# Facts, Figures, Trends: 2011-2012

IDAHO DEPARTMENT OF
HEALTH & WELFARE

# A Message from our Director Richard M. Armstrong

Our agency provides safety net services —food and cash assistance, child welfare services, mental health and an array of others. However, one program receives more attention than any other service we provide—Medicaid.

Much of the attention on Medicaid focuses on budget issues. In Idaho, Medicaid comprises 80 percent of our agency's total budget. This investment by the state provides medical care for over 230,000 Idaho citizens, mostly children and pregnant women from low-income households, people with disabilities and the elderly. It is an insurance program and safety net for the most vulnerable people.

For many, however, Medicaid goes beyond being a safety net. Unlike commercial health insurance plans, Medicaid provides services that allow people something that we can't put a price on— their independence.

Medicaid provides seniors with basic, in-home services they may need so they do not have to live in a nursing home. It might include support to help them with basic home care or meal preparation. It pays for services for people with disabilities so they do not have to live in institutions. Medicaid maintains people's independence at a lower cost than alternatives such as nursing homes or intensive care facilities.

In January 2011, over 1,000 people showed up for legislative discussions about Medicaid funding and proposed budget reductions. From everyone who testified, the underlying theme relates back to preserving Medicaid participants' independence. Legislators were very sensitive to this, and crafted reductions that did not eliminate people from the program or totally delete whole service categories. It was a very difficult challenge, but the resulting legislation preserved the independence everyone was fearful of losing.

Today, the budget challenges remain for Medicaid. We recognize that we cannot continue benefit and pricing reductions as a viable strategy for a sustainable Medicaid program. But there is no single, easy solution. In some areas, such as mental health or the elderly, managed care programs may work. In other areas, we must explore new ideas with providers, participants, advocates and families. Our challenge is to develop solutions that provide quality and affordable healthcare, along with preserving our participants' independence. This will take collaboration and compromise from all parties as we evolve.

# 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 of 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 Idaho 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.

# Contents

Introduction....4
Our Organization....6
Fiscal Year 2012 State Appropriations....8
Employment: Full-Time Positions....9
Fiscal Year 2012 Appropriation by Fund Source....10
Fiscal Year 2012 Appropriation by Expenditure Category....11
Fiscal Year 2012 Appropriation by Division....12
**Division of Medicaid....13**
Federal Medical Assistance Percentage (FMAP)....14
SFYs 2011-2012 Budget Analysis....15
Enrollment and Expenditures....16
Initiatives....18
Health Care Licensing and Certification....26
**Division of Family and Community Services....29**
2011 Highlights....31
Children and Family Services....34
Developmental Disabilities....39
Navigation Services....42
Southwest Idaho Treatment Center....43
**Division of Behavioral Health....46**
2011 Highlights....48
Children's Mental Health....49
Suicide Prevention....50
Adult Mental Health....52
State Mental Health Hospitals....54-55
Substance Use Disorders Services....56
**Division of Welfare....59**
2011 Overview....61
Self-Reliance Benefit Programs....62
Child Support Services....74
Partnership Programs....77
**Division of Public Health....82**
2011 Highlights....84
Clinical and Preventive Services....86
Epidemiology, Food Protection and Immunization....89
Laboratory Services....95
Community and Environmental Health....97
Vital Records and Health Statistics....105
Health Planning and Resource Development....105
Emergency Medical Services....108
Medically Indigent Services....111
**Indirect Support Services....112**
Bureau of Financial Services....114
Bureau of Audits and Investigations....118
Division of Operational Services....121
Division of Information and Technology....125
**Independent Councils and Commissions....134-138**
Glossary of Terms and Acronyms....139

# 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 seven divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Operational Services, 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.

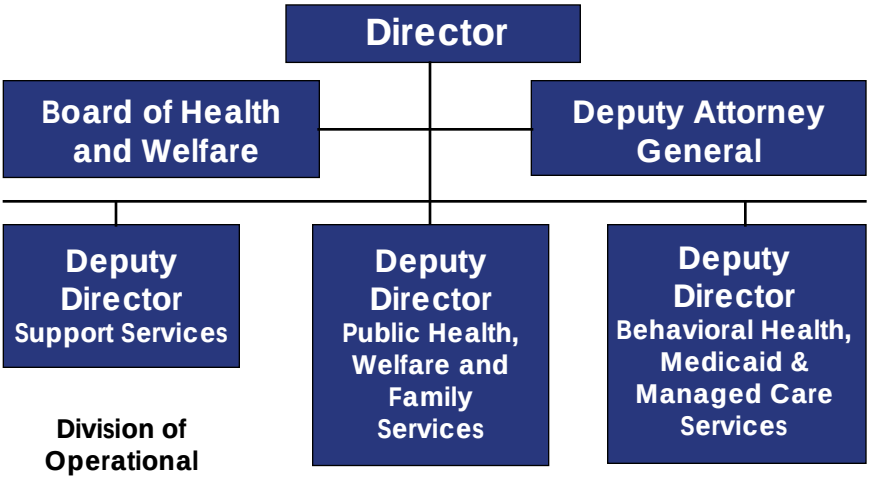
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Bureau of Facility Standards licenses hospitals, assisted living and skilled 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 measures 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 will pay approximately 70% of medical claims for Idaho residents during SFY 2012, while it also shares half of the state Medicaid program's administrative costs. Overall, in SFY 2012, the federal government will contribute 65% 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




**Division of Operational Services**

**Division of Information and Technology**

**Financial Services**

**Division of Welfare**

**Division of Public Health**

**Division of Family and Community Services**

- Southwest Idaho Treatment Center

**Division of Medicaid**

**Division of Behavioral Health**

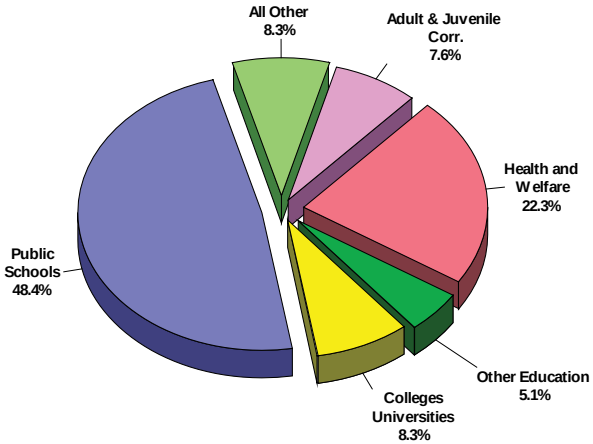
- State Hospital South
- State Hospital North

**Licensing and Certification**

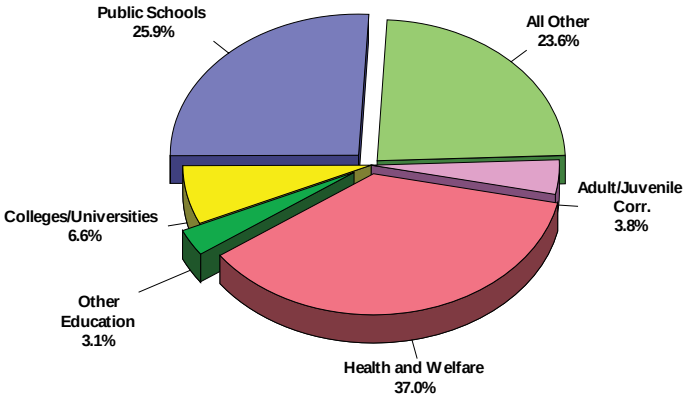
**Medically Indigent Services**

# Total State SFY 2012 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 2012 Financial Data Summary

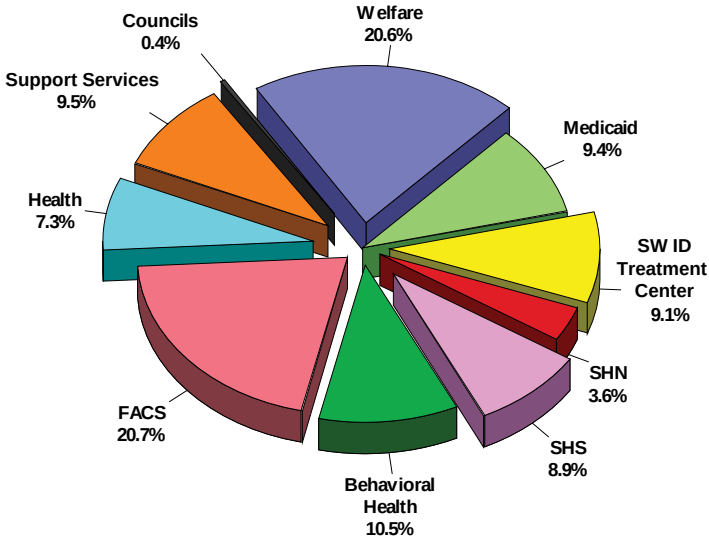
**In Millions**

| Functional Area | General | %Total | Total | %Total |
|---|---|---|---|---|
| Public Schools | $1,223.58 | 48.4% | $1,561.07 | 25.9% |
| Colleges, Universities | 209.83 | 8.3% | 396.71 | 6.6% |
| Other Education | 128.27 | 5.1% | 188.84 | 3.1% |
| Health & Welfare | 564.84 | 22.3% | 2,236.64 | 37.0% |
| Adult & Juvenile Corrections | 193.13 | 7.6% | 230.12 | 3.8% |
| All Other Agencies | 209.31 | 8.3% | 1,424.76 | 23.6% |
| **Total** | **$2,528.96** | **100.0%** | **$6,038.14** | **100.0%** |

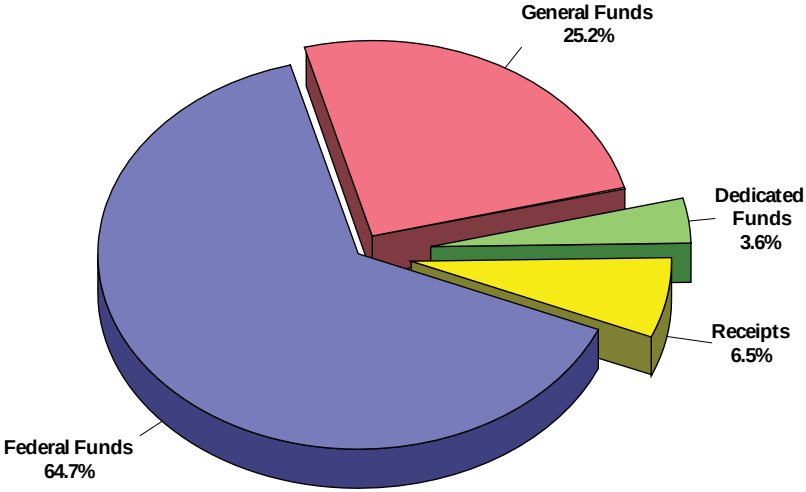
# Appropriated Full-Time Positions

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

## SFY 2012 FTP Distribution - Department of Health & Welfare



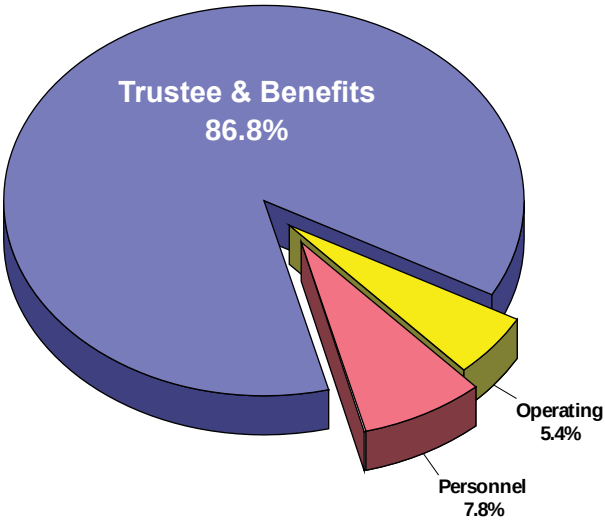
# SFY 2012 DHW Appropriation Fund Source




# Financial Data Summary

| Fund Source | | Amount |
|---|---|---|
| General Fund | | $ 564.8 Million |
| Federal Funds | | 1,446.6 Million |
| Receipts | | 145.7 Million |
| Dedicated Funds | | |
| Domestic Violence | $ 484,000 | |
| Cancer Control | 401,000 | |
| Central Tumor Registry | 182,700 | |
| Medical Assistance | 6,000 | |
| Liquor Control | 650,000 | |
| State Hospital South Endowment | 2,301,600 | |
| State Hospital North Endowment | 790,600 | |
| Prevention of Minors' Access to Tobacco | 50,100 | |
| Access to Health Insurance | 5,780,500 | |
| Court Services | 253,100 | |
| Millennium Fund | 650,000 | |
| EMS | 2,566,600 | |
| EMS Grants | 1,400,000 | |
| Hospital, Nursing Home, ICF/ID Assessment Funds | 55,831,500 | |
| Immunization Assessment Fund | 8,200,000 | |
| Total Dedicated Funds | | $79.5 Million |
| **Total** | | **$2,236.6 Million** |

# SFY 2012 DHW Appropriation by Expenditure Category

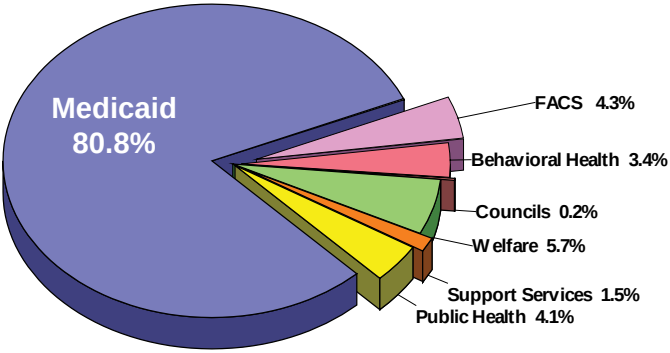



## Financial Data Summary

| By Object | Amount |
|---|---|
| Trustee and Benefits | $1,941.9 Million |
| Personnel Costs | 175.1 Million |
| Operating Expenditures | 119.6 Million |
| Total | $2,236.6 Million |

- The appropriation for benefits to Idaho citizens decreased $99 million from SFY 2011 expenditures, while personnel costs, operating and capital were reduced by $22.5 million.
- Payments for services to Idaho citizens make up 87% of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, non-profits, hospitals, etc.
- The department purchases services or products from over 12,000 companies, agencies or contractors, and over 26,000 Medicaid providers.

# Original SFY 2012 DHW Appropriation




| By Division | FTP | General | Total |
|---|---|---|---|
| **Welfare/ Self-Reliance** | **588.92** | **$ 34,053,100** | **$ 127,302,600** |
| **Medicaid** | | | |
| Low-income children/ working age adults | | 92,614,600 | 487,016,800 |
| Individuals w/Disabilities | | 192,155,900 | 714,425,900 |
| Dual Eligible | | 136,341,600 | 548,901,800 |
| Administration | 269.00 | 15,046,900 | 57,144,100 |
| **Total Medicaid** | **269.00** | **$ 436,159,000** | **$1,807,488,600** |
| **Family and Community Services** | | | |
| Child Welfare | 380.77 | 8,124,600 | 28,105,700 |
| Foster/Assistance Payments | | 11,383,700 | 25,205,300 |
| Service Integration | 36.00 | 875,300 | 4,372,200 |
| Developmental Disabilities | 173.96 | 8,220,200 | 17,752,200 |
| SW Idaho Treatment Center | 259.00 | 3,532,100 | 19,607,100 |
| **Total FACS** | **849.73** | **$ 32,135,900** | **$ 95,042,500** |
| **Behavioral Health** | | | |
| Adult Mental Health | 207.04 | 13,214,700 | 18,477,300 |
| Children's Mental Health | 81.30 | 8,008,100 | 12,063,800 |
| Substance Abuse | 11.04 | 2,501,700 | 16,811,300 |
| Community Hospitalization | | 2,790,000 | 2,790,000 |
| State Hospital South | 253.85 | 9,109,700 | 18,642,100 |
| State Hospital North | 101.60 | 6,259,600 | 7,181,200 |
| **Total Behavioral Health** | **654.83** | **$ 41,883,800** | **$ 75,965,700** |
| **Public Health** | | | |
| Physical Health | 137.00 | 3,945,000 | 82,942,800 |
| EMS | 31.19 | 0 | 5,451,100 |
| Laboratory Services | 41.00 | 1,684,200 | 4,095,700 |
| **Total Health** | **209.19** | **$ 5,629,200** | **$ 92,489,600** |
| **Support Services** | **270.05** | **$ 14,743,300** | **$ 33,476,700** |
| **Medically Indigent** | **1.25** | **$ 128,800** | **$ 128,800** |
| **Councils/Commissions** | **10.00** | **$ 109,700** | **$ 4,745,000** |
| **Department Totals** | **2,852.97** | **$ 564,842,800** | **$2,236,639,500** |

# Division of Medicaid

***Paul Leary, Administrator, 334-5747***

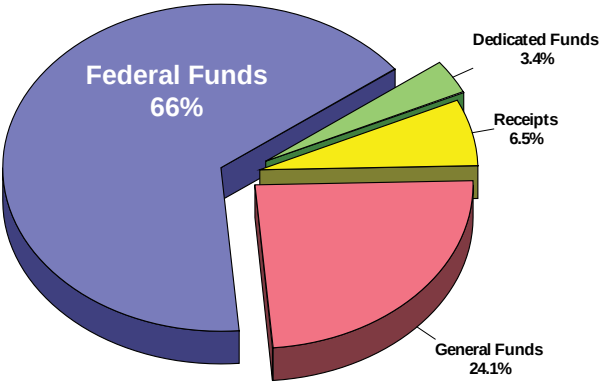
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to a health insurance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

Medicaid participants 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 2012 total appropriation of $1.81 billion. This funding is composed of approximately 66 percent federal money, 24 percent state general funds, and 10 percent receipts and dedicated funds. Three percent of total spending is spent on administration, while 97 percent is paid to service providers.

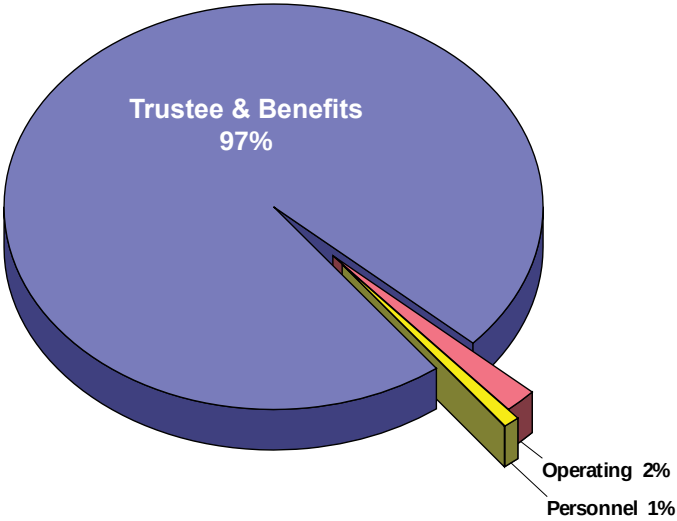
Receipts have become an increasingly important part of Medicaid's annual budget, providing $117.2 million in the SFY 2012 budget. Receipts include $72 million in rebates from pharmaceutical companies, $20 million from audit settlements with various health care provider agencies and companies, and nearly $3 million from estate recovery.

**Medicaid SFY 2012 Funding Sources**




*Authorized FTP: 269; Original Appropriation for SFY 2012: General Funds $436.2 million, Total Funds $1.81 billion; 80.8% of Health and Welfare funding.*

**Medicaid SFY 2012 Expenditure Categories**



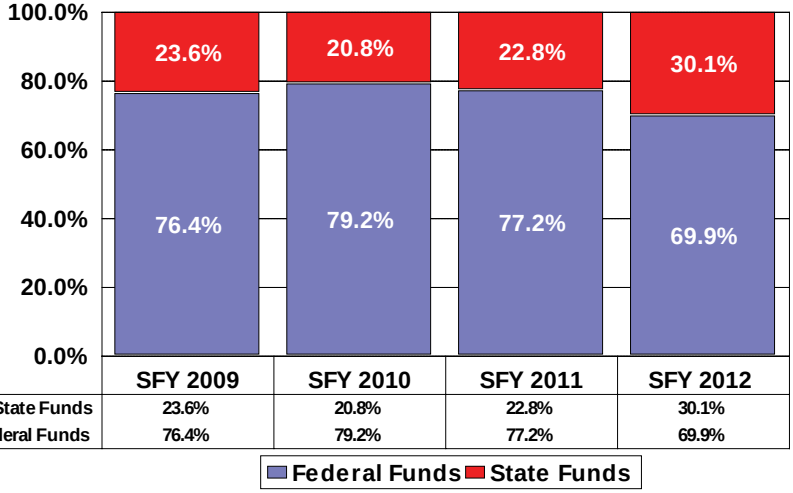

## Funding Medicaid: The Impact of the Federal Medical Assistance Percentage (FMAP) Rate

Beginning in October 2008, states received increased federal funding for their Medicaid programs through American Recovery and Reinvestment Act (ARRA) funds. The ARRA funds increased the federal percentage, or FMAP rate, the federal government contributed to Medicaid costs, while decreasing the share states were required to pay.

The ARRA funds expired in June 2011, with states reverting to their traditional FMAP rates on that date. This means states must pay a greater share of Medicaid expenses beginning SFY 2012. The actual FMAP rate for SFY 2011 was 77.2% due to the enhanced ARRA federal funding. For SFY 2012, without the ARRA funds, Idaho's FMAP rate reduces to 69.9%.

The lowered FMAP rate required the Idaho Medicaid program to obtain a larger portion of funding from the state general fund for SFY 2012. With the FMAP decreasing in SFY 2012 from 77.2% to 69.9%, the state had to replace over $130 million of federal funds with state funding.

**Idaho Federal Medical Assistance Percentage (FMAP)**




| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 |
|---|---|---|---|---|
| State Funds | 23.6% | 20.8% | 22.8% | 30.1% |
| Federal Funds | 76.4% | 79.2% | 77.2% | 69.9% |

# SFYs 2011-2012 Budget Analysis

The Idaho Medicaid program's SFY 2011 experience reflects the economic challenges that began during SFY 2009. Idaho Medicaid's caseload growth continued to be above average for SFY 2011, but slowed from SFY 2010's nine percent increase to six percent growth for SFY 2011.

Medicaid successfully completed SFY 2011 without delaying payments to providers due to lack of funds. This was the first year for the last three fiscal years in which Medicaid did not have to push fiscal year expenses from one year to the next due to a shortage of funds at the end of the fiscal year.

With continued budget challenges, additional spending reductions were initiated by the 2011 Legislature under HB260 to align the Medicaid program with state revenue constraints. While budget holdbacks are immediate, it is especially difficult to implement reductions rapidly in Medicaid, which require state and federal approvals and must weigh the negative impacts on businesses.

Through the passage of HB701 in the 2010 legislative session, Legislators gave direction regarding their intent to reduce costs through Medicaid's appropriations bill. Relying on legislative intent, the division initiated communications with providers and other stakeholders to obtain their input about how to reduce Medicaid costs while maintaining a viable program. In the 2011 session, lawmakers continued the reductions initiated by HB 701 and added additional reductions in HB 260. These

additional reductions are expected to yield $26.8 million in general funds and $89.5 million in total funds. With the continuation of holdbacks initiated in SFY 2010, along with the added reductions under HB260, Idaho Medicaid is working diligently to meet the financial requirements of the SFY 2012 Medicaid budget.

## Enrollment and Expenditures Comparison

Medicaid enrollment averaged 223,558 participants per month in SFY 2011, an increase of six percent from SFY 2010's enrollment of 210,015. This is a lower rate of growth than the nine percent experienced during SFY 2010, but was still higher than other recent years. Much of the increase is attributed to enrollment of children due to economic conditions in which parents have suffered a job loss that affected their family's health insurance coverage. Although parents are not usually eligible, their children may be if the family income is less than 185 percent of the federal poverty limit.

Idaho offers three health plans for Medicaid participants. They are:

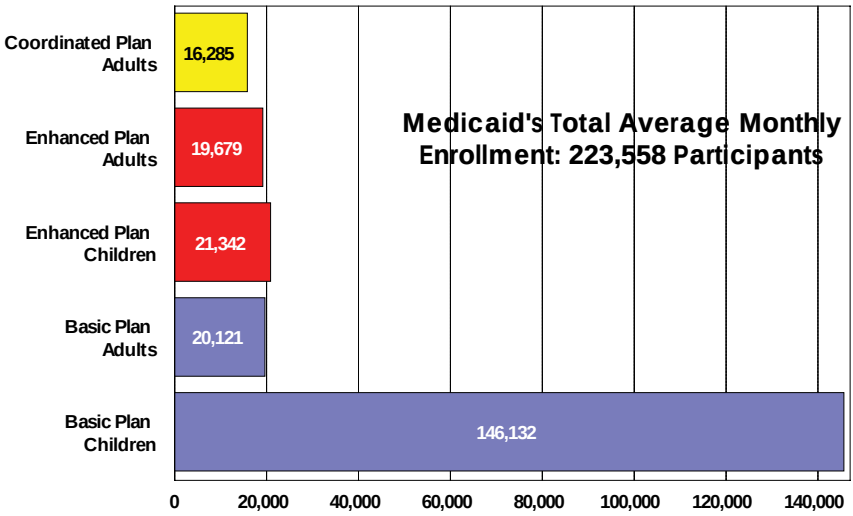
**1. Basic Plan:** This plan is for low-income children and adults with eligible children who have average healthcare needs. Basic Plan participants reflect 74 percent of Medicaid's total enrollment, but only 24 percent of expenses.

**2. Enhanced Plan:** Participants often have disabilities or special health needs, which can be expensive. Enhanced Plan participants make up 18 percent of Medicaid's enrollment and 53 percent of expenses.

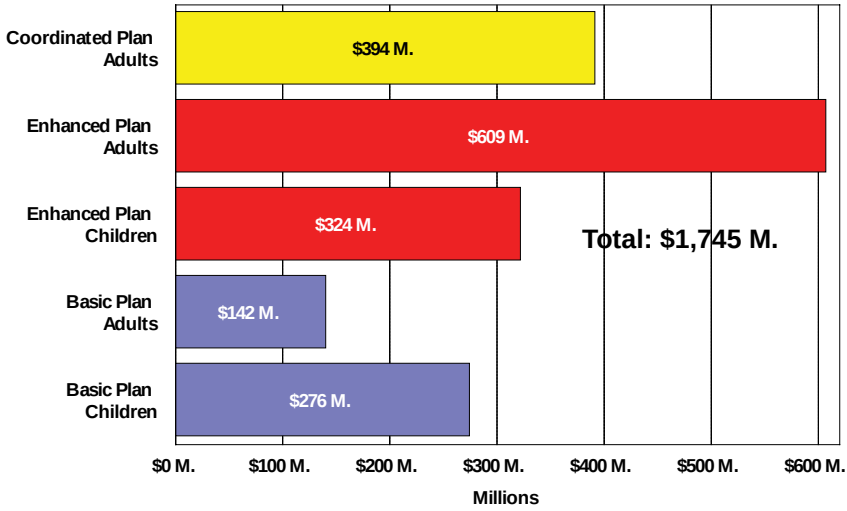
**3. Coordinated Plan:** For participants who are enrolled in both Medicare and Medicaid. These enrollees are often referred to as dual eligibles. Many dual eligible enrollees in the Coordinated Plan have multiple serious or chronic illnesses. Participants receive their Medicaid coverage through their Medicare Advantage Plan. Participants make up seven percent of Medicaid's enrollment and 23 percent of Medicaid expenses.

## SFY 2011 Enrollees

Average Monthly Eligibles

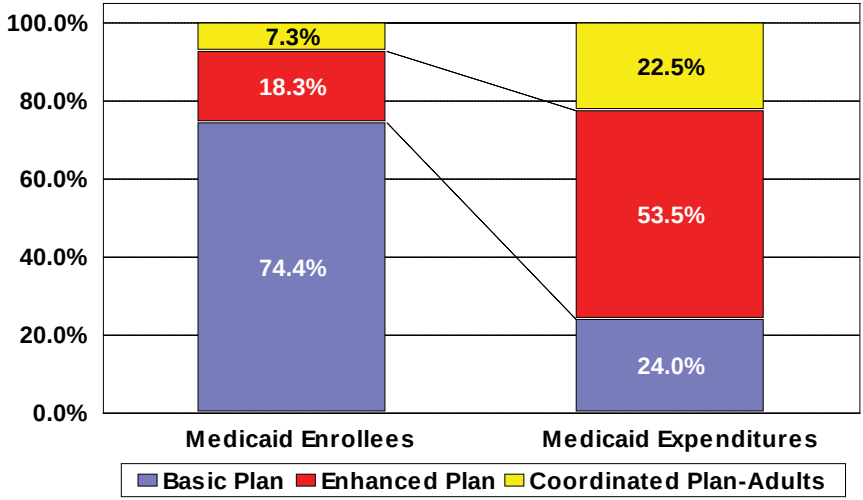



## SFY 2011 Expenditures



## SFY 2011 Enrollment and Expenditure Comparison

Children in the Basic Plan average less than $177/month for coverage, while children in the Enhanced Plan average almost $1,253/month. By comparison, an adult in the Basic Plan costs $685/month, while an adult in the Enhanced Plan averages almost $2,362/month. Most participants on the Enhanced Plan have more intense needs, both for behavioral health and medical services. Most participants on the Coordinated Plan are elderly and also have greater needs for medical services, along with services providing long term care such as assisted living facilities or nursing homes. A participant in the Coordinated Plan costs an average of $1,588/month.




# Medicaid Initiatives

## Technology Performance

Medicaid's new MMIS vendor, Molina Medicaid Solutions, marked one year of operations in June 2011. The claims processing system has stabilized and is processing most claims accurately and effectively. Performance metrics are being monitored to evaluate weekly performance. State staff, along with Molina, continues to meet with provider associations to provide updates and respond to system issues and provider concerns.

The Pharmacy Benefits Management system vendor, Magellan Medicaid Solutions, went live in February 2010, and continues to operate efficiently. Thomson Reuters, which provides essential data analysis and reporting for Medicaid is expected to be completely operational in the near future. Medicaid anticipates that these new systems and tools will be beneficial to participants and providers alike as Medicaid continues to move forward in the technological world.

## Medicaid Managed Care

Medicaid currently has managed care programs for dental care and transportation. The Idaho Legislature, through House Bill 260, directs DHW to plan for managed care approaches for additional Medicaid services. With this direction, Idaho Medicaid has initiated efforts in three major service areas. These are:

1. Behavioral health services, which includes mental health and substance use disorder services;
2. Services for people who have eligibility for both federal Medicare and state Medicaid care, often referred to as dual eligibles; and
3. Medical services, which includes hospitals, safety net providers and medical practices.

Each of these managed care efforts engaged their respective stakeholder communities in public forums to gather input and priorities in developing managed care approaches. Medicaid also is participating in Governor Otter's Multi-Payer Medical Home Collaborative, and is partnering with the state of Utah for the Children's Healthcare Improvement Collaboration (CHIC) to improve the health outcomes for children.

### Behavioral Health Services

Medicaid posted a Request for Information (RFI) in May 2011 to gauge the interest of managed care organizations to contract with the state for behavioral health services. Six organizations responded, describing their behavioral health managed care models and expressing interest in Idaho's behavioral health initiative. During the summer of 2011, Medicaid created a web page to provide information to the public on the topic and establish a communication tool that stakeholders can use to offer DHW input and to pose questions.

Medicaid hosted a public forum that was video-conferenced statewide in August 2011 to engage stakeholders for their priorities in the development of managed care approaches for the delivery of behavioral health services. Medicaid received valuable input from both the forum and the web that will be used to develop the RFP. A contract is expected to be awarded in 2012. The specific purpose of the contract will be to create the infrastructure necessary to achieve a sustainable, integrated system

of behavioral health services that is efficient, effective and makes use of a competent provider network.
Medicaid expects that a managed care system for behavioral health services to be phased in over a minimum of three years. This will allow for the safe and efficient transition from the current system of separate mental health and substance use disorder services to a system of integrated mental health and substance use disorder services. Medicaid is working closely with the Division of Behavioral Health in this effort.
***Website: www.MedicaidMHManagedCare.dhw.idaho.gov***

## Managed Care for Dual Eligibles

Legislators directed Idaho Medicaid to develop managed care programs that result in an accountable care system with improved health outcomes. With that direction, Medicaid is seeking input from Idaho stakeholders for transitioning care of adults who are dually eligible for Medicare and Medicaid to an integrated, coordinated care system.

People who are dually eligible are among the nation's most chronically ill and costly patients. They account for nearly 50 percent of all Medicaid spending and 25 percent of all Medicare spending. As of June 2011, 17,172 people in Idaho were dually eligible. For dual eligibles who opted to enroll in the Idaho Medicare-Medicaid Coordinated plan, monthly expenditures average $1,588, compared to $1,690 for dual eligibles not enrolled in the plan and using services.

The majority of dual eligible beneficiaries receive fragmented and poorly coordinated care. In an effort to make sure dual eligible beneficiaries have full access to seamless, high quality, cost-effective health care, the federal Medicare-Medicaid Coordination Office was established pursuant to Section 2602 of the Affordable Care Act.

To more effectively integrate the Medicare and Medicaid programs, CMS is partnering with states, health care providers, caregivers and beneficiaries to improve quality, reduce costs and improve the dual eligible beneficiary experience. With this initiative from CMS and the directive from House Bill 260, Idaho Medicaid is designing a program to better coordinate care for dual eligible individuals.

To meet CMS requirements, Idaho must develop a detailed model describing how the State can structure and implement an integrated program consistent with the following:

- Provide dual eligible individuals full access to the benefits to which they are entitled under the Medicare and Medicaid programs.
- Simplify the processes for dual eligible individuals to access the items and services they are entitled through Medicare and Medicaid.
- Improve the quality of health care and long-term services for dual eligible individuals.

- Increase dual eligible individuals' understanding of, and satisfaction with, coverage under the Medicare and Medicaid programs.
- Eliminate regulatory conflicts between rules under the Medicare and Medicaid programs.
- Improve care continuity and ensure safe and effective care transitions for dual eligible individuals.
- Eliminate cost-shifting between the Medicare and Medicaid programs, and among related health care providers.
- Improve the quality of performance of providers of services and supplies under the Medicare and Medicaid programs.

Developing a managed care program for dual eligible participants is a statewide effort of Medicaid staff, providers, community partners, agencies, participants and families. Idaho Medicaid held a statewide meeting of these stakeholders to gather specific recommendations and priorities in October 2011. Over 50 stakeholders participated in the meeting, which was held at the Boise Medicaid state office and video-conferenced to six other sites throughout the state.

Recommendations from stakeholders will be used in developing the proposal to CMS.
***Website: www.MedicaidLTCManagedCare.dhw.idaho.gov***

### Managed Care for Comprehensive Medical Services

Besides Behavioral Health and Dual Eligible managed care programs, DHW is investigating the conversion of all types of fee-for-service expenditures to a prospectively paid managed care capitation payment. The services are being reviewed by categorizing types of services provided to segregated Medicaid populations.

To accomplish this, Idaho Medicaid held a forum in December 2011 to discuss managed care programs for hospitals, safety net providers and medical practices. Information from this, and the other managed care forums, will be reported to the 2012 Idaho Legislature.
***Website: www.MedicaidManagedCare.dhw.idaho.gov***

### Multi-Payer Medical Home Collaborative

The Governor issued an Executive Order in 2010 to establish an Idaho Medical Home Collaborative, supervised by the Department of Insurance to accomplish the following:

- Creation of primary care provider qualifications, standards and eligibility criteria;
- A common definition of a Patient-Centered Medical Home;
- Appropriate common payment formulas to providers qualified as a Medical Home;

- Establish methods and procedures to engage patients, employers and providers in the successful implementation of the Medical Home;
- Develop guidelines for a model of care coordination and case management to enhance patient and provider involvement, improve health outcomes, and achieve cost savings;
- Formulate procedures to exchange data between payers, payers and providers using electronic means, and create reports to evaluate quality, cost and utilization;
- Establish cost measures for practices serving as a Patient-Centered Medical Home; and
- Determine quality metrics to monitor and report evidence-based patterns, improved outcomes and quality improvements.

The Medical Home Collaborative meets on a monthly basis either via conference call or face-to-face. Work groups meet monthly or bimonthly. Interest in the Collaborative continues to grow with increased affiliation from health care stakeholders from across the state. These interested parties, numbering 60 as of November 2011, receive updates on Collaborative activities and invitations to meetings.

The Collaborative has been supported by the Idaho Primary Care Association and the Idaho Academy of Family Physicians. In November, Idaho Medicaid hired a project manager to take the lead role in supporting the development efforts of the Collaborative. Work groups include a Practice Transformation Work Group, which has focused on qualifications, standards, eligibility and a common definition of a Medical Home; and a Payment Reform Work Group, which has focused on developing a case management fee to support the care coordination and case management functions in medical practices. The development of the Medical Home will be an incremental approach, which begins with a focus and payment for high risk populations that have chronic care conditions and/or serious and persistent mental illness.

The Collaborative is enthusiastic about an opportunity to engage Medicare's participation in Idaho's Medical Home efforts and is currently devoting resources to apply for Medicare's Comprehensive Primary Care Initiative. Each of the Collaborative payer representatives, including Blue Cross of Idaho, Regence Blue Shield, PacificSource Health Plans and Idaho Medicaid, will be completing applications to Medicare in January 2012. With all payers supporting a common Medical Home approach, Idaho medical practices will have a greater opportunity to fulfill the goals of improving access and quality, while reducing unnecessary costs.

### Children's Healthcare Improvement Collaboration (CHIC)

Idaho, in partnership with the state of Utah, received a five-year Children's Health Insurance Program Reauthorization Act (CHIPRA) quality

demonstration grant for $10.3 million. The project's focus is to improve health outcomes for children by:

- Using a patient-centered medical home approach;
- Developing an improvement network among primary care providers; and
- Increasing the ease of use and availability of health information technology.

DHW partners include the Governor's Medical Home Collaborative group, the Idaho Health Data Exchange, St. Luke's Children's Hospital, the Idaho Chapters of the American Academy of Pediatrics, the American Academy of Family Physicians, the Utah Department of Health, and the University of Utah School of Medicine.

### Transportation Brokerage

Medicaid contracted with American Medical Response (AMR) in September 2010 for transportation brokerage services. The brokerage program is a method to provide coordinated transportation that matches riders with appropriate transportation providers through a central trip request. AMR provides a call center for intake and processing of transportation requests, verifications of eligibility, and determination of the most appropriate and cost-effective transportation mode to meet Medicaid participants' needs. AMR also provides vehicle dispatch, record-keeping, vehicle maintenance, driver training, subcontracting, and payment to transportation providers.

American Medical Response is responsible for all non-emergent medical travel, which includes out-of-state trips. This contract does not affect ambulance transportation or non-medical transportation.

### Idaho Smiles - Dental Managed Care Program

Idaho Medicaid has contracted with Blue Cross of Idaho since 2007 to provide a dental insurance plan, Idaho Smiles, for children and adults who are eligible for Medicaid's Basic Plan. Blue Cross subcontracts with DentaQuest (formerly Doral Dental) for claims administration and provider enrollment. As of July 2011, all Medicaid participants receive their dental coverage through the Idaho Smiles Program. Benefits for adults were reduced to emergency coverage only for adults in July 2011 in response to legislative direction in House Bill 260.

The goals of Idaho Smiles are to improve the dental health of participants by providing basic dental care, improving access to providers throughout the state, and remaining cost-effective. The Idaho Smiles program increased access for its members to over 65 percent, comparable to private dental insurance access rates. This is the highest access rate of any other dental plan administered by DentaQuest. Medicaid participants do not pay any out-of-pocket expense for Idaho Smiles dental insurance.

## Medicaid Incentive Payments for Electronic Health Records

The American Recovery and Reinvestment Act provides funding to support the adoption and meaningful use of certified electronic health records (EHRs) through a Medicaid EHR incentive program. Idaho Medicaid is moving forward in developing this incentive program for eligible Medicaid professionals and hospitals. The State's Medicaid Health Information Technology and Implementation plans, which contain the budget for implementing the program, are scheduled to be submitted to CMS for review and approval in November 2011. It is unknown how quickly approval will be attained. Once the plan and the budget are approved by CMS, the program will build the necessary systems to manage eligibility determinations, payment and reporting. It is expected that the program will go live during the summer of 2012.

Three months prior to program launch, a focused outreach effort will take place to inform potentially eligible providers of the launch date and provide details on Idaho's process for receiving a payment. This information also will be posted on the web page created that contains information about the incentive program, www.MedicaidEHR.dhw.idaho.gov. The web site contains an 'Ask the Program' feature so individuals can send questions directly to the Idaho Medicaid EHR Incentive Program staff at any time.

For more information, please visit the CMS EHR Incentive Program website, ***www.cms.gov/EHRIncentivePrograms***, where you will find Frequently Asked Questions, a meaningful use calculator, attestation user guides, a listserv feature to sign up to get updates from CMS, and much more.

## Idaho Home Choice

Idaho Medicaid implemented a new program in October 2011 that helps people living in institutions, such as a nursing home, move to community living, such as an apartment, private home or residential assisted living facility. The program is funded by a federal grant and will help the state rebalance its long term care spending from more expensive institutional based care, to community settings which are more economical and preferred by enrollees.

The goals of the program are to:

- Increase the use of Home and Community Based Services (HCBS) and reduce the use of institutionally-based services.
- Eliminate barriers and mechanisms in state law, state Medicaid plans, or state budgets that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive long-term care in the settings of their choice.

- Strengthen the ability of Medicaid programs to ensure continued provision of HCBS to those individuals who choose to transition from institutions.
- Ensure that procedures are in place to provide quality assurance and continuous quality improvement of HCBS.

During the five year grant award, Idaho Medicaid's goal is to transition 325 people living in institutions to community based care.

## Children's Developmental Disabilities Benefit Re-design

After two and a half years of planning and development, the Children's System Redesign was implemented July 1, 2011. DHW received approval from both the Idaho Legislature and the Centers for Medicare and Medicaid Services for two 1915(c) waivers – a Children's Developmental Disability waiver and Act Early waiver, as well as a 1915(i) Home and Community Based State Plan Option. The 1915(i) is currently only used in a few other states, and Idaho is the first to use the authority to target developmental disability services. It is an exciting opportunity for Idaho to be a part of this new initiative, which could pave the way for other states to explore this option as well.

The children's redesign makes major shifts from the way DHW currently does business in an effort to improve quality of services, and effectively manage utilization of services for children with developmental disabilities. Some key highlights of the new program include:

- Awarding a contract with an independent assessment provider, Idaho Center for Disabilities Evaluation (ICDE), to determine eligibility for children's developmental disabilities services.
- Delivering DHW case management in place of service coordination. Case management is administered by the Division of Family and Community Services and their contractors, and takes a more comprehensive and clinical approach to managing a child's services.
- Offering a greater array of benefits for children and their families, and managing the new benefits with annual budgets based on the individual needs of the child.
- Creating a waiver program that targets young children with autism or maladaptive behaviors. The Act Early waiver was created in response to evidence-based research that suggests intensive intervention at an early age will result in the best outcomes for children.
- Giving families the option to direct their own services under a Family-Directed Services option, similar to the adult Developmental Disability waiver's Self-Directed Services option.

The independent assessor began determining eligibility for children's developmental disabilities services July 1, 2011. Over the next year and a half, children will gradually transition into the new system according to their birthdays. DHW expects the new system to be fully implemented by 2013.

### Snapshot of Health Reform for Medicaid Program

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA), more commonly known as federal health reform. In 2010, the new law lowered drug rebates available to states; prohibited federal payments for services related to healthcare acquired conditions; and extended demonstration projects for people who are institutionalized, but would prefer to live in more economical, community settings.

Over the next three years, PPACA will significantly impact state Medicaid programs by:

- Reducing states' Medicaid Disproportionate Share Hospital allotments (effective 2013).
- Increased federal funding to improve payments for primary care physicians (effective 2013);
- Expanding Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 133 percent of the federal poverty guidelines (effective 2014);
- Requiring temporary maintenance-of-effort on existing Medicaid coverage (effective 2014);
- Extending Medicaid coverage to former foster care children up to age 26 (effective 2014);
- Increasing the federal match rate for the Children's Health Insurance Program (effective 2015).

# 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 the Intellectually Disabled (ICF/ID), 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 also is the single focal point for fire, life safety, and health care construction standards in the state.

# State Programs

## Residential Assisted Living Facilities (RALF)

The mission of the RALF program is to ensure residents of Idaho RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected. There are 345 RALFs in Idaho, with 8,809 licensed beds. Facilities range in size from six to 148 beds.
Individuals residing in RALFs are both private pay (60 percent) and Medicaid funded (40 percent). Their primary reasons for living in a RALF include:

- Elderly (51 percent);
- Alzheimer's/dementia (30 percent);
- Mental illness (11 percent); and
- Developmental disabilities/other (4 percent).

Eight statewide survey staff conduct licensure surveys, provide technical assistance, and investigate complaints. During SFY 2011, the survey team completed 11 initial surveys, 108 licensure (standard) surveys, 58 follow-up surveys, and 158 complaint investigations.

## Mental Health Credentialing (MHC) Program

The mission of the mental health credentialing program is to ensure that Medicaid participants experiencing mental health issues receive quality mental health services and therapies reflecting national standards and industry best practices. In the past year, DHW increased the number of credentialed providers by 114 entities. In September 2011, DHW had 233 mental health clinics credentialed and 202 psychosocial rehabilitation (PSR) providers credentialed.

Recently, the MHC program began reviewing admissions of individuals placed in nursing home facilities to ensure they have their psychiatric needs met. This process also ensures that other residents of the facility are not put at risk of physical harm from an individual with an untreated psychiatric condition. Since July 2011, DHW completed 177 reviews. Future plans include partnering with the Office on Mental Health and Substance Abuse to help promote the Managed Care process for mental health services among Idaho's provider community.

## Developmental Disability/ Residential Habilitation Agency Certification

The mission of the DDA/ResHab survey and certification team is to ensure developmental therapies are provided in accordance with state law and state rules, reflecting national best practices. There are currently 74 developmental disability agencies in the state with 158 separate operating locations, providing services to over 5,400 participants.

Each agency and operating site must be surveyed every three years. This team also has survey/certification oversight responsibilities for residential habilitation agencies. Residential habilitation services are designed to promote individual choice and independence while enhancing quality of life, community involvement, and self-sufficiency. There are presently 48 ResHab agencies operating from 82 locations. Future plans are to partner with agencies to promote more national accreditation among the provider community.

### Certified Family Homes

The Certified Family Home Program supports DHW's mission to promote and protect the health and safety of Idahoans by ensuring a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. There are over 2,000 certified family homes in Idaho providing a safe, stable residence for over 3,200 participants. Over the past year, the State has experienced a 1.1 percent drop in the number of Certified Family Homes.

## Financial Operations

During SFY 2011, the Bureau of Financial Operations recovered over $8.1 million through the Estate Recovery Program. The Health Insurance Premium Program saved Idaho Medicaid an estimated $2 million by helping 460 individuals acquire or retain health insurance that paid primary to Medicaid. The Medicare Savings Program ensured that Medicare was the primary payer for the 28,000 Medicaid participants who have Medicare. The Third Party Liability contracts recovered approximately $8.3 million from primary insurance, casualty and liability claims, and provider overpayments.

# Division of Family and Community Services

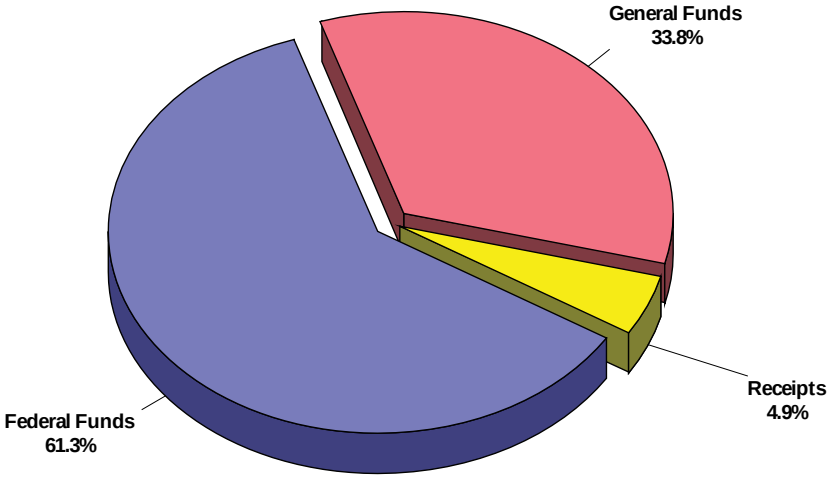
***Rob Luce, Administrator, 334-5680***

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, along with 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.

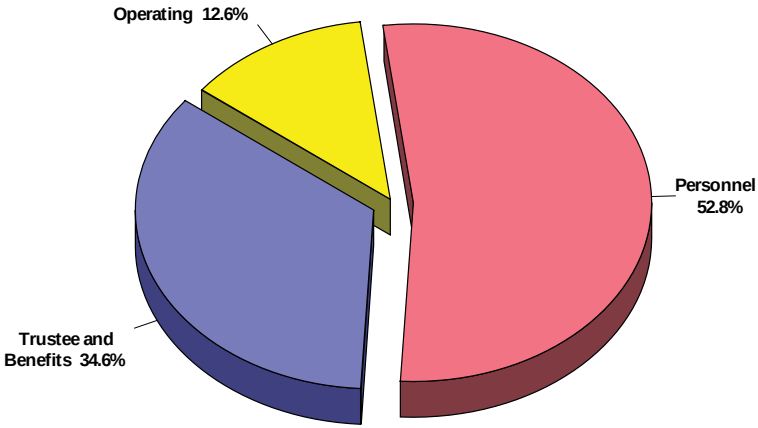
Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

**FACS SFY 2012 Funding Sources**



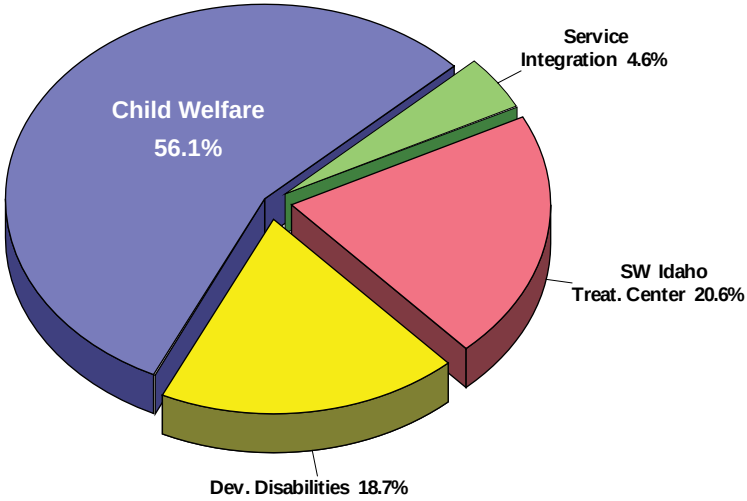

*Authorized FTP: 849.7; Original Appropriation for 2012: General Funds $32.1 million, Total Funds $95 million; 4.3% of Health and Welfare funding.*

## FACS SFY 2012 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 Southwest Idaho Treatment Center.*

## 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 2011 FACS Division Highlights

- The Idaho Child Welfare Program was one of the first in the nation to successfully meet federal requirements by completing its Program Improvement Plan (PIP). All states are required to complete an improvement plan following extensive federal Child and Family Services Reviews. The Child Welfare Program completed all required action steps, met statistical standards and achieved all PIP goals in two of the allowed three years. The program used the improvement plan to dramatically improve services, as evidenced by:
  - » Idaho ranked first in the nation in state permanency scores in the areas of timeliness of adoption and permanency for children in foster care for long periods of time;
  - » Idaho ranked sixth in the nation in timeliness and permanency of reunification with parents; and
  - » Idaho ranked 12th in placement stability (fewer moves in foster care).

- DHW collaborated with the 2011 Legislature to clear up inconsistencies in the daycare statute and the daycare rules regarding local control and child-staff ratios. The passage of the subsequent amendment to the statute allows for consistent and clear guidance for daycare licensure. Organizationally, daycare licensure has been placed in the larger Child Welfare Program along with licensure for residential treatment centers, outdoor programs and adoption agencies. This placement should allow for added expertise both in child safety and licensure of child programs.

- Following an extensive design process, the Developmental Disabilities Program, in partnership with the Division of Medicaid, is implementing Children's Benefit Redesign. Redesign is the result of collaboration from stakeholders, advocates and families interested in designing a system that works better for children and families. The model increases family control and choice by creating an individual budget for services, requiring higher qualifications for therapists, and offering a wider array of services that can be individualized for a child's needs. The model also offers an alternate Family Directed Pathway where trained families independently oversee services. Additionally, the new model is not forecast to increase costs from last year's expenses. The rules for the new model were passed by the 2011 Legislature and a phased implementation began July 1, 2011.

- The Infant Toddler Program continues to implement evidence-based practices such as coaching, teaming, and natural learning to help parents teach and coach their children with developmental disabilities and delays. Federal funds have been used to bring state-of-the-art

trainers and practices to Idaho. Families, therapists, and educators have embraced these proven approaches in every region of the state. In addition, the program has created online learning opportunities; provides technology based items to facilitate effective practices; and purchased video conferencing equipment for statewide cost savings and efficiencies. Federal funds also are being used to enhance the current web-based data system to include a billing interface.

- The Navigation Program is implementing outcome measurements to monitor program effectiveness. In Idaho more than 23,000 children live in households headed by grandparents or other non-parent relatives. Navigation is a significant resource to these and other vulnerable families, who without support may be at risk for foster care placement.

- The Idaho 2-1-1 CareLine converted to a new database, which allows for a more user friendly resource search option for customers who utilize www.211.idaho.gov. It also helps align Idaho 2-1-1 with accreditation standards for the Alliance of Information and Referral Systems. 2-1-1 remains the point-of-contact in the state for IdahoSTARS, day care complaints, welfare fraud reporting, foster parent and adoption recruitment, Wednesday's Child and multiple other promotions and campaigns aimed at improving the health, stability and safety of Idaho citizens.

- During the 2011 Legislative session, Idaho State School and Hospital received a name change to Southwest Idaho Treatment Center. The original name was confusing for the facility had not been a school or hospital for over 20 years. Legislation also passed that provides additional tools to more efficiently and appropriately admit and discharge individuals from the Southwest Idaho Treatment Center. The facility mission was changed from providing long term residential services to providing treatment and temporary placement for individuals with developmental disabilities who cannot be supported in the community.

# 2-1-1 Idaho CareLine

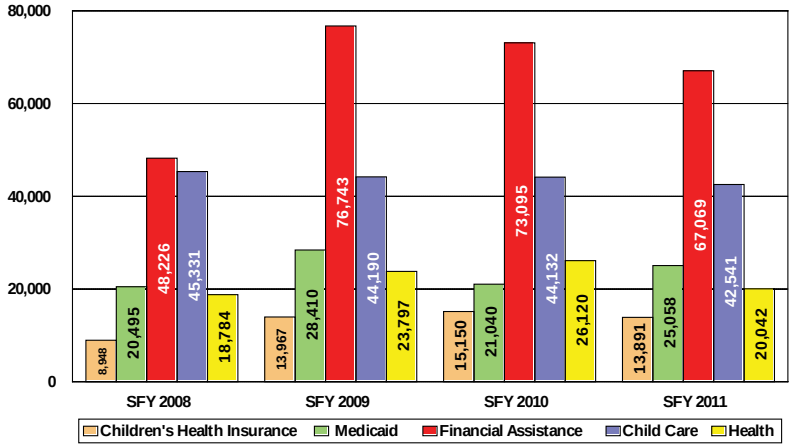
The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human service resources. 2-1-1 was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access 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.

In SFY2011, CareLine partnered with the Department of Juvenile Corrections to expand its database and provide increased resources for Idaho's youth and their families. CareLine also adopted the FACS Resource Library, managing over 2,000 holdings for resource families, kincare providers and DHW employees. In SFY2011, CareLine participated in over 35 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans.

Idaho CareLine received 191,969 calls in SFY2011, dropping from 205,447 calls in SFY2010. This six percent decrease in call volume is due, in part, to increased efficiencies in telephone technology implemented by the Division of Welfare, which has greatly improved overall customer service.

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 or www.idahocareline.org***. Emergency and crisis referral services are available through an after-hours, on-call service. The 2-1-1 Idaho CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

**Number of Calls Received by Idaho CareLine**



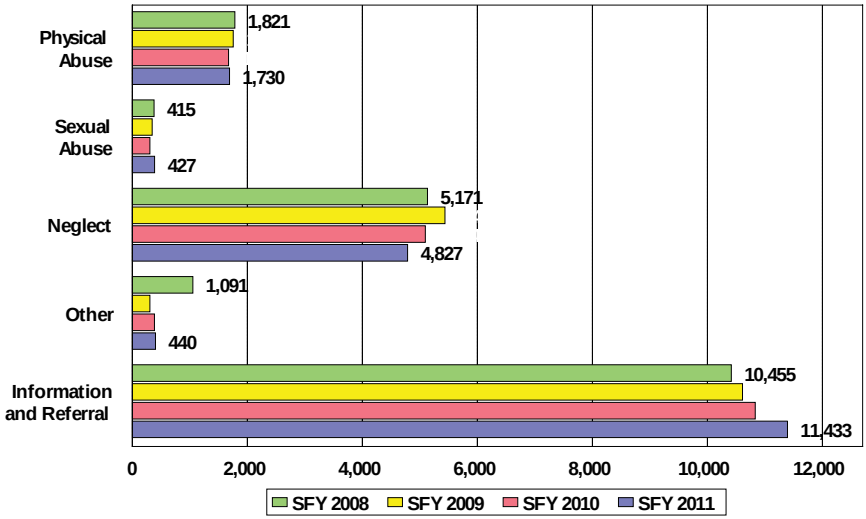
# Children and Family Services

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. The program also licenses homes and facilities that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding source, and manages 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 safety issues for a child. Social workers and families strive to develop a plan to enable children to remain safely in their home. If safety cannot be assured with a safety plan, children are removed from their home by law enforcement or court order. When children are removed, Children and Family Services works with families to reduce the threats of safety so the children can return home.

### Child Protection and Prevention Referrals




*Note: In SFY 2011, there were 7,424 child protection referrals from concerned citizens, down from 7,612 in SFY 2010. There were an additional 11,433 calls from people seeking information about child protection. Frequently, these 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.*

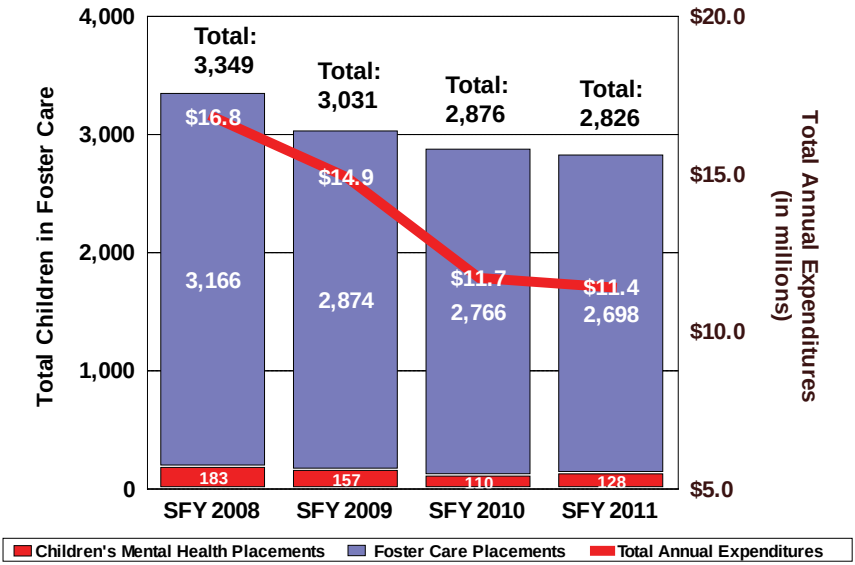
## Foster Care

Foster care is a critical component of the state's Child Welfare Program. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or are experiencing other serious problems within their families. Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as foster parents. Relatives can be important supports to the child, the child's parents, and the foster family.

Children and Family Services structures out-of-home placements to:

- Minimize harm to the child and their family;
- Assure the child will be safe;
- Provide services to the family and the child to reduce long-term, negative effects of the separation; and
- Allow for continued connection between the child, their family, and the community.

### Children Placed in Foster Care and Annual Expenses



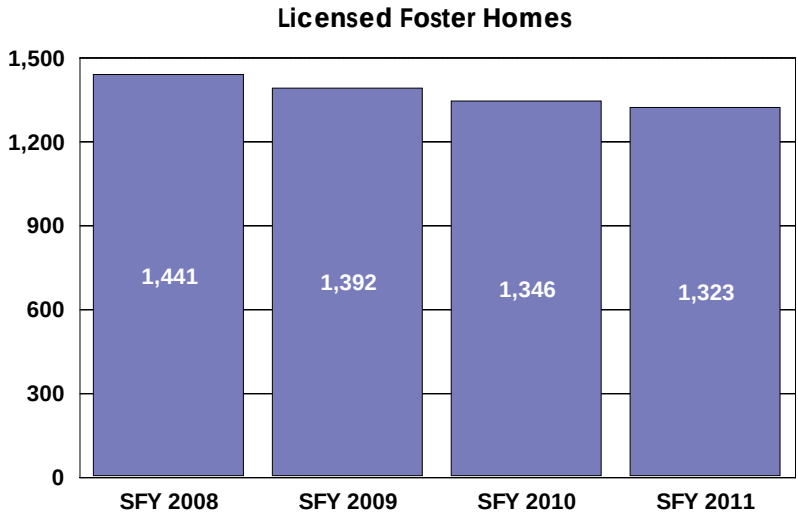

*Note: This chart shows total number of children served annually. On June 30 of each year, a count of children in foster and residential care is taken. On June 30, 2011 there were 1,344 children in state care, of which 37 were from the Children's Mental Health Program. On June 30, 2010 there were 1,476 children in care.*

Knowledgeable and skilled resource families and other 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 families to safely care for children.

Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When birth families are unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

Treatment foster care is available to children who have complex needs that go beyond what general foster parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with special needs. Working in collaboration with a treatment team, treatment foster parents provide interventions specific to each child in order to develop skills and prepare them to be successful in a less restrictive setting.

The need to recruit and retain resource families is critical. A total of 2,826 children were placed in foster care during SFY 2011. 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, more resource parents of Hispanic and Native American ethnicity also are needed.




In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in every region. Idaho has implemented a Recruiter Peer Mentor Program which uses seasoned foster parents to recruit and mentor interested families. Regional recruitment efforts through the Peer Mentor Program also focus on developing and publicizing the need for foster parents through multicultural events, fairs, and with community organizations.

Despite continued efforts concerning foster parent recruitment and retention, Idaho's number of licensed foster homes continues to decrease. A 2007 survey conducted by the University of Maryland School of Social Work places Idaho as one of five states with the lowest foster care reimbursement rates. A more recent survey conducted by Casey Family Programs surveyed six states surrounding Idaho regarding the foster care monthly rates by age.

### 2011 Monthly Foster Care Rates by Age

| State | Ages 0-5 yrs.* | Ages 6-12 yrs.* | Age 13-18 yrs.* |
|---|---|---|---|
| Oregon | $639 | $728 | $823 |
| Wyoming | $645 | $664 | $732 |
| Nevada | $635 | $635 | $695 |
| Montana | $513 | $513 | $617 |
| Washington | $424 | $501 | $573 |
| Utah | $450 | $450 | $511 |
| Idaho | $274 | $300 | $431 |

**Age ranges for states can vary slightly.* *Source: Casey Family Programs*

Children and Family Services, in partnership with local universities, utilizes the PRIDE program throughout Idaho to train and evaluate potential foster or adoptive families in parenting skills and techniques to care for children who have been abused or neglected. PRIDE classes show interested families what they can expect as foster parents. These classes are offered on a regular basis in each region. PRIDE has been shown to help families meet the needs of foster and adoptive children.

### Independent Living

Idaho's Independent Living Program assists foster youth in their transition to adult responsibilities. Independent Living funding accesses supports and services for employment, education, housing, daily living skills and personal needs.

In SFY 2011, 685 youth between the ages of 15 to 21 were served by the Independent Living Program. This number includes 219 youth who reached the legal age of adulthood (18 years) while in foster care.

To help foster youth transition to adulthood and provide educational opportunities, the Education and Training Voucher Program provides up to $5,000 per year. The voucher is available to youth who have been in foster care after the age of 15 and have received a high school diploma or GED. During the past year, Idaho's Independent Living Program worked closely with the Idaho State Board of Education to assist youth to access free federal aid for post-secondary education. During SFY 2011, 51 youth participated in the program at colleges, universities, technical schools and other institutions of higher education.

Older youth often experience barriers to success after leaving foster care. Currently, in partnership with the federal Administration for Children and Families, Idaho will collect service and outcome information for youth for several years after they leave foster care. This data will assist in determining what services result in the most positive outcomes for youth.

## Adoption

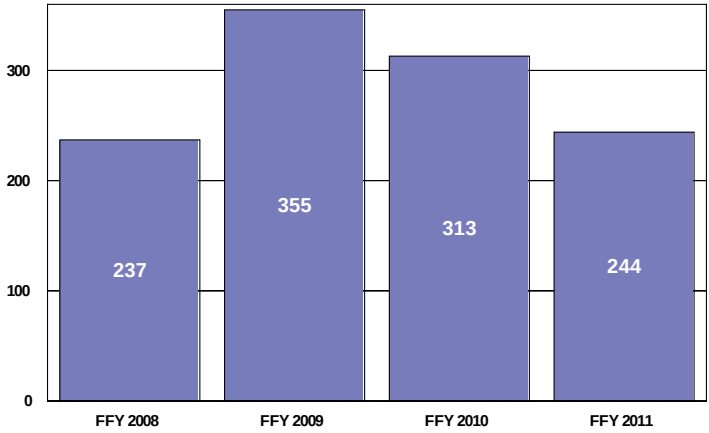
Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together,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

The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. To help meet this goal, DHW has revised the process to approve families for adoption, making it easier for current foster families to adopt. A new process for the selection of adoptive placements for children in foster care also is being developed.

Families who adopt special needs children are eligible to apply for either federal or state adoption assistance benefits. These benefits help subsidize 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 2011 was 244. At the State and local levels, DHW and the judicial system 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 2011**

| Adoption Assistance | Number of Children | Average Monthly Payment |
|---|---|---|
| Federal IV-E | 1,819 | $300 |
| State | 301 | $252 |
| **Total** | **2,120** | |

# Developmental Disabilities Services

The Developmental Disabilities 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.

## Children's Benefit Redesign

The Children's Benefit Redesign project began during SFY 2008, with the Medicaid and FACS divisions convening workgroups with families, advocacy groups, providers and other stakeholders to develop a new system of services for children with developmental disabilities. Suggested improvements to the current system include support as a service option, increased coordination of services, increased opportunities for family involvement including family directed services, and a higher quality therapy service. In response to the workgroups' feedback, DHW and stakeholders redesigned benefits for children with developmental disabilities. A new model of services was created and IDAPA rules for the program were approved by the legislature. The first stages of the new system were implemented July 1, 2011 and will be phased in over the coming year.

## 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 program partners with public agencies, private contractors, and families to enhance each child's developmental potential through both direct services and the training of families. The four most frequently provided services are:

1. Developmental Therapy (special instruction);
2. Speech/Language Therapy;
3. Occupational Therapy; and
4. Physical Therapy.

Services are delivered according to an Individual Family Service Plan. Teams statewide provide evidence-based services including teaming, natural environment learning practices and coaching families. Teams engage families to actively promote children's learning. Consequently, families are noting increasingly positive outcomes.

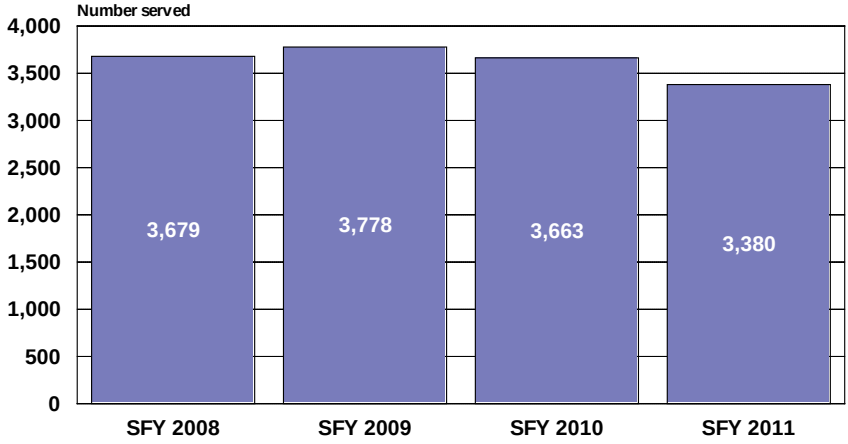
Children served by the program are referred for a variety of reasons. Eight percent of children referred have been involved in substantiated cases of neglect or abuse. Thirty-one percent of children found eligible for services had premature births.

Federal oversight of the Infant Toddler Program includes ongoing reviews. This year the Idaho Infant Toddler Program made significant progress in correcting areas of non-compliance. The program's federal rating changed from "Needs Assistance" to "Meets Requirements."

The Infant Toddler Program successfully implemented a new web-based data system, ITP-Web. This is a state-of-the-art data system that assures HIPAA compliance while allowing ready access to client records by staff and contractors. Federal funds were used to develop and implement phase one of the system during SFY 2011. Phase two of the system will integrate billing and receipt claiming functions and reduce duplicate data entry.

During SFY 2011, 3,380 children and their families were served by the Infant Toddler Program. Program performance in child identification is still recovering from previous budget holdbacks, however, new outreach strategies and on-line screening by parents have mitigated the rate of a downward trend in the identification of children who need services.

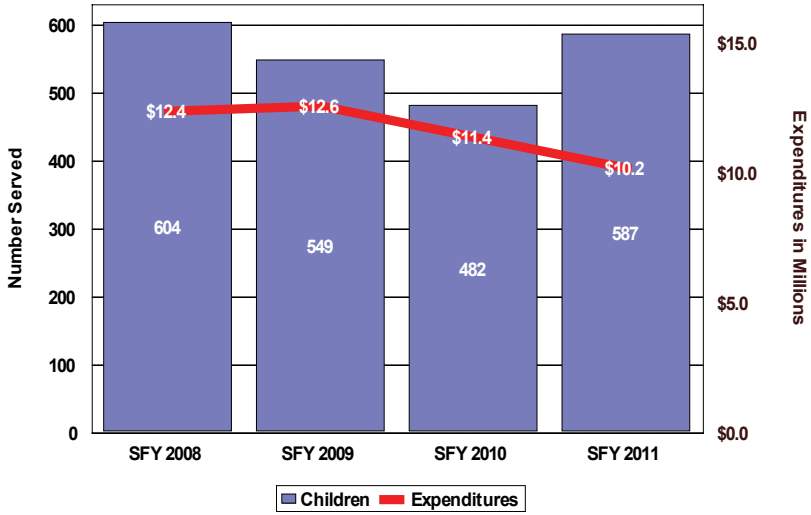
**Children Served in the Infant Toddler Program**



## 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 2011, 587 children were served, with annual costs totaling $10.2 million, an 11 percent funding decrease from the previous year.

### Intensive Behavioral Intervention




## Court-Related Services

DHW 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 from Idaho's district courts, the Developmental Disabilities Program provided evaluations for 183 guardianships during SFY 2011.

# 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 service is to aid participants in achieving health, stability and safety. It is a voluntary program intended to augment existing DHW programs and services, along with community partnerships. Over the last year, Navigation Services assisted a total of 7,951 families, with 2,526 receiving Emergency Assistance.

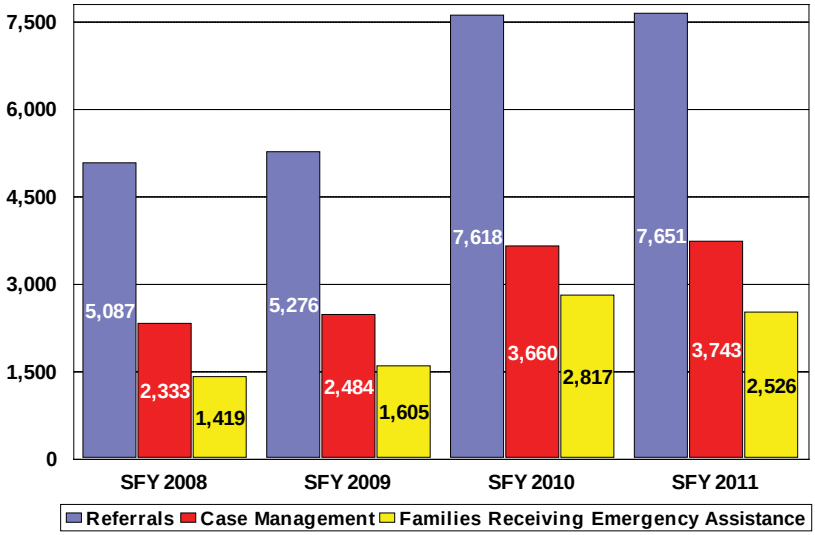
Navigation Services distributed nearly $1.4 million in Emergency Assistance while leveraging community funds on behalf of families and individuals. In fiscal year 2011, for every Emergency Assistance dollar spent, 27 cents was secured from community partners. Navigation Services leveraged a total of $377,600 in community funds on behalf of families.

Navigation Services also served approximately 200 kinship care families across the state. Through the generous support of Casey Family Programs, navigators distributed over $47,000 in direct cash assistance to these families to help with education, medical and other incidental expenses. This partnership helps children stay with their families and out of foster care when their parents are not able to support their needs.

As part of its work to support kincare families, Navigation Services has a partnership with the Corporation for National and Community Services to use VISTA service members to work in communities across the state on behalf of approximately 15,000 kincare families. In SFY 2011, five VISTA service volunteers completed the second year of the Idaho Kincare Project. The project focuses specifically on kinship care issues, supporting the families of the approximately 23,000 Idaho children living with extended family members. VISTA members have increased the number of support groups across the state, created and maintained a web site with kincare related information, raised public awareness, and facilitated kincare access to relevant information. A total of six VISTA service members will continue the project in the coming year.

The kincare effort during SFY 2011 also included a statewide art contest for children living in kinship care and a proclamation by Governor Otter that July 15th was Idaho Kincare Family Day.

**Navigation Services: Referrals, Cases and Families**




# Southwest Idaho Treatment Center

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

***Susan Broetje, Administrator, 442-2812***

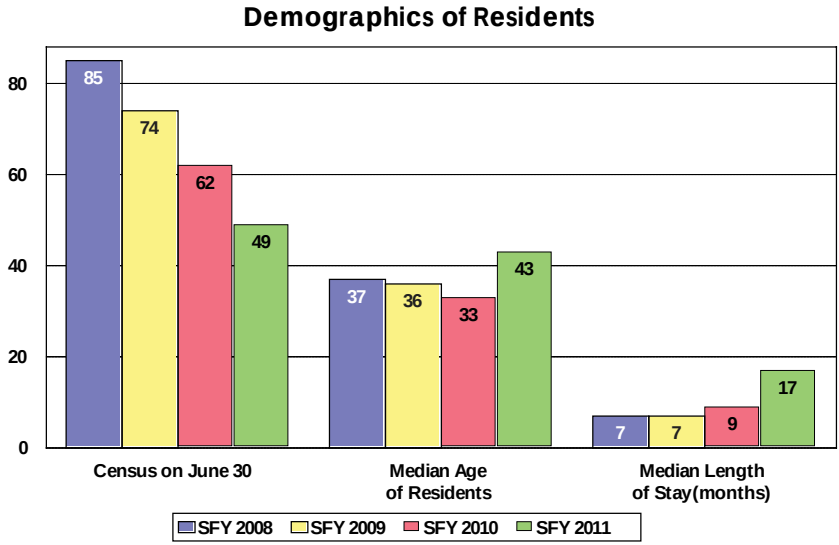
As part of the statewide developmental disabilities service delivery system, Southwest Idaho Treatment Center provides specialized services for people with developmental disabilities. Southwest Idaho Treatment Center, an Intermediate Care Facility for the Intellectually Disabled (ICF/ID), utilizes a variety of training methods to teach clients the skills they need for independent living including improved social skills and learning to control their behaviors. Because of improvements in community services, only clients with significant behavioral disorders are admitted to Southwest Idaho Treatment Center, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care.

In the 2009 Legislative session, lawmakers directed DHW to determine what resources would be necessary to transition Southwest Idaho Treatment Center residents into the community. Focus groups were held to provide input on barriers and opportunities for successful transitions. A review team, which included members of the Legislature, families, and advocates developed a report for the 2010 legislature based on the information provided by these groups. This report outlined the necessary steps to transition current residents safely into community treatment, while maintaining and building capacity at key locations in the state to handle

crisis response and stabilization services. The plan recommended reducing Southwest Idaho Treatment Center campus beds and developing on-site response units in Boise, Blackfoot and Coeur d'Alene for short-term stabilization, which is intended to prevent long-term admissions.

The facility implemented the proposed steps to accomplish the transition. This has resulted in continuing success to integrate people back into their communities and in maintaining people in their private residences. The census at Southwest Idaho Treatment Center was reduced by 47% since July of 2007 when the efforts toward increased community transition were initiated.

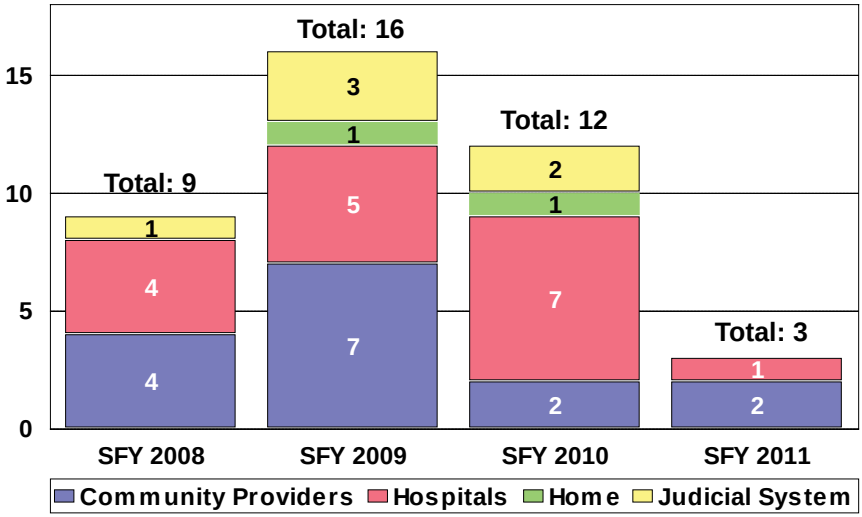
From the chart below, the census on June 30, 2011 was 49 residents. The median age of residents rose slightly, because as the census is reduced, many of the remaining residents have lived at the treatment center for a good portion of their lives. This also increases the median length of stay, as shown in the chart.



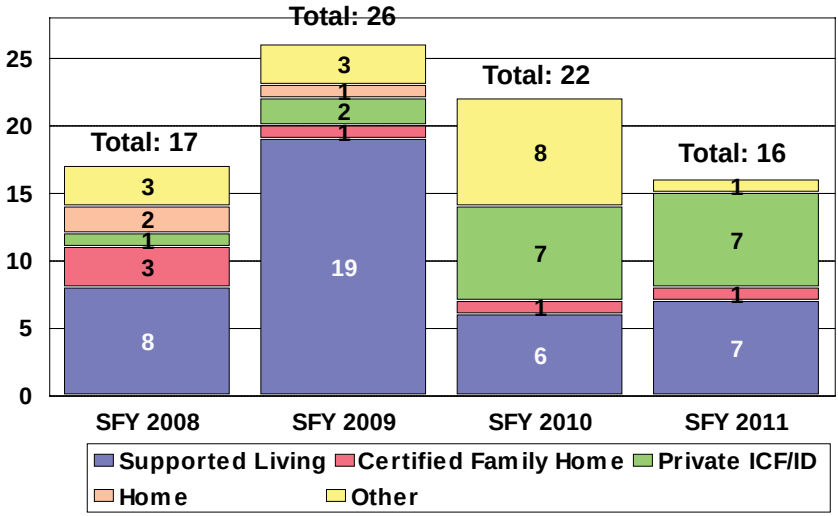

*Note: This chart shows the SWITC census on June 30 of each year. A total of 66 clients were served during SFY 2011. During SFY 2010, there were 82 clients served during the entire year.*

Two pieces of legislation were presented and passed in the 2011 Legislative session. They provided the necessary clarification to align with the 2009 legislative intent language and support transition of residents to appropriate community services. A second piece changed the name of the facility from Idaho State School and Hospital to Southwest Idaho Treatment Center. This change was necessary because the facility had not been an operating school or hospital for over 20 years. The new name more accurately represents the services provided by the facility.

## Types of Admissions




## Discharge Placements



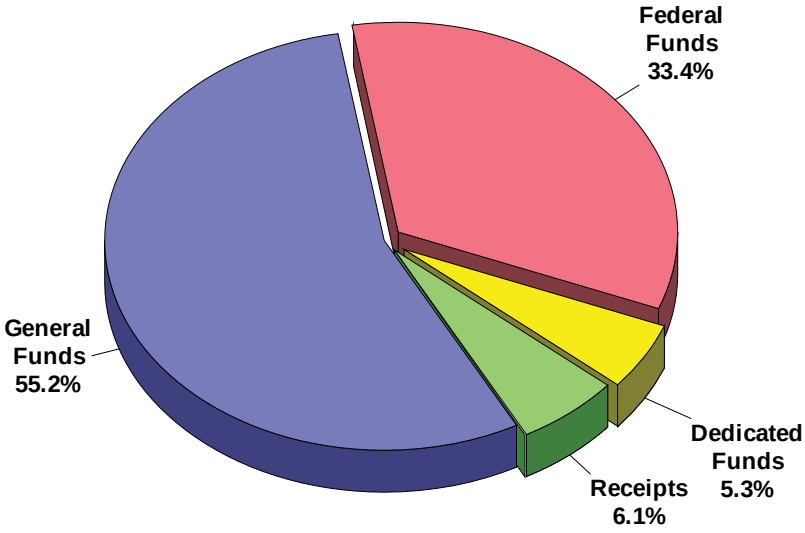
# Division of Behavioral Health

***Ross Edmunds, 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.

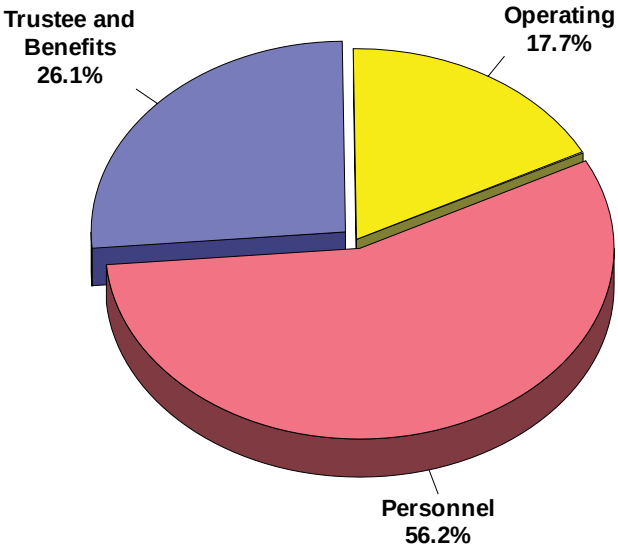
The division is comprised of the Children and Adult Mental Health Programs, and the Substance Use Disorders Program. The division also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

**Behavioral Health SFY 2012 Funding Sources**

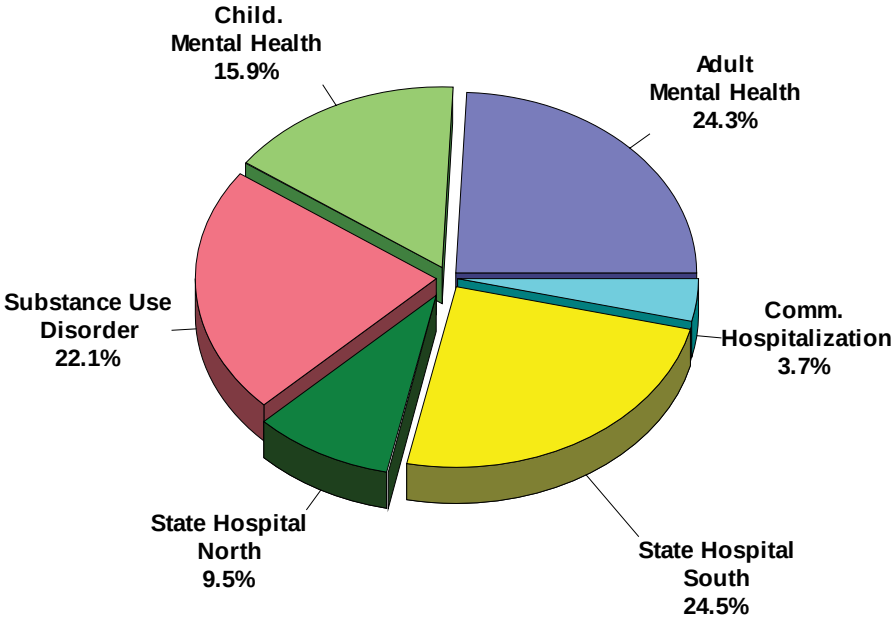



*Authorized FTP: 655; Original Appropriation for SFY 2012: General Funds $41.9 million, Total Funds $76 million; 3.4% of Health and Welfare funding.*

## Behavioral Health SFY 2012 Expenditure Categories




## Behavioral Health SFY 2012 Appropriation by Program



# SFY 2011: Division of Behavioral Health Program Highlights

- Assertive Community Treatment (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 2011, 639 clients received ACT team services from the division's regionally-based ACT teams, the majority of whom are engaged in the Mental Health Court system.

- During SFY 2011 the Substance Use Disorders program, through private treatment providers, provided Outpatient, Intensive Outpatient, and Residential treatment services for 6,619 clients. Of those clients served:
  - » 3,418 adults involved in the criminal justice system – misdemeanants and felons;
  - » 2,661 adults not involved with the criminal justice system;
  - » 729 adolescents involved in the criminal justice system; and
  - » 102 adolescents not involved with the criminal justice system.

- The percentage of clients completing successful substance use disorder treatment was stable for all client types at approximately 38%. Length of treatment stay dropped slightly from 153.6 days to 145.4 for clients who successfully completed treatment during SFY 2011.

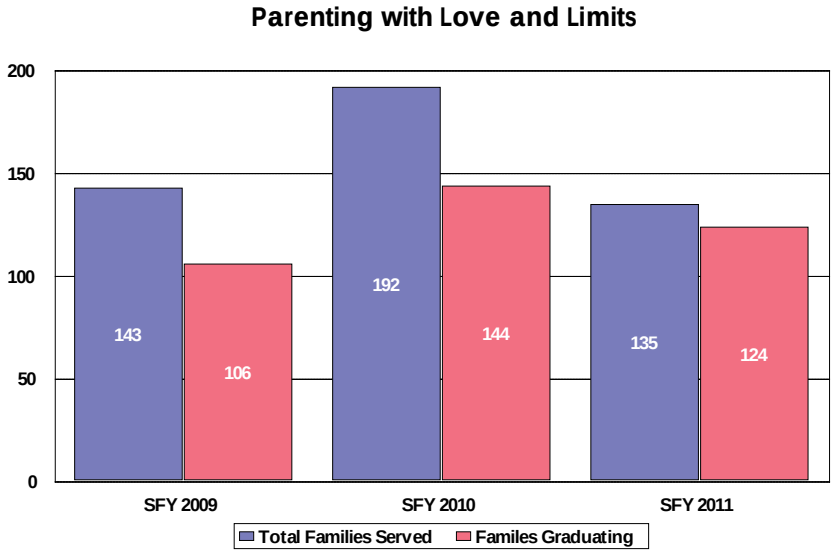
- The Substance Use Disorder Program and the Interagency Committee on Substance Abuse Prevention and Treatment continued work on several client-specific projects. These include:
  - » In an effort to build a more comprehensive prisoner re-entry system and reduce recidivism, the Department of Corrections and DHW teamed with private agencies (Easter Seals-Goodwill, Ascent Behavioral Health) to provide treatment and recovery support services to clients returning to the community. In addition to working with clients while institutionalized, DHW and its partners are now able to address the unique needs of clients as they return to Idaho communities. 1,732 IDOC clients were served during SFY 2011.
  - » DHW collaborates with the Idaho Association of Counties and other community organizations to facilitate improved access to treatment. During SFY 2011, a total of 283 misdemeanant clients were treated.
  - » DHW works closely with the courts to address the needs of court-ordered substance abuse clients. Idaho Code 19-2524 allows a judge to order State-funded assessment and/or treatment (pre- or post-sentence) for felons struggling with addiction. In SFY 2011, DHW served 985 court-ordered adult felons. The equivalent sentencing alternative for adolescents is referred to as 20-520i. During SFY 2011, 755 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. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their communities.

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 Children's Mental Health program continues to provide the Parenting with Love and Limits (PLL) program in all seven regions. PLL is an evidenced-based program that has been shown to be effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time a youth and family receive services from the Children's Mental Health program. Over 70% of the families opened for PLL services were closed within three months compared to an average length of service of 12 months for non-PLL families.



PLL youth showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. Initial data analysis indicates negative behaviors declined in the domains of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. The rate of graduation from PLL this past year was over 90% which continues to exceed the 70% goal set by the department.

DHW 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 a youth under court jurisdiction is believed to have a serious emotional disturbance. Data tracked over the last four fiscal years show an increase from 66 youth served in SFY 2008 to 237 youth in SFY 2011.

Idaho Code Section 20-519 is a new law that became effective July 1, 2011 concerning the competency of youth charged with offenses under the Juvenile Corrections Act. DHW will provide the restoration services should a juvenile be found incompetent to proceed. Staff have been trained on the process and are preparing a restoration curriculum for this new law.

The children's mental health program began utilizing the WITS system on July 1, 2011. The development and testing of the children's portion of WITS occurred during the last six months of SFY 2011. The expansion of WITS to include children's mental health means the division now has one data system for all community based services.

**Children Receiving Mental Health Services**

| | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 |
|---|---|---|---|---|
| **Total Children Served** | 3,182 | 4,417 | 4,102 | 3,490 |
| **Court Ordered 20-511A** | 66 | 135 | 173 | 237 |
| **Parenting with Love and Limits** | NA | 143 | 192 | 135 |
| **Case Management** | 1,966 | 2,034 | 1,788 | 1,371 |
| **Residential Care** | 104 | 68 | 35 | 56 |

# Suicide Prevention Services

The Department of Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, the Idaho Commission on Aging, NAMI Idaho, the Idaho Legislature, and Idaho State University to develop Idaho's first Suicide Prevention Plan in 2003. Idaho's plan outlined goals, objectives, and strategies to reduce the rate of suicide in Idaho. During 2010 and early 2011, representatives from DHW, other agencies, and members of the Idaho Council on Suicide Prevention worked together

to revise Idaho's Suicide Prevention Plan. The revised plan is available at ***www.healthandwelfare.idaho.gov***.

DHW representatives from the Divisions of Behavioral and Public Health continue to serve as members of the Idaho Council on Suicide Prevention. In addition, the department continued a contract with Benchmark Research & Safety, Inc. to gather Idaho-specific data about the prevalence, circumstances, and impact of suicide. Idaho data is available for at-risk populations that include teen males, Native American males, working age males and elderly males. All project data and reports are accessible through a website dedicated to suicide research and data in Idaho, ***www.IdahoSuicide.info***.

## Suicide Rates

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2006 to 2010, 2,186 Idahoans died from suicide. In 2007, the latest year for comparable state data, Idaho had the 11th highest suicide rate, 28% higher than the national average. Among Idaho's 10 to 44-year-olds, suicide was the 2nd leading cause of death in 2010, with 134 suicide deaths in this age group. In 2010, 290 Idahoans completed suicide, which was a 6% decrease from 307 in 2009. From a 2009 survey of high school students, 14.2% reported seriously considering suicide and 6.9% reported making at least one suicide attempt (latest data available). Between 2006 and 2010, 54 Idaho adolescents under the age of 18 died by suicide.

**Completed Suicide Rate by Age***

| | 10-14 | 15-19 | 20-64 | 65+ | Total |
|---|---|---|---|---|---|
| CY 2006 | 3.7 | 11.7 | 19.5 | 19.5 | 14.9 |
| CY 2007 | 0.9 | 18.9 | 21.3 | 19.2 | 14.7 |
| CY 2008 | 3.7 | 15.3 | 20.1 | 28.5 | 16.5 |
| CY 2009 | 3.6 | 8.7 | 28.3 | 21.9 | 19.9 |
| CY 2010 | 2.6 | 16.5 | 24.4 | 25.2 | 18.5 |

**Rate per 100,000 population.*

**Completed Suicides by Age**

| | 10-14 | 15-19 | 20-64 | 65+ | Total |
|---|---|---|---|---|---|
| CY 2006 | 4 | 13 | 168 | 33 | 218 |
| CY 2007 | 1 | 21 | 168 | 30 | 220 |
| CY 2008 | 4 | 17 | 178 | 52 | 251 |
| CY 2009 | 4 | 10 | 252 | 41 | 307 |
| CT 2010 | 3 | 19 | 219 | 49 | 290 |

# Adult Mental Health Services

The Division of Behavioral Health (DBH) works to ensure that programs and services are available throughout Idaho for people experiencing psychiatric crisis or diagnosed with a severe and persistent mental illness.

Recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA - a federal agency) indicates that 45.1 million adults (19.9 percent) in the United States had a mental illness in the past year. It is estimated that 41,301 Idaho citizens are diagnosed with a mental illness.

Behavioral Health provides mental health services to Idaho adults in need of mental health treatment. The needs of people served are diverse and often complex requiring a broad continuum of care from community-based outpatient services to inpatient hospitalization.

The provision of state funded mental health treatment to Idaho residents is distributed between seven community-based mental health centers serving all 44 counties in the state. Each community-based mental health center is staffed with a variety of licensed treatment professionals (e.g. psychiatrists, nurse practitioners, social workers, counselors, and other mental health workers). The centers offer a variety of services to assist individuals in coping with mental illness. All services are based on the primary goal of promoting recovery, resilience and improved quality of life for people affected by mental illness.

**Crisis Services**
Behavioral Health directly provides emergency services through the Adult Mental Health Crisis Units. The crisis unit provides phone and outreach services 24/7.

In addition, the division screens all individuals who are being petitioned for court ordered commitment, a process by which the court determines that an individual is likely to injure themselves, others, or is gravely disabled due to their mental illness. Individuals who are placed under commitment may be treated in a community or state hospital, or receive intensive community-based care during this time of acute need.

**Court-Ordered Treatment**
DBH provides court ordered evaluation, treatment recommendations, and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, and/or Mental Health Court.

**Case Management**
Case management services are provided for adults with a serious and persistent mental illness. DBH provides case management services based

on the needs of the individual. Case managers assess individuals mental health needs and then arrange, coordinate, provide and monitor services for the client. Short-term intensive and long-term non-intensive services are available on a limited basis.

**Assertive Community Treatment**
Assertive Community Treatment (ACT) services include a variety of services bundled into a single service delivery process. ACT services include individualized treatment planning, crisis intervention, peer support services, case management, individual/group therapy, co-occurring treatment, and other community support services.

**Community Support Services**
Community support services, which include outreach, medication monitoring, benefits assistance, support for independent living skills, psychosocial rehabilitation, education, employability and housing support are available on a limited basis.

**Co-Occurring Mental Health and Substance Disorders**
It is estimated that 60% of people who experience a mental illness also experience a co-occurring addiction to alcohol or drugs. Research has demonstrated the need to treat co-occurring disorders through integrated treatment. DBH provides this type of treatment or collaborates with a private agency to provide the treatment for people in need.

**Adult Mental Health Services**

| | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 |
|---|---|---|---|---|
| Adults Receiving Services | 10,356 | 8,209 | 9,443 | 10,319 |
| Supportive Services(meds, housing, & employment.) | NA | 1,971 | 5,330 | 7,101 |
| Assertive Community Treatment | 525 | 587 | 561 | 639 |
| Co-occurring Services | 256 | 188 | 431 | 551 |

# State Hospital North

***Ken Kraft, 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 35 days.

At present, admissions to State Hospital North require commitment through the court system. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, masters level 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.

During SFY 2011, State Hospital North maintained an average census of 46 patients.

**Inpatient Psychiatric Services**

| | SFY 08 | SFY 09 | SFY 10 | SFY 11 |
|---|---|---|---|---|
| Psychiatric Patient Days | 18,712 | 19,175 | 17,048 | 16,680 |
| Number of Admissions | 220 | 249 | 331 | 336 |
| Average Daily Census | 51 | 53 | 47 | 46 |
| Daily Occupancy Rate | 93% | 89% | 78% | 76% |
| **Readmission Rates** | | | | |
| 30 Day | 0% | 3.6% | 2.7% | 1.8% |
| 180 Day | 5.4% | 7.2% | 6.6% | 8.9% |
| **Cost Per Patient Day** | $468 | $467 | $452 | $450 |

# 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 offer services to residents with a history of behavioral or psychiatric illness. The average age of a resident is 71. Adolescents between the ages of 11 and 17 are treated in an adolescent psychiatric unit that is geographically separate from adult treatment. The average age for adolescents in treatment is 14.6 years and adults is 39 years. 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.

**Inpatient Psychiatric/Skilled Nursing Services**

| | SFY 08 | SFY 09 | SFY 10 | SFY 11 |
|---|---|---|---|---|
| **Adult Psychiatric Patient Days** | 25,507 | 26,906 | 25,585 | 27,152 |
| Number of Admissions | 253* | 363 | 384 | 490 |
| Daily Occupancy Rate | 77.4% | 81.9% | 77.9% | 82.7% |
| 30-Day Readmission | 0.4% | 1.4% | 2.1% | 4.7% |
| 180-Day Readmission | 6.3% | 7.7% | 10.9% | 16.1% |
| Cost Per Patient Day | $573 | $508 | $512 | $455 |
| **Syringa Skilled Nursing Patient Days** | 9,667 | 9,970 | 8,787 | 9,327 |
| Number of Admissions | 9 | 9 | 7 | 10 |
| Daily Occupancy Rate | 91.1% | 81.6% | 83.0% | 88.1% |
| Cost Per Patient Day | $517 | $472 | $528 | $495 |
| **Adolescent Unit Patient Days** | **3,967** | **3,969** | **3,787** | **3,217** |
| Number of Admissions | 70 | 91 | 75 | 81 |
| Daily Occupancy Rate | 67.7% | 68% | 64.8% | 55.1% |
| 30-Day Readmission | 0% | 0% | 2.7% | 1.2% |
| 180-day Readmission | 5.7% | 6.6% | 6.7% | 4.9% |
| Cost Per Patient Day | $829 | $795 | $800 | $699 |

**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 2008.*

# 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;
- DUI evaluator licensing; and
- Tobacco inspections.

Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs. The goal of substance use disorders treatment is to help clients control their addiction to alcohol and other drugs. Idaho's 65 state-approved treatment providers staff 128 sites. In addition, the network utilizes 27 stand-alone recovery support services providers at 56 locations. Treatment services include detoxification, outpatient therapy, and residential treatment.

**Recovery support services** includes those services that help clients return to being full-functioning, self-supporting members of their communities. These services include childcare, transportation and drug testing. Specialized treatment services are available for pregnant women, women with dependent children, and adolescents.

**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 62 prevention programs funded by DHW.

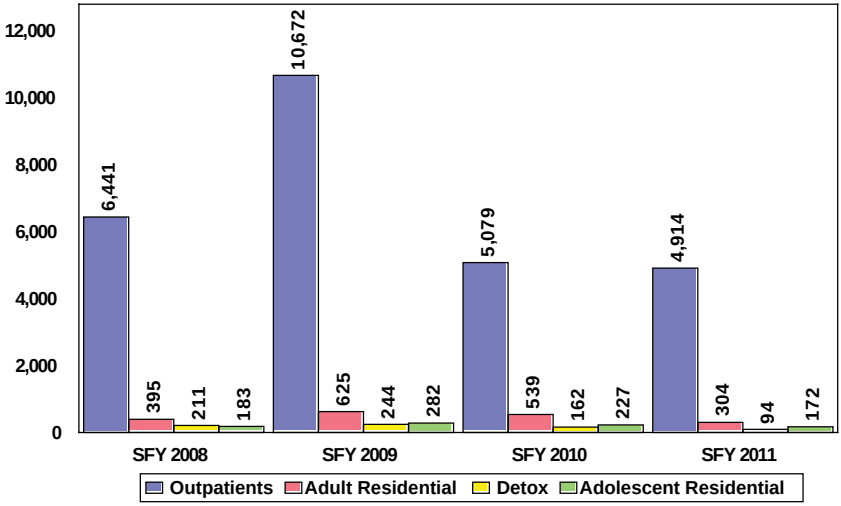
The department was awarded the **Access to Recovery-III grant** in October of 2010. This is a 4-year grant program that provides substance abuse services to adult supervised misdemeanants, adolescents re-entering the community from state facilities and county detention centers, and the military population including veterans, members of the Idaho National Guard, and military reserve members. The grant will provide approximately $2.5 million per year for treatment and recovery support services and will serve approximately 4,500 clients through the life of the grant.

DHW 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.

Throughout SFY 2011, DHW continued to support 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 was to assess statewide needs, develop a statewide plan, and coordinate and direct efforts of all state entities that used public funds to address substance abuse. As intended by legislative authority, ICSA was formally dissolved on July 1, 2011. The Behavioral Health Interagency Cooperative (BHIC) has assumed many of the original responsibilities of the Interagency Committee.

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




Since 2005, the Bureau of Substance Abuse Services has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2011 data showed the following:

- Over the past five state fiscal years, the rate of adolescents who successfully completed treatment increased 12%;
- Despite a challenging economy, unemployment of people receiving treatment was reduced by 22% in SFY 2011; and
- 65% of people who were homeless when beginning services found homes at the time they discharged from the program.

### Substance Use Disorder Prevention Services

The Substance Use Disorders Prevention Program uses a variety of resources to assist communities in preventing underage drinking and illegal drugs. In 2011, the Idaho Alcohol Drug Clearinghouse provided educational materials and videos to almost 200,000 Idaho residents. Over 21,000 youth received prevention education and 700 adults participated in parenting education. In addition, 12,000 people participated in one-time prevention events. DHW also is working with the Community Coalitions of Idaho. Currently there are 22 communities in Idaho with coalitions.

In 2011 the prevention programs served adolescents and adults in one-time and recurring activities and programs through the 62 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 percent 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.

| | CY06 | CY07 | CY08 | CY09 | CY10 |
|---|---|---|---|---|---|
| Permittees | 1,692 | 1,739 | 1,756 | 1,399 | 1,699 |
| Inspections | 1,826 | 1,548 | 1,873 | 1,659 | 2,064 |
| Violations | 220 | 161 | 177 | 239 | 198 |
| Non-Compliance Rate | 12.4% | 13.0% | 12.5% | 14.4% | 11.2% |

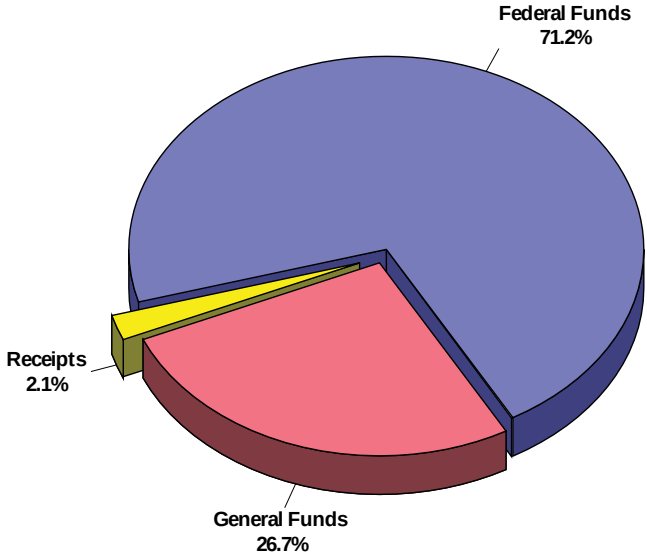
# Division of Welfare

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

The Division of Welfare/Self Reliance promotes stable, healthy families through assistance and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). These programs, also called Self Reliance Programs, provide critical aid and support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant.

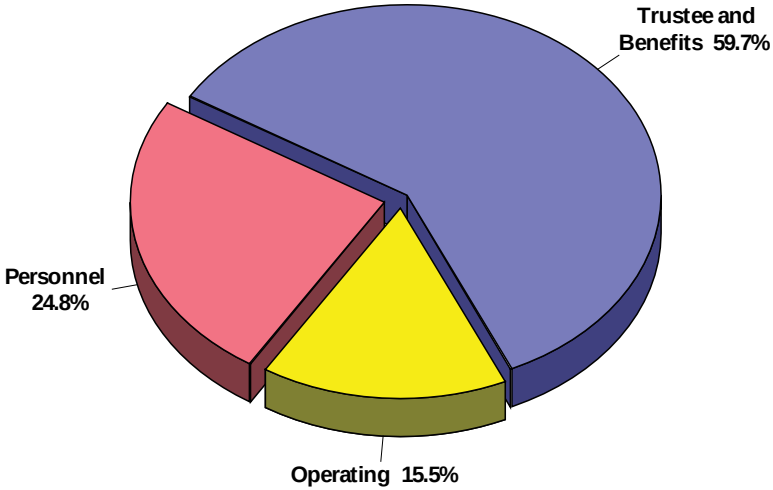
The division administers several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. The division does not manage the Medicaid Program, but does determine Medicaid eligibility.

**Welfare SFY 2012 Funding Sources**

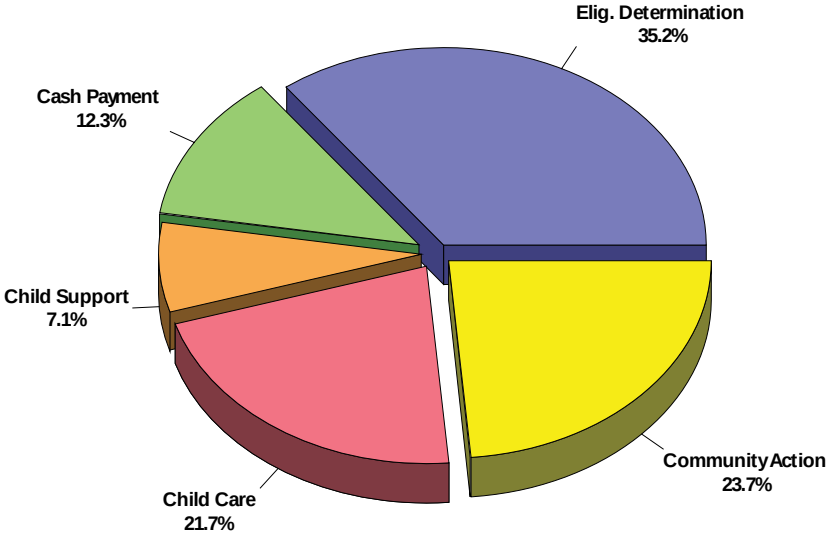



*Authorized FTP: 591.6. Original Appropriation for SFY 2012: General Funds $34.1 million, Total Funds $127.3 million; 5.7% of Health and Welfare funding.*

## Welfare SFY 2012 Expenditure Categories




## Welfare SFY 2012 Appropriation by Program



# 2011 Self-Reliance Overview

Ongoing challenges of economic uncertainty continued through SFY 2011 as Idaho families struggled to find stable employment and regain self-sufficiency after several years of a difficult labor and housing market. The Self Reliance programs have been one place families have turned to during these uncertain times to seek help in meeting basic needs such as food, health care, child care, child support, and emergency assistance.

The Division of Welfare currently serves approximately 205,000 families that receive services in one or more programs and oversees 148,000 child support cases. About one in three families are elderly or disabled. Of those families not considered elderly or disabled, just over 90% have an income of 133% or less of the federal poverty level. About 60% of the families living at 133% of poverty currently receive both food assistance and Medicaid coverage. Of those families with a current Child Support case that DHW is providing enforcement on, almost 80% have utilized one or more assistance programs.

The Division of Welfare is committed to help Idaho families utilize the critical programs we administer, not as an entitlement program, but as a work support for families trying to return to the workforce. The combination of key supports such as health coverage, food and nutrition assistance, child care, and Child Support will help families remain in the workforce as they balance their ability to pay a mortgage, pay utilities, and provide for their children. Keeping Idaho's low-income families at work during these challenging times will help enable them to take advantage of new opportunities as the economy improves and they no longer need the support of public assistance.

DHW is committed to helping Idaho families who have fallen into poverty because of lost jobs and falling wages. At the same time, the Department is taking critical steps towards designing work support packages that help these individuals get back into the workforce and keep their jobs. Idaho has been recognized as a state that provides these work support packages with one of the lowest administrative costs in the nation. Notably, all of these improvements have been accomplished with a significant caseload growth (second in the nation) and a significant reduction in resources. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who execute these programs for low-income Idaho families.

The Division of Welfare has been recognized for its exceptional innovation, service delivery re-design, and use of technology by federal partners, other states, and national organizations. In the true Idaho spirit for smart governance and efficient administration of public programs, the Division

of Welfare has used business process re-design, new technologies, and ongoing change management to see exceptional results and improved performance. Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs.

# Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:
   - Food assistance (SNAP, or 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 in the form of 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, as identified in State and Federal rules. Benefit Program Services are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

2. **Child Support** services include:
   - Locating an absent parent, conducting paternity testing, and creating a new and/or enforcing an existing child support order, or modifying a support order;
   - Providing medical support enforcement to ensure children are covered by health insurance; and
   - Helping other states enforce and collect child support for parents living in Idaho, which accounts 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. Partnership Program services include:**
   - Community Service Block Grants, which help eliminate the causes of poverty and enable families and individuals to become self-reliant;
   - Nutrition-related services and food commodities;
   - Low-income home energy assistance;
   - Weatherization assistance to help low-income households conserve energy and save money; and
   - Telephone assistance for low-income people.

Partnership Programs are supported by pass-through funds that the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the State can benefit from a single entity overseeing administrative and fiscal management, rather than duplicating this function in each locale.

To realize greater efficiency, the division works with community-based service providers to administer federal, state, and local funds in implementing Partnership Programs. The division maintains administrative and fiscal oversight of the funds, allowing local organizations to focus on day-to-day service provision and program implementation. These contractors, such as the Community Action Partnership Association of Idaho, are essential partners to the division in meeting the needs of citizens throughout the State.

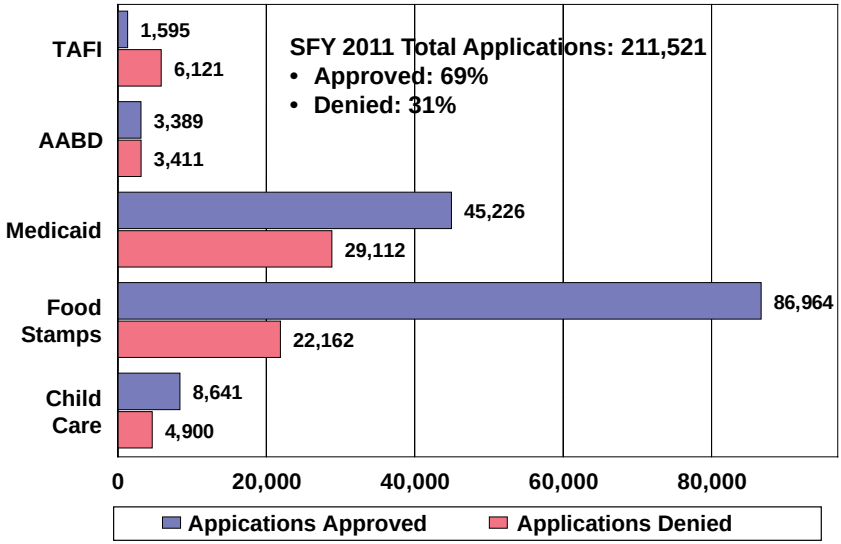
## Program Participation

Participation in benefit programs, Child Support, and Partnership Programs is traditionally measured by the average monthly caseload or individuals served each month. However, 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 Self Reliance staff workload.

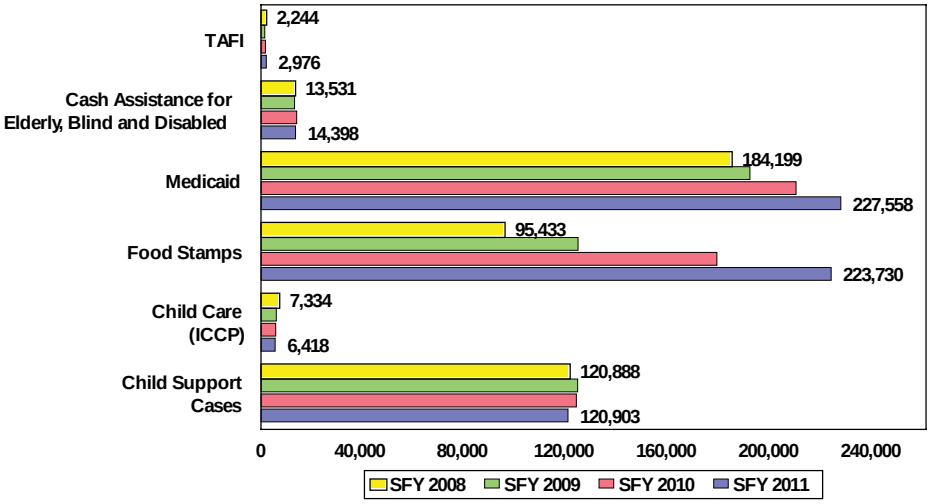
Processing applications for citizens seeking services is a labor-intensive process. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services aren't reflected on program participation and caseload counts, even though significant time and effort may have been expended in the application process.

Benefit programs are designed to be work supports for low-income families in Idaho. The Division has designed benefit programs to encourage families to find a job, keep a job, and hopefully move on to higher wages and self-sufficiency. The Food Stamp and TAFI programs have work participation requirements to help individuals find employment. As low income families find success in the workplace, the long-term outcomes for families and children are improved.

## SFY 2011 Applications Approved and Denied

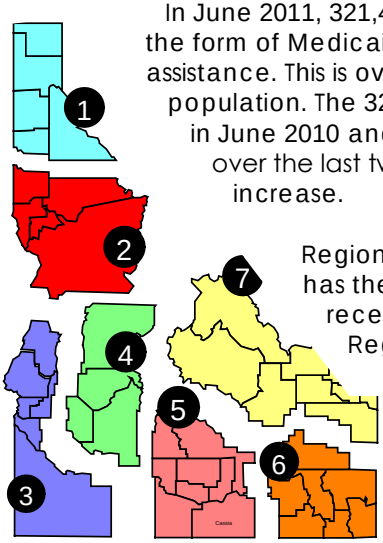



## Average Monthly Individuals Served




*Note: All counts are individuals except Child Support, which is a case count. Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes some duplicates. All programs are reported by SFY except Child Support, which reports by FFY. Medicaid data is provided by the Division of Medicaid.*

## Numbers Served by Region




In June 2011, 321,403 people received assistance in the form of Medicaid, Food Stamps, child care and cash assistance. This is over 20 percent of the State's total population. The 321,403 individuals compares to 304,414 in June 2010 and 245,123 in June 2009. The growth over the last two fiscal years represents a 31 percent increase.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 2 has the lowest percentage of population receiving assistance. Five of the seven Regions all have over 20 percent of their populations receiving one of the four main assistance services.

### Snapshot of Public Assistance by Region During June 2011

| Region | Estimated Population | Receiving Cash Payments | Medicaid | Food Stamps | Child Care Assistance | Totals |
|---|---|---|---|---|---|---|
| 1 | 212,393<br>13.5% | 2,810<br>1.3% | 29,951<br>14.1% | 32,451<br>15.3% | 875<br>0.4% | 43,817<br>20.6% |
| 2 | 105,358<br>6.7% | 1,499<br>1.4% | 12,332<br>11.7% | 11,264<br>10.7% | 226<br>0.2% | 16,644<br>15.8% |
| 3 | 253,965<br>16.2% | 3,852<br>1.5% | 49,997<br>19.7% | 54,430<br>21.4% | 1,272<br>0.5% | 70,625<br>27.8% |
| 4 | 436,293<br>27.8% | 4,016<br>0.9% | 48,209<br>11% | 54,092<br>12.4% | 1,465<br>0.3% | 71,142<br>16.3% |
| 5 | 185,790<br>11.9% | 1,790<br>1.0% | 31,063<br>16.7% | 27,612<br>14.9% | 929<br>0.5% | 40,679<br>21.9% |
| 6 | 166,284<br>10.6% | 2,033<br>1.2% | 26,962<br>16.2% | 26,308<br>15.8% | 614<br>0.4% | 36,851<br>22.2% |
| 7 | 207,499<br>13.2% | 1,410<br>0.7% | 31,567<br>15.2% | 28,607<br>13.8% | 711<br>0.3% | 41,645<br>20.1% |
| Totals | 1,567,582<br>100% | 17,410<br>1.1% | 230,081<br>14.7% | 234,763<br>15% | 6,092<br>0.4% | 321,403<br>20.5% |

*Note: Estimated population percentage (in column 2) represents regional share of the state's total population. Percentages under each program are the percentage of each region's population participating in that program. Many participants receive services through more than one program. The total (in the last column) is an unduplicated count of these four self-reliance programs.*

Use of benefit programs increased in all parts of the state during SFY 2011. Region 3, where 70,625 individuals participated in a Self Reliance benefit program, had the highest service usage and led the state in enrollment in all benefit programs. Idaho's most populous area, Region 4, which contains over one-quarter of the State's population, had the second lowest use of benefit programs, with 16 percent of Region 4's population receiving benefits.

# Benefit Program Services

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

1. Supplemental Nutrition Assistance Program (SNAP, or Food Stamps);
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 Stamps)

**Overview:** The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, helps low-income families maintain good health and nutrition. SNAP benefits are federally funded while the State shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

In order to qualify for SNAP, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a US citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meet income eligibility limits for family size;
- Do not exceed the $5,000 asset limit;
- Meet strict eligibility requirements if they are a student, legal immigrant or convicted felon; and
- Participate in a work search program, unless exempt.

All of the eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Once approved for SNAP benefits, the family must participate in a semi-annual or annual re-evaluation of their household circumstances. In the re-evaluation process, all elements of eligibility are re-verified using these same methods.

SNAP recipients, unless exempt, are required to participate in Enhanced Work Services (EWS), including the Job Search Assistance Program. This program assists individuals in gaining, sustaining, and expanding

employment opportunities, in order to remain eligible for SNAP benefits. The primary focus of the EWS program is to get a job, keep a job, or get a better job. Failure to participate in this program results in the individual losing their portion of SNAP benefits.

**SNAP Benefit Amount:** The amount of SNAP received (also called benefit amount), depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, the larger the household size or the lower the income, the higher the benefit amount. In June 2011, the average SNAP allotment per person in Idaho was $132/month. During this same month, the federal government distributed a total of $30.9 million in benefits to Idaho SNAP participants.

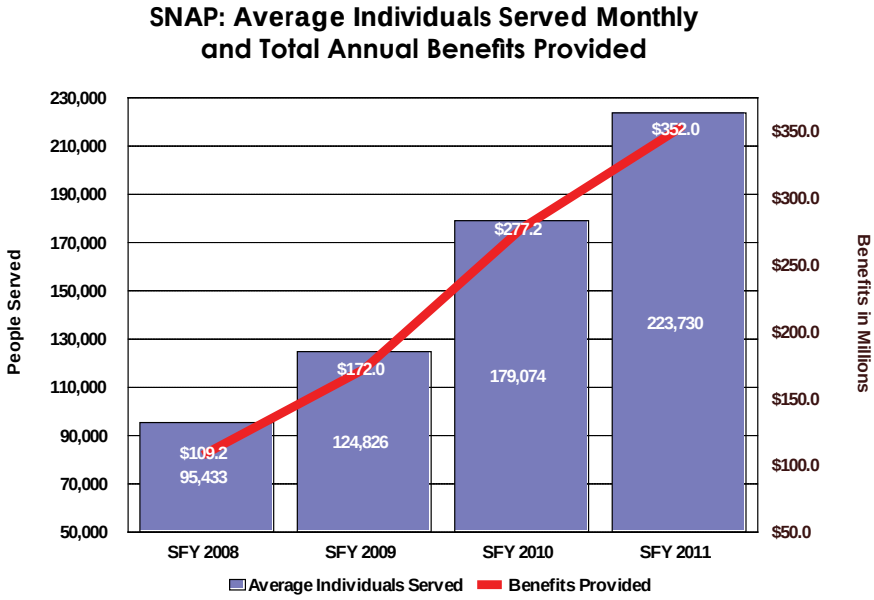
**What is available for purchase with SNAP?**
Households may use SNAP benefits to purchase food to eat, such as:
- Breads and cereals;
- Fruits and vegetables;
- Meats, fish, and poultry;
- Dairy products; and
- Seeds and plants which produce food for the household to eat.

Households may **not** use SNAP benefits to purchase alcoholic beverages, tobacco, or any non-food items, such as:
- Pet foods;
- Soaps, paper products;
- Household supplies; and
- Vitamins and medicines.

Additionally, SNAP benefits may **not** be used for:
- Food that will be eaten in the store; and
- Hot foods.

**Caseload Growth:**
SNAP enrollment is very responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho has experienced this expansion, realizing unprecedented participation growth since the fall of 2007.

SNAP participation growth continued throughout SFY 2011. The average number of monthly participants in the program increased 43 percent from 2009 to 2010, followed by an increase of 25 percent from 2010 to 2011. In June 2009, 147,000 people received SNAP benefits. In June 2011, almost 235,000 Idaho citizens received benefits.




**Program Performance**

In spite of record participation growth, Idaho's SNAP program continues to perform at a high level. Idaho's payment error rate, which tracks the allocation of an incorrect level of assistance, remains low at 3.3 percent. This ranked 18th best in the nation last fiscal year. In addition, processing timeliness for SNAP applications (non-expedited) was nearly 98 percent. One of the goals of the Self Reliance program is to help families who are eligible to receive services as quickly as possible. In SFY 2011, over 70% of people who applied for SNAP benefits received an eligibility decision on the same day they applied.

## Idaho Child Care Program

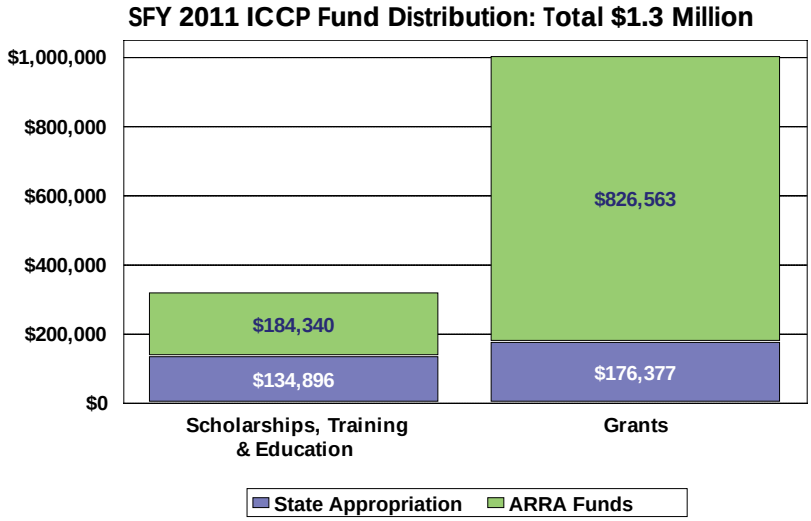
The Idaho Child Care Program (ICCP) provides subsidies to certain low-income families to assist with child care expenses so that parents can maintain employment or complete their higher education. Child care assistance is calculated on a sliding fee scale, dependent on the parents' income. Eligibility in this program requires legal status in the U.S. and parents must meet certain income guidelines.

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. On average, ICCP provided services for 6,418 participants per month during SFY 2011, with total annual payments of over $19 million to childcare providers.

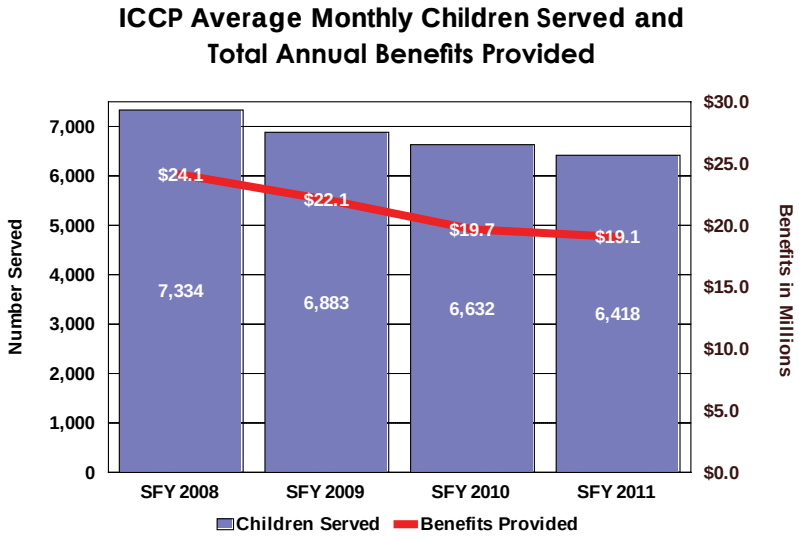
In order for a provider to be eligible to receive ICCP payments, they must meet minimum health and safety standards, which includes annual CPR/First Aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every two years. The Division also contracts with the University of Idaho for the IdahoSTARS program which provides services to improve the quality of child care in Idaho, assists parents looking for child care, and assists providers who wish to become licensed.

During SFY 2011:

- ICCP provided 2,670 child care referrals to parents to assist them in making the right decisions for their families.
- Improved child care quality through a Quality Rating and Improvement System, using nationally established measurements.
- Provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. In SFY 2011, IdahoSTARS conducted 1,807 trainings statewide and provided over $319,236 in academic scholarships, $1million in program improvement grants, and $248,100 in achievement grants. The program disbursed over $1.7 million in grants, provider support, and other academic and training scholarships during SFY 2011.




The average number of child care participants per month declined from 6,632 in SFY 2010 to 6,418 in SFY 2011, continuing the trend from previous years. The decline is likely 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.




## Health Coverage (Medicaid)

The Division of Welfare determines financial and personal eligibility for Medicaid services. In order to receive health coverage from Idaho Medicaid, an individual must meet certain eligibility requirements.

1. Individuals must fit one of the following categories:
   - Be a child under the age of 19; or
   - Be a pregnant woman; or
   - Be an adult with a child under the age of 19; or
   - Be age 65 or older; or
   - Be blind or disabled according to Social Security Administration criteria.

2. If one of the categories above are met, the individual must then meet the following eligibility criteria:
   - Be a citizen or legal immigrant;
   - Be a resident of the State of Idaho;
   - Household income must be less than the program income limits for your household size; and
   - Resources must not exceed the program resource limits. (There is no resource limit for children applying for Medicaid services.)

3. In order to receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces:
   - For all new applications;
   - For the annual eligibility review (re-evaluation); and
   - Whenever a household or income change is reported.

Income limits are different for the different Medicaid categories. For instance, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is below $3,446 per month. The parents in this family would only be eligible for Medicaid coverage if their income was below $382 per month. Income limits are different for individuals with disabilities or for pregnant women. Single adults with no children and no disability are not eligible for Medicaid coverage.

A table showing eligibility income limits for Idaho Medicaid can be found at: ***www.benefitprograms.dhw.idaho.gov.***

Average monthly Medicaid enrollment increased by 6% during SFY 2011. In June 2011 there were 233,000 individuals receiving Medicaid services in Idaho. The Division of Welfare receives about 6,100 Medicaid applications per month, and on average, provides an eligibility decision on a Medicaid application in about eight days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The Division of Welfare completes these reviews with a re-evaluation of eligibility for about 10,349 Medicaid families every month; about 30% of those families do not complete the re-evaluation process and as a result their Medicaid cases are closed. Of the 70% of families completing the re-evaluation, 98% remain eligible after all verifications are reviewed. Families also are required to report changes to their income and household circumstances during the twelve month certification period.

## Cash Assistance

**1. Temporary Assistance for Families in Idaho (TAFI)**

The TAFI Program provides temporary cash assistance and work preparation services for families with minor children. TAFI cash benefits for eligible low-income families and households help pay for food, clothing, shelter, and other essentials. Idaho TAFI beneficiaries receive a maximum of $309 per month, regardless of family size. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults.

In order to qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meets income eligibility limits for family size;
- Meets personal asset limits;
- Cooperates with Child Support Enforcement;
- Participates in a drug and alcohol abuse screening and, if determined to be in need of treatment, must be in compliance with that treatment plan; and
- Participates in the Enhanced Work Services program, meeting strict participation requirements.

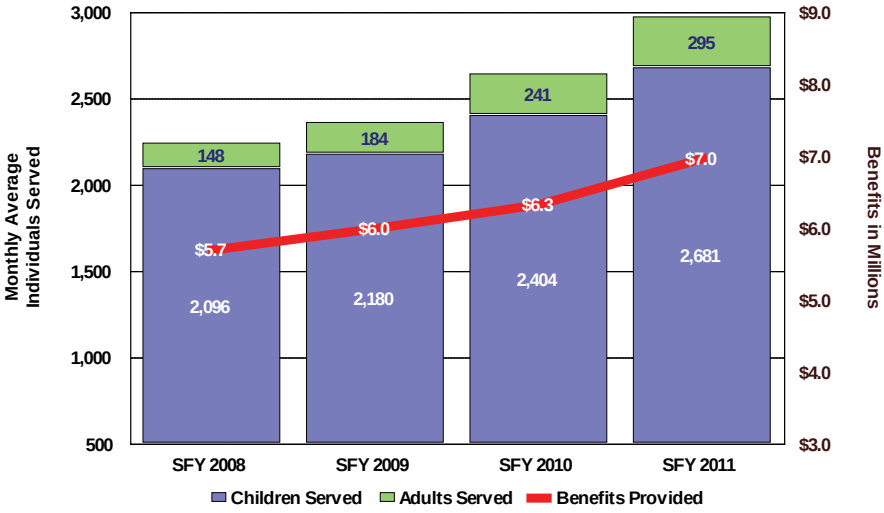
All of these eligibility requirements are verified through electronic interfaces or through documentation provided by the family. On-going, intense case management of these families, which includes weekly contact, ensures that the Department always has the most up-to-date status on the family to determine on-going eligibility.

Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant and maintain eligibility for the TAFI program. Participants of this program are required to participate from 20 – 40 hours per week (depending on family composition) in approved activities including, but not limited to, job search, education directly related to employment, work experience opportunities and substance abuse treatment. Failure to meet these required activities results in closure of the TAFI assistance, with an additional penalty period during which the family is ineligibile to receive TAFI cash.

Child-only cases, which comprise over 90 percent of the TAFI caseload, are not subject to work participation requirements. These are typically children who are being cared for by a relative, often because their birth parents are incarcerated or have substance abuse problems. Income and resources of the relative caretaker are not considered when determining eligibility for TAFI child-only cases.

During SFY 2011, the average number of individuals served per month grew to 2,976, a 13 percent increase over the previous year.

**TAFI Monthly Enrollment and Total Annual Benefits**



## 2. 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. The State of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current Maintenance of Effort provides a monthly average cash benefit amount of $52.40 per enrollee.

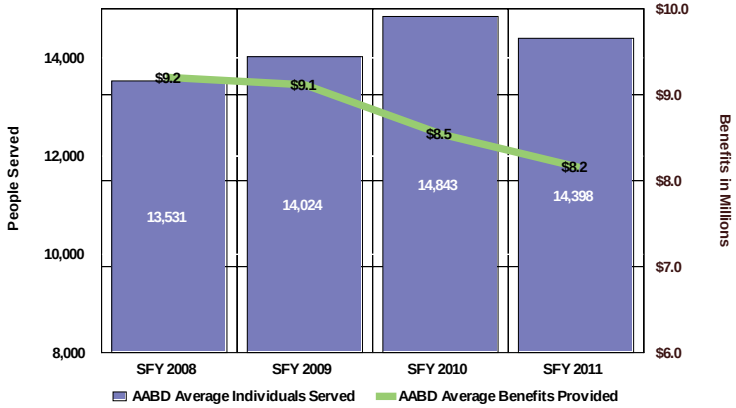
AABD cash payments are paid with 100% state general funds and payments can range anywhere from $18 per person to $198 per person, depending on the living arrangement of the individual receiving the cash payment.

Individuals are eligible to receive AABD cash assistance if they meet the following program, income and resource requirements:

- The income limit for an individual receiving AABD cash assistance is $707 per month or $1,011 per couple per month;
- Personal assets must not exceed $2,000 per individual per month or $3,000 per couple per month;
- An individual must be Aged or Disabled to qualify for the cash payment **AND** must receive Social Security Income (SSI);
- The living arrangement of the individual will determine the amount of cash assistance the individual will receive. People who receive Medicaid Developmental Disabilities (DD) Waiver services and reside in a Certified Family Home are no longer eligible for AABD cash benefits.

On average, 14,398 individuals received AABD cash payments each month in SFY 2011. AABD cash assistance is intended to supplement the individual's income to help them meet the needs of everyday living.

### AABD Average Monthly Enrollment and Total Annual Benefits



# Child Support Services

The Division of Welfare manages Idaho's Child Support Program. The program offers two types of services:

1. Receipting-only service, which records payments in the child support automated system and distributes the payment according to the court order; and
2. Enforcement Service, which establishes and enforces orders to ensure both parents are financially and medically responsible for their children.

All child support orders that require payments be made through the State Disbursement Unit qualify for receipting-only services at no cost. Enforcement services are required if a custodial parent is receiving cash assistance, food stamps, Medicaid, or child care at no charge to the benefit recipient. Any parent or guardian may apply for enforcement services for a $25 one-time fee.

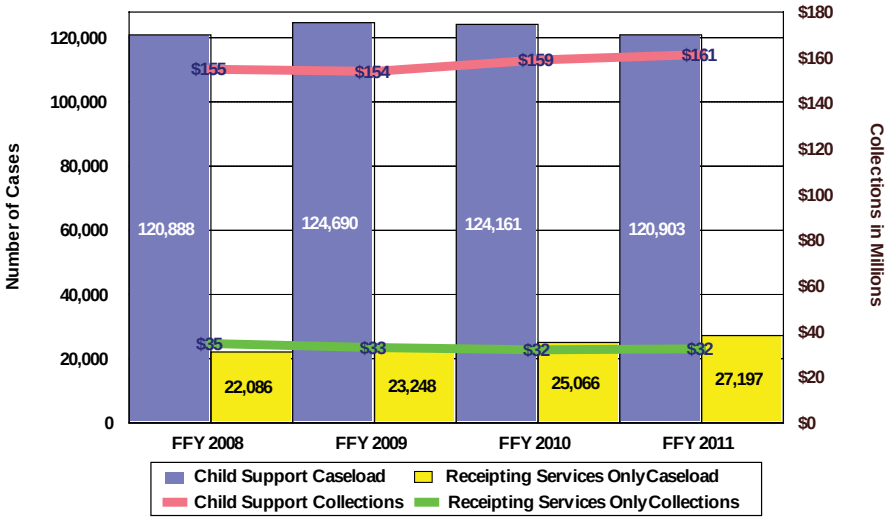
Enforcement Services include:

- Paternity testing and paternity establishment to ensure children have fathers;
- Locating non-custodial parents to pursue enforcement actions;
- Establishing and/or modifying court orders; and
- Collecting and distributing child support payments

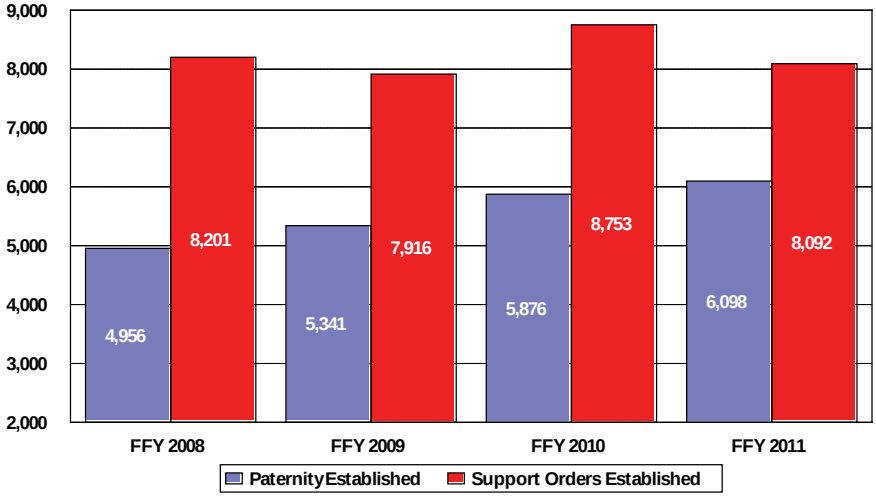
In FFY 2011, the Child Support Program administered approximately 148,000 child support cases, collecting and distributing almost $194 million. These cases and support dollars include Receipting Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Idaho Legislature chose DHW to administer the state's child support program, including county RSO cases. In FFY 2011 the RSO caseload amounted to more than 27,000 cases, collecting and distributing $32 million.

During FFY 2011, the Child Support Program receipted 571,027 payment transactions, completed 306,550 customer service calls, and 1.1 million interactive voice response calls.

## Monthly Average Child Support Caseload and Total Dollars Collected




## Paternity and Support Orders Established

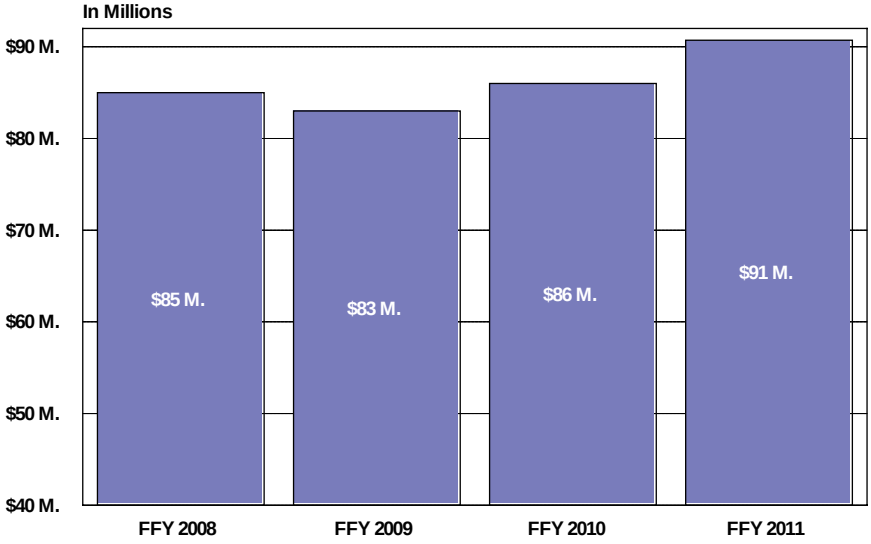


## Child Support Enforcement Methods

The Idaho Child Support Program 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 testing, and the new hire reporting system. In FFY 2011, $90.7 million was collected using this tool.

### Child Support Collected Through Wage Withholding




**New Hire Reporting-Electronic Data Matching:** The department electronically matches parents responsible for paying child support with those taking new jobs by cross-referencing information from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who begin new jobs. DHW matched an average of 1,273 people per month in FFY 2011.

**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. There were 2,940 licenses suspended during FFY 2011.

**Federal and State Tax Offset:** Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2011, households who receive child support enforcement services received $15.9 million in tax offset dollars for Idaho children.

**Direct Collections:** When appropriate, the state can collect past due child support payments directly from several sources, including lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching.

### 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 |

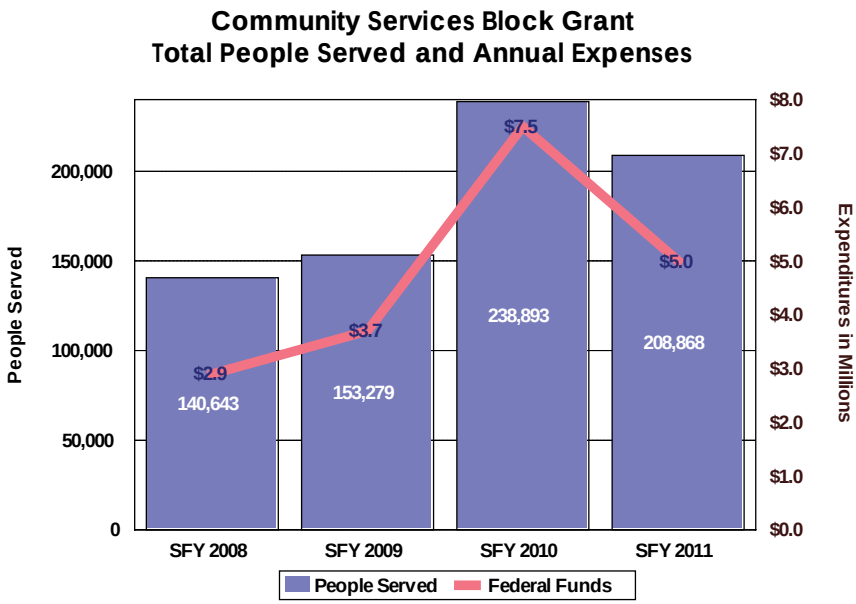
## Partnership Programs

Partnership Programs include a variety of services delivered by local organizations, both public and private, across the State. Partner organizations providing these services on the division's behalf operate under contracts with the Department of Administration. Partnership Programs provide clients with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

Much of the funding for these services comes from federal grants. The services provided widen the 'safety net' for low-income families and often meets their needs so they do not have to access DHW programs. Partnership Programs also can bridge the gap for individuals and households transitioning from other DHW programs and services to full self-reliance.

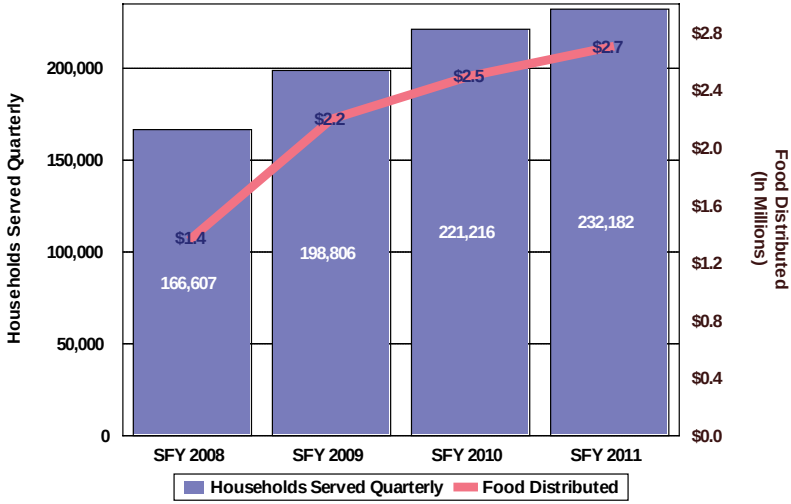
Members of the Community Action Partnership Association of Idaho are the division's primary partners in providing these programs. Action Agency members assist eligible community members in their regions through the following programs.

**Community Services Block Grant (CSBG)**: CSBG funds programs that help eliminate the causes of poverty and enable 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. CSBG assisted 208,868 individuals and spent approximately $5 million in SFY 2011.



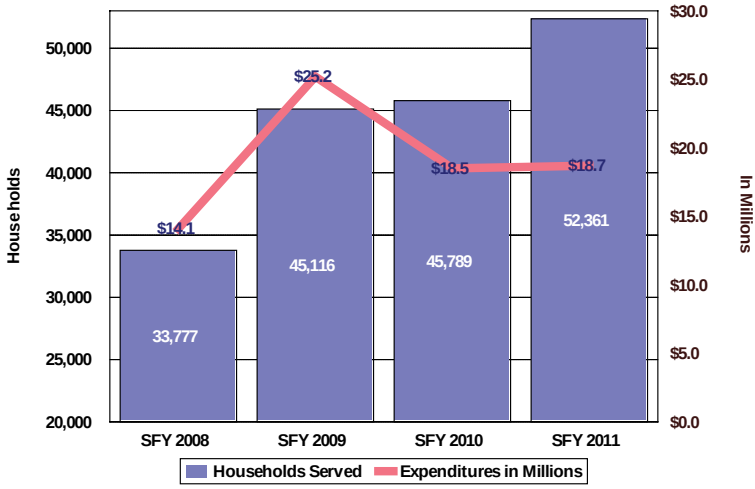

**The Emergency Food Assistance Program (TEFAP):** TEFAP helps supplement the diets of Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the State. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2011, TEFAP distributed over 2.3 million units of food valued at over $2.7 million to 232,182 households.

## The Emergency Food Assistance Program (TEFAP): Households Served Quarterly and Annual Value of Food Distributed



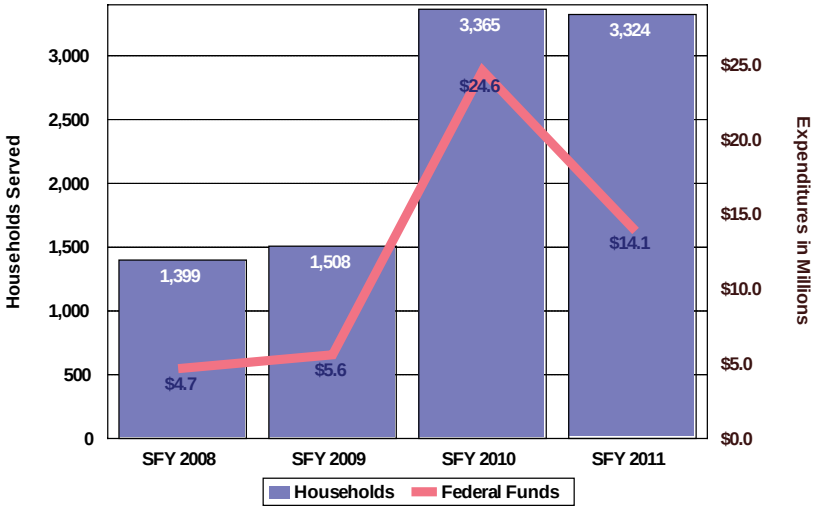

**Low-Income Home Energy Assistance Program (LIHEAP):** LIHEAP supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local Community Action Agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 52,361 households pay $18.7 million in energy costs in SFY 2011.

## Low-Income Home Energy Assistance Program/LIHEAP Annual Participants and Expenses



**Weatherization Assistance Program:** The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve living conditions by upgrading homes. Idaho's weatherization program is funded by utility companies, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. Eligible efficiency measures include air sealing (weather-stripping, caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and appliance replacement. The Weatherization Assistance Program provided $14.1 million for efficiency improvements to 3,324 Idaho households in SFY 2011. The dramatic increase in funding during SFY 2010 was the result of American Recovery and Reinvestment Act (ARRA) funding of an additional $18 million.

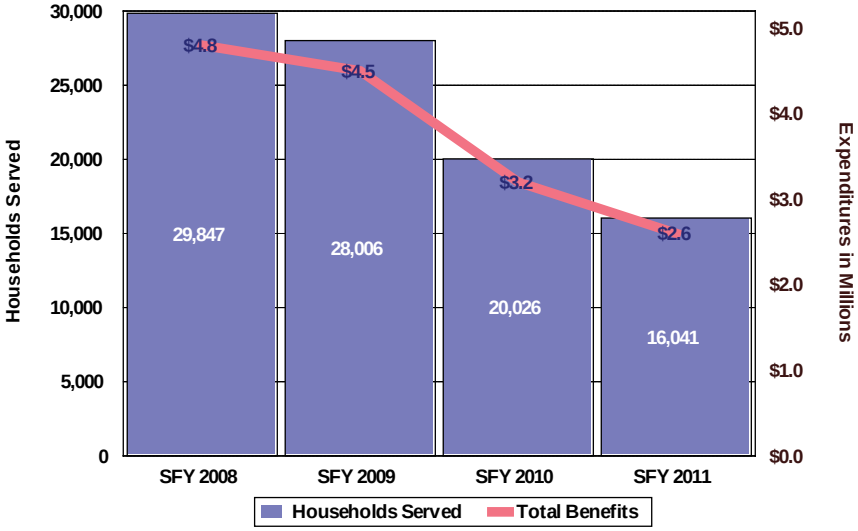
**Weatherization Assistance Program**
**Total People Served and Annual Expenditures (Federal)**




*Note: With $18 million in ARRA funding in 2010, agencies saved private funds for future use. When federal funding declined in 2011, the reserved private funding was utilized, allowing agencies to serve almost as many households as were served in 2010.*

**The Telephone Service Assistance Program** pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by 21 telephone companies using monthly fees collected from service customers. During SFY 2011, the program served an average of 16,041 households per month, with a monthly benefit of approximately $13.50. Benefits for the state fiscal year totaled approximately $2.6 million.

**Telephone Service Assistance Program**
**Avg. Monthly Households and Annual Expenses**




*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 phones with wireless.*

# Division of Public Health

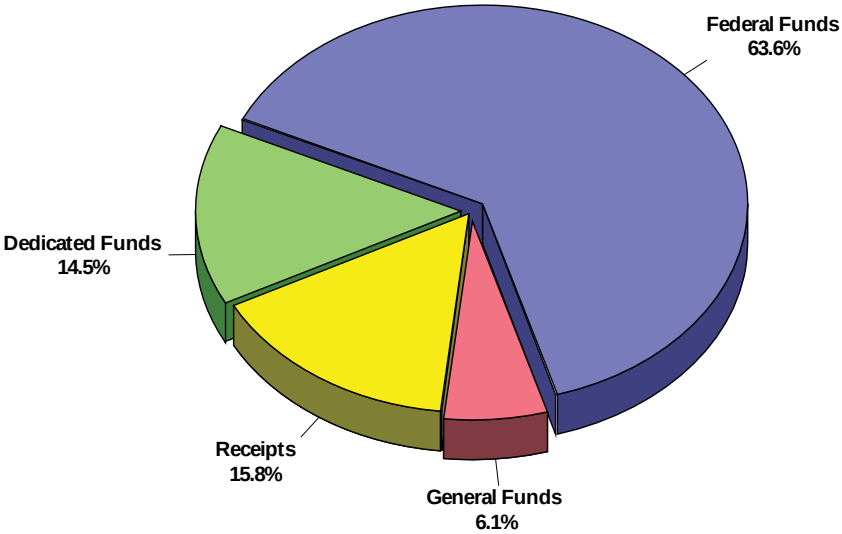
***Jane Smith, Administrator, 334-5932***

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.

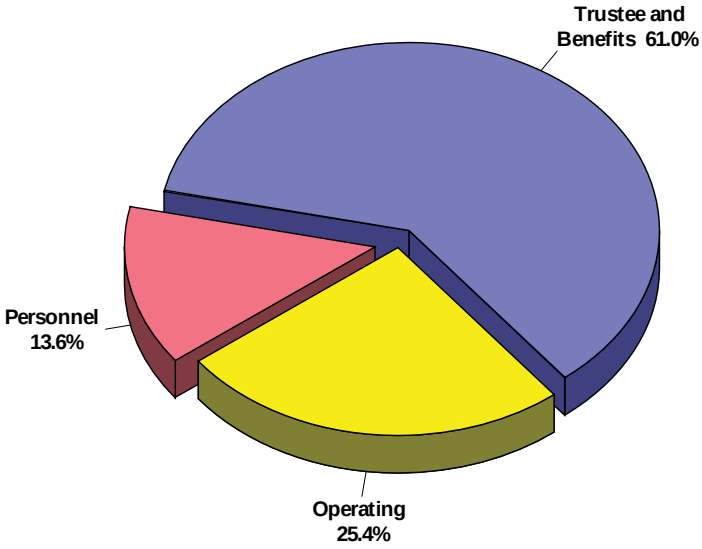
The division includes the Bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services; Laboratories; Health Planning and Resource Development; Vital Records and Health Statistics; and Epidemiology, Food Protection and Immunization.

**Public Health SFY 2012 Funding Sources**

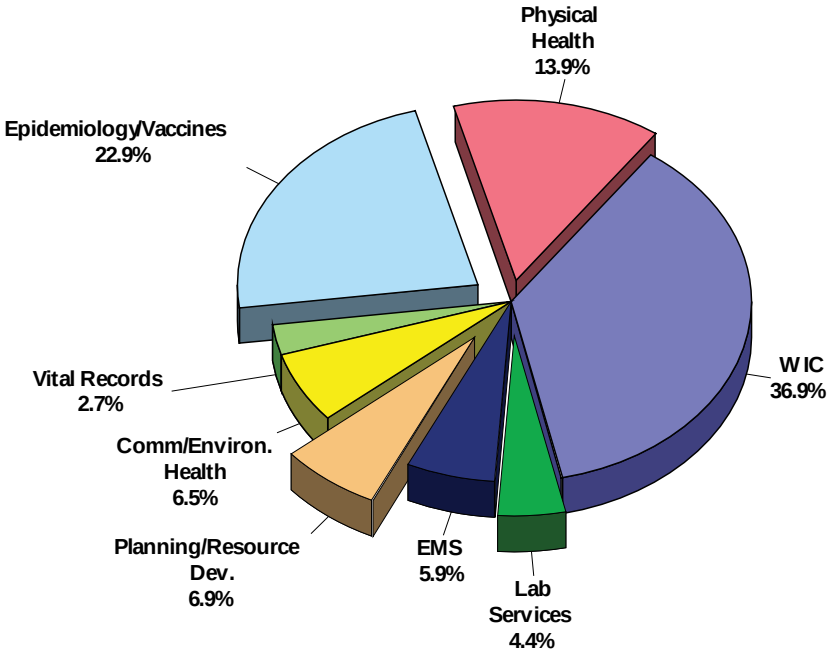



*Authorized FTP: 209.2; Original SFY 2012 Appropriation: General Funds $5.6 million, Total funds $92.5 million; 4.1% of Health and Welfare funding.*

## Public Health SFY 2012 Expenditure Categories




## Public Health Spending by Program



# 2011: Protecting Public Health for Idaho

- New immunization rule and statute changes strengthened school and day care entry requirements to align Idaho requirements with CDC recommended vaccine schedules. The new rules preserve a parent's option to exempt their child for medical, religious, or personal reasons.

- The Epidemiology Program awarded over $300,000 to 16 Idaho acute care hospitals to improve tracking of healthcare-associated infections (HAI). The program will continue to work with Idaho facilities throughout the year on HAI prevention in Idaho.

- The Maternal, Infant, and Early Childhood Home Visiting Program implemented evidence-based home visiting services that work closely with public and private partners to integrate the early childhood system within Idaho. Community meetings were held in the four identified implementation counties: Kootenai, Shoshone, Twin Falls, and Jerome.

- Strengthening Public Health Infrastructure is a new grant that assists the Division of Public Health to lead division-wide quality improvement/ quality assurance efforts that enhance overall business practices; encourage program evidence-based practices/standards; implement financial accountability practices; and, improve contract monitoring practices and tools.

- The Office of Rural Health recruited Critical Access Hospitals (rural facilities with 25 beds or less) to participate in a new initiative called the Medicare Beneficiary Quality Improvement Project (MBQIP). The project will allow participating hospitals to benchmark their quality against facilities statewide and nationwide. MBQIP will also provide tools, resources, and information to improve healthcare quality. As of August 2011, nine of twenty-seven Critical Access Hospitals have registered to participate.

- The Health Preparedness Program implemented an inventory management system that supports the full range of operations that the DHW Receipt, Stage, and Store (RSS) facility needs in order to receive re-distribution of medical supplies through the Strategic National Stockpile during a public health emergency.

- The Health Preparedness Program upgraded the Volunteer Idaho system to recruit and manage volunteers during a public health emergency. The program also conducted a mass media campaign to recruit medical and non-medical volunteers statewide to serve during a public health emergency.

- Project Filter (Tobacco Prevention and Control Program) continues to work with businesses, private and public housing, and city councils

across the state to develop and implement smoke-free/tobacco-free policies. Since March 2010, 22 Idaho cities have implemented smoke-free policies for parks and/or playgrounds to protect children from the harmful effects of second-hand smoke. Most recently, Basic American Food, Inc. (corporate office in Rexburg) and Woodgrain Millwork Company (corporate office in Caldwell) have implemented smoke-free policies for all facilities nationwide.

- On July 1, 2011, the Bureau of Vital Records and Health Statistics celebrated their 100-year anniversary by holding an open house. Before 1911, the state's vital documents were stored at the county level. In 1911, the State Board of Health of Idaho began the "Department of Vital Statistics" to begin the statewide registration of births and deaths with a designated central depository. The first annual report included data from 1938 and was written on onion-skin paper.

- The Idaho Bureau of Laboratories (IBL) was one of 25 state, local and private laboratories to participate in an EPA and CDC full-scale exercise. The exercise tested the ability of laboratories to respond to a simultaneous aerial chemical warfare agent release, a toxic industrial chemical spill, and an anthrax contamination in a domestic water supply. IBL was the only laboratory to participate in all three phases of the exercise. Because of this extensive involvement, IBL was invited to be a co-presenter at the Association of Public Health Laboratories national meeting.

- The Emergency Medical Services State Communications Center (StateComm) partnered with the Idaho Bureau of Homeland Security to allow for automatic data transfer from StateComm's computer aided dispatch database to Virtual Idaho. Virtual Idaho is an information sharing initiative, developed in collaboration with the emergency response community and state and local governments that helps federal, state, local and tribal first responders communicate during emergencies. It allows first responders and emergency managers to see a real-time snapshot of what is going on around the state and in neighboring states.

- State epidemiologists presented to Idaho Fish and Game commissioners on the potential health risks of Echinococcus granularis, a tapeworm that is present in Idaho wolves. There have not been human cases in Idaho confirmed to be linked to wolves, but concern is high among some members of the public.

- The EMS for Children program is providing four high-fidelity, human patient simulator training sessions with specific pediatric tracks this year by contracting with the Idaho Simulation Network to conduct the training. Similar training sessions were conducted last year and were very well received by the participating hospitals and EMS agencies.

# Clinical and Preventive Services

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

## Family Planning, STD and HIV Programs

The Family Planning, STD and HIV Programs administers funding to seven local public health agencies that provide comprehensive family planning services for Idaho residents at 42 clinic sites, including services offered at juvenile detention centers and migrant farm locations. During CY 2010 the Family Planning Program saw 23,701 clients (41,393 visits); 9.6 percent of those clients (2,284) were 15-17 years of age, a 13 percent decrease from CY 2009.

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 females. 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 25.1 per 1,000 females aged 15-17. In 2010, the rate reached a low of 18.5 per 1,000 females aged 15-17. Overall, the number of pregnancies among 15-17 year olds decreased 22.8 percent and the rate declined 26.3% from 2000 to 2010.

**Idaho Teen Pregnancy Number and Rate, Females Ages 15-17 Years**

| Year | Number | Rate per 1,000 Females |
|---|---|---|
| 2010 | 618 | 18.5 |
| 2009 | 690 | 21.2 |
| 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 |

*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.

There were 4,208 cases of Chlamydia, 147cases of gonorrhea and 22 cases of syphilis reported in Idaho in CY 2010. Over the last five years, Chlamydia rates increased 14.7 percent and syphilis rates increased 75 percent, from 12 syphilis cases reported in 2006 to 22 reported in 2010. However, gonorrhea rates decreased 33 percent over the last five years.

**Rate of Sexually Transmitted Diseases**

| | Chlamydia | Gonorrhea | Syphilis |
|---|---|---|---|
| **2010** | 268.4 | 9.4 | 1.4 |
| **2009** | 251.6 | 7.2 | 2.0 |
| **2008** | 275.2 | 12.3 | 1.7 |
| **2007** | 248.2 | 17.9 | 0.9 |
| **2006** | 234.1 | 14.1 | 0.8 |

*Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 90.*

## Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of $48 per participant each 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 Nimiipuu Health.

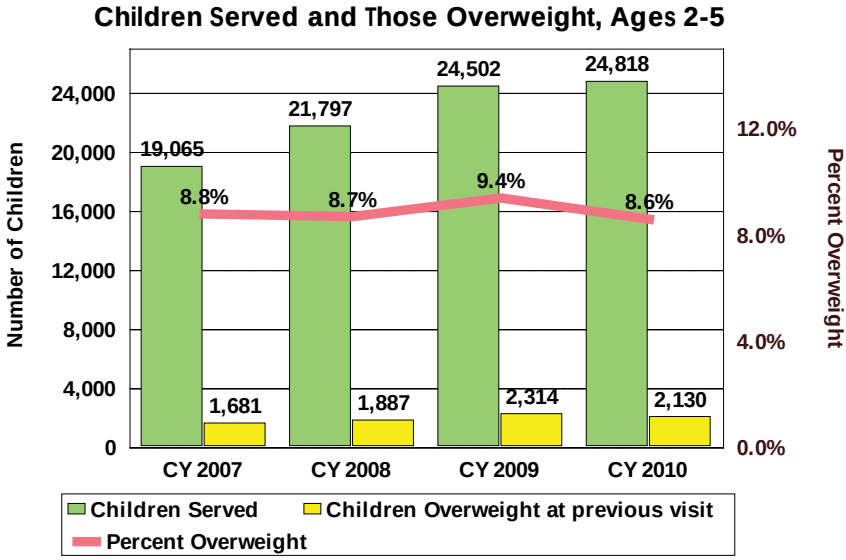
**Clients Served Monthly and Average Monthly Voucher Value**

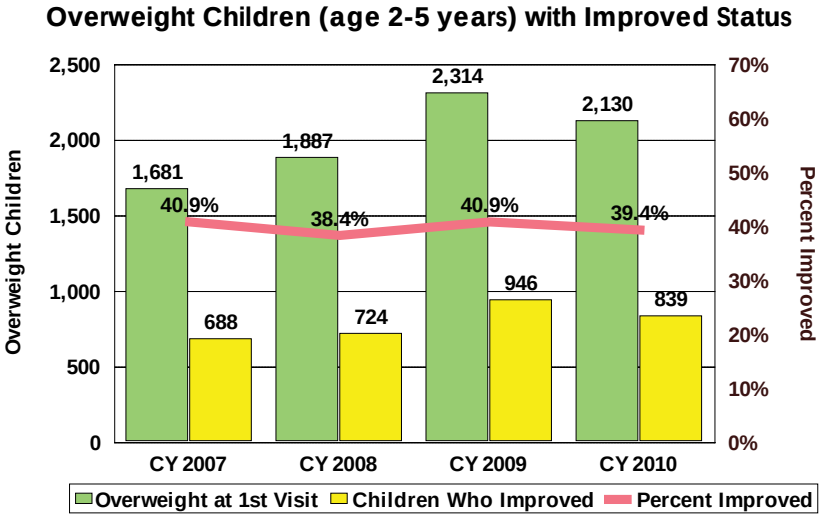
| Year | SFY 2008 | SFY 2009 | SFY 2010 | SFY2011 |
|---|---|---|---|---|
| **Clients Served** | **40,539** | **45,415** | **47,257** | **44,691** |
| **Average Voucher** | **$55** | **$54** | **$49** | **$48** |

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

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

In 2010, 2,130 children served by WIC ages 2 to 5 years (98.6 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 39.4 percent improved their weight status at their recertification visit.



### 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 incomes 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. During SFY 2011 the Idaho Millennium Fund supported limited diagnostic tests for women aged 19-29 who have screening test results suspicious for cancer.

"Every Woman Matters" is a law passed by the 2001 Idaho 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 2011 | 4,696 | 77 | 3 | 58 |
| SFY 2010 | 4,702 | 85 | 4 | 62 |
| SFY 2009 | 4,270 | 62 | 2 | 58 |
| SFY 2008 | 4,409 | 62 | 3 | 56 |

## Office of Epidemiology, Food Protection & Immunization

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

### Epidemiology

Epidemiology works with the Centers for Disease Control and Prevention (CDC) and local public health districts to respond and report outbreaks.

The Epidemiology Program:

- Tracks trends in reportable diseases that impact Idahoans, including whooping cough, Salmonellosis, tuberculosis, and influenza;
- Offers consultation and direction to public health districts on the investigation and intervention of diseases, and develops interventions to control outbreaks and prevent future infections;
- Delivers tuberculosis consultation and treatment services; and
- Provides medical direction for programs in the Division of Public Health.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. Since 2005, 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 over 85 percent of reports from laboratories to be handled electronically. The use of electronic systems has significantly reduced the length of time it takes to receive and respond to reports of disease.

## Bloodborne Diseases

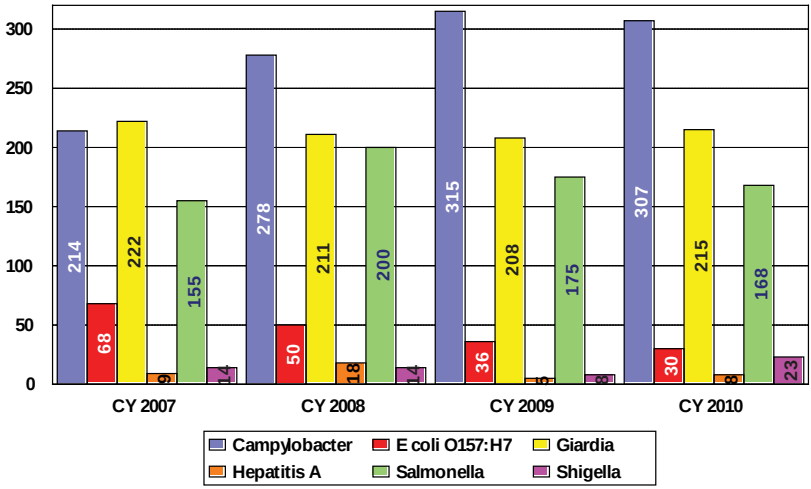
Bloodborne diseases, such as hepatitis B and C, along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or the exchange of bodily fluids during sexual contact.

| Bloodborne Diseases | CY 07 | CY 08 | CY 09 | CY 10 |
|---|---|---|---|---|
| **New HIV Reports** | 28 | 38 | 41 | 51 |
| **New AIDS Reports** | 14 | 31 | 34 | 32 |
| **Idaho Residents Living with HIV/AIDS*** | 992 | 1,095 | 1,217 | 1,294 |
| **Acute Hepatitis B** | 17 | 16 | 12 | 9 |
| **Acute Hepatitis C** | 7 | 6 | 8 | 12 |

**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 Food Protection Program works to protect the public from illnesses associated with the consumption of food. The 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, conduct investigations of alleged complaints, and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts investigate foodborne illness and outbreaks. They work closely with the food protection program and public health district 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 outbreaks. With foodborne diseases, 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 08 | SFY 09 | SFY 10 | SFY 11 |
|---|---|---|---|---|
| **Foodborne outbreaks** | 12 | 7 | 5 | 6 |
| **From licensed food est.** | 6 | 3 | 2 | 1 |
| **From home, church, picnics** | 3 | 1 | 1 | 3 |
| **From other sources/venues** | 3 | 3 | 2 | 2 |
| **People ill** | 93 | 39 | 26 | 21 |

*NOTE: Only confirmed and probable outbreaks and cases are counted.*

## Refugee Health Screening Program

DHW has supported resettlement of refugees in Boise and Twin Falls areas since the 1980s through partnerships with the federal government, local public health districts, and the private sector. The Refugee Health Screening Program's primary responsibility is to ensure that newly arriving refugees receive a complete health screening and necessary follow-up care upon their arrival in Idaho.

Program goals are to:

1. Ensure early identification and management of refugees infected with, or at risk for, communicable diseases of potential public health importance;
2. Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life; and
3. Introduce refugees to the Idaho health care system.

Since April 2010, DHW has had a full-time staff member managing the program. In addition, DHW has other staff with expertise in tuberculosis, immunizations, infectious diseases, and epidemiology who support the program when necessary.

The Refugee Health Screening Program works closely with the Division of Welfare, Idaho Office for Refugees, and other community partners to ensure newly arrived refugees are provided the resources and assistance necessary to become integrated and contributing members of Idaho communities.

## Immunization Program

The Idaho Immunization Program (IIP) is a multifaceted program which strives to increase immunization rates and awareness of childhood vaccine preventable diseases. IIP provides educational resources to the general public and healthcare providers. The IIP also oversees the national Vaccines For Children (VFC) program in Idaho, which provides vaccine for children who might not otherwise be vaccinated.

Using both federal and state funds, 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

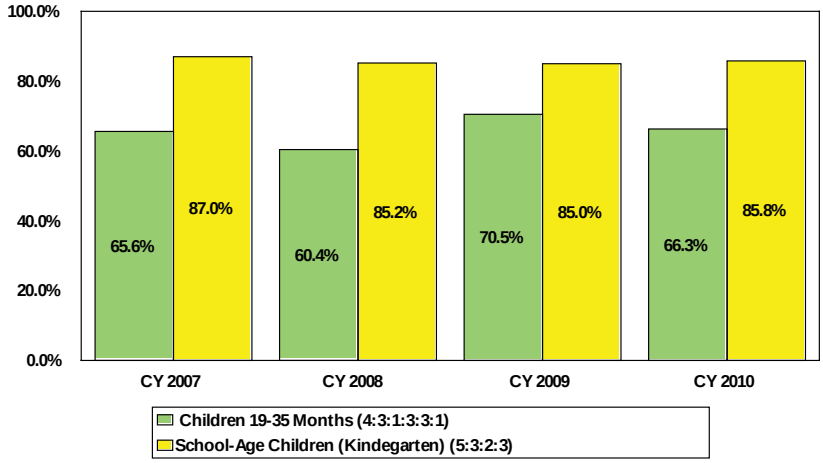
trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices.

IIP works with schools in an effort to focus on increasing the number of school-aged children who receive all recommended childhood immunizations. School outreach activities include site visits and educational opportunities for school nurses and school staff. During these visits, 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 07 | CY 08 | CY 09 | CY 10 |
|---|---|---|---|---|
| Hemophilus influenzae B (HIB, invasive) | 8 | 12 | 5 | 0 |
| Measles | 0 | 0 | 0 | 0 |
| Mumps | 7 | 2 | 3 | 1 |
| Pertussis (whooping cough) | 45 | 40 | 99 | 187 |
| Rubella | 0 | 0 | 0 | 0 |
| **Total** | **60** | **54** | **107** | **188** |

**Percent of Children Fully Immunized**




*Note: For CYs' 2007-2008, the 4:3:1:3:3:1 series was used and includes 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more doses of varicella vaccine. In 2009, the Immunization series added 4 or more doses of pneumococcal conjugate (PCV) vaccine to the series. Due to a national Hib vaccine shortage, the vaccination series reported for 2009 excludes the Hib vaccine. For school-aged children, the vaccine series used is: 5:3:2:3. This vaccination series includes 5 doses of DTaP, 3 doses of poliovirus vaccine, 2 doses of MMR and 3 doses of HepB.*

## Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system that allows healthcare providers, schools, and childcare facilities access to vaccine records for people of all ages residing in Idaho. Through SFY 2010, IRIS was an 'opt-in' registry, meaning people had to provide consent prior to their records being stored in IRIS. Beginning July 2010, Idaho's registry became 'opt-out.' This means all babies born in Idaho are entered into IRIS via their electronic birth certificate. This does not change the fact IRIS remains a voluntary registry; parents and/or legal guardians can have their children's records removed at any time.

The number of Idahoans enrolled in IRIS increased 85 percent during SFY 2010. One of the primary reasons for this growth was the H1N1 pandemic influenza vaccination effort in which all of the H1N1 vaccine was ordered and accounted for through the IRIS system.

**Idahoans Enrolled in Registry**

| | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 |
|---|---|---|---|---|
| Ages 0-35 Months | 64,059 | 47,669 | 68,505 | 72,219 |
| Ages 3-5 Years | 62,859 | 68,096 | 75,163 | 82,811 |
| Ages 6-18 Years | 150,893 | 195,857 | 238,367 | 280,002 |
| Ages > 18 Years | 112,222 | 136,380 | 448,895 | 474,730 |
| Total | 390,033 | 448,002 | 830,930 | 909,762 |

## 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 Idaho children. For each of the last three years, the program distributed more than 500,000 vaccine doses statewide to approximately 330 providers, which includes local public health districts, clinics, and private physicians.

## Vaccine Adverse Event Reporting System (VAERS)

In SFY 2011, Idaho submitted 33 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and public health districts. This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine.

The 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.

| Number of Adverse Reactions and Rate per 10,000 Vaccinations | | | |
|---|---|---|---|
| | Adverse Reactions | Vaccines Administered | Rate/10,000 |
| SFY 2011 | 33 | 770,693* | 0.4 |
| SFY 2010 | 42 | 929,413 | 0.5 |
| SFY 2009 | 32 | 572,451 | 0.6 |
| SFY 2008 | 38 | 612,100 | 0.6 |

**Note: The number for SFY 2011 is an estimate and will increase as health-care provider reports are received. SFYs 2008 and 2009 "Vaccines Administered" reports only include pediatric vaccines funded through the state program. For SFYs 2010 and 2011, this number includes all vaccines reported to Idaho's immunization registry, IRIS.*

# Laboratory Services

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs within DHW, those delegated to the district health departments, and those of other state agencies. The bureau offers a broad range of services in four categories:

**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.

IBL employs 40 highly trained scientific, administrative, and support staff in a central facility in Boise. The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the primary laboratory for the Department of Environmental Quality's Drinking Water Program. IBL also is accredited by Centers for Medicaid and Medicare Services as a high complexity clinical laboratory. The bureau is the Idaho

Laboratory Response Network (LRN) Reference laboratory for biological threat agents and operates an LRN Level 2 laboratory for chemical threat agents.

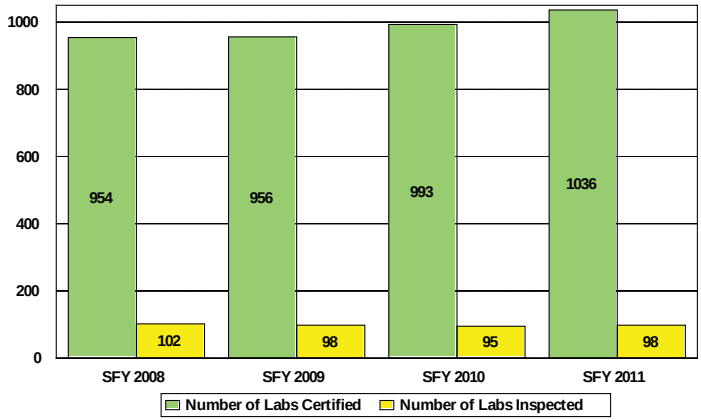
Examples of public health testing services performed at IBL includes tests for:

- 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 that includes 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. DHW 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);
- Physical Activity and Nutrition, which includes the 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. Called "Project Filter," the comprehensive program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The TPC program fosters statewide coordination for successful tobacco control with 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 18th in the nation for the lowest percentage of adults who smoked in 2010, at 15.7%. The national percentage of adults who smoked was 17.3% based on the median of all states and U.S. territories.

| Idaho Adults aged 18+ | CY 2006 | CY 2007 | CY 2008 | CY 2009 | CY2010 |
|---|---|---|---|---|---|
| **Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)** | 16.8% | 19.1% | 16.9% | 16.3% | 15.7% |

*Note: According to the 2009 Youth Risk Behavior Survey, 14.5 percent of Idaho high school students smoked one or more cigarettes in the 30 days prior to the survey.*

## 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 2010 was 64.7% based on the median of all states and U.S. territories.

| Idaho Adults 18+ | CY 2006 | CY 2007 | CY 2008 | CY 2009 | CY 2010 |
|---|---|---|---|---|---|
| **Overweight Adults (Body Mass Index >25)** | 59.7% | 63.1% | 62.2% | 61.3% | 62.9% |

*Note: According to the 2009 Youth Risk Behavior Survey, 8.8 percent of Idaho high school students are obese and an additional 12 percent are at risk for becoming overweight.*

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 Idaho 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. Twelve 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. In 2008, the CSH program coordinated a comprehensive statewide Body Mass Index (BMI) study and a physical education teacher questionnaire.

## Fit and Fall Proof

The Idaho Physical Activity and Nutrition Program contracts with local public health districts to implement a fall prevention exercise program for older adults called Fit and Fall Proof™. Fit and Fall Proof (FFP) focuses on improving balance, strength, flexibility, and mobility to reduce the risk of falling, in addition to increasing participants' emotional and social well-being.

From 2008-2010, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time period, 83 percent of all unintentional deaths by falls 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. Sixty-three percent of those who fell were transported to a hospital. A greater proportion of females (56 percent) fell than males (44 percent). It is estimated the costs associated with fall-related calls in Idaho is as high as $35 million.

Participation in FFP classes continues to expand in Idaho's local public health districts. During fiscal year 2011, the Center for the Study of Aging at Boise State University developed and conducted a survey of current FFP participants statewide. A total of 895 surveys were completed by FFP program participants with responses representing all seven of Idaho's local public health districts. The survey results found a statistically significant difference between pre- and post-participation confidence levels associated with maintaining balance when getting in and out of a chair, going up and down stairs, reaching for something, and taking a bath or shower. Additionally, over 50 percent of respondents reported increased stability, energy, and confidence in preventing a fall, while 75 percent developed stronger social connections resulting from participation in the FFP program.

One of the greatest themes from the survey results was that of strong social interaction and enhanced well-being associated with participating in FFP. The study revealed high levels of satisfaction and evidence that participation had a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connections. These findings are particularly important as Idaho strives to enhance community-based environments that promote physical activity, injury prevention, and "aging in place."

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

| | <65 | 65+ | Total |
|---|---|---|---|
| **CY 2010** | 2.0 | 65.2 | 9.8 |
| **CY 2009** | 1.7 | 69.4 | 9.9 |
| **CY 2008** | 2.1 | 59.3 | 8.9 |
| **CY 2007** | 2.2 | 60.6 | 9.0 |

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

**Number of Deaths Due to Accidental Falls**

| | <65 | 65+ | Total |
|---|---|---|---|
| CY 2010 | 27 | 127 | 154 |
| CY 2009 | 23 | 130 | 153 |
| CY 2008 | 28 | 108 | 136 |
| CY 2007 | 29 | 106 | 135 |

## Idaho Comprehensive Cancer Control Program

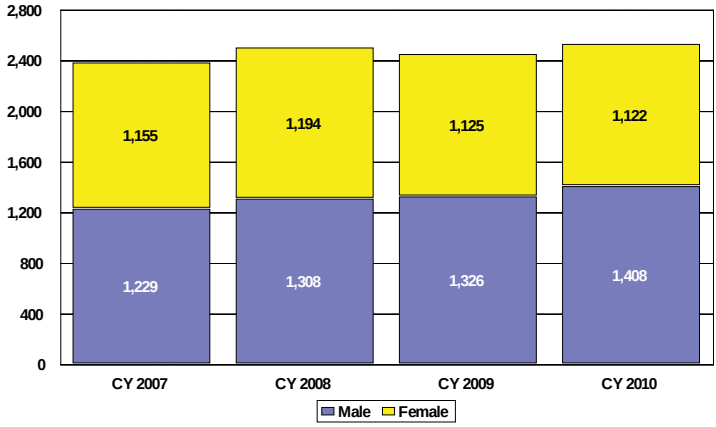
In 2008, cancer surpassed diseases of the heart as the leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal 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, with the Comprehensive Cancer Control Program working to improve screening rates.

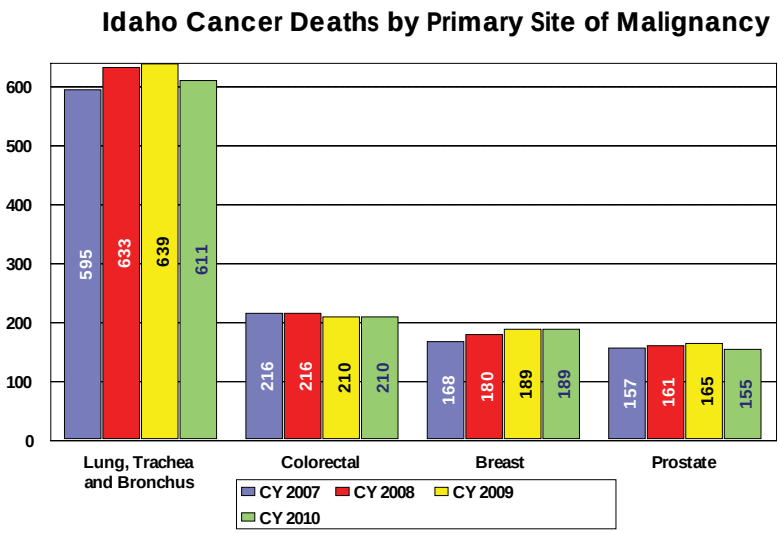
The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

- 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 2010, Idaho reported 2,530 cancer deaths, increasing from 2,451 during 2009.

**Cancer Deaths of Idahoans**






**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, aims to address the following National Diabetes Program goals:

- Prevent diabetes;
- Prevent complications, disabilities, and the burden of disease associated with diabetes; and
- Eliminate health-related disparities.

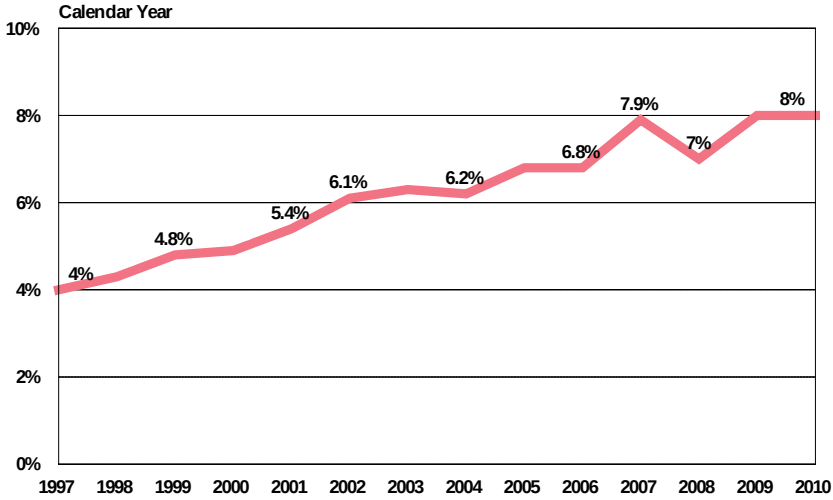
A statewide network of contractors, including the local public health districts, federally qualified community health centers and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that address the National Diabetes Program Goals. Projects are focused on improving diabetes care in the clinical setting and providing community level outreach linking people to resources that help them manage their diabetes. The main goal is to support the national effort to improve blood sugar, blood pressure and cholesterol levels. The Diabetes Prevention and Control Program also strives to reduce health disparities in high risk populations. The program partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

The Diabetes Prevention and Control Program and the Diabetes Alliance are guided by the Idaho Diabetes 5-Year State Plan 2008-2013. The plan

serves as a framework for conducting 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 at high risk for developing diabetes.

**Percent of Idaho Adults who have been Diagnosed with Diabetes 1997-2010**




## 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 throughout 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:

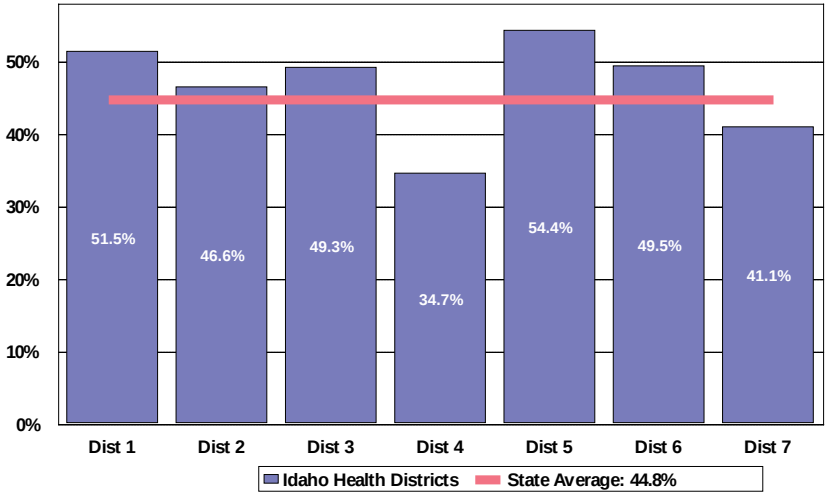
- Prevent early childhood caries through schools with programs focused on fluoride mouth rinse, dental sealants, fluoride varnish, and school-based education programs;

- Monitor the burden of oral health in Idaho;
- Work with Women Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to deliver dental programs; and
- Participate as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

The program partnered with the Oral Health Alliance to develop the Idaho Oral Health Action Plan 2010-2015. The goals of the Plan include prevention, improving access to care, and improving policy.

In Idaho, it is estimated that 44.8 percent of adults do not have dental insurance. This percentage has remained fairly constant over the last ten years.

**Percent of Idaho Adults Without Dental Insurance by Health District 2010**



## 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, meaning the state is focused on building infrastructure and expanding expertise within the state to support interventions.

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 works collaboratively with other private and public organizations and agencies to impact these 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 report, which provides a synopsis 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's 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 people18-44 years of age, 12 percent reported being diagnosed with high blood pressure. The percent increases with age, with 32.1 percent of those 45-64 reported being diagnosed with high blood pressure and for those aged 65 and older, 56 percent reported being diagnosed with high blood pressure.

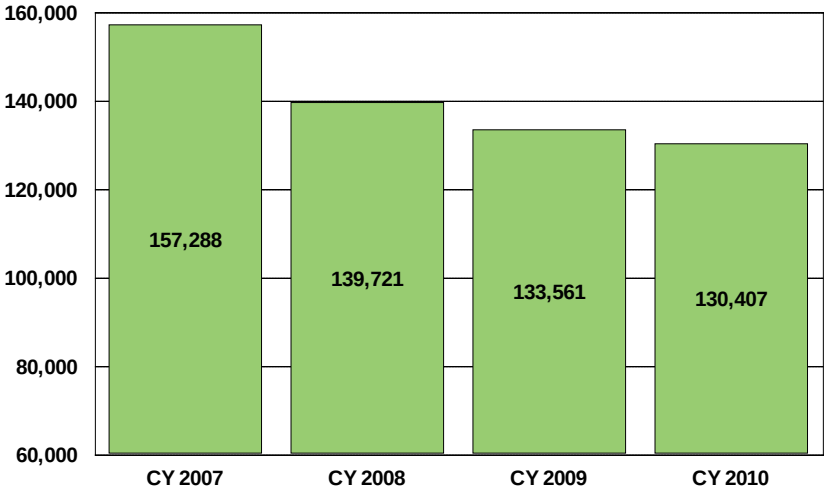
The Heart Disease and Stroke Prevention program also works with other public and private agencies and organizations to improve emergency response and the quality of care for heart attack and stroke.

According to CDC data for Idaho, 3.6 percent of adults surveyed were told by a doctor, nurse or other health professional they had suffered a heart attack, also called a myocardial infarction. Of adults surveyed, 2.5 percent 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 includes the Health Preparedness Program, the Office of Rural Health and Primary Care and the Strengthening Public Health Infrastructure Program. All 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 (HPP) 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:

- Support infectious disease surveillance and investigation;
- Improve Idaho's surge capacity to adequately care for large numbers of patients during a public health emergency by working with public health districts, hospitals, emergency medical services and clinics;
- Expand public health laboratory and communication capacities;
- Develop influenza pandemic response capabilities; and
- Provide for the distribution of medications, vaccines, and personal protective equipment.

HPP 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. For example, HPP worked with colleagues in the Division of Public Health to partner with the surrounding Pacific Northwest states and other federal and state agencies to coordinate messages and provide radiation and earthquake preparedness information to health professionals and the public as a result of the March 2011earthquake and tsunami in Japan.

Other preparedness accomplishments include:

- Implemented an inventory management system which supports the full range of operations which the DHW Receipt, Stage, and Store (RSS) facility needs in order to receive re-distribution of medical supplies through the Strategic National Stockpile during a public health emergency.
- Upgraded the Volunteer Idaho system to recruit and manage needed volunteers during a public health emergency and conducted a mass media campaign on the recruitment of medical and non-medical volunteers statewide to serve during a public health emergency.
- Conducted a Mass Fatality Management meeting, including statewide representation from state and local public health, Bureau of Homeland Security, county coroners, emergency managers, funeral directors, Idaho State Police and other stakeholders to address mass fatality management issues in Idaho.
- Worked with Public Health Districts and county coroners to share and distribute a cache of body bags for statewide readiness.
- Participated in a Shelf Life Extension Program (SLEP) for state owned and managed stockpiles of medical countermeasures, expanding the timeline for use of our state supplies of antivirals. SLEP is designed to defer drug replacement costs for date sensitive stockpiles of medical materiel by extending their useful life beyond the manufacturer's original expiration date. Currently, this program is limited to the Department of Defense and other select federal agencies.

## 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 are measured in Idaho: primary care, dental, and mental health. These are designated by a federal formula to have a shortage of health professionals if:

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

Medical doctors in a primary care shortage area provide direct patient and outpatient care in one of the following primary care specialties: general or family practice, general internal medicine, pediatrics, obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not counted.

**Idaho Geographic Area with Health Professional Shortage Designation**

| | CY 2007 | CY 2008 | CY 2009 | CY 2010 |
|---|---|---|---|---|
| Primary Care | 95.3% | 96.7% | 96.7% | 96.7% |
| Dental Health | 92.4% | 93.9% | 93.9% | 93.9% |
| Mental Health | 100.0% | 100.0% | 100.0% | 100.0% |

The Office of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities. The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, purchase computer hardware or software, and provide staff training on computer information systems. Twenty-seven Idaho hospitals are eligible for improvement grants; 26 hospitals completed the terms of participation and received federal funds in FFY 2010 totaling $217,700.

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 2008 | SFY 2009 | SFY 2010 | SFY 2011 |
|---|---|---|---|---|
| **Grant Requests** | $1,141,898 | $1,685,415 | $237,630 | $512,798 |
| **Amount Award** | $ 220,000 | $ 252,156 | $ 43,325 | $175,800 |
| **Applicants** | 14 | 22 | 10 | 19 |
| **Awarded** | 5 | 6 | 3 | 12 |

# 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 when minimum standards of proficiency are met. All personnel licensed in Idaho must be trained in courses that meet or exceed the national standard curriculum published by the National Highway Traffic Safety Administration.

To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS educators.

**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.

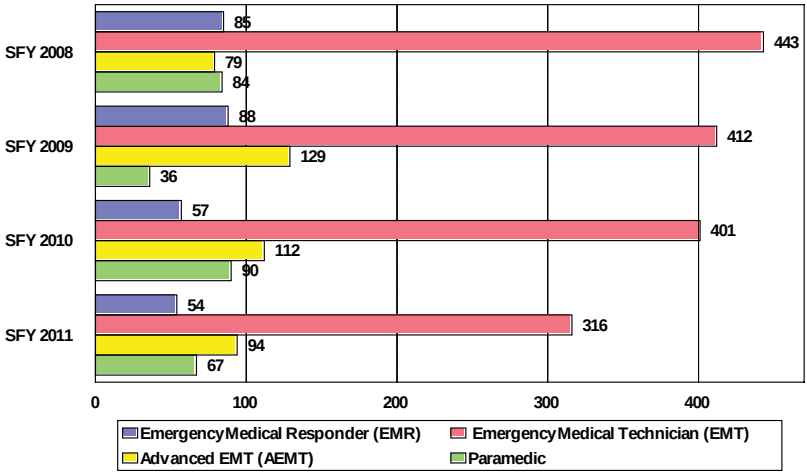
**3. Advanced EMT (AEMT)**

The AEMT provides 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.

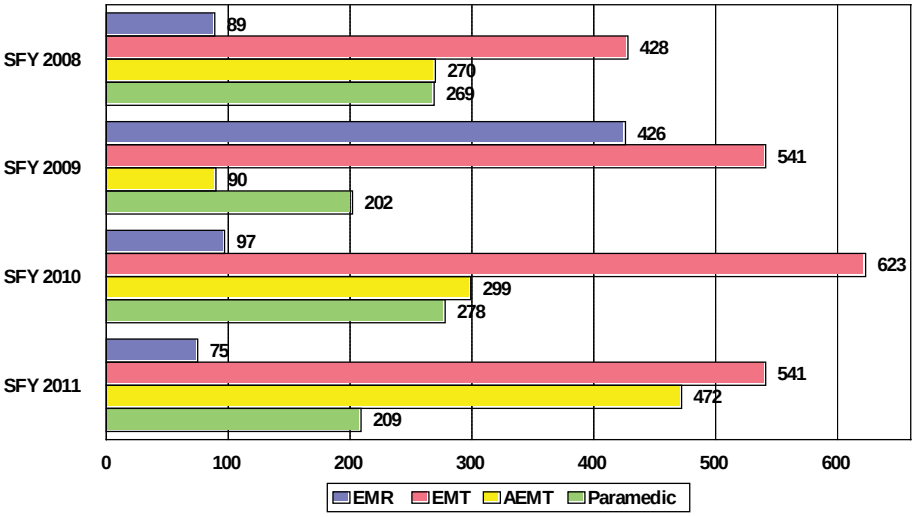
**4. Paramedic**

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 lifting and moving, rescue, safety, spinal immobilization, fracture management and vital signs monitoring.

| Year | SFY '08 | SFY '09 | SFY '10 | SFY '11 |
|---|---|---|---|---|
| Grant Requests | $2.7 m. | $3.2 m. | $2.5 m. | $ 2.8 m. |
| Grants Awarded | $1.1 m. | $1.3 m. | $1.4 m. | $900,000 |
| Vehicle Requests | 29 | 30 | 24 | 28 |
| Vehicles Awarded | 12 | 12 | 13 | 10 |
| **Patient Care Equipment** | | | | |
| Agencies Applying | 58 | 62 | 56 | 55 |
| Agencies Awarded | 41 | 50 | 45 | 40 |

# Medically Indigent Services

***Cynthia York, Administrator, 334-5574***

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

Medically Indigent Services works with a steering committee comprised of the Idaho Association of Counties, Idaho Hospital Association, Idaho Medical Association and the state's Catastrophic Health Care Cost Program. Medically Indigent Services also works with the Catastrophic Health Care Cost Program board to develop policies and improve procedures for the process of submitting and payment of medical claims.

For SFY 2012, Medically Indigent Services has 1.25 FTEs, with a total appropriation of $128,800, all state general funds.

## Combined Application

Medically Indigent Services developed a combined application for county and state indigent funds that automatically reviews the applicant for Medicaid eligibility. If a person is eligible for Medicaid, federal funds for medical expenses can be leveraged to help pay for the costs. The common application was implemented in July 2010. During the first fiscal year of operation, 7,652 applications were processed with a Medicaid eligibility approval of 461 applicants, six percent of all applications.

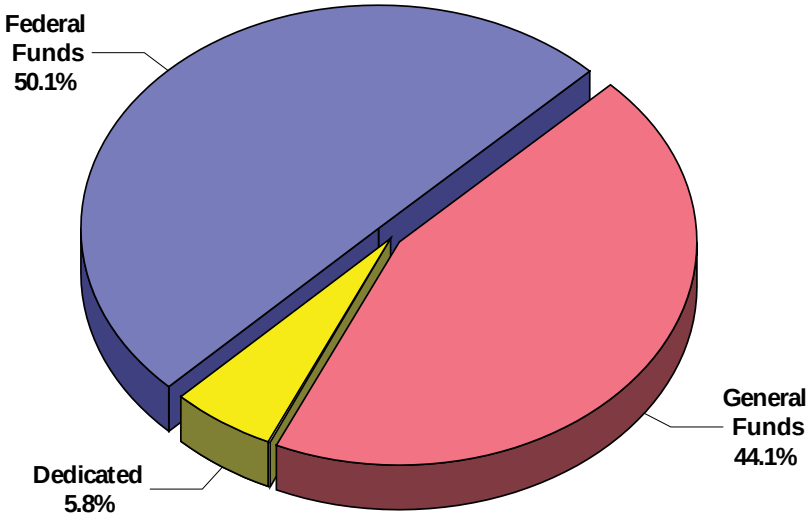
# Indirect Support Services

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, Financial Services, Operational Services, Information and Technology, Audits and Investigations, 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.

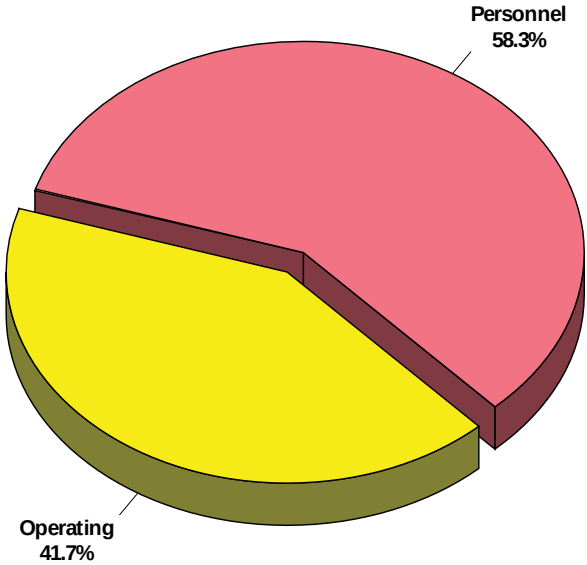
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Audits and Investigations conducts internal audits and external fraud investigations for department benefit programs. Operational Services provides the human resource services to manage the department's workforce of 2,850 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

**Indirect Support SFY 2012 Funding Sources**

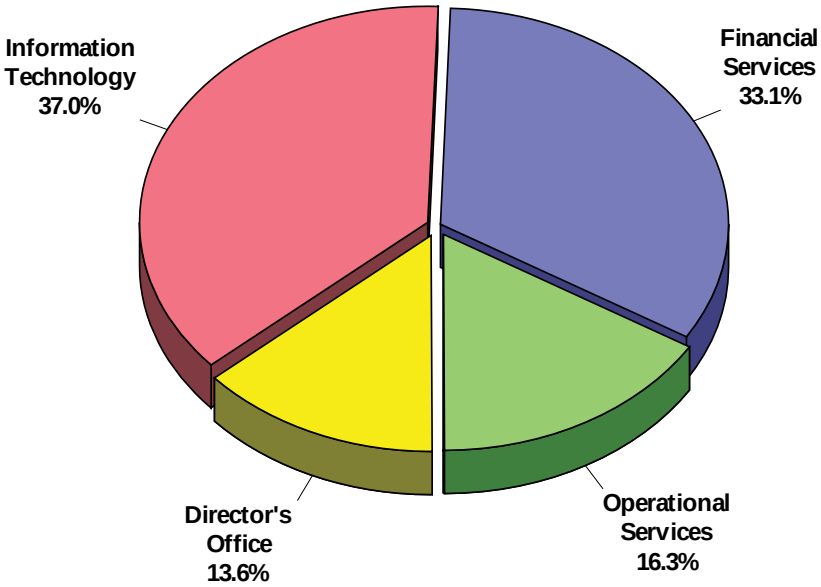



*Authorized FTP: 270; Original SFY 2012 Appropriation: General Funds $14.7 million, Total Funds $33.5 million; 1.5% of Health and Welfare funding.*

## Indirect Support SFY 2012 Expenditure Categories




## Indirect Support Spending



# Office of the Director

***Richard M. Armstrong, Director, 334-5500***

The Director's Office sets policy and direction 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 Southwest Idaho Treatment Center. The Director's Office includes:

- The Director;
- A Deputy Director responsible for Behavioral Health, Medicaid and Managed Care Services;
- A Deputy Director responsible for Public Health, Family and Welfare services; and
- A Deputy Director responsible for Support Services.

# Support Services

***Dave Taylor, Deputy Director, 334-5500***

Support 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, Support Services provides guidance and support to ensure resources are managed responsibly.

# Bureau of Financial Services

Financial Services consists of Financial Management, Financial Systems & Operations, Accounts Payable, Accounts Receivable, Employee Services, and Electronic Benefits.

### Financial Management

Financial Management ensures adequate cash is available for the department to meet its financial obligations, functioning 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 DHW programs. The largest of these federal grants is Medicaid, for which the SFY 2011 award was $1.3 billion;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing four Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Child Welfare, Children's Mental Health, and Adult 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 financial analysis and reporting for division and executive management;
- Monitoring established FTE positions; and
- Researching and compiling historical expenditure and revenue information.

## Financial Systems & Operations

This unit supports the automated accounting systems used by DHW. It also provides system support including design, testing, troubleshooting, interfaces with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. It is responsible for reports and maintenance of Financial 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;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- Navision — Front-end to DHW'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 performs all statewide accounts payable interactions 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 DHW's fee for service programs;
- Statewide billing and collection for Medicaid's Certified Family Home licensing;
- State Lab billings;
- Statewide Criminal History Unit billing; and
- Interagency billings.

## Employee Services

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

- 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 data integrity; and
- Maintains and safeguards employee personnel records.

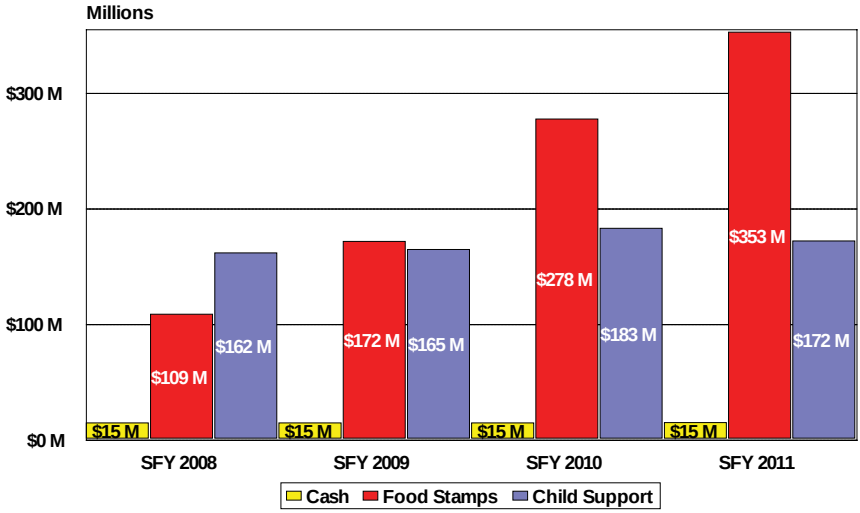
## Electronic Benefit Transfers (EBT)

The Electronic Benefits Transfer Program is responsible for implementation, development, and daily operations of DHW's electronic food benefits and cash payment activities. Electronic payments have increased significantly in recent years because of the record caseload growth in the Food Stamp program. Food Stamp benefit payments tripled over the last four years, increasing from $109 million annually in SFY 2008 to $353 million during SFY 2011.

DHW contracts with a vendor to set up and maintain accounts for Food Stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF) and 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 Audits and Investigations

The Bureau of Audits and Investigations provides support to DHW's public assistance programs through the following units:

- Criminal History;
- Internal Audit;
- Medicaid Program Integrity;
- Welfare Fraud Investigations; and
- Fraud Analysis.

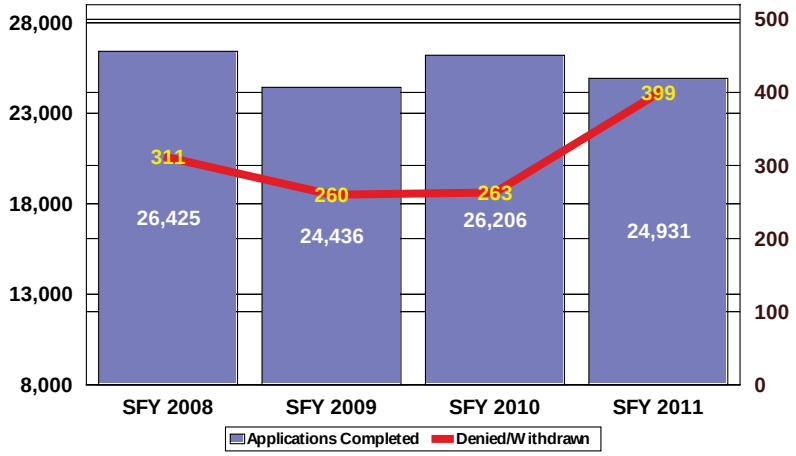
## Criminal History Unit

In following DHW's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts and maintains the central repository of required background checks received from the FBI and the Idaho State Police Bureau of Criminal Identification. The background check also includes a search of specific registries that include: National Sex offenders; Medicaid Provider Exclusions; Child and Adult Protection Registries; Nurse Aid Registry and Driving Records.

The department requires a fingerprint based background check on provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long term care settings who work in approximately 40 different service areas that includes direct care for program participants who are disabled, elderly or children.

The average turnaround time from fingerprinting to background check completion is 14 days. The criminal history web site is https://chu.dhw.idaho.gov.

**Criminal History Checks by Year**



**Internal Audit** acts as an independent appraiser of the department's various operations and systems of control.

The unit helps the department accomplish its objectives by bringing a systematic, disciplined approach to evaluation and improves the effectiveness of risk management, control and governance processes. Internal auditing assists department staff in the effective discharge of their responsibilities by furnishing them with analyses, appraisals, recommendations, counsel, information concerning the activities reviewed and by promoting effective control at reasonable costs.

Internal Audit's methods includes three steps:

1. Identify potential performance problems and performance opportunities;
2. Pro-actively identify solutions to improve performance; and
3. Track and monitor the implementation and ultimate success of actions to improve performance.

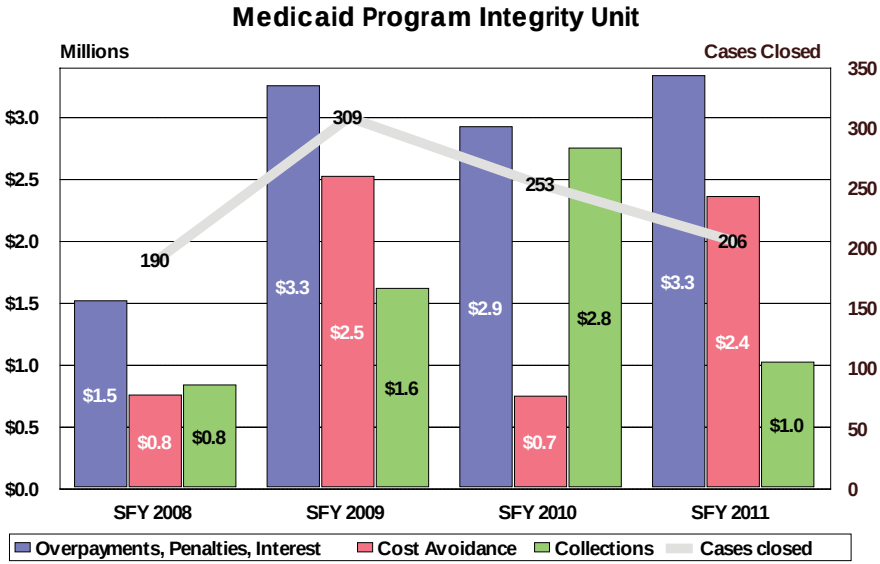
**Fraud Analysis** provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

Data analysis also is used to assess the adequacy of internal control systems designed to prevent fraud, and to develop reporting systems designed to detect and periodically report occurrences of fraud on a regular and timely basis. By identifying areas of vulnerability, procedures can be developed to prevent or minimize future occurrences of fraud.

**Medicaid Program Integrity** 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. The Medicaid Program Integrity Unit concentrates on cases which have the greatest potential for investigation and recovery of funds.

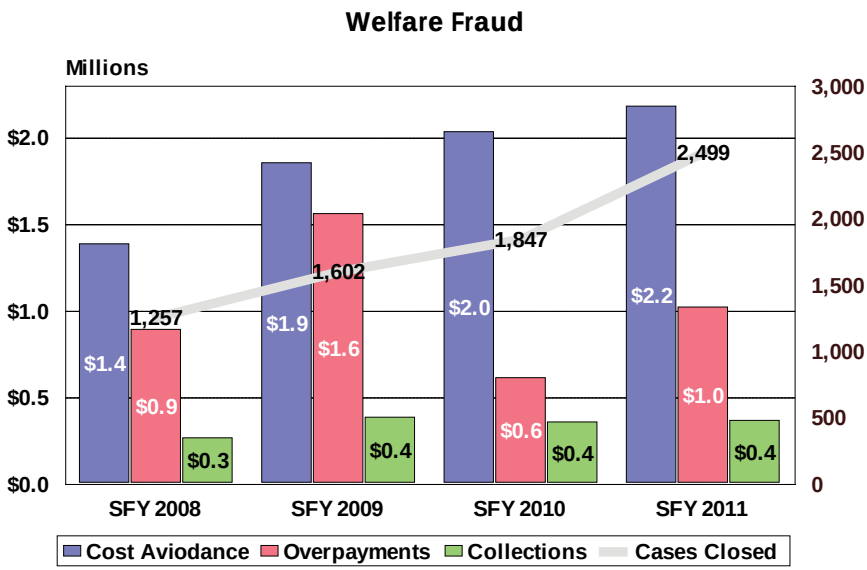
The Medicaid Program Integrity Unit was expanded by the 2011 Legislature. Starting in July 2011, the unit was authorized to hire an additional eight analysts to conduct provider audits.




**The Welfare Fraud Unit** investigates allegations of welfare program fraud that includes Food Stamps, cash assistance, Medicaid, child care assistance, or other benefits. In every region of the state, investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors to investigate and prosecute welfare fraud.

During SFY 2011, DHW received 2,976 complaints alleging welfare benefit fraud and closed 1,945 investigations. Of the closed investigations, 1,123 were confirmed program violations that resulted in program sanctions, confirmed overpayments, or closed benefits. In 14 cases, the violations resulted in criminal prosecution. In the prior year, there were 783 program sanctions, confirmed overpayments, or closed benefits and 18 convictions.

The Welfare Fraud Investigation Unit consists of six investigators who averaged 250 cases each during SFY 2011, an increase from 210 cases per investigator during SFY 2010. The average cost avoidance and savings for each investigator for SFY 2011 was $509,000. Due to an increase in welfare fraud reports and a decrease in staff, the Welfare Fraud unit does not have the resources to investigate all reports. During SFY 2010, 15% of 1,847 cases closed were not investigated. During SFY 2011, the welfare fraud investigation unit could not investigate 38% of 2,499 cases closed, despite the greater number of cases handled by each investigator.




# Division of Operational Services

**Paul J. Spannknebel, Administrator, 334-0632**

The Division of Operational Services oversees contract management and purchasing, building maintenance for DHW hospitals and offices, strategic planning and admistrative services, and human resource management of the department's 2,850 workers.

## Contracts and Purchasing

- Purchases products that cost between $10,000 and $100,000, coordinating with the Department of Administration's Division of Purchasing for items greater than $100,000;
- Provides technical expertise and administration of all DHW competitive bidding, contract and sub-contract creation, implementation and product purchase. There were approximately 1,053 active contracts and sub-grants department-wide during SFY 2011, with a total value of over $790 million;
- Manages training and daily operations of the electronic CONTRAXX management system; and
- Develops and maintains DHW's contract and purchasing manual, policy, and procedures, provides staff training, and collaborates with the Department of Administration to ensure compliance with purchasing rules and regulations.

## Facilities Management

Responsibilities for facility management and motor pool operations include:

- 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;
- Compiles project listings to maintain facilities in a manner that meets 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 DHW's buildings and major maintenance projects in collaboration with the Department of Administration;
- Monitors, negotiates, and coordinates leases, for more than 600,000 square feet of space, in collaboration with the Department of Administration; and
- Ensures proper regional allocation, maintenance, and use of DHW motor pool vehicles.

## HUB Units

HUB 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

## Human Resources

The Human Resources Office supports hiring, developing, and retaining the right people with the right skills to achieve DHW's mission, vision, and goals. Specific services include:

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

- Supports the department's 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; and
- Facilitates development and implementation of online learning opportunities for DHW staff.

**Talent Acquisition and Management**

- Provides management and 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 DHW 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;
- Provides consultation to employees and supervisors in the Problem-Solving process;
- Develops and maintains DHW's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state and federal laws and rules;
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees; and
- Manages DHW's Drug and Alcohol Free Workplace program.

**Employee Benefits**

- Provides employees with information and resources to promote healthy and safe lifestyles; and
- 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 those services is a top priority of the department. The Office of Privacy and Confidentiality:

- Develops, implements and maintains policies and procedures protecting privacy/confidentiality and access to information in DHW records;
- Oversees all privacy/confidentiality activities statewide; and
- Assures that department actions are in compliance with federal and state laws, and that DHW's information privacy practices are closely followed.

## Administrative Support

The Office of Administrative Services supports the department by providing a wide range of administrative services. Specific services include:

- Provides management and oversight of DHW's rule promulgation process;
- Provides training and technical assistance to management, supervisors, and employees in rule making and the legislative process;
- Coordinates changes in legislation initiated by the department;
- Coordinates DHW activities related to administrative hearings, public record requests, and record retention;
- Develops, implements, and maintains policies, procedures, and educational resources related to rule making, legislation, administrative hearings, public records, and record retention;
- Develops and maintains the department's Strategic Plan and annual Performance Measurement Report;
- Provides training and technical assistance to DHW units in strategic and operational planning;
- Facilitates the resolution of concerns and inquiries reported to the Director's Office; and
- Provides administrative support to the Director's Office and the Idaho Board of Health and Welfare.

# Division of Information and Technology

***Michael Farley, Administrator, 334-5676***

The Information Technology Services Division (ITSD) provides office automation, information processing, video conferencing, 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 protect and promote the health and safety of all Idahoans.

The Information Technology Services Division:

- Provides direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Provides review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies;
- Maintains all DHW information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Secures information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Oversees development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications for staff and external stakeholders;
- Provides direction for development and management of department-wide information architecture standards;
- Participates in the Information Technology Executive Advisory Committee (ITEAC), a subcommittee of the Information Technology Resource Management Council (ITRMC), to provide guidance and solutions for statewide business decisions; and
- Implements ITRMC directives, strategic planning and compliance.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required services. The division is divided into four distinct areas; Operations, Infrastructure, Application Development and Support, and Enterprise Services.

## Bureau of Operations

The IT 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 DHW staff with technical support services

for all computer-related issues including hardware, software, and network connectivity;
- Printer Support — Primary point of contact for all network and multifunction printing services;
- Remedy application support -- Development and support for department Help Desks including development and maintenance of the Remedy Knowledge Management Systems;
- Coordination of desktop support for special IT-related projects, hardware/software testing, and image creation;
- Statewide Technical Support — IT support staff located throughout the state provides on-site Information Technology services; 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;
- User and data security, and forensics support;
- Database security;
- Video conferencing infrastructure deployment and support;
- Voice over Internet Protocol (VoIP) deployment and support;
- Network server deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server vulnerability patching;
- Network infrastructure support of enterprise projects;
- Disaster Recovery and COOP exercise support;
- Remote access support (SSL VPN, site-to-site VPN);
- Data Center Operations — Provides support for data center facilities and associated computer systems;
- Firewall administration and support; and
- Support for Bureau of IT Operations and Bureau of IT Applications Development and Support, and department business units.

# Bureau of Application Development and Support

The IT Application Development and Support (ADS) bureau's primary responsibility is the design, development, operation, maintenance, and support of the department's business applications. ADS also is responsible for the design, development, operation, maintenance and support of all enterprise software (middleware) needed to support the movement of information between computing platforms.

The bureau's functional areas include:

- Application WEB Support is responsible for the operation, maintenance, and support of department web-based applications;
- Application Development is responsible for the enhancement of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into DHW's application framework;
- Application Delivery includes quality assurance, application testing, system production support, time period emulation qualification, and technical documentation;
- Application Support Helpdesk - Provides department staff with support for applications such as SharePoint; Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System; e-casefile document management system; modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications;
- Application Architecture provides a multi-level view of how major applications, utilities, and support software fit into the enterprise framework: inputs, outputs, conversion points, data flow, technical dependencies, data security, business dependencies, middleware, and system structure. Enables developers and support staff to address issues and enhancements while protecting the long term health and structure of the enterprise;
- Provide software architectural design and design standards which enable, enhance, and sustain DHW's business objectives;
- 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 to ensure successful completion of a variety of business critical and sequence sensitive operations. This group also provides recovery services for failed overnight processes. In addition, Production Services distributes batch output to requesting businesses; and
- Enterprise Data Warehouse (EDW) design, operation and maintenance. EDW provides a common data repository for all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

# IT Enterprise Services

The Information Technology Enterprise Services team provides support and services to align business needs with IT solutions and to ensure IT systems deliver business value and maximize the business value delivered by IT investments. Other responsibilities include tracking and managing information technology business processes and IT related projects, Disaster Recovery Planning as well as Continuity of Operations Planning. IT Relationship Managers work directly with the DHW divisional business units to assist the business with project identification, definition, and priority. The IT Relationship Managers manage business processes, requirements analysis, and coordinate work with other IT bureaus to meet technology and automated system needs.

# ITSD Highlights

ITSD has completed a number of initiatives to support DHW'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:

- Technological improvements include Voice over Internet Protocol (VoIP) telephone systems deployed in State Hospital South, the Child Protection call center and to support the Electronic Benefit Transfer (EBT) program; implementation of LANDesk which allows upgrades, fixes and security patches to be pushed out to the appropriate users; implementation of a program to support network authentication across department and disparate vendor networks eliminating the need to log on multiple times in order to access information from different systems.
- Accomplishments directly associated with protecting the health and safety of Idahoans include Emergency Responder 911 established to support statewide VoIP deployments, which allows emergency personnel to respond to the exact location of the incident regardless of the size of the facility; department-wide encryption of e-mail when it contains personal health, identification, or HIPAA information; and wireless networks at the State hospitals, central office and Medicaid buildings so information can be accessed from anywhere in the facility.
- Initiatives to "Go Green" includes upgrading network software that allows staff to work remotely; implementing a virtual server environment which reduces the physical IT footprint; moving toward on-line reporting for all DHW programs and Federal partners; eliminating paper Child Support records; and using technology to electronically apply upgrades and security patches to department computers.

**Completed Projects and Initiatives:**

- ICSES Data Warehouse – Nine star schemas have been added to the ICSES data warehouse, covering all areas.
- Medicaid Child Service Assessment Tool – Development of a web-

enabled system to assess the needs of children. This will eliminate labor-intensive paper-based assessments.

- Idaho Benefits Eligibility System (IBES) has been enhanced with added features and functionality that streamline the processing of welfare benefits.
- Modernization of Child Support (MOCS) - Web: Provides a web-based employer portal to process form responses and to update employee data to expedite child support collections.
- Wide Area Network migration from Asynchronous Transfer Mode to Multi Protocol Layer Switching to enhance wide area network connectivity between offices and to allow for enhanced disaster recovery options.
- Server Room Cooling System – installation of an additional 30-ton cooling system for the department Data Center located in the central office building in Boise.

**Current Projects and Initiatives:**

ITSD has additional initiatives and projects in progress to support the ever evolving technology needs of the department:

- Fraud Information Tracking System (FITS) Enhancements – Added features and functionality to track Medicaid fraud and abuse cases.
- Emergency Medical Services (I-Wise), Phase 2 – Enhance the system to include sophisticated web-based survey capabilities that integrates with the existing database.
- Infant Toddler Program (ITPWeb), Phase 2 – The system is being enhanced to automatically transmit billing information to the Billing and Receipting System (BARS).
- Health Alert Network (HAN) – Enhance the system to include newer communication methods like Twitter and support for mobile devices.
- Outbreak Management System – Develop a web application to replace a system no longer supported by the federal Centers for Disease Control and Prevention.
- Significant Events Reporting Program – Rewrite a Microsoft Access application for managing significant events at State hospitals as a web-enabled application.
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS) – Enhances the systems to support additional electronic lab reporting capabilities, additional reporting capability, and electronic health record extensions.
- Refresh of the Family Oriented Community User System will move all data processing off of the mainframe system to a locally managed server based system. This will provide cost savings, as well as enable FOCUS to take advantage of current and upcoming industry standard technologies and web-enabled solutions.
- Enterprise Data Warehouse (EDW) – Integrates data marts into the Data Warehouse for State Hospitals North and South, the Substance Use Disorders Program, and Adult and Children's Mental Health programs. Develop the Electronic Payment System data mart and

enhance the FISCAL data mart. Add additional data marts for the Idaho Child Support Enforcement System (ICSES). Implement advanced tools for data mining and trend analysis.

- Nurses Call System – Establishes a call system in State Hospital South so patients can notify the nurse if they need immediate assistance.
- Complete Disaster Recovery Solution – Establish a back-up location for department systems.
- Secure Web Gateway & Web Application Firewalls – Infrastructure to provide secure, high performance access to external partners and to necessary public information, while utilizing existing hardware resources more efficiently.
- Data Center Network Core Upgrade -- Infrastructure to provide network core redundancy and fail-over of critical network components and upgrade of network core and backbone bandwidth/data throughput.
- Unified Computing System – Integrates blade servers technology optimized for server virtualization which will reduce server hardware footprint, server hardware expenditures, reduce data center power requirements, and reduce data center cooling requirements.

## Major Projects in Progress

### Veterans Health Info. System and Tech. Architecture (vxVistA)

**Function:** State Hospitals North and South currently utilize the Behavioral Health Information System (BHIS), FlexiMed pharmacy system and multiple home grown Access databases. BHIS interfaces to FlexiMed, as well as linking 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 required upgrading. The high expenses to upgrade these systems influenced the department 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 provides stability and a platform that the hospitals can build on with a single electronic hospital information system. The implementation of the Electronic Health Record, vxVistA, system is providing the efficient and effective solution that was needed. The core functionalities have been implemented.

The system is in operations at both institutions. Data extracting and a perpetual inventory module for pharmacy was recently completed.

Currently some updated PAMS functionality is being implemented. Funding is being requested to provide for a bi-directional interface for laboratory services as well as a Release of Information module.

**Replacement strategy:** The Veterans Health Information System and Technology Architecture (vxVistA) 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 the State hospitals. DHW implemented the core functions of VistA in SFY 2008. During SFY 2009, 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 also were configured for wireless capability to access this application, along with Electronic Document Management. Work continued "fine-tuning" the entire system throughout the year, with special emphasis placed on business continuity and contingency reporting in the event of a system failure.

### Web Infrastructure for Treatment Services System (WITS)

**Function:** The Adult Mental Health and Substance Use 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 and Substance Use Disorder programs each serve almost 10,000 participants. 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.

A needs analysis was performed by the Children's Mental Health (CMH) Bureau and it was determined that WITS, with minimal enhancements, would provide an improved automated solution for CMH, as well as continuing to unify the division's technology. This unification allows for better use of funding by the reduction of the number of systems that must be supported, updated and maintained. Additionally, DHW was awarded an Access to Recovery (ATR) grant that will be used to provide substance abuse treatment to special populations. WITS will be modified to meet the grant technology requirements.

**Status:** The Adult Mental Health (AMH) and Substance Use Disorder (SUD) 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. The implementation of WITS is providing the efficient

and effective solution that was needed. Core functionality for both AMH and SUD have been implemented and are in use. WITS functionality is being updated to provide for the management and reporting needed to implement the Access to Recovery (ATR) program, Phase III a treatment program funded by Federal funds. The Children's Mental Health program is currently implementing WITS. In addition to the CMH core functionality, the assessments CAFAS, PECFAS, LOCUS and CALOCUS are being integrated through WITS.

**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 SFY 2009 with the majority of functionality available.

## WIC Information System Program (WISPr)

**Function:** The Women's, Infants and Children program (WIC) is 100% federally funded providing services to over 79,000 participants annually, with demand for services increasing due to the economic conditions. WIC supports:

1. The collection of data required to determine eligibility;
2. Issuance of vouchers for healthy foods for participants; and
3. Assessment of nutritional risk.

**Status:** The current automated system for WIC was implemented in 1995 and is based on aging technology that is time intensive and costly to modify. The project to develop the replacement began in December 2009 and is targeted for completion in 2012. Idaho received nearly $3 million for the project through the American Recovery and Investment Act (ARRA). The scope of the project includes replacement of existing functionality with new technologies in addition to adding appointment scheduling, grid growth charting, and a business rules engine to provide a more effective means of managing changing business rules.

**Replacement Strategy:** The WISPr project, which is entirely federally funded, began in December 2009 and is expected to be completed in early 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.

## Immunization Reminder Information System (IRIS)

**Function:** Idaho's Immunization Reminder Information System (IRIS) is a statewide system that aids Idaho families and their health care providers in keeping track of immunization records. For SFY 2010, over 800,000 Idahoans were enrolled in IRIS. Additionally, 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. It is also used by Idaho schools to complete their school Immunization reports.

**Status:** IRIS was created in 1999 to help raise the immunization rates in Idaho. There is no age limit for records submitted to IRIS; it is a birth to death registry.

**Replacement Strategy:** A combination of grants in addition to funding from American Recovery and Investment Act provide Idaho the opportunity to implement an enhanced, web-based Immunization Registry. ARRA funding will provide electronic HL7 or flat file interfaces to department providers and partners in an effort to reduce manual data entry and improve the percentage of providers submitting data electronically. A vendor providing a hosted solution has been selected to meet the future Idaho IRIS requirements. Implementation of the new IRIS solution is targeted for March 2012.

# Council on Developmental Disabilities

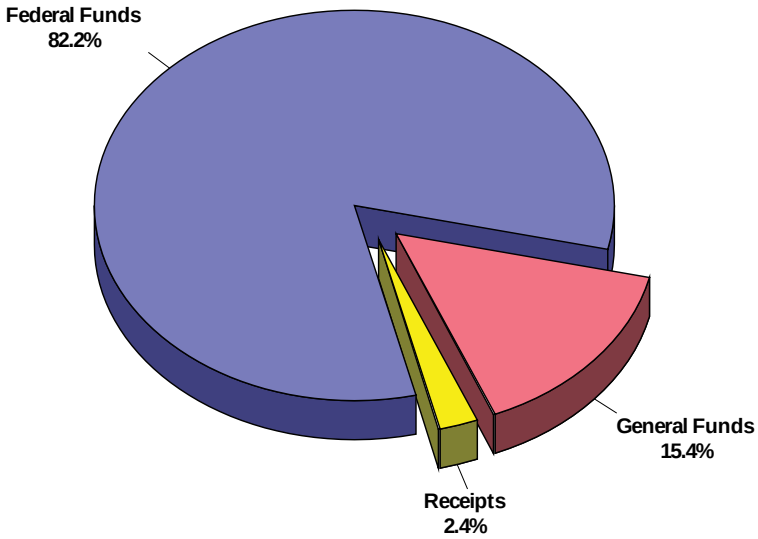
***Marilyn Sword, Executive Director, 334-2178***

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.

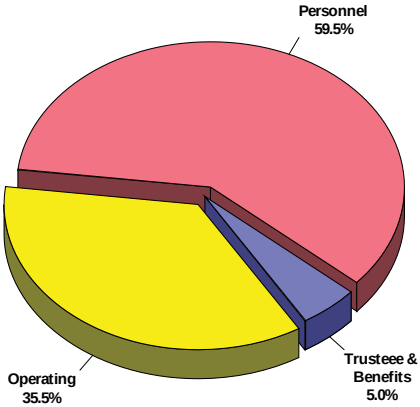
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

**Council on Developmental Disabilities SFY 2012 Funding Sources**




*Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 6; General Funds $97,200; Total Funds $629,500.*

**SFY 2012 Expenditure Categories**




## Council Initiatives

### Education

The Council provided staff support, workshops and funding for the 7th annual Tools for Life conference attended by 425 people, including 237 students and 40 family members. The Council also served on the Interagency Council on Secondary Transition and hosted meetings of the Post-Secondary Options Workgroup, which is gathering survey data to develop a resource directory for students, families and school staff. The Council continues to work with the state Dept. of Education on alternative paths to high school graduation for students with disabilities and encouraging the approval of rules regarding the use of seclusion and restraints in schools. The Council continued to disseminate Moving On! transition kits for students and provided intensive training in leadership development to 24 students with disabilities through the annual statewide Youth Leadership Forum. The Junior Varsity volleyball team at Boise's South Junior High was presented with the Council's Inclusive Education award.

### Public Awareness

The Council published two editions of its newsletter, issued press releases on a variety of topics, printed and mailed the 2010 Annual Report, and disseminated a wide range of information via the Council web site and its new Facebook page. The Kroc Center in Coeur d'Alene was recognized by the Council with its Community Inclusion award. During the legislative session, the Council monitored 78 pieces of legislation or rules and provided comments on 10 of those; information was shared through four legislative updates. The Council also participated in the Medicaid Matters campaign with members of the Consortium of Idahoans with Disabilities (CID), supporting people with disabilities to provide input to policymakers about the importance of Medicaid services. Also in partnership with CID, the Council presented a workshop at Disability Advocacy Day which was attended by 125 people.

## Self-Determination

The Idaho Self Advocate Leadership Network (SALN) has continued to strengthen and grow with Council support; there are now four active chapters. The Council, in collaboration with others, coordinated and held Idaho's first self-advocacy conference, It's All About WE!, which was attended by 170 self-advocates from across the state. Self-advocates were supported by the Council to provide workshops at the both the self-advocacy conference and the Tools for Life conference.

## Transportation

The Council serves on the Interagency Work Group on Public Transportation representing the concerns of transportation users with disabilities. The Council continued its support for the AmeriCorps Accessible Transportation Network project of the State Independent Living Council, and has been instrumental as a liaison between this project and Idaho's public transportation system.

## Employment

The Council partnered with the Department of Labor on Disability Mentoring Day, providing job mentoring opportunities to 264 young adults with 142 different employers in five Idaho locations: Boise/Meridian, Idaho Falls, Lewiston, Twin Falls, and Caldwell. The Council has been researching information on competitive, integrated employment for people with developmental disabilities and has applied for a federal grant to help fund an Employment First! project.

## Community Supports

*A grant from the Centers on Medicaid and Medicare Services enabled the Council to continue its work with the Center on Disabilities and Human Development to support and provide technical assistance to 13 Person-Centered Planning (PCP) specialists statewide. These specialists, originally trained through the grant, provide consultation and planning to individuals with disabilities and their circles of support across Idaho. This grant has funded the expansion and enhancement of Idahohelp.info, a web-based resource directory. A no-cost extension of the grant allowed the PCP training to be offered to two more groups of participants. For sustainability in this last year, the Council also used these funds for the development of Neighbor-to-Neighbor, a peer-mentoring program in Boise and Emmett (through a contract with Community Partnerships of Idaho) and training of three teams of trainers who provided Powerful Tools for Caregivers workshops for informal caregivers/family members in four locations across southern Idaho. The Council also provided funding to improve the quality of direct support staff through the annual Human Partnerships conference attended by 540 participants.*
*For more information, please visit: www.icdd.idaho.gov.*

# Council on Domestic Violence and Victim Assistance

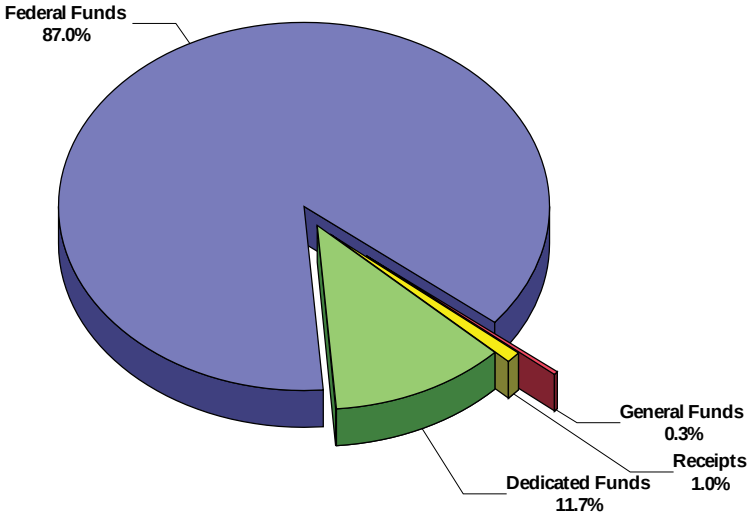
***Luann Dettman, Executive Director, 334-5609***

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.

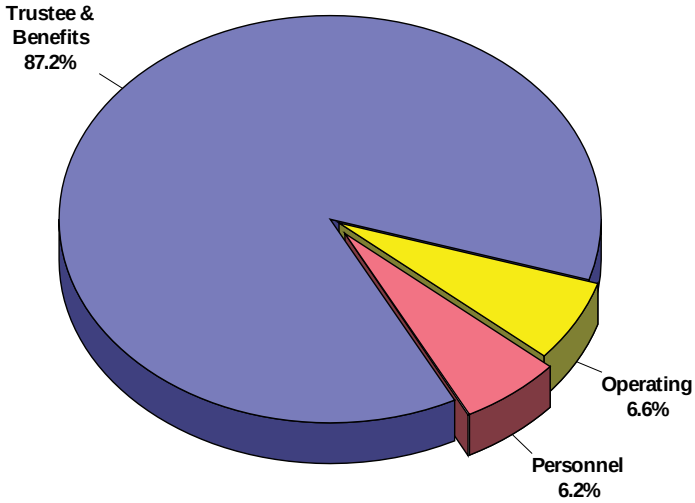
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

**Council on Domestic Violence and Victim Assistance**
**SFY 2012 Funding Sources**




*Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 4; General Funds $12,500, Total Funds $4.1 million.*

## Council on Domestic Violence and Victim Assistance
## SFY 2012 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 Len Humphries (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 45 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.

*For more information, visit 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
AEMT ..... Advanced Emergency Medical Technician
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 ..... Continous Quality Improvement
CSCC ..... Child Support Customer Service
CY ..... Calendar Year
DD ..... Developmental Disabilities
DDA ..... Developmental Disability Agencies
DDI ..... Design, Development and Implementation
DIT ..... Division of Information and Technology
DRA ..... Deficit Reduction Act
DTaP ..... Diptheria, Tetanus, acellular Pertussis
DUI ..... Driving Under the Influence
EBT ..... Electronic Benefits Transfer
EMR ..... Emergency Medical Responder
EMS ..... Emergency Medical Services
EMT ..... Emergency Medical Technician
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.....Genereal 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
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 .....Receipting Services Only
SA.....Substance Abuse
SALN.....Self Advocate Leadership Network
SED.....Serious Emotional Disturbance
SFY.....State Fiscal Year
SHIP.....Small Hospital Improvement Program
SHN.....State Hospital North
SHS .....State Hospital South
SPAN.....Suicide Prevention Action Network
STD.....Sexually Transmitted Diseases
SUR .....Surveillance & Utilization Review
SWITC.....Southwest Idaho Treatment Center in Nampa
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

# Index

2012 DHW Appropriation.....10-12
2-1-1 Idaho CareLine.....33

**A**
Acronyms, Glossary..... 139-141
Adoption .....38
Adult Mental Health Services..... 52
Aid to the Aged, Blind and Disabled (AABD) .....73
Assertive Community Treatment (ACT).....48,53
Audits and Investigations, Bureau of ..... 118-121

**B**
**Behavioral Health, Division of.....46-58**
Benefit Program Services.....62
Bloodborne Diseases .....90

**C**
Cancer Control Program.....100
Cash Assistance Programs.....71-73
Certified Family Homes.....28
Child and Family Services Review.....31
Child Care Assistance.....68
Child Protection.....34
Children's Healthcare Improvement Collaborative (CHIC).....22
Children's Mental Health Services.....49
Child Support Services..... 74-77
Enforcement.....76
Fees.....77
Clinical and Preventive Services.....86-89
Community Action Partnerships.....77
Community and Environmental Health, Bureau of.....97-104
Community Service Block Grants.....78
Contracts and Purchasing .....121
Coordinated School Health Program.....98
Councils
On Developmental Disabilities.....134
On Domestic Violence and Victim Assistance.....137
Criminal History Checks.....118

**D**
Dental Services/Medicaid....23
Department Appropriations....12
Developmental Disability Services .... 39-41
Children's Benefit Redesign....25,39
Infant Toddler Program....39
Intensive Behavioral Intervention....41
Diabetes Prevention and Control....101
Director's Office ....114

**E**
Electronic Benefits Transfers (EBT) ....117
Emergency Food Assistance Program (TEFAP)....78
Emergency Medical Services (EMS) .... 108-110
EMS Dedicated Grants....110
Enteric Diseases (Diseases of the Intestine)....91
Epidemiology, Food Protection and Immunizations, Office of.... 89-95

**F**
Facilities Management....122
Facility Licensing and Certification/Medicaid....26-28
**Family and Community Services, Division of....29-45**
Family Planning, STD and HIV Programs....86
Federal Medicaid Annual Percentage (FMAP)....14
Financial Services, Bureau of....114
Fit and Fall Proof Program....99
Food Protection....91
Food Stamp Program (SNAP) .... 66-68
Foster Care....35
Fraud and Abuse Investigations....118-121
Full-Time Positions (FTP)....9

**H**
Health Planning and Resource Development, Bureau of.... 105-108
Health Reform/Medicaid....26
Heart Disease and Stroke Prevention Program....104
HIV Program....86
HUB Units....122
Human Resources ....122

**I**
Idaho CareLine....33
Idaho Child Care Program (ICCP)....68
Idaho Comprehensive Cancer Control Program....100
Idaho Infant Toddler Program ....39

IdahoSTARS.....69
Idaho Telephone Service Assistance Program.....81
Idaho Tobacco Project.....58
Immunization Program .....92
Immunization Reminder Information System (IRIS) .....94
Independent Living.....37
Indirect Support Services.....112
Infant Toddler Program.....39
**Information and Technology, Division of.....125-133**
Operations.....125
Infrastructure.....126
Application Development and Support.....127
Enterprise Services.....128
Intensive Behavioral Intervention (IBI).....41
Interagency Committee on Substance Abuse (ICSA).....57

**L**
Laboratory Services .....95
License Suspension, Child Support.....76
Low-income Home Energy Assistance Program (LIHEAP) .....79

**M**
**Medicaid, Division of.....13-28**
Budget Analysis.....15
Dental Program.....23
Enrollment and Expenditures.....16
Eligibility.....70
Federal Medicaid Annual Percentage (FMAP).....14
Financial Operations.....28
Incentive Payments for Electronic Health Records.....24
Licensing and Certification.....26
Managed Care.....19-23
Medicaid Fraud and Program Integrity.....119
Molina Medicaid Solutions.....18
Multi-Payer Medical Home Collaborative.....21
Transportation Brokerage.....23
Medical Management Information System (MMIS).....18
Medically Indigent Services.....111
Mental Health Services.....49-53

**N**
Navigation Services .....42

**O**
**Operational Services, Division of.....121-124**
Oral Health Program.....102
Organizational Chart .....7

**P**
Parenting with Love and Limits....49
Partnership Programs....77
Physical Activity and Nutrition Program....98
Privacy and Confidentiality, Office of....124
**Public Health, Division of....82-110**

**R**
Redesign of Children's Dev. Disability Benefits....25,39
Refugee Health Screening Program....92
Residential Assisted Living Facilities....27
Rural Health and Primary Care....107

**S**
Self-Reliance Services....62-66
Sexually Transmitted Diseases (STD)....86
Southwest Idaho Treatment Center....43-45
State Appropriations....8
State Hospital North....54
State Hospital South....55
Strategic Plan....4
Substance Use Disorder Services, Bureau of....56-58
Suicide Prevention Services....50
Supplemental Nutrition Assistance Program (SNAP)....66-68

**T**
Teen Pregnancy....86
Telephone Service Assistance....81
Temporary Assistance for Families in Idaho (TAFI)....71
Tobacco Prevention and Control....97

**V**
Vaccine Adverse Event Reporting System (VAERS)....94
Veterans Health Information System and Technology Architecture (VistA)....130
Vital Records and Health Statistics, Bureau of....105

**W**
Wage Withholding, Child Support....76
Weatherization Assistance Program....80
Web Infrastructure for Treatment Services System (WITS)....131
**Welfare, Division of....59-81**
Welfare Fraud Unit....120
Welfare Program Participation....63-65
Women's Health Check....89
Women, Infants and Children Program (WIC)....87

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