

# Facts, Figures and Trends: 2015-2016



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## A Message from Director Richard M. Armstrong



We touch thousands of lives through our daily work at DHW. We work with families struggling to stay together. We help children get access to healthcare and immunizations. We help vulnerable adults, people with developmental disabilities, and the mentally ill access services. But beyond these daily efforts, innovative work is being done to ensure an even healthier future for all Idaho residents, including:

- 1. The Statewide Healthcare Innovation Plan**, or SHIP, is moving full steam ahead in its mission to evolve the healthcare delivery system in Idaho from a fee-for-service, volume-based system of care to one that rewards improved health outcomes. Staff are hired, contracts have been signed, and the program is on track to begin the process of creating patient-centered medical homes that will focus on preventive care and keeping all patients healthy, even those with chronic conditions. Learn more on pages 126-128.
- 2. The establishment of two behavioral health crisis centers** is helping eastern and northern Idaho residents in crisis avoid costly trips to the emergency room or to jail. The centers are available on a voluntary basis to all Idaho residents. They offer evaluation, intervention and referral for people who are experiencing a crisis because of serious mental illness or a co-occurring substance use disorder. Plans are in the works to open a third center. Read more about the centers and other innovative work happening in Behavioral Health on page 43.
- 3. The Time Sensitive Emergencies Program** is providing leadership, administrative support and technical assistance to a new statewide system, which seeks to get patients experiencing trauma, stroke or heart attack the appropriate level of care in the right place and in the right amount of time. The system-of-care model is an organizational philosophy and framework that involves collaboration with several agencies to improve the outcome of patients. Read more on page 114.
- 4. The department continues to partner with Your Health Idaho**, the state-based health insurance marketplace, in a groundbreaking agreement that other states have sought to copy. The "eligibility shared services" model minimizes costs to the state, allowing Idahoans to purchase their health insurance in a state-based marketplace. Read more on page 60.

These innovative efforts continue. Whether it is a family in crisis, a person wanting to buy health insurance, or a healthcare provider looking for a better business model, we have ideas and people who can help. The breadth and scope of DHW is dedicated to building a better Idaho for all of us.

## 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 Idaho 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 agency'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 and to give a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, healthcare, 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 each other to do their jobs as they help families solve their problems so we can build a healthier Idaho.

# Contents

Introduction.....	4
Our Organization.....	6
Fiscal Year 2016 State Appropriations .....	8
Employment: Full-Time Positions.....	9
Fiscal Year 2016 Appropriation by Fund Source.....	10
Fiscal Year 2016 Appropriation by Expenditure Category.....	11
Fiscal Year 2016 Appropriation by Division.....	12
<b>Division of Medicaid.....</b>	<b>13-21</b>
Federal Medical Assistance Percentage (FMAP).....	14
SFYs 2013-2014 Budget Analysis.....	15
Enrollment and Expenditures.....	15-17
Initiatives.....	17-21
<b>Division of Licensing and Certification.....</b>	<b>22-25</b>
<b>Division of Family and Community Services.....</b>	<b>26-40</b>
2-1-1 CareLine.....	30
Resource and Service Navigation.....	31
Child and Family Services.....	32
Foster Care and Adoption.....	33-37
Developmental Disabilities.....	37
Southwest Idaho Treatment Center.....	39-40
<b>Division of Behavioral Health.....</b>	<b>41-56</b>
Children's Mental Health.....	45-47
Suicide Prevention.....	47
Adult Mental Health.....	48-50
State Mental Health Hospitals.....	51-53
Substance Use Disorders.....	54-56
<b>Division of Welfare.....</b>	<b>57-81</b>
Overview of Self-Reliance Services.....	61-65
Applications/Number Served.....	63-64
Self-Reliance Benefit Programs.....	65-74
Child Support Services.....	74-78
Partnership Programs.....	78-81
<b>Division of Public Health.....</b>	<b>82-115</b>
Clinical and Preventive Services.....	87-93
Communicable Disease Prevention.....	93-98
Laboratory Services.....	98-100
Community and Environmental Health.....	101-108
Vital Records and Health Statistics.....	109
Rural Health and Primary Care.....	109-111
Emergency Medical Services.....	111-114
<b>Indirect Support Services.....</b>	<b>116-125</b>
Bureau of Financial Services.....	118-122
Bureau of Audits and Investigations.....	123-125
<b>Office of Healthcare Policy Initiatives.....</b>	<b>126-128</b>
<b>Division of Operational Services.....</b>	<b>129-131</b>
<b>Division of Information and Technology.....</b>	<b>132-141</b>
<b>Independent Councils and Commissions.....</b>	<b>142-148</b>
Glossary of Terms and Acronyms.....	149-151

## Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Gov. 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.

DHW deals with complex social, economic and health issues. To do that effectively, our agency is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Licensing and Certification, Operational Services, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. For example, the Division of Family and Community Services will provide direct services for child protection, but it 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, and oversight of Emergency Medical Services and Preparedness.

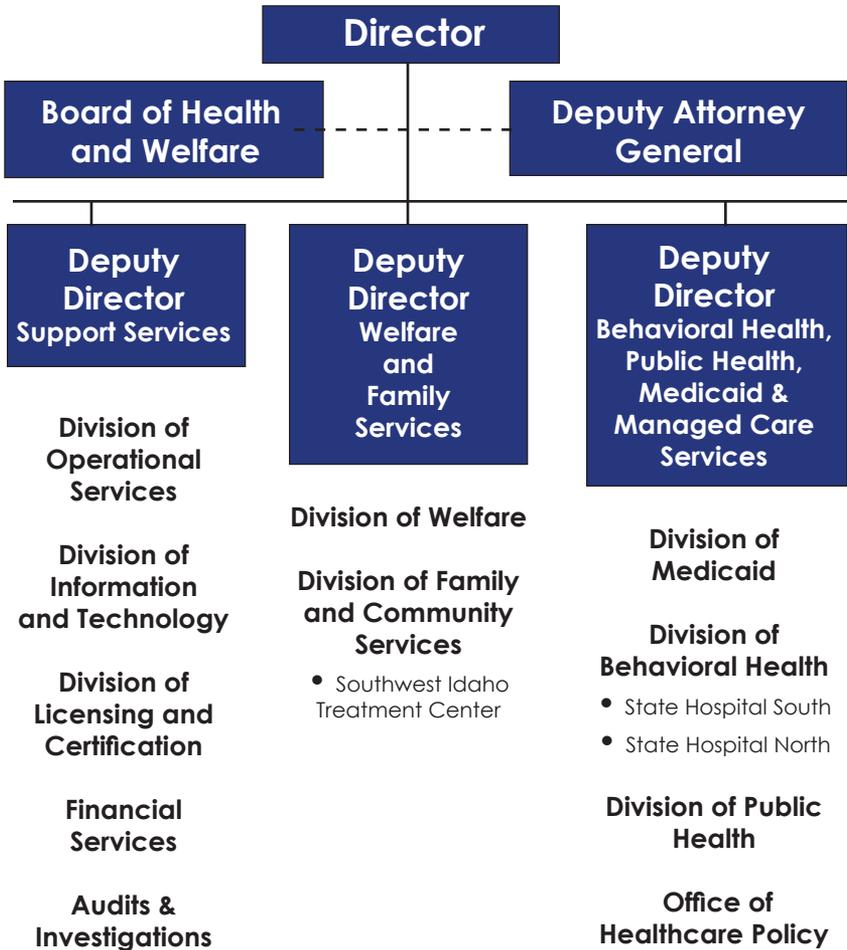
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. The Division of Licensing and Certification licenses hospitals, assisted living and skilled nursing facilities, for example. The EMS and Preparedness 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 funding 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 are held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. For example, the federal government pays about 70 percent of medical claims for Idaho residents in the Medicaid program. Overall, in SFY2016, the federal government will contribute about 62 percent of DHW's total appropriation.

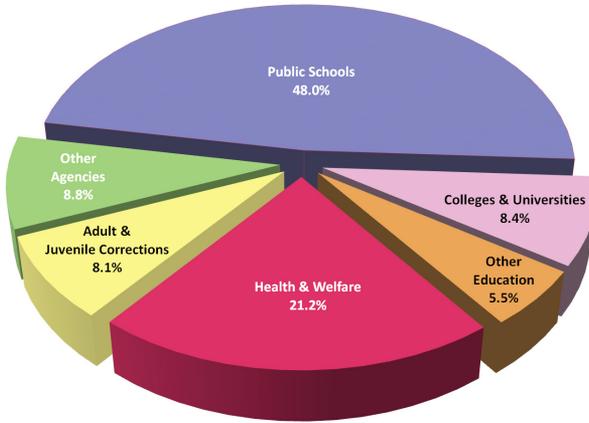
DHW is a diverse organization with workers who are dedicated to protecting the health and safety of Idaho citizens.

# Organizational Chart

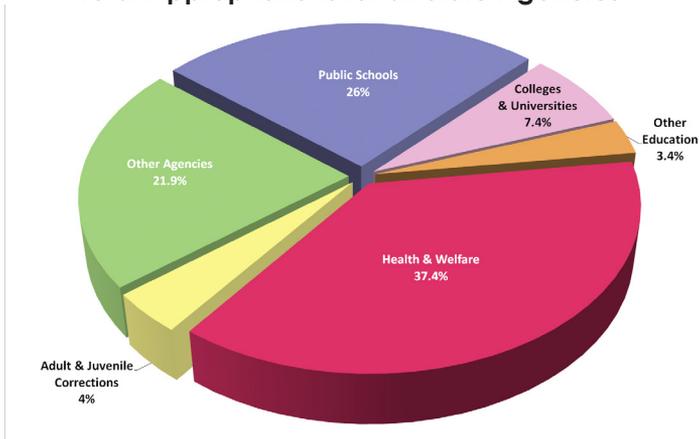


# Total State SFY2016 Appropriations

## State General Fund Appropriations for all State Agencies



## Total Appropriations for all State Agencies



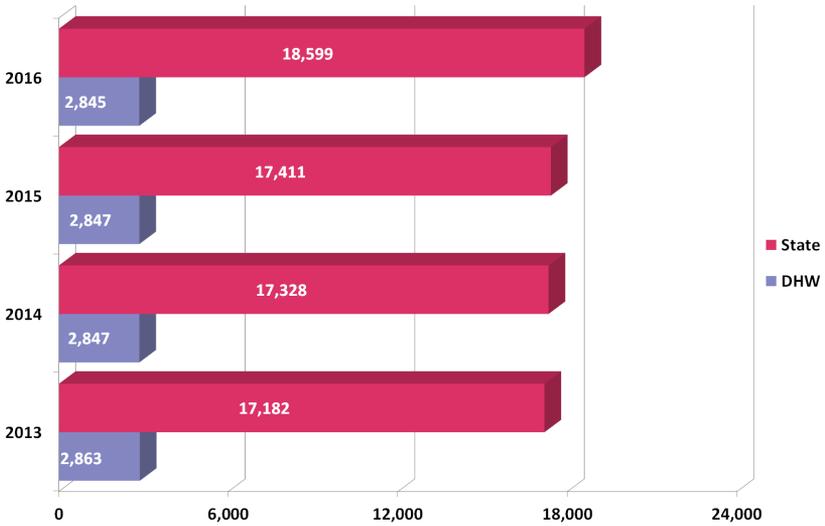
Total appropriations includes state general funds, federal funds and dedicated funds.

## SFY2016 Financial Data Summary

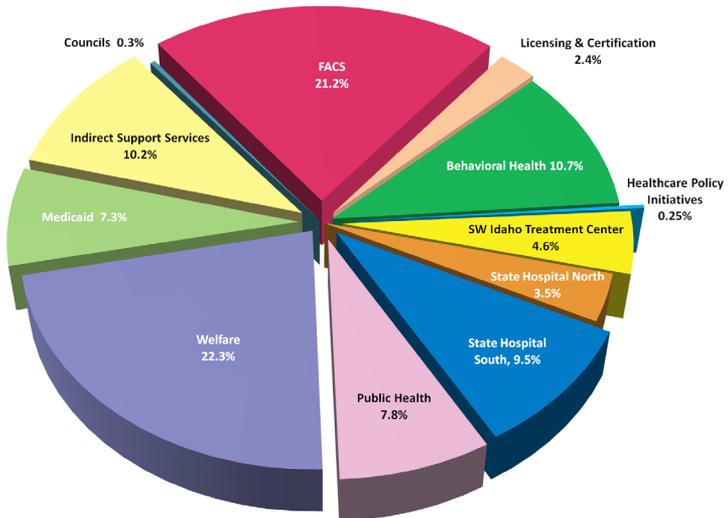
Functional Area	In Millions			
	General	%Total	Total	%Total
Public Schools	\$1,475.78	48.0%	\$1,814.31	25.9%
Colleges, Universities	258.78	8.4%	520.48	7.4%
Other Education	169.71	5.5%	234.61	3.4%
Health & Welfare	649.48	21.1%	2,613.28	37.4%
Adult & Juvenile Corrections	247.44	8.0%	280.37	4.0%
All Other Agencies	<u>270.66</u>	<u>8.8%</u>	<u>1,528.01</u>	<u>21.9%</u>
<b>Total</b>	<b>\$3,071.86</b>	<b>100.0%</b>	<b>\$6,991.06</b>	<b>100.0%</b>

## Appropriated Full-Time Positions

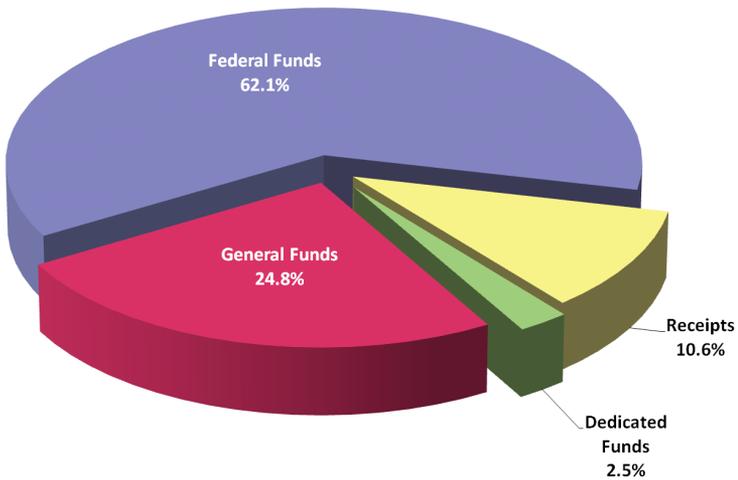
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing 6.8 percent.



### SFY 2016 FTP Distribution - Department of Health & Welfare



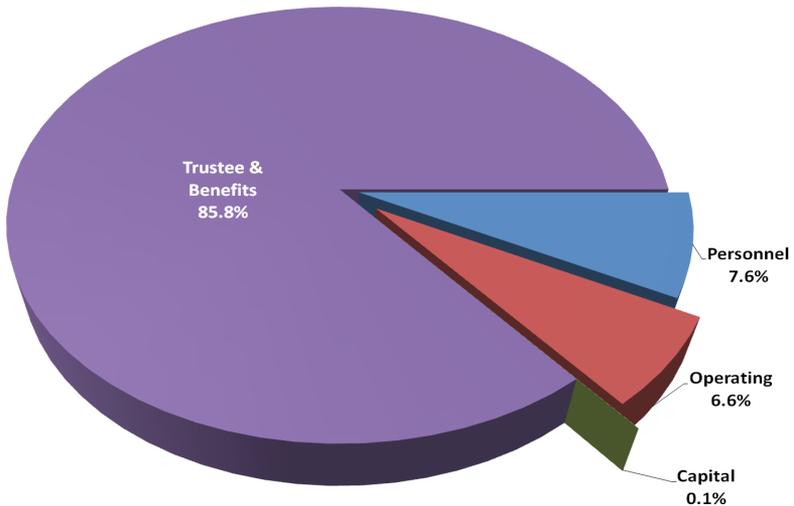
## SFY2016 DHW Appropriation Fund Source



## Financial Data Summary

Fund Source	Amount
General Funds	\$ 649.5 Million
Federal Funds	1,623.4 Million
Receipts	278.1 Million
Dedicated Funds	
Domestic Violence	\$ 605,100
Cancer Control	341,500
Central Tumor Registry	135,000
Medical Assistance	0
Liquor Control	650,000
State Hospital South Endowment	4,582,400
State Hospital North Endowment	1,231,600
Prevention of Minors' Access to Tobacco	50,400
Access to Health Insurance	1,074,300
Court Services	257,800
Millennium Fund	2,706,700
EMS	2,756,400
EMS Grants	1,400,000
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000
Immunization Assessment Fund	18,970,000
Time Sensitive Emergency Fund	225,800
Total Dedicated Funds	<u>\$65.0 Million</u>
<b>Total</b>	<b>\$2,616.0 Million</b>

## SFY2016 DHW Appropriation by Expenditure Category

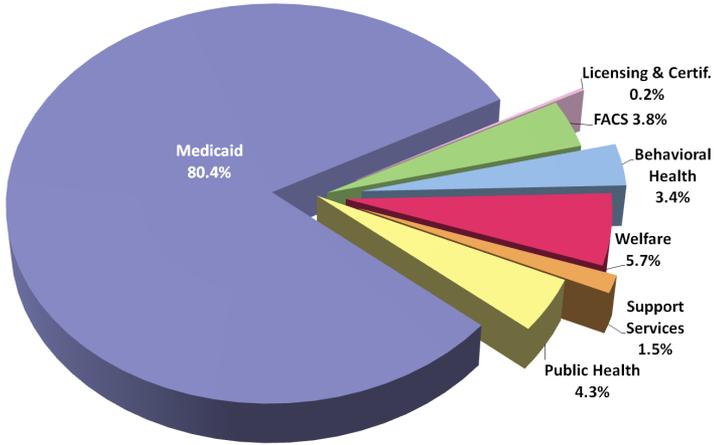


### Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,244.7 Million
Personnel Costs	198.3 Million
Operating Expenditures	172.6 Million
Capital	<u>0.4 Million</u>
<b>Total</b>	<b>\$2,616.0 Million</b>

- The appropriation for benefits to Idaho citizens increased \$72.6 million from SFY2015 expenditures, while personnel costs, operating and capital expenses increased by \$15.1 million.
- Payments for services to Idaho citizens make up 86 percent of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, nonprofits, hospitals, etc.
- The department purchases services or products from more than 10,000 companies, agencies or contractors, and more than 29,000 Medicaid providers.

# Original SFY 2016 DHW Appropriation



By Division	FTP	General	Total
<b>Welfare/ Self-Reliance</b>	<b>634.55</b>	<b>\$ 39,455,500</b>	<b>\$ 149,545,500</b>
<b>Medicaid</b>			
Low-income children/ working age adults		110,766,100	542,922,100
Individuals w/Disabilities		287,271,700	1,150,624,800
Dual Eligible		91,150,300	340,427,400
Administration	<u>208.00</u>	<u>13,496,800</u>	<u>69,527,300</u>
<b>Total Medicaid</b>	<b>208.00</b>	<b>\$502,684,900</b>	<b>\$2,103,501,600</b>
<b>Licensing &amp; Certification</b>	<b>67.90</b>	<b>\$ 1,663,900</b>	<b>\$ 6,306,200</b>
<b>Family and Community Services</b>			
Child Welfare	389.50	9,647,200	34,479,200
Foster/Assistance Payments		10,506,200	29,052,500
Service Integration	36.00	718,700	5,886,400
Developmental Disabilities	176.96	10,040,900	19,382,800
SW Idaho Treatment Center	<u>131.75</u>	<u>2,422,500</u>	<u>10,933,600</u>
<b>Total FACS</b>	<b>734.21</b>	<b>\$ 33,335,500</b>	<b>\$ 99,734,500</b>
<b>Behavioral Health</b>			
Adult Mental Health	207.49	19,209,000	24,105,000
Children's Mental Health	79.67	8,018,200	12,608,000
Substance Abuse	16.72	2,555,500	16,675,900
Community Hospitalization		3,069,000	3,069,000
State Hospital South	268.85	9,078,400	23,131,500
State Hospital North	<u>100.27</u>	<u>7,040,800</u>	<u>8,417,700</u>
<b>Total Behavioral Health</b>	<b>673.00</b>	<b>\$ 48,970,900</b>	<b>\$ 88,007,100</b>
<b>Public Health</b>			
Physical Health	139.33	4,654,500	96,978,100
EMS	42.17	99,400	11,381,500
Laboratory Services	<u>40.00</u>	<u>2,033,800</u>	<u>4,707,000</u>
<b>Total Health</b>	<b>221.50</b>	<b>\$ 6,787,700</b>	<b>\$ 113,066,600</b>
<b>Support Services</b>	<b>289.60</b>	<b>\$ 16,460,600</b>	<b>\$ 38,057,900</b>
<b>Healthcare Policy</b>	<b>7.00</b>	<b>\$ 0</b>	<b>\$ 8,772,100</b>
<b>Councils/Commissions</b>	<b>9.00</b>	<b>\$ 121,500</b>	<b>\$ 8,998,400</b>
<b>Department Totals</b>	<b>2,844.76</b>	<b>\$649,480,500</b>	<b>\$2,615,989,900</b>

## Division of Medicaid

*Lisa Hettinger, Administrator, 334-5747*

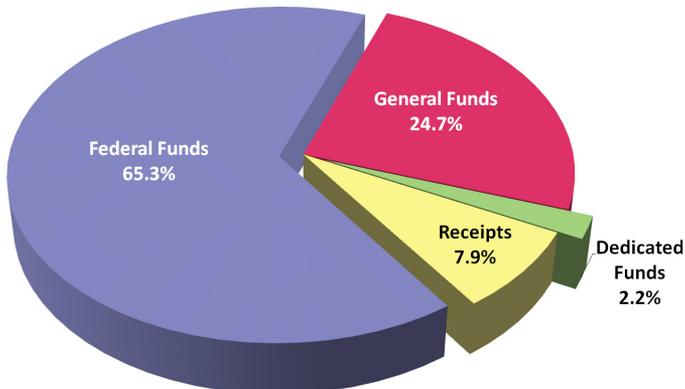
The Division of Medicaid administers comprehensive healthcare coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division contracts with individual healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income families including children, pregnant women, the elderly, and people with disabilities.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs.

1. The **Basic Plan** is primarily designed to meet the health needs of those in generally good health and those without disabilities.
2. For individuals with more complex needs and medical conditions, the **Enhanced Plan** adds developmental disability, children's service coordination, and long-term care services and supports.
3. Individuals who are dually enrolled in both Medicare and Medicaid have access to the **Coordinated Plan**. This plan affords them the same services as the Enhanced plan and allows them to enroll in managed care designed to streamline the Medicare and Medicaid benefits. There are many advantages to enrolling in managed care, but one of the most popular value-add services is access to a care coordinator who assists people with complex medical conditions to navigate the system.

Receipts have become an increasingly important part of Medicaid's annual budget, providing over \$200 million in the SFY2016 budget. Receipts include over \$110 million in rebates from pharmaceutical companies, \$95 million from cost-based audit settlements with various

**Medicaid SFY 2016 Funding Sources**

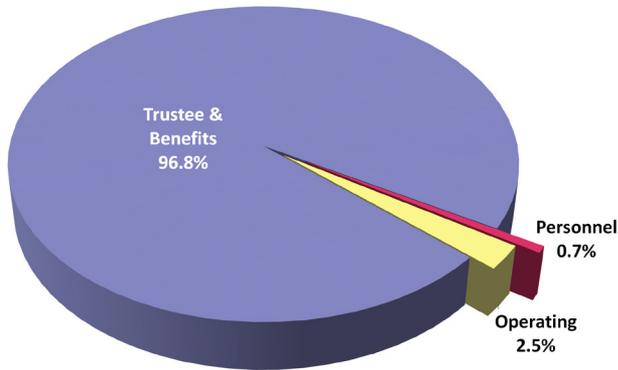


*Authorized FTP: 208; Original Appropriation for SFY 2016: General Funds \$ 502.7 million, Total Funds \$ 2.1 billion; 80.4% of Health and Welfare funding.*

healthcare provider agencies and companies, and nearly \$9 million from estate recovery.

The division has the largest appropriation in the department with an original SFY2016 total appropriation of \$2.104 billion. Just over 3 percent of Medicaid's budget is spent on administration, while about 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.17 that is paid mostly to private healthcare providers who are part of the Idaho healthcare delivery system.

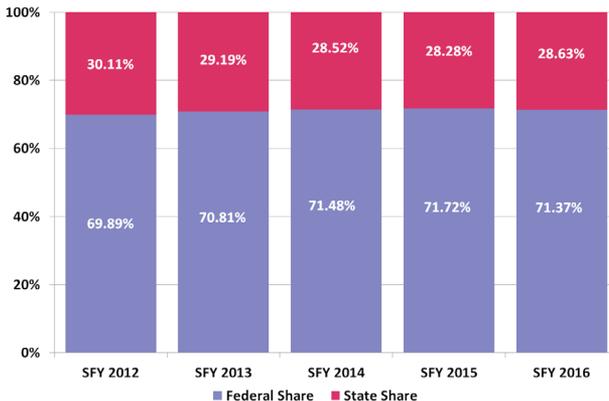
### Medicaid SFY 2016 Expenditure Categories



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

While the Federal Medicaid Assistance Percentage continued to rise slightly over the last four state fiscal years, it has started to decline in SFY16. The FMAP is the percentage that the federal government shares in the costs associated with all services that we provide to Medicaid recipients. The FMAP represents how Idaho's per-capita income compares to the national average.

### Idaho Federal Medical Assistance Percentage (FMAP)



## SFY 2015 Budget Analysis

The Idaho Medicaid program's SFY2015 eligibility figures reflect that the division has experienced an influx of eligibles associated with the passage of the Affordable Care Act. The surge is expected to lessen over the coming fiscal year. Idaho Medicaid averaged 277,567 participants per month in SFY2015.

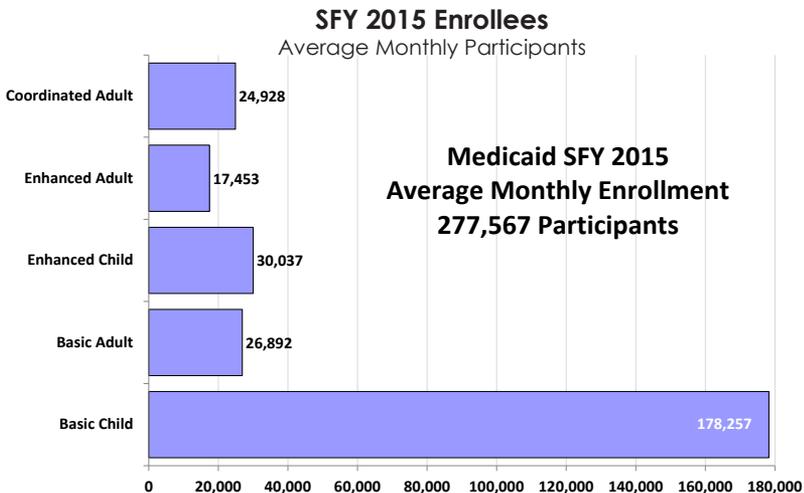
The enrollment increase can be attributed primarily to the ACA. Once past the ACA enrollment period, division staff expects to return to a 2-3 percent growth rate.

For the fifth straight year, Idaho Medicaid successfully completed the year without delaying payments to providers because of a lack of spending authority at the end of the year. This stabilization of the Medicaid budget reflected the prudent budget approach by the Governor and the Idaho Legislature, good budget management by the department, and an improving Idaho economy.

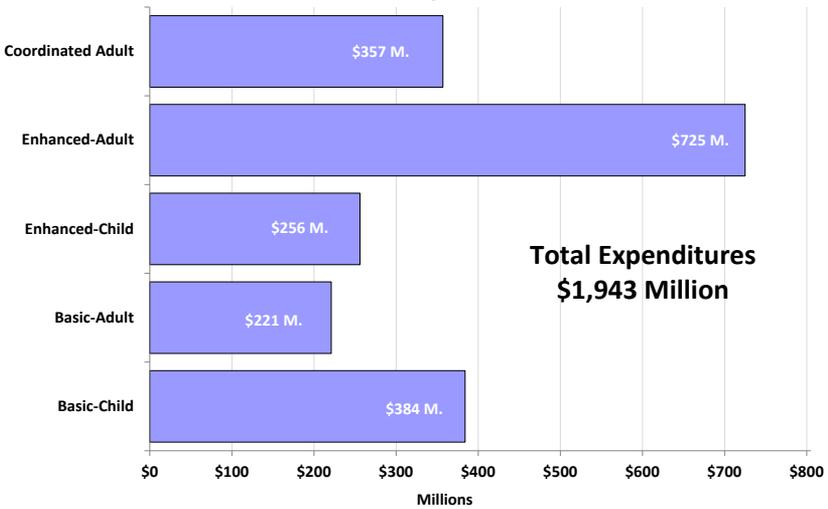
Medicaid continues to improve care management in SFY2016 to improve the health outcomes for participants to increase the value of the services paid for by Idaho taxpayers.

### Enrollment and Expenditures Comparison

Medicaid enrollment averaged 277,567 participants per month in SFY2015, a 9.88 percent increase from the SFY 2014 enrollment of 252,598. The projected growth rate is forecast to decline as compared to the Medicaid growth experienced during the peak of the recession and will more closely approach our historical average growth.

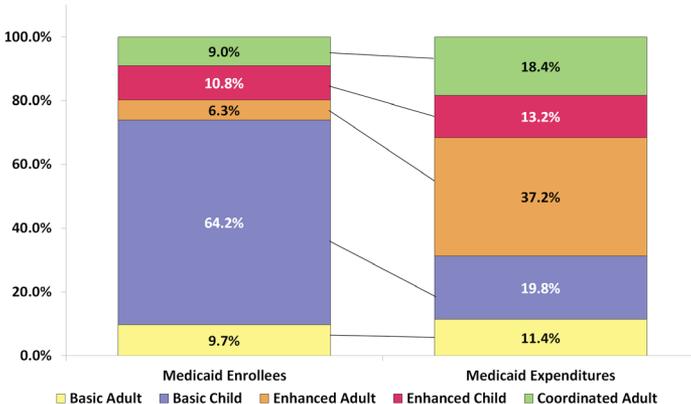


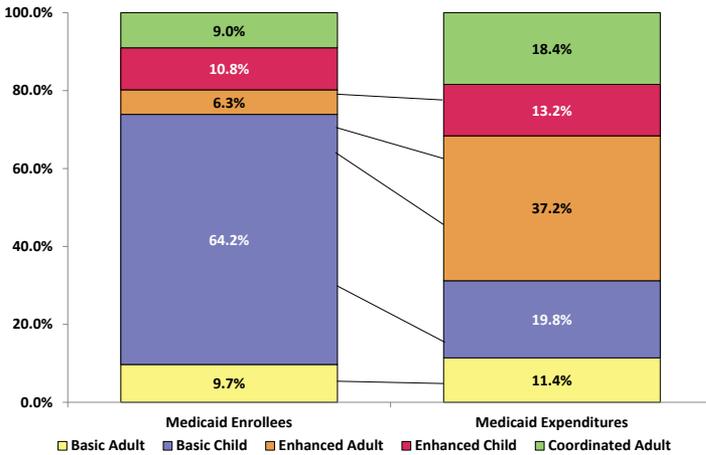
### SFY 2015 Expenditures



### SFY 2015 Enrollment and Expenditure Comparison

Children enrolled in the Basic Plan average less than \$180 a month for coverage; while children enrolled in the Enhanced Plan average almost \$710 a month. By comparison, an adult enrolled in the Basic Plan costs \$685 a month, while an adult enrolled in the Enhanced Plan averages almost \$3,462 a month. This difference is not surprising because participants enrolled in the Enhanced Plan have more intense healthcare needs that may even be so severe that they meet an institutional level of care. Many participants enrolled in the Coordinated Plan are elderly and have greater needs for medical services, including long-term care services such as assisted living facilities or nursing homes. A participant enrolled in the Coordinated Plan only costs an average of \$1,192 a month because Medicare pays the majority of their medical expenses.





## Medicaid Initiatives

### Medicaid Managed Care

Medicaid currently has care management programs for dental services, non-emergent medical transportation, outpatient behavioral health, and all services provided to those who are eligible for both Medicare and Medicaid. These programs are in addition to the primary case management available to all participants. The Division of Medicaid has continued to work on improving primary care for participants with a pilot for evolving practices to become patient-centered medical homes.

**Outpatient Behavioral Health Managed Care:** The Idaho Behavioral Health Plan is in its second year of managed care operations. The contractor, Optum Idaho, has increased Medicaid participants' use of evidence-based, behavioral health services, improving their ability to achieve better outcomes and recovery. By effectively managing to evidence-based care and practices, Idaho can reform and evolve its Medicaid behavioral health services to improve prospects for participant recovery. Optum routinely assesses and revises its clinical model in response to providers' and members' needs as they continue, in partnership with the department, to transform the outpatient behavioral health system in Idaho.

**Managed Care for Dual Eligibles:** The Centers for Medicare and Medicaid Services has been engaged in continuous collaboration with states, healthcare providers, and other stakeholder groups to ensure that beneficiaries who are dually eligible for Medicare and Medicaid have full access to seamless, high-quality, cost-effective healthcare through an integrated, coordinated, and managed care system. Blue Cross of

Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health-related services for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services.

The expanded Medicare Medicaid Coordinated Plan was implemented July 1, 2014, and includes Aged & Disabled Waiver benefits, developmental disability targeted service coordination, community-based rehabilitative services, personal care services, and nursing home care and services for people living in an intensive care facility for the intellectually disabled. Additional benefits available through the program are dental, vision, and care management.

The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is available through voluntary enrollment by dual-eligible participants in 33 out of 44 Idaho counties in CY 2015 and will expand to 42 counties in 2016. Enrollment in the first year of the expanded program increased by 133 percent because of the excellent care management Blue Cross is providing to Idaho's dual eligibles.

**Managed Care for Dental Services:** Medicaid has contracted with Blue Cross of Idaho/Dentaquest for the past five years to provide dental services for Medicaid participants. In state fiscal year 2015, an average of 3,500 Medicaid participants received dental services each month. The Division of Medicaid will be working with the Division of Purchasing to issue a request for proposal in calendar year 2015 to continue to provide quality dental services and improvements in children and adult health measures after the expiration of the term of the current contract.

**Non-emergent Medical Transportation:** Over the last five years, Idaho Medicaid has provided Non-emergent Medical Transportation through a broker, American Medical Response (AMR). During state fiscal year 2015, AMR provided an average of 109,000 trips per month to help Medicaid participants attend medically necessary appointments. The Division of Medicaid will be working with the Division of Purchasing to issue a request for proposal in calendar year 2015 to continue to provide quality Non-emergent Medical Transportation needs after the expiration of the term of the current contract.

## Medicaid's Patient-Centered Medical Homes (Health Homes)

In conjunction with the statewide Multi-Payer Medical Home Collaborative, the Idaho Medicaid Health Home Program ran a pilot program to support the development and implementation of nationally certified patient-centered medical homes in Idaho. The department continues to support and monitor 48 primary care practices participating in the Idaho Medicaid Health Home Program.

The medical home is a healthcare setting that facilitates partnerships between individual patients, their providers, and when appropriate, the patient's family. During SFY2015 about 9,000 participants with complex and chronic conditions were provided coordinated care by the 48 participating clinics. Transformation efforts occurring in these clinics have resulted in a reduction in ER visits, hospital admissions and readmissions. Benefits reported by Health Home clinics and patients include:

- Improved patient engagement and satisfaction
- Improved access to care
- Increased staff satisfaction because of improved workflows
- Professionals working at the level of their licenses
- Care coordinators effectively meeting medical and social needs of patients

The positive results of this pilot were confirmed by an independent evaluator and are so promising that Medicaid now has plans to expand the availability of these transformed primary care clinics to more Medicaid participants with the goal of improving the value of the healthcare services in Idaho.

## Children's Healthcare Improvement Collaboration

The state of Idaho in partnership with the state of Utah received a five-year Children's Health Insurance Program Reauthorization Act quality demonstration grant for over \$10 million. This grant was extended through February 2016 for a sixth year of operation. The project focuses on improving health outcomes for children while lowering the impact and cost to the overall system. The efforts of the project have reached nearly 75,000 Idaho children and 147 Idaho providers. The project has been successful in all grant objectives, which include:

- **Developing and testing pediatric patient-centered medical homes:** In 2015, the National Committee for Quality Assurance recognized two pediatric primary care demonstration sites. Three demonstration sites added medical home coordination methods to their practices, specifically maintaining the role of care coordinator.
  - Implementing evidence-based quality improvement strategies: 76 pediatricians, 45 family physicians, 16 nurse practitioners, and

10 physician assistants have participated in at least one of eight learning collaboratives, which help teach practices how to identify, track, and change processes that lead to better health outcomes for the children of Idaho.

- **Creating an improvement partnership network:** The Idaho Health and Wellness Collaborative for Children, a 12-member, multi-disciplinary advisory board, was formed to sustain the work of the grant. This group's mission is to use local, state, and nationwide networking to address the healthcare needs and priorities of children in Idaho. The group is committed to patient- and family-centered care. The collaborative is intended to be accessible to all organizations and medical providers that care for children. St. Luke's Children's Hospital partnered to provide an institutional home for the group, which is where the collaborative will be housed.
- **Enhancing health information technology:** The Children's Healthcare Improvement Collaboration project worked with the Idaho Health Data Exchange to create an immunization gateway to allow for the exchange of immunization information. This work is scheduled to be completed in the winter of 2015.

## Medicaid Incentive Payments for Electronic Health Records

Idaho Medicaid successfully launched stage 2 of the Medicaid Electronic Health Record Incentive Program on July 1, 2015. The program is the result of the American Recovery and Reinvestment Act of 2009, which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During SFY2015, Idaho Medicaid paid 17 hospitals \$3.9 million and 378 medical professionals \$4.5 million in federal incentive payments. Since 2012, Idaho Medicaid has distributed federal incentive payments to 50 hospitals (\$22.9 million) and 1287 medical professionals (\$21.5 million).

An upcoming rule modification will significantly change the landscape of the process to determine meaningful use of electronic health record technology. There are currently more than 50 measurements required for attestation. The rule modification will streamline them into nine or 10 measurements, which will reduce the time spent on the process for Medicaid and for providers while also making the program more inclusive and ensuring more robust attestation comprehensiveness for eligible providers and eligible hospitals.

The incentive program will run through FFY2021 and is expected to provide more than \$100 million in federal funds to Idaho hospitals and medical professionals. Idaho Medicaid serves as the pass-through for these federal incentive payments.

## Idaho Home Choice

The Idaho Home Choice Program, which began in October 2011, rebalances long-term care spending from institutionalized care to home and community-based care. The program is now in its fifth year and has been extended through calendar year 2020. Since implementation, Idaho Home Choice has helped 276 participants transition out of institutions and into their communities.

At the end of the 10-year grant period, the program expects to have supported the transition of 546 people. The Division of Medicaid, Idaho Commission on Aging, State Independent Living Council, and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure to support Idaho Home Choice and Aging and Disability Resource Center projects to facilitate additional transitions.

## Financial Operations

During SFY 2015, the Bureau of Financial Operations:

- Recovered more than \$8 million through the Estate Recovery Program.
- Saved Idaho Medicaid almost \$2 million by helping 262 people eligible for Medicaid acquire or retain health insurance that paid primary to Medicaid through the Health Insurance Premium Payment Program.
- Ensured that Medicare was the primary payer for the 41,000 Medicaid participants who have Medicare through the Medicare Savings Program.
- Recovered more than \$6 million from primary insurance, casualty and liability claims, and provider overpayments.

## Division of Licensing and Certification

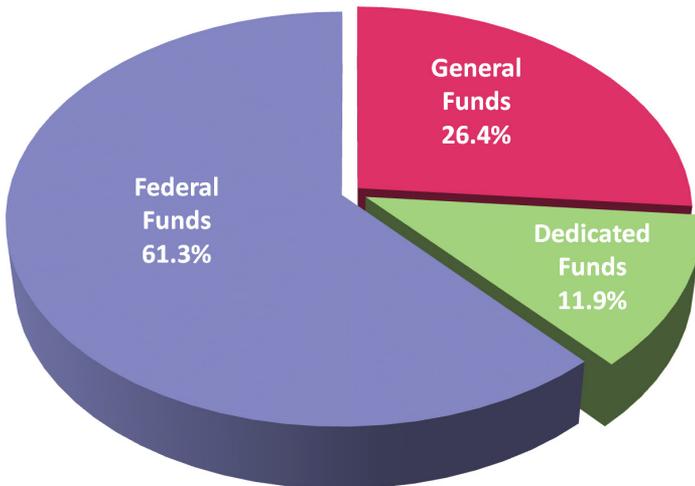
**Tamara Prisock, Administrator, 364-1959**

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. The division oversees regulatory licensing and certification activities for:

- Ambulatory surgery centers
- Certified family homes
- Developmental disability agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech pathology
- Renal dialysis centers
- Residential care or assisted living facilities
- Residential habilitation agencies
- Rural health clinics

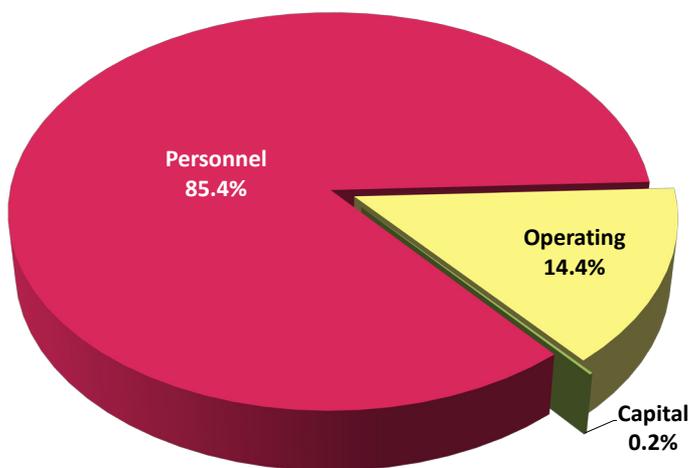
Each unit within the division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

### Licensing & Certification SFY 2016 Funding Sources



*Authorized FTP: 67.9; Original appropriation for SFY 2016: General Funds \$1.7 million, Total Funds \$6.3 million; 0.2% of Health and Welfare funding.*

## Licensing & Certification SFY 2016 Expenditure Categories



### Bureau of Facility Standards

The Bureau of Facility Standards, in cooperation with the Centers for Medicare and Medicaid Services (CMS), serves and protects Idahoans requiring health-related services, supports and supervision in care. The bureau licenses and certifies a variety of healthcare providers and suppliers, such as skilled nursing facilities, intermediate care facilities for the intellectually disabled, hospitals, home health agencies, end-stage renal dialysis centers, ambulatory surgical centers and hospice providers. The bureau also is the single focal point for fire, life safety and healthcare construction standards in the state.

The Bureau of Facility Standards administers three programs:

1. Long-Term Care
2. Non-Long-term Care
3. Facility Fire Safety and Construction

**The Long-term Care Program** conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have 5,971 beds, are in compliance with federal regulations and state rules. These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

**The Non-Long-term Care Team** is responsible for surveying, licensing, and certifying approximately 350 healthcare providers in the state, including 51 hospitals; 58 home-health agencies with 28 branch locations; 28 end stage renal dialysis centers; 44 hospice agencies with 32 branch locations; 52 ambulatory surgery centers; 66 intermediate care facilities for the

intellectually disabled; 46 rural health clinics; eight occupational therapy/physical therapy clinics with 18 extension units; and five portable X-ray providers. These facilities also must comply with federal and state regulations to receive Medicare or Medicaid payments.

**The Facility Fire Safety and Construction Program** provides oversight and management of the facility fire safety and building construction requirements for all federally certified healthcare facilities or state-licensed facilities. This team performs facility plan reviews and approvals; on-site plan inspections and finalizations; consultations; and periodic facility fire and safety surveys, which include complaint and fire investigations.

## **Certified Family Home Program**

Certified Family Homes (CFH) provide a safe, family-style living environment for adults who need some assistance with the activities of daily living but do not require a more restrictive institutional setting. There are usually one or two adult residents in a certified family home.

The CFH Program ensures that services are provided in a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. This program provides a safe and stable residence for more than 3,200 individuals in over 2,300 homes across the state.

## **Developmental Disabilities Agency/Residential Habilitation Agency Certification Program**

This program ensures developmental disability services and residential habilitation supported living services are provided in accordance with state law and rules, reflecting national best practices.

Developmental disability agencies are privately owned entities that are certified by the state to provide services to adults and children with intellectual disabilities on an out-patient basis. There are 71 developmental disabilities agencies operating 155 business locations throughout the state.

Residential habilitation agencies are privately owned entities that are certified by the state to provide services to adults. They consist of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in living successfully in their own homes, with their families, or in an alternate family home. There are 62 residential habilitation agencies operating 106 businesses throughout the state.

## Residential Assisted Living Facility Program

This program ensures that businesses that provide residential care or assisted living services to Idaho residents comply with state statute and rules. In Idaho, the residents of residential care or assisted living facilities include 60 percent private pay residents and 40 percent Medicaid participants. The primary diagnosis of individuals in these facilities include 47 percent elderly, 33 percent Alzheimer's/dementia, 13 percent mental illness, 3 percent developmental disability, and 4 percent physical disability or other need for assisted care.

There are 284 licensed residential care or assisted living providers operating in 355 facilities in Idaho, representing 9,300 beds. Facilities range in size from six to 152 beds and many have more than one facility per campus location. The program enforces compliance with state rules and works closely with residents, families, partners in the industry, advocates, other governmental agencies and stakeholders to ensure safe and effective care to residents.

The program provides consultation, technical assistance, and education to improve compliance and promote better health outcomes. This work is accomplished through a number of activities, including survey activity (initial, re-licensure, and follow-up surveys), complaint investigations, maintaining a web site with tools and resources for the facilities, a quarterly newsletter highlighting best practices with a focus on special concerns, online courses, and partnering with industry groups to provide in-person training sessions.

## Division of Family and Community Services

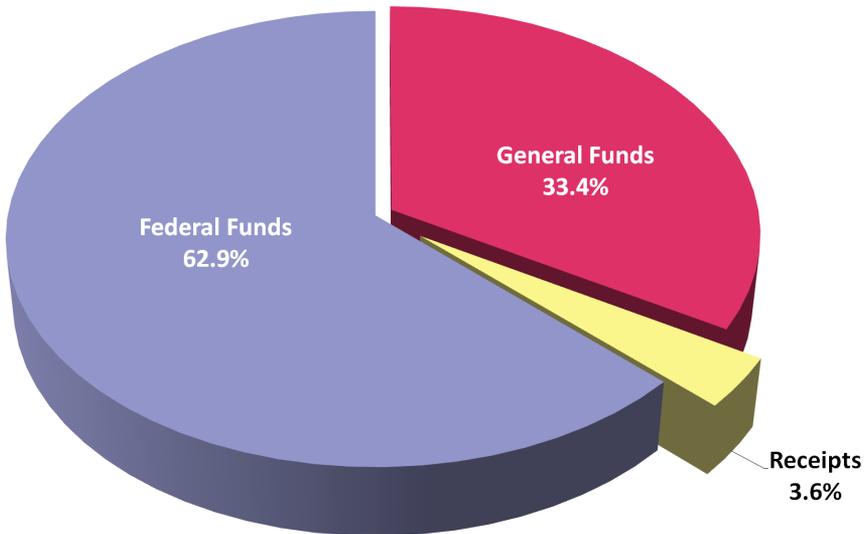
**Gary Moore, Administrator, 334-5680**

The Division of Family and Community Services (FACS) directs many of the department's social and human service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers with developmental delays or disabilities.

FACS also provides navigation services that connect individuals and families in crisis with services to stabilize their lives. FACS programs work together to provide services that focus on the entire family, building on strengths while supporting and empowering them.

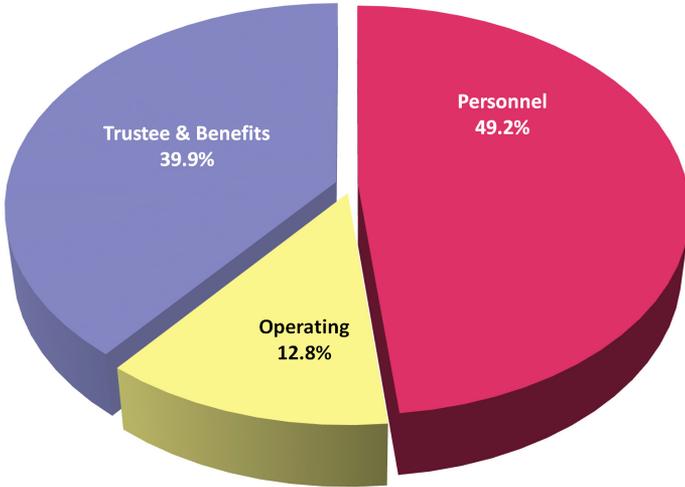
Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) is also administered by FACS. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

**FACS SFY 2016 Funding Sources**



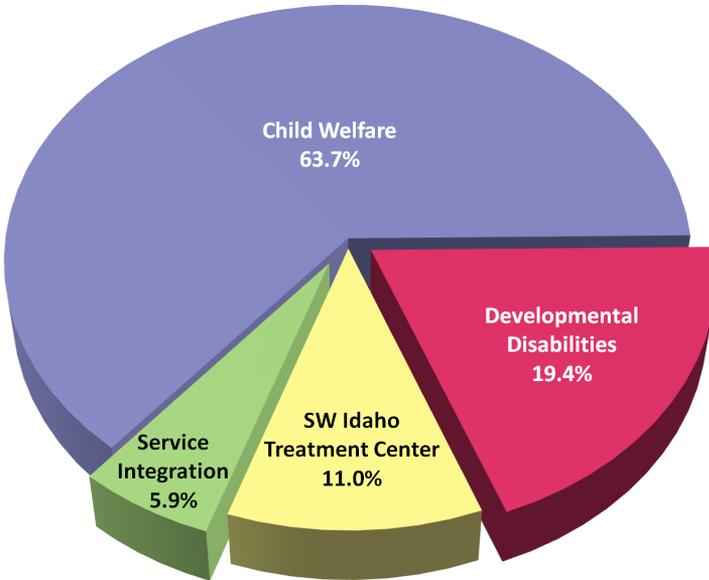
*Authorized FTP: 734.21; Original Appropriation for 2016: General Funds \$33.3 million, Total Funds \$99.7 million; 3.8% of Health and Welfare funding.*

### FACS SFY 2016 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 2015 FACS Division Highlights

**Enhanced Child Safety Practice:** In 2012, child welfare social workers, supervisors, and managers from across the state began working with the National Resource Center for Child Protection to enhance the Idaho Child Welfare safety practice model. The enhancements have continued to help child welfare social workers conduct comprehensive assessments to determine when to intervene and provide services to families. Intervention and services are provided when a dangerous condition clearly threatens the safety of the children in the home.

**Title IV-E Waiver:** Idaho was approved for a title IV-E waiver which began implementation in January 2015. Title IV-E Child Welfare waivers provide states with an opportunity to use federal funds more flexibly to implement practices that assure child safety, help children in foster care move to safe, permanent homes quickly, or to improve the well-being of children in foster care or at risk for entering foster care.

Idaho's waiver interventions include:

- Training child welfare workers to better assist children who have experienced trauma;
- Methods to assess the effects of trauma on children who have been abused or neglected;
- Statewide adoption of an evidence-based parenting education model called Nurturing Parenting, and the expanded use of Family Group Decision Making which involves extended family in planning and decision making; and
- Other supports in the resolution of child welfare cases.

The waiver interventions, combined with the flexible use of federal dollars, should result in better outcomes for families, with more children being safely served without removing them from their homes. For children who must be brought into foster care, they should experience fewer moves between foster families and be more quickly reunified with their parents, or moved to permanent adoptive homes in a more timely manner. Child trauma and related behaviors will be addressed resulting in less intensive and expensive care, and more importantly, increased health, safety, independence, and success for children and families.

Federal waiver funding and interventions come with a rigorous evaluation component so Idaho will be contributing to the growing body of evidence and best practices surrounding what works in child welfare.

**Guardian Scholars:** Boise State University and Idaho State University are the first in a statewide effort to partner with Child and Family Services to develop the Guardian Scholars program. The Guardian Scholars program provides wrap-around support to foster youth enrolled in college or other higher education settings. With the support of the program, youth stay in school longer with the goal of more foster youth graduating with a skill or a degree. The success of this program is generating interest and connections with the other Idaho universities and colleges. Monthly conference calls are held with four of Idaho's colleges to share success stories and challenges.

**Centralized Intake:** The Central Intake Unit began taking calls for the entire state on October 1, 2012. Since that time, referrals of possible abuse or neglect are taken on a 24/7 basis by calling 885-552-KIDS (5437) or 208-334-KIDS (5437). The transition to centralized intake moved smoothly and has standardized practices around the state.

From October 2014 through September 2015, Central Intake received 43,238 calls. Approximately 80 percent of these calls were answered immediately by licensed social workers. The remaining 20 percent of callers either experienced a wait time of less than four minutes or chose to be called back.

**Children's Developmental Disabilities Program:** The Children's Developmental Disabilities Program contracted for the development of a data system this year that allows enhanced oversight of the developmental disabilities system. The database improved the program's ability to track and approve client plans, collect data for federal requirements, and increased the ability of both contractors and state staff to serve clients. The database also features a mobile application for both IOS and Windows systems that allows for safe and HIPAA-compliant access to client data where it is needed.

**Southwest Idaho Treatment Center (SWITC):** The census at SWITC, a residential care facility for people with disabilities, continues to decline as people choose to receive services in their communities, enabling them to maintain close connections with their families and friends.

The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible.

In addition to the Nampa facility, SWITC maintains a six-bed residential facility in northern Idaho. This small facility allows residents with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care without having to travel to southwest Idaho.

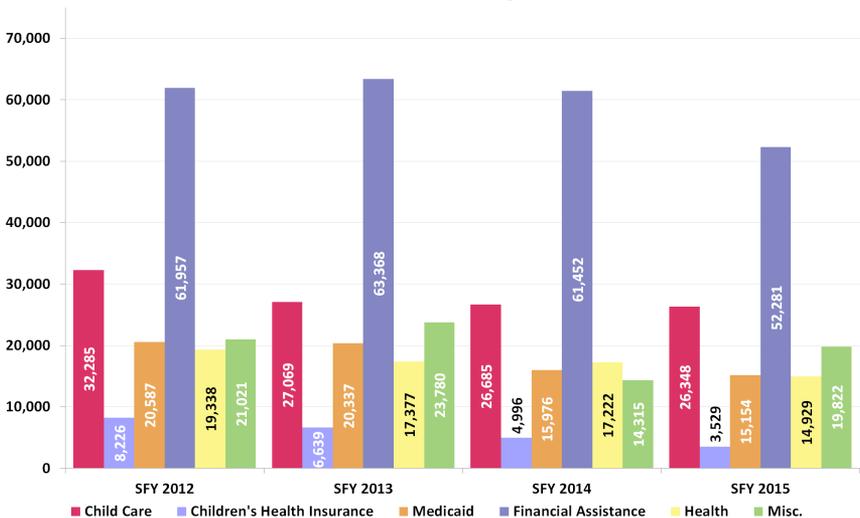
## 2-1-1 Idaho CareLine

The Idaho 2-1-1 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 SFY 2015, CareLine participated in 39 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability, and safety of Idahoans.

Idaho CareLine facilitated 132,063 information and referral contacts during SFY 2015. CareLine exceeded the federal government standard for answering 80 percent of calls within 60 seconds, attaining 84.2 percent. CareLine currently has 4,800 active programs/agencies which provide resources listed in their database. The CareLine website received nearly 4 million visits from approximately 200,000 unique users. These resources can now be accessed by calling 2-1-1 where agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST; by accessing the CareLine website at [www.211.idaho.gov](http://www.211.idaho.gov) or [www.idahocareline.org](http://www.idahocareline.org); or by texting CareLine at TXT211. Additional information can be found by visiting 2-1-1 on Facebook and Twitter. Emergency and crisis referral services are available after hours. The Idaho 2-1-1 CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

**Number of Calls Received by Idaho CareLine**



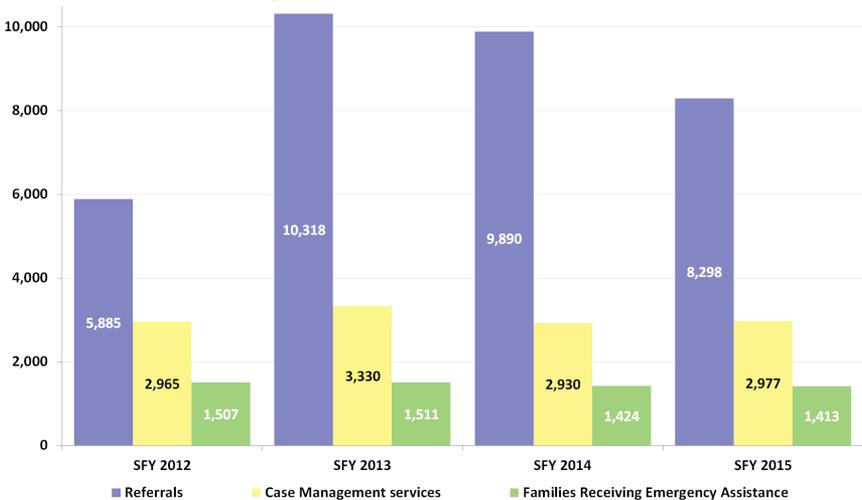
## Resource and Service Navigation

Resource and Service Navigation identifies and develops resources to support struggling families so they can achieve long-term stability through the use of customized service plans focused on family strengths and community supports. Navigators work with individuals, children, and families for up to 120 days to help them achieve their goals for long-term stability, well-being, health, and safety.

During SFY 2015, Navigation received 8,298 household referrals and provided case management services to 2,977 households. Emergency assistance was used for 1,413. Navigation services assisted 54 households containing 170 individual family members with Career Enhancement services. Navigation services distributed \$1.25 million in emergency assistance and career enhancement support, while leveraging \$410,060 – 33 cents for every state dollar – in community funds on behalf of families in Idaho.

In addition to Emergency Assistance and Career Enhancement, Navigation also received \$50,000 from Casey Family Programs to serve Idaho KinCare families. More than 29,000 children in Idaho are being raised by relatives. Navigators served 86 KinCare households comprised of 289 household family members. Navigators continued to work in communities across the state on behalf of approximately 15,000 kinship families as part of the Idaho KinCare Project. On July 17, 2015, through a proclamation from Governor Otter, Idaho celebrated its fifth annual Idaho KinCare Day, with celebrations held throughout the state.

### Service Navigation Referrals, Cases and Assistance



The decrease in referral numbers in SFY 2012 is the result of a change in caseload tracking requirements. The issue was reconciled for SFY 2013, which shows a more accurate representation of families being served.

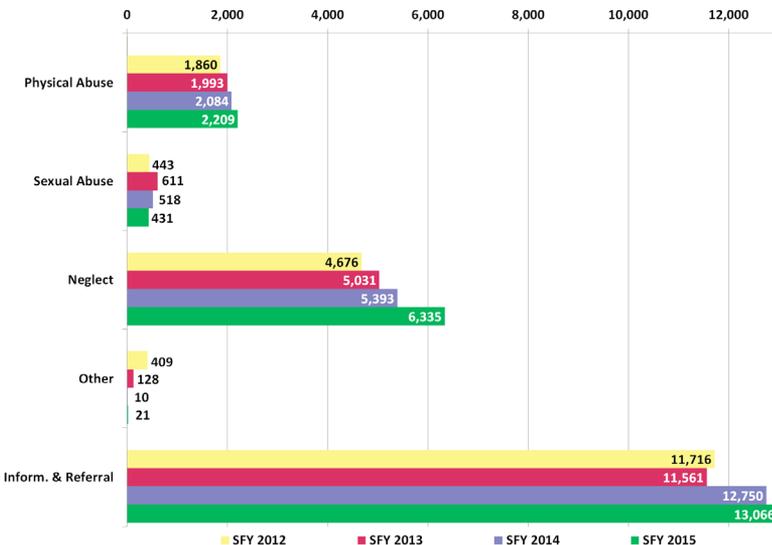
## Child and Family Services

Child and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, as well as compliance with the Indian Child Welfare Act. The program also licenses homes that care for foster children, monitors and assures compliance with the federal title IV-E foster care and adoption funding requirements, and manages the Interstate Compact on the Placement of Children.

### Child Protection

Child and Family Services assesses each report it receives about possible child abuse, neglect or abandonment to determine if there are any threats to the safety of a child. Social workers and families work together to ensure the child's safety can be maintained in their homes. If the child's safety cannot be managed with the child at home, the child may be removed by law enforcement or a court order. When children are removed, social workers continue to work with the family to return the child to the home as soon as it is safe for them to do so.

#### Child Protection and Prevention Referrals



*Note: In SFY2015, there were 8,996 child protection referrals from concerned citizens, up from 8,005 in SFY 2014. There were an additional 13,066 calls from people seeking information about child protection. Frequently, these are referred for services in other divisions or agencies. "Other" includes prevention work by social workers for homeless families, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Rule 16 Child Protection Expansions.*

## Foster Care

Foster care is a critical component of the state's child welfare services. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected, or abandoned, and who are unsafe in their own homes.

Approximately 92 percent of foster children in Idaho are residing in a family setting (either with relative or non-relative resource families). Over 42 percent of children in foster care are placed with relatives or individuals with a significant relationship with the family.

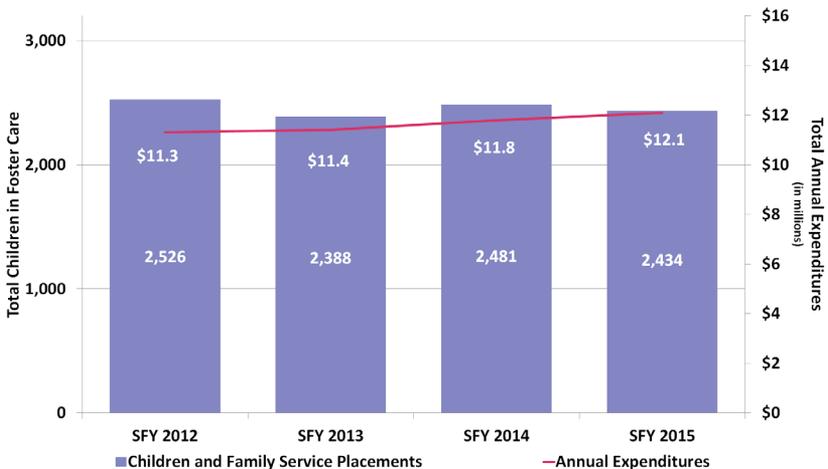
Compared to other states, Idaho has approximately half the rate of children placed in non-family settings, referred to as residential care, such as group or children's home settings. Some children may require residential treatment for a period of time to address significant mental health or other behavioral issues. These children may have had difficulty in a family setting and require intensive therapeutic support.

Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as resource parents. Relatives can be important supports to the child, the child's parents, and the resource family.

Child and Family Services manages out-of-home placements to:

- Assure the child will be safe

**Children Placed in Foster Care and Annual Expenses**



*Note: This chart shows total number of children served annually. On June 30, 2015 there were 1,291 children in state care. On June 30, 2014, there were 1,293 children in care.*

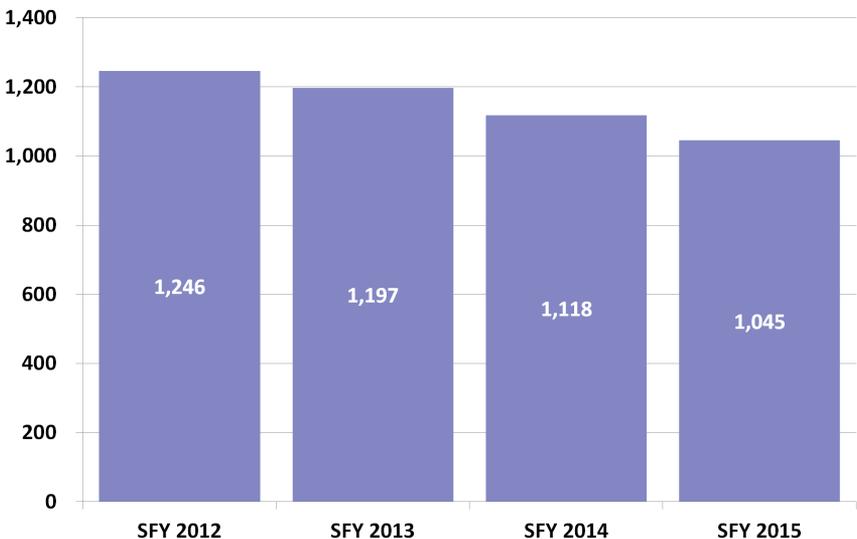
- Minimize harm to the child and his family
- Provide services to the family and the child to promote reunification and reduce long-term negative effects of the separation
- Allow for continued connection between the child, his or her family, and the community

Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family homes. 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 a child's family is 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 resource parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with significant specialized needs. Working in collaboration with a treatment team, treatment foster parents provide interventions specific to each child to develop skills and prepare them to be successful in a less restrictive setting.

### Licensed Foster Homes



The need to recruit and retain resource families is critical. A total of 2,434 children were placed in foster care during SFY 2015. 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. More resource parents of Hispanic and Native American heritage are also needed.

Idaho has implemented a Recruiter Peer Mentor Program, which uses seasoned resource parents to recruit and mentor interested resource families, in order to help meet the growing need for additional resource families. Local recruitment efforts also focus on developing and publicizing the need for resource parents through multi-cultural events, fairs, and community organizations. In partnership with local universities, Child and Family Services use the Parent Resources for Information, Development and Education (PRIDE) program throughout Idaho to train and evaluate potential resource families' parenting skills and techniques to care for children who have been abused or neglected. These classes, which are offered regularly in each service area, have 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.

During SFY 2015, 439 youth ages 15 to 21 were served by the Independent Living Program. This includes 75 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 SFY 2015, 45 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 collects service and outcome information about and from youth for several years after they leave foster care. This data assists in determining what services are more successful in achieving positive outcomes for youth.

## Adoption

Child and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In most cases, Idaho children adopted from foster care have special needs. These children may be part of a sibling group who 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.

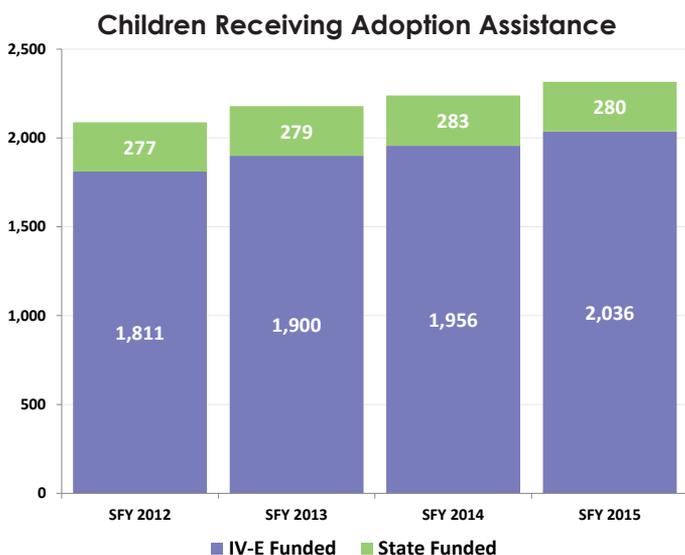
The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. To help meet this goal, DHW looks for relatives interested and able to adopt the child. When no relatives are available, current foster families often adopt.

Families who adopt children with special needs 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 from foster care in SFY 2015 was 215. At the state and local levels, DHW and the courts work closely to improve monitoring and processes to reduce delays and help children have safe, caring, stable, and permanent families.

<b>Adoptions Finalized SFY 2015</b>			
<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
244	230	203	215

<b>Average Monthly Adoption Assistance Payments</b>				
<b>Year</b>	<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
<b>Avg Payment</b>	\$350	\$350	\$354	\$359



## Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for people who have 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 full participation in their communities.

### Idaho Infant Toddler Program

The Idaho Infant Toddler Program (ITP) coordinates early intervention services for children from birth to 3 years of age with developmental delays or disabilities. The Infant Toddler Program works closely with parents and partners with public agencies and private contractors to enhance each child's developmental potential. Services are provided through a team approach with a primary professional coaching the family.

The four most frequently provided services are:

1. Speech/language therapy
2. Family education (special instruction)
3. Occupational therapy
4. Physical therapy

Services are delivered according to an Individualized Family Service Plan. Teams statewide provide evidence-based services including teaming,

natural environment learning practices, and coaching families. Teams build the capacity of families to actively promote children's learning. Family feedback about the team approach and coaching continues to be favorable and produces positive outcomes.

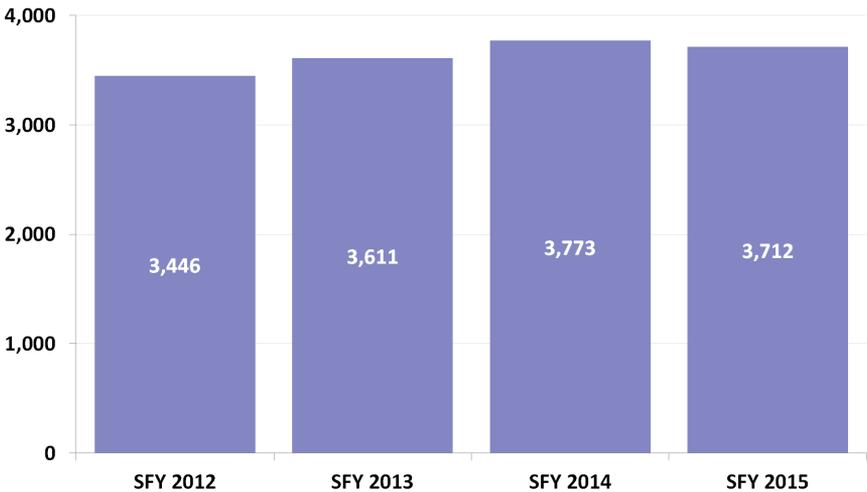
The Infant Toddler Program received full SFY 2015 grant approval and the program also maintained the successful federal rating of "Meets Requirements."

Children served by the program are referred for a variety of reasons, including diagnosable conditions that result in delays or disabilities. Nine percent of children referred for evaluation have been involved in substantiated cases of neglect or abuse. Twenty-three percent of children found eligible for services were born prematurely.

Efforts to identify children who have delays or disabilities through outreach and screening services continue to be a priority for the program. In SFY2015, the Infant Toddler Program received 3,562 referrals. Region specific outreach strategies and online screening by parents has resulted in a steady increase in the number of referrals for four consecutive years. The increase in referrals provides the program with the opportunity to provide services to young children who need them the most. These early intervention services provide a life-long impact for children.

During SFY 2015, the program served 3,712 children and their families.

### Children Served in the Infant Toddler Program



## Children's Developmental Disability Program

The Children's Developmental Disabilities Program oversees services for children with developmental disabilities through two service delivery pathways: traditional and family directed services. The program continues to grow with enrollment increasing to approximately 3,030 children. More than a fifth of those children receive services under the family directed program, which is increasing the quality of services by focusing on evidence-based treatments, family centered planning, consistency statewide, and monitoring of the plan of service by Department staff and contractors. Our parent satisfaction survey completed SFY 2015 indicated 98% of parents and guardians are satisfied with the services their children are receiving.

### Crisis Prevention Team

The FACS Crisis Prevention Team provides training, technical assistance, and consultation to families and agencies who support individuals with a disability who are at risk of a community placement disruption due to a behavioral, mental health, or medical crisis. As a first priority, the team assists in maintaining the individual in their community. If that is not possible, the team assists in locating another community placement option which can meet the needs of the individual. As a last resort, a placement referral may be made to Southwest Idaho Treatment Center.

## Southwest Idaho Treatment Center

*(Formerly Idaho State School and Hospital)*

**Dayna Wilhite-Grow, Administrator, 442-2812**

The Southwest Idaho Treatment Center's (SWITC) mission is to provide assessment, training, and treatment to individuals until they can be transitioned back into their communities.

Located in Nampa, SWITC collaborates with community partners to ensure individuals can be integrated back into their community as soon as possible. Additionally, SWITC maintains a six-bed residential facility in northern Idaho called the Kyler House. The small facility in Hayden allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility-level of care.

The combined efforts of the Crisis Prevention Team in maintaining community placements, and SWITC in systematically supporting people to move back into their communities, has resulted in a continual decline over the past decade in the SWITC resident census to a population which hovers between 25 and 30.

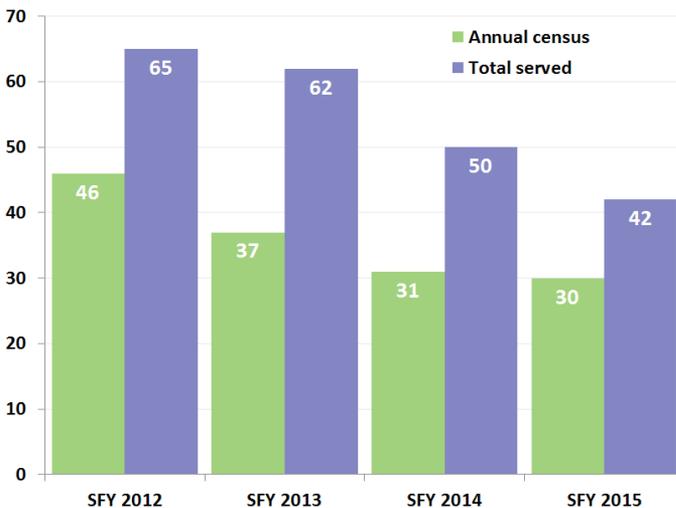
Although the primary service at SWITC-Kyler is residential care, the Crisis Prevention Team occasionally requests crisis placement for individuals who may not require institutional level of care or only need limited services for stabilization. There are four options available at SWITC and SWITC-Kyler for crisis services:

1. Respite services which are limited to 14 calendar days.
2. Stabilization with a community placement option already identified with a maximum stay of 30 days.
3. Competency restoration with a stay sufficient to complete the training and determine if competency can be achieved.
4. Court-committed individuals who are not eligible for an Intermediate Care Facility for Intellectually Disabled (ICF/ID), but who have no other placement option identified.

The service time limits are sometimes exceeded because community placement options do not always remain available.

Idaho lacks a secure facility for individuals with developmental disabilities who engage in felony behaviors. The biggest challenge faced by the Crisis Prevention Team and SWITC is the residential placement and treatment requirements when these individuals are committed to the department. If an individual is not eligible for ICF/ID level of care, the only current option is a crisis placement which can be lengthy, expensive and must be paid with state general funds.

### SWITC Census



*Annual census is a point-in-time count on June 30 each year. Total served is the total number of unique clients served during the year.*

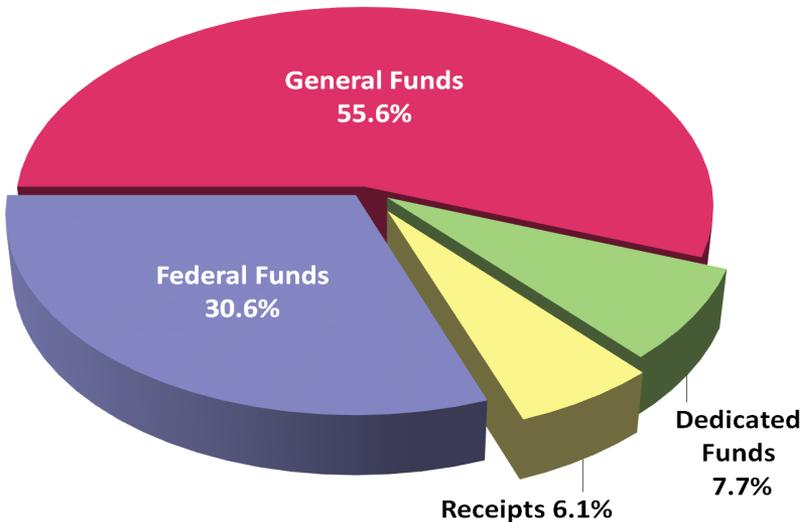
## Division of Behavioral Health

**Ross Edmunds, Administrator, 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 disorder and is integrating services for these co-occurring disorders to improve outcomes.

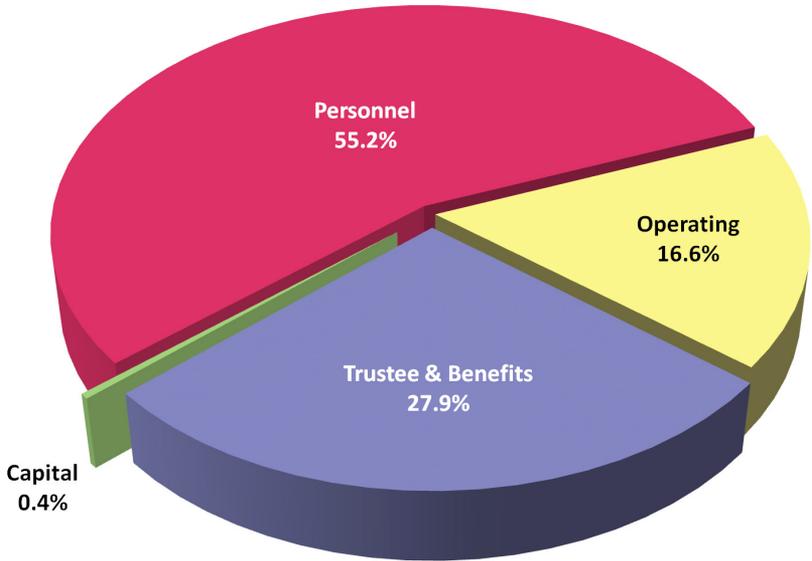
The division is comprised of the Children and Adult Mental Health programs, as well as the Substance Use Disorders program. The division also administers the state's two psychiatric hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

### Behavioral Health SFY 2016 Funding Sources

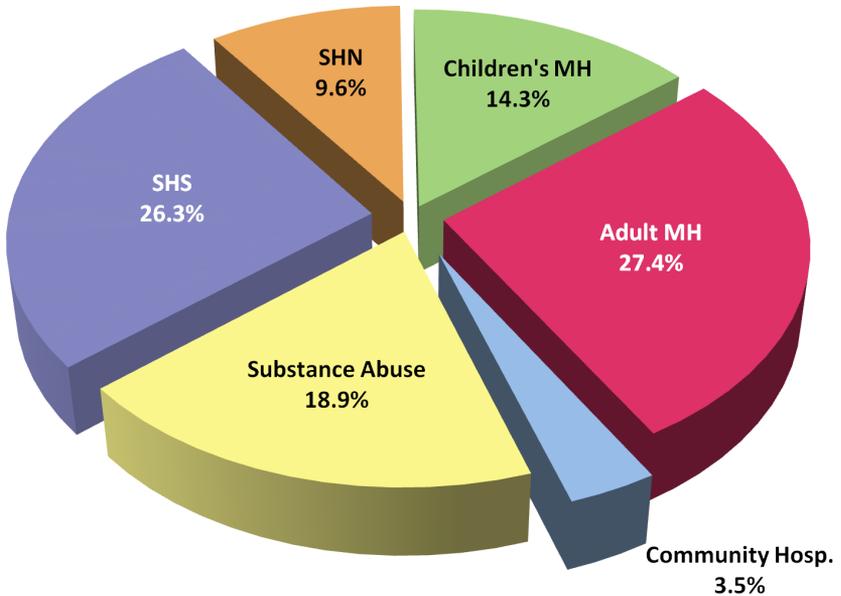


*Authorized FTP: 673 Original Appropriation for SFY 2016: General Funds \$48.97 million, Total Funds \$88 million; 3.4% of Health and Welfare funding.*

### Behavioral Health SFY 2016 Expenditure Categories



### Behavioral Health SFY 2016 Appropriation by Program



## SFY 2015: Division of Behavioral Health Program Highlights

The Division of Behavioral Health is dedicated to promoting quality services that are innovative and evidence-based. The division engages in a variety of special initiatives each year to advance the service delivery system. Special initiatives in SFY2015 included:

### **Establishing Behavioral Health Crisis Centers**

After Idaho's first Behavioral Health Crisis Center opened in Idaho Falls in December 2014, funding was appropriated by the 2015 Idaho Legislature to establish a second facility in North Idaho. Crisis centers are available on a voluntary basis to all Idaho citizens, offering evaluation, intervention and referral for people who are experiencing a crisis because of serious mental illness and/or a substance use disorder. The centers can help people get the services and assistance they need without going to the emergency room or being taken to jail. The Legislature appropriated \$1.7 million for the crisis center in northern Idaho in 2015, which is evidence of the hard work done at the first crisis center in Idaho Falls and a testament to the commitment of lawmakers to helping those experiencing a behavioral health crisis.

### **Transforming Idaho's Behavioral Health System**

Transformation legislation passed during the 2014 legislative session and became law in July 2014. Under a transformed and unified behavioral health system, the mental health and substance use disorder systems are being integrated. The advisory boards in each region, representing mental health and substance use disorders, have successfully combined to become Regional Behavioral Health Boards.

Each newly formed board submitted the first required Gaps and Needs report in 2015 to the Idaho Behavioral Health Planning Council; the report addressed behavioral health concerns in each region. The boards are now actively involved in making decisions regarding whether to realign their advisory relationships to be under the public health districts or remain under the Division of Behavioral Health. If the boards choose to move under the public health districts, the division and the public health districts will then operate within a contractual agreement for continued support of the boards. This realignment is seen as strengthening the connection between physical and behavioral health and benefits all involved.

### **Behavioral Health Integration**

In the last decade, studies have shown that people with mental health and/or substance use disorders die at a younger age than those in the overall population. Causes of these premature deaths are likely to

include treatable health conditions such as heart disease and diabetes. A major reason for the high rates of illness and death among people with substance use disorders or mental health conditions has been their lack of contact with primary health services. The division, as a part of the State Healthcare Innovation Plan (SHIP), will spend the next four years working toward the integration of primary care and behavioral health care, which will allow health professionals to coordinate diagnoses and treatments. The Behavioral Health Integration Sub-Committee will recommend models and best practice for behavioral health integration to the Idaho Healthcare Coalition. This will lead to better health and better outcomes for people with behavioral health issues.

### **Children's Mental Health Services**

The federal court approved a settlement agreement in the 35-year-old Jeff D class action lawsuit concerning children's mental health services in June 2015. The agreement targets the provision of community-based services, which has been the unresolved issue in the case. The agreement is designed to establish a comprehensive and coordinated system of care for Idaho children with serious emotional disturbances and their families. The agreement outlines an overall implementation time frame of about eight years. The first nine months is devoted to the development of an implementation plan, followed by four years to complete the plan. Once the implementation plan is completed, there is a three-year period of sustained performance. The agreement outlines specific measures to determine compliance with the implementation plan and sustained performance period. The case will be dismissed after substantial compliance has been shown. When the case is dismissed, the court is expected to issue a permanent injunction to continue the services and supports developed through the implementation plan.

### **Recovery Community Centers**

Recovery Community Centers provide a meeting place for individuals to work on and maintain their recovery from substance use disorders and mental illness. These centers help fight stigma by acting as a face for recovery to the community as a whole. The centers offer a venue for building meaningful and healthy relationships, which is key to successful recovery. Recovery Community Centers respect all pathways to recovery and offer volunteer-driven activities and resources unique to each center, including peer support, job search assistance, smoking cessation classes, access to computers, courses covering a variety of issues, and referrals to other community supports.

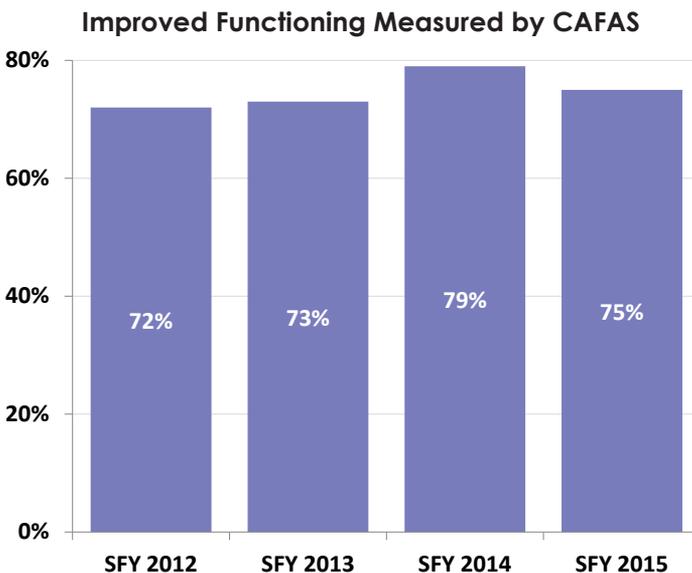
During the 2015 Legislative session, the division worked closely with the Idaho Association of Counties on a Millennium Fund Grant proposal to support four recovery community centers in the state. After obtaining that funding, four centers opened in 2015, in Ada, Canyon, Gem, and Latah counties.

Data will be collected at each of the centers, but more time is needed to analyze their effectiveness. Even so, anecdotal reports highlighting stories of success are plentiful. Idaho's model for recovery community centers is unique in that most recovery community centers across the country focus on addiction; Idaho's model services people suffering from mental illness, substance use disorders or both.

## Children's Mental Health Services

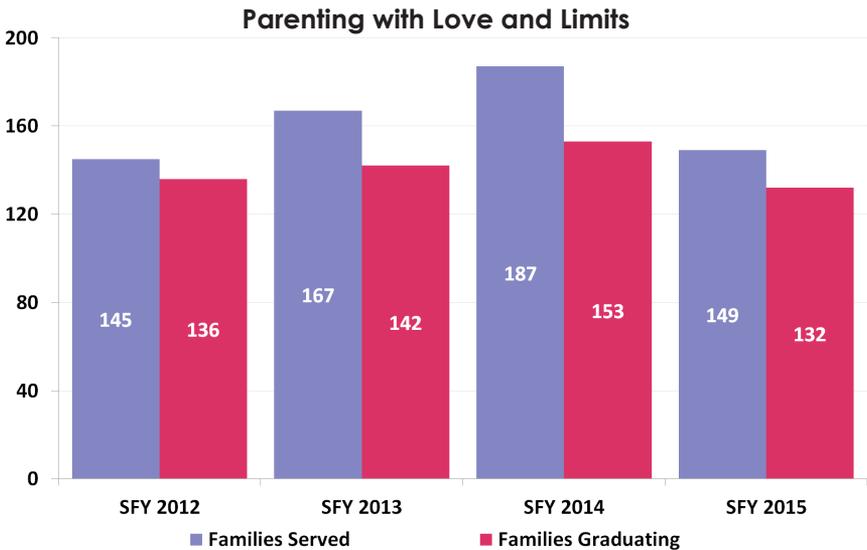
The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with 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, including their own service plans, policies, and laws. Without parental involvement and the support to sustain their involvement, the system of care would not be able to achieve positive outcomes for the children and their families. The Child and Adolescent Functional Assessment Scale (CAFAS) is used as an eligibility and outcome measure in youths qualifying for and receiving services from Children's Mental Health. This behaviorally based instrument is backed by extensive research supporting its validity and sensitivity to measure change.



The CAFAS tool measures functioning across a variety of life domains, including home, school, and community. Participants receive a CAFAS during their initial assessment, during treatment plan reviews and at case closure. Seventy-five percent of youths receiving two or more CAFAS scores have demonstrated improved functioning during the past year. Of those, 95 percent demonstrated meaningful and reliable improvement with a score change of 20 points or more.

The Children's Mental Health program continues to provide Parenting with Love and Limits statewide. It is an evidence-based program that is effective in treating youths with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national Parenting with Love and Limits programs. Idaho's program showed improvement in functioning and reduced the time a youth and his or her family receives services from the Children's Mental Health program. Thirty-nine percent of families have their cases closed within three months of completing program services, compared to an average length of service of 12 months for families that do not go through the program.



Parenting with Love and Limits youths 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 Parenting with Love and Limits this past year was 89 percent, which continues to exceed the 70 percent

goal. Since its start in 2008, Parenting with Love and Limits has served 1,173 families in all seven regions statewide.

DHW continues to work with county juvenile justice, magistrate courts, the Idaho Department of Juvenile Corrections and parents in situations involving youths 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.

#### Children Receiving Mental Health Services

	SFY 2012	SFY 2013	SFY 2014	SFY 2015
<b>Total Children Served</b>	2,288*	2,468	2,554	2,487
<b>Court Ordered 20-511A</b>	485	528	600	583
<b>Parenting with Love and Limits</b>	145	167	187	149
<b>Case Management</b>	1,117	1,518	1,494	1,464
<b>Alternate Care</b>	54	49	38	46

\*Consultation services were not fully accounted for due to implementation of new data system.

## Suicide Prevention Services

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2010 to 2014, 1,501 Idahoans completed suicide. In 2013, the latest year for comparable state data, Idaho tied Colorado with the seventh highest suicide rate, following Montana, Alaska, Wyoming, New Mexico, Utah and Nevada. In 2013, Idaho's rate of 19.1 suicide deaths per 100,000 was 47 percent higher than the national rate of 13 per 100,000.

In 2014, 320 Idahoans completed suicide, which was a 3.9 percent increase from 308 suicides in 2013. Among Idaho's 10- to 44-year-olds, suicide was the second leading cause of death in 2014, with 160 suicide deaths in this age group.

From the 2014 Idaho Youth Prevention Survey of high school students, 14 percent reported seriously considering attempting suicide and 4 percent reported making at least one suicide attempt. Between 2010 and 2014, 126 Idaho youth ages 19 and younger completed suicide.

#### Completed Suicides by Age

	10-14	15-19	20-64	64+	Total
<b>CY 2010</b>	3	19	219	49	290
<b>CY 2011</b>	0	27	220	37	284
<b>CY 2012</b>	5	23	229	42	299
<b>CY 2013*</b>	3	21	227	57	308
<b>CY2014</b>	9	16	248	47	320

\*CY 2013: 10-14 includes one death <10.

Completed Suicide Rate by Age <sup>^</sup>					
	10-14	15-19	20-64	64+	Total
<b>CY 2010</b>	2.6	16.5	24.4	25.2	18.5
<b>CY 2011</b>	NA	23.3	24.2	18.3	17.9
<b>CY 2012</b>	4.2	20.2	25.1	19.8	18.7
<b>CY 2013*</b>	2.5	18.5	24.7	25.5	19.1
<b>CY 2014</b>	7.3	13.9	26.8	20.1	19.6

<sup>^</sup>Rate per 100,000 population.

\*CY 2013: 10-14 includes one death <10.

## Adult Mental Health Services

The needs of Idaho adults who have a mental health diagnosis are diverse and complex. The division works to ensure that programs and services ranging from community-based outpatient to inpatient hospitalization services are available to eligible Idaho citizens.

Eligibility includes service to those who are:

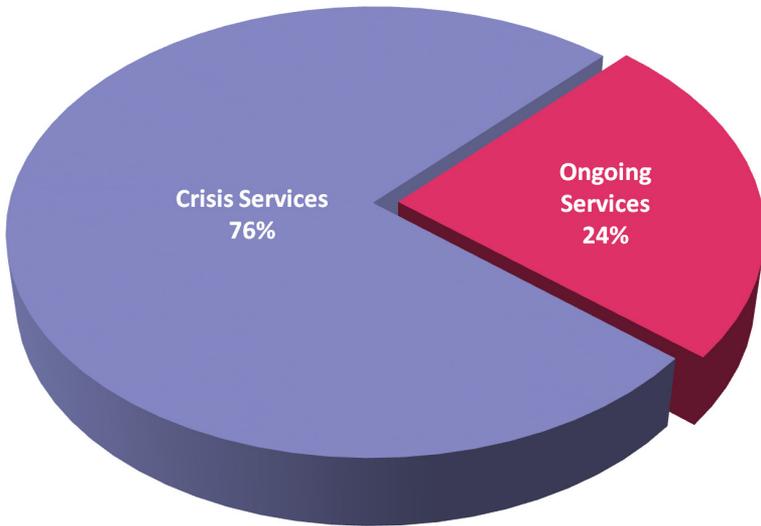
1. Experiencing psychiatric crisis
2. Court-ordered for treatment
3. Diagnosed with a severe and persistent mental illness with no insurance

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). Certified peer specialists were hired for regional Assertive Community Treatment (ACT) teams in November 2012. Each regional mental health center offers crisis services and ongoing mental health services.

### Crisis Services

Emergency services are provided statewide through the Adult Mental Health Crisis Units. Crisis units provide 24/7 phone and outreach services. Crisis units also screen all adults who are being petitioned for court-ordered commitment. The court-ordered commitment process is followed when the court determines that someone is likely to injure themselves or others. Individuals who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care for acute needs. During SFY2015, 76 percent of the participants receiving services from the division received crisis services.

## Adults Receiving Mental Health Services SFY 2015



### Ongoing Mental Health Services

The primary goal of ongoing mental health services is to promote recovery and improve the quality of life for Idaho adults with mental health diagnoses. During SFY2015, 24 percent of participants receiving services from the division received ongoing mental health services. These participants received one or more of the following services:

- Court-ordered Treatment and Mental Health Court**  
 The division's regional behavioral health centers provide 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. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services, with ACT staff integrally involved in collaborative mental health court meetings.
- Assertive Community Treatment (ACT)**  
 ACT services provide a full array of community-based services as an alternative to hospitalization for adults with serious mental illnesses who have the most intense service needs. ACT services are provided by a team of professional staff and certified peer specialists. Services include individualized treatment planning, crisis intervention, peer support services, community-based rehabilitation services, medication management, case management, individual/

group therapy, co-occurring treatment and coordination of other community support services.

- **Case Management Services**

The division's regional behavioral health centers provide case management services based on individual needs. Case managers use person-centered planning to identify mental health needs. Once treatment needs are identified, case managers link the participant to available community resources, coordinate referrals, advocate for the participant and monitor service effectiveness and participant satisfaction. Short and long-term non-intensive services are available on a limited basis.

- **Community Support Services**

Community support services are available on a limited basis. These services include outreach, medication monitoring, benefits assistance, support for independent living skills, community-based rehabilitation services, education, employability, and housing support.

- **Co-occurring Mental Health and Substance Use Disorders**

According to the National Survey on Drug Use and Health, in 2013, an estimated 37.8 percent of adults with a substance use disorder within the past year also had a co-occurring mental illness. The division's regional behavioral health centers provide integrated treatment for those diagnosed with co-occurring mental health and substance use disorders. If regional behavioral health centers are unable to provide a full range of co-occurring treatment for participants, they may refer or collaborate with a private agency to provide additional services.

<b>Adult Mental Health Services</b>				
	<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
<b>Adults Served</b>	<b>10,263</b>	<b>10,921</b>	<b>13,207</b>	<b>13,503</b>
<b>Supportive Services (meds, housing &amp; employment)</b>	<b>5,071</b>	<b>4,987</b>	<b>4,120** (revised)</b>	<b>3,893</b>
<b>Assertive Community Treatment</b>	<b>631</b>	<b>605</b>	<b>611</b>	<b>560</b>
<b>Co-occurring Services</b>	<b>548</b>	<b>1,256*</b>	<b>1,680</b>	<b>1,777</b>

*\*The increase in co-occurring services does not represent a new service population, but reflects recognition of the importance of serving people with mental illness and substance use disorders through an integrated system of care.*

*\*\*SFY 2014 data was revised from 3,718 to 4,120 to reflect a correction because of code changes made in mid-SFY2014.*

## State Hospital North

**Todd Hurt, 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 Behavioral Health Center 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 about 48 days.

Admissions to State Hospital North are referred through the Regional Behavioral Health Centers. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, master's level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian, and support personnel.

Staff delivers 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 as they work toward their recovery goals. During SFY2015, State Hospital North maintained an average daily census of 46 patients.

### SHN Adult Inpatient Psychiatric Services

	SFY 2012	SFY 2013	SFY 2014	SFY 2015
<b>Adult Patient Days</b>	17,514	17,408	16,153	16,834
<b>Admissions</b>	289	278	217	243
<b>Avg. Daily Census</b>	48	48	44	46
<b>Daily Occupancy Rate</b>	80%	79%	74%	77%
<b>Median Length of Stay</b>	41	43	44	48
<b>30 Day Readmission Rate</b>	1.4%	2.2%	2.3%	2.1%
<b>180 Day Readmission Rate</b>	9.7%	8.6%	10.6%	13.6%
<b>Cost Per Patient Day*</b>	\$443	\$463	\$506	\$509

## State Hospital South

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

State Hospital South (SHS) in Blackfoot is licensed by the state to serve 90 adult patients, 16 adolescent patients, and 29 residents in the Syringa Chalet skilled nursing home. The hospital is accredited by the Joint Commission, which is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting established performance standards.

Patients are referred to the hospital by Regional Mental Health Centers after civil or competency restoration commitment in their local courts. Civilly committed patients have been found to be a danger to themselves, a danger to others, or gravely disabled. Competency restoration patients (12% of the adult population in 2014) have been found unfit to proceed in the criminal justice system because of mental illness.

In the first two months of SFY2016, SHS admitted 25 competency restoration patients, which was 25% of total admissions. If this trend continues, SHS could potentially serve 150 patients for restoration over the course of SFY2016.

This population is more difficult to manage than most. They often require single rooms, which affects the hospital's occupancy rate and waiting list. There is an increase in aggression and criminal thinking and behavior, which requires additional staff to maintain safety as well as the use of more seclusion and restraints. There is an increase in contraband issues and attempted elopements. Treatment plans must be modified more frequently, and the legal reporting requirements for these patients require considerably more psychologist time for testing and writing reports than for the hospital's civil commitments.

Treatment for all the hospital residents is patient-centered and provided by an interdisciplinary team of benefits specialists, dental professionals, dietitians, nursing staff, psychiatric and general practice physicians, physician assistants, physical therapists, psychologists and counsellors, recreational therapists, social workers, treatment coordinators, and other support staff.

Each adult unit also has a peer specialist who promotes recovery by offering hope and encouragement to patients as well as modeling personal success in managing a mental health disorder. During treatment, patients are assisted by a multidisciplinary team in developing a personalized Wellness Recovery Action Plan for when they return to community living.

The safety of hospital staff and patients is of primary importance. During

---

the past year, State Hospital South has completed a number of projects to improve overall safety. These include a remodel of the medication rooms, installation of cameras at the entrance to the treatment facility as well as the entrance to each unit, repairs of sidewalks and streets on campus, purchase of special beds and air mattresses for nursing home patients, and installation of a new fire alarm system. In 2011, the hospital demolished two buildings that contained hazardous materials and that had been built in the 1930s. In 2009, the hospital transitioned to an electronic medical record, which contains numerous in-house safety features and has helped create a safe transition for patients to outpatient care.

Adolescents between the ages of 11-17 are served in a unit that is geographically separate from adult treatment. The average age of adolescents in treatment is 14.6; the average age of adults is 39.9; and the average age of residents in the skilled nursing home is 70.6.

<b>SHS Adult Inpatient Psychiatric Services</b>				
	<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
<b>Adult Patient Days</b>	<b>29,555</b>	<b>26,241</b>	<b>27,375</b>	<b>26,005</b>
<b>Admissions</b>	<b>484</b>	<b>550</b>	<b>608</b>	<b>547</b>
<b>Avg. Daily Census</b>	<b>81</b>	<b>72</b>	<b>75</b>	<b>71</b>
<b>Median Length of Stay (Days)</b>	<b>36</b>	<b>33</b>	<b>29</b>	<b>30</b>
<b>Daily Occupancy Rate</b>	<b>89.7%</b>	<b>79.9%</b>	<b>83.3%</b>	<b>79.2%</b>
<b>30 Day Readmission Rate</b>	<b>2.5%</b>	<b>2.5%</b>	<b>1.64%</b>	<b>2.56%</b>
<b>180 Day Readmission Rate</b>	<b>12.2%</b>	<b>12.3%</b>	<b>14.14%</b>	<b>14.26%</b>
<b>Cost Per Patient Day</b>	<b>\$452</b>	<b>\$533</b>	<b>\$533</b>	<b>\$600</b>
<b>Syringa Skilled Nursing</b>				
<b>Patient Days</b>	<b>9,071</b>	<b>8,986</b>	<b>8,856</b>	<b>8,837</b>
<b>Admissions</b>	<b>10</b>	<b>15</b>	<b>11</b>	<b>14</b>
<b>Occupancy Rate</b>	<b>95.5%</b>	<b>84.9%</b>	<b>83.7%</b>	<b>83.5%</b>
<b>Cost Per Patient Day</b>	<b>\$476</b>	<b>\$568</b>	<b>\$588</b>	<b>\$621</b>
<b>Adolescent Unit</b>				
<b>Patient Days</b>	<b>3,677</b>	<b>4,176</b>	<b>4,181</b>	<b>4,562</b>
<b>Admissions</b>	<b>81</b>	<b>110</b>	<b>122</b>	<b>149</b>
<b>Daily Occupancy Rate</b>	<b>62.8%</b>	<b>71.5%</b>	<b>71.6%</b>	<b>78.1%</b>
<b>Median Length of Stay (Days)</b>	<b>42</b>	<b>33</b>	<b>31</b>	<b>29.0</b>
<b>30 Day Readmission Rate</b>	<b>0%</b>	<b>0%</b>	<b>0.8%</b>	<b>2.7%</b>
<b>180 Day Readmission Rate</b>	<b>7.4%</b>	<b>3.6%</b>	<b>3.3%</b>	<b>8.1%</b>
<b>Cost Per Patient Day</b>	<b>\$647</b>	<b>\$676</b>	<b>\$643</b>	<b>\$724</b>

## Substance Use Disorders Program

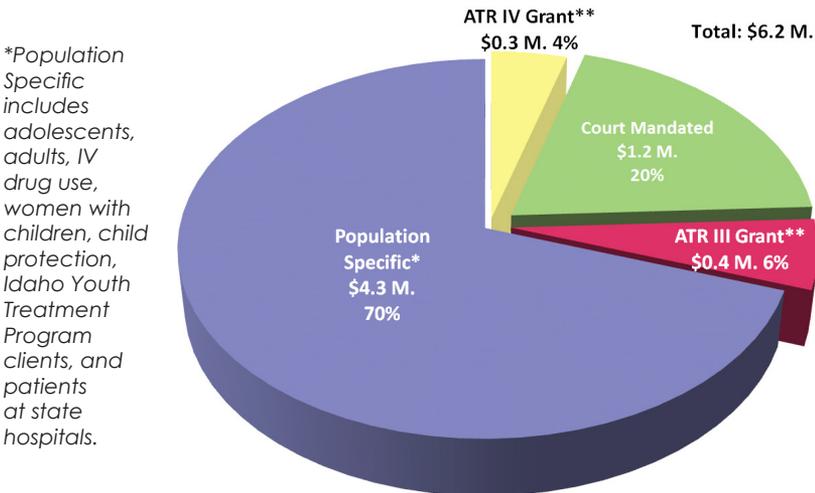
The Substance Use Disorders Program includes:

- Substance use disorder (SUD) treatment
- Management of the SUD provider network
- Training for treatment staff
- Facility approval
- Tobacco inspections

Substance use disorders 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 participants live their lives in recovery. Idaho currently has 101 state-approved treatment providers at 189 locations.

Treatment services include detoxification, outpatient therapy and residential treatment. In addition, the network includes 34 stand-alone recovery support service providers at 66 locations. Recovery support services are those needed to assist participants in their recovery. They include case management, family life skills, recovery coaching, safe and sober housing for adults, childcare, transportation and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

### SFY 2015 Substance Use Disorders Expenditures by Priority Population

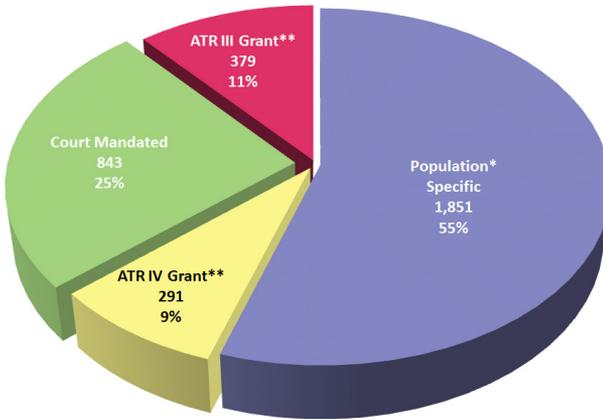


\*\* The Access to Recovery III Grant ended Sept. 29, 2014. Idaho was one of only five states to be awarded the Access to Recovery IV grant in October 2014, providing services for the homeless, families served by Child Protection through a court order, and veterans involved in problem solving court. Clients began receiving services statewide in January 2015.

Idaho was one of only five states awarded the Access to Recovery 4 (ATR) grant in October 2014. It is a three-year grant program that provides substance use disorder services to veterans, the homeless and families involved with child protection services. This funding allows DHW to provide treatment and recovery support services to populations the agency could not previously serve.

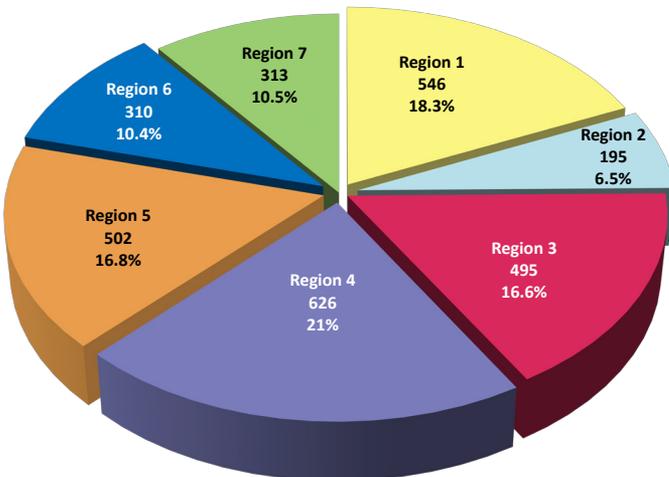
The division served 3,178 unduplicated Substance Use Disorder clients in SFY 2015.

### Substance Use Disorders Treatment by Priority Population



Note: Participants may be served in more than one priority population.

### Substance Use Disorders Client Intakes by Region



## The Idaho Tobacco Project

The Idaho Tobacco Project works with tobacco retailers to prevent access for youths. The Tobacco Project provides tobacco retailers with educational materials, no-cost permits, and supports inspections to evaluate compliance with the state statute that prevents minors' access to tobacco. Educational materials include a monthly newsletter, a training CD, point-of-sale training resources (posters near cash registers or in staff areas) and online training resources ([preventthesale.com/Idaho](http://preventthesale.com/Idaho)) to help retailers educate their sales staffs and store managers.

Idaho currently has 1,647 permitted tobacco sellers. To encourage tobacco retailers to remain vigilant against selling tobacco to minors, youth-purchase inspections are conducted annually at every retailer site that youths can enter legally. In 1998, the first year that statewide youth-purchase tobacco inspections were implemented, the violation rate was 56.2 percent. In 2014, the survey of inspections resulted in a violation rate of 7.51 percent. The chart below depicts the findings of the annual survey of tobacco inspections youth inspectors have conducted.

	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
Permittees	1,699	1,703	1,730	1,654	1,663
Inspections	2,064	1,841	1,741	1,976	1,798
Violations	198	115	113	154	135
Non-Compliance Rate	9.6%	6.3%	6.5%	9.1%	7.51%

## Division of Welfare

**Lori Wolff, Administrator, 334-5696**

The Division of Welfare/Self Reliance promotes stable, healthy families by helping Idahoans meet basic needs and gain financial and health stability. Programs administered by the division include:

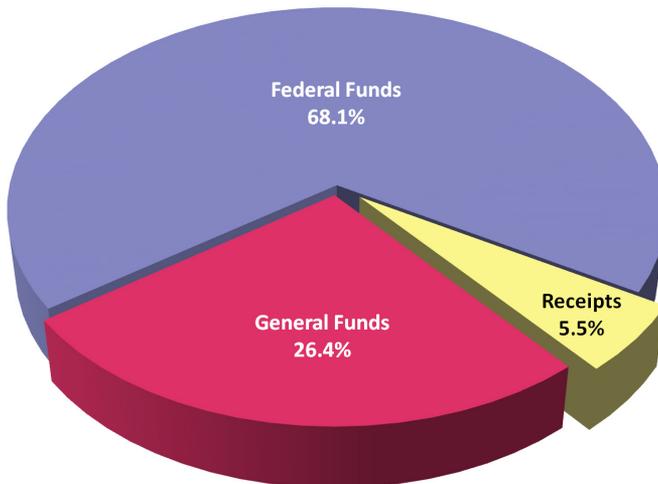
- Child Support Services
- Supplemental Nutrition Assistance Program (SNAP, or Food Stamps)
- Child Care
- Temporary Assistance for Families in Idaho (TAFI-cash assistance)
- Aid to the Aged, Blind, and Disabled (AABD-cash assistance)

These programs, also called Self Reliance programs, provide critical support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant.

In addition, the division determines eligibility for health coverage assistance and helps Idaho families live better through nutrition education, work and training programs, access to quality child care and early learning programs, and support services that help them be successful in the workforce.

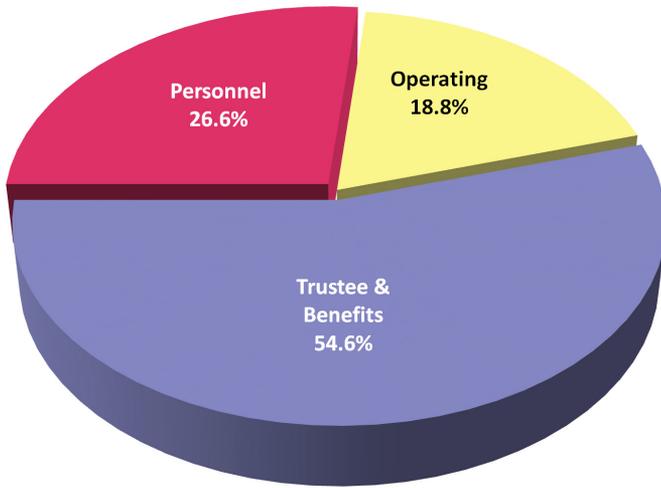
The division also administers several additional programs through contracts with local partner organizations that provide food and assistance for home energy costs, telephone, and home weatherization.

### Welfare SFY 2016 Funding Sources

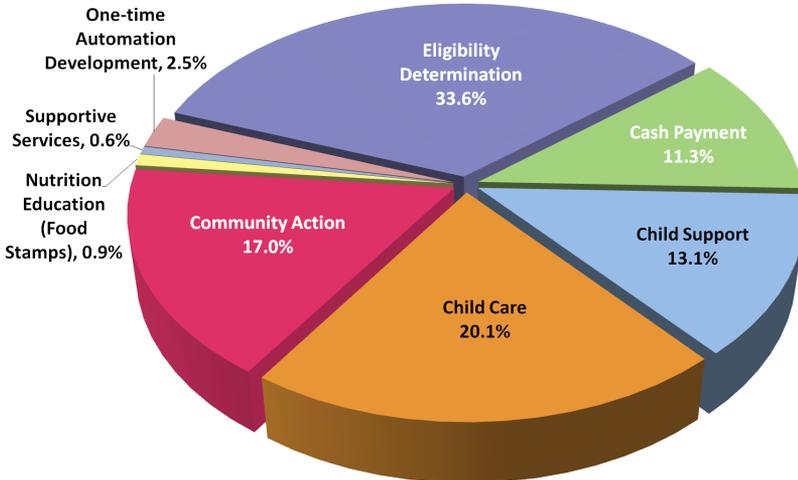


*Authorized FTP: 634.6 Original Appropriation for SFY 2016 General Funds \$39.5 million, Total Funds \$149.5 million; 5.7% of Health and Welfare funding.*

### Welfare SFY 2016 Expenditure Categories



### Welfare SFY 2016 Appropriation by Program



## 2015 Year in Review

### Self Reliance programs and services:

The Self Reliance programs are intended to help low-income families in Idaho gain stability and financial independence by providing critical support services. The combination of key supports such as health coverage, food and nutrition assistance, child care, child support and job search assistance helps families obtain employment or remain in the workforce as they balance their ability to pay a mortgage and utilities and provide for their children. Helping Idaho's low-income families find and keep employment, especially during challenging times, will enable them to enhance earning potential and gain stability until they no longer need the support of public assistance.

During SFY2015, many households continued needing support during periods of unemployment or low wages to help supplement their family's income for food, healthcare, and child care needs. Overall, growth in program participation is leveling as the economy stabilizes; however, many families remain either underemployed or working for wages below the poverty level. Application and recertification activities continue to be the division's focus as staff ensures that eligibility determinations maintain integrity and effectiveness in providing appropriate access to programs and support services. DHW continues to focus on employment and training programs, as well as nutrition education and quality child care to ensure the programs are effective in supporting families so they are able return to the workforce and move out of poverty.

The division currently serves about 170,000 families who receive services from benefit programs in the following groups:

Families with children	Disabled adults	Seniors over 65	Non-disabled adults under 65
59%	20%	11%	10%

Approximately 1 in 4 (27%) of participant families have at least one elderly or disabled member living in the household. About 346,000 individuals receive service through a benefit program in Idaho sometime throughout the year, with approximately 43% participating in one program and 57% participating in two or more programs.

The division maintains 159,000 child support cases. About 67% of families with a current child support case also participate in a benefit program.

**Partnership with Idaho's Health Insurance Exchange:**

A major focus over the past three years has been to ensure that Idaho families have access to health insurance, either through Medicaid services when they are eligible or through eligibility for a tax credit to help pay for private insurance purchased on the state-based exchange. The Division of Welfare determines eligibility for all Medicaid programs as well as calculates the Advanced Payment of Tax Credits (APTC) to be used toward purchase of a private health plan.

Since the implementation of new health care policies, Idaho has seen only a small increase in Medicaid participation. The state has not changed eligibility thresholds for the Medicaid program; participation increased by only 10% in the past year.

DHW continues to partner with Your Health Idaho, the state-based exchange, to leverage current infrastructure for application, verification, and eligibility determinations that are required for tax credit calculations used to purchase private health plans. This partnership and "eligibility shared services" model helped minimize costs to the state for building the new marketplace, while maximizing coordination and consistency as Idaho transitioned off of the federal exchange and implemented Idaho's new technology platform that supports access to health coverage for all Idahoans. Since it is critical to follow state legislation that requires no state general funds be used to operate Idaho's Marketplace, DHW has implemented a federally approved cost allocation plan that ensures all costs specific to supporting the tax credits for insurance and the customer service call center are allocated to Your Health Idaho. DHW has approved receipt authority for \$2.5 million annually to cover these costs.

The division has made many improvements to the Idaho Benefit Eligibility System (IBES) and business model to ensure Idaho has an effective eligibility service delivery system in place to meet the needs of Idahoans. Through wise investments, DHW developed and implemented new automated interface solutions to enhance verification of client information and improve integrity in the eligibility decision-making process by creating immediate access to federal and state databases that provide information about citizenship, household income, disability status, and residence. The division also built and implemented an online portal that provides information to customers about the benefits and services they are receiving, and allows participants to recertify benefits online.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective for everyone. Just like other states, Idaho has been challenged to adapt and prepare for the changing landscape of healthcare on a national level. But with a focus on Idaho values and priorities, DHW has created a path to success that

will position Idaho to not only meet federal requirements, but to do so in a way that most effectively supports Idaho families.

**Performance:**

The Division of Welfare met or exceeded federal standards for accuracy in all of its self-reliance programs. Program performance continues to be recognized for exceptional innovation, service delivery redesign, 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 has redesigned business processes, used new technologies and ongoing change management to improve performance and achieve exceptional results.

Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who operate these programs for Idaho families.

## 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 health coverage assistance under a variety of Medicaid programs for low-income children, adults, and pregnant women; disabled people; nursing home care; and determination of the Advanced Payment of Tax Credits (APTC) which provides help for families to pay for private insurance purchased on the state health insurance marketplace.
- 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.
- 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
- Telephone assistance for people with low-income

Partnership programs are supported by pass-through funds 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.

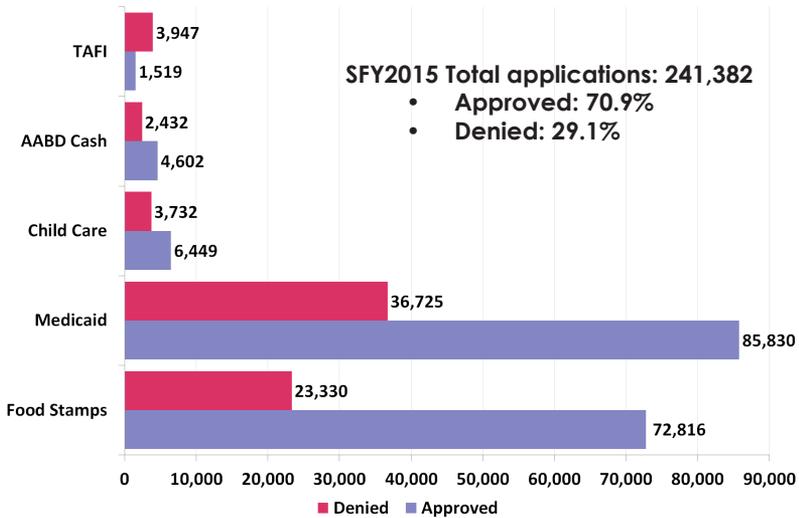
To realize greater efficiency, the division works with service providers in each community to administer federal, state, and local funds for partnership programs. The division maintains administrative and fiscal oversight of the funds, allowing local organizations to focus on day-to-day service provision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

## Program Participation

Participation in benefit programs, Child Support, and partnership programs is measured by the average monthly caseload or individuals served each month. But these numbers do not give a complete picture of the number of people served during the year. It also does not give an accurate picture of the workload for the Self Reliance staff.

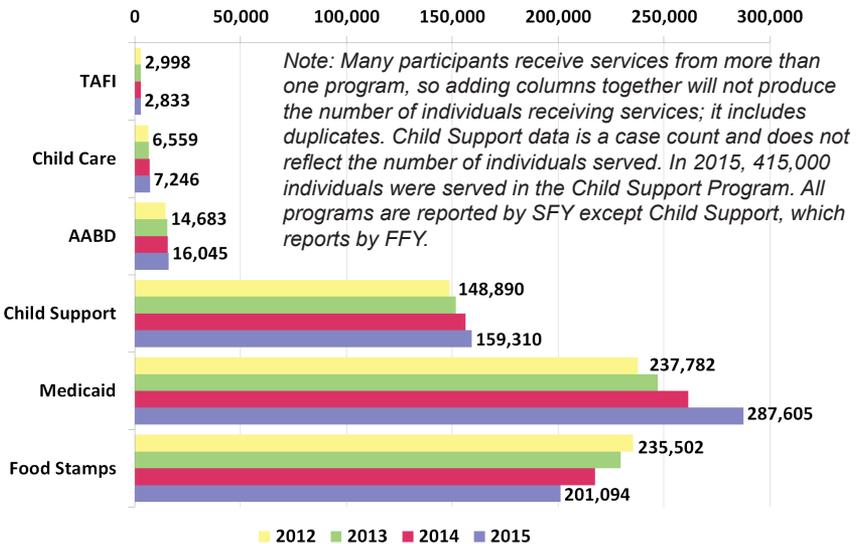
Processing applications for citizens seeking services is a labor-intensive process. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant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

### SFY 2015 Applications Approved and Denied

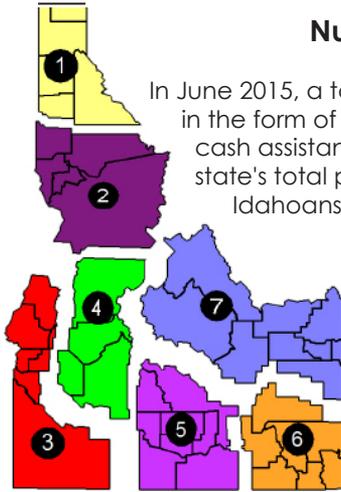


Benefit programs are designed to be work supports for low-income families in Idaho. The division has designed benefit programs to encourage families to find a job, keep a job, and hopefully move on to higher wages and self-sufficiency. The Food Stamp and TAFI programs have work participation requirements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

### Average Monthly Individuals Served



## Numbers Served by Region



In June 2015, a total of 345,596 people received assistance in the form of Medicaid, food stamps, child care and cash assistance. This is more than 20 percent of the state's total population. A little more than 332,000 Idahoans were served in 2014.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 4 has the lowest. Five of the seven regions have more than 20 percent of their populations receiving one of the four main assistance services.

Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	Food Stamps	Medicaid	Totals
1	221,398 13.5%	3,055 1.4%	1,015 0.5%	26,185 11.8%	38,639 17.5%	46,075 20.8%
2	107,033 6.5%	1,484 1.4%	292 0.3%	9,125 8.5%	14,844 13.9%	17,273 16.1%
3	268,080 16.4%	4,186 1.6%	1,678 0.6%	45,754 17.1%	63,932 23.8%	75,803 28.3%
4	468,980 28.7%	4,690 1.0%	1,824 0.4%	43,219 9.2%	62,109 13.2%	74,745 15.9%
5	190,496 11.7%	1,892 1.0%	915 0.5%	23,515 12.3%	39,447 20.7%	44,959 23.6%
6	166,232 10.2%	2,126 1.3%	738 0.4%	21,771 13.1%	32,587 19.6%	38,416 23.1%
7	212,245 13.0%	1,660 0.8%	1,072 0.5%	25,594 12.1%	41,545 19.6%	48,325 22.8%
<b>Totals</b>	<b>1,634,464 100.0%</b>	<b>19,093 1.2%</b>	<b>7,534 0.5%</b>	<b>195,163 11.9%</b>	<b>293,103 17.9%</b>	<b>345,596 21.1%</b>

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 remained flat in all parts of the state during SFY2015. Region 3, where 75,803 individuals participated in a Self Reliance benefit program, had the highest service usages and led the state in enrollment in all four of the benefit programs. Idaho's most populous area, Region 4, which contains more than one-quarter of the state's population, had the lowest use of benefit programs, with 15.9 percent of Region 4's population receiving benefits.

## Benefit Program Services

The Division of Welfare manages assistance and support services in five major programs:

1. Supplemental Nutrition Assistance Program (SNAP, or Food Stamps)
2. Child care
3. Medicaid eligibility
4. Eligibility for Advanced Payment of Tax Credits (APTC)
5. 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, but 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.

To qualify for SNAP, 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.
- Meet income eligibility limits of 130 percent of poverty or less for family size.
- Possess assets of less than \$5,000.
- Meet stricter eligibility requirements if applicant is a student, legal immigrant or convicted felon.
- Participate in a work search program, unless exempt.

All eligibility requirements are verified through electronic interfaces or documentation provided by the family. Once approved for SNAP benefits, a 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, must either be employed 30 hours per week or participate in job search activities that will help them find or improve employment opportunities to continue receiving benefits. The primary focus of the work program is to help SNAP recipients get a job, keep a job, or find a better job. Failure to participate in this program results in the individual losing his or her SNAP benefits.

**SNAP Benefit Amount:** The amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2015, the average SNAP allotment per person in Idaho was \$115, or about \$1.28 per meal.

### **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.
- Seeds and plants that produce food for the household to eat.

Households may **not** use SNAP benefits to purchase alcoholic beverages, tobacco, or any nonfood items, such as:

- Soaps, paper products.
- Pet foods.
- Household supplies.
- Vitamins and medicines.

SNAP benefits also may **not** be used for:

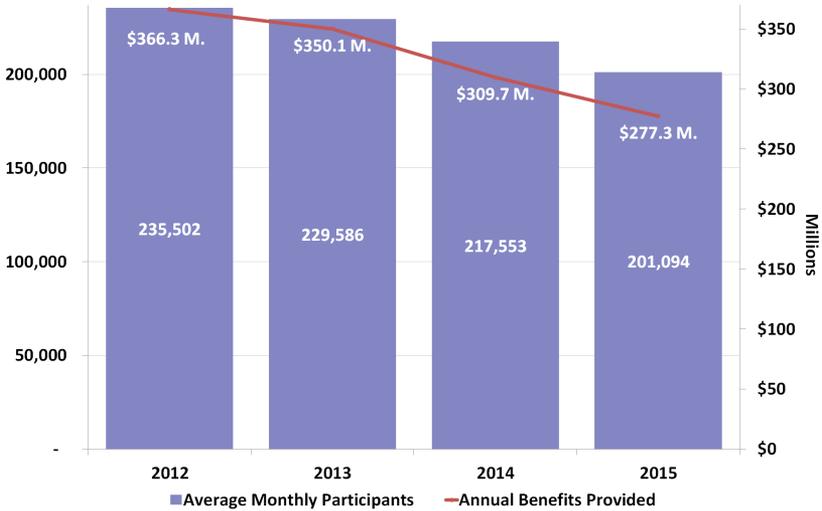
- Food that will be eaten in the store.
- Hot foods.

### **Caseload Growth:**

SNAP enrollment is responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho experienced SNAP expansion, realizing unprecedented participation growth beginning in 2007 and continuing through 2011. Beginning in SFY2012 as the economic outlook began to improve, Idaho once again began requiring all eligible, able-bodied adults to participate in the state's work program.

During SFY2015, Idaho's SNAP caseload showed a reduction in the number of individuals receiving SNAP benefits, from 209,000 in June 2014 to 195,000 in June 2015. The state continues to see a slow, steady decline in the number of people who receive SNAP benefits as the economy improves and more jobs become available.

## SNAP: Average Individuals Served Monthly and Total Annual Benefits Provided



### Program Performance

Idaho's SNAP program continues to perform at a high level, without increases in staffing or administrative overhead costs. Over the past four years, Idaho has consistently remained one of the top states in the country for providing accurate benefits in a timely manner. One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2015, nearly three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within two days of submitting an application.

### Idaho Child Care Program

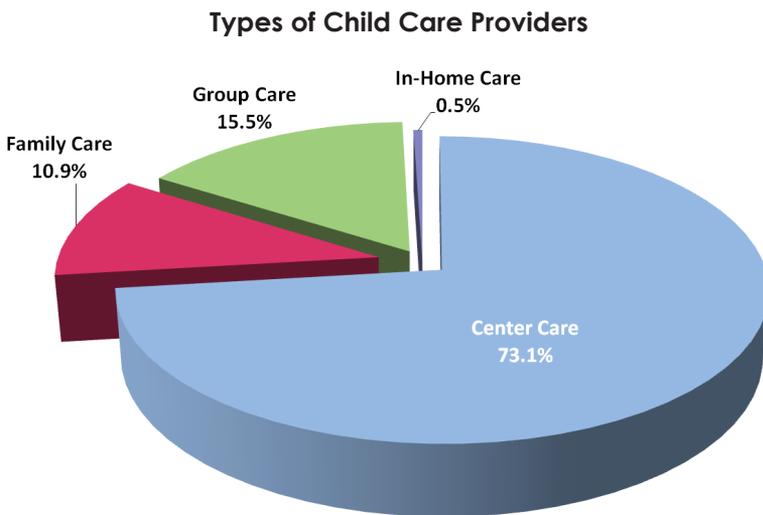
The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to low-income families to assist with child care expenses so that parents can maintain employment or complete their higher education. Child care assistance is available to families in Idaho who are income eligible and have an eligible activity.

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 approximately 7,200 participants per month during SFY2015, with total annual payments of nearly \$25.5 million.

The Child Care Program also improves the quality of care to support children's healthy development and learning by supporting child care

licensing, quality improvement systems to help programs meet higher standards, and support for child care workers to attain more training and education.

A provider is eligible to receive ICCP payments if they meet minimum health and safety standards, which include annual CPR/ first-aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every year. Families may choose from the ICCP qualified providers to find the type of child care situation that best meets their family's needs. Below is a breakdown of the choices parents receiving ICCP made last year about the type of child care their children receive.



During SFY2015 ICCP:

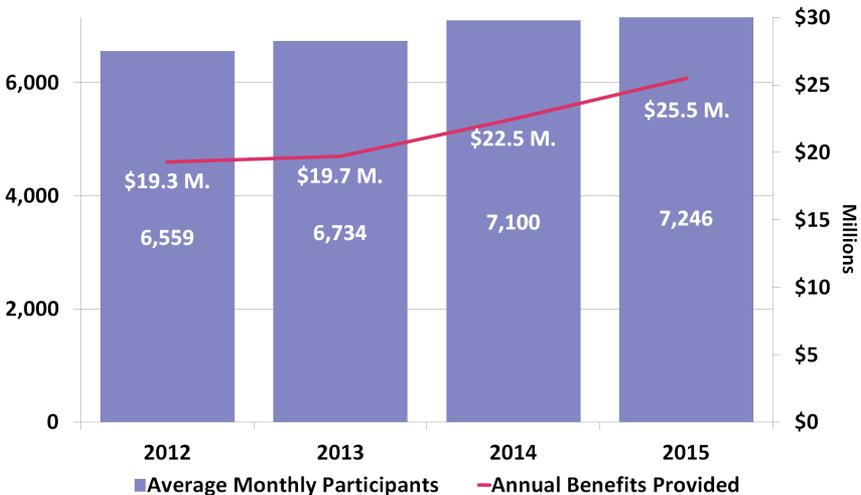
- Provided 2,031 child care referrals to parents to help them find a child care provider while they worked or attended school.
- Partnered with the child care provider community to provide supports for improving the quality of care through a Quality Rating and Improvement System, which uses nationally established measurements.
- Provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. IdahoSTARS conducted 3,010 training sessions and provided 3,507 training scholarships and 63 academic scholarships statewide at an annual cost of \$289,818 in SFY2015. IdahoSTARS also supported providers with \$436,391 in program improvement grants and incentives.

### SFY 2015 ICCP Fund Distribution: Total \$726,209



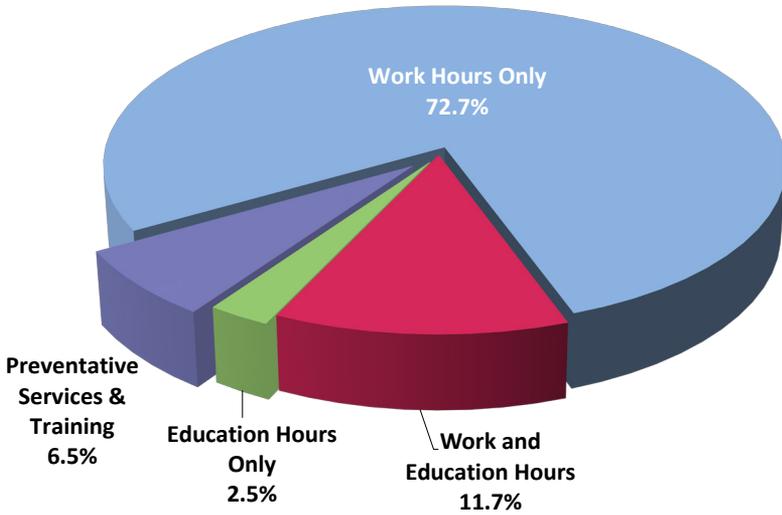
The average number of child care participants per month increased from 7,100 in SFY 2014 to 7,246 in SFY 2015. This slight increase was caused by the improved economy as people return to work and need child care again.

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



To be eligible for child care assistance, children must be under the age of 13 and parents must be participating in a qualified activity. About 73 percent of parents are working and just fewer than 12 percent are attending college and working, while about 2.5 percent are attending college. The ICCP program supports these parents on their path to self-sufficiency.

### Qualified Activity Types



### Medicaid

The Division of Welfare determines financial and personal eligibility for Medicaid services. To receive health coverage from Idaho Medicaid, a person must meet certain eligibility requirements.

Individuals must fit one of the following categories:

- Be a child under the age of 19.
- Be a pregnant woman.
- Be an adult with a child under the age of 19.
- Have participated in the Idaho Foster Care program at age 18 and are currently younger than age 27.
- Be age 65 or older.
- Be blind or disabled according to Social Security Administration criteria.

If one of the categories above is met, the person 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 the household size.
- Resources must not exceed the program resource limits. (There is no resource limit for people eligible for the MAGI Medicaid program.)

To receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces at several points:

- For all new applications.
- For the annual eligibility re-evaluation.
- Whenever a household or income change is reported.

The MAGI Medicaid program is designed to provide Medicaid benefit programs for children, pregnant women and parents or caretaker relatives of dependent children. This program only considers the Modified Adjusted Gross Income (MAGI) in the eligibility calculation and does not include any resources.

Income limits are different for the different Medicaid categories. For example, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is less than \$3,840 per month. The parents in this family would be eligible for Medicaid coverage if their income was below \$540 per month. Income limits are different for individuals with disabilities or for pregnant women. Single adults with no children and no disabilities are not eligible for Medicaid coverage. A table showing eligibility income limits for Idaho Medicaid can be found at: [www.benefitprograms.dhw.idaho.gov](http://www.benefitprograms.dhw.idaho.gov).

The average monthly Medicaid enrollment increased by 10 percent during SFY2015. As of June 2015, about 293,000 people were receiving Medicaid services in Idaho. The Division of Welfare receives approximately 10,000 Medicaid applications per month and on average completes an eligibility decision on a Medicaid application in four days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The re-evaluation period is performed each fall to coincide with the open enrollment period for the Affordable Care Act. In SFY2015 the department reviewed nearly 123,000 applications for health coverage assistance, including Medicaid and the Advanced Premium Tax Credit (APTC).

In 2014, Idaho transitioned to a state insurance marketplace called Your Health Idaho (YHI). The insurance exchange allows Idahoans to purchase private health insurance for their families. DHW partnered with YHI to integrate the eligibility function in determining the Advanced Payment of Tax Credit for eligible families. The APTC helps families with income between 100%-400% of the federal poverty limit that are not eligible for

Medicaid coverage to pay a portion of the cost of health insurance. DHW processes all financial applications for YHI and determines the amount of tax credit a family is eligible to receive and then redetermines that tax credit on an annual basis. DHW allocates the costs associated for completing the eligibility function to YHI to ensure no state general funds or resources are used to pay for these services.

## 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. The program serves an average of almost 1,900 households and 2,800 individuals.

Approximately 92% of households are child-only cases; the remaining 8 percent are single- or two-parent households. Child-only cases are usually relatives caring for a child whose parents cannot care for them.

Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. These funds help pay for food, shelter, clothing and other essentials. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults. 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.
- Meet income eligibility limits for family size.
- Meet personal asset limits.
- Cooperate with Child Support enforcement.
- Participate in a drug and alcohol abuse screening and if determined to be in need of treatment must comply with a treatment plan.
- Participate in the Enhanced Work Services program and meet strict participation requirements.

All eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense job coaching and case management ensures that the state always has the most up-to-date status on the family to determine eligibility.

Idaho's TAFI cash assistance program requires participation in work preparation activities that build or enhance the skills needed to increase participants' income so they become self-sufficient. They are required to participate 20 – 40 hours per week (depending on family composition) for approved activities, including but not limited to searching for a job, 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 ineligible to receive TAFI cash. Child-only cases are not subject to work participation requirements.

**TAFI Monthly Enrollment and Total Annual Benefits**



**2. Aid to the Aged, Blind, and Disabled (AABD)**

AABD provides cash assistance to certain low-income people who also receive medical assistance because they are blind, disabled, or age 65 or older. AABD cash assistance is intended to supplement the person's income to help them meet the needs of everyday living.

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 MOE provides a monthly average cash benefit amount of \$53 per enrollee. AABD cash payments are paid with 100% state general funds and can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the person receiving the payment.

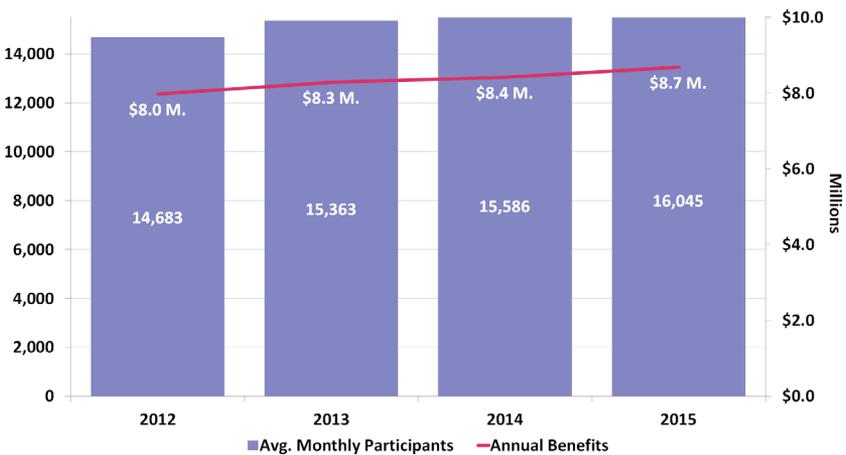
Individuals are eligible to receive AABD cash assistance if they meet the following program, income and resource requirements:

- The income limit for an individual receiving AABD cash assistance is \$786 per month, or \$1,120 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) or Social Security Disability Income (SSDI).
- The living arrangement of the person will determine the amount of cash assistance he or she receives. People who live in a certified family home are not eligible for AABD cash benefits.

On average, 16,045 individuals received AABD cash payments each month during SFY2015.

### 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.
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. Any parent or guardian may apply for enforcement services for a one-time \$25 fee. Enforcement services are required if a custodial parent is

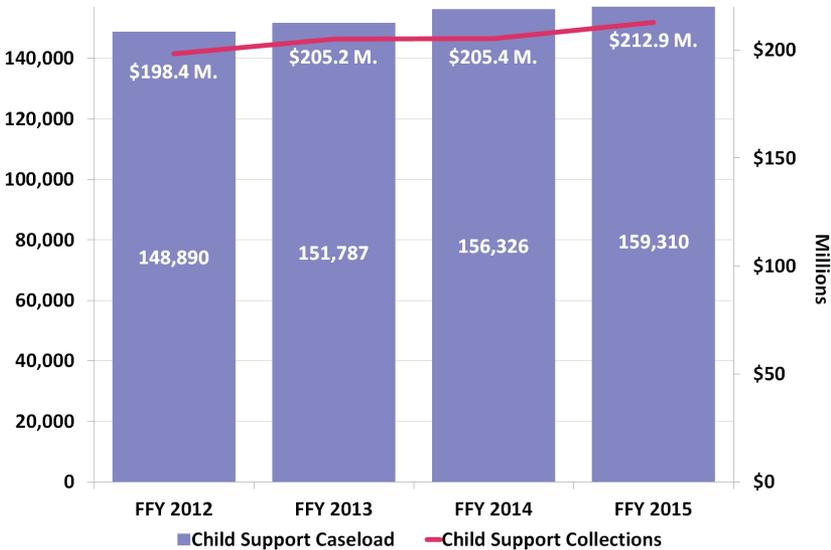
receiving cash assistance, food stamps, Medicaid, or child care; services are provided to the benefit recipient at no charge.

Enforcement services include:

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

In FFY2015, the Child Support Program administered 159,310 child support cases. This includes 36,987 Receiving Services Only (RSO) cases. The program collected and distributed more than \$212.9 million. About 86% or \$183 million of that is from enforcement methods, and the remaining 14% or \$30 million is from Receiving Services Only.

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



About 1 in 4 Idaho children rely on Child Support Services. About 67% of the families with a child support case participated in a benefit program. DHW’s goal is to ensure that children have access to the support needed to help them thrive and succeed. Child support can often be the stabilizing factor in ensuring children eat healthy, have access to healthcare, and have positive learning and education opportunities. DHW strives to support families in making this possible by helping them obtain support orders, enforcing child support payments, providing information to both parents, and getting payments to children quickly. Idaho serves over 400,000 individuals through the Child Support Program every year.

## Child Support Program Participation for FFY 2015

Parents and children	415,000 individuals
Non-custodial parents	132,200
Custodial parents	126,000
Children receiving services	181,000

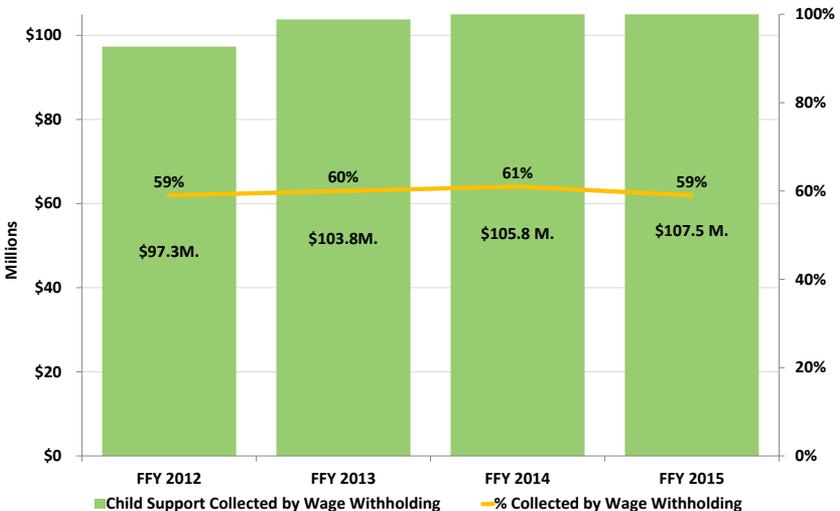
*\*Individuals may receive services from more than one case, making rows not additive to the total unduplicated count of individuals.*

## Child Support Enforcement Methods

The Idaho Child Support Program uses a variety of methods to enforce child support orders. Just over half (53%) of Idaho child support cases owe past-due support. The primary tool for enforcing payments is wage withholding, where wages are automatically deducted from the payee's employment check. This requires coordination with employers across the state of Idaho. Other tools include new-hire reporting through electronic data matching, license suspension, federal and state tax offsets, and direct collection methods, including financial institution data matching. The Idaho Child Support Program collects \$7.28 for every dollar it spends. Idaho ranks 9th nationally for cost effectiveness in child support collections.

During FFY2015, the Child Support Program receipted 564,364 payment transactions, completed 236,476 customer service calls, and 621,792 interactive voice response calls.

## Child Support Collected Through Wage Withholding



**Wage Withholding:** Wage withholding is the most important tool the state uses to collect child support payments from noncustodial parents who are not voluntarily making their payments. Growth in collections by wage withholding is partly because of improved accuracy, new-hire reporting, and nationwide employment matching services. In FFY2015, \$107.4 million was collected using this tool, accounting for 59 percent of all the state's child support collections, as shown in the chart on the previous page.

**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 1,936 people per month in FFY 2015.

**License Suspension:** Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses, and occupational licenses. During FFY 2015 approximately 1,391 noncustodial parents qualified for license suspension monthly. On average there were 103 licenses suspended each month. Most noncustodial parents enter into a repayment agreement before having their license suspended, which accounts for the difference in the numbers.

**Federal and State Tax Offset:** Noncustodial parents who are behind in their payments are subject to state and/or federal tax offsets. In FFY 2015, households who receive child support enforcement services received \$14.9 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.

## Intergovernmental

Idaho provides intergovernmental services to parents living in Idaho when the other parent lives in another state, a U.S. territory, on tribal land, or a foreign country. Idaho has reciprocity with all states in the U.S. and its territories. In FFY 2015, Idaho had 25,423 interstate cases, where one parent lived in another state. Idaho has 87 international cases, where one parent lives in another country with reciprocity in Idaho:

Australia	11	Canada	49
England	5	Finland	1
Germany	14	Netherlands	2
Norway	1	Poland	1
Sweden	3		

In 2015, Idaho passed the Uniform Interstate Family Support Act of 2008, which refined existing practices for the establishment and enforcement of support orders with foreign countries who are party to an international treaty or who have entered into reciprocating agreements. This important legislation will ensure privacy, consistency, and efficiency in establishing and enforcing support orders for people living in other states as well as in certain foreign countries.

Although the UIFSA 2008 added some new countries to the list of countries we have current reciprocity agreements with, Idaho has not established any new Child Support orders with these new countries since the legislation was passed.

All but five states/territories have approved UIFSA 2008; Michigan, Pennsylvania, New Jersey, Massachusetts, and the US Virgin Islands are in the process of final approval.

Once UIFSA 2008 is enacted, the President will sign the instrument of ratification. Until the ratification of the treaty, Idaho will continue to use existing reciprocity agreements to ensure parents living in Idaho when another parent lives in a foreign country will continue to receive service from the Idaho Child Support Program.

## **Child Support Service Fees**

The Child Support Program provides services for parents who need help 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 noncustodial 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 DHW. Partnership programs provide participants with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

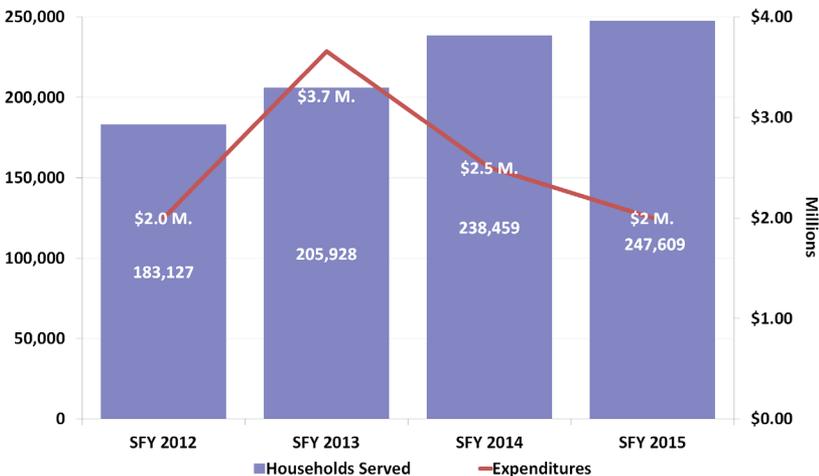
Much of the funding for these services comes from federal grants. The services provide additional work supports for low-income families and often meet their needs so they do not have to access DHW programs. Partnership programs also can bridge the gap for individuals and households transitioning from 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 help eligible community members in their regions through the following programs:

**Community Services Block Grant (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. Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 87,021 individuals and spent approximately \$3.5 million in SFY2015.

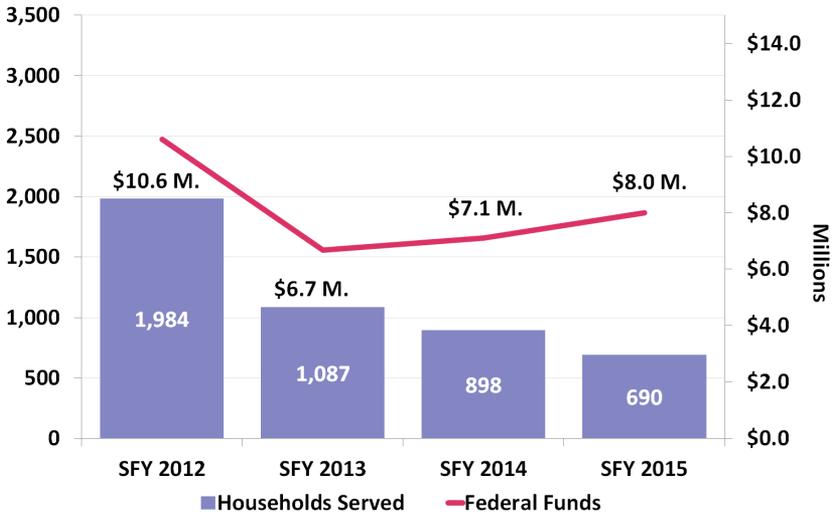
**The Emergency Food Assistance Program (TEFAP)** helps supplement the diets in Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the state. In Idaho, community action agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY2015, TEFAP distributed nearly 2.2 million units of food valued at more than \$2 million to 247,609 households.

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



**Weatherization Assistance Program** helps low-income families conserve energy, save money, and improve living conditions by upgrading and weatherizing their 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 \$8 million for efficiency improvements to 690 Idaho households in SFY2015.

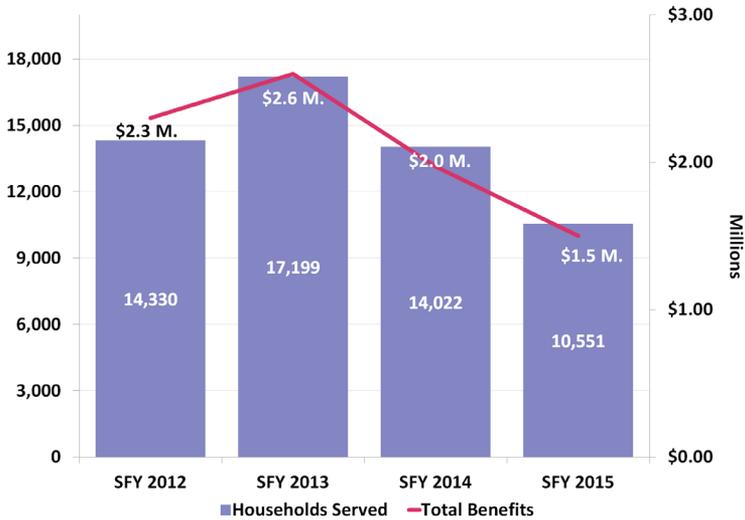
**Weatherization Assistance Program  
Total Households Served and Annual Expenditures (Federal)**



*Note: The total funds represented in these charts are federal funds allocated to the state for weatherization services. Weatherization agencies also receive private funds from utility companies that are not included in these charts. Agencies typically use a mixture of private and federal funds to weatherize homes. Annual decreases in households served is due to an annual increase in the cost per unit limit from DOE resulting in additional energy efficiencies to be installed per dwelling.*

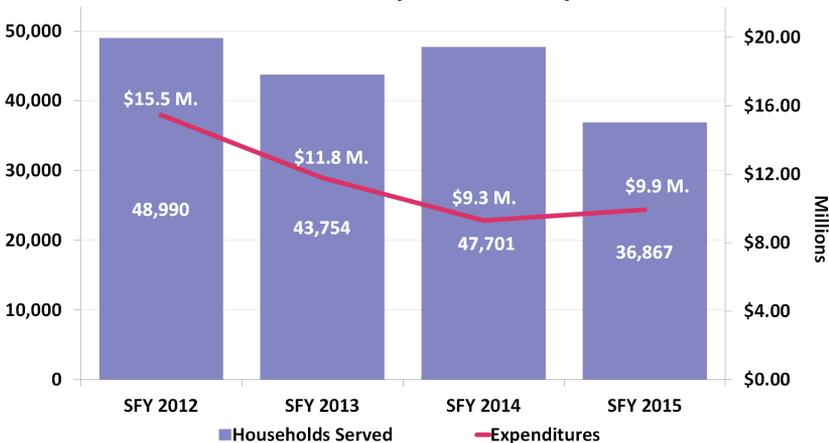
**The Idaho Telecommunications Service Assistance Program (ITSAP)** pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by telephone companies using monthly fees collected from service customers. In SFY2015, the program served 10,551 households, with a monthly benefit of about \$11.75 per household. Benefits for the state fiscal year totaled approximately \$1.5 million. (See chart on next page.)

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



**Low-Income Home Energy Assistance Program (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 36,867 households pay \$9.9 million in energy costs in SFY2015. Up to \$250,000 in voluntary contributions of Idaho's Grocery Tax Credit are also used to provide some funding to Idaho's LIHEAP Program.

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



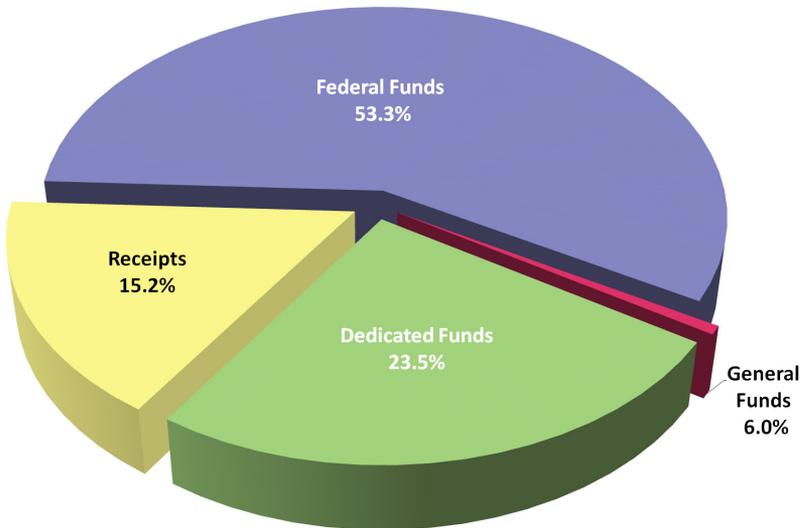
## Division of Public Health

**Elke Shaw-Tulloch, Administrator, 334-5950**

The Division of Public Health protects the health of Idahoans through a wide range of services, including immunizations, nutrition services, chronic and communicable diseases surveillance and intervention, food safety regulation, emergency medical personnel licensing, vital records administration, health statistics compilation, rural healthcare provider recruitment, laboratory services and bioterrorism preparedness. The division's programs and services promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idahoans. The division contracts and coordinates with local district health departments and other local providers to deliver many of these services throughout the state.

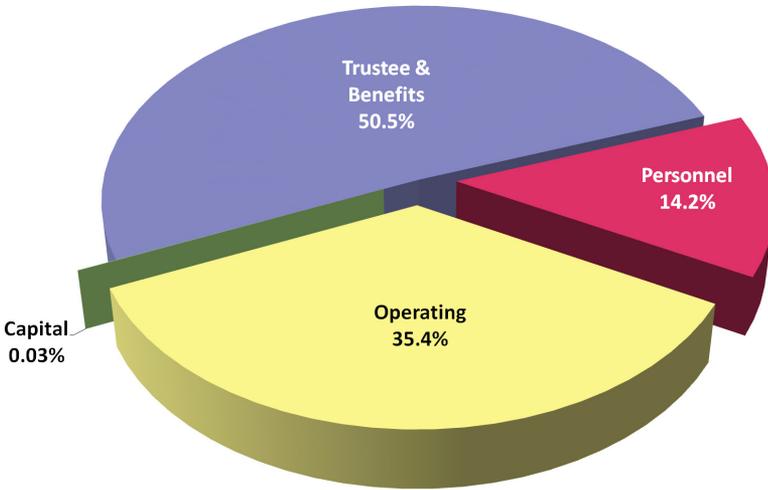
The division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services and Preparedness, Vital Records and Health Statistics, Laboratories, Rural Health and Primary Care, Communicable Disease Prevention, and Public Health Business Operations.

### Public Health SFY 2016 Funding Sources

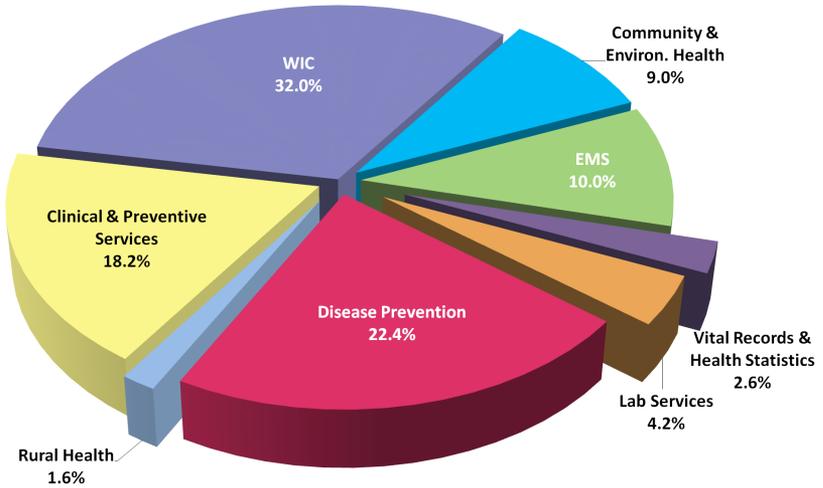


*Authorized FTP: 221.5; Original SFY 2015 Appropriation: General Funds \$6.8 million, Total funds \$113.1 million; 4.3% of Health and Welfare funding.*

### Public Health SFY 2016 Expenditure Categories



### Public Health Spending by Program



## 2015: Protecting Public Health for Idaho

- **Division of Public Health:** The Division of Public Health published "Get Healthy Idaho: Measuring and Improving Population Health." The document outlines a new initiative that consists of two integral parts:
  1. A statewide, comprehensive population health assessment that provides a foundation for understanding the health of Idahoans and communities.
  2. The first part will be followed by a population health improvement plan that focuses public health efforts on specific priority areas; access to care, diabetes, heart disease and obesity.

The intended outcome of "Get Healthy Idaho" is to improve the health of all Idahoans through broader partnerships to deliver the outlined strategies.

- **Public Health Business Operations:** The Division of Public Health is pursuing national public health accreditation through the Public Health Accreditation Board (PHAB). The goal of national accreditation is to improve and protect the health of the public by advancing the quality and performance of health departments. The process of accreditation will measure the division's performance against a set of nationally recognized, practice-focused and evidenced-based standards. The Bureau of Public Health Business Operations is leading this work for the division. A statement of intent was submitted to the Public Health Accreditation Board in August of 2014; a formal application was made in August 2015.
- **Bureau of Rural Health and Primary Care:** This bureau is a key partner in the State Healthcare Innovation Plan (SHIP), with a focus on efforts to improve access to healthcare services in rural and underserved communities. These efforts include establishing Community Health Emergency Medical Service (CHEMS) programs, Community Health Worker (CHW) programs, expanding telehealth in patient-centered medical homes, and establishing seven regional health collaboratives through partnerships with local public health districts. These new, innovative projects are being developed with input from stakeholders statewide. Implementation is planned for February 2016.
- **Bureau of Community and Environmental Health:** Project Filter, Idaho's Tobacco Prevention and Control Program, partnered with one of Idaho's largest health systems to link clinical and state-supported cessation services. The health system integrated the Idaho QuitLine fax referral into a new clinical tobacco cessation program in one inpatient and two outpatient settings. In doing so, patients received tobacco dependence treatment from a trusted healthcare provider and continued support from the Idaho QuitLine at home. The partnership

resulted in the referral of 324 patients to the Idaho QuitLine. In SFY2015, a total of 589 Idahoans were referred to the Idaho QuitLine by a healthcare provider, a 343% increase from SFY2014.

Evidence in the U.S. Public Health Service Clinical Practice Guideline demonstrates that an intervention using both medication and counseling, such as a QuitLine, is four times more effective than quitting tobacco without those aides. Project Filter continues to offer eight weeks of free nicotine gum, lozenges, and patches to eligible individuals.

- **Bureau of Clinical and Preventive Services:** The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (CollIN). A CollIN state team consisting of Title V directors, the major health systems, March of Dimes, Medicaid, data experts, and providers is developing a state plan to reduce infant morbidity and mortality. The Maternal, Infant and Early Childhood Home Visiting Program has expanded service delivery through all seven local public health districts.

The Breast and Cervical Cancer Screening Program (Women's Health Check) has extended screening services to include 21 to 39 year olds for cervical cancer screening beginning in SFY2016. Idaho ranks 50th for mammography screenings and 46th for Pap screenings.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is beginning the process to move from paper benefits to electronic benefits. A contractor will assist the program in implementation readiness assessment. The program goal is to make the transition by 2018; it is required federally by 2020.

The HIV, STD, Hepatitis Program (HSHP) was contacted by the President's Emergency Relief Plan for AIDS Relief (PEPFAR) to assist in the creation and implementation of a Partner Services/Disease Investigation pilot project. The Idaho program is the only state health department asked to provide technical assistance. The technical expertise of the HSHP program manager, Aimee Shipman, was used in Uganda in the fall of 2015. The HSHP Program manager will meet with CDC-Uganda, the Uganda Ministry of Health, Uganda District Health Teams and implementing partners to share her expertise.

- **Bureau of Vital Records and Health Statistics:** Idaho became the 55th Vital Statistics jurisdiction (out of 57) to join the Electronic Verification of Vital Events (EVVE) application. EVVE allows select local, state, and federal partners to verify information on vital records. This application is an important tool in the prevention of identity theft. Idaho also enjoyed its first full year of a partner with the State and Territorial Exchange of Vital Events (STEVE) application. STEVE allows for vital records jurisdictions

to exchange information as a fraud prevention tool. Idaho Vital Statistics, in collaboration with DHW's Information Technology Services Division (ITSD) released the newest version of the Electronic Birth Certificate system (EBC4). Our previous EBC system had been in place since 2003 and was built using technology no longer considered secure by today's IT standards. The bureau also released statistics on Idahoans through annual reports and fact sheets.

- **The Idaho Bureau of Laboratories (IBL)** responded to several emerging and re-emerging disease testing requests over the last year. IBL facilitated the testing of Enterovirus D68 samples through the Centers for Disease Control and Prevention to assist with the detection of this rare disease in Idaho. The bureau also began performing new methods for the detection of exotic pathogens such as Middle East Respiratory Syndrome Corona Virus (MERS-CoV) and Ebola virus disease (EVD). The bureau continues to provide testing for more traditional vaccine-preventable diseases such as measles and mumps. During Ebola virus disease response efforts, IBL worked with several hospitals and clinical laboratories to ensure that plans were in place to safely draw blood specimens from people under investigation for EVD and then package and ship them to IBL for testing.
- **Bureau of Communicable Disease Prevention:** Statute changes made in 2015 allow Idaho's immunization registry, the Immunization Reminder and Information System (IRIS) to send immunization records electronically to provider offices. Idaho providers can now look at their patients' immunization history stored in IRIS through their own electronic health record system instead of having to access the records separately through IRIS. These providers will have easier access to accurate and timely information about their patients' immunization histories, resulting in improved patient care and fewer missed opportunities to immunize patients against preventable diseases. This also allows providers to avoid duplicating immunizations patients already may have received.

The Refugee Health Screening Program's Community Health Advisor program, a culturally-appropriate community health worker model, supports about 70 refugees each month in accessing needed healthcare services and navigating the Idaho healthcare system. In the last two years, community health advisors have helped refugees keep more than 2,000 medical appointments. Advisors helped schedule appointments, arrange transportation, and navigate services. This program improves the health of refugees in the program by giving them tools and empowering them to self-manage their health.

The Epidemiology Program is collaborating with Idaho hospitals and public health districts to electronically receive data from Idaho hospital emergency departments in a secure, web-based system called BioSense. Seventeen of Idaho's hospitals are sending information about

emergency department visits that can be used to identify potential communicable disease clusters and outbreaks to supplement other sources of information about diseases in Idaho.

- Bureau of Emergency Medical Services and Preparedness:** The Time Sensitive Emergency (TSE) program is being implemented in Idaho to provide a system of care for three of the top five causes of death in Idaho: trauma, stroke, and heart attack. The TSE program's goals include creating a system of care to decrease mortality, improve patient outcomes, and lower healthcare costs. This is being accomplished by using evidence-based best practices of care and by streamlining the patient treatment process regionally, involving EMS and hospitals. In the first year of the program, the governor-appointed TSE Council promulgated its rules and standards and established the six TSE regional committees. Currently in its second year, the TSE program is designating trauma, stroke, and cardiac centers across the state. This designation process is similar to the various national accreditation bodies, except that hospitals here will have the option to be state-designated. This process was chosen as a better fit for Idaho's needs.

The Public Health Preparedness Program coordinated Idaho's planning and response to the domestic Ebola threat. PHPP collaborated with federal, state, and local partners to ensure that the public health and healthcare systems in Idaho are ready to effectively handle potential Ebola cases in the state. PHPP also worked with the University of Idaho and the state's seven public health districts to complete the Idaho Jurisdictional Risk Assessment Project, which assesses the effects of various hazards on the public health and healthcare systems in the state. Forty-four county-level JRAs were produced during this three-year project. Local planners will use the assessments to identify gaps in preparedness planning and focus mitigation efforts where they are most needed.

## Bureau of Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Family Planning, STD and HIV, Maternal and Child Health (including newborn screening, home visiting and services for children with special healthcare needs), Women's Health Check breast and cervical cancer screening, and the Women, Infants and Children (WIC) supplemental nutrition program.

### HIV, STD and Hepatitis Programs

HIV, STD and Hepatitis Programs (HSHP) is made up of four separate programs that manage and monitor HIV prevention, HIV care, STD prevention, and prevention services related to viral hepatitis in Idaho.

HSHP works closely with local public health districts and community-based organizations to ensure prevention and care services are available to target populations.

The primary HIV prevention services provided through HSHP include HIV testing, counseling, and referral; condom distribution; and HIV disease investigation services for newly infected people and their partners. HSHP also manages services for those infected with HIV, including medical case management services and support services to enhance access to and retention in HIV medical care and treatment.

STD prevention related services through HSHP are mainly offered through partnerships with local public health districts. Services include STD testing and treatment; STD education and outreach; and STD disease investigation services for newly infected people and their partners. HSHP also coordinates Hepatitis C rapid testing throughout the state in drug treatment and community-based organization settings.

HSHP monitors HIV and STD trends throughout the state and deploys resources to partners so targeted interventions can be implemented to combat the spread of disease. Recent 2014 data indicates that the rate of chlamydia in Idaho has decreased slightly compared to the previous year. But the rate of gonorrhea in Idaho has more than doubled since 2013. Syphilis rates have remained steady and low in Idaho over the past several years.

Rate of Sexually Transmitted Diseases			
CY	Chlamydia	Gonorrhea	Syphilis
2014	333.1	27.1	2.8
2013	336.5	13.1	2.7
2012	285.1	10.5	3.3
2011	296.5	10.2	2.6

*Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 94.*

## 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. The program is entirely federally funded. It provides an average of \$58 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 2011	Feb.-July 2012	SFY 2013	SFY 2014	SFY 2015
Clients Served	44,691	43,858	43,887	41,616	40,951
Average Voucher	\$48	\$50	\$53	\$53	\$58

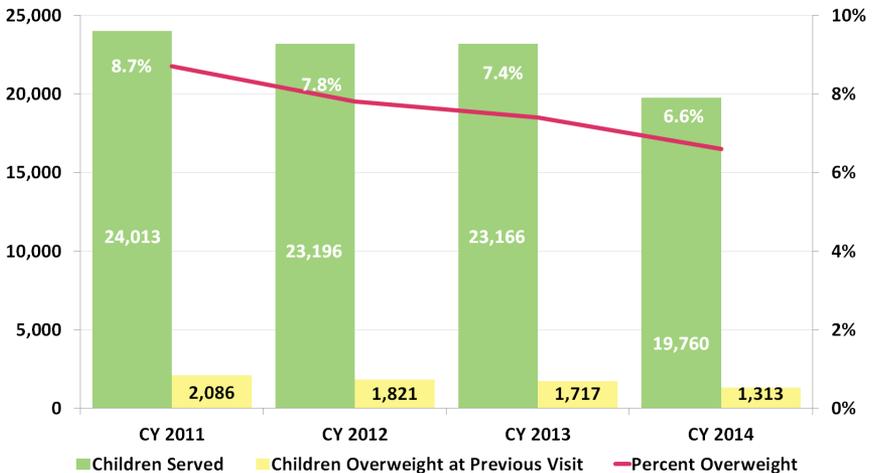
*\*Note: WIC Program began new tracking system in 2012; average monthly data are based on six months (Feb-July 2012).*

The vouchers WIC provides to parents and caretakers can be used to purchase specific foods based on their 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.

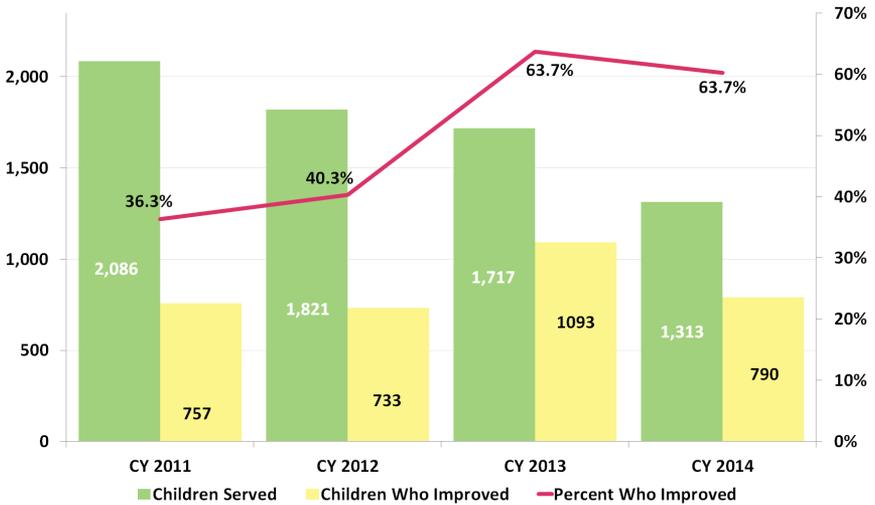
Participants typically attend nutrition education sessions four times each year. In addition to clinical assessments related to nutritional status, children are weighed and measured at each visit to obtain their Body Mass Index (BMI).

WIC provides early intervention through nutritional counseling to caretakers of nearly half of all infants (up to 12 months of age) born in Idaho. In 2013, the program served 23,166 children ages 2 to 5 years. Of those children, 1,717 were identified as overweight based on their BMI. Through WIC nutritional counseling, 1,093 children (64%) improved their weight status by at least 1 percentile on the Centers for Disease Control and Prevention’s BMI for Age Chart at their next WIC visit. For more information about the WIC program, please visit [www.WIC.dhw.idaho.gov](http://www.WIC.dhw.idaho.gov).

**Children Served and Those Overweight, Ages 2-5**



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



### Women's Health Check

Women's Health Check offers free breast and cervical cancer screening for low-income women. Historically, the program has served women ages 50-64. In May 2015 the program extended cervical cancer screening services to include women ages 21-39 years. Qualifying participants must have incomes below 200% of federal poverty guidelines and 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. Idaho Millennium Funds has helped support screening services since SFY2011. The program started tobacco use and cessation evaluation for WHC clients in SFY2012.

Every Woman Matters is a law passed by the 2001 Idaho Legislature that provides cancer treatment coverage through Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Women who are not enrolled in Women's Health Check but are diagnosed with breast or cervical cancer do not qualify for coverage under the Every Woman Matters law.

The program has screened women in Idaho since 1997. The number of providers doing the screenings has increased from year-to-year to more than 400 statewide, allowing more women to be referred to the program and screened. The average age at screening is 51.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
SFY 2015*	3,064	36	1	37
SFY 2014	3,975	58	6	28
SFY 2013	4,717	79	4	49
SFY 2012	4,476	77	3	52
SFY 2011	4,696	77	3	58

\*Data are based on records as of August 18, 2015, and are preliminary.

## Maternal and Child Health (MCH) Programs

Family Planning, Newborn Screening, Home Visiting and Children's Special Health programs are under the MCH Program umbrella.

**The Family Planning Program** administers funding to six of the seven local public health districts that provide comprehensive family planning services for Idahoans at 38 clinic sites, including services at juvenile detention centers.

During CY2014, the Family Planning Program served 17,146 clients in 27,689 visits. 10.2 percent of those clients (1,751) were 15-17 years old and both female and male. In CY2014, 84.5 percent of participants had household incomes of 150% or less of the federal poverty level.

Idaho's teen pregnancy rate is 10.7 pregnancies per 1,000 females ages 15-17, well below the Healthy People 2020 goal of no more than 36 pregnancies per 1,000 females, and also below the average national rate of 30.1 for that same group. Idaho's teen pregnancy rate is 47% lower than it was 10 years ago, when the rate was 20.9.

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

CY	Number	Rate per 1,000 Females
2014	369	10.7
2013	375	11.1
2012	496	14.8
2011	488	14.6

*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 that 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%) 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 Newborn Screening Program** works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for more than 46 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, and congenital hypothyroidism.

Severe Combined immunodeficiency (SCID) will be added to the screening panel starting Jan. 1, 2016. Newborn screening provides an opportunity for diagnosis and treatment through early detection. Timely treatment allows for normal growth and development and a reduction in infant morbidity and mortality. Most infants with conditions identified through screening show no obvious signs of disease immediately after birth. It is only with time that the conditions that could affect the infant's health and development become more obvious.

In Idaho, two newborn screens are conducted, one within 24 to 48 hours of birth and another when the infant is between 10 and 14 days old. Some conditions are detected on the first screen and others on the second screen. For each screen, a small amount of blood is collected from the baby's heel and placed on special filter paper. The filter paper is sent to a regional laboratory for testing. The Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider when a screening is positive to ensure timely diagnosis and treatment.

The Newborn Screening Program has been screening Idaho babies since 1963. New technology allows screening for a large number of conditions from a small amount of blood. While each of the screened conditions is rare, collectively they affect about 1 in 1,000 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho.

For more information, please visit [www.NBS.dhw.idaho.gov](http://www.NBS.dhw.idaho.gov).

Number of Babies Screened, Presumptive Positives, and Diagnosed Conditions by Year			
Year	Babies Screened	Presumptive Positives	Diagnosed Conditions
CY 2014	22,263	989	20
CY 2013	21,769	1,067	19
CY 2012	22,185	875	19
CY 2011	21,706	614	19
CY 2010	22,751	691	29

*\*Data are based on babies receiving first newborn screen.*

**Number of Diagnosed Conditions by Type and Year**

Condition	CY 2011	CY 2012	CY 2013	CY 2014
Phenylketonuria	1	0	1	0
Congenital Hypothyroidism	4	7	6	6
Galactosemia	1	0	1	1
Cystic Fibrosis	6	4	4	7
Other	7	8	7	6

## Bureau of Communicable Disease Prevention

The Bureau of Communicable Disease Prevention encompasses programs that monitor disease trends and epidemics, assists newly arrived refugees in receiving health screenings, helps safeguard Idaho's food supply, and prevents diseases through vaccinations.

### Epidemiology

Epidemiology staff track trends in reportable diseases that impact Idahoans, including whooping cough, salmonellosis, tuberculosis, and influenza. They offer consultation and direction to public health districts about the investigation and intervention of diseases; develop interventions to control outbreaks and prevent future infections; and deliver tuberculosis consultation and treatment services.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. The use of electronic systems significantly reduces the time it takes to receive and respond to reports of disease and then intervene. Today, more than 95% of reports from laboratories are handled electronically and Idaho's web-based electronic disease reporting system, the Idaho National Electronic Disease Surveillance System base system (Idaho NBS) has been used for all non-sexually-transmitted reportable diseases since 2005. By the end of 2015, this system will also manage reportable sexually transmitted disease information, and Idaho will have a truly integrated reportable disease system, resulting in more timely exchange of information and response to reports of disease.

## Bloodborne Diseases

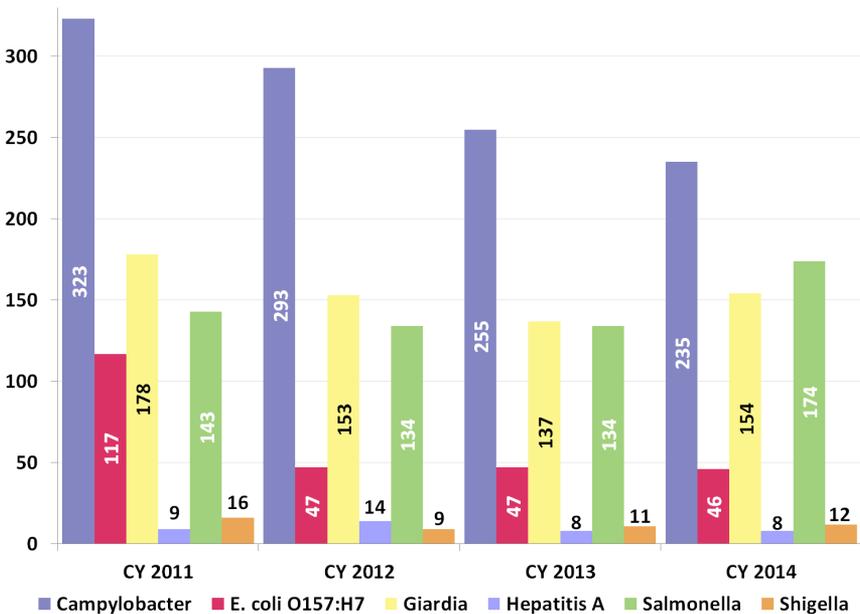
Bloodborne diseases, such as HIV and hepatitis B and C are usually transmitted through infected blood when people share contaminated needles, in transfusions, or in the exchange of bodily fluids during sexual contact.

	CY2011	CY2012	CY2013	CY2014
<b>Bloodborne Diseases</b>	67	59	64	43
<b>New HIV/AIDS Reports</b>	50	41	39	21
<b>Idaho Residents Living with HIV/AIDS*</b>	1,377	1,356	1,535	1,544
<b>Acute Hepatitis B</b>	3	6	12	11
<b>Acute Hepatitis C</b>	14	12	13	11

\*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 and water, or hand-to-mouth because of inadequate handwashing after 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 at local public health districts in Idaho. It also updates rules regulating food safety.

Idaho's public health districts inspect food facilities, conduct investigations of complaints, and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts work closely with the Food Protection Program and environmental health specialists at the public health districts to investigate suspected and confirmed foodborne illnesses at licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

	SFY2012	SFY2013	SFY2014	SFY2015*
<b>Foodborne Outbreaks</b>	<b>11</b>	<b>14</b>	<b>7</b>	<b>12</b>
<b>Licensed Food Establishments</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>6</b>
<b>Other Sources/Venues</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>6</b>
<b>People Ill</b>	<b>92</b>	<b>33</b>	<b>60</b>	<b>330</b>

\* Data are provisional. Only confirmed and probable outbreaks and cases are counted.

## Refugee Health Screening Program

The Refugee Health Screening Program's primary responsibility is to ensure that refugees receive a complete health screening and necessary follow-up care when they arrive in Idaho.

Program goals include:

- Ensure follow-up with medical issues identified from an overseas medical screening.
- Ensure early identification and management of refugees infected with or at risk for communicable diseases of potential public health importance.
- Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life.
- Introduce refugees to the Idaho healthcare system.

The Refugee Health Screening Program also works with other staff with expertise in tuberculosis, immunizations, infectious diseases and epidemiology. The program also engages community partners such as the Idaho Division of Welfare and the Idaho Office for Refugees 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) strives to increase immunization rates and awareness of childhood diseases that are preventable if children get vaccinated. IIP provides educational resources to the general public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho, which provides vaccines for children who are covered by Medicaid or are who are uninsured, American Indian or Alaskan Native.

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

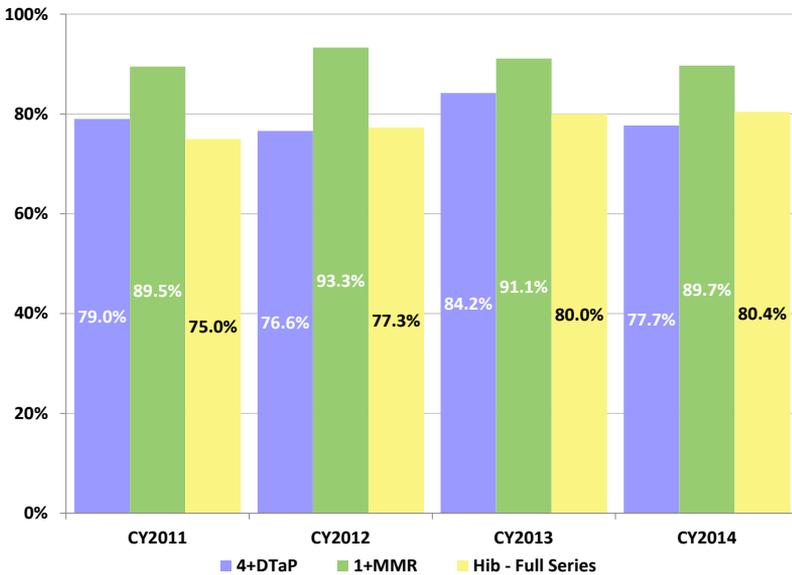
The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy as well as updates about state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory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

IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include site visits and educational opportunities for school nurses and facility staff. During these visits, IIP staff reviews immunization records and provides training to increase the knowledge of school nurses and staff about the immunization schedule, school or childcare immunization rules, and protocols for vaccine-preventable disease outbreaks among children in the facility. For the 2014 to 2015 school year, 84 percent of children enrolled as kindergartners in Idaho schools were in compliance with the standards set in Idaho Administrative Rules.

**Number of Childhood Vaccine Preventable Diseases**

Disease	CY 2011	CY 2012	CY 2013	CY 2012
<b>Haemophilus influenzae b (Hib, invasive)</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Measles</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Mumps</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>26</b>
<b>Pertussis (whooping cough)</b>	<b>192</b>	<b>235</b>	<b>237</b>	<b>367</b>
<b>Rubella</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>195</b>	<b>235</b>	<b>237</b>	<b>393</b>

### Immunization Rates for Select Childhood Vaccines



### Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system operating since 1999 that allows healthcare providers, schools, and childcare facilities to access vaccine records for people of all ages who live in Idaho.

IRIS was an "opt-in" registry until 2010, meaning people had to provide consent before their records could be stored in IRIS. Beginning in July 2010, Idaho's registry became "opt-out." This means all babies born in Idaho are entered into IRIS via their electronic birth certificates. IRIS remains a voluntary registry because parents and/or legal guardians can have their children's records removed at any time.

The IRIS database was migrated to a new code platform in 2012 and is now based on the open-source Wisconsin Immunization Registry (WIR). Versions of the nationally recognized WIR system are deployed in more than 20 states.

#### Idahoans Enrolled in Registry

	SFY 2012	SFY 2013	SFY 2014	SFY 2015
<b>Ages 0-35 months</b>	68,513	73,973	81,504	79,096
<b>Ages 3-5 years</b>	84,353	89,969	88,266	85,949
<b>Ages 6-18 years</b>	303,076	353,664	374,247	392,079
<b>Ages &gt; 18 years</b>	555,531	670,659	747,163	845,722
<b>Total</b>	1,011,473	1,188,265	1,291,174	1,402,846

## Vaccine Distribution

The IIP provides vaccines for children eligible through the Vaccines for Children (VFC) Program, sponsored by the federal Centers for Disease Control and Prevention (CDC). The IIP also purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 700,000 vaccine doses statewide to about 330 providers, including local public health districts, hospitals, clinics, and private physicians.

### Vaccine Adverse Event Reporting System (VAERS)

In SFY2015, Idaho submitted 10 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 are mild and vary from pain and swelling around the vaccination site to fever and muscle aches. Serious adverse reactions to vaccines rarely occur.

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

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2015	10	897,605	.1
SFY 2014	18	951,841	0.1
SFY 2013	13	818,965	0.2
SFY 2012	34	827,028	0.4

## Idaho Bureau of Laboratories

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs in DHW, the public health districts, and other state agencies. The bureau offers a broad range of services in four areas:

### 1. Testing

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

## 2. Inspection

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

## 3. Training

- Technical consultation and work force development.
- Continuing education seminars and tele-lectures.
- Presentations at local, regional, and national conferences, meetings, workshops and universities.

## 4. Outreach

- Maintenance of a public-private Sentinel Laboratory Network.
- Development and validation of new analytical methods.
- Publication and presentation of applied public health research.

The bureau employs 38 highly trained scientific, administrative, and support staff in a facility in Boise. The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the principal state laboratory for the Idaho Department of Environmental Quality's Drinking Water Program. IBL also is accredited by Centers for Medicare and Medicaid Services as a high-complexity clinical laboratory. The bureau is the only Idaho Laboratory Response Network (LRN) reference laboratory for biological threat agents.

Examples of services the lab performs include tests for:

- Threat agents such as Ebola, plague, anthrax, smallpox, nerve gas, ricin, and toxic metals.
- 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 tuberculosis, influenza, Middle Eastern Respiratory Syndrome Corona Virus, and hantavirus.
- Animal-associated diseases such as rabies and West Nile virus.
- Environmental tests for air pollutants such as ozone or particulate matter.
- Mercury in fish.

The lab also tests public drinking water for total coliforms, E. coli, and regulated chemicals such as pesticides, nitrates, arsenic and cyanide, among others.

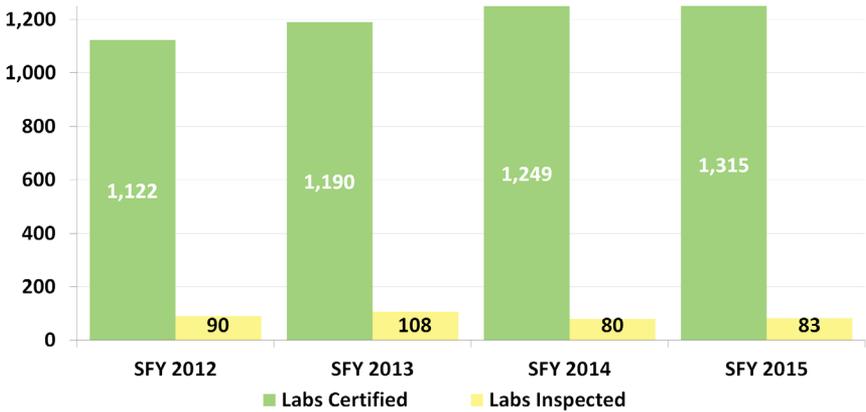
The Bureau's clinical laboratory inspector and certification officers conduct on-site evaluations and records reviews to support the registration and certification of clinical and environmental laboratories that provide testing services in Idaho. The testing proficiency of all

laboratories is monitored, regardless of the accrediting agency.

The number of inspected clinical laboratories in the chart below refers only to those inspected by the clinical laboratory inspector under CLIA regulations. This does not include 56 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 DHW inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs requiring on-site inspections. The bureau only inspects medium to high complexity labs, which account for 151 of the state's 1,249 registered labs.*

For more information about the Idaho Bureau of Laboratories please visit: [www.statelab.idaho.gov](http://www.statelab.idaho.gov).

## Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of people by providing:

- Strategies to reduce risk behaviors and prevent injuries.
- Programs to prevent and control chronic diseases.
- Policies and strategies to prevent and reduce exposure to contaminants.
- Leadership, education and outreach programs.

The bureau is made up of these programs:

- Comprehensive Cancer Control.
- Tobacco Prevention and Control.
- Physical Activity and Nutrition, which includes Fit and Fall Prevention.
- Oral Health.
- Diabetes Prevention and Control.
- Heart Disease and Stroke Prevention.
- Adolescent Pregnancy Prevention.
- Sexual Violence Prevention.
- Environmental Health, which includes Indoor Environment, Environmental Health Education and Assessment, and Toxicology.

### Tobacco Prevention and Control

The Tobacco Prevention and Control Program works to create a state free from tobacco-related death and disease. Called "Project Filter," the program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The 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.
- Identify and eliminate tobacco-related disparities.

Idaho is tied for 15th best in the nation for its low percentage of adults who smoked in 2013, which was 17.2 percent. The national rate of adults who smoked was 19.0 percent.

The Idaho State Department of Education conducts a survey of high school students every other year that collects data on smoking prevalence among adolescents. The most recent survey, from 2013, shows 12.2 percent of Idaho high school students smoked one or more cigarettes in the 30 days before the survey, which is down from 14.3 percent in 2011.

## Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling all Idahoans to be physically active and make healthy 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 residents health into account.

According to The State of Obesity: Better Policies for a Healthier America 2013 report, Idaho ranked 23rd nationally for obesity. The adult obesity rate in Idaho is 29.6 percent, with obesity defined as having a Body Mass Index (BMI) or 30 or higher. In 2013, Idaho high school students had an obesity rate of 9.6 percent, ranking Idaho 39th nationally. Obesity rates among low income children ages 2 to 4 in Idaho declined from 12.3 percent in 2008 to 11.5 percent in 2011, a statistically significant decrease.

IPAN continues to work on combating the obesity epidemic through initiatives that facilitate physical activity and healthy eating. In 2013, 82.8% percent of Idaho adults reported not having consumed the recommended five servings of fruits and vegetables per day. In addition, 23.7% percent of Idaho adults reported not participating in any physical activity over the past month. For Idaho youths, only 18.2% percent of high school students consumed fruits and vegetables five or more times during the past week. For activity, just over half (55.9%) of Idaho's high school students reported being active for at least 60 minutes on five or more days over the past week.

### Fit and Fall Proof™

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

From 2012-2014, falls were the leading cause of accidental death among Idahoans aged 65 and older. During this time, 88 percent of all unintentional deaths by falls were among people ages 65 and older. In 2013, Idaho Emergency Medical Services responded to 6,874 fall-related calls for individuals 65 and older. Eighty-one percent of those who fell were transported to a hospital. More females (65 percent) fell than males (35 percent). Estimated costs associated with fall-related calls in Idaho are as high as \$35 million.

Participation in FFP classes continues to expand in Idaho's local public health districts, with more than 100 sites offering the class to more than 7,000 seniors. Classes are offered at places where seniors gather, such as churches, libraries, senior centers, and community rec centers. Activities to promote the program take place statewide and include presentations to community groups and stakeholders to generate awareness of the program, recruit volunteer leaders, and increase the number of participants. In addition, connections with physicians and physical therapists are being made in Lewiston, Boise, and Idaho Falls to help establish a system of referrals to the program and increase clinicians' knowledge of the benefits of the community-based program.

Studies have shown that FFP has a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connectedness. As the population continues to increase and the program continues to grow, the need for effective community-based programs that promote "aging in place" also will rise. Moving forward, FFP will continue working toward becoming evidence-based to further prove its effectiveness and importance for Idaho's senior population.

<b>Injury Death Rate Due to Accidental Falls</b>			
	<b>&lt;65 years</b>	<b>65+</b>	<b>Total</b>
<b>CY 2014</b>	<b>2.0</b>	<b>86.1</b>	<b>14.0</b>
<b>CY 2013</b>	<b>1.9</b>	<b>74.8</b>	<b>12.0</b>
<b>CY 2012</b>	<b>1.7</b>	<b>84.2</b>	<b>12.7</b>
<b>CY 2011</b>	<b>2.5</b>	<b>80.5</b>	<b>12.5</b>

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

<b>Number of Deaths Due to Accidental Falls</b>			
	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2014</b>	<b>28</b>	<b>201</b>	<b>229</b>
<b>CY 2013</b>	<b>27</b>	<b>167</b>	<b>194</b>
<b>CY 2012</b>	<b>23</b>	<b>179</b>	<b>202</b>
<b>CY 2011</b>	<b>35</b>	<b>163</b>	<b>198</b>

## Idaho Comprehensive Cancer Control Program

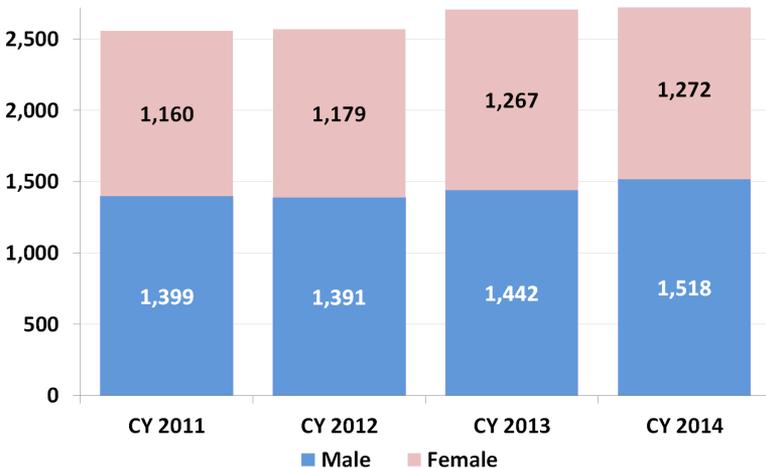
Cancer surpassed diseases of the heart as the leading cause of death in Idaho in 2008. It is estimated that 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal, skin (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, but the Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

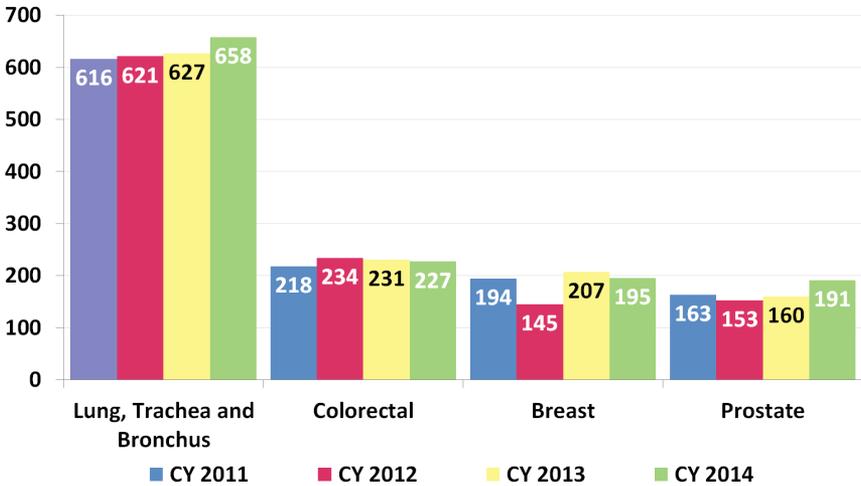
- Defines and raises awareness of the burden of cancer and cancer issues in Idaho.
- Develops new resources and networks with existing resources statewide.
- Implements strategies to reduce the burden of cancer and improve the quality of life for people who have or are in recovery from cancer.
- Increases 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 2014, Idaho reported 2,790 cancer deaths, increasing from 2,709 in 2013. Cancer was the leading cause of death for both males and females in Idaho in 2014.

### Idaho Cancer Deaths by Gender



## Idaho Cancer Deaths by Primary Site of Malignancy



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

## Diabetes Prevention and Control

The Idaho Diabetes Prevention and Control Program (DPCP), funded by the Centers for Disease Control and Prevention, aims to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

A statewide network of contractors, including local public health districts, health systems and other partners, works with the DPCP to conduct programs and projects, and are focused to:

- Improve the public's access to affordable, high-quality diabetes care and services, especially for people at high-risk.
- Educate the public and health professionals about how to prevent and manage diabetes.
- Develop programs and projects with partners that prevent diabetes and reduce the health complications related to the disease.
- Provide community level outreach linking people to evidence-based resources. Examples of resources include:

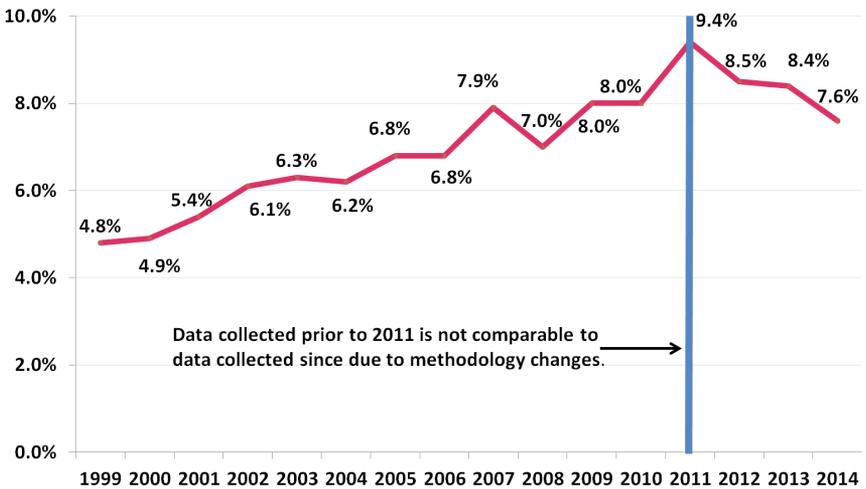
- o The National Diabetes Prevention Program, a lifestyle change program proven to reduce the risk of developing type 2 diabetes by 58%.

- o Diabetes Self-Management Education Programs designed to help people with diabetes achieve better metabolic control, improve lipid levels, reduce blood pressure, develop self-management skills and meet follow-up care guidelines.

- Facilitate the statewide Diabetes Alliance of Idaho (DAI). The DAI is an independent, volunteer organization consisting of individuals and agencies dedicated to the prevention and reduction of the personal and public impact of diabetes in Idaho communities. The DAI includes representatives from the general public, local health departments, universities, insurance and pharmaceutical companies, and a variety of community-based, voluntary, health and professional organizations. Membership is open to individuals and organizations with an interest in diabetes prevention and care.

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

### Percent of Adults Who Have Been Diagnosed with Diabetes 1999-2014



## Oral Health

In Idaho, oral health is a serious public health issue. Oral disease contributes to the impact and cost of overall healthcare and can contribute to cardiovascular disease, stroke, pre-term birth, poorly controlled diabetes, and other systemic conditions. The Idaho Oral Health Program (IOHP), funded by the Maternal and Child Health Block Grant, Centers for Disease Control and Prevention, and the DentaQuest Foundation, works with oral health champions and partners across the state to perform the essential public health functions:

- Assess and track dental disease rates.
- Create, support and evaluate evidence-based community disease prevention initiatives.
- Develop state oral health action plans to serve as a roadmap for improving oral health in Idaho.
- Facilitate active public/private partnerships to promote and support oral health.
- Reduce barriers to care and assure utilization of personal and population-based oral health services.
- Conduct and review research for new insights and innovative solutions to oral health problems.
- Assess public perceptions about oral health issues and educate/empower the public to achieve and maintain optimal oral health.
- Support a statewide oral health coalition, the Idaho Oral Health Alliance.

In addition to performing the essential public health functions, the IOHP provides funding to the local public health districts in the form of subgrants. Activities conducted by the public health districts include: Women, Infants and Children (WIC), Head Start and Early Head Start fluoride varnish programs; school-based dental sealant clinics in schools with more than 35% participation in the Free and Reduced Lunch Program. Additional programs with local partners include Give Kids a Smile and the Healthy Me is Cavity Free collaborative led by the Idaho Oral Health Alliance. All of the programs delivered by the public health districts include the provision of oral health screenings and/or assessments, oral health education and dental home referral when necessary.

Key findings of the *The Burden of Oral Disease in Idaho 2014 Report* include:

- Sixty-two percent of third-graders had some caries experience, primary or permanent teeth with decay or filled caries, or were missing permanent teeth because of dental decay. The Healthy People 2020 goal for children aged 6 to 9 is a rate of caries experience of 49% or less.
- Tooth loss because of dental caries or periodontal disease among adults 65-74 years of age increased from 15% to 16%.
- The proportion of oral and pharyngeal cancers detected at an

early stage was far from optimal. The current measure for Idaho is 3%. The Healthy People 2020 goal is 36%.

- The percentage of adults without dental insurance increased from 47% to 49%.

Functions of the program include:

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

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

## **Heart Disease and Stroke Prevention**

The Idaho Heart Disease and Stroke Prevention Program (HDSP), funded by the Centers for Disease Control and Prevention, is working to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

The HDSP works with a variety of partners across the state to address the goals. Partners include local public health districts, primary care healthcare systems, evidence-based community programs and other partners such as healthcare related associations and organizations. Projects are focused on:

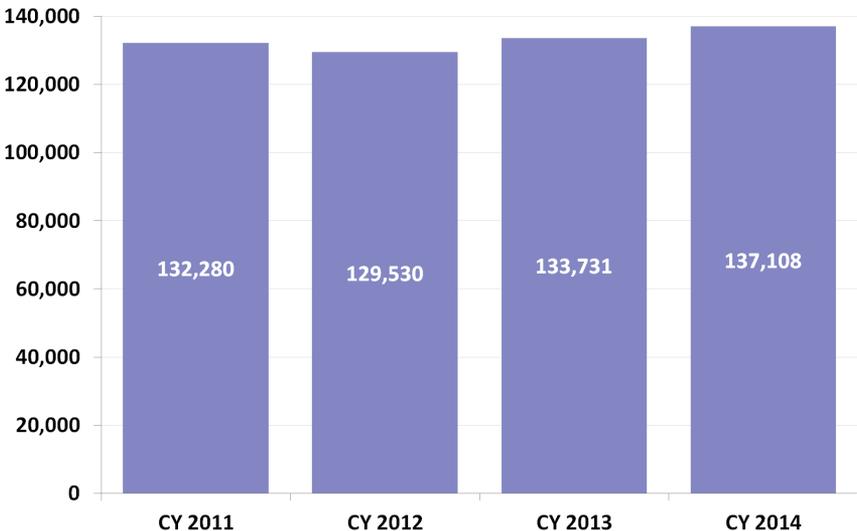
- Increasing reporting of blood pressure and measures.
- Promoting awareness of high blood pressure among patients.
- Increasing implementation of quality improvement processes for high blood pressure and control.
- Increasing the use of team-based care for patients with high blood pressure and/or diabetes in primary care healthcare systems.
- Increasing the use of healthcare extenders to support self-management of high blood pressure.
- Increasing the use of evidence-based community programs related to preventing or managing high blood pressure.

## 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 include birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends that 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.

Information for obtaining an Idaho certificate is available at [www.vitalrecords.dhw.idaho.gov](http://www.vitalrecords.dhw.idaho.gov). For statistical reports and publications, go to [www.healthstatistics.dhw.idaho.gov](http://www.healthstatistics.dhw.idaho.gov).

### Birth, Death, Marriage and Divorce Certificates Issued



## Bureau of Rural Health and Primary Care

The Bureau of Rural Health and Primary Care administers programs to improve access to healthcare 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. 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. The bureau uses federal guidelines to establish Idaho's HPSA designations.

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

	CY 2011	CY 2012	CY 2013	CY 2014
<b>Primary Care</b>	<b>96.7%</b>	<b>96.7%</b>	<b>97.8%</b>	<b>96.4%</b>
<b>Dental Care</b>	<b>93.9%</b>	<b>95.7%</b>	<b>97.0%</b>	<b>97.0%</b>
<b>Mental Health</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The Rural Health Care Access Program (RHCAP) provides state grants to improve access to primary care and dental health services in designated shortage areas. RHCAP awards are determined by the Rural Healthcare Access and Physician Incentive Program Board.

**RHCAP Grants for Primary Care and Dental Health Shortage Areas**

	SFY 2012	SFY 2013	SFY 2014	SFY 2015
<b>Grant Requests</b>	<b>\$543,883</b>	<b>\$595,926</b>	<b>\$599,824</b>	<b>\$516,265</b>
<b>Amount Awarded</b>	<b>\$178,800</b>	<b>\$183,300</b>	<b>\$183,300</b>	<b>\$184,200</b>
<b>Applicants</b>	<b>19</b>	<b>21</b>	<b>21</b>	<b>17</b>
<b>Awarded</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>8</b>

**Rural Physician Incentive Program**

The Rural Physician Incentive Program (RPIP) is a medical education loan repayment program for qualifying physicians serving in federally-designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state-supported programs at the University of Washington and University of Utah. Beginning July 2015, physicians may receive up to \$100,000 over four years (\$25,000 per year) for medical education debt. In SFY2015, 16 applications were received and six new physician applicants were awarded RPIP grants. In total, 12 Idaho physicians received medical education loan repayment through this program in SFY2015.

**State Loan Repayment Program**

The State Loan Repayment Program (SLRP) provides loan repayment for clinicians serving designated Health Professional Shortage Areas. SLRP is the first multi-discipline, state-based loan repayment program for clinicians and physicians. The loan repayment is provided through a federal grant; every award must be matched dollar-for-dollar with funds provided by the clinician's employer. Participating sites must implement a sliding-fee scale

for low-income and uninsured patients. Loan repayment awards range from \$10,000-\$25,000 per year, depending on the discipline and matching contributions. Fifteen clinicians and physicians are currently receiving loan repayment through this new program.

For more information regarding the Bureau of Rural Health and Primary Care please visit: [www.ruralhealth.dhw.idaho.gov](http://www.ruralhealth.dhw.idaho.gov).

## **Bureau of Emergency Medical Services and Preparedness**

The Bureau of Emergency Medical Services and Preparedness supports the statewide system that responds to critical illness and injury situations. Services include:

- Licensing EMS personnel and 24/7 EMS services.
- Operation of the statewide EMS Communications Center.
- Providing technical assistance and resources to EMS agencies.
- Supporting a statewide Time Sensitive Emergency system of care for trauma, stroke and heart attack.
- Planning and coordination of the public health response to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.

### **EMS Program**

The bureau licenses EMS agencies based on the agencies' capabilities and deployment plan. Once licensed, EMS agencies must renew their license every year. Part of the renewal process is a site visit from the bureau to make sure the agency is in compliance with licensure requirements. The annual site visits also give the bureau an opportunity to provide technical assistance and guidance.

The 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 EMS education standards.

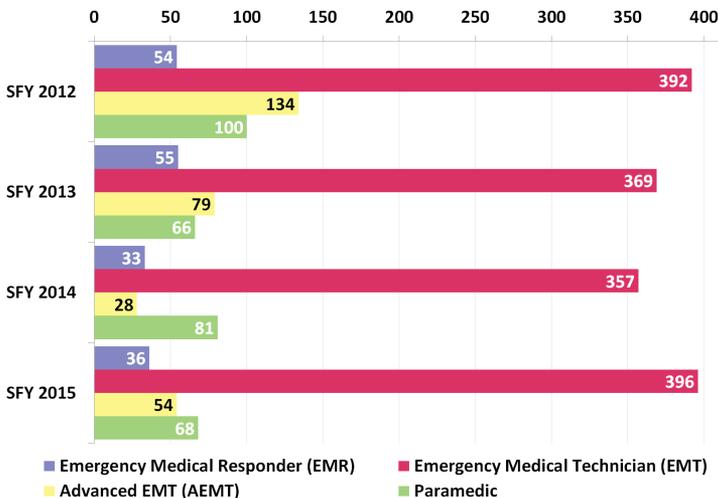
To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

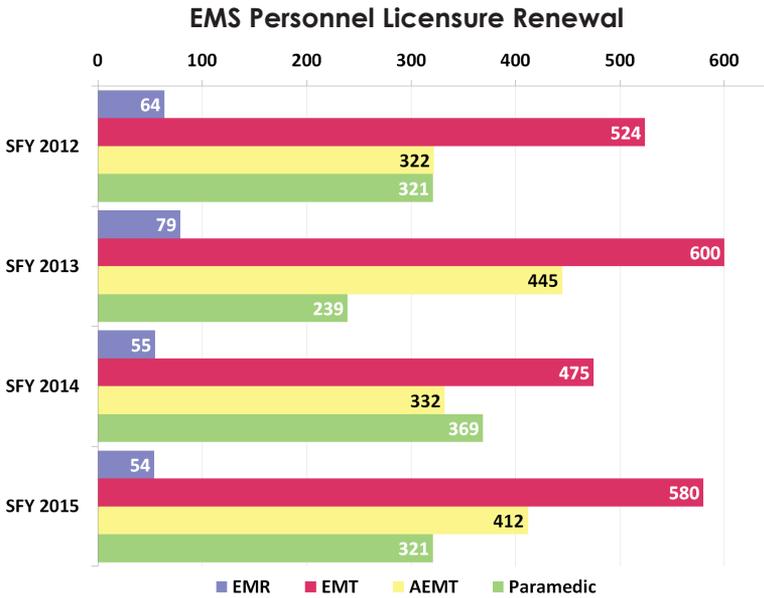
The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS 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 EMT provides 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 EMR and the EMT is the knowledge and skills necessary to transport emergency patients.
3. **Advanced EMT (AEMT):** The AEMT provides basic and limited advanced emergency medical care for patients. The AEMT is licensed to provide basic and limited advanced interventions that are effective and can be performed safely in an out-of-hospital setting. The major difference between the AEMT and the EMT is the ability to perform limited advanced interventions for emergency patients.
4. **Paramedic:** The paramedic's primary focus is to provide advanced emergency medical care for critical patients. The paramedic is licensed to provide basic and advanced care, including invasive and pharmacological interventions. 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 Dedicated Grant

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 Idaho drivers' licenses and renewal fees. Transport ambulances, and vehicles for non-transport quick response, search and rescue and extrication have been funded through this program. Patient-care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, lifting and moving of patients, rescue, safety, spinal immobilization, fracture management and monitoring of vital signs.

#### EMS Dedicated Grants

	SFY 2012	SFY 2013	SFY 2014	SFY 2015
<b>Grant Requests</b>	\$2.8 M	\$3.1 M	\$2.5 M	\$3 M
<b>Grants Awarded</b>	\$859,469	\$1.3 M	\$1.3 M	\$1.3 M
<b>Vehicle Requests</b>	28	30	21	25
<b>Patient Care Equipment</b>				
<b>Agencies Applying</b>	52	52	52	48
<b>Agencies Awarded</b>	33	45	46	43

For more information on Idaho EMS, please visit: [www.IdahoEMS.org](http://www.IdahoEMS.org).

## **Public Health Preparedness Program**

The bureau's Preparedness Program is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

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

The program works with many stakeholders to develop effective plans, mutual aid agreements, training and exercises to provide coordinated and comprehensive all-hazards approaches to emergency health preparedness, response and recovery measures.

The bureau conducted a statewide full-scale exercise in April 2013 and will conduct another in the spring of 2017. These exercises test Idaho's ability to distribute and dispense medical countermeasures in the Strategic National Stockpile, use the National Incident Management System principles, and operate under the Incident Command System. DHW, all seven public health districts, members of the healthcare system, EMS and other state and private partners will participate in the next exercise.

## **Time Sensitive Emergencies Program**

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that includes three of the top five causes of deaths in Idaho: trauma, stroke and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable deaths and improve the quality of life for the patient.

A TSE system of evidence-based care addresses public education and prevention, 911 access, response coordination, pre-hospital response, transport, hospital emergency/acute care, rehabilitation and quality improvement. The statewide TSE program will create a seamless transition between each level of care and integrate existing community resources to improve patient outcomes and reduce costs. It will get the patient to the right place in the right time with the right care.

The bureau's TSE Program provides leadership, administrative support and technical assistance to the statewide TSE system. The program will

designate healthcare facilities as trauma, stroke and/or heart attack TSE centers based on the facility's capabilities. There are five levels of trauma designation, three levels of stroke designation and two levels of heart attack designation.

## **Bureau of Public Health Business Operations**

Public Health Business Operations functions as a collaborating body to connect the business of public health across all bureaus in the division through strategic planning, performance management, and infrastructure building. The bureau houses the Public Health Improvement Program, which leads quality improvement efforts across the division aimed at improving efficiencies and program delivery. The bureau also houses the Public Health Institutional Review Board.

In SFY2014, the bureau was tasked to lead a quality project for improving the division's grants processes. The team was comprised of staff members from multiple bureaus and a representative from the department's Financial Services Unit who were well versed in the grants process. Three key goals were accomplished: 1) identify steps in the process that were redundant or unclear; 2) develop tools that will help staff know how to process a grant; and 3) develop a policy and procedure to establish formal guidelines for staff to follow.

In SFY2014, the bureau initiated a subrecipient workgroup consisting of staff from multiple bureaus in the Division of Public Health, the department's Contracting and Procurement Unit, and Bureau of Internal Audit. This group is working to standardize and streamline the contracting /subgranting process within the division; implement new monitoring and compliance requirements; and streamline the department's reporting process for federally funded programs.

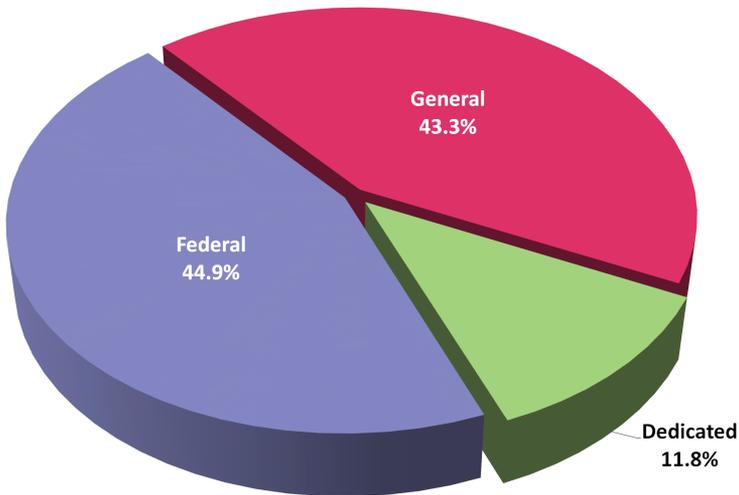
## Indirect Support Services

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.

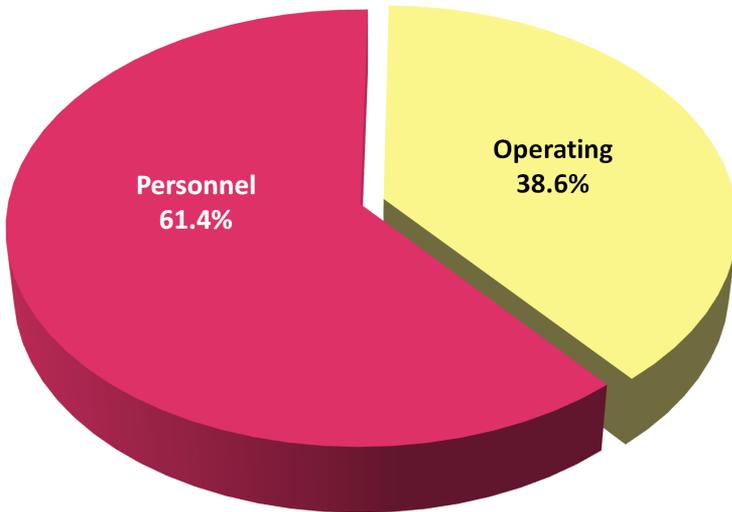
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, 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 2,845 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

**Indirect Support SFY 2016 Funding Sources**

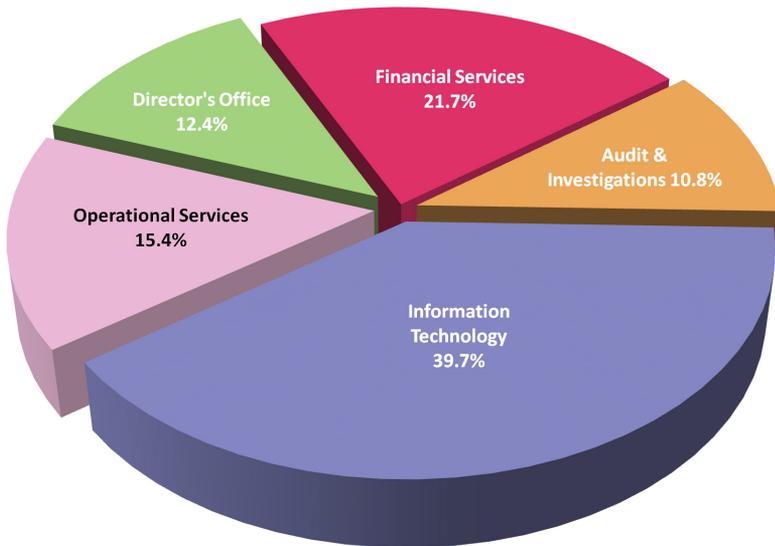


*Authorized FTP: 289.6; Original SFY 2016 Appropriation: General Funds \$16.5 million, Total Funds \$38.1 million; 1.5% of Health and Welfare funding.*

### Indirect Support SFY 2016 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 department services and programs. The Director's Office sets the tone for customer service and ensures implementation of the DHW'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, Public Health, and Office of Healthcare Policy
- A Deputy Director responsible for Family and Community Services, and Welfare
- A Deputy Director responsible for Support Services, Information and Technology, and Licensing and Certification

## Support Services

***David N. 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 Policy, Reporting and Reconciliation; Financial Systems Support; Accounts Payable; Central Revenue Unit; 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 SFY2015 award was \$1.28 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 Office.
- 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 full-time equivalency positions.
- Researching and compiling historical expenditure and revenue information.

### **Financial Policy, Reporting & Reconciliation**

Financial Policy, Reporting and Reconciliation (FPRR) is a critical oversight, monitoring and control function supporting agency financial operations. FPRR responsibilities include, but are not limited to:

- DHW Comprehensive Annual Financial Report (CAFR).
- Financial reconciliation activities.
- Financial policy.
- Report development and analysis.
- Training, documentation and communication strategies for financial operations.

Daily, monthly, quarterly and annual financial reconciliations are performed in this unit. It is also responsible for reports and maintenance of Financial Services' data warehouse, and provides support for interagency systems, such as the P-Card. The priority for this unit is the methodical, continuous evaluation and intervention in financial operations to maintain compliance with GAAP/GASB standards and ensure adherence to applicable rules, laws, regulations and best practices.

## Financial Systems Support

This unit supports the automated accounting systems used by DHW. It provides system support including design, testing, troubleshooting, monitoring program systems, interfaces, and help desk support for related accounting functions. The unit supports these systems:

- FISCAL: Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting, as well as coordination and reconciliations with the statewide STARS system.
- 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.
- Accounts Payable: Routes child care payments, energy assistance payments, and job search payment systems and vendor registration.

## Accounts Payable

This unit supports statewide DHW accounts payable activities, primarily through the Navision accounting system. This unit is responsible for:

- Vendor payments.
- Vendor edits.
- Warrant issues such as stop payments, forgery, cancellations and re-issue.
- Rotary fund payments.
- Interagency payments.
- Payables Help Desk phone support.
- Navision research assistance.
- Electronic Benefit Transfer (EBT) support.
- Invoice/payment audit.

## Revenue Operations

This unit is responsible for department-wide billing, collection, recovery, and receipt posting activities. The Central Revenue Unit pursues collection of outstanding debts, including DHW fee-for-service, third-party recovery, benefit overpayment, and any other monies receivable as negotiated through repayment agreements. Statewide billing and collection activities

include, but are not limited to:

**1. DHW's fee-for-service programs, including:**

- Designated exams, Department of Correction's evaluations, court testimony billings.
- Medicaid's certified family home licensing fees.
- Criminal History Unit billing (including Adam Walsh background checks).
- Bureau of Laboratories and public health district services.
- Disability determination records requests.

**2. Medical billing for services that are reimbursable through third-party insurers and/or Medicaid for:**

- Developmental disabilities.
- Infant Toddler Program.
- Adult and children's mental health.

**3. Overpayments, civil monetary penalties and miscellaneous recovery include:**

- Provider and individual fraud (Welfare and Medicaid).
- Foster care overpayments.
- Educational stipend defaults.

**4. Interagency billings.**

**5. Receipting and posting for all centrally processed receipts.**

## 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.
- Provides validation and entry of information for new hires, terminations, transfers, and payroll deductions such as health insurance and pension to ensure data integrity.
- Maintains and safeguards employee personnel records.

## Electronic Benefit Transfer (EBT)

The Electronic Benefits Transfer unit is responsible for implementation, development, and daily operation of the Electronic Benefits Transfer (EBT), Direct Payment Card (DPC) and Electronic Payment Systems (EPS) activi-

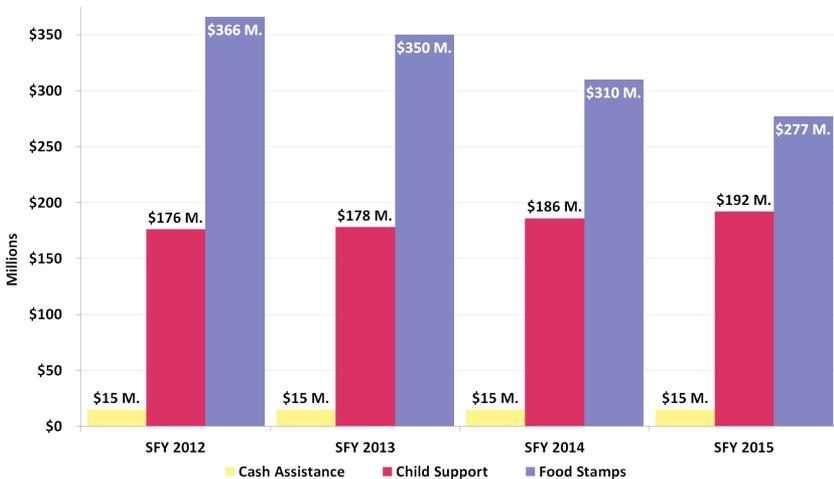
ties. Although electronic payments associated with the Child Support program and cash assistance programs has stayed relatively static with slight increases over the past year, there has been a decrease in electronic benefit payments associated with Food Stamp benefits.

The Food Stamp benefit payments more than tripled during the recession, increasing from \$109 million annually in SFY 2008 to \$366 million in SFY 2012, but the Agency saw a decrease over the past three State fiscal years, from \$350 million in SFY 2013 to \$310 million in SFY 2014, and finally to \$277 million in SFY 2015. This is an overall decrease of 32% over the past three years.

The EBT Group coordinates information and resources to meet the electronic payment needs of the agency. They perform related contract monitoring activities; monitor federal, state and department laws, rules, & policies; assess governmental and industry changes for impacts to EBT/ DPC/ EPS related services; and provide necessary and appropriate information to management regarding EBT/ DPC /EPS capabilities and mandated requirements.

DHW contracts with a vendors 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 Quest Card. Participants receiving cash benefit payments have the option of accessing their cash either on an EBT Quest Card, or the funds can be deposited directly into their personal bank account. Child support payments can be accesses with a Visa debit card, or the funds can be deposited directly into their personal bank account.

### 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:

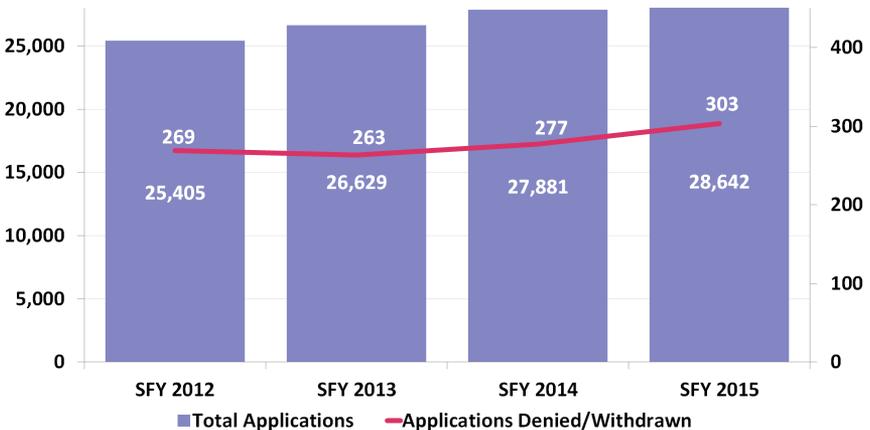
- Criminal History
- Internal Audit
- Fraud Analysis
- Medicaid Program Integrity
- Welfare Fraud Investigations

### Criminal History Unit

In supporting 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 Federal Bureau of Investigation and the Idaho State Police Bureau of Criminal Identification. The background check includes a search of specific registries that include the National Register of Sex Offenders; Medicaid Provider Exclusions listings; Child and Adult Protection registries; Idaho Nurse Aide Registry; and Idaho 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 about 40 different service areas that include direct care for program participants who are children or who are disabled or elderly. The average turnaround time from fingerprinting to background check completion is 14 days. Learn more at the criminal history web site, <https://chu.dhw.idaho.gov>.

### Criminal History Checks by Year



## **Fraud Analysis**

This unit 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.

## **Internal Audit**

This unit provides independent appraisals of the department's various operations and systems of control.

It 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 by furnishing them with analyses, appraisals, recommendations, counsel, information, and by promoting effective control at reasonable costs.

Internal Audit's methods include three steps:

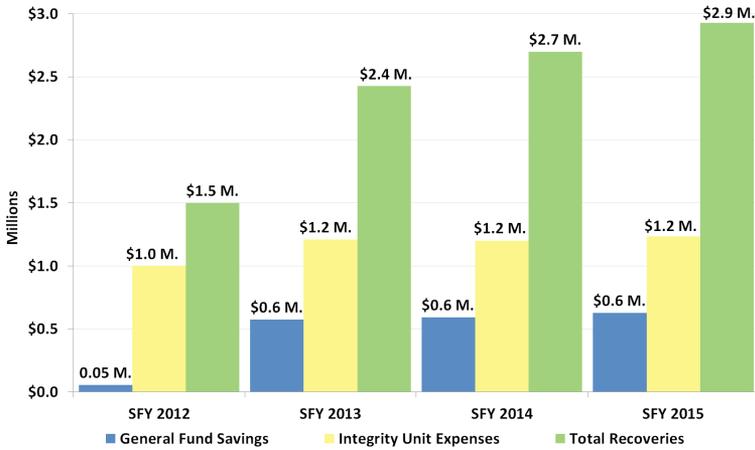
1. Identify potential performance problems and performance opportunities.
2. Pro-actively identify solutions to improve performance.
3. Track and monitor the implementation and ultimate success of actions to improve performance.

## **The Medicaid Program Integrity Unit**

This unit investigates allegations of Medicaid fraud and abuse and conducts federally mandated program reviews by monitoring and reviewing provider billing practices and 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, provider agreement termination, program exclusion, and/or referral for prosecution. The Medicaid Program Integrity Unit concentrates on cases that have the greatest potential for investigation that protect the Medicaid program.

### Medicaid Program Integrity Unit

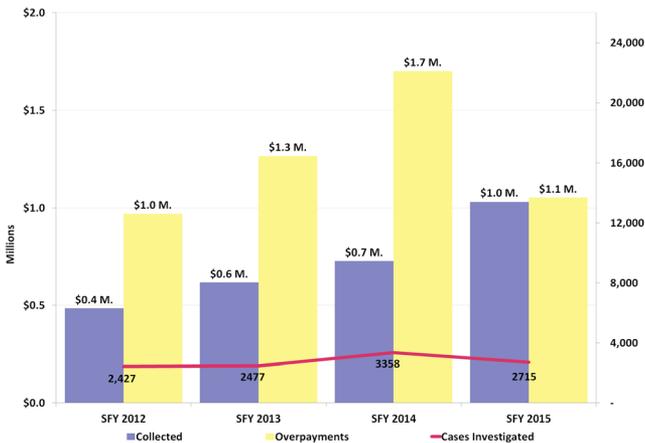


### The Welfare Fraud Unit

This unit investigates allegations of welfare program fraud that include food stamps, cash assistance, Medicaid, child care assistance, and other benefits. Investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors in every region of the state to investigate and prosecute welfare fraud.

Each year the unit receives about 4,000 complaints from the public and 20,000 leads through data analysis. The unit experienced a drop in the number of cases investigated and amount of overpayments identified because of stricter guidelines for sanctions and vacant investigator positions. However, the amount collected from fraud cases increased.

### Welfare Fraud



## Office of Healthcare Policy Initiatives

*Cynthia York, Administrator, 334-5574*

The Office of Healthcare Policy Initiatives was created Feb. 1, 2015, to manage a grant DHW received from the Centers for Medicare and Medicaid Innovation (CMMI) for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The Office of Healthcare Policy Initiatives is housed within the Director's Office.

The SHIP was developed to redesign Idaho's healthcare system and improve the health of Idahoans by strengthening primary and preventive care through the patient-centered medical home model and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The Office of Healthcare Policy Initiatives has seven employees for the implementation of this initiative and will add one more by the end of the fiscal year. The office is funded with federal dollars only.

### Highlights

- Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The six-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Gov. C.L. "Butch" Otter established the Idaho Healthcare Coalition (IHC), which served as the advisory group for the SHIP and has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community representatives.
- The Idaho Department of Health and Welfare received the CMMI grant for \$39,683,813 in December 2014. The grant funds a four-year model test that began on Feb. 1, 2015, to implement the SHIP. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and the broader medical/health neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services.
- The first year of the award period, Feb. 1, 2015, through Jan. 31, 2016, was a pre-implementation year. During that year:
  - Staff was hired to provide support for the grant, manage multiple contracts and provide staff support for the Idaho

Healthcare Coalition, as well as the workgroups that report to the coalition.

- o A contract has been awarded to Mercer for the technical assistance needed for project management and financial analysis. A detailed Project Implementation Plan was submitted to CMMI Dec. 1, 2015.

- o A contract was signed with Brilljent to provide technical assistance to selected primary care practices that are transforming to patient-centered medical homes and project reporting in November 2015.

- o The contract for a data analytics contractor is expected to be announced by the end of the fiscal year.

- o Other contracts have also been signed with the Idaho Health Data Exchange. Contracts with Idaho's Public Health Districts are in place to develop Regional Health Collaboratives in each of the seven regions in Idaho.

## SHIP's Goals

The SHIP identifies seven goals that will transform Idaho's healthcare system:

- **Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs):** Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH will focus on preventive care, keeping patients healthy and keeping patients with chronic conditions stable. Grant funding will be used to provide training, technical assistance and coaching to assist practices in this transformation.
- **Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood:** Idaho's proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information between providers.
- **Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood:** At the local level, Idaho's seven public health districts will convene Regional Collaboratives that will support provider practices as they transform to PCMHs.

- **Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs:** This goal includes training community health workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.
- **Goal 5: Build a statewide data analytics system:** Grant funds will support development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.
- **Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:** Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.
- **Goal 7: Reduce healthcare costs:** Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.

## Idaho Telehealth Council

The Office of Healthcare Policy Initiatives also provides administrative support to the Idaho Telehealth Council. The 2014 Idaho Legislature passed House Concurrent Resolution 46, directing the Idaho Department of Health and Welfare to convene the Idaho Telehealth Council. The council was convened to coordinate and develop a comprehensive set of standards, policies, rules, and procedures for the use of telehealth and telemedicine in Idaho. The council developed the Idaho Telehealth Access Act (HB189), which was passed during the 2015 legislative session. The act establishes standard definitions, clarifies practice standards, and promotes continuity of care.

## Division of Operational Services

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

The Division of Operational Services provides contracting and purchasing services, building oversight, maintenance and security for DHW hospitals and offices, strategic planning, administrative services and legislative rulemaking, and human resource management for the department's employees.

### Contracts and Purchasing

- Purchases services and products with values up to \$25 million, coordinating with the Department of Administration's Division of Purchasing for purchases valued at \$15 million-\$25 million.
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and sub-contract development, implementation, and product purchases. There were 1,103 active contracts and subgrants department-wide during SFY2015, with a total value of more than \$1.16 billion.
- Manages training and daily operations of the electronic CONTRAXX management system.
- 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 and Business Operations

- Monitors, negotiates, and coordinates leases for 32 buildings totaling more than 618,000 square feet, in collaboration with the Department of Administration.
- Manages the operation, care and repair of eight DHW-owned buildings which total about 80,000 square feet.
- Prepares and submits DHW's annual Capital, Alterations and Repair budget request to the Permanent Building Fund Advisory Council (PBFAC) and prepares agency project requests for legislative funding.
- Coordinates and manages all remodeling and alteration construction projects funded through the PBFAC or agency funds statewide.
- Assists and counsels the two state hospitals, Southwest Idaho Treatment Center and the State Laboratory on facility issues.
- Evaluates existing facility use through facility space reports and plans of future facility space requirements;
- Oversees building land sales, acquisitions and disputes.
- Coordinates and manages interoffice moves and relocations.

- Contracts telephone, power and data cable installations to ensure uniformity, adherence to DHW standards and cost controls.
- Manages non-VOIP telephone systems across the state.
- Manages purchases of all paper products, office supplies and postage.
- Administers purchases, statewide allocation, repair, maintenance, and use of some 400 motor pool vehicles.
- Contracts with independent firms and coordinates with the Department of Administration to provide security for DHW buildings.
- Manages department inventory and disposal of surplus items statewide.
- Administers special projects as assigned in a variety of disciplines.
- Provides facility and operational support for regional staff in all regional offices. These include:
  - North HUB: Ponderay, Kellogg, St. Maries, Coeur d'Alene, Moscow, Lewiston and Grangeville
  - West HUB: Payette, Caldwell, Nampa, Westgate, Medicaid offices, and Mountain Home
  - East HUB: Twin Falls, Burley, Pocatello, Idaho Falls, Preston, Blackfoot, Rexburg and Salmon.

## Human Resources

- Develops, implements, and maintains policies and procedures protecting privacy/confidentiality and access to information in DHW records.
- Oversees all privacy/confidentiality activities statewide.
- Ensures DHW personnel actions comply with federal and state laws, and that DHW's information privacy practices are closely followed.
- 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.
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews.
- Identifies training needs within DHW.
- Promotes, coordinates, develops, and provides training to employees on topics including leadership, management, supervision, communication, and program-specific topics.
- Facilitates development and implementation of online learning opportunities for DHW staff.
- Administers DHW's Learning Management System.
- 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. Campaigns include partnerships with Idaho and regional universities for awareness of DHW career opportunities, internships,

- and scholarships that may lead to hiring.
- Partners with department supervisors to efficiently orient and train new employees.
- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification.
- Researches, develops, and implements human resource system enhancements.
- 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.
- Manages DHW's Drug and Alcohol Free Workplace program.
- Provides employees with information and resources to promote healthy and safe lifestyles.
- Provides timely information to employees about benefit opportunities and changes.

### **Administrative Support**

- Coordinates DHW activities related to administrative hearings, public records requests, and records retention.
- Develops, implements, and maintains policies, procedures, and educational resources related to administrative hearings, public records, and records retention.
- Facilitates the resolution of concerns and inquiries reported to the Director's Office.
- Provides administrative support to the Director's Office and the Idaho Board of Health and Welfare.

## Division of Information and Technology

**Michael R. Farley, Administrator, 334-5625**

The Information Technology Services Division (ITSD) provides office automation, information processing, and local and wide area networking, including unified communications and Internet connectivity, for the department statewide. The division uses best practices and sound business processes to provide innovative, reliable, high-quality, and cost-effective information technology solutions to improve the efficiency and effectiveness in providing services to the residents of Idaho. The division also provides leadership and direction in support of DHW's mission to promote and protect the social, economic, mental health, physical health, and safety of all Idaho residents.

The Information and 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 policies, rules, standards and associated guidelines.
- 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 area networks, and data communications internally and with external stakeholders.
- Provides enterprise services to strategically align business processes and needs with IT solutions.
- Provides direction for development and management of department-wide information architecture standards.
- Participates in the Information Technology Leadership Council to provide guidance and solution for statewide business decisions.
- Implements the state's Information Technology Authority (ITA) directives, strategic planning, and compliance.
- Collaborates with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning, and ITA initiatives directives.

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;

1. Operations.
2. Infrastructure.
3. Application Development and Support.
4. Enterprise Services.

## Bureau of IT Operations

The Bureau of IT Operations provides technical support services and coordinates resources to promote the efficient use of technology throughout the department. The bureau's key services include:

- Statewide Technical Support/ITSD Consolidated Service Desk: Provides DHW staff with Level 1, 2 and 3 technical support services for all desktop or mobile computer-related issues, including hardware, software, and network connectivity.
- Operates as a virtual service desk: Technicians in all areas of the state answer phone calls from staff, and work queues are shared so that a technician in an area with a high technician-to-staff ratio can assist with support in other areas of the state.
- Printer support: The bureau is a primary point of contact for all network and multi-function printing services. Technicians work with Operational Services and local management staff to assure the most cost-efficient and effective selections are made for printing and faxing.
- Assisting other DHW service desks with service desk design and software utilization.
- Special project support: Coordinates desktop support for special IT-related projects, hardware/software testing, and image creation.
- Technology Reviews (Research and Development): Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.
- Using software tools to ensure current patch management, running system health checks for preventive maintenance, providing mobile device security management, assisting in computer inventory management, and providing support to staff working outside the DHW network,
- Service Desk application support: Development and support for department help desks including development and maintenance of Knowledge Management Systems.

## Bureau of IT Infrastructure

The Bureau of IT Infrastructure is responsible for designing, deploying, and maintaining network hardware and software infrastructure, system security

procedures and practices, database security, system backup and disaster recovery.

The bureau consists of:

- Wide area and local area network design, deployment, and support statewide.
- Enterprise wireless network design, deployment, and support.
- Data telecommunications infrastructure support.
- User and data security management and standards.
- Computer forensics support.
- Database and data warehouse security.
- Unified communications such as Voice over IP (VoIP) and Fax over IP (FoIP), video conferencing, deployment, and support.
- Network server build, deployment, and maintenance.
- Storage area network support.
- Enterprise electronic messaging support.
- Data backups and restoration.
- Server integration and support (integration of application middleware and application delivery infrastructure).
- Server virtualization, VM provisioning, and support.
- Security vulnerability assessments.
- Server security vulnerability and updates patching.
- Network infrastructure support of enterprise projects.
- Disaster Recovery and COOP exercise support.
- Remote access support (Secure Socket Layer Virtual Private Network, site-to-site Virtual Private Network).
- Provides support for data center facilities and associated computer systems, including power, cooling and backup generator for emergencies.
- Firewall administration and support.
- Support for IT Information systems compliance audits.
- Support for Bureau of IT Operations and Bureau of IT Applications Development and support of all agency business offices and associated partnerships, including the Office of Drug Policy, Community Action Agency, Health Data Exchange, Commission for the Deaf, Blind and Hard of Hearing.

## **Bureau of Application Development and Support**

The primary responsibility of the Bureau of Application Development and Support (ADS) is the operation, maintenance, and support of the department's business applications. ADS also is responsible for ongoing enhancements of existing applications; development of new business applications; integration of commercial off-the-shelf (COTS) products into the department's application framework; and support of software (middleware) necessary 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 web-based applications for the department.
- 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 DHW staff with support for applications such as SharePoint, Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System; e-casefile document management system; as well as modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications.
- The bureau provides software architectural design and design standards that enable, enhance, and sustain DHW's business objectives.
- Mainframe Development and Support provides leadership and guidance in the design, development, and support of complex integrated systems. It also provides research, design, and capacity planning for setting new systems and/or technology direction and work with business partners to define system requirements for potential uses of information technologies.
- Production Services supports multi-platforms (Mainframe, Windows, Sun/ Solaris) and complex applications by monitoring production processing, identifying areas for automation, documenting production procedures, and ensuring successful completion of business-critical processing. This group also provides recovery services for failed production processes, coordinating with various internal and/or external partners as necessary.
- Enterprise Data Warehouse 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 maximize the business value delivered by IT investments.

Enterprise Services consists of the following areas of responsibility:

- Enterprise Architecture designs, develops, and maintains an Enterprise Model Framework as well as develops enterprise

standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology and their interrelationships.

- Project Management is responsible for managing large or enterprise-wide projects. This includes developing plans, managing project resources, assessing risk, collaborating with business units and external entities and developing and managing project contracts.
- Relationship Management works directly with DHW divisional business units with project identification, definition and priority. Manages business processes, requirements analysis and coordinates work with other IT bureaus to meet technology and automated system needs.
- Disaster Recovery and Continuity of Operations Planning develops and maintains a plan for long-term recovery of business functions as well as disaster recovery. Conducts exercises and testing of recoverability of technology.
- Audits, Policies & Procedures is responsible for DHW and ITSD information security policies and procedures to maintain compliance with federal laws regarding Personally Identifiable Information (PII), Personal Health Information (PHI), as well as information security related to Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), Social Security Administration (SSA), Office of Inspector General (OIG), including state rules, regulations and guidelines.
- Social media and DHW external web sites oversee DHW's social media sites in conjunction with the department's Public Information Office. Designs code and maintains all public facing web sites and content.
- Licensing and Procurement Management specializes in IT contracts, software and hardware licensing in partnership with DHW's senior buyer in purchasing, leading the process for the procurement of computer software and hardware.

## ITSD Highlights

ITSD has completed a number of initiatives to support DHW's growing and evolving needs for information technology while improving efficiency in automation with limited resources.

### Technological improvements

- Continued development and implemented enhancements for the Infant Toddler web application (ITPKids), which improved performance and reduced processing time by 85% with enhanced administrative functionality, application continuity, capture of disclosure log data, collection of initial evaluation data for compliance with Medicaid billing standards, as well as the

extension of the library of online documentation and video training resources.

- Modernized the Medicaid Fraud Investigative Tracking System (FITS) using a supportable language and technology.
- Upgraded all department network switches to support Cisco Identity Services Engine to meet security compliance requirements.
- Replaced the Welfare Fraud Investigative Tracking System (FITS) with a browser-based system, eliminating dependency on antiquated non-supported technology.
- Implemented auto re-evaluation for the new enrollment period in support of the state-based health insurance marketplace and is in the process of moving toward a single rules engine as part of the Medicaid Readiness Initiative.
- Acquired and installed Privilege Manager Software to eliminate the need for administrative rights for application users. Rollout is in process and will be deployed statewide.
- Re-wrote the Privacy and Confidentiality Database (PACD), replacing non-supported third party software and providing an up-to-date system that meets security requirements and allows for support and future development.
- Implemented Varonis software on the department's servers to help identify where sensitive information is stored to aid staff in addressing any privacy security and compliance issues.
- Completed the migration of all internal sites to SharePoint 2010. Converted the department's Intranet to SharePoint.
- Implemented the Service Desk module of the LANDesk Total User Management System to enable staff to more efficiently manage service desk calls in IT and business applications.
- Deployed Application Delivery Controller, which is the framework for consolidation of application delivery for external and internal customers and to meet data services delivery growth.
- Implemented Network Admission Control, which provides authentication for wired and wireless devices for security compliance.
- Installed Cisco FirePOWER Intrusion Prevention System to protect the department's network from intrusion and to track in-coming connections.
- Continued progress in deployment and implementation of network infrastructure at a DHW co-location site to provide critical information systems fail-over for disaster recovery and business continuity.

#### **Accomplishments directly associated with protecting health and safety**

- Completed Phase 4 of the Health Alert Network that provides text messaging alerts, removes options for fax alerting for new users, and improves administrative management capabilities.
- Completed Year 4 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of

processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant electronic health record technology.

- Implemented the Electronic Verification of Vital Events, providing the ability to verify the identity of a person in real time and reducing the opportunity for identify theft.
- Deployed the Outbreak Management System statewide to support the Division of Public Health during the Ebola crisis.
- Implemented the Ekahau real-time resource location security system at State Hospital South, providing staff-to-staff communication for life safety and immediate response in crisis situations.
- Replaced the third-party electronic birth certificate system with a web application (EBC4) developed in-house to improve the ability of Idaho's hospitals and birthing centers to enter data on births into the Vital Statistics database.
- Implemented the rollout of a web-based, hosted solution for Nursing Home Certification and Inspection, improving efficiency by replacing paper processes.
- Integrated with Your Health Idaho to provide interfaces with carriers, Department of Insurance, Centers for Medicare and Medicaid Services, and DHW to determine eligibility for Medicaid or the Advance Payment of the Premium Tax Credit (APTC).

### **Initiatives to “Go Green”**

- Continued virtualization of servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.
- Conducted a pilot of thin-client technology at State Hospital South and reduced the cost of workstations by providing virtual desktops.
- Continued work to bring on smaller hospital and lab users for WebPortal access to the Bureau of Laboratories' Laboratory Information Management system, which replaces faxed lab results and saves staff time and reduces faxing costs.
- Completed the FoIP (Fax over IP) technology rollout statewide by replacing legacy analog fax machines and integrating with Enterprise messaging. FoIP allows the department to realize savings by reducing the number of charges for analog telephone line as well as the printing of paper faxes.
- Completed the implementation of Voice over IP (VoIP) phones for funded locations, saving tax dollars by reducing long distance calling costs and by not replacing aging and obsolete PBX-based telephone systems.

### **Completed Projects and Initiatives**

- Completed data interfaces for the Early Hearing Detection and Intervention (EHDI) program between Hitrack, ITPKids, and Vital Statistics.
- Completed enhancements to the breastfeeding and peer

counseling components of the WISPr application for the Women, Infants and Children (WIC) program.

- Completed a pilot Electronic Data Warehouse for the Food Protection Program, providing detail-level reporting of Idaho Food establishment inspections.
- Implemented an electronic interface for the HIV/STD program that provides prescription cards to eligible clients.
- Deployed the mobility manager module of LANDesk Total User Management System, which provides encryption and security on mobile phones that synchronize with the department email.
- Provided a thin-client solution for the Infant Toddler and Developmental Disabilities program to allow continued use of the SIB-R assessment software.
- Created a central repository of all audit responses for use across divisions in the department and areas in IT.
- Implemented the Software License Monitoring module of LANDesk Total User Management System, which provides increased functionality and license-compliance auditing in addition to annual maintenance cost savings.

#### **Current Projects and Initiatives:**

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

- Idaho Electronic Health Record (EHR) Incentive Management System Year 5: Customization and localization of the system transferred from Kentucky to provide an efficient solution for processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant EHR technology.
- Health Alert Network (HAN) Phase 5: Enhancement of the system to include newer communication methods such as Twitter and support for mobile devices.
- Uniform Assessment Instrument re-write: Replacement of the old Visual Basic application with a solution that includes streamlined functionality that is based on current mobile computing technologies.
- Women's Health Check rewrite: Improvement of the supportability, security, performance, and system reliability by replacing technologies that are no longer supported by Microsoft.
- GatorAID Enhancements: Addition of capabilities for electronic payment for client services replacing the manual process of scanning documents and duplicating data.
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS): Enhancement of the systems to support additional electronic lab and hospital reporting capabilities, additional electronic interfaces, and the addition of the STDMS data collection and CDC electronic reporting functions to the system.

- Multi-Factor Authentication: Implementation is required for security controls compliance for state and federal audits.
- Use of data analytics to manage how data is used through the adoption and meaningful use of electronic medical records; data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the adoption of health information exchanges.

## Major Projects in Progress

### Medicaid Readiness

**Function:** The Idaho Benefit Eligibility System (IBES) determines eligibility for many department programs, including Medicaid and the Advanced Premium Tax Credit (APTC) for Idaho's insurance marketplace. The department has worked on the Medicaid Readiness Initiative for four years to modernize IBES to ensure it accurately and effectively completed all required federal eligibility functions and all privacy, security, and operational requirements.

**Status:** The Medicaid Readiness Initiative successfully implemented the eligibility services necessary to support Idaho's insurance marketplace (Your Health Idaho), which included adding and integrating new eligibility rules for Medicaid and APTC determination in addition to accepting online applications through the idalink web portal. In late CY2014 the department supported the transition from the Federally Facilitated Marketplace (FFM) and Your Health Idaho's first year of open enrollment for CY2015. In CY2015, the MRI focused on continued modernization efforts and preparations for Idaho's APTC eligibility re-evaluation during open enrollment for new or continuing insurance coverage in 2016.

**Replacement Strategy:** The Medicaid Readiness Initiative began in February 2012. Estimated costs for SFY2016 are \$12 million, 90 percent of which is funded by the federal government.

### Mainframe Migration

**Function:** Multiple DHW business applications are currently hosted on the State Controller's Office mainframe. Efforts to convert and re-host those applications on a Windows platform in the DHW network are under way.

**Status:** The DHW technical infrastructure has been built to support the applications. DHW is working closely with the vendor to complete system testing. Re-hosting of the applications is scheduled to occur through 2016.

**Replacement Strategy:** The technical solutions used to re-host mainframe applications within the DHW network allow developers to continue to use native programming languages to maintain the applications, minimize changes for the users and set the stage for application modernization in the future.

**Enterprise SharePoint 2010**

Function: DHW has historically used the free version of Microsoft SharePoint for its Intranet solution. The needs of the department continue to grow and include secure external document sharing with external partners. To meet the ever-growing needs, DHW must replace and upgrade to the Enterprise SharePoint version.

Status: Replacing and upgrading the department Intranet environment began in October 2013. Project completion occurred in July of 2015. Phase two of this project includes the implementation of a secured partner portal aimed at meeting the needs of DHW divisions that collaborate with external partners. This project was kicked off in August 2015. The project management team met throughout the month with representatives from each division to collect requirements for external partner communication, file sharing and collaboration. Once requirements are compiled, the project management team will put together a technical team and develop a project roadmap aimed toward delivery.

Replacement Strategy: The SharePoint 2010 project will be implemented in two phases. The initial phase includes the upgrade of the current Intranet environment and provides tools that allow greater functionality for the programs and decrease dependence on IT development staff. The second phase will add components that allow secure document sharing with external partners.

**Data Governance**

Function: This is an enterprise initiative to improve data protection processes, tools, technology, and awareness.

Status: A cross-functional project team was established in 2014. A data governance best practices assessment was completed in June 2014. Efforts to replace software and improve processes for information protection will occur through CY2015.

Replacement Strategy: Implementation of a sustainable, enterprise-level data governance program focused on protection of sensitive information.

# Council on Developmental Disabilities

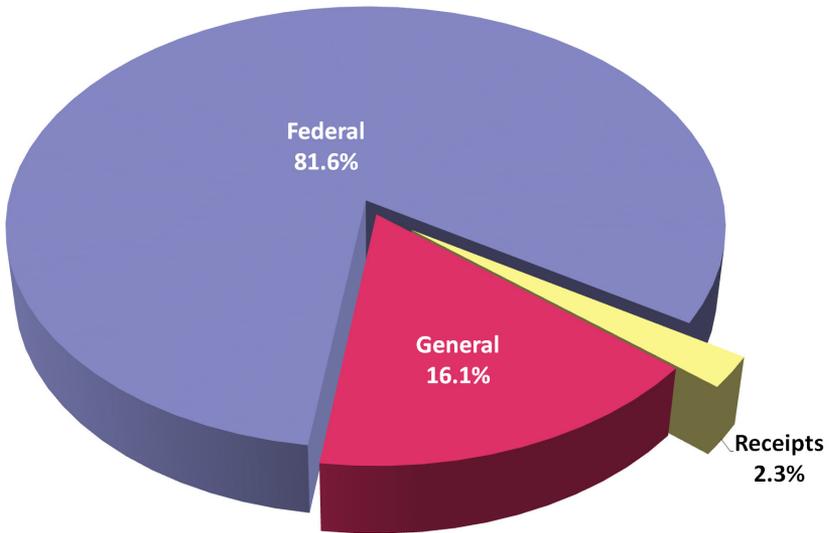
**Christine Pisani, Executive Director, 334-2178**

The Idaho Council on Developmental Disabilities engages in advocacy, capacity building, and systemic change activities to promote a coordinated, participant and family-centered comprehensive system of community services. The council also works to build the capacity of communities to recognize the gifts and talents of all community members so that people with developmental disabilities are living meaningful and included lives. The work of the council is directed by 23 governor-appointed stakeholders who determine council priorities.

**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.

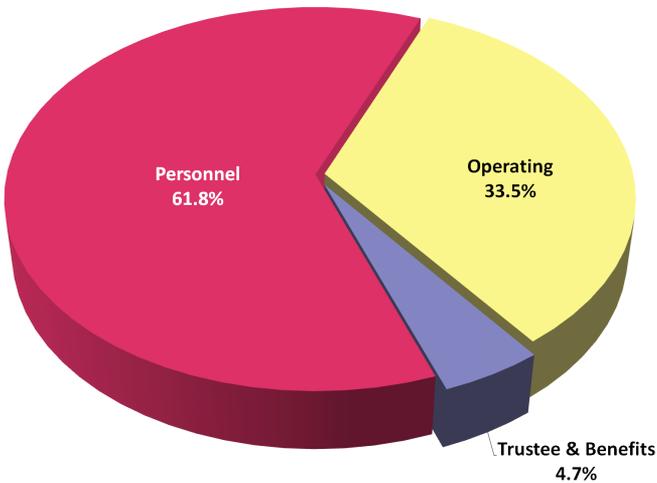
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

## Council on Developmental Disabilities SFY 2016 Funding Sources



*Funding is channeled through the DHW budget, but councils are independent and not administered by DHW. FTP: 6; General Funds \$107,500; Total Funds \$667,300.*

## SFY 2016 Expenditure Categories



## Council Initiatives

The council has just completed the fourth year of its current five-year strategic plan. Many council projects are multi-year efforts involving systems change initiatives. The activities the council has engaged in for federal fiscal year 2015 include:

### Quality Inclusive Education

The council's inclusive education objective has seen considerable success throughout this past year. Members plan to develop a comprehensive plan by September 2016 to change teacher certification in Idaho so that general education and special education certifications are blended to provide balanced preparation of evidence-based practices that support inclusive education for all students. This work is being done through the Inclusive Education Task Force, which has broadened its membership this past year. Additional members include a general education teacher, a special education teacher, Boise State University Special Education faculty, and a representative from Educational Services for the Deaf and Blind.

Outcomes include:

- All four-year colleges and universities in Idaho represented at the Inclusive Education Summit. The summit provided the opportunity to present a successful blended model and the strategies to achieve a blended model. Attendees at the summit received informed input from a panel of adults with disabilities about their perspective of education in Idaho.

- BYU Idaho is increasing its Special Education credits for pre-service teachers.
- Inclusive Education Task Force member Dr. Karen Streagle, a professor at Idaho State University, presented information about the task force and the importance of quality inclusive practices within the education system to parents of children with disabilities.

### **Employment First Initiative**

The Employment First Consortium (IEFC) is a group of state-level stakeholders coordinated by the council that has met monthly since April 2012. The group includes representatives of key state agencies, people with developmental disabilities, parents, service providers, and advocacy organizations. The IEFC's work is aimed at developing policy and building capacity in systems to promote integrated employment at a competitive wage as the first choice for transition-age youths and adults with developmental disabilities seeking employment.

Outcomes include:

- Passed legislation to change Medicaid policy allowing people eligible for the Developmental Disability Home and Community Based Services waiver to request additional funds for community supported employment services.
- Establishing baseline data from multiple agency sources to develop an employment outcome data collection system for the state.
- Council staff participated with the State Department of Education and Division of Vocational Rehabilitation to provide training to over 225 high school and transition teachers from 24 school districts about the importance of student-focused planning for employment and other related transition topics.
- Council funds supported Cary Griffin to present a keynote presentation on Employment First at the Human Partnerships Conference to more than 450 participants as well as a full day of workshops on customized employment to 40 people.

### **Disability Mentoring Day**

The Council works with other statewide partners to support Disability Mentoring Day events in communities throughout Idaho to help youths with disabilities find out about jobs in their communities.

Outcomes include:

- 138 students with disabilities were mentored by 115 community employers in five locations: Moscow, Lewiston, Boise, Twin Falls, and Idaho Falls.

### **Service System Improvement**

Since 2011 the council has sponsored the Collaborative Work Group on Adult Developmental Disability Services. The workgroup has focused its

efforts on influencing Medicaid-paid support services to help adults with developmental disabilities live meaningfully inclusive and productive lives.

The workgroup represents a range of stakeholders, including people with developmental disabilities, service providers, advocates, state agencies, and policymakers. It features an eight-member steering committee that meets monthly to do the detailed work. The steering committee presents its work to the full membership of the workgroup for feedback and approval at least three times a year.

Outcomes include:

- 2014 report with recommendations for service systems improvement to Health and Welfare legislative committees.
- 250 adults with developmental disabilities or their family members were surveyed from 800 randomly selected names accessing the developmental disability waiver. The survey inquired about satisfaction with self-directed and traditional services and how people are accessing their community with those services.
- A proposal for the Department of Health and Welfare's consideration about selecting an assessment and resource allocation process for adults with developmental disabilities.
- A statewide study of adults on the developmental disability waiver is underway in collaboration with the Center on Disabilities and Human Development and the Department of Health and Welfare. The study, which is done by face-to-face interviews, intends to establish baseline data about what individuals and families understand about the federal rules from the Centers for Medicaid and Medicare about adults receiving Home and Community-Based services through Medicaid. The study will collect information from the range of people served on the developmental disability waiver. It also emphasizes the valuable information to be gained through adults with the most significant disabilities.

### **Leadership Development**

The council is mandated by the Developmental Disabilities Assistance and Bill of Rights Act (DD Act, P.L. 106-402) to support a statewide self-advocacy organization led by and for adults with developmental disabilities. The Idaho Self Advocate Leadership Network (SALN) is an independent nonprofit organization with its own staff, funded primarily by a grant from the council. The Idaho SALN State Board holds quarterly meetings and focuses on chapter development and the education of adults with developmental disabilities about their rights, speaking up for themselves, personal and collective power, and what it means to be part of a civil rights movement for people with disabilities. Statewide, there are six SALN chapters that work on leadership development, local advocacy, and social justice issues.

Outcomes of the contract with SALN include:

- SALN members participated in Disability Advocacy Day at the Capitol. Members provided Capitol tours and mentorship of adults with disabilities to attend hearings and one on one-on-one meetings with legislators.
- The Moscow SALN chapter hosted the film, "The Music Within" at the Kenworthy Theater for the Moscow community.

The council will be hosting its ninth class of Idaho Partners in Policymaking this year. It is an innovative leadership development program specifically created for adults with developmental disabilities and parents with younger children with disabilities. The program runs from September through May 2016. Twenty-six participants have been selected from southern Idaho to participate in this life-changing leadership opportunity.

## **Community Development**

One role of state councils is to be innovative, test new ideas, and explore possibilities for creating capacity in communities. One of the ways in which the Idaho Council on Developmental Disabilities has been doing this is through its work with Asset Based Community Development (ABCD). This concept, supported by well-known community developers such as John McNight, uses an asset-based approach when working with communities. Asset Based Community Development is an approach to build strong communities and provides a method to mobilize citizens using their gifts and talents to create strong communities.

The council directed staff to work on creating and supporting a grassroots, diverse coalition to build capacity through community development in Caldwell. The council has been working to learn about the strengths of the Caldwell community and its residents in an effort to align gifts, talents, and interests to support a coalition of community members. The council has spent a year participating in collaborative meetings and one-on-one listening sessions with community members, hosting community dinners, and meeting with Caldwell businesses to collect information about individual community members' strengths, insights, and interests.

Outcomes of Community Development work in Caldwell include:

- The council has worked with community partners to host six community dinners in Caldwell, bringing 174 community members together to learn about each other and identify community issues.
- The council has developed a relationship with Griselda Comacho, a leader in the Hispanic/Latina community. She meets regularly with other women in the Treasure Valley who have children with disabilities. Through the community development work, the council has been able to support the mothers' group and support Ms. Camacho to provide groundbreaking disability education to parents in the Hispanic community.

For more information, please visit: [www.icdd.idaho.gov](http://www.icdd.idaho.gov).

---

# Council on Domestic Violence and Victim Assistance

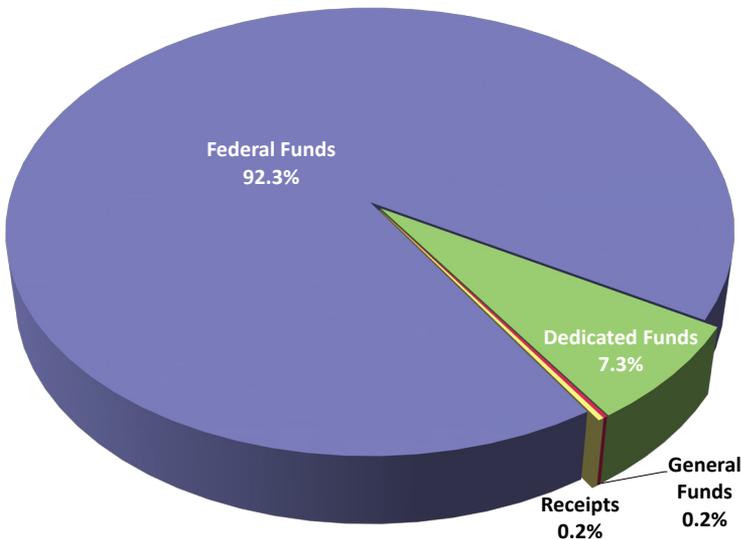
*Luann Dettman, Executive Director, 332-1540*

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, sexual assault, and offender intervention programs.
- Training and public awareness about violence and victim assistance.

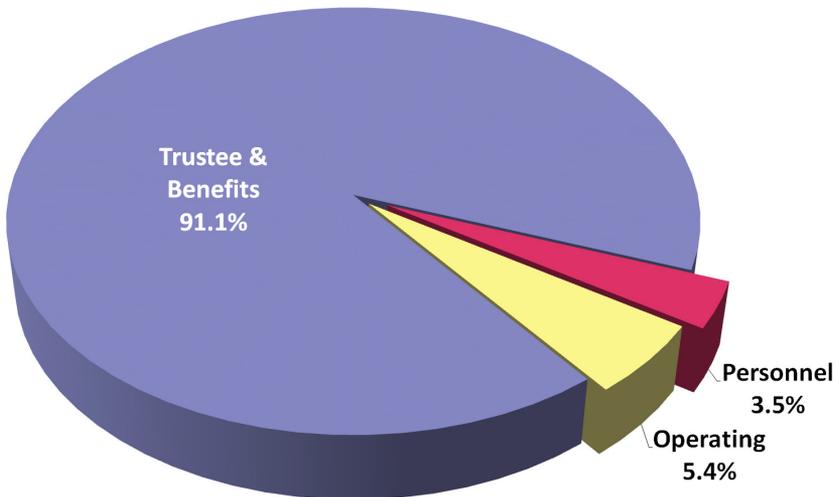
In addition, the council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

## Council on Domestic Violence and Victim Assistance SFY 2016 Funding Sources



*Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 3; General Funds \$14,000; Total Funds \$8.3 million.*

## Council on Domestic Violence and Victim Assistance SFY 2016 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); Aaron Hooper (Region 2); Maggie Strowd (Region 3); Doug Graves (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 about 40 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 offender intervention programs throughout the state.

The council also provides statewide training for service providers about crime victim issues. It also provides resources, including publications and educational materials.

For more information, visit [www.icdv.idaho.gov](http://www.icdv.idaho.gov).

## Glossary of Terms and Acronyms

ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACIP	Advisory Committee on Immunization Practices
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
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	Continuous Quality Improvement
CSCC	Child Support Customer Service
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DDI	Design, Development and Implementation
DIT	Division of Information and Technology
DRA	Deficit Reduction Act
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
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.....	General Education Degree
HPP.....	Health Preparedness Program
HIFA.....	Health Insurance Flexibility Act
HIPAA.....	Health Insurance Portability and Accountability Act
HIV .....	Human Immunodeficiency Virus
HPV.....	Human Papilloma Virus
HPSA.....	Health Professional Shortage Area
IBI.....	Intensive Behavioral Intervention
IBIS.....	Idaho Benefits Information System
ICCMH .....	Idaho Council on Children's Mental Health
ICCP.....	Idaho Child Care Program
ICCCP.....	Idaho Comprehensive Cancer Control Program
ICF/MR .....	Intermediate Care Facility for People with Mental Retardation
ICSA.....	Interagency Committee on Substance Abuse
DHW .....	Idaho Department of Health and Welfare
IIP.....	Idaho Immunization Program
IRIS .....	Immunization Reminder Information System
ITSAP.....	Idaho Telephone Service Assistance Program
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
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 .....	Recepting Services Only
SA.....	Substance Abuse
SALN.....	Self Advocate Leadership Network
SED.....	Serious Emotional Disturbance
SFY .....	State Fiscal Year
SHIP.....	Statewide Healthcare Innovation Plan
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

2016 DHW Appropriation.....8-12  
 2-1-1 Idaho CareLine.....30

## A

Acronyms, Glossary ..... 149-151  
 Adoption ..... 36-37  
 Adult Mental Health Services.....48-50  
 Aid to the Aged, Blind and Disabled (AABD) ..... 73-74  
 Assertive Community Treatment (ACT).....49  
 Audits and Investigations, Bureau of ..... 123-125

## B

**Behavioral Health, Division of.....41-56**  
 Benefit Program Services.....65-74  
 Bloodborne Diseases .....94

## C

Cancer Control Program.....104-105  
 Cash Assistance Programs.....72-74  
 Certified Family Homes.....24  
 Child Care Assistance.....67-72  
 Child Protection.....32  
 Children's Healthcare Improvement Collaborative (CHIC).....19-20  
 Children's Mental Health Services.....45-47  
 Child Support Services ..... 74-78  
     Enforcement Methods .....76-78  
     Fees.....78  
 Clinical and Preventive Services.....87-93  
 Communicable Disease Prevention.....93-98  
 Community Action Partnerships.....78-81  
 Community and Environmental Health.....101-108  
 Community Service Block Grants.....79  
 Contracts and Purchasing ..... 129  
 Councils  
     Developmental Disabilities.....142-146  
     Domestic Violence and Victim Assistance.....147-148  
 Criminal History Checks.....123

## D

Department Appropriations.....8-12  
 Developmental Disability Services.....37-39  
     Infant Toddler Program.....37-38

Diabetes Prevention and Control.....	105-106
Director's Office .....	118

**E**

Electronic Benefits Transfers (EBT).....	121-122
Emergency Food Assistance Program (TEFAP).....	79
Emergency Medical Services & Preparedness.....	111-114
EMS Dedicated Grants.....	113
Enteric Diseases (Diseases of the Intestine).....	94
Epidemiology.....	93

**F**

Facilities Management.....	129-130
<b>Family and Community Services, Division of.....</b>	<b>26-40</b>
Family Planning, STD and HIV Programs.....	87-88
Federal Medicaid Annual Percentage (FMAP).....	14
Financial Services, Bureau of.....	118-122
Fit and Fall Proof Program.....	102-103
Food Protection.....	95
Food Stamp Program (SNAP) .....	65-67
Foster Care.....	33-35
Fraud and Abuse Investigations.....	123-125
Full-Time Positions (FTP).....	9

**H**

Healthcare Policy, Office of.....	126-128
Heart Disease and Stroke Prevention Program.....	109
HIV Program.....	87-88
Human Resources .....	130-131

**I**

Idaho CareLine.....	30
Idaho Child Care Program (ICCP).....	67-70
Idaho Comprehensive Cancer Control Program.....	104-105
Idaho Infant Toddler Program .....	37-38
Idaho Telephone Service Assistance Program.....	80-81
Idaho Tobacco Project.....	56
Immunization Program .....	96-98
Immunization Reminder Information System (IRIS) .....	97
Independent Living.....	35
Indirect Support Services.....	116-125
<b>Information and Technology, Division of.....</b>	<b>131-141</b>
Application Development and Support.....	134-135
Enterprise Services.....	135-136

**L**

Laboratory Services.....	98-100
--------------------------	--------

License Suspension, Child Support.....	77
<b>Licensing and Certification, Division .....</b>	<b>22-25</b>
Low-income Home Energy Assistance Program (LIHEAP) .....	81

**M**

Maternal and Child Health.....	91-92
<b>Medicaid, Division of.....</b>	<b>13-21</b>
Budget Analysis.....	15
Children's Healthcare Improvement Collaborative.....	19
Enrollment and Expenditures .....	15-16
Eligibility.....	70-72
Federal Medicaid Annual Percentage (FMAP).....	14
Incentive Payments for Electronic Health Records.....	20
Managed Care.....	17-18
Medicaid Fraud and Program Integrity.....	124
State Healthcare Innovation Plan (SHIP).....	126-128
Mental Health Services.....	45-53

**N**

Newborn Screening .....	92-93
-------------------------	-------

**O**

<b>Operational Services, Division of.....</b>	<b>129-131</b>
Oral Health Program.....	107-108
Organizational Chart .....	7

**P**

Parenting with Love and Limits.....	46
Partnership Programs.....	78-81
Physical Activity and Nutrition Program.....	102
<b>Public Health, Division of.....</b>	<b>82-115</b>

**R**

Refugee Health Screening Program.....	95
Residential Assisted Living Facilities.....	25
Resource and Service Navigation.....	31
Rural Health and Primary Care.....	109-110

**S**

Self-Reliance Services .....	63-74
Sexually Transmitted Diseases (STD).....	87-88
Southwest Idaho Treatment Center.....	39-40
State Appropriations.....	8
Statewide Healthcare Innovation Plan (SHIP).....	126-128
State Hospital North .....	51
State Hospital South .....	52-53

Strategic Plan.....	4
Substance Use Disorder Services, Bureau of.....	54-55
Suicide Prevention Services.....	47-48
Supplemental Nutrition Assistance Program (SNAP).....	65-67
<b><u>I</u></b>	
Teen Pregnancy Prevention.....	91
Telephone Service Assistance .....	80
Temporary Assistance for Families in Idaho (TAFI) .....	72-73
Tobacco Prevention and Control.....	101
<b><u>V</u></b>	
Vaccine Adverse Event Reporting System (VAERS).....	98
Vital Records and Health Statistics, Bureau of.....	85, 109
<b><u>W</u></b>	
Wage Withholding, Child Support.....	76-77
Weatherization Assistance Program .....	80
<b>Welfare, Division of .....</b>	<b>57-81</b>
Welfare Fraud Unit.....	125
Welfare Program Participation.....	62-64
Women's Health Check.....	90
Women, Infants and Children Program (WIC).....	88-89



A publication of the

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

450 W. State Street  
Boise, Idaho 83720-0036  
(208) 334-5500

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