137*	0.5
SFY 2008	38	590,342	0.6
SFY 2007	38	512,393	0.7
SFY 2006	48	502,516	1.0

*\*Note: The number for SFY 2009 is an estimate and will increase as health-care provider reports are 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 \$54 per month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The program also provides counseling in nutrition and breastfeeding to more than 79,000 participants annually. WIC services are delivered through the seven Idaho Public Health Districts, Benewah Health and Nimiiipuu Health.

**Clients Served Monthly and Average Monthly Voucher Value**

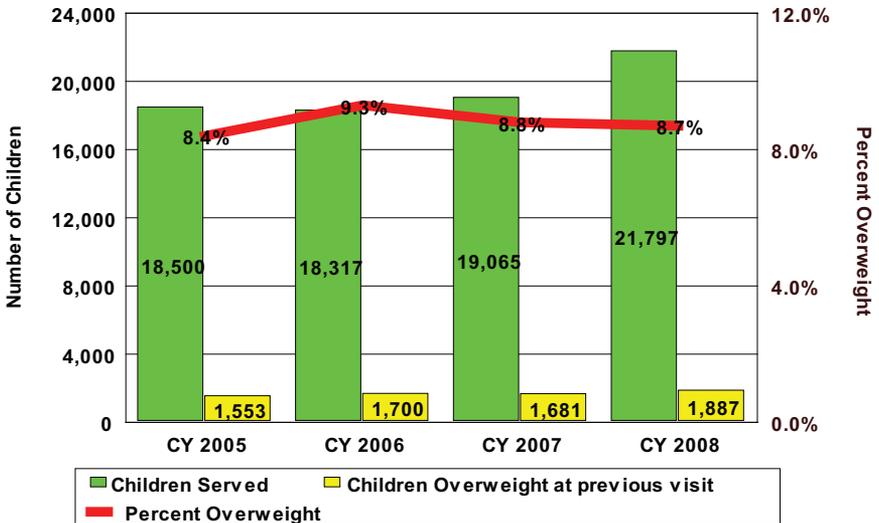
Year	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>Clients Served</b>	<b>37,278</b>	<b>37,593</b>	<b>40,539</b>	<b>45,415</b>
<b>Average Voucher</b>	<b>\$46</b>	<b>\$48</b>	<b>\$55</b>	<b>\$54</b>

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.

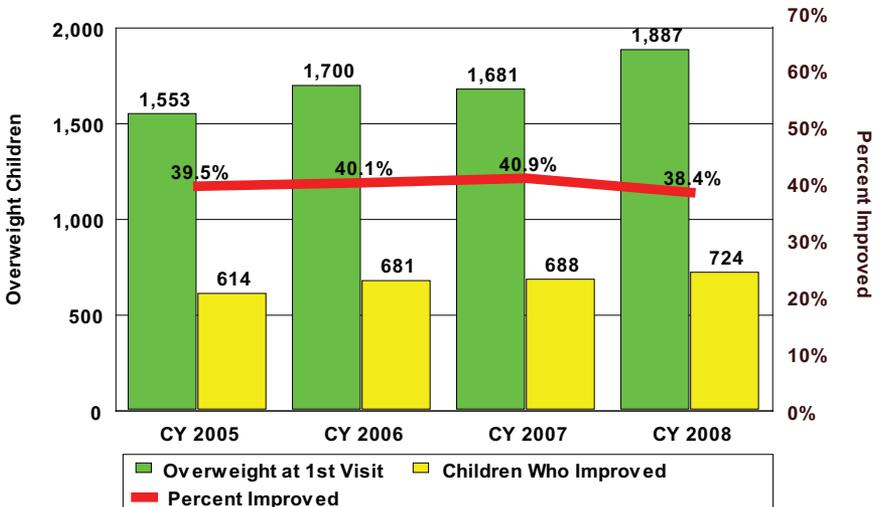
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure status of their weight with their height to obtain their Body Mass Index (BMI).

In 2008, 1,887 children served by WIC aged 2 to 5 years (8.7 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 38.4 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 by 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 Diagnosed	Cervical Cancer* Diagnosed	Pre-Cervical* Cancer Diagnosed
SFY 2009*	4,173	61	2	56
SFY 2008	4,287	61	2	51
SFY 2007	3,813	43	3	31
SFY 2006	3,508	47	3	32

*\* Data for breast and cervical cancers is based on an 'invasive' diagnosis. Pre-Cervical Cancer diagnosis is based on Cervical intraepithelial neoplasia (CIN) diagnosed at stages 1,2 or 3. Data for pre-cervical cancer cases diagnosed is new to the report in 2008. Data for 2009 may change as a new policy requiring U.S. citizenship is applied.*

## Office of Epidemiology, Food Protection and Immunization

The Office of Epidemiology, Food Protection, and Immunization encompasses three programs that monitor disease trends and epidemics, helps safeguard Idaho's food supply, and prevents diseases through vaccinations.

The Immunization Program became part of the Office of Epidemiology and Food Protection in September 2009. The SFY 2009 Immunization Program data, which reports on performance prior to September 1, is included under Clinical and Preventive Services on page 89.

## Epidemiology

The Office works with the Centers for Disease Control and Prevention (CDC) to respond and report outbreaks. The Epidemiology Program:

- 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 epidemiologic consultation to chronic disease, injury, and environmental health programs in the Division of Public Health; and
- Provides medical direction for programs in the Division of Public Health.

Epidemiology capacity has significantly increased with the placement of additional epidemiologists in the local District Health Departments and at the state level. Legislation was recently passed that made invasive methicillin-resistant *Staphylococcus aureus* (MRSA) reportable in Idaho and shortened the timeframe for reporting of other diseases of public health concern.

Disease surveillance capacity in Idaho is progressive. In the last five years, the Epidemiology Program has grown from a completely paper-based disease reporting system to full implementation of a web-based electronic disease reporting system (CDC-supported NEDSS Base System). Electronic laboratory reporting capability has enabled receipt of 50% of reports from laboratories to be handled electronically, significantly reducing the length of time it takes to receive disease reports.

## Bloodborne Diseases

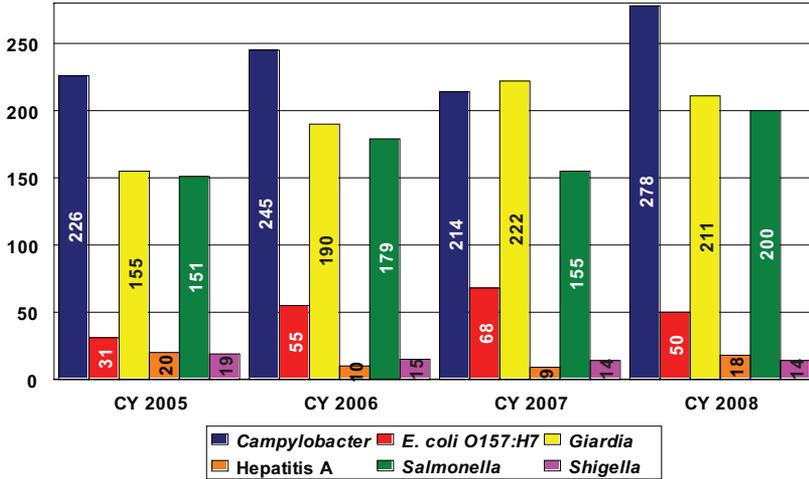
Bloodborne diseases, such as hepatitis B and C, along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or exchange of bodily fluids during sexual contact.

Bloodborne Diseases	CY 04	CY 05	CY 06	CY 07	CY 08
<b>New HIV Reports</b>	23	25	27	28	38
<b>New AIDS Reports</b>	16	26	31	14	31
<b>Idaho Residents Living with HIV/AIDS*</b>	813**	845**	921	992	1,095
<b>Acute Hepatitis B</b>	14	16	16	17	16
<b>Acute Hepatitis C</b>	1	1	1	7	6

*\*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 illness associated with the consumption of food. The Food Protection Program provides oversight, training, and guidance to environmental health specialists in local public health districts in Idaho. These environmental health specialists perform inspections of food facilities and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and district health departments investigate foodborne illness and outbreaks. They work closely with the food protection program and environmental health specialists to investigate suspected and confirmed foodborne illnesses arising from both licensed food establishments and other sources, taking steps to reduce disease and prevent future outbreaks. The contaminated food item is often difficult to identify because it may take several days for illness to occur, and samples from suspect food items may no longer be available for testing.

	SFY 06	SFY 07	SFY 08	SFY 09
<b>Foodborne outbreaks</b>	8	10	10	10
<b>From licensed food est.</b>	6	4	4	4
<b>From home, church, picnics</b>	2	6	6	6
<b>People ill</b>	120	52	103	55

NOTE: Only confirmed and probable outbreaks and cases counted.

## 2009 H1N1 Pandemic Influenza

A new influenza A H1N1 virus was identified in April 2009 in Mexico, and quickly evolved into a nationwide outbreak. On June 11, 2009, the World Health Organization declared it a pandemic virus due to widespread transmission throughout the world.

Symptoms of infection with the pandemic H1N1 are similar to seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. There were some reports of diarrhea and vomiting, but most people with the flu recovered without medical treatment. However, soon after the start of the outbreak, it became clear that illness caused by the pandemic H1N1 influenza seemed to impact younger people disproportionately, including some serious disease and deaths; it rarely causes disease or deaths in adults over 65 years of age.

During the initial outbreak, from April 26 through August 31, 2009, 342 lab-confirmed cases of H1N1 infections were reported in Idaho. Among those cases, the median age was 20 years, with over half (55%) of Idaho cases among people aged 5-24 and only 1% reported among people aged 65 or older. While a few cases had risk factors such as asthma or other chronic conditions, most illness occurred among otherwise healthy people. Of those initial cases reported in the spring and summer of 2009, 15 were hospitalized and no deaths were reported.

On September 1, 2009, a temporary Administrative Rule was enacted that mandated laboratory-based reporting of any isolation of an H1N1 virus. Providers also were required to report hospitalized cases of probable or confirmed H1N1. By the start of the 2009-2010 influenza season, the H1N1 virus was the dominant circulating influenza strain, resulting in widespread illness throughout the state, with increased hospitalizations and deaths being reported.

After the initial outbreak, multiple programs in the Division of Public Health worked fervently over the summer with the Idaho Public Health Districts, the Department of Education, medical providers and other partners to prepare for increased illnesses for the fall and winter months. Plans for mass vaccination clinics and community mitigation strategies were developed and implemented in September 2009.

Initial delays in H1N1 vaccine production slowed planned efforts for vaccination, but vaccine supplies increased in late October and through November. By early December, the Idaho Division of Public Health assisted in the distribution of more than 400,000 doses of H1N1 vaccine for Idaho residents, prompting public health districts to open up H1N1 vaccine availability to all Idaho residents.

Influenza viruses are unpredictable and often infect communities in 'waves' of illnesses. Influenza viruses often experience genetic shifts, which can make them cause more severe illnesses. Idaho public health workers are prepared for long-term influenza infections and continue diligent surveillance activities to protect Idaho residents.

## Laboratory Services

The primary role of the Idaho Bureau of Laboratories is to provide laboratory services to support the programs within the Department, those delegated to the district health departments, and those of other state agencies. The Bureau offers a broad range of services in four categorical areas:

### 1. Testing

- Communicable disease agents in clinical specimens: Enteric, respiratory, vaccine preventable, zoonotic, and sexually transmitted diseases;
- Contaminants in environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts; and
- Biological and chemical threats; Agents of biological or chemical terrorism.

### 2. Inspection

- Clinical and environmental laboratories;
- X-ray and mammography units; and
- Air quality monitoring stations

### 3. Training

- Multi-agency technical consultation and work-force development;
- Continuing education seminars and tele-lectures; and
- Formal presentations at local, regional, and national conferences, meetings, workshops, and universities.

### 4. Outreach

- Maintenance of a public-private Idaho Laboratory Response Network;
- Development and validation of new analytical methods; and
- Publication and presentation of applied public health research

The Bureau of Laboratories employs over 40 highly trained scientific, administrative, and support staff in a central facility in Boise. The laboratory is equipped with state of the art instrumentation certified by the EPA for environmental analyses, and accredited by CLIA as a high complexity clinical laboratory. The Bureau serves as the primary laboratory for the Department of Environmental Quality's Drinking Water Program and provides support for Total Maximum Daily Load (TMDL) monitoring. The Bureau also serves as the Idaho Laboratory Response Network (LRN) Reference Laboratory for biological threat agents and operates an LRN Level 2 Laboratory for chemical threat agents.

Examples of public health testing services performed at the Bureau of Laboratories include tests for: sexually transmitted diseases such as HIV, Chlamydia, and Gonorrhea; foodborne diseases such as Salmonella, E. coli O157:H7, and Norovirus; vaccine preventable diseases such as Pertussis, Measles, Mumps, and Chicken Pox; respiratory diseases such as Influenza, SARS, and Hantavirus; animal associated (zoonotic) diseases like Rabies and West Nile Virus; environmental tests for air pollutants like ozone and particulate matter; mercury content in fish; and a full suite of public drinking water tests like total coliforms, E. coli, and regulated chemicals such as pesticides, nitrates, arsenic and cyanide.

The Bureau's laboratory improvement services provide registration and inspection of clinical laboratories and environmental lab certification. The number of inspected clinical laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 63 JCAHO, CAP, and COLA laboratories in Idaho.\*

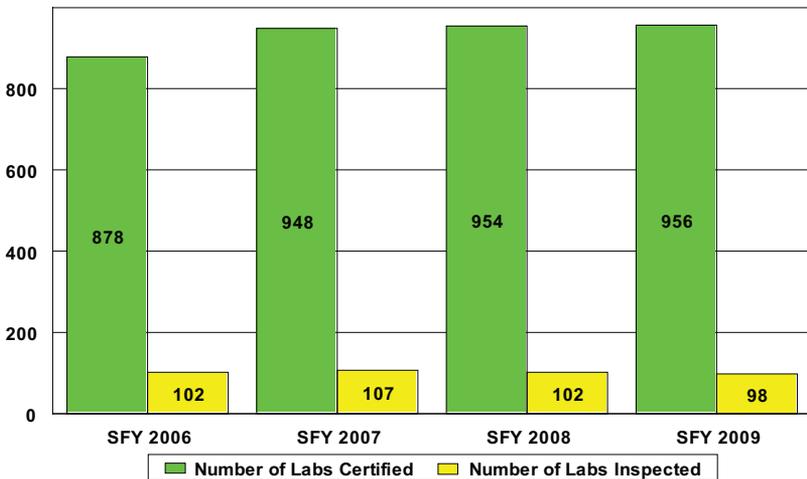
\*CLIA: Clinical Laboratory Improvement Amendments.

JCAHO: Joint Commission on Accreditation of Healthcare Organizations.

CAP: College of American Pathologists.

COLA: Commission of Laboratory Accreditation

### 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 requiring 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:

- Technical assistance and analysis for injury prevention activities;
- Strategies to reduce risk behaviors;
- Programs to prevent and control chronic diseases;
- Policies and strategies to prevent and reduce exposure to contaminants; and
- Leadership, education and outreach programs.

The Bureau is comprised of the following programs:

- Comprehensive Cancer Control;
- Respiratory Health (Tobacco and Asthma);
- Physical Activity and Nutrition, which includes Idaho Physical Activity and Nutrition Program, Project LIFE, Fit & Fall Proof, and Coordinated School Health;
- Oral Health;
- Diabetes Prevention and Control;
- Heart Disease and Stroke Prevention; and
- Environmental Health and Injury Prevention, which includes Sexual Violence Prevention, Adolescent Pregnancy Prevention, Indoor Environment, Environmental Health Education and Assessment, Injury Prevention and Surveillance, and Toxicology.

### **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; and
- Identify and eliminate tobacco-related disparities.

Idaho ranks 15th in the nation for the lowest percentage of adults who smoked in 2008, at 16.9%. The national percentage of adults who smoked was 18.4%.

Idaho Adults aged 18+	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008
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**Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)**

17.4%    17.9%    16.8%    19.1%    16.9%

*Note: According to the 2007 Youth Risk Behavior Survey, 20 percent of Idaho students in grades 9-12 smoked one or more cigarettes in the last 30 days. The Youth Risk Behavior Survey is conducted every two years, in odd-numbered years. The 2009 survey will be available in the summer of 2010.*

## Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. IPAN 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 2008 was 63 percent based on the median of all states and U.S. territories.

Idaho Adults 18 and Over	CY 2005	CY 2006	CY 2007	CY 2008
--------------------------	---------	---------	---------	---------

**Overweight Adults (Body Mass Index >25)**

61.4%    59.7%    63.1%    62.2%

*Note: According to the 2007 Youth Risk Behavior Survey, 11 percent of Idaho students in grades 9-12 are obese and an additional 12 percent are at risk for becoming overweight. The Youth Risk Behavior Survey is conducted every two years, in odd-numbered years. The 2009 survey results will be available in the summer of 2010.*

Definition of Standardized Weight Status Categories (Percentile Range):  
 Underweight.....Less than the 5th percentile  
 Healthy Weight.....5th percentile to less than 85th percentile  
 At Risk for Overweight.....85th to less than the 95th percentile  
 Overweight.....Equal to or greater than the 95th percentile

## Coordinated School Health

Through a partnership with the State Department of Education, the Coordinated School Health (CSH) Program provides funding opportunities, training, guidance, technical assistance and resources to schools that develop coordinated school health programs. Nine Idaho schools are currently funded by the CSH Program to implement policies and interventions that address health education; physical education; health services; nutrition services; counseling/psychological services; a healthy, safe environment; parent and community involvement; and staff wellness.

The CSH Program further supports these efforts by administrating programs such as the Healthy Schools Program that funds 14 school nurses in low-income and rural schools across the state. The CSH Program also conducts ongoing school-based data collection by administering the Youth Risk Behavior Surveillance Survey and School Profiles Survey, and in 2008 they coordinated a comprehensive statewide Body Mass Index (BMI) study and a Physical Education Teacher Survey.

### Fit and Fall Proof

The IPAN Program contracts with local public health districts to implement a fall prevention exercise program (Fit and Fall Proof) for older adults. Fit and Fall Proof focuses on improving balance, strength, flexibility and mobility to reduce the risk of falling.

From 2006-2008, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time period, 81% of all unintentional deaths by fall were among individuals 65 years of age and older. In 2008, Idaho Emergency Medical Services responded to 6,684 fall-related calls for individuals 65 years and older. 63% of those who fell, and for which data were available, were transported to a hospital. A greater proportion of females (56%) fell than males (44%). We can estimate the costs associated with fall-related calls in Idaho to be as high as \$35 million dollars.

The Fit and Fall Proof program continues to expand in Idaho's local public health districts. During FFY 2009, more than 4,500 visits to Fit and Fall Proof classes were made by Idaho seniors. During FFY 2009, three new Master Trainers were added to increase the fidelity of the program throughout Idaho. A refresher workshop for Fit and Fall Proof Master Trainers was conducted in September 2009. Eighty-four active class sites will be maintained during FFY 2010 (Oct. 1, 2009-Sep. 30, 2010). Terry-Ann Spitzer-Gibson, Associate Professor at Boise State University, has concluded a controlled research study of the Fit and Fall Proof Program and has written a final report currently being reviewed for submission in peer-reviewed journals and periodicals. Ms. Spitzer-Gibson's findings indicate that a low-cost, multifaceted exercise program can be effective for improving aspects of physical function and for reducing fall risk factors.

**Injury Death Rate, Death Due to Accidental Falls\***

	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2008</b>	2.1	59.3	8.9
<b>CY 2007</b>	2.2	60.6	9.0
<b>CY 2006</b>	1.6	70.9	9.6
<b>CY 2005</b>	1.1	53.1	7.1

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

Number of Deaths Due to Accidental Falls			
	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2008</b>	28	108	136
<b>CY 2007</b>	29	106	135
<b>CY 2006</b>	21	120	141
<b>CY 2005</b>	14	87	101

	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2008</b>	28	108	136
<b>CY 2007</b>	29	106	135
<b>CY 2006</b>	21	120	141
<b>CY 2005</b>	14	87	101

### Idaho Comprehensive Cancer Control Program

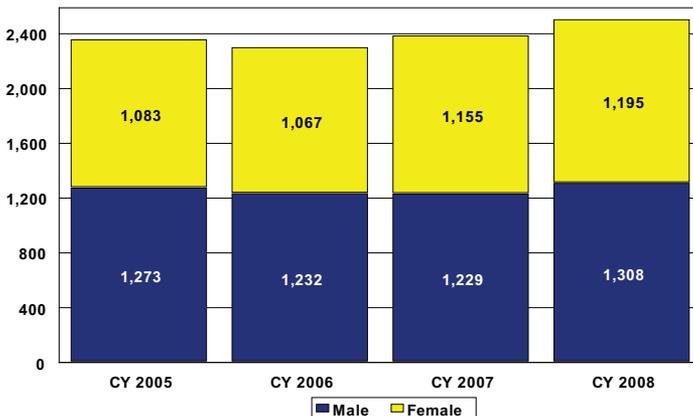
In 2008, cancer surpassed diseases of the heart as the leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal cancer, skin (specifically melanoma), prostate, oral, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer. Idaho has some of the lowest screening rates in the U.S. for these cancers. The Comprehensive Cancer Control Program is working to improve screening rates.

The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

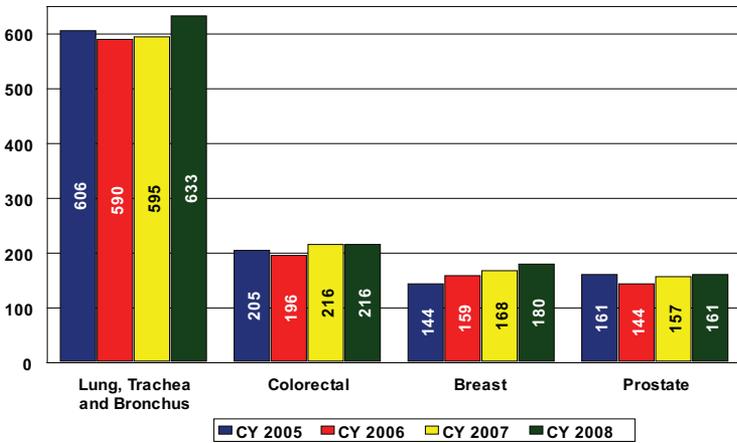
- Defines and raises awareness of the burden of cancer and cancer issues in Idaho;
- Develops new, and networks with existing, resources statewide;
- Implements strategies to reduce the burden of cancer and improve the quality of life for people with, or in recovery from, cancer; and
- Increases awareness of the importance of early detection and diagnosis which leads to the improvement of cancer screening rates according to current science and recommendations.

In 2008, Idaho reported 2,503 cancer deaths, up from 2,384 during 2007.

### Cancer Deaths of Idahoans



### Idaho Cancer Deaths by Primary Site of Malignancy



*\*Note: Colorectal cancer includes deaths caused by cancer of the colon and rectum; it does not include deaths caused by cancer of the anus. The numbers for breast cancer deaths include deaths to both men and women.*

### Diabetes Prevention and Control

The Diabetes Prevention and Control Program, funded by the Centers for Disease Control and Prevention, focuses on seven national diabetes objectives including:

- Monitor the impact of diabetes through surveillance and data collection;
- Clinical Measure: Increase utilization of the A1c test;
- Clinical Measure: Increase the rate of foot exams;
- Clinical Measure: Increase the rate of eye exams;
- Clinical Measure: Increase the rate annual flu vaccinations and pneumonia vaccinations;
- Focus diabetes prevention and control initiatives in high risk, disparate populations; and
- Promote wellness initiatives, such as nutrition, physical activity, healthy weight, and tobacco cessation, among people with diabetes.

The Idaho Diabetes Prevention and Control Program also addresses quality of care statewide by promoting professional education to health care professionals.

A statewide network of contractors, including the local public health districts, and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that positively influence the Centers for Disease Control and Prevention (CDC) National Diabetes Program by preventing diabetes, preventing complications including

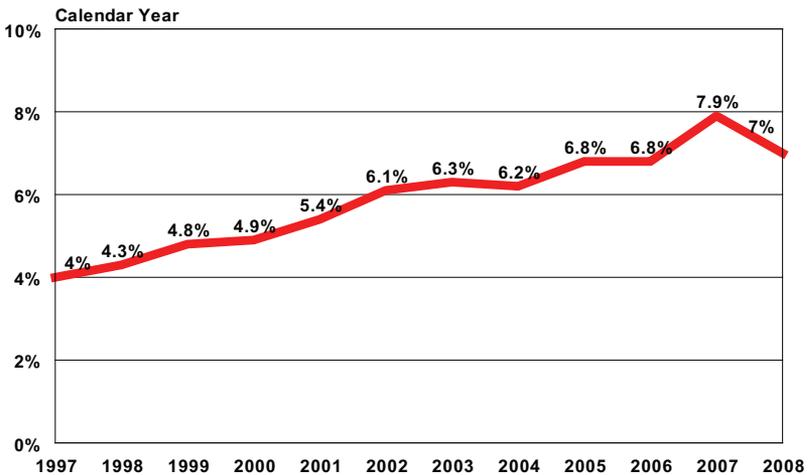
disabilities and the burden associated with diabetes, and eliminating diabetes health-related disparities. Partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

The Diabetes Prevention and Control Program recently facilitated the development and launch of the Idaho Diabetes 5-Year State Plan 2008-2013. The Plan serves as a framework for the state program and partners to conduct activities related to four goals:

1. Improve quality of care;
2. Improve access to care;
3. Prevent diabetes and diabetes complications; and
4. Develop and implement effective and sustainable policy.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the increasing rate of people who are overweight and obese, the aging population, and the increasing number of minorities who are a high risk for developing diabetes.

### Percent of Idaho Adults who have been Diagnosed with Diabetes 1997-2008



### Oral Health

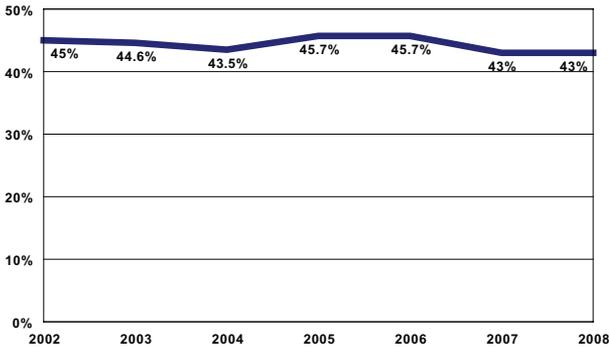
The Idaho Oral Health Program, funded by the Maternal and Child Health Block Grant, focuses on improving dental care for children and pregnant women, especially those at high risk for poor oral health because of socioeconomic status. The Oral Health Program participates in educating the public and health professionals about oral health care across the life span. Public-private partnerships and contracts with the local public health districts maximize the outreach and influence of the Oral Health Program.

Functions of the program include:

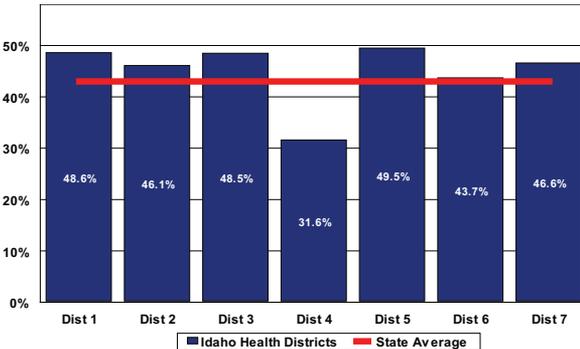
- Preventing early childhood caries through schools with programs focused on fluoride mouth rinse, dental sealants, fluoride varnish, and school-based education programs;
- Surveying third grade children to assess the impact of childhood dental caries;
- Monitoring the burden of oral health in Idaho;
- Working with Women Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to deliver dental programs;
- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, and organizations and others with a dental health focus.

Currently the Idaho Oral Health Program is facilitating the development of the Idaho Oral Health 5-Year State Plan 2009-2014 with Oral Health Alliance members. The program also is developing a systematic approach to gathering and reporting Idaho oral health data.

**Percent of Idaho Adults Without Dental Insurance  
2002-2008**



**Percent of Idaho Adults Without Dental Insurance  
by Health District 2008**



## Heart Disease and Stroke Prevention

In 2008, Idaho became the 41st state with a CDC funded Heart Disease and Stroke Prevention Program. Idaho is currently a “capacity building” state.

The Idaho Heart Disease and Stroke Prevention Program is working to address the following priority areas:

- Controlling high blood pressure,
- Controlling high cholesterol
- Increasing the knowledge of signs and symptoms of heart attack and stroke and the importance of calling 911,
- Improving emergency response,
- Improving the quality of care, and
- Eliminating health disparities.

The Program is working collaboratively with other private and public organizations and agencies to impact the above priority areas. In partnership with the Idaho Heart Disease and Stroke Prevention Advisory Committee, a Heart Disease and Stroke State Plan was developed in 2009. Additionally in 2009, the Heart Disease and Stroke Program updated the Burden of Cardiovascular Disease in Idaho, which provides a picture of the impact of heart disease and stroke in Idaho.

Currently, the Heart Disease and Stroke program is working with hospitals across Idaho to improve on the program priorities. Specifically, the partnership is focusing on increasing awareness about the importance of controlling blood pressure and cholesterol, along with recognizing the signs and symptoms of heart attack and stroke and the importance of calling 911.

One of the major risk factors for heart attack and stroke is high blood pressure. The Centers for Disease Control and Prevention's data shows that of people 18-44 years of age, 11.5% reported being diagnosed with high blood pressure, 32.9% of those 45-64 reported being diagnosed with high blood pressure and of those aged 65 and older, 58% reported being diagnosed with high blood pressure.

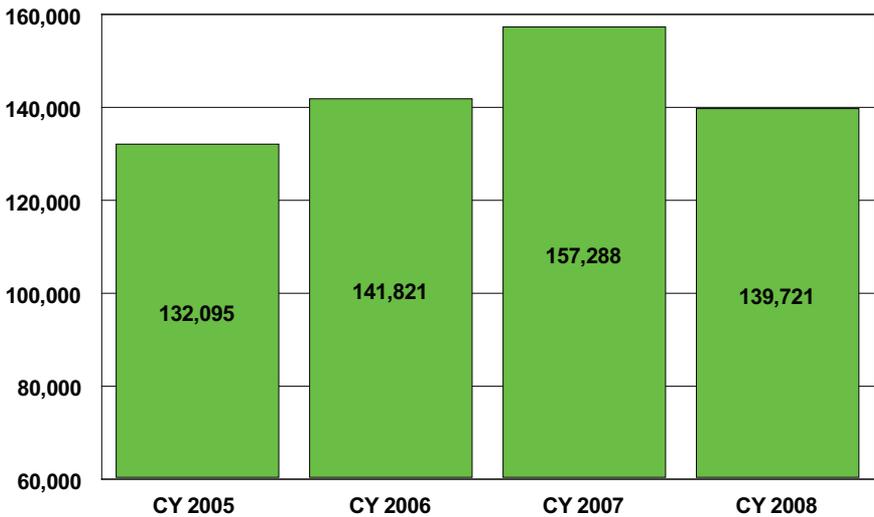
The HDSP program also is working with other public and private agencies and organizations to improve emergency response and the quality of care for heart attack and stroke.

According to CDC data for Idaho, 4.2% of adults surveyed were told by a doctor, nurse or other health professional they ever had a heart attack, also called a myocardial infarction. Of adults surveyed, 2.5% reported a doctor, nurse or other health professional told them they had a stroke.

## 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 houses the Health Preparedness Program and the Office of Rural Health and Primary Care. Both programs work closely with hospitals, federally qualified health centers, emergency medical service providers, local public health districts, associations, universities and other key entities in the health system.

### Health Preparedness Program

The Health Preparedness Program is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease

outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

- Upgrade infectious disease surveillance and investigation;
- Improve Idaho's public health departments, hospitals, emergency medical services and clinics to adequately care for large numbers of patients (surge capacity);
- Expand public health laboratory and communication capacities; and
- Develop influenza pandemic response capabilities and provide for the distribution of medications, vaccines, and personal protective equipment.

The Health Preparedness Program works with many stakeholders to develop effective plans, mutual aid agreements, trainings and exercises to provide coordinated and comprehensive all-hazards approaches to emergency health preparedness, response and recovery measures. This Health Preparedness Program is funded by the Centers for Disease Control and Prevention and the Hospital Preparedness Program, Assistant Secretary for Preparedness and Response. As part of the 2009 H1N1 Pandemic influenza virus response, the Health Preparedness Program is working with the Division of Public Health and other Idaho partners to:

- Educate Idahoans on how to protect themselves from getting and/or spreading the virus;
- Keep the public informed through media and the state's pandemic flu website, [www.panflu.idaho.gov](http://www.panflu.idaho.gov);
- Order and distribute 2009 H1N1 vaccine; and
- Promote seasonal and H1N1 vaccines.

The Division of Public Health is working with hospitals, community health centers and the public health districts for statewide vaccine distribution. Public health districts conducted large-scale public and school-based vaccination clinics, and worked with local private providers to administer vaccine focusing on priority populations. Hospitals focused their vaccination efforts on vaccinating healthcare workers, including Emergency Medical Services workers. Community health centers vaccinated both healthcare workers and priority populations.

## 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 healthcare.

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 federally designated to have a shortage of health professionals:

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

Medical doctors in a primary care shortage area provide direct patient and out-patient care 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.

<b>Idaho Geographic Area with Health Professional Shortage Designation</b>			
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	<u><b>CY 2006</b></u>	<u><b>CY 2007</b></u>	<u><b>CY 2008</b></u>
Primary Care	90.0%	95.3%	96.7%
Dental Health	92.4%	92.4%	93.9%
Mental Health	100.0%	100.0%	100%

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 improvement grants; 27 hospitals completed the terms of participation and received federal funds in FFY 2008 totaling \$225,702.

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

	SFY 2007	SFY 2008	SFY 2009
Grant Requests	\$1,537,436	\$1,141,898	\$1,685,415
Amount award	\$ 272,900	\$ 220,000	\$ 252,156
Organizations Applying	19	14	22
Organizations Awarded	7	5	6

## 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;
- Licensing of EMS personnel;
- Operation of the statewide EMS Communications Center;
- Providing technical assistance and grants to community EMS agencies; and
- Assessing EMS system performance.

### EMS Personnel Licensure

The EMS Bureau licenses EMS personnel once minimum standards of proficiency have been met. All personnel licensed in Idaho must have been trained in courses that meet or exceed the national standard curriculum published by the National Highway Traffic Safety Administration.

License renewal is the process of renewing licensure at the same level. For license renewal, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. Licenses are renewed every two or three years (depending on the level of license) in either March or September. Bureau workload consists of approving instructors to teach EMS courses, approving EMS courses, administering certification examinations, and processing applications for initial licensure and license renewal.

**Personnel are licensed at one of four levels:**

#### 1. Emergency Medical Responder (EMR)

The primary focus of the EMR, is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions

to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.

**2. Emergency Medical Technician (EMT)**

The primary focus of the EMT is to provide basic emergency medical care and transportation for critical and emergent patients. The EMT is licensed to provide basic non-invasive interventions focused on the management and transportation of out-of-hospital patients with acute medical and traumatic emergencies. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

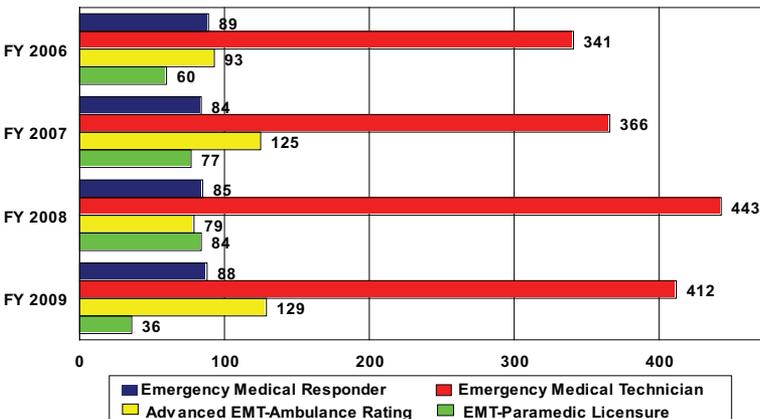
**3. Advanced EMT (AEMT)**

The primary focus of the AEMT is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients. The AEMT is licensed to provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training. The major difference between the AEMT and the EMT is the ability to perform limited advanced skills for emergency patients.

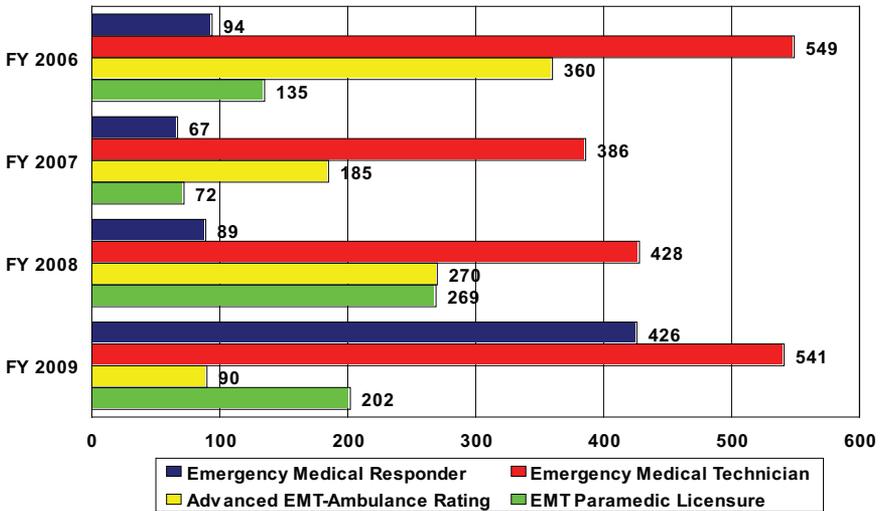
**4. Paramedic**

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. The paramedic is licensed to provide basic and advanced skills including invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. The major difference between the Paramedic and the AEMT is the ability to perform a broader range of advanced skills and use of controlled substances.

**EMS Personnel Licensure**



### EMS Personnel Licensure Renewal



### EMS Dedicated Grants

The EMS Dedicated Grant program has operated since 2001, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 199 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	FY06	SFY07	SFY08	SFY09
Grant Requests	\$4.1 mil.	\$3.0 mil.	\$2.7 mil.	\$3.2 mil.
Grants Awarded	\$1.3 mil.	\$.86 mil.	\$1.1 mil.	\$1.3 mil.
Vehicle Requests	45	31	29	30
Vehicles Awarded	14	11	12	12
<b>Patient Care Equipment</b>				
Agencies Applying	64	57	58	62
Agencies Awarded	54	47	41	50

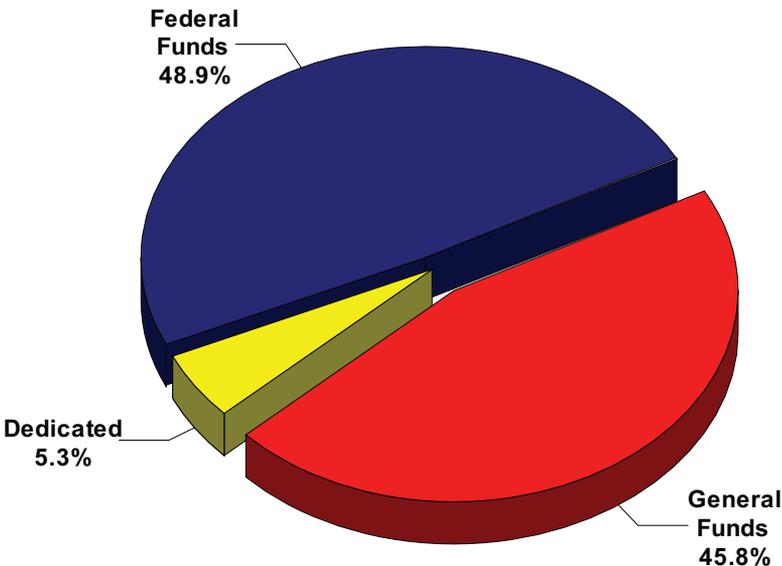
## Indirect Support Services

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, Legal Services, Management Services, Human Resources, Information and Technology Services, and Public Information and Communications.

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.

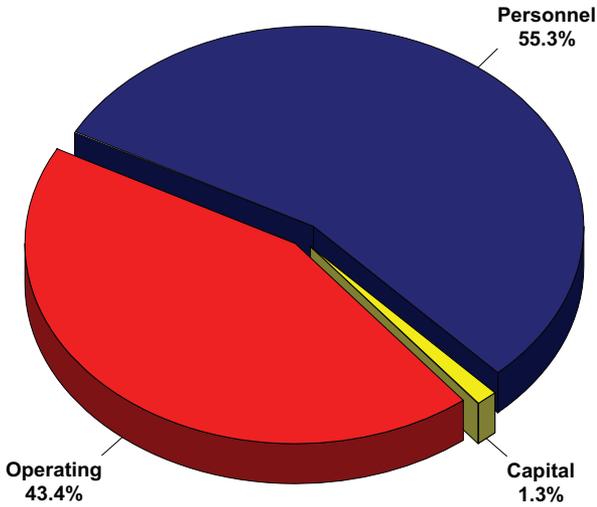
The staff of Legal Services through the State Attorney General's office represents and provides legal advice and litigation services. Management Services provides administrative and financial support for the Department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Regional and department administrative support is provided through the Director's Office. Human Resources supports the department's workforce of more than 3,000 employees throughout the state.

### Indirect Support SFY 2010 Funding Sources

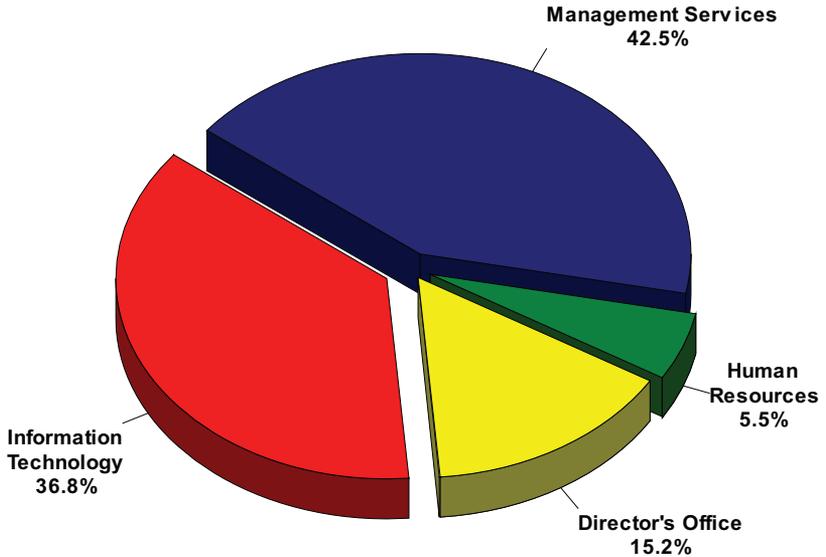


*Authorized FTP: 303; Original 2010 Appropriation — General Fund: \$17.2 million; Total Funds: \$ 37.5 million; 1.9% of Health and Welfare funding.*

## Indirect Support SFY 2010 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 to help formulate policy. The executive team 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**

***Dave Taylor, Acting Administrator, 334-5550***

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, Financial Systems Support, Accounts Payable, and Electronic Benefits sections.

### **Accounts, Receivable and Payroll**

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 2009 award was \$1.05 billion;
- 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 FTE positions; and
- Researching and compiling historical expenditure and revenue information.

### **Financial Systems Support**

This unit supports the automated accounting systems used by the department. It also provides system support including design, testing, troubleshooting, interfaces with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. It also is responsible for reports and maintenance of Management Services' data warehouse, and provides administrative support for interagency systems, such as the P-Card. 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;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- Navision — Front-end to Department's budget, purchasing and vendor payment activities;
- Contraxx -- Electronic contract operation and management system;
- Fixed Assets-- Department's inventory system; and
- Accounts Payable-- Child care, child support and job search payment system.

## **Accounts Payable**

This unit is the statewide performs all statewide 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 technical assistance;
- EBT support; and
- Invoice/payment audit.

## **Accounts Receivable**

This unit is responsible for billing and collection activity. Accounts Receivable pursues debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

Accounts Receivable is located in Twin Falls, and 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; and
- 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 biweekly 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

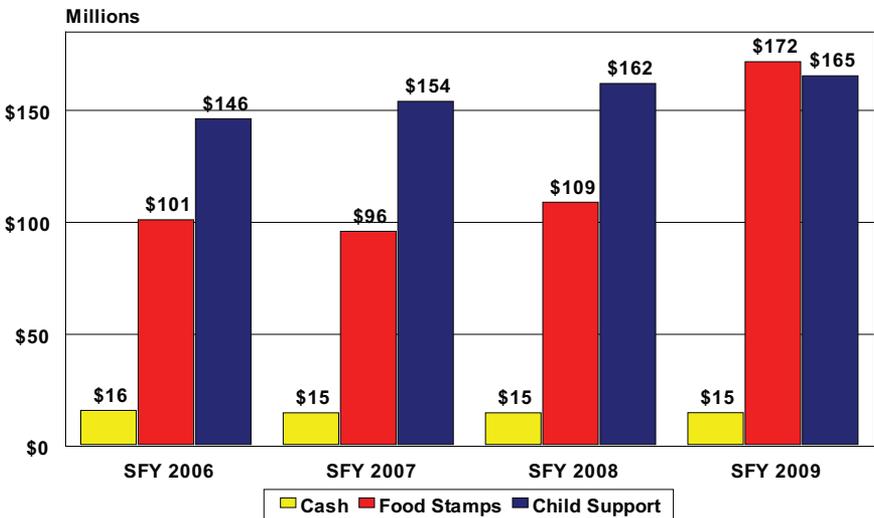
safeguards employee personnel records for Central Office Divisions.

### 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. During SFY 2009, there were more than 6.7 million transactions processed through this program. 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 access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with a Visa debit card, 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, Field Operations, and Contract Monitoring/Management.

### Electronic Payments Distributed



# Bureau of Operational Services

## Contracts and Purchasing

- Purchases products that cost between \$5,000 and \$75,000 and coordinates with the Department of Administration's Division of Purchasing for items greater than \$75,000;
- Provides technical expertise and administration of all Department competitive bidding, contract and sub-grant creation, implementation and product purchase. There were approximately 1,100 active contracts and sub-grants Department-wide during SFY 2008, with a total value of over \$850 million;
- Has responsibility for use, training, and daily operation of the electronic CONTRAXX management system; and
- Develops and maintains the Department contract and purchasing manual, policy, and procedures, provides staff training, and collaborates with the Department of Administration's Division of Purchasing to ensure compliance with purchasing rules and regulations.

## Facilities Management

Bureau responsibilities for facility management and motor pool operations include, but are not limited to the following:

- Plans space for relocations and new facilities;
- Coordinates and oversees office relocations statewide;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Ensures the maintenance and care of DHW leased and owned facilities at 57 locations statewide;
- Compiles project listings to maintain facilities in a manner that meet code requirements, ADA compliance, and program needs;
- 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 in collaboration with the Department of Administration, Division of Public Works;
- Monitors, negotiates, and coordinates leases, for more than 600,000 square feet of space, in collaboration with the Division of Public Works; and
- Ensures proper regional allocation, maintenance, and use of Department motor pool vehicles.

## 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; and
- East HUB — Twin Falls, Pocatello, and Idaho Falls

## Bureau of Audits and Investigations

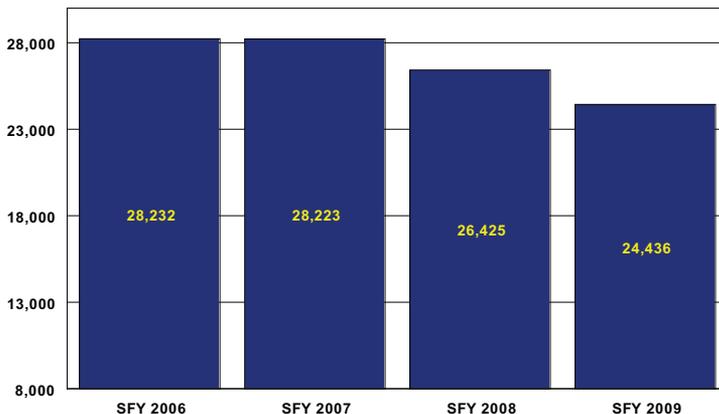
The Bureau of Audits and Investigations consists of Criminal History Unit, Internal Audit Unit, Medicaid Program Integrity Unit and Welfare Fraud Investigations Unit

### Criminal History Unit

In following the Department's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts required background checks and is the central repository of agency background check information received from the FBI and the Idaho State Police Bureau of Criminal Identification.

Background checks are required for people who provide direct care and services for program participants who are disabled, elderly or children. The criminal history background check is fingerprint based and required for provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long term care settings. The average turnaround time from fingerprinting to background check completion is five days.

**Criminal History Checks by Year**



## **Internal Audit Unit**

The Internal Audit Unit acts as an independent appraiser: it has no managerial authority or involvement in the day-to-day operations of the Department. The Unit helps the Department accomplish its objectives by bringing a systematic, disciplined approach to evaluating processes and recommending improvements.

Internal Audit reviews transactions, operations, and systems of control to determine whether:

- Risks are appropriately identified and managed;
- Significant financial, managerial, and operating information is accurate, reliable, and timely;
- Employees' actions are in compliance with policies, standards, procedures, and applicable laws and regulations;
- Resources are acquired economically, used efficiently, and adequately protected;
- Organizational plans and objectives are achieved.

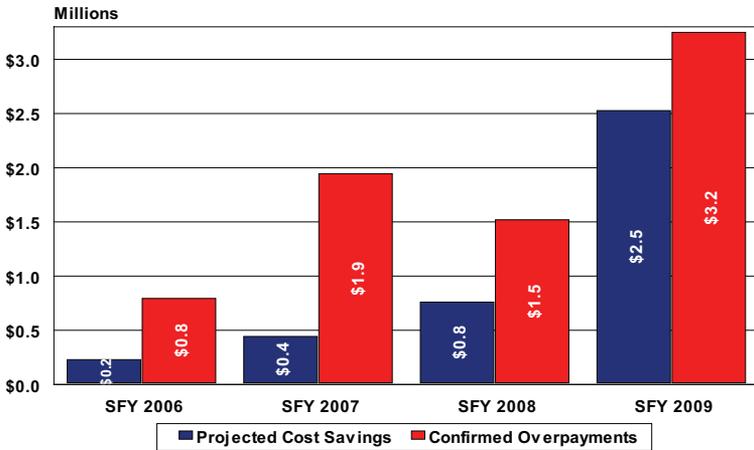
The Internal Audit Charter provides Internal Audit staff members access to all systems, documents, accounts, property, records, and other data of the Department.

## **Medicaid Program Integrity Unit**

The Medicaid Program Integrity Unit investigates allegations of Medicaid fraud and abuse, 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.

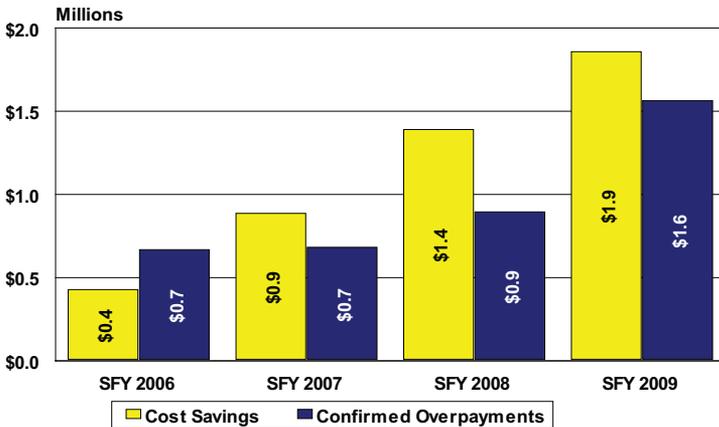
### Medicaid Provider Fraud



### Welfare Fraud Unit

The Welfare Fraud Unit investigates allegations of welfare program fraud that includes food stamps, cash assistance, Medicaid, child care programs, or other benefits. In every region of the state, investigators work with program staff and local law enforcement, along with county prosecutors, to investigate welfare fraud. In SFY 2009 the department received 1,898 complaints alleging welfare benefit fraud and closed 1,602 investigations. Of the closed investigations, 702 were confirmed program violations that resulted in program sanctions, confirmed overpayments, or closed benefits. In 19 cases, the violations resulted in criminal prosecution. In the prior year, there were 466 program sanctions, confirmed overpayments, or closed benefits and 24 convictions.

### Welfare Fraud



## **Division of Human Resources**

### **Paul J. Spannkebel, Administrator, 334-0632**

The IDHW Division of Human Resources supports hiring, developing, and retaining 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 through the management of the Employee Life Cycle, by:

1. Providing resources, tools, programs, systems and processes which assist DHW employees in maximizing their individual contributions and performance;
2. Providing human resources guidance, consultation, coaching and subject matter expertise to assist DHW supervisors in managing employees, and achieving their organizational objectives;
3. Providing human resources assistance and support to DHW executives in managing and leading Department and/or Division projects, initiatives and programs; and
4. Interpreting and ensuring DHW compliance with applicable federal and state laws, rules and policies, and the state's classification and compensation system.

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; and
- 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; and
- 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; and
- Partners with department supervisors to efficiently orient and train new employees.

## **Human Resource Systems and Compensation**

- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification; and
- 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; and
- 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.

### **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.

## Division of Information and Technology

**Michael Farley, Administrator, 334-6598**

The Information Technology Services Division (ITSD) provides office automation, information processing, video conferencing, local, wide area, and Internet connectivity for the department statewide. The division provides IT leadership and services by working in partnership with our internal customers to determine and develop the most effective and efficient use of technology to support our mission - to promote the social, economic, mental, and physical health of all Idahoans.

The Information Technology Services Division 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;
- Providing 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; and
- Providing direction for development and management of Department-wide information architecture standards.

The Information Technology Services Division 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. The division is divided into four distinct bureaus; IT Operations, IT infrastructure, IT Application Support and Development, and the IT Program Systems and Support unit. The responsibility and functionality of each bureau is identified as follows:

### Bureau of IT Operations

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

- ITSD Service Desk — Provides department staff with technical support services for all computer-related issues including hardware,

- software, and network connectivity;
- Printer Support — Single point of contact for all network and multi-function printing services;
- Remedy application support -- Development and support for DHW Help Desks including development and maintenance of the Remedy Knowledge Management Systems;
- Coordination of desktop support for special IT-related projects, hardware/software testing, image creation;
- Statewide Technical Support — IT support staff located throughout the state provides on-site Information Technology services;
- Mainframe (HOST) Data Operations — Coordinates printing and distribution of all HOST-related data, including restricted federal (IRS) information;
- Production Services -- Schedules nightly processing for all DHW Divisions, ensures successful completion or recovery and distributes batch output;
- Data Center Operations — Provides support for data center facilities and associated computer systems; and
- Technology Reviews (Research and Development)-- Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.

## **Bureau of IT Infrastructure**

The IT Infrastructure Bureau is responsible for designing, deploying, and maintaining network hardware and software infrastructure, system security procedures and practices, and database security. The IT Infrastructure Bureau consists of:

- Wide area and local area network design, deployment and support statewide;
- Data telecommunications infrastructure support;
- Data Center operations;
- User and data security and forensics support;
- Database security;
- Video conferencing infrastructure deployment and support;
- Voice over IP (VoIP) deployment and support;
- Network server deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server and Desktop PC vulnerability patching;
- Network infrastructure support of enterprise projects;
- Disaster Recovery and COOP exercise support;
- Remote access support (SSL VPN, site-to-site VPN)
- Firewall administration and support
- Support for Bureau of Operations and Bureau of Applications Development and Support, and DHW business units.

## Bureau of IT Application Development and Support

The Application Development and Support (ADS) bureau's primary responsibility is the development, operation, maintenance, and support of the Department's business applications. ADS also is responsible for ongoing enhancements of existing applications and integration of commercial, off-the-shelf products into the Department's application framework.

The bureau has five functional areas:

- Application WEB Support is responsible for operation, maintenance, and support of department web-based 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.
- Application Support Helpdesk -- Provides department staff with support for applications such as WEB and SharePoint; Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System; Idaho Benefit Eligibility Systems (IBES); modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications.
- Provide software architectural design and design standards which enable, enhance, and sustain the Department's business objectives.

### IT Program Systems and Support Unit

The Information Technology Services Office is responsible for tracking and managing information technology business processes and IT related projects. IT Relationship Managers within the IT Service Office work directly with the DHW divisional business units to assist the business with project identification, definition and priority. They also serve as the primary contact for IT issues and manage business portfolios. The Relationship Managers, and associated support staff, manage business processes, requirements analysis, and coordinate work with other IT bureaus to meet technology and automated system needs. Four Relationship Managers act as the liaisons for the Divisions within DHW and are assigned as follows:

- Behavioral Health
- Director's Office, Indirect Services
- Welfare, Medicaid
- Family and Community Services, Public Health, Management Services

## ITSD 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 and to improve efficiency in automation as a result of budget reductions.

Some of these initiatives include:

- Expansion of video conferencing and Secure Meeting technology in support of reduction of travel expenses and environmental impact;
- Unified Communications supporting business unit services consolidations;
- WLAN –mobility network infrastructure supporting new hospital work processes and business functions utilizing wireless technology;
- Workforce optimization / skills update allowing staff to broaden their abilities;
- Workforce alignment in support of enterprise projects such as The Medicaid Management Information System (MMIS), Eligibility Programs Integrated Computer System (EPICS) converting to the new Idaho Benefit Eligibility System (IBES), and Phase 2 modernization of the Idaho Child Support Enforcement System.
- Application Modernization for improved staff efficiency and service delivery, including State Hospitals South and North changing to Veterans Health Information System and Technology Architecture (Vista); changing to Web Infrastructure for Treatment Services (WITS) for Adult Mental Health and Substance Use Disorders programs; and replacement of the Women, Infants and Children (WIC) 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 expired 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.

**Replacement Strategy** -The following contracts were signed in November 2007:

- Unisys: Claims Processing System, Systems Integration Services and Fiscal Agent Services;
- Thomson Health Care: Decision Support System;

- Unisys: Electronic Data Management System;
- First Health Services Corporation: Pharmacy Benefits Management System; and
- Public Knowledge: Quality Assurance Independent Verification and Validation

Implementation of these systems is scheduled to go live in the winter of SFY 2010.

## Idaho Benefits Eligibility System (IBES)

The Idaho Benefits Eligibility System was successfully implemented in November 2009. IBES replaces a 22-year-old eligibility system that was becoming increasingly difficult and expensive to maintain, and was no longer accurately determining eligibility in assistance programs. The three year project acquired components and built a new technology framework that established a foundation for incremental replacement of the old system. The components of the system are not only more efficient, flexible, and user-friendly, they also allow for additional programs and functions to be incorporated into the system in the future, maximizing the return on the investment.

The department received appropriations in FY07-09 toward the incremental replacement of eligibility system. 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 streamlined business processes. The FY09 funding completed and integrated system changes to IBES, funded the creation and training of integrated business processes, along with a pre-implementation safety check to ensure all processes and technology functioned as designed before going live.

## Idaho Child Support Enforcement System (ICSES)

**Function:** The ICSES system supports processing and administration of child support cases. This can include locating absent parents, establishing and enforcing child support orders, receipting and dispersing child support payments to custodial parents, medical insurance data management, and financial record keeping. The ICSES system also supports incoming and outgoing data interfaces, triggers processing, case worker notification features, as well as federal reporting mechanisms. The Idaho Child Support program currently experiences a caseload growth annually but has not had an increase in personnel to manage the growing caseload.

**Status:** The ICSES system first became operational in December 1996. The

system is complex in design and contains a total of 570 screens that case managers can navigate. ICSES system modifications are both costly and time-intensive. Phase 1 improvements were implemented in July 2009 and included an improved interface to Idaho's Vital Statistics system, USPS interface and Federal Case Registry (FCR) Incarceration interface. Also included was the first phase implementation of the eCaseFile documents management system, Child Support Website improvements, including a 24 month payment history feature, insurance match function and implementation of the Interstate Case System, QUICK.

**Improvement strategy:** Phase 2 Modernization of Child Support (MOCS) will continue development of the eCaseFile documents management system with primary focus on enhancing Child Support functionality and connecting to the Idaho Benefit Eligibility System (IBES). This effort also will include conversion of all paper Child Support files into electronic format. MOCS Phase 2 is funded by Federal monies from the Child Support Grant.

## Veterans Health Information System and Technology Architecture (VistA)

**Function:** State Hospitals South and North currently utilize the Behavioral Health Information System (BHIS), Fleximed pharmacy system and multiple home grown Access databases. BHIS interfaces to FlexiMed, and links to most of these home grown databases. These multiple systems provide patient care tracking, medication management and dispensing, and significant event reporting for 115 patients each day. Managing care of Idahoans with mental health challenges is very complex and requires technology support that will improve outcomes for these vulnerable citizens.

**Status:** Fleximed and BHIS are proprietary third party software and need to be upgraded. The expenses to upgrade these systems have directed the Department of Health & Welfare to find a less expensive and more scalable solution. In addition, the hospital information and pharmacy systems used at the two State Hospitals are disparate and unstable. Multiple software solutions have precluded hospital operations from being efficient and effective. Replacing these systems will provide stability and provide a platform that the hospitals can build on with a single electronic hospital information system.

**Replacement strategy:** The Veterans Health Information System and Technology Architecture (VistA) is an integrated, all-inclusive electronic hospital information system developed by the Veteran's Administration for VA hospitals across the country. VistA will replace the existing information system, Pharmacy system and Access databases used at State Hospital South and State Hospital North. The Department of Health and Welfare implemented the core functions of VistA in FY08. During FY09, additional functionality was implemented into VistA including, Computerized

Patient Record System (CPRS), Bar Code Medicine Administration (BCMA), electronic document management and Patient Administration Management System (PAMS). The state hospitals were also configured for wireless to access this application. Additional functionality and configuration will occur as funding allows in FY10.

## Web Infrastructure for Treatment Services System (WITS)

**Function:** The Adult Mental Health and Substance Abuse Disorder automation solutions (DAR, IMHP & SUBA) provide data capture for client demographic data, service delivery data, episode data and billing data. The data is spread across several systems which are not integrated and requires duplicate entry. The Adult Mental Health program served over 10,000 clients while the Substance Abuse Disorder program provides outpatient, adult and adolescent residential, and detox services for more than 7,000 clients. Automation to support these programs must focus on outcomes, support an integrated electronic information system and be single point of entry. These requirements mandated a replacement strategy for these programs.

**Status:** The Adult Mental Health and Substance Abuse automated systems are inefficient and unstable. The technology used to support these programs was developed in the early 90s and is obsolete. No integration strategies existed between systems causing duplication of effort. Staff reductions due to budget holdbacks make it critical that staff time is spent meeting the needs of clients rather than duplicating data collection.

**Replacement strategy:** The Web Infrastructure for Treatment Services System (WITS) will be implemented statewide and used by external Substance Abuse Disorder providers and Adult Mental Health internal staff. The WITS solution was chosen by the Office of Drug Policy as part of the 'Common Assessment tool' legislation. Using this same solution will offer additional benefit for data consistency and integrity. The WITS implementation will consist of client demographics, clinical treatment, dispensary, billing, client alert system, Federal reporting data collection and extraction, bi-lateral data transfer between WITS and Global Appraisal of Individual Needs (GAIN) in addition to standard and ad hoc reporting. The WITS system went live in FY09 with the majority of functionality available. As funding allows, FY10 will add additional capabilities.

## Women, Infants and Children System (WIC)

**Function:** The Women, Infants and Children system (WIC) supports the collection of data required to determine eligibility for low-income families, produce vouchers for healthy foods for those who qualify and assess

nutritional risk. WIC is 100% federally funded providing services to over 70,000 participants annually, with demand for services increasing due to the economic conditions. Though the WIC automated system meets the current level of need, modifications are time intensive, costly and based on aging technology.

**Status:** The current automated system for WIC was implemented in 1995. Idaho received funding through the American Recovery and Investment Act (ARRA) to upgrade the WIC system in late October. Replacing the WIC system will move the program towards electronic benefit issuance in lieu of paper warrants.

**Replacement Strategy:** The Idaho WIC replacement project begins in December 2009, with an estimated cost of \$3 million. The project's funding continues through September 2012. Added functionality will include Caseload Management, Operations Management, Financial Management, Food Instrument Payment and Reconciliation, Food Instrument Production, Vendor Management, Nutrition Services, Participant Enrollment, Appointment Scheduling and System Administration.

### **Additional Projects:**

**Emergency Medical Services I-Wise** – Modernization of the EMS automated systems. Delivery of a fully web-enabled, integrated solution for licensing ambulance and non-transport EMS services, licensure of EMS personnel, and tracking grants to community EMS agencies. Scheduled for completion in December 2009.

**Infant Toddler Program Web (ITPWeb)** – Replacement of an obsolete Access database with fully web-enabled capability for the Infant Toddler Program. This automation supports the coordination of early intervention services for families and children with developmental delays or disabilities from birth to three years of age. Implementation is targeted for February 2010.

**Children's Special Health Program (CSHP)** – Development of a web-enabled solution was completed for the Children's Special Health Program to replace manual processes. The CSHP automation supports the program in providing consultation, information, technical assistance and referral services for the families of children who have chronic illnesses and disabilities. The system provides medical and rehabilitative care coordination to residents under 18 years of age who are uninsured. The system was implemented in May 2009.

**Rural Health Practice Sites** – Medical Provider Placement Software was developed by the state of North Carolina to post medical opportunities in Idaho's rural communities and connect interested medical personnel.

# Council on Developmental Disabilities

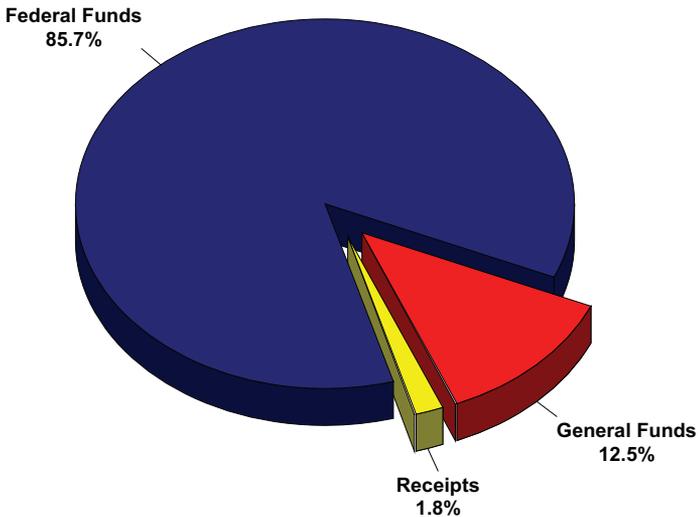
**Marilyn Sword, Executive Director, 334-2178**

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.

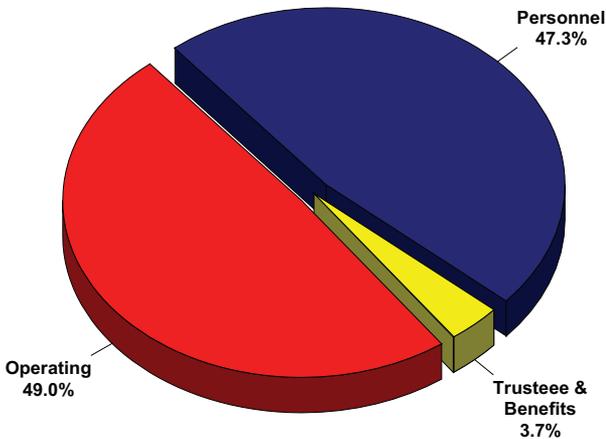
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

## Council on Developmental Disabilities SFY 2010 Funding Sources



*Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 6; General Fund: \$106,800 Total Funds: \$849,200*

## FY 2010 Expenditure Categories



## Council Initiatives

### Education

The Council provided funding for 14 Idaho Falls high school students to participate in Disability Mentoring Day; for a Youth Development Project that helped 20 young people to develop independent living skills; and for students, professionals, and others to participate in the Annual Tools for Life Conference. The Council also served on the Interagency Council on Secondary Transition; contracted with the Center on Disabilities & Human Development (CDHD) to study barriers to inclusive education in Idaho; developed, funded, and disseminated transition kits for students and others and presented transition information in a variety of venues; assisted the Dept. of Education to recruit parents for IEP facilitator training; and presented information on guardianship alternatives. The Council coordinated the Statewide Youth Leadership Forum for 17 high school students and is collaborating with the State Independent Living Council on a National Youth Leadership Network grant.

### Public Awareness

The Council published two editions of its newsletter, reprinted and distributed several successful publications, issued press releases on a variety of topics, printed and mailed the 2007 Annual Report, disseminated a wide range of information via the Council web site, and provided funding for parents and self advocates to attend conferences.

### **Self-Determination**

Eighty graduates of Partners in Policy making attended a 3-day training summit where they formed Community Now!, a new initiative aimed at organizing cross-disability groups in local areas to address community issues and needs. The Idaho Self Advocate Leadership Network (SALN) incorporated into its own organization and applied for non-profit status. Chapters are being formed and a proposal to conduct presentations on abuse and neglect of people with disabilities has been presented to the Idaho Community Foundation. A delegation from SALN attended the national Self Advocacy conference in Indianapolis. The Council supports SALN in conjunction with its network partners, Co-Ad and the Center on Disabilities and Human Development. The Determined to Vote! Project – a partnership with the Secretary of State and Co-Ad – is providing training on the electoral process and voting rights to high school students and residents of Idaho's 3 public institutions in preparation for the 2008 general election. 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 and training presentations for interested consumers. Self-advocates on the Council have conducted research on alternatives to guardianship.

### **Transportation**

The Council serves on the Interagency Work Group on Public Transportation and participated in a statewide transportation conference in Boise. The Council brokered collaboration between the newly developed Idaho Mobility Action Plan of the State Division of Public Transportation and the AmeriCorps Accessible Transportation Network project of the State Independent Living Council. The Council is underwriting the program director costs for the Accessible Transportation Network and provided funds for additional transportation for people with developmental disabilities in the Magic Valley through a grant to LINC in Twin Falls.

### **Employment**

The Council continued to promote integrated work through participation in Vocational Rehabilitation's Roundtable on Extended Employment Services. The Council also supported and facilitated the development of an Idaho Chapter of the Association for Persons in Supported Employment (APSE) which will hold its first statewide meeting in October, 2008. Council funds have also been granted to the ADA Task Force to assist in the development of an Idaho Business Leadership Network.

### **Housing**

The Council is collaborating with IHFA to build capacity for people with disabilities to purchase their own homes.

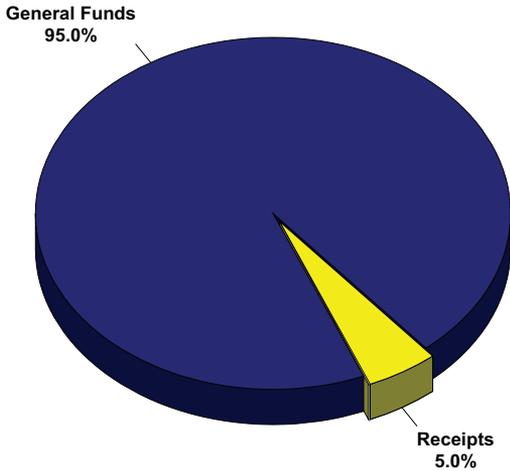
### **Community Supports**

The Council continued its partnership with Medicaid to develop a model of family-directed services for families of children with developmental disabilities. The Council is working with Medicaid and the Center on Disabilities and Human Development to develop and implement a person-centered-planning and resource network in Idaho funded by a three-year grant from the Centers on Medicare and Medicaid. 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.

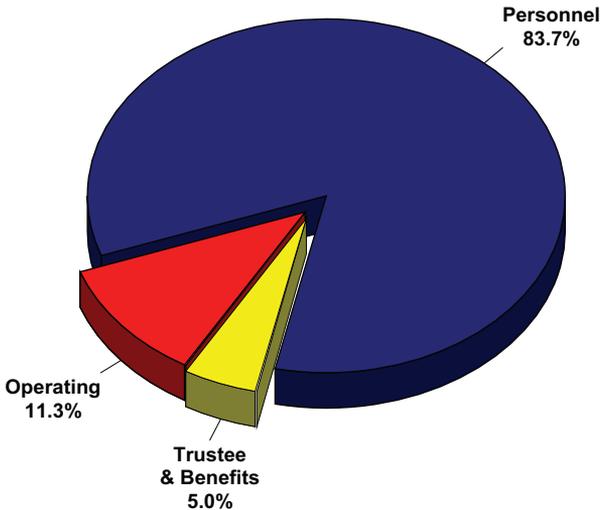
# Council on the Deaf and Hard of Hearing

Steven Snow, Executive Director, (866) 928-0960

## FY 2010 Funding Sources



## FY 2010 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 2; General Fund: \$143,100; Total Funds: \$150,600.

The Council serves 136,000 Idahoans who are deaf and hard of hearing. The Council's primary activities for SFY 2009 are:

### **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. Should they decide to purchase the equipment, we provide subsidy program through Assistive Technology grant to assist them in making the necessary purchase. To date, over \$30,000 has been provided for the program with 277 pieces of equipment purchased through the program.

### **Public Forum: Information Collection**

The Council has implemented a new tradition of hosting multi-town hall meetings throughout the state. The town hall meetings create opportunities for the deaf and hard of hearing community to participate and become well adjusted and active members of their community and are afforded opportunities to make differences by voicing on the floor the issues that affect their lives and the need to change in order to make their lives better for them. The Council collects and records all concerns/issues/ideas from the individuals and community to develop an unambiguous plan to address them. As soon as budget restraints allow, the town hall meetings will commence again.

### **Deaf and Hard of Hearing Education Reform**

The Council for the Deaf and Hard of Hearing monitors the transition of the new bureau, Idaho Education Services for the Deaf and the Blind by participating as a representative of the Deaf community and participates in an advisory capacity for the Idaho School for the Deaf and the Blind.

### **Board Memberships**

The Council represents the deaf and hard of hearing community by participating as a member of the board for several organizations/agencies including:

- **Disability Rights of Idaho (formerly CO-AD)** A non-profit legal and advocacy services organization which provides services to Idahoans with disabilities.
- **Idaho Supreme Court Subcommittee on Disabilities** The Council advises the Idaho Supreme Court on issues facing deaf and hard of hearing individuals involved in the court system; whether civil or criminal.

- **Idaho Sound Beginnings** The Council established this program in 2000 where all babies born in Idaho hospitals are screened for hearing loss. The Council currently is a member of the Advisory Board and provides information and assistance as needed.
- **Idaho Bureau of Homeland Security** The Council participates as an advisor to the Bureau on issues that pertain to the safety of individuals who are deaf or hard of hearing in the event of a statewide or national emergency.
- **Idaho Assistive Technology Project** A federally funded program administered by the Center on Disabilities and Human development at the University of Idaho. The goal is to increase the availability of assistive technology devices and services for older persons and Idahoans with disabilities. The Council is a member of the Board representing Idahoans who are deaf or hard of hearing.
- **Consortium of Idahoans with Disabilities (CID)** An organization that is a coalition of Idaho agencies and organizations concerned with issues affecting people with disabilities. The Council currently acts as an advisory for issues concerning deaf and hard of hearing individuals.
- **Deaf Center of Idaho** An organization founded by deaf individuals to provide a direct service portal for individuals with hearing loss. The Council currently advises the Center and is a member of the Board of Directors as a representative of deaf individuals.

### 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 receives hundreds of phone calls yearly and they provide valuable information and referral services. The Council provides information about hearing loss to Senior Citizen Centers throughout the state reaching a population that is easily isolated because of hearing loss.

The Council acted as moderator for a public information program aired on a local public access television station. The 30 minute long television program was viewed by people who were looking for information about deaf services including education of deaf or hard of hearing children, Americans with Disabilities Act requirements and the need for American Sign Language Interpreter 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;

- Work with state agencies and organizations to help them better understand the issues/concerns faced by the deaf and hard of hearing individuals;
- Resolve budgetary issues pertaining to the use of interpreters for CDHH related functions;
- Develop strategies how to reduce the deaf and hard of hearing under/unemployment rate of 80-90%;
- Strengthen collaboration with state agencies and organizations;
- Educate and inform people of the dangers of noise-induced hearing loss and promote ear protection; and
- Public and private businesses are aware of the communication access needs of people who have a hearing loss.

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

- Distributed more than 5,000 e-newsletters;
- Responded to more than 500 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;
- Onsite visits to 10 Senior Centers throughout Idaho;
- Participated in four local health fair to provide information about hearing loss;
- Participated as a delegate to the National Association of the Deaf bi-annual meeting; and
- Participated as a delegate to the Idaho Association of the Deaf annual meeting.

# Council on Domestic Violence and Victim Assistance

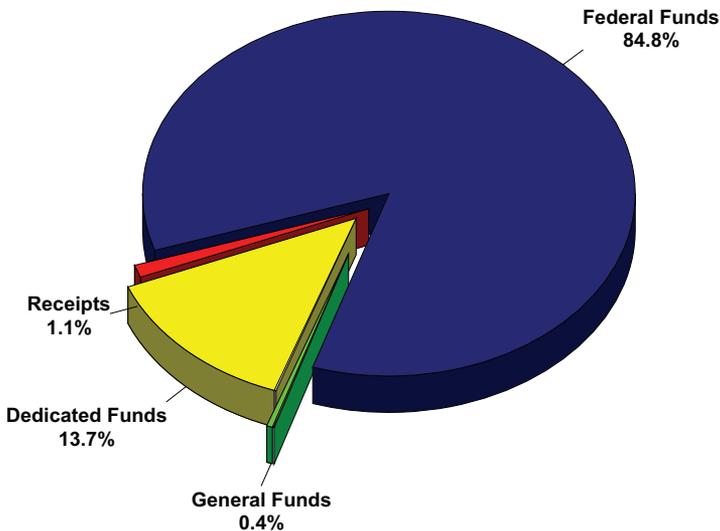
*Luann Dettman, Executive Director, 334-5609*

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; and
- Training and public awareness on violence and victim assistance.

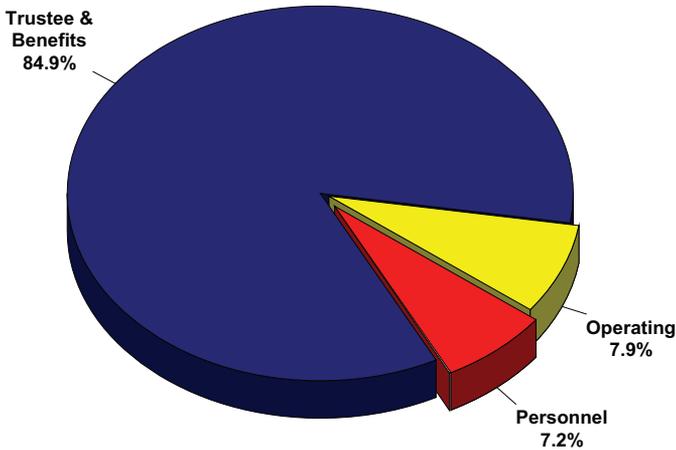
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

## Council on Domestic Violence and Victim Assistance FY 2010 Funding Sources



*Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 4; General Fund: \$13,500; Total Funds: \$3.6 Million.*

## Council on Domestic Violence and Victim Assistance FY 2010 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho. The members are: Susan Welch (Region 1); Mia Vowels (Region 2); Maggie Stroud (Region 3); Susan Hazelton (Region 4); Dan Bristol (Region 5); Dr. Karen Neill (Region 6); and Roy Klingler (Region 7).

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 43 programs throughout the state that provide direct victim services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. The Council also serves as the oversight for all approved Batterer Treatment Programs throughout the state.

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 [www.icdv.idaho.gov](http://www.icdv.idaho.gov).*

## Glossary of Terms and Acronyms

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
BRFSS	Behavioral Risk Factor Surveillance System
CAP	College of American Pathologists
CAP	Community Action Partnerships
CCAI	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
CHIP	Children's Health Insurance Program
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	Diphtheria, 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
GAIN.....	Global Appraisal of Individual Needs
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
IBIS.....	Idaho Benefits Information System
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
PHA.....	Premium Health Assistance
PAN.....	Physical Activity and Nutrition Program
PH.....	Public Health
PMO.....	Project Management Office
PSR.....	Psychosocial Rehabilitation Services
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.....	Receiving 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

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