
Facts, Figures, Trends

2006-2007



*A Report by the Idaho Department
of Health and Welfare.*



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from our Director, Richard M. Armstrong



Over the past year, almost one in four of our state's residents received a service or benefit through the Idaho Department of Health and Welfare. We helped people with birth and marriage certificates, medical assistance, and substance abuse treatment. We provided tests for people infected with West Nile virus, and provided immunizations for our children. During this last year, our agency was at the forefront of providing health and human services to the people of Idaho.

This year's edition of Facts, Figures and Trends illustrates the critical and diverse services we offer. As you leaf through the more than 130 pages of this report, almost every page tells the story of a unique service or benefit we provide to help people. Many of these services are on-going for our state's most vulnerable citizens--children, people with mental illnesses, the elderly. Other services are short-term, supporting families in a crises with basic necessities such as food or money until they can get back on their feet.

Through this report, you will see that we are an agency on the move. We are breaking new ground with our Modernizing Medicaid effort as we redesign an antiquated system to provide medical care to children from low-income families, people who are disabled and our seniors. The Idaho initiative is unique for it promotes health and wellness activities, along with responsible use of the healthcare system.

Last June, Governor James Risch added to our momentum by providing us a great opportunity with the formation of a new division in our agency, Behavioral Health. Our Behavioral Health staff has been burning the midnight oil developing a best-practice model to provide mental health and substance abuse services at the community level. With support of State and Legislative

leaders, along with our community partners, we are on the cusp of making dramatic improvements that will have a positive impact on Idaho citizens, along with reducing the strain on our prison and court systems.

With the creation of Behavioral Health, we also strengthened our Division of Family and Community Services. Both mental health and substance abuse were part of Family and Community Services prior to Governor Risch's action. Family and Community Services is now better positioned to focus on its leadership of key programs—foster care, adoption and helping people with developmental disabilities.

We also are on the move to rethink our business models. Over the last two years we have been working diligently to correct our Food Stamp error rate; last year we were sanctioned for an error rate that was much too high and totally unacceptable. This year, those efforts are paying off. We are the second most improved state in the nation, and are on track to be awarded a bonus for our performance this year.

From my perspective, the most important initiative we are currently undertaking is improving customer service. With over 300,000 Idaho residents contacting us for assistance, we want that contact to be a positive experience; productive, efficient, and responsive to customers' needs. As part of this project, we are redesigning our telephone systems and protocols so people contacting us are helped by a well-trained person who can connect them immediately to the services they need.

Overall, we are making great strides in improving health and human services in Idaho. We are very grateful to the leadership of elected state officials who provide the resources and direction. With their continued support and the dedication of our staff, we can continue to develop a model health and human service system that is both progressive and efficient with taxpayer dollars.

Sincerely,



Richard M. Armstrong

Contents

Introduction	6
Our Organization	7
Fiscal Year 2007 State Appropriations	11
Employment: Full-Time Positions	12
Fiscal Year 2007 Appropriation by Fund Source	13
Fiscal Year 2007 Appropriation by Expenditure Category	14
Fiscal Year 2007 Appropriation by Division	15
Division of Medicaid	16
Enrollment and Expenditures	21
New Benefit Plans	24
Health Care Licensing and Certification	25
Division of Family and Community Services	27
Foster Care	32
Adoption	34
Developmental Disabilities	36
Idaho State School and Hospital	40
Division of Behavioral Health.....	43
Children's Mental Health	46
Adult Mental Health	49
Suicide Prevention	52
Substance Abuse Services.....	54
State Mental Health Hospitals.....	59-60
Division of Welfare	61
Self-Reliance Programs	65
Child Support Services	74
Community Services	79
Division of Health	83
Sexual and Reproductive Health	86
Immunizations	87
Women, Infants and Children (WIC)	89
Epidemiology	91
Emergency Medical Services	102
Indirect Support Services	106
Division of Management Services	108
Division of Human Resources	116
Division of Information and Technology	119
Independent Councils and Commissions.....	125-132
Miscellaneous Statistical Information	133
Glossary of Terms and Acronyms	134
Index	136

Introduction

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

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

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

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

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

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

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

Our Organization

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

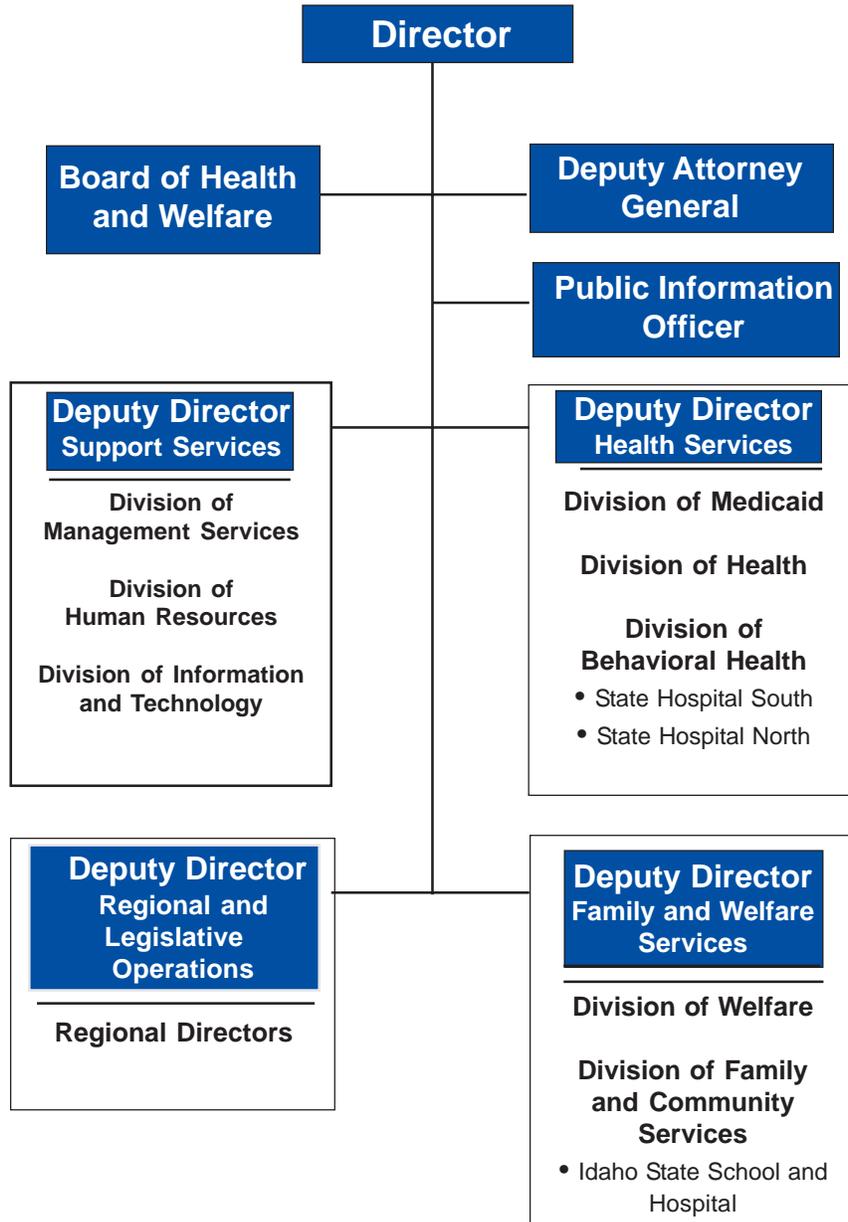
Our agency is comprised of eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare, Public Health, Management Services, Human Resources, and Division of Information and Technology. Each division provides services or partners with other agencies and groups to help people in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

Each of our divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, STD/AIDS, and Women, Infants, and Children (supplemental nutrition).

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

Region	Location	Director	Phone (Area Code 208)
Region 1	Coeur d'Alene	Karen Cotton	769-1515
Region 2	Lewiston	Tanya McElfresh	799-4400
Region 3	Caldwell	Randy Woods	455-7106
Region 4	Boise	Heather Wheeler	334-6747
Region 5	Twin Falls	John Hathaway	736-3020
Region 6	Pocatello	Nick Arambarri	235-2875
Region 7	Idaho Falls	Tracey Sessions	528-5789

Organizational Chart



Behavioral Health: A New Division, A New Direction

Governor Risch created the Division of Behavioral Health Services by moving mental health and substance abuse out of the Division of Family and Community Services in June 2006 with the expectation that the department would provide the leadership necessary to improve the faltering system.

Behavioral Health Division Administrator Kathleen Allyn has developed a detailed plan for enhancing and improving integration of the mental health and substance abuse service delivery system to address the Governor's expectations. The plan, which was presented to a legislative interim committee in September, outlines strategies to develop a community-based system of care to meet the needs of Idaho citizens. The plan includes:

1. Immediate actions that have already been initiated to improve current services;
2. Proposals to be taken to the Legislature during the upcoming session, and
3. Longer term proposals to implement a behavioral health system

Immediate actions include:

- Partnering with District Health Departments in mental illness and substance abuse prevention;
- Working with the courts to provide training about people with both a mental illness and substance abuse addiction;
- Increasing the number of children receiving intensive case management, particularly those in the juvenile justice system; and
- Improving the mental health data system to assess outcomes and cost-effectiveness.

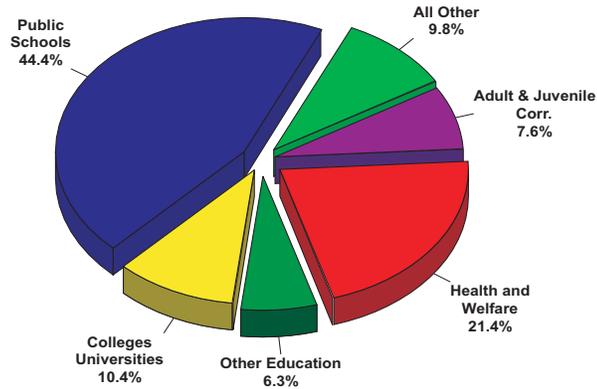
The next step is to work with the Governor's Office and Legislature to begin building a sustainable behavioral health system. The department has submitted multiple mental health and substance abuse budget requests for SFY 2008. Among these requests is a proposal to transition substance abuse services to state priorities and away from federal requirements of the soon-to-expire federal Access to Recovery grant.

The final aspect of the plan involves longer-term proposals that will be based on priorities identified by key statewide committees and regional advisory groups. We will reach beyond the department by engaging other agencies, stakeholders, and private providers to develop a Behavioral Health System Implementation Plan that will:

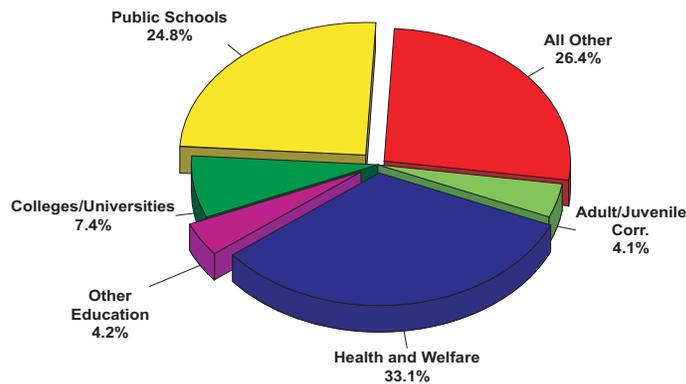
- Integrate mental health and substance abuse advisory groups;
- Improve recruitment and retention of mental health professional staff;
- Develop community-based crisis respite facilities;
- Resolve how to care for people with mental illness that makes them dangerous to themselves or others;
- Implement an integrated system of care model for co-occurring disorders;
- Review Medicaid funding of mental health and substance abuse services;
- Adopt uniform assessment tools; and
- Clearly establish responsibilities for all public agencies working in the areas of mental health and substance abuse.

Total State SFY 2007 Appropriations

State General Funds



Total Funds

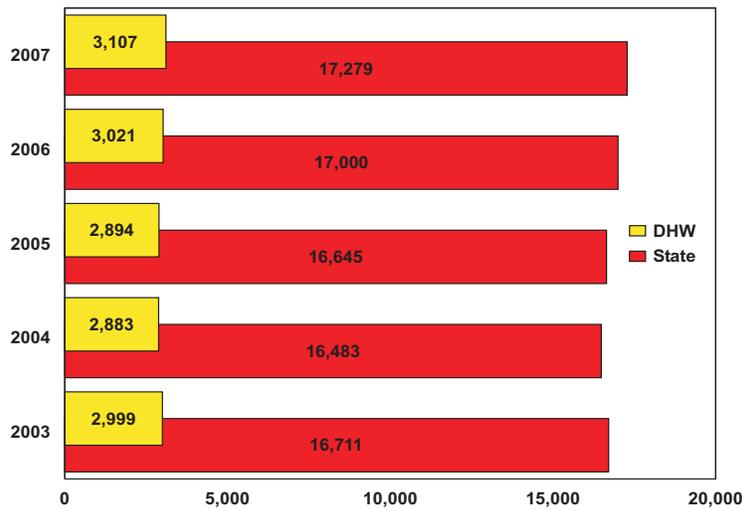


SFY 2007 Financial Data Summary

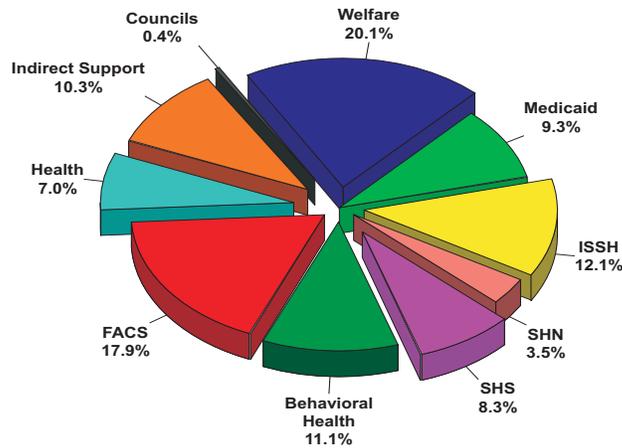
Functional Area	In Millions		Total	%Total
	General	%Total		
Public Schools	\$ 1,040.9	44.4%	1,267.3	24.8%
Colleges, Universities	243.7	10.4%	377.3	7.4%
Other Education	148.4	6.3%	216.4	4.2%
Health & Welfare	502.4	21.4%	1,688.0	33.1%
Adult & Juvenile Corrections	178.0	7.6%	209.5	4.1%
All Other Agencies	<u>229.7</u>	<u>9.9%</u>	<u>1,347.2</u>	<u>26.4%</u>
Total	\$2,343.1	100.0%	\$5,105.7	100.0%

Appropriated Full-Time Positions

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

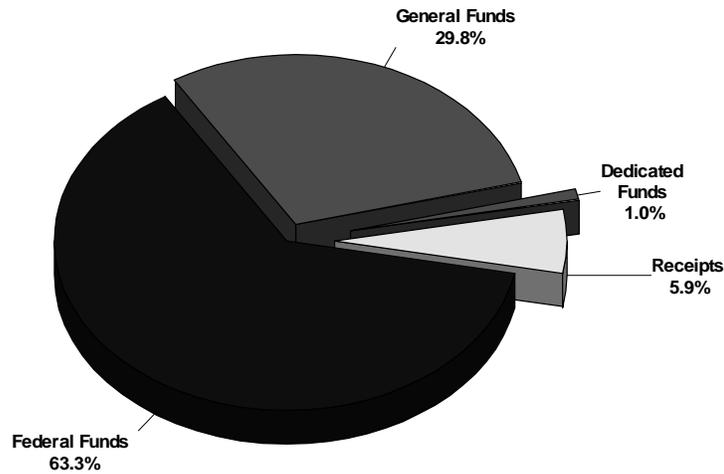


SFY 2007 FTP Distribution



Note: Indirect Support includes Information Technology, Management Services, Human Resources and the Director's office.

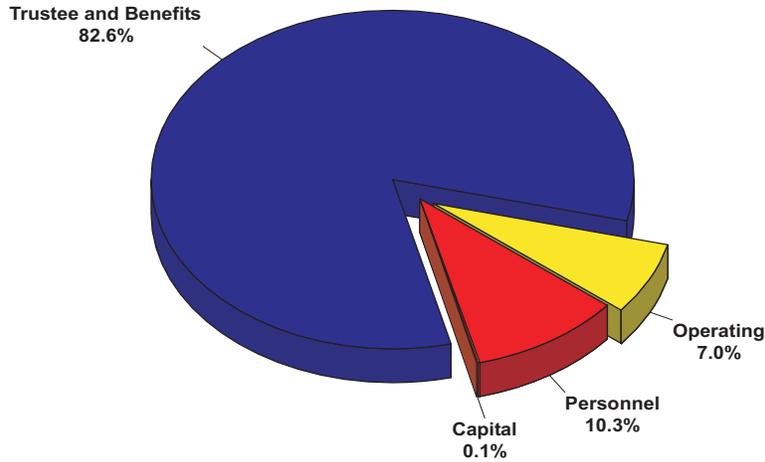
SFY 2007 DHW Appropriation Fund Source



Financial Data Summary

Fund Source	Amount
General Fund	\$502.4 Million
Federal Funds	1,069.1 Million
Receipts	99.4 Million
Dedicated Funds	
Domestic Violence	\$ 500,300
Cancer Control	401,700
Emergency Medical	4,131,800
Central Tumor Registry	182,700
Food Safety	638,000
Medical Assistance	6,000
Alcohol Intoxication Treatment	2,332,900
Substance Abuse Treatment	9,000
Liquor Control	650,000
State Hospital South Endowment	1,051,500
State Hosital North Endowment	629,700
Prevention of Minors' Access to Tobacco	71,500
Access to Health Insurance	2,899,100
Court Services	266,700
Millenium Fund	300,000
Economic Recovery	3,109,600
Total Dedicated Funds	\$17.2 Million
Total	\$1.688 Billion

FY 2007 DHW Appropriation by Expenditure Category

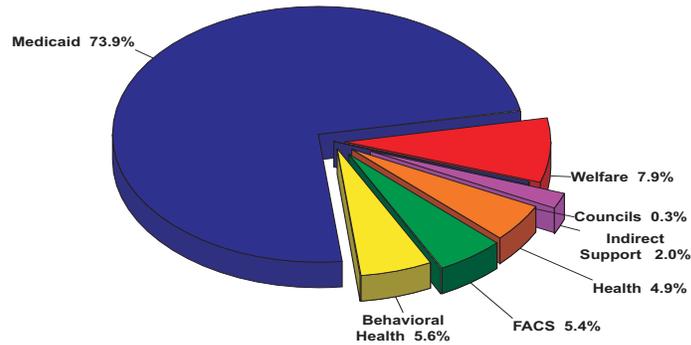


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$1,393.2 Million
Personnel Costs	174.5 Million
Operating Expenditures	118.0 Million
Capital Outlay	<u>2.3 Million</u>
Total	\$ 1.688 Billion

- The appropriation for benefits for Idaho citizens increased \$61 million from SFY 2006.
- Trustee and Benefit payments make up 83 percent of the department's budget. These are cash payments to participants, vendors providing services directly to participants, government agencies, non-profits, etc.
- The Capital Outlay funding is the first significant investment in capital improvement funding by the department since SFY 2002.
- Health and Welfare purchases services or products from more than 13,700 companies, agencies or contractors, and 11,000 Medicaid providers.

Original FY 2007 DHW Appropriation



By Division	FTP	General	Total	% Total
Welfare/ Self-Reliance	623.6	\$ 38,889,400	\$ 133,691,000	7.9 %
Medicaid				
Low-income children/ working age adults		\$ 125,953,100	\$ 455,916,000	27.0 %
Individuals w/Disabilities		\$ 157,200,900	\$ 539,120,300	31.9
Elders		\$ 60,256,900	\$ 197,922,300	11.7
Administration	<u>287.5</u>	<u>\$ 13,838,000</u>	<u>\$ 53,703,900</u>	<u>3.2</u>
Total Medicaid	287.5	\$ 357,268,900	\$ 1,246,662,500	73.9 %
Family and Community Services				
Child Welfare	385.5	\$ 16,482,000	\$ 50,933,300	3.0 %
Developmental Disabilities	171.4	\$ 8,824,700	\$ 18,165,000	1.1
Idaho State School & Hospital	<u>375.5</u>	<u>\$ 5,235,800</u>	<u>\$ 22,153,200</u>	<u>1.3</u>
Total FACS	932.4	\$ 30,542,500	\$ 91,251,500	5.4 %
Behavioral Health				
Children's Mental Health	92.2	\$ 13,097,600	\$ 19,779,300	1.2 %
Adult Mental Health	252.1	\$ 14,891,500	\$ 22,272,200	1.3
Substance Abuse	12.6	\$ 1,830,900	\$ 24,757,200	1.5
Community Hospitalization	0.0	\$ 2,160,400	\$ 2,160,400	.1
State Hospital South	259.2	\$ 11,182,200	\$ 17,904,900	1.1
State Hospital North	<u>109.4</u>	<u>\$ 6,437,500</u>	<u>\$ 7,354,100</u>	<u>.4</u>
Total Behavioral Health	725.5	\$ 49,600,100	\$ 94,228,100	5.6 %
Health				
Physical Health	134.3	\$ 6,250,700	\$ 71,510,600	4.2 %
EMS	28.8	\$ 263,600	\$ 6,587,200	0.4
Laboratory Services	<u>42.5</u>	<u>\$ 2,175,600</u>	<u>\$ 5,082,200</u>	<u>0.3</u>
Total Health	205.6	\$ 8,689,900	\$ 83,180,000	4.9 %
Indirect Support	319.0	\$ 17,133,100	\$ 34,315,800	2.0 %
Councils/Commissions	13.0	\$ 246,800	\$ 4,716,200	.3 %
Department Total	3,106.7	\$ 502,370,700	\$ 1,688,045,100	100 %

Division of Medicaid

Leslie Clement, Administrator, 334-5747

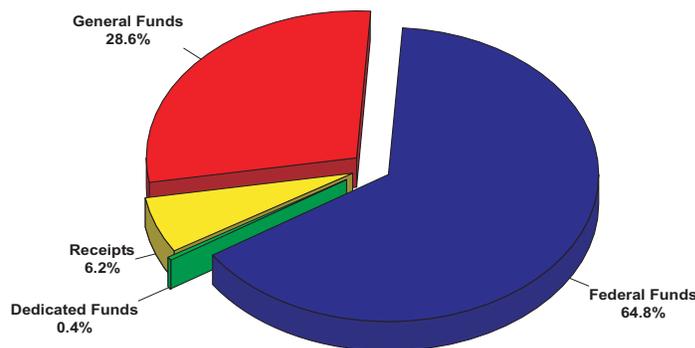
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles 19 and 21 of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers like other health insurance plans. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

Youth, pregnancy, old age, disability, and family income are among the factors considered in determining eligibility for Medicaid. Covered services include physician services, hospitalization, long-term care, and prescription drugs.

The Division of Medicaid has the largest appropriation in the Department with an original SFY 2007 total appropriation of \$1.25 billion. This funding is composed of approximately 65 percent federal money, 29 percent state General Funds, and six percent receipts. Receipts have become an increasingly important part of Medicaid's annual budget, providing \$82 million in the SFY 06 budget. Receipts include \$41 million in rebates from pharmaceutical companies, \$10 million from audit settlements with various health care provider agencies and companies, and nearly \$9 million from estate recovery.

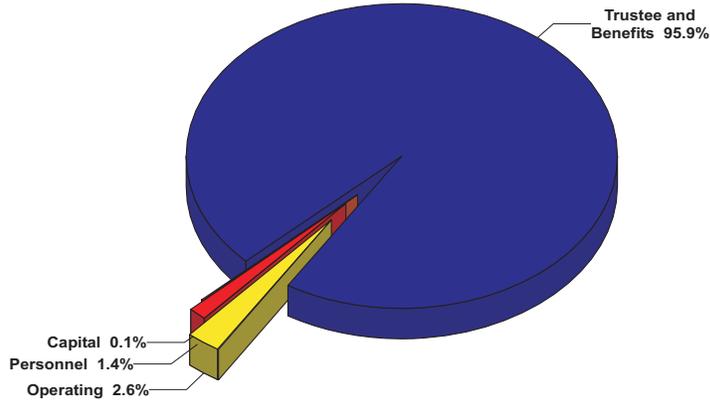
In the funding for services provided to participants, the 2007 federal match rate is approximately 70 percent, about the same as in 2006 for payment of most benefits. The remainder of funding for services comes from state General Funds.

Medicaid SFY 2007 Funding Sources



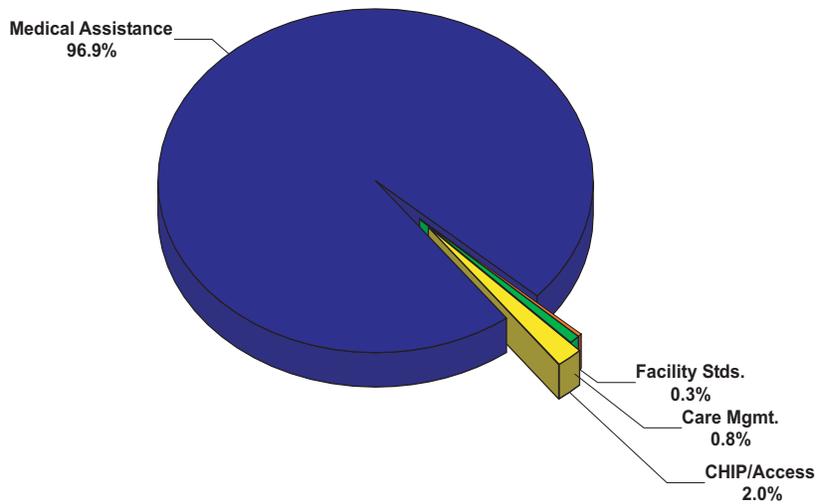
Authorized FTP: 287.5 Original Appropriation for 2007 — General Fund: \$357.3 Million; Total Funds: \$1.25 Billion; 73.9% of Health and Welfare funding.

Medicaid SFY 2007 Expenditure Categories



Note: The Division of Medicaid receives approximately 65 percent of its funding from the federal government and spends 96 percent of its total expenditures on benefits.

Medicaid Benefit Spending by Program



Note: The 2007 Medicaid budget is approximately \$1.25 billion; \$1.20 billion of this will pay for direct medical care to health care providers. This chart shows distribution of benefit dollars.

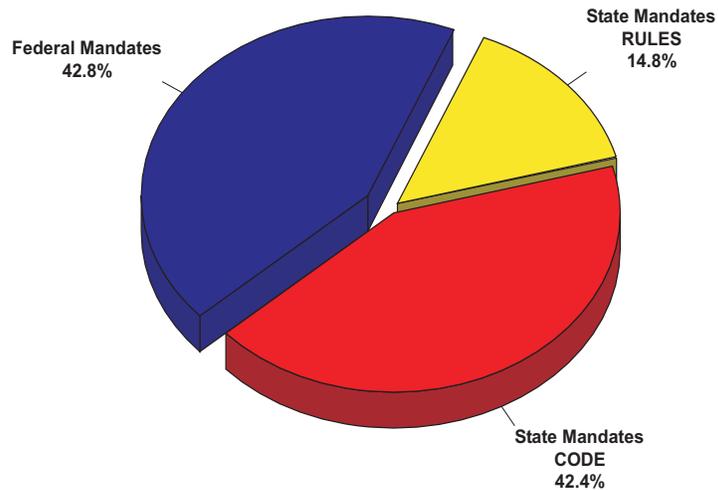
2006 Review: Efforts To Reform Medicaid Take Root

SFY 2006 saw a **coordinated effort to design and authorize reforms to Idaho's Medicaid program** in order to increase program quality and to stabilize expenditures without reducing access to needed services. At the direction of Governor Kempthorne, the division proposed a set of comprehensive reforms and sought public input. During the 2006 legislative session, the division worked closely with the Legislature and stakeholders on 12 pieces of legislation to set new direction for Medicaid in state statute. After receiving legislative approval and direction, the division obtained federal authority for reforms through 13 separate amendments to Idaho's State Plan for Medical Assistance.

After receiving approval to implement reform, the division devoted considerable energy and resources to planning for reform implementation. Most reforms, including new benefit plans, were implemented after the end of SFY 2006. However, there were a few early exceptions. One early reform was the **removal of the asset test for low-income children**, which became effective when the last Legislative session ended in April 2006.

Another early reform was a set of improvements to **long-term care financing rules** authorized by the Deficit Reduction Act of 2005 (DRA). These changes are aimed at preventing elderly adults from transferring their assets to relatives to impoverish themselves and become Medicaid eligible for long-term care. Changes governing the way Medicaid handles asset transfers and changes to the look-back period (the period during which Medicaid may review asset transfers) became effective in February 2006 when the DRA was enacted.

Implementation of the new Medicare prescription drug benefit introduced prescription drug coverage for all Medicare participants. In Idaho, this impacted over 196,000 Medicare-eligible citizens, including over 20,000 citizens eligible for both Medicare and Medicaid who had previously received prescription drug coverage under Medicaid. The Medicare Modernization Act of 2003 required the State of Idaho to help all Medicare eligible individuals navigate the enrollment and selection process. The division of Medicaid worked with other divisions in the department to achieve this transition. In particular, Medicaid provided therapeutic consultations to ensure that individuals on multiple medications were enrolled in the prescription drug plan that best met their needs. The Centers for Medicare and Medicaid Services termed Idaho's implementation of the Medicare Modernization Act "superb."

Medicaid Services SFY 2006 Allocation of Funding**Medicaid Services**

Idaho's Medicaid program provides coverage of health care services, which are required by the federal government, Idaho Code or Idaho Rules. The federal government requires that a state Medicaid program must offer certain mandatory services. Other optional services can be provided under the Medicaid program at the discretion of the state. Laws passed by the Legislature for Medicaid services are listed in Idaho Code. Rules are developed under the Administrative Procedures Act and are approved by the Legislature.

There are federal requirements from which the state can seek a waiver to benefit the consumer and the program. For example, the Aged and Disabled Waiver (A&D) provides a cost-effective alternative to nursing homes. The waiver, which is optional for the state, allows Medicaid to provide services in the home or similar setting as long as the cost is no more than similar services in a nursing home. This option has stabilized Medicaid expenditures for nursing home care, which is a mandated service for the state.

The funding proportion of federal mandates vs. state options has shifted in recent years, largely as a result of additional services and more up-to-date benefits. Combined, State Rules and Code-mandated programs accounted for 57 percent of the Medicaid expenditures in SFY 2006 — about the same as the previous year. There was a large drop in prescription drug costs due to the Medicare prescription drug benefit

program that was implemented halfway through the fiscal year. Medicaid drug costs dropped by 23 percent, or about \$32 million in federal funds, as the federal government picked up much of the cost of pharmaceuticals; however, the drop was offset by increases in numerous other state mandates. In 1999, State Rules and Code made up 48 percent of expenditures.

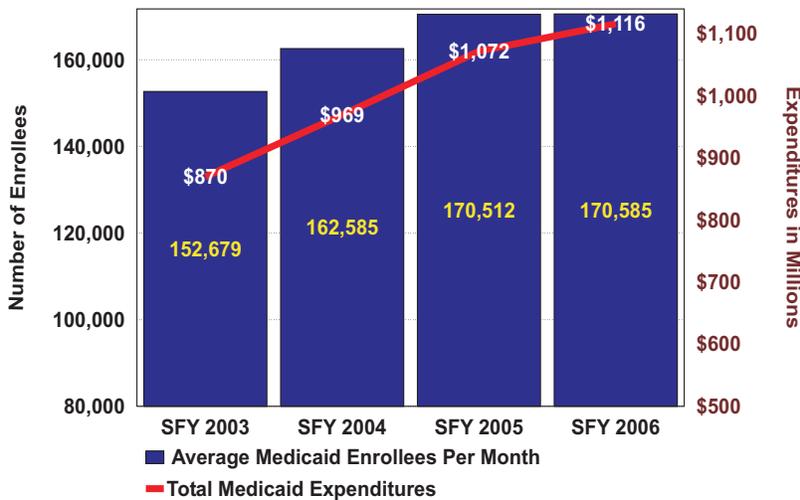
Most of the recent growth in expenditures is the result of state requirements, not federal. However, many of the state mandated programs offer alternative care options that are often more cost-effective and have helped to hold down rising Medicaid expenses.

Medicaid Enrollment and Expenditures

Medicaid enrollment was steady in SFY 2006, with less than 100 cases added to Medicaid's average monthly enrollment over the year. However, expenditures continued to escalate because of inflation increases for services and the higher costs of new treatments and more sophisticated tests. The average monthly enrollment for Medicaid in 2006 was 170,585 compared to 170,512 in 2005.

Through careful management of Medicaid dollars, the state was able to end the fiscal year \$6.6 million under budget (General Funds), while other states were struggling to stay out of the red. This money was returned to the Medicaid program to meet SFY 2007 expenses. With good management, Idaho also was able to maintain services and benefits for clients without cutting eligibility in SFY 2006.

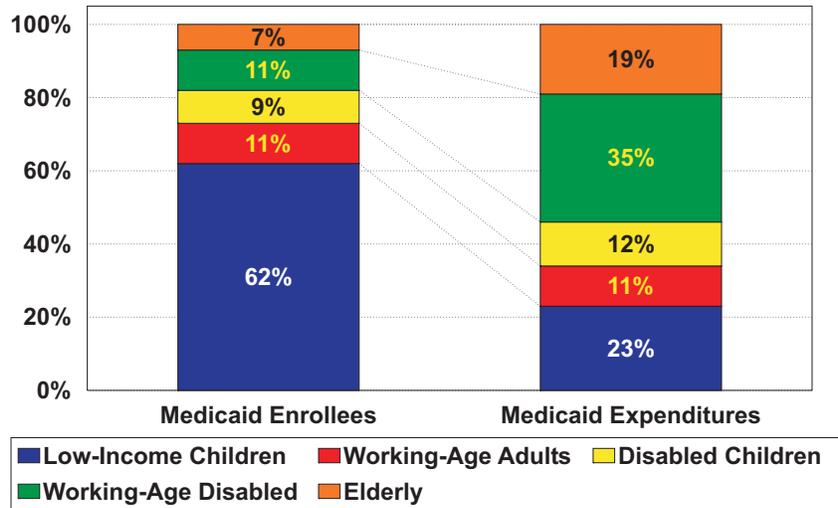
Average Medicaid Enrollees Per Month/Annual Expenditures



Annual Expenditures for Services

The largest number of Medicaid participants are children under 21 years of age. They made up 121,000, or 71 percent, of the total 2006 Medicaid enrollment. However, these children account for only 35 percent of total Medicaid expenditures. The largest expenditures are accrued by the elderly and working-age disabled, who account for only 18 percent of the Medicaid population, but 54 percent of total expenditures in 2006.

SFY 2006 Percent of Enrollees and Expenditures for Children and Adults



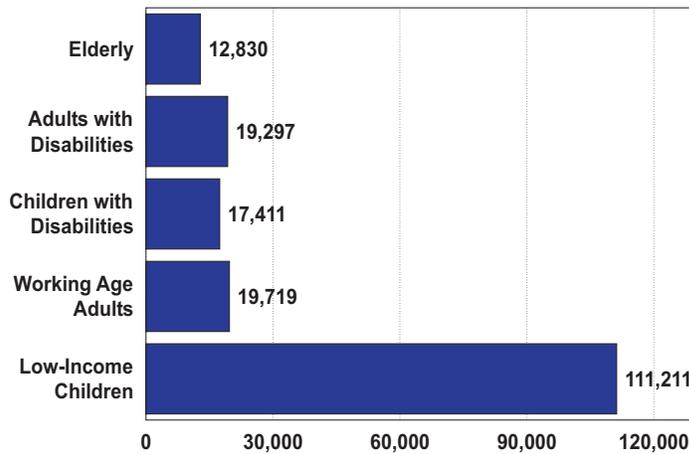
Medicaid Participants and Expenditures by Age

Children under 21 are the largest single group of Medicaid enrollees. The cost per month for each child was \$259 in 2006; this includes disabled children who are generally far more expensive to insure than low-income, healthy children. By comparison, adults cost \$958 per month, almost four times the cost of covering a child. Adults include the elderly, working-age adults, and working-age disabled adults.

By far the largest expenditure was for aged, blind and disabled adults. Although this population is about 32,000, expenditures totaled nearly \$602 million in 2006, for a monthly average expenditure of \$1,550 per participant. By comparison, expenditures for low income children totaled \$258 million, with a population of 121,000.

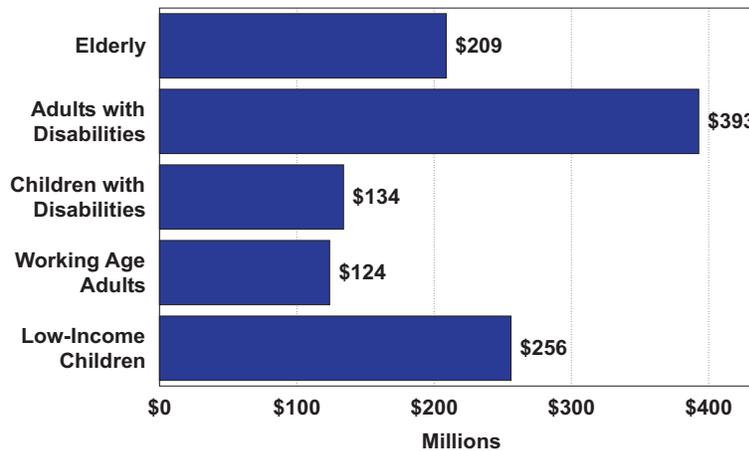
In the past, much of the Medicaid cost increases were due to an upsurge in enrollment, but expenditures in 2006 were driven by higher costs for services, treatment and advances in medical and health care testing.

SFY 2006 Medicaid Enrollees



Note: This chart includes people eligible retroactively. A person meeting eligibility requirements can enroll in Medicaid after initial services are provided. Medicaid will pay their claims up to 90 days retroactive to enrollment, if they were eligible when services were provided. There are approximately 10,000 retroactive cases included in the chart above.

SFY 2006 Medicaid Expenditures



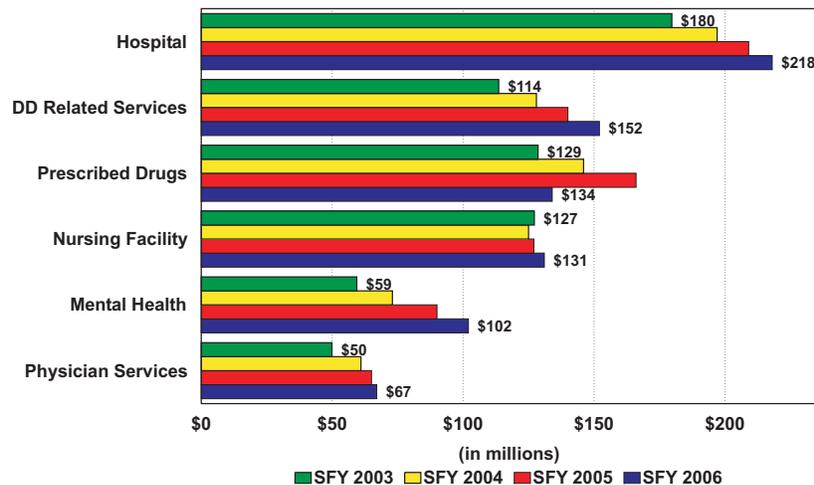
Medicaid Expenditures for Services

The hospital expenditures category continues to be the most costly service for Medicaid, with \$218 million spent in SFY 2006, up \$9 million from SFY 2005. Developmental Disability services were second highest, at \$152 million, which is a \$12 million annual increase. In previous years, prescription drug costs were second highest, but in SFY 2006 they dropped to third at \$134.5 million, a \$32 million decline. This change is mainly due to the new Medicare prescription drug benefit which changed the drug expenses for 20,000 Medicaid participants who also were eligible for Medicare. The costs of drugs for these participants are now being paid directly by the federal government, although the state must reimburse the federal government for a large portion of the expense.

In 2007, we expect to see more changes in pharmacy costs as the full impact of Medicare drug program takes effect. This will mean lower drug rebates besides lower expenditures for Medicaid prescription drugs. Other spending categories remained stable or increased at a normal rate.

One of the greatest growth areas in Medicaid is mental health services, which grew 72 percent over four years. The increasing costs are largely driven by Mental Health Clinic services.

Top Six Medicaid Services Expenditure Categories



Note: Medicaid receives rebates from pharmaceutical companies, which are required under federal law. For SFY 2006, Medicaid received \$41 million in rebates. The \$41 million is not included in the chart above because rebates collected in one fiscal year may have been collected for expenditures in the previous fiscal year.

New Benefit Plans under Idaho Medicaid Reform

Idaho is modernizing the Medicaid program by connecting health needs with specific benefit plans and by improving program management. In July 2006, Medicaid implemented two new benefit plans that meet different health needs:

1. The Medicaid Basic Plan is for low-income children and working-age adults with average health needs.
2. The Medicaid Enhanced Plan is for individuals with disabilities or special health needs, including those who are dually eligible for Medicare and Medicaid.

The division is also developing a third plan, the Medicare-Medicaid Coordinated Plan, which will be an option for participants who are eligible for both Medicare and Medicaid and are enrolled in certain Medicare Advantage Plans.

The Medicaid Basic Plan serves most former CHIP A and CHIP B (Title 21) participants. All Medicaid participants that have average health needs, regardless of whether they are eligible through Title 19 or Title 21 of the Medicaid program, will be enrolled in the Medicaid Basic Plan. The Medicaid Enhanced Plan will serve children eligible through either Title 19 or Title 21 if they have special health needs.

Medicaid will continue to collect approximately 70 percent of the benefit costs from the federal government for participants eligible through Title 19, and 80 percent of the benefit costs from the federal government for participants eligible through Title 21.

Premium Assistance Programs

The state of Idaho offers two health insurance premium assistance programs to support the purchase of private health insurance: the children's Access Card and Access to Health Insurance.

The Access Card helps families buy health insurance through employers or private insurance companies. This program is an alternative to direct coverage in the Medicaid Basic Plan for qualifying children.

An eligible child may receive up to \$100 per month in premium assistance. Families with three or more eligible children may receive up to \$300 per month. Children in families whose income is between 150% and 185% of federal poverty guidelines may be eligible. Parents are responsible for premium payments, co-pays and deductibles.

Access to Health Insurance helps employees of small businesses and

their families enroll in employer-sponsored insurance. Qualifying employees and their spouses are eligible for up to \$100 per month in premium assistance. Employers must pay at least half of the premium costs for each participating employee. Since the program began in July 2005, Idaho Medicaid has been working to improve the enrollment process.

Licensing and Certification

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

The Licensing and Certification Program team surveys, inspects, licenses and/or certifies all health care facilities in the state. They ensure skilled nursing facilities, hospitals, and Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR) meet both state and federal guidelines and conditions of participation. Additionally, team members conduct surveys and license/certify Residential Care or Assisted Living Facilities (RALFs) and Certified Family Homes (CFHs) to ensure they comply with state statute and rule requirements. The 62 person team is responsible for over 2,100 health care and/or residential facilities and over 19,400 treatment beds.

The team works closely with partners in the respective industries, advocates, other governmental agencies, and with stakeholders to ensure safe and effective care in a wide variety of settings.

Health Care Facilities Licensed in Idaho

Type	# of Facilities	# of Beds
Hospitals	50	3,371
Residential and Assisted Living	281	6,704
ICF/MR	64	559
Nursing Home	81	6,216
Other*	<u>239</u>	<u>NA</u>
Total	715	16,850

**Other can include home health agencies, rural health clinics, hospice, outpatient speech therapy, and renal dialysis centers.*

Medicaid Spending by States in 2005

Every state has a unique Medicaid plan. Each plan must meet the minimum federal requirements for a Medicaid program, but can expand their programs through additional eligibility categories or options for additional care.

The following chart shows how much states spend per capita for Medicaid. Because states receive varying match rates of federal support, the general fund expenditures per capita also are shown in the column on the right.

For total per capita Medicaid expenditures, Idaho ranked 45th in the nation, spending a total of \$722 per person. Because Idaho receives a better federal match rate than many other states, Idaho's general fund expenditures per capita were even lower. Idaho ranks 48th in the nation for general fund expenditures of \$212 per capita. With legislative support, Idaho has implemented many cost-saving measures over the last four years to contain Medicaid expenses without having to cut eligibility or benefits.

Medicaid 2005 State Spending Per Capita

	Rank/General Fund Spending	Total Cost Per Capita	General Fund Per Person
New York	1	\$2,254	\$946
Maine	2	\$1,705	\$599
Rhode Island	3	\$1,556	\$694
Alaska	4	\$1,485	\$630
Massachusetts	5	\$1,472	\$736
Vermont	6	\$1,376	\$549
Tennessee	7	\$1,274	\$448
New Mexico	8	\$1,246	\$320
Pennsylvania	9	\$1,244	\$574
West Virginia	10	\$1,223	\$310
South Dakota	41	\$796	\$270
Oregon	42	\$793	\$308
Florida	43	\$761	\$313
Montana	44	\$743	\$209
Idaho	45	\$722	\$212
Kansas	46	\$716	\$279
Colorado	47	\$608	\$304
Virginia	48	\$591	\$296
Utah	49	\$562	\$156
Nevada	50	\$503	\$222

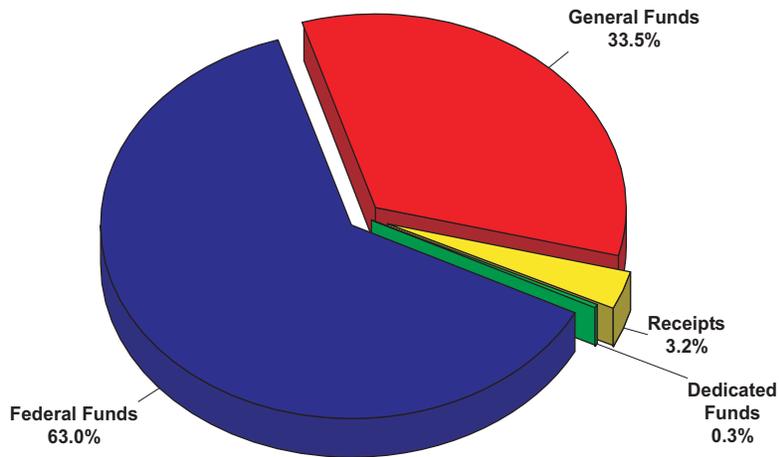
Division of Family and Community Services

Michelle Britton, Administrator, 334-5680

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

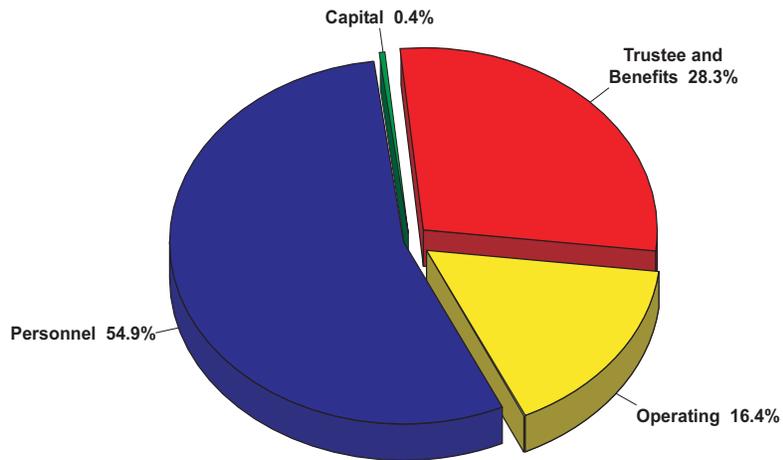
Idaho State School and Hospital in Nampa also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2007 Funding Sources



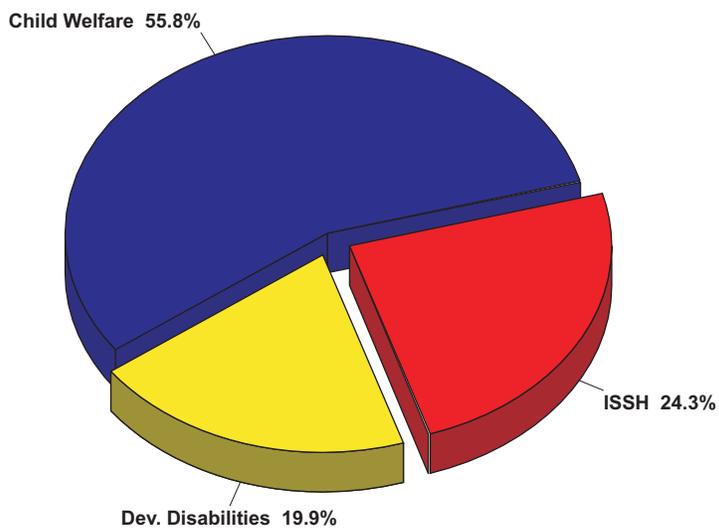
Authorized FTP: 932.4; Original Appropriation for 2007 — General Fund: \$30.5 million; Total Funds: \$91.3 million; 5.4% of Health and Welfare funding.

FACS SFY 2007 Expenditure Categories



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

FACS Spending by Program



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

2006 FACS Division Highlights

In February 2006, the federal Administration for Children and Families recognized Idaho as one of the few states to attain all system and client goals specified by the **Children and Family Services program's Program Improvement Plan**. This achievement was the culmination of an intense two-year effort involving the development and implementation of 25 practice standards, quarterly comprehensive case reviews conducted in every region, a dramatic expansion of the Child Welfare Training Academy for new workers, and related advances in court monitoring and procedures. The corresponding improvements in client outcomes included more timely responses to referrals, reductions in recurrence of child abuse, more stable foster care placements, increased rates of family reunification or permanent placement with relatives, and more expeditious adoptions.

The addition of 15 new Child Protection workers in SFY 2006 and the activities of the Program Improvement Plan helped slow the growth in out-of-home foster care placements. Despite continuing population growth and increasing incidence of child abuse related to substance abuse, the child welfare program reduced the growth of the overall number of children living in foster care during SFY 2006 to four percent. This follows two years of double digit increases, including a 22 percent increase in SFY 2004. Child Protection staff work hard to provide services to families to help keep them together when possible, helping reduce the entries of new children into foster care by approximately six percent in SFY 2006.

During SFY 2006, Idaho implemented a pioneering venture in collaboration to improve child welfare education, training, evaluation, and practice. **The Idaho Child Welfare Partnership** brings together the department, the Casey Family Foundation, the Idaho Child Welfare Research and Training Center, Boise State University, and several other Idaho colleges and universities. These partners apply collective expertise to train new staff and foster parents, strengthen recruitment and retention through better education and practicum opportunities, guide service and outcome evaluation, and promote the use of best practice tools and methodologies.

Growth has increased service demand within Developmental Disabilities programs. The Medicaid-funded Intensive Behavioral Intervention program, provided for children whose developmental disabilities are displayed through behavioral challenges, experienced a 24 percent increase in clients. Enrollment in the Infant Toddler program increased seven percent in the past year, generated in part by Idaho's

success in meeting the new federal requirement for children under three years of age who are the subject of substantiated cases of abuse and neglect, to be referred for assessment to the Infant Toddler program.

Legislative support to increase funding and add 15 additional staff enabled the Infant-Toddler program to initiate early intervention services for newly identified children and restore services to eligible children who had been on waiting lists for services. Additionally, the Infant Toddler program implemented information system enhancements in order to collect and report performance and compliance according to federal requirements.

Clients dually diagnosed for mental health and developmental disability services constitute the principal challenge to the Idaho State School and Hospital (ISSH). These clients comprise the majority of ISSH admissions. They are usually referred by community providers who are unable to manage their behavior, or the judicial system, which cannot find an appropriate community setting. Accordingly, ISSH focuses on developing and providing technical assistance to community-based, supported living services.

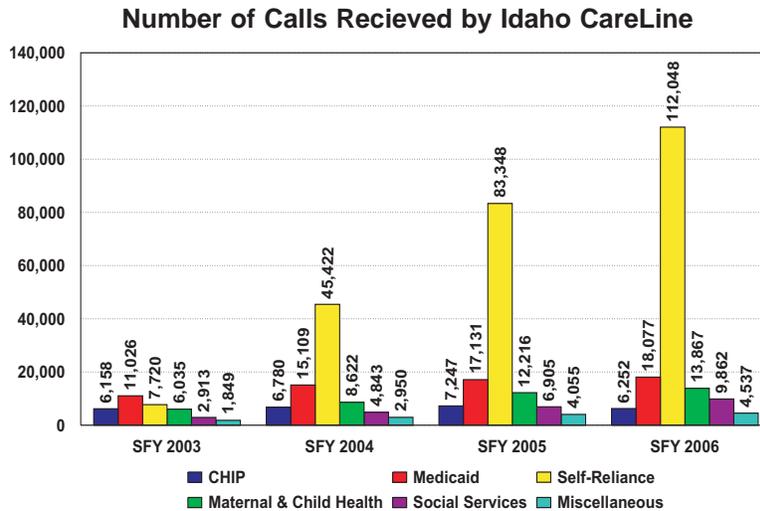
2-1-1 Idaho CareLine

The Idaho CareLine is a bilingual, toll-free, telephone information and referral service that links citizens with health and human services in Idaho. The Idaho CareLine serves as a central directory for department programs and local community resources with a database of over 3,300 health and human service contacts. The Idaho CareLine is staffed by 10 Customer Service Representatives who assisted 164,643 callers last fiscal year.

Calls to the Idaho CareLine increased 26 percent over SFY 2005. This is primarily due to increased public awareness of the 2-1-1 service and the Idaho CareLine operating as the first point of contact for the Idaho Child Care Program, which manages both parent and provider calls for child care (75,500 child care related calls in SFY 2006).

In 2002 the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho. 2-1-1 is a national initiative providing an easy-to-remember, three-digit phone number that provides easy access for callers to receive information and get connected to local community resources.

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



Note: The SFY2006 Self-Reliance category reflects calls concerning services which help keep a family stable – emergency dental and medical, child care, Food Stamps, cash assistance, child support, housing, rent, and utility assistance. Child care is responsible for over 65 percent of these calls.

Children and Family Services

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

Child Protection

Children and Family Services screens or assesses each report or referral it receives about possible child abuse or neglect to determine if there are current and ongoing safety issues for a child. Social workers will work with families having problems to try to create a plan so the child can remain safely in their home. If a child's safety cannot be ensured with a safety plan, the child is removed from their home by law enforcement or the court. When a child is removed from their home, Children and Family Services is required to work with the child and family toward the child's reunification with their family and safe return home.

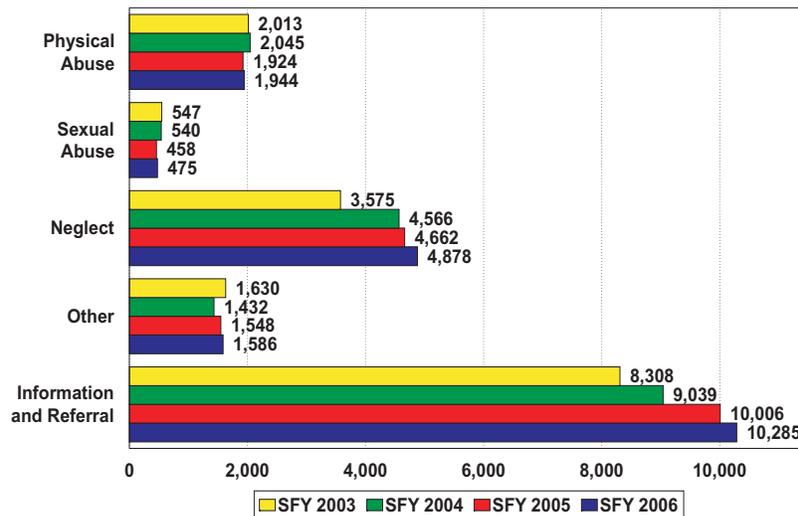
Since 2002, the number of children living in foster care on a daily basis has increased 49 percent (1,215 children in care on June 30, 2002 to 1,813 children on June 30, 2006).

Foster Care

The foster care program is one of the cornerstones of the state's child welfare services system. Foster families, in partnership with agency staff, are on the forefront of caring for children who have been abused, neglected or are experiencing other serious problems within their families.

As part of their role, foster families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. The foster care program provides services to the entire family, with the goal of reuniting the family once the home environment becomes safe and healthy for the child's return. In some instances, when a child's family is unable to make necessary changes to protect their children, the foster family may be considered a permanent placement for a child through the state's adoption program. Other permanent placements include relative care or guardianship.

Child Protection and Prevention Referrals

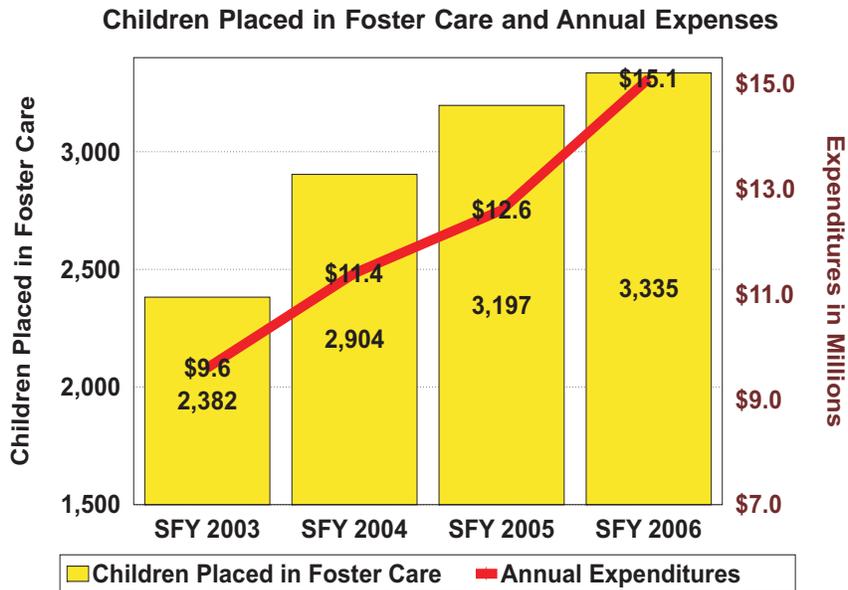


Note: In SFY 2006, there were 8,883 child protection referrals from concerned citizens. There were an additional 10,285 calls from people seeking information about child protection. Frequently, they are referred for services in other divisions or agencies. "Other" often includes prevention work by social workers for homeless families, the School-Based Prevention Program, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Juvenile Justice evaluations.

Due to the steady increase of the number of children in foster care, the need to recruit and retain foster families is critical. In 2003 there were a total of 2,382 children placed in foster care during the state fiscal year, increasing to 3,335 children in SFY 2006.

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

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



Note: This chart shows total number of children served annually. On June 30 of each year, a count of children in foster and residential care is taken. In 2002, there were 1,215 children in state care. This increased 49 percent to 1,813 children on June 30, 2006.

Independent Living

Each year Idaho has an average of 130 foster youth reaching the age of adulthood (18 years) while in care. Idaho's Independent Living Program assists these older foster youth to transition successfully from life in foster care to living as self-reliant adults. The program provides funds and services that address employment, education, housing, and personal needs. The focus of Idaho's current independent living plan is to assure that young people have the knowledge and skills necessary to know how to compete for, and maintain, a job. This is best achieved through a coordinated effort of child welfare and tribal social service programs, foster parents, and service providers working with older youth. During SFY 2006, 761 eligible youth between the ages of 15 to 20 were served through the independent living program by the department and the Casey Family Program.

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

In 2003, the Education and Training Voucher Program (ETV) was initiated by Congress. Education is a significant component in the successful preparation for independence for many youth. Youth who have been in foster care and have received their high school diploma or GED may be eligible for ETV program funds. During 2005-2006, thirty youth participated in the ETV program.

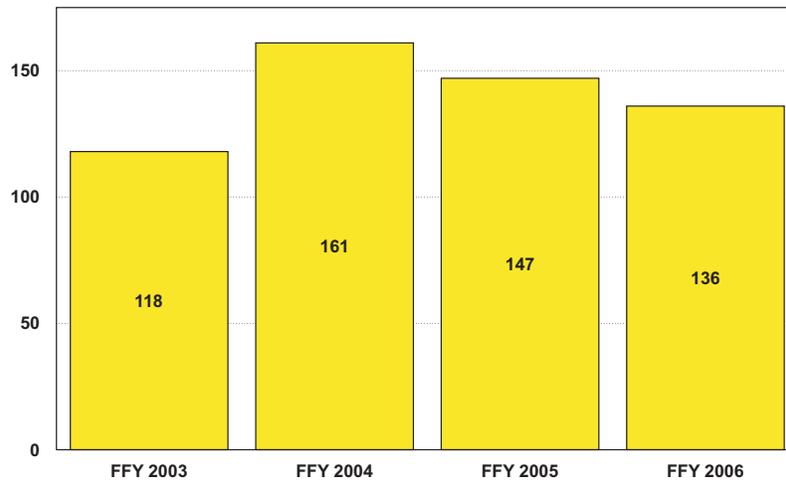
Adoption

Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together, or are children who have physical, mental, emotional, or medical disabilities. Some children also may be older but still need a permanent home through adoption. The department's goal is to find a family who can best meet an individual child's needs within 24

months of the child entering foster care. Individualized adoption recruitment requires a variety of strategies and collaboration with community partners.

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

Adoptions Finalized



Monthly Adoption Assistance SFY 2006

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	935	\$333
State	144	\$294
Total	1,079	

Idaho's Program Improvement Plan

In February 2006, Children and Family Services successfully completed its two year Program Improvement Plan (PIP) The PIP was developed in conjunction with federal regional staff based on the findings of the federal Child and Family Services Review that took place in May 2003.

To meet the goals of the PIP, Idaho reduced the rate of repeat maltreatment, reduced foster care re-entries, increased timely reunification, and increased the stability of foster care placements. In addition, CFS successfully implemented major systemic initiatives, such as implementing a statewide quality assurance case review system, using data as a feedback and management tool, improving the data information system, developing practice standards, and enhancing foster parent and staff training.

The second phase of the Child and Family Services Review has begun. Idaho will begin the process by completing a comprehensive self-assessment in 2007. The actual federal case review will not occur until 2008. The federal standards for the second review have been raised so no state is expected to meet the standards in every area of safety, permanency or child well-being. The purpose of the Child and Family Services Review is to continually improve outcomes through an updated Program Improvement Plan that will be developed in 2008 after the second case review.

Developmental Disabilities Services

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

Family Supports

The Family Support Program funds assist families in caring for family members with developmental disabilities at home. Funds pay for assistance unavailable from other sources. They often are combined with other donated community funds or resources to buy items such as wheelchair ramps. In SFY 2006, 709 Idaho families received \$302,722 worth of goods and services from this program.

Idaho Infant Toddler Program

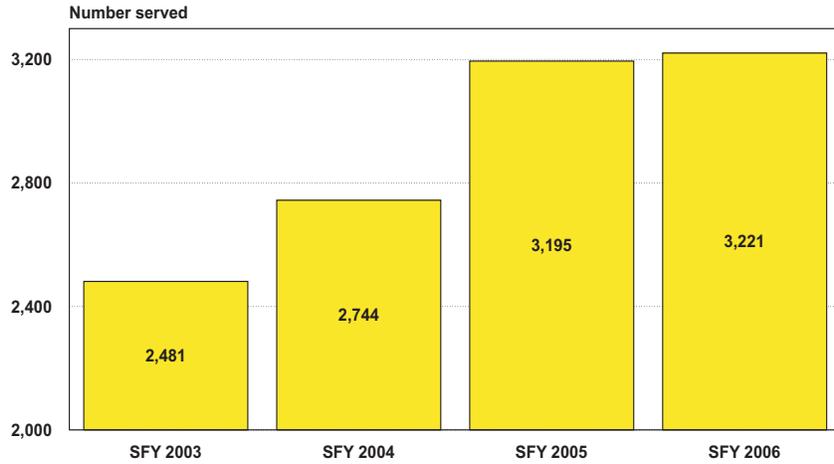
The Idaho Infant Toddler Program coordinates early intervention services for families and children with special needs from birth to three years of age. The program partners with agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The four most frequently provided services are Speech/Language Therapy, Developmental Therapy (special instruction), Occupational Therapy and Physical Therapy. During SFY 2006 a total of 3,221 infants and toddlers with disabilities and their families were served by the Infant Toddler Program.

Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services in the context of the family's normal routines. More than 89 percent of services are delivered in the child's home or other typical environment. Prior to a child turning three and "aging out" of the program, transition plans are coordinated with local schools and other community resources to ensure a child continues to receive needed supports.

During SFY 2006, 1,631 children exited from this program. Twenty-two percent exited before age three after achieving identified developmental goals. Thirty-eight percent exited at age three and were identified as eligible for continued services in Special Education. Others who exited did not require Special Education, moved from the state, or no longer participated in services. The increase in children enrolled is due to the growing population, increased prevalence of certain disabling conditions such as autism, and the recognition of the importance of early development. Additional program growth is due to new federal requirements under the Child Abuse Protection and Treatment Act. Children up to three years of age involved in substantiated cases of abuse or neglect are routinely referred to the Infant Toddler Program for evaluation.

Extensive work was completed in SFY 2006 on the data collection and reporting system to respond to increased federal accountability and reporting requirements. These reporting requirements placed significant additional demands on administrative support structures.

Individuals Served in the Infant Toddler Program

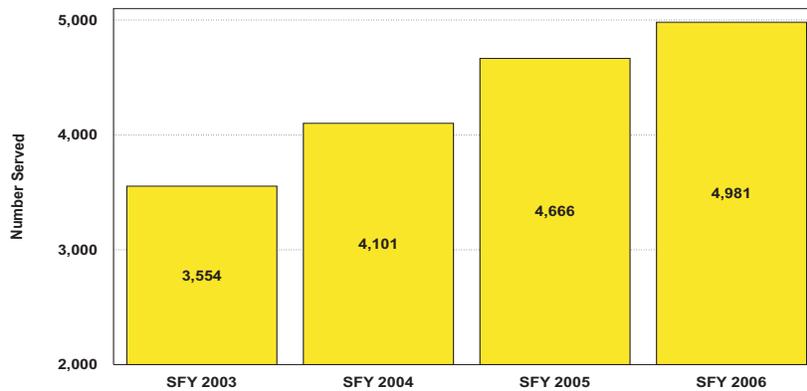


Service Coordination for Children From Birth to 21 Years of Age

Service coordination is available for Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require help to obtain and coordinate services and supports. In SFY 2006, 141 private service coordination agencies served 4,981 children at a cost of \$4.6 million.

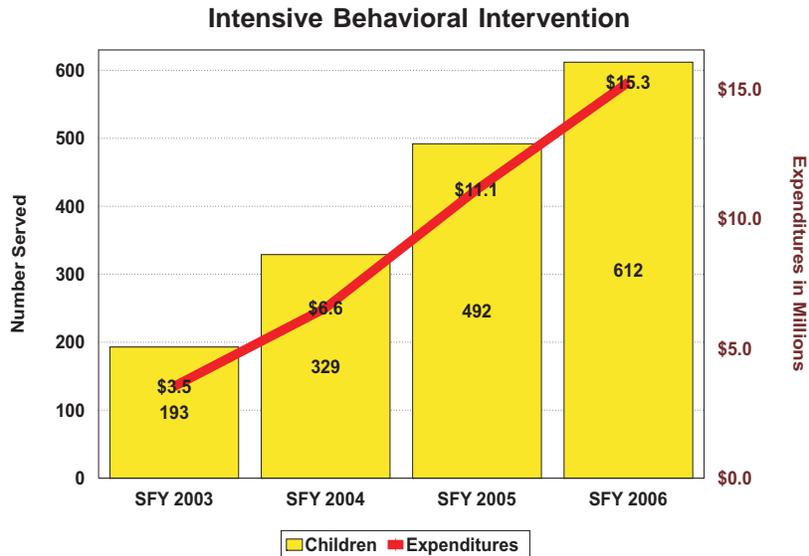
Service coordination is delivered according to a plan created with the family of the child, the service coordinator, service providers, and others important in the child's life.

Individuals Served Through Service Coordination



Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disabilities agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by department-certified IBI professionals and paraprofessionals. All IBI services are reviewed and prior-authorized by Developmental Disabilities Program clinicians every four months. IBI first was offered as a service in SFY 2001, and has grown significantly throughout the state. In SFY 2006, 612 children were served, a 24 percent increase over SFY 2005.



Court-Related Services

The department conducts court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that unique needs of people with developmental disabilities are considered when courts make guardianship or commitment decisions. Multi-disciplinary teams of physicians, psychologists, and social workers complete these evaluations and court reports. Under orders of Idaho's district courts, the Developmental Disabilities Program provided evaluations for 152 guardianships during SFY 2006, a 45 percent increase over 2005.

Idaho State School and Hospital

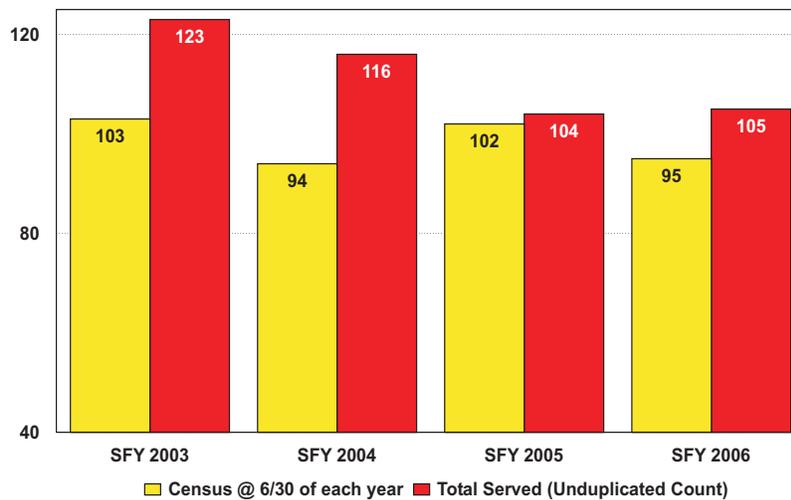
Susan Broetje Administrator, 442-2812

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

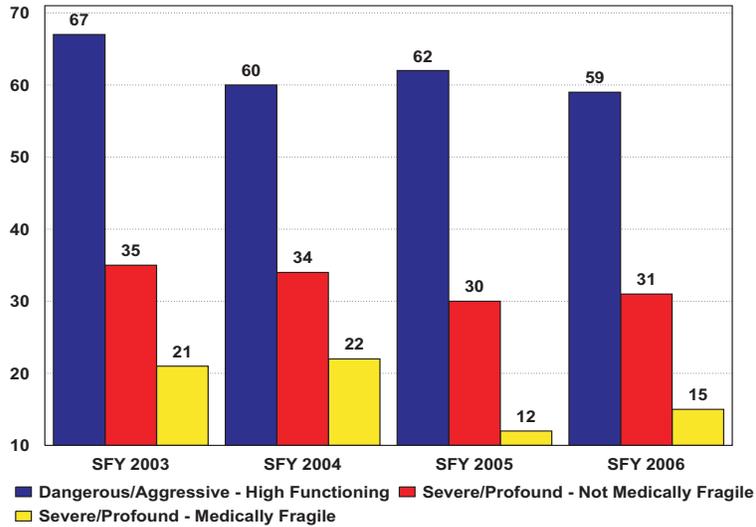
ISSH provides a safety net for some of Idaho's most vulnerable people who have no other placement options. ISSH provides care to individuals with disabilities who have exhausted all resources, or who are not successful in other settings. People also are referred to ISSH when private providers no longer can provide services to them, or their medical needs require more intensive care than can be provided in community settings.

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

Historical Look at Census and Clients Served

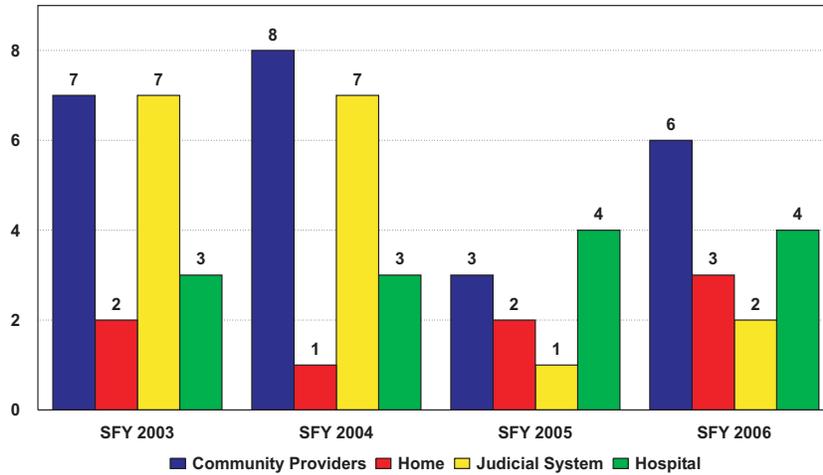


Demographics of Clients Served

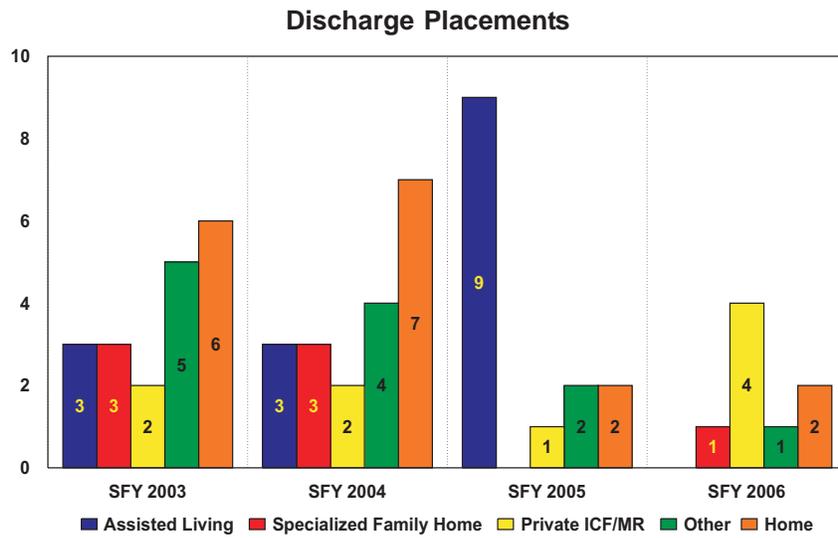


Many ISSH admissions come from community providers who cannot manage the client's behavior, with many others referred by the judicial system. These clients frequently are in crisis and need intensive treatment and behavior management. In SFY 2006, all admissions were clients who could not be successful in community settings or were referred to ISSH by the judicial system.

Types of Admissions



ISSH pursues the most appropriate placement opportunities for clients ready to leave the facility. An increase in the availability of community options has resulted in increasing discharges to community-based services such as supported living. By promoting and developing community services, ISSH is experiencing an increasing ability to return clients to their homes.



Division of Behavioral Health

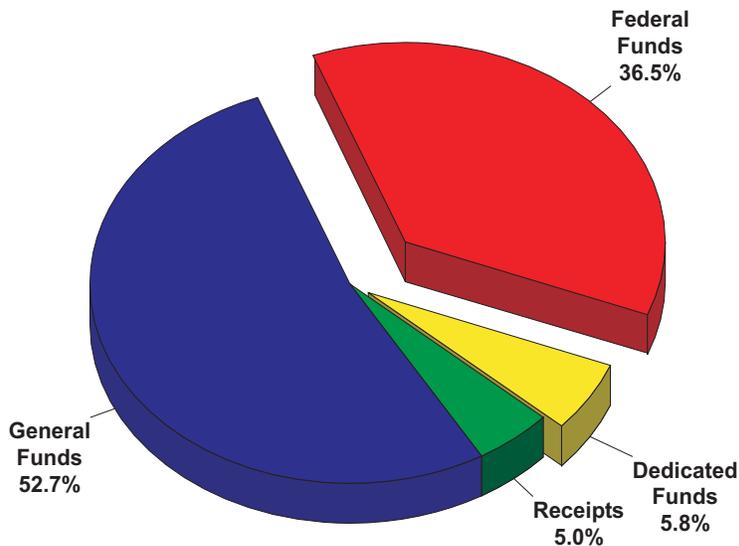
Kathleen Allyn, Administrator, Phone 334-6997

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

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

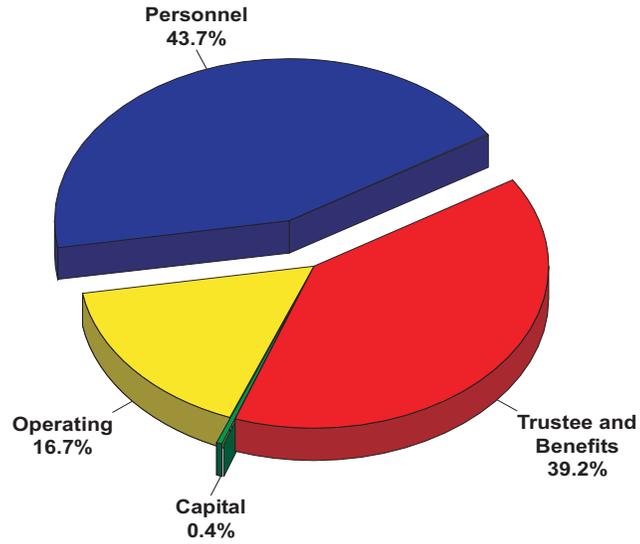
Behavioral Health was formed by executive order of Governor James Risch in June 2006. The programs administered by Behavioral Health were previously under the Division of Family and Community Services.

Behavioral Health SFY 2007 Funding Sources

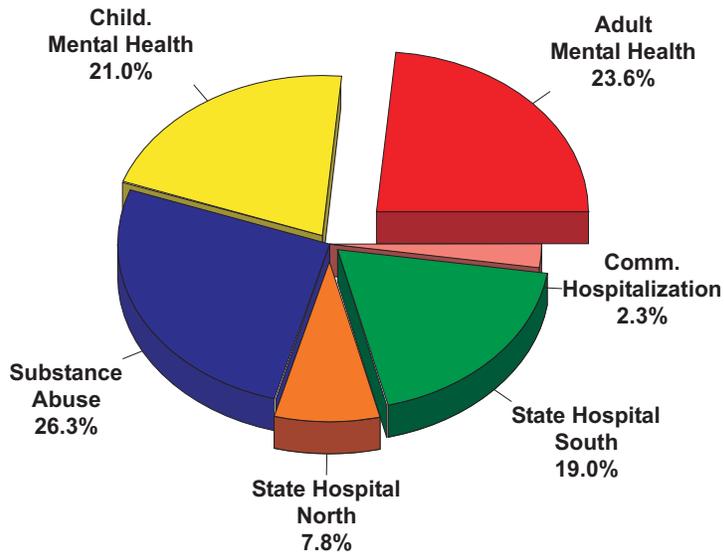


Authorized FTP: 725.6; Original Appropriation for 2007--General Fund \$49.6 million; Total Funds \$94.2 million, 5.6% of Health and Welfare funding.

Behavioral Health SFY 2007 Expenditure Categories



Behavioral Health Funding by Program



2006: Behavioral Health Program Highlights

The programs for Behavioral Health continued to make progress to improve mental health and substance abuse services. Program highlights include:

- In the Children's Mental Health Program, services continued to expand to more children and their families. In SFY 2006, the number of children receiving case management, assessments, and psychosocial rehabilitation services increased by more than 11 percent, while the number of children receiving Medicaid clinical services increased nine percent. Support services increased to families by 12 percent, while children whose families received respite care increased 56 percent.
- The Jeff D lawsuit for children's mental health went to trial in September, with a court ruling expected as the 2007 legislative session begins. The 20-year-old lawsuit involves the state's responsibility to provide children's mental health services.
- Adult Mental Health expanded capacity with legislative support. Sixteen Assertive Community Treatment team members were added, expanding treatment to persons referred by Mental Health Courts. State Hospital North received funding to expand its beds from 50 to 55 with minor renovations, and staff will be added to treat the increase in patients.
- At the community level, grants amounting to \$2 million from funding provided by the Legislature were awarded in November to improve access to psychiatric services and beds, transitional housing, and detoxification facilities.
- With funding from the Access to Recovery Grant, the Substance Abuse Program continues to increase the number of people receiving services. Before the grant, over 1,000 people were on waiting lists for treatment. That number has decreased to less than 200, with significant expansion of services in rural areas, for tribal members and for people of Hispanic descent. Overall, outpatient services increased 56 percent in SFY 2006, while adult and adolescent residential treatment and detox treatment more than doubled from SFY 2005.

Children's Mental Health Services

The department provides a continuum of public mental health services for children with a Serious Emotional Disturbance (SED) and their families through outpatient and inpatient treatment, or in residential settings. Services are delivered primarily through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

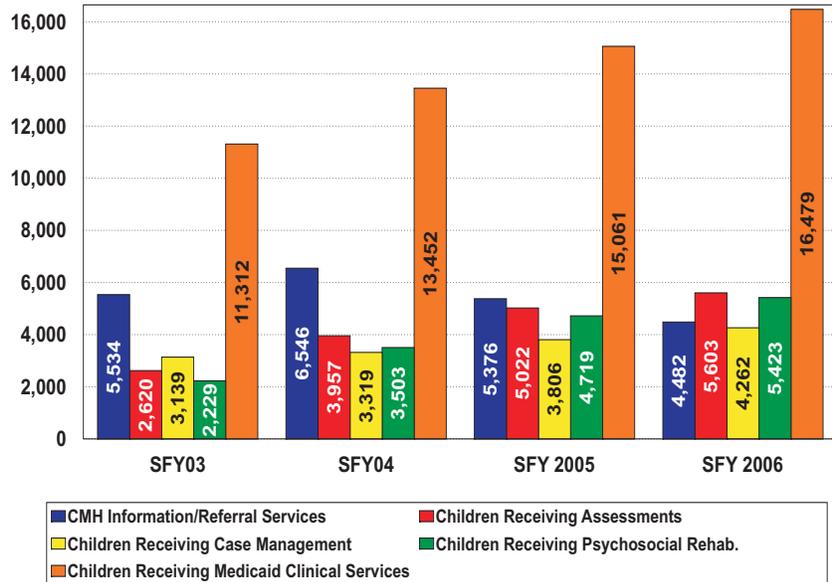
The children's mental health system is guided by the Children's Mental Health Services Act, which places the right and responsibility to access mental health services on parents and guardians. The department's children's mental health services are voluntary and are provided to eligible children.

Children must meet the department's target population of having an SED to be eligible for services. SED is determined by a child/youth having a mental health diagnosis and impairment in their ability to function successfully in normal life areas, including school, home and community. Judges can order involuntary services, but only in situations where children and adolescents are at immediate risk of causing life-threatening harm to themselves or someone else, or if they are at risk of substantially deteriorating to the point of causing a risk to their own safety.

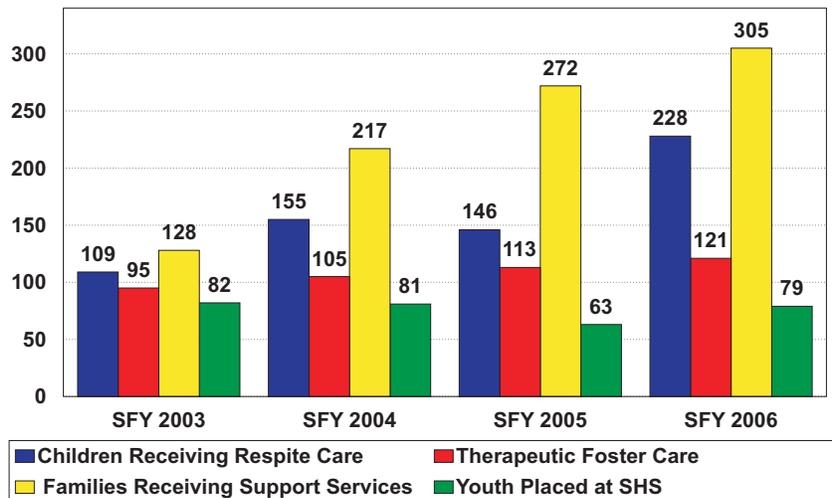
As of July 1, 2005, the court can order the department to provide assessment and services for children under the jurisdiction of Juvenile Corrections or Child Protection Acts. Under court direction, the department provides an assessment and plan of treatment if the court believes the child has an SED and prior services have not been effective, or the child cannot follow through with orders of the court, or the child presents a risk to themselves or others. Additionally, the court may convene a screening team to assist in assessment and development of a treatment plan.

The primary goal in providing children's mental health services is to minimize the need for children to be placed outside their homes for necessary care. Treatment in the family home and community is less disruptive and more supportive of the family as they address the child's mental health needs. Community-based treatment also is more cost effective, as it does not require a child to be placed in expensive hospitals or facilities

Children Receiving Mental Health Services



Children and Families Receiving Support Services



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

System of Care

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

The Idaho Council on Children's Mental Health (ICCMH) is leading this effort under the direction of the Lieutenant Governor, and through statewide collaboration between families, advocates, mental health service providers, and directors of agencies that serve children. The Department manages a Federal Cooperative Agreement to assist the State to develop, implement, and evaluate a statewide System of Care for children with SED and their families.

This project, "Building on Each Other's Strengths," emphasizes development of a statewide system of care by providing opportunities for skills-building, community outreach, and progress monitoring. The ICCMH provides oversight to the project, seven Regional Children's Mental Health Councils, and the Tribal Coordinating Council in Idaho's System of Care.

Regional councils oversee 35 local Children's Mental Health Councils. Local councils are the focal point in communities for identifying community resources, outreach, and service planning. They work with case managers called Wraparound Specialists. These program experts facilitate a coordinated, comprehensive, and highly individualized case plan for children with an SED and their families.

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

In Idaho, the System of Care has:

- Provided skill-building opportunities with a series of community meetings focused on strategic planning for regional and local councils;
- Facilitated a statewide children's mental health conference, with more than 350 participants attending;
- Developed a System of Care newsletter along with Internet information on news and activities; and

- Trained multiple local evaluation specialists who are parents of children with an SED. These parents conduct interviews with members of local councils throughout the state to evaluate progress and expertise of community-based local councils as they work with Wraparound Specialists, children and families.

Adult Mental Health Services

Like most states, Idaho's community-based system of care for adults prioritizes assessment, treatment and rehabilitation of people with serious and persistent mental illnesses, such as schizophrenia. This program helps to minimize re-hospitalization, decrease criminal justice involvement, and enables clients to live successful, productive lives in their communities. The adult mental health program also emphasizes treatment services for individuals experiencing a psychiatric crisis including those at risk of institutionalization, incarceration or homelessness.

Over the last three years, individuals who required department mental health services has increased from 14,000 people in FY 2003 to over 20,000 in FY 2006, a 43 percent increase.

Adult Mental Health Services				
	SFY 2003	SFY 2004	SFY 2005	SFY 2006
Adults Receiving Services	13,640	17,902	19,173	19,620
ACT Team Participants	<u>392</u>	<u>368</u>	<u>400</u>	<u>431</u>
Total Served	14,032	18,270	19,573	20,051

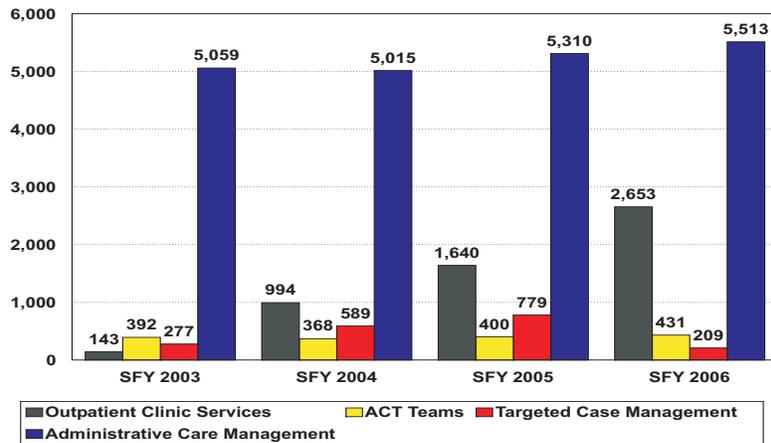
Outpatient services are provided through seven regional community mental health centers on a sliding fee basis. Services fall into three main categories:

- **Crisis Screening and Intervention**--These services include 24-hour telephone screening and referral, 24-hour face-to-face crisis intervention, and court-ordered assessments in local hospitals or jails. Staff resources are mobilized to stabilize crisis situations and to provide immediate and/or continuing treatment. In FY2006, an estimated 6,631 people received crisis screening and intervention services.
- **Ongoing Mental Health Services**--Based on individual need, clients enrolled in ongoing mental health services receive individual and group counseling, case management, psychosocial rehabilitation, and medication therapy. Ongoing clients who require more intensive treatment, including those enrolled in Mental Health Courts, are assigned to Assertive Community Treatment (ACT) teams.

ACT Teams are often characterized as bringing hospital services into a community setting, at a much lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. A team of eight members can provide services to approximately 65 people with serious mental illness, and are available 24/7 for crisis services. Without the intensive services of ACT Teams, many clients would require frequent hospital emergency room services, often leading to expensive psychiatric hospitalizations. In FY2006, 431 clients received ACT team services.

- **Administrative Care Management**--The Division of Behavioral Health's Mental Health Authority unit provides prior authorization, complaint investigation, training, and quality assurance services for Medicaid-funded Psychosocial Rehabilitation service recipients and agency providers. In FY2006, 5,513 adults with severe and persistent mental illness received administrative care management services from the Mental Health Authority Unit.

People Served by Adult Mental Health Services



Using national rates of occurrence, it is estimated that more than 52,000 adult Idahoans suffer a serious mental illness, and 25,000 of those have a severe and persistent mental illness. The American Association of Suicidology ranks Idaho as having the eighth highest rate of completed suicides. The National Association of State Mental Health Program Directors places the state 48th lowest in per capita spending for adult mental health services. Additional information about community-based adult mental health services in Idaho is available at www.healthandwelfare.idaho.gov.

Idaho Mental Health Transformation Workgroup

The Division of Behavioral Health's adult and children's mental programs continue to support the efforts of the Idaho Mental Health Transformation Workgroup (TWG). Based on the recommendation of the President's New Freedom Commission, the TWG consists of legislators, senior administrators, policymakers, and representatives from all major mental health stakeholder groups. The TWG is committed to transforming Idaho's mental health system by assessing mental health service needs across all populations and service areas, and developing and implementing a comprehensive state mental health services action plan. Idaho's vision of a transformed mental health system believes mental health is essential to overall health. Across Idaho, persons with mental health issues and their families should have access to a comprehensive and integrated system of care, providing them the ability to live full productive lives in their own communities.

Idaho's transformed system will:

- Emphasize early intervention and identification of mental health issues and illness at all ages;
- Promote quality of life;
- Utilize natural supports and build upon individual and family strengths;
- Incorporate evidence-based practices;
- Recognize, welcome and support the diversity of cultures, individuals and families;
- Promote collaboration among all entities working in the system; and
- Improve the health and safety of all of the community.

Integrated Treatment of Co-Occurring Disorders

More than 50 percent of all individuals with serious and persistent mental illness also are addicted to drugs or alcohol. Idaho's two state psychiatric hospitals report that at least 60 percent of hospital admissions include individuals suffering from co-occurring mental health and substance abuse disorders.

The Division of Behavioral Health's Mental Health and Substance Abuse Treatment programs have developed an action plan to guide implementation of an evidenced-based practice model for treating co-occurring disorders. Implementation during the next year will include

plans for identifying priority populations, and the development and implementation of:

- Practice guidelines;
- A statewide training plan for clinicians in dual diagnosis competencies;
- Funding strategies; and
- Program standards.

Suicide Prevention Services

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

In order for the plan to be implemented successfully, the Idaho Suicide Prevention Plan requires strong leadership and a central coordinating body. One of SPAN Idaho's primary objectives has been to create an Idaho Suicide Prevention Council that can work with communities across the state to coordinate prevention activities. Having this central leadership promotes communication and helps to avoid duplication. In 2006, the Governor created the Idaho Council on Suicide Prevention. The Governor's Office is currently working with SPAN Idaho to appoint membership to the Council.

In the past year, SPAN Idaho, under contract with the department, completed the first edition of a Suicide Prevention 'Tool Kit.' The tool kit is a collection of resources that will be offered and distributed to communities, organizations, and individuals working on prevention activities. The kit includes best and promising practice educational materials, community awareness resources, intervention strategies, screening and assessment tools, and a community resource guide. The purpose of this tool kit is to help communities and groups interested in organizing prevention activities and give them a set of evidence-based tools to assist in their work.

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

Suicide Rates

Idaho and other northwest states historically have some of the highest suicide rates in the nation. In 2003, the latest year for comparable state data, Idaho had the eighth highest national suicide rate, according to the National Center for Health Statistics. Among teens, Idaho's rate was the seventh highest in the nation.

According to the 2005 Youth Risk Behavior Survey, 8.9 percent of Idaho students in grades 9-12 attempted suicide in the 12 months preceding the survey, and 2.8 percent of students had suicide attempts that required medical attention.

In response to suicide, which accounts for the highest number of intentional injury fatalities in Idaho, the Injury Prevention Program facilitated a statewide suicide prevention plan in 2004. In the near future, this program, along with community partners, aims to secure resources to allow components of the plan to be implemented.

Completed Suicide Rate by Age*

	10-14	15-19	20-64	65+	Total
CY 2002	1.9	13.7	18.7	26.5	15.1
CY 2003	2.8	13.8	21.3	19.9	16.0
CY 2004	2.9	13.8	22.9	21.4	17.2
CY 2005	2.9	9.1	19.8	26.8	15.7

*Rate per 100,000 population.

Completed Suicides by Age

	10-14	15-19	20-64	65+	Total
CY 2002	2	15	145	40	202
CY 2003	3	15	169	31	218
CY 2004	3	15	187	34	239
CY 2005	3	10	168	44	225

Substance Abuse Services

The department's substance abuse services include prevention and treatment programming, prevention and treatment staff development, prevention and treatment program approval, tobacco inspections and DUI evaluator licensing.

The department partners with Regional Advisory Committees to assess regional needs and assets for substance abuse prevention and treatment services. The regional advisory committees are composed of regional directors of the department or their designees, regional substance abuse program staff and representatives of other appropriate public and private agencies. Committee members and chairs are appointed by the respective regional directors, with the committees meeting at least quarterly. The committees provide the coordination and exchange of information on all programs relating to alcoholism and drug addiction, and act as a liaison among the agencies engaged in activities affecting persons who are abusing or are addicted to substances.

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

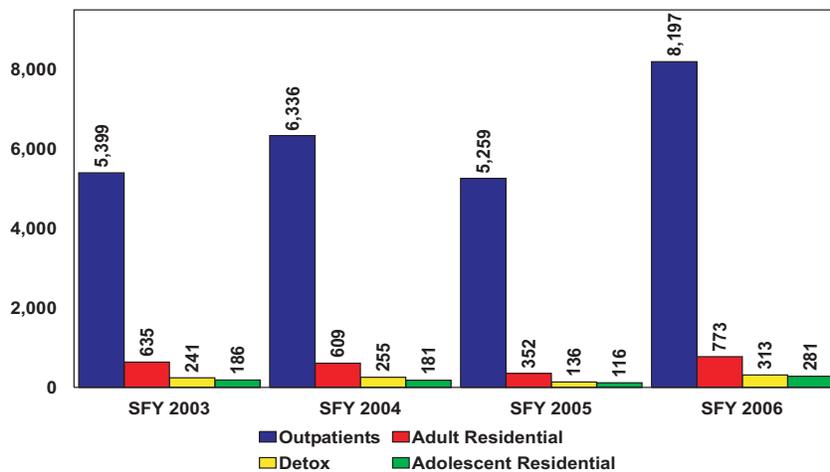
The goal of treatment services is to eliminate addiction of alcohol and other drugs. Throughout the state, the department has established substance abuse treatment services for indigent citizens abusing or dependent on alcohol or other drugs. Currently, Idaho has 61 state-approved substance abuse treatment providers with 119 sites and 89 stand-alone Recovery Support Service providers, of which 53 are faith-based providers. Substance abuse providers deliver the following levels of care: social setting detox, residential (24-hour per-day) treatment, intensive outpatient treatment, outpatient treatment, and treatment in halfway houses. Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents. Recovery Support services include adult safe and sober housing, adolescent respite housing, drug testing, case management, family/marital/life skills programs, dental care for methamphetamine addicts, child care and transportation

In August 2004, Idaho was awarded a Substance Abuse and Mental Health Services Administration Access to Recovery (ATR) grant. Idaho was awarded \$7.6 million per year for three years, for a total of \$22.8 million. Idaho's program is designed to expand the state's continuum of treatment services, reaching people who previously were unable to access services. The program allows clients to select a provider from a menu of assessment, clinical treatment, and recovery support service providers. Idaho is working to involve faith community recovery advocates, community and tribal health clinics, community and tribal social services providers, and state services in its system.

ATR-funded direct treatment services were initiated in April 2005 and will end in August 2007. Before the grant, there were 1,000 people on waiting lists for substance abuse treatment. Today that waiting list is still significant, but less than 200 people. Through the grant, many rural residents no longer have to travel to larger cities for treatment; ATR has helped bring recovery support services to local Idaho communities including Soda Springs, Kamiah, Arco and Mountain Home. By the time the grant expires, over 9,000 additional people will be served, exceeding the federal grant requirements.

With the grant expiration in August, the department is requesting the Legislature to transition ATR funding from federal to state funds to continue the momentum of providing services to people who meet the financial and clinical eligibility requirements and are on waiting lists for help. In these requests, the department proposes to maximize tax dollars and improve services by transitioning some work done through expensive private contracts to state workers.

Adult and Adolescent Substance Abuse Clients Per Service



For the first time, the substance abuse program was able to collect and report data outcomes for clients receiving State funded substance abuse treatment in 2006. Data was collected for adults and adolescents from their intake to discharge. It shows:

- Adults experienced a 52 percent reduction in alcohol or drug use in the last 30 days, while adolescents' usage decreased 60 percent;
- Both adults and adolescents saw a five percent increase in employment or enrollment in educational opportunities; and
- Adults had an 87 percent reduction in criminal justice involvement, while adolescents improved with an 80 percent reduction.

One of the priority populations with the Access to Recovery Grant is Idaho's Native Americans. In FY 2006, 638 Native Americans received treatment with culturally-based programs on Idaho reservations. This is an increase of 67 percent over FY 2005. Another priority population with the Access to Recovery grant is Idaho's Hispanic population. In FY 2006, 649 Hispanic clients received treatment, an increase of 61 percent over the previous fiscal year.

The infrastructure for substance abuse treatment also showed significant improvement in FY 2006, with the number of approved treatment facilities almost doubling. This increased capacity and helped cut the waiting list for the number of people seeking treatment in half. Additionally, the number of Faith Based recovery support services provided almost tripled, while the first Faith Based, non-tribal treatment provider was approved.

The department also funds Addiction Studies Programs at Boise State University, the College of Southern Idaho, Lewis-Clark State College, program coordinators from these programs and the department have developed and implemented a competency-based curriculum on campus and online to prepare Certified Alcohol Drug Counselors.

Substance Abuse Clients by Primary Substance

In July 2003, the substance abuse program initiated a four-year strategic venture to improve performance of the department's substance abuse treatment System of Care. This includes an emphasis on clinical supervision and a client's motivation to change. It also includes development of services for those with co-occurring disorders or issues, such as substance abuse and mental health disorders, substance abuse and criminal justice issues, and substance abuse and child protection issues.

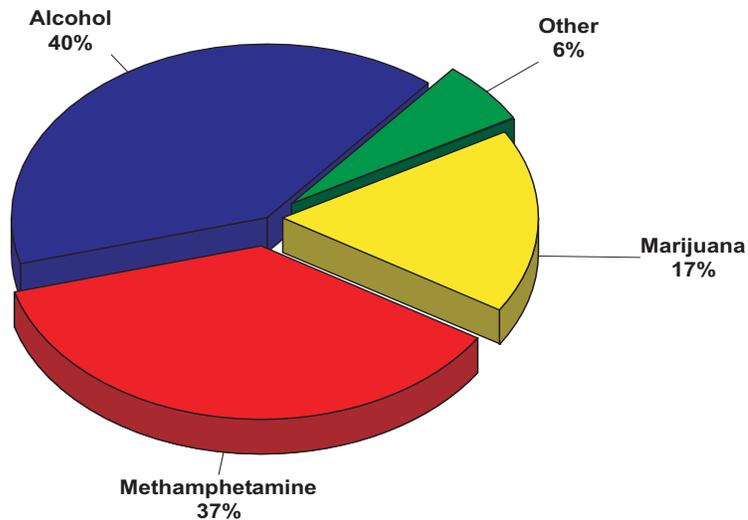
In 2006, the typical adult in state-funded substance abuse treatment was Caucasian, with 60 percent male and 40 percent female. Thirty-six percent were 25-34 years of age, while 26 percent were 35-44 years of

age. Most clients lived independently, with 60 percent being employed or in school. The primary drug of choice continues to be alcohol, 40 percent, followed closely by methamphetamine, 37 percent. For adolescents, 87 percent in state-funded treatment were 15-17 years of age. Marijuana addiction accounted for 55 percent of those seeking treatment.

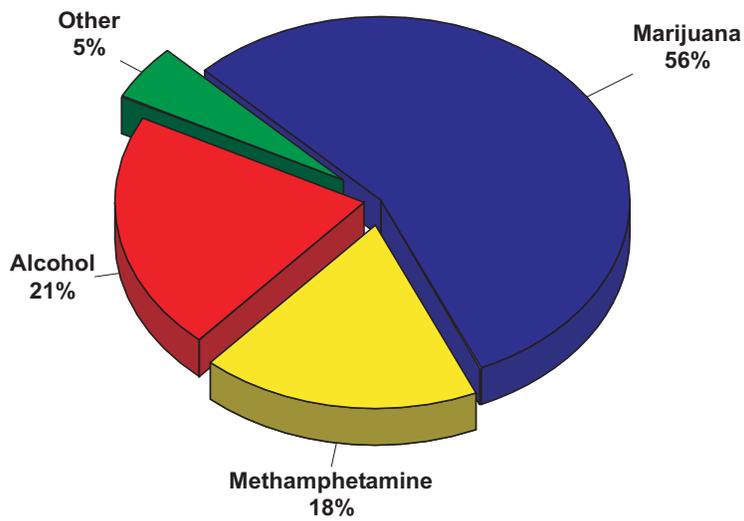
Alarming, in 2006 methamphetamine addiction within adult and adolescent populations once again increased. This follows a decline in meth use in 2005, the first drop in eight years. In 1997, 16 percent of adult clients reported methamphetamine as their primary drug. During the next seven years, meth use increased to 24 percent in 2001 and 31 percent in 2004. The number decreased in 2005 to 30 percent. In 2006 the number once again increased to 37 percent for adults and 18 percent for adolescents. Methamphetamine-specific treatment programs are more intensive, longer in duration, and more expensive per client than other drug treatment programs.

In 2000, the department began a five-year plan to fund 'best practice' substance abuse prevention programs. Today, 95 percent of funded programs meet this classification. The department also is working with the Idaho Supreme Court to expand the number of Drug Courts in each judicial district. Drug Courts are proving to be very effective in addressing substance abuse.

**Adult Substance Abuse Clients By Primary Substance
SFY 2006**



**Adolescent Substance Abuse Clients by Primary Substance
SFY 2006**



The Idaho Tobacco Project

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

	CY 2003	CY2004	CY2005	9/18/2006
Permittees	1,804	1,752	1,692	1,739
Inspections	1,529	1,955	1,826	1,548
Violations	244	221	220	161
Non-Compliance Rate	15.6%	12.3%	12.4%	13.0%

State Hospital South

Tracy J. Farnsworth, Administrator, 785-8402

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

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

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

Inpatient Psychiatric/Skilled Nursing Services

	SFY 03	SFY 04	SFY 05	SFY 06
Utilization Based on Census Days				
Adult Psychiatric Census Days	28,962	27,299	27,620	27,844
Daily Occupancy Rate	88.2%	82.9%	84.1%	84.8%
Syringa Skilled Nursing Census Days	8,669	8,002	7,780	9,425
Daily Occupancy Rate	81.9%	75.4%	70.0%	75.0%
Adolescent Unit Census Days	4,073	4,033	3,901	4,382
Daily Occupancy Rate	69.7%	68.9%	66.3%	75.0%
Hospital Volume of Service				
Number of Admissions	402	369	405	405
Number of Census Days	41,704	39,334	39,301	41,651
Readmission Rates	31.8%	39.6%	34.1%	33.3%
Cost Per Census Day	\$396	\$427	\$438	\$458

Note: Census days are all days the hospital is responsible for each patient's care. The SFY 2006 expenses for State Hospital South was \$19.1 million, which includes \$7.1 million in state General Funds.

State Hospital North

Robert Bourassa, Administrator, 476-4511

State Hospital North in Orofino is a 50-bed psychiatric hospital that provides treatment for acute, court-committed patients in Idaho. The hospital works closely with regional mental health centers and other hospitals in an integrated care system. Referral, treatment, and discharge planning are all part of this coordinated effort. Individualized treatment within the hospital is provided by interdisciplinary treatment teams composed of psychiatrists, a nurse practitioner, a medical doctor, nurses, clinicians, therapeutic recreation specialists, support personnel and a dietitian. The clinical staff provides evaluations, medications, various therapies, community integration, recreational and educational activities, and discharge planning.

State Hospital North serves court-committed psychiatric patients admitted from a waiting list. State Hospital North does not provide emergency detention services pending completion of the court commitment process. Persons in emergent circumstances are served by area providers and are referred to State Hospital North once court committed to the department. In SFY 2006, State Hospital North maintained an average census in the mid 40s due to extended lengths of stay for complex discharge issues and difficult community placements. The department will expand the number of operating beds at State Hospital North from 50 to 55 in SFY 2007.

Inpatient Psychiatric Services

	SFY 03	SFY 04	SFY 05	SFY 06
Utilization Based on Census Days				
Average Daily Census	47	45	44	43
Daily Occupancy Rate	94%	88%	88%	86%
Hospital Volume of Service				
Number of Admissions	239	228	192	187
Number of Census Days	17,152	16,446	16,285	15,826
Readmission Rates	39%	32%	38%	39%
Cost Per Census Day	\$326	\$355	\$380	\$438

NOTE: Census days are all days the hospital is responsible for each patient's care. The SFY 2006 expenses for State Hospital North was \$6.9 million, including \$5.5 million in state General Funds.

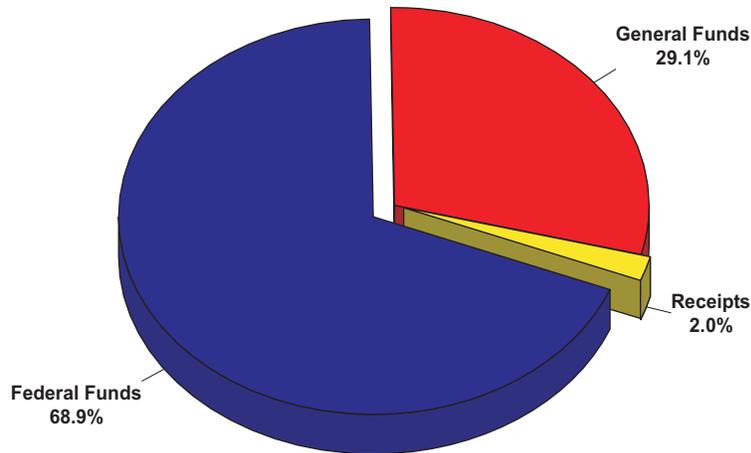
Division of Welfare

Russell Barron, Administrator, Phone 334-5696

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

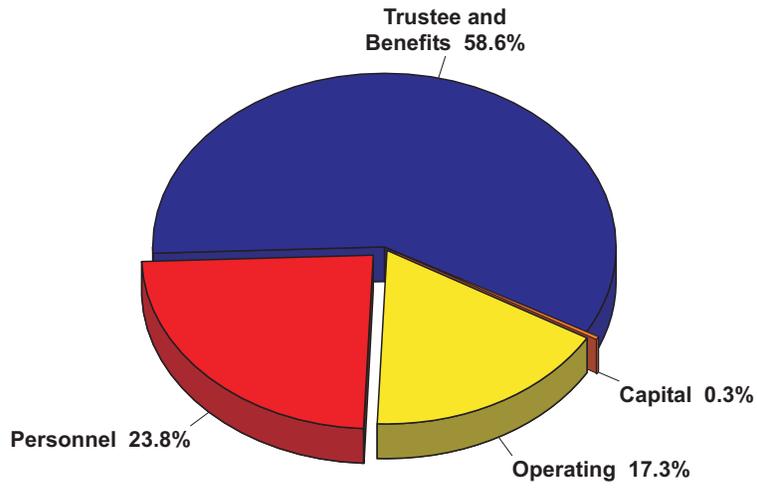
The division does not manage the Medicaid Program but does determine Medicaid eligibility. Other programs, managed through contracts with local organizations, include Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance. The Division of Welfare promotes stable, healthy families through program access and support services.

Welfare SFY 2007 Funding Sources

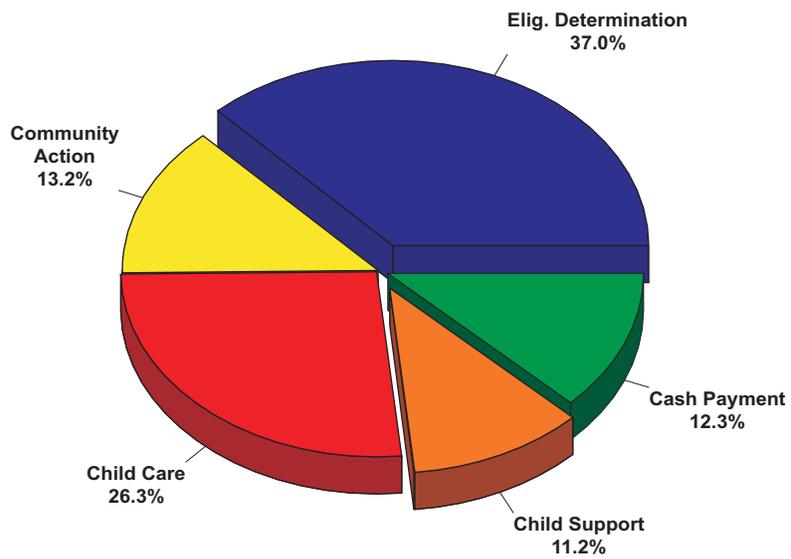


Authorized FTP: 623.6. Original Appropriation for 2007: General Fund: \$38.9 million; Total Funds: \$133.7 million; 7.9% of Health and Welfare funding.

Welfare SFY 2007 Expenditure Categories



Welfare Spending by Program



2006 Self-Reliance Highlights

Child Support continues to grow as other caseloads level off

The Child Support caseload continues to grow at an annual rate of eight percent, which is challenging child support staff. Cash assistance for the Aged Blind and Disabled continued to increase at an annual growth rate of three percent, while many other benefit programs have leveled off after several years of record growth. Caseloads for Food Stamps, Temporary Assistance for Families and Child Care declined slightly in SFY 2006. The total number of applications processed by Self-Reliance staff for benefits was just over 183,000, the same as last year.

New work in 2006

Federal legislation established the new Medicare Part D Prescription Drug Program which impacted 194,000 Idahoans receiving Medicare. The Division of Welfare used up to 30 temporary positions statewide (from November 2005 through May 2006) to assist in the enrollment process. Along with temporary staff, 13 permanent FTP were provided for enrollment and the ongoing workload to support the approximately 23,000 individuals with dual eligibility in Medicaid and Medicare.

Improving Performance

The division worked diligently to improve performance in three programs: Food Stamps, Medicaid Eligibility and Child Support. Each program faced performance issues around accuracy and timeliness.

Idaho's performance in Food Stamp payment accuracy resulted in a fiscal sanction for FFY 2005. With a continued focus on management, quality assurance, and process improvements, the FFY 2006 payment accuracy has greatly improved. We will be notified of our Food Stamp accuracy rate for FFY 2006 in June 2007.

Child Support financial accuracy also was a focus in SFY 2006. Initially identified in a legislative audit, record level caseloads and continued caseload growth has made it difficult to maintain financial accuracy. Over the past two years, the implementation of a new business model has resulted in a significant improvement.

Medicaid eligibility accuracy and timeliness remains a challenge. While caseloads have not increased in the past year, the associated workload has increased with Part D Medicare and Idaho's Medicaid reform initiative.

New opportunities

The 2006 legislature appropriated \$4.5 million to begin the three year process to replace the antiquated, automated eligibility system (EPICS). The replacement of EPICS is a major element to improve our accuracy and timeliness. The first year of the EPICS replacement project will focus on real-time eligibility, on-line case management, data entry, electronic application submission, and automated interfaces.

Idaho's Medicaid reform initiative adds new features to improve health and wellness of Idahoans and use Medicaid dollars wisely. To support Medicaid reform the Division of Welfare has created a statewide function to process Medicaid applications in a consolidated unit. This is a major change in the way we work that will allow us to handle our 170,000 Medicaid recipients with improved eligibility accuracy and timeliness.

New challenges

Several federal changes made in 2006 will have impacts to the programs in the Division of Welfare. The Federal Deficit Reduction Act reduces funding to Child Support and adds additional verification requirements for Medicaid recipients (documenting citizenship and identity).

The federal reauthorization of Temporary Assistance for Needy Families (TANF) has established new standards to help families find and keep employment, which are more labor intensive for our staff. Idaho has performed better than most states with work services since welfare reform, but will now have to realign staff and workload to meet the new federal standards.

New federal Medicaid review requirements have been introduced. These requirements will add additional work in our Quality Assurance efforts to ensure that only eligible individuals receive Medicaid. These new review requirements will add new federal reports with potential sanctions for poor performance.

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include food, medical, child care, and cash assistance. Applications are available in field offices around the state, by phone, mail, and the Internet. These services have strict eligibility requirements and include:
 - Food assistance (Food Stamps);
 - Child care assistance (Idaho Child Care Program);
 - Eligibility determination for medical assistance under a variety of programs for children, adults with low income, pregnant women, disabled individuals, nursing home care, and help with health insurance costs or Medicare premiums; and
 - Cash assistance (TAFI, AABD).
2. **Child Support** services can help families by:
 - Locating an absent parent, conducting paternity testing, or creating a new or enforcing an existing child support order;
 - Mandating child support participation for individuals receiving Food Stamps, Medicaid, or TAFI. This requirement is an effort to encourage participant self-reliance and increase household income while receiving benefit program services; and
 - Providing help to other states to enforce and collect child support for parents living in Idaho. These interstate services account for about one-fifth of Idaho's cases.
3. **Coordination and oversight for contracted** and community based services. These include:
 - Nutrition-related services and food commodities;
 - Low-income home energy assistance;
 - Telephone assistance;
 - Child care provider education; and
 - Weatherization.

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

Program Participation

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

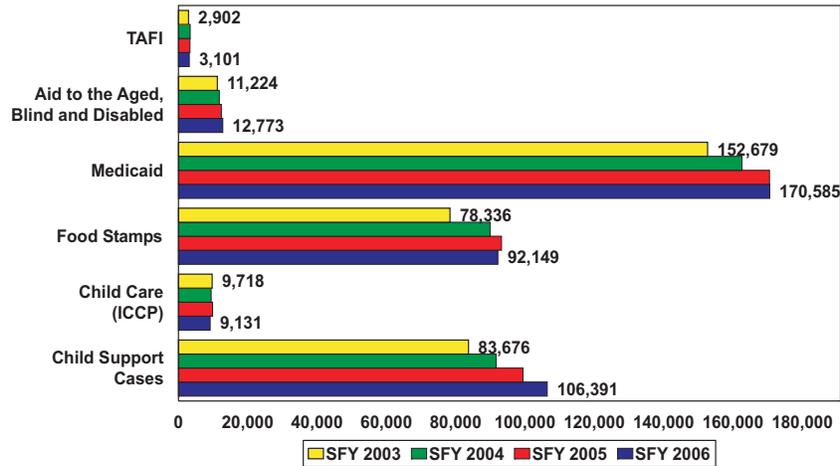
A better measure of participation is the total number of individuals participating in a year. Comparing total participants to the monthly average illustrates our success in helping people become self-sufficient. As expected, services for the elderly do not change much compared to programs with work requirements.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

SFY 2006 Monthly Served vs. Annual Participation

	Monthly Avg. Served	Annual Individuals Participating	Turnover
Cash Assistance for Families (TAFI)	3,101	8,075	160%
Food Stamps	92,149	155,378	69%
Medicaid Children's Health Insurance Program	13,196	22,317	69%
Low-income Medicaid	117,980	164,500	39%
Medicaid for Aged, Blind or Disabled (AABD)	39,399	43,080	9%

Note: TAFI has a 24-month, lifetime limit on benefits which encourages temporary use. Children's health insurance eligibility has higher income limits than other Medicaid programs, resulting in higher participant turnover. As expected, elderly and disabled participants in AABD have little annual turnover.

Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Program totals should not be added together because many participants receive services from more than one program. In June of 2006, there were 196,802 people receiving benefits, excluding child support cases. This is relatively stable from June of 2005, in which 197,240 received services.

Numbers Served by Region

In June of 2006, 196,802 people received assistance services from the department in the form of cash, Medicaid, Food Stamps and Child Care. This compares to 197,240 in June of 2005 and 179,901 in June 2003.

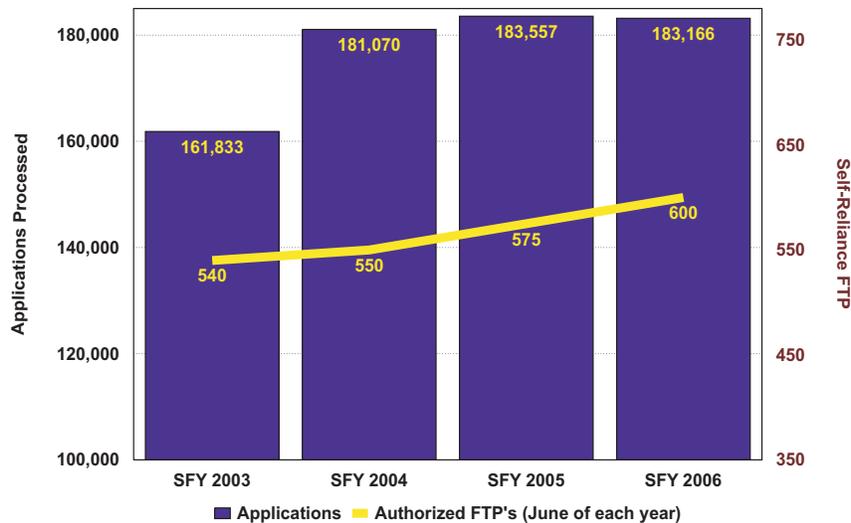
Region 3 in southwest Idaho had the highest utilization of services, leading the state in enrollment in Medicaid, Food Stamps and Child Care. A large percentage of south-central and eastern Idaho residents also were enrolled in these programs, with 26,000 people in the southeastern corner of the state in Region 6 accessing services. Idaho's most populous area, Region 4 which includes Boise, had the lowest utilization of services.

Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance during June 2006

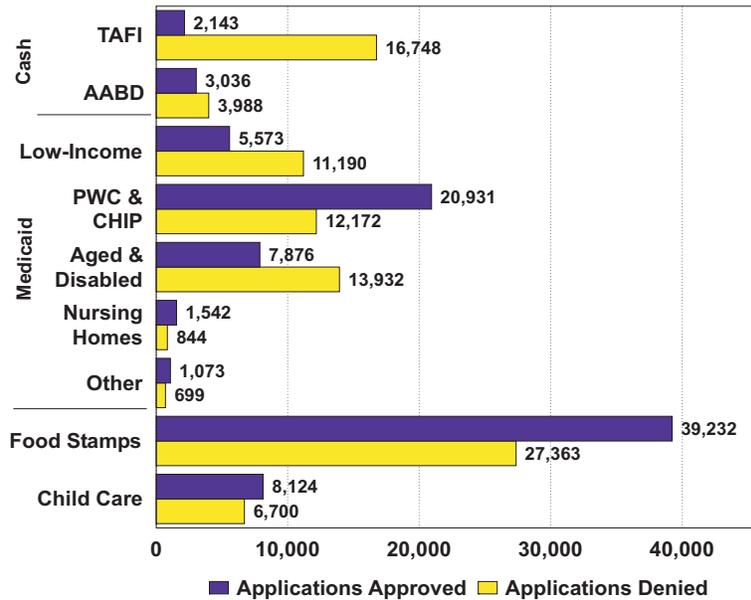
Region	Estimated Population	Receiving Cash Payments	Receiving Medical Card	Receiving Food Stamps	Receiving Child Care Services	Total
Region 1	201,570 14.10%	2,711 1.34%	22,357 11.09%	12,049 5.98%	1,108 0.55%	26,632 12.72%
Region 2	100,465 7.03%	1,516 1.51%	11,064 11.01%	6,258 6.23%	364 0.36%	12,811 12.75%
Region 3	227,825 15.94%	3,321 1.46%	35,757 15.69%	20,119 8.83%	1,625 0.71%	40,962 17.98%
Region 4	389,228 27.24%	3,145 0.81%	33,502 8.61%	16,331 4.19%	1,845 0.47%	38,119 9.79%
Region 5	170,617 11.94%	1,665 .98%	22,816 13.37%	10,725 6.29%	1,163 0.68%	25,785 15.11%
Region 6	159,534 11.16%	2,133 1.34%	22,342 14.00%	13,352 8.37%	954 0.60%	26,078 16.35%
Region 7	179,857 12.59%	1,402 0.78%	23,957 13.32%	12,218 6.79%	1,041 0.58%	27,415 15.24%
Total	1,429,096 100%	15,893 1.11%	171,795 12.02%	91,032 6.37%	8,100 0.57%	196,802 13.77%

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

Annual Applications Processed in Relationship to Self-Reliance FTP



FY 2006 Applications Approved and Denied



Note: For the second year in a row, more applications were denied in SFY 2006 than approved, with 93,636 applications denied and 89,530 approved. This chart does not include open Medicaid cases that are reevaluated at least once a year. There were approximately 172,000 of these cases in 2006.

Benefit Program Services

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

Food Stamp Program

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

Participation is sensitive to changes in the economy. During the economic downturn from 2001 to 2004, participation increased 53

percent. In June 2005, enrollment peaked at 94,956, declining to 91,032 in June 2006.

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

Recipients fall into two groups: working poor families and families with adults who are elderly or disabled. As of June 2006, 69 percent of recipient families included adults working or seeking work. The average monthly benefit in 2006 was \$228 per family. The remaining 31 percent of Food Stamp households are families where all members are elderly or disabled.

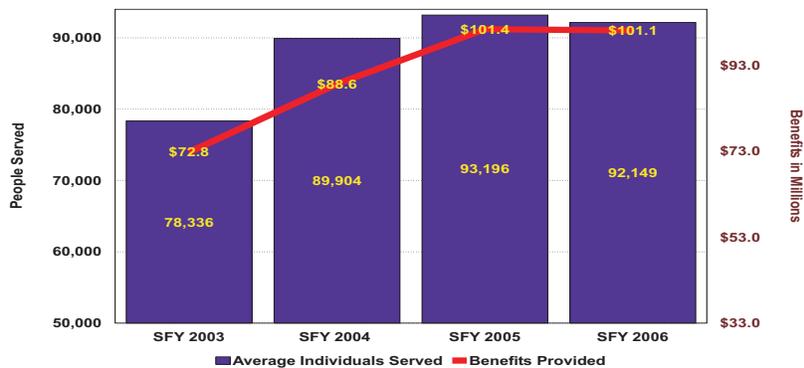
Fifty-three percent of all individuals receiving Food Stamps in Idaho are children. Average monthly earnings for households with income containing three to four family members is \$1,078.

Many Food Stamp families move on and off the program. In SFY 2006, 61,548 people received Food Stamps year-round, out of a total of 155,378 who received services at some point during the year.

An important part of improving nutrition for participants is education. Beginning in September 2004, in partnership with the University of Idaho Cooperative Extension Service, the state revised the focus of nutrition education. In addition to offering six core lessons, new one-time, stand-alone classes were offered.

In 2006, the program made 149,727 nutrition education contacts with Food Stamp applicants/recipients, their children, and other eligible individuals. A total of 35,891 people participated in classes, workshops or group discussions. Topics included food safety, food resource management, serving sizes, labels, and low-fat foods and meals. The federally funded portion of this program for 2006 was \$535,645.

Individuals Served/Total Annual Benefits Provided



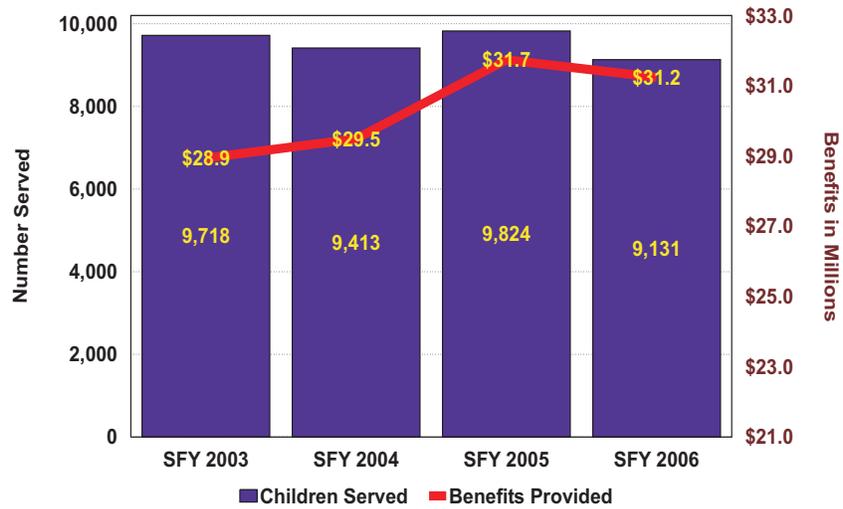
Idaho Child Care Program (ICCP)

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

- **86.1 percent are employed;**
- **20 percent are in training or going to college; and**
- **9.2 percent attend college and work.**

Ninety-one percent of families served have three or fewer children, and most of these families have monthly incomes at or below \$1,500. Many families receiving ICCP benefits contribute to their child care expenses through a co-payment with the state.

ICCP Average Monthly Children Served and Total Annual Benefits Provided



Health Coverage (Medicaid)

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

In SFY 2006 the Division of Welfare processed more than 75,000 applications for Medicaid and completed a redetermination of continuing eligibility for existing Medicaid cases. In a typical year, more than 225,000 people access health coverage through Medicaid programs, which includes more than 145,000 children.

The Idaho Medicaid program includes a number of eligibility categories and corresponding differences in benefits. Groups such as pregnant women, low-income children, and individuals with disabilities have different eligibility requirements and coverage programs. The eligibility groups of Medicaid were reorganized in 'health need categories' as part of the Medicaid reform initiative that was implemented in July 2006. (Please see the Division of Medicaid section for more information.)

A number of other Medicaid programs serve the aged, blind, and disabled, including individuals who require a nursing facility or in-home care. In an average month, approximately 43,000 people receive health coverage in this category, which includes 3,500 people residing in long-term care facilities, more than 33,000 who are disabled or aged adults, and approximately 7,000 who are disabled children.

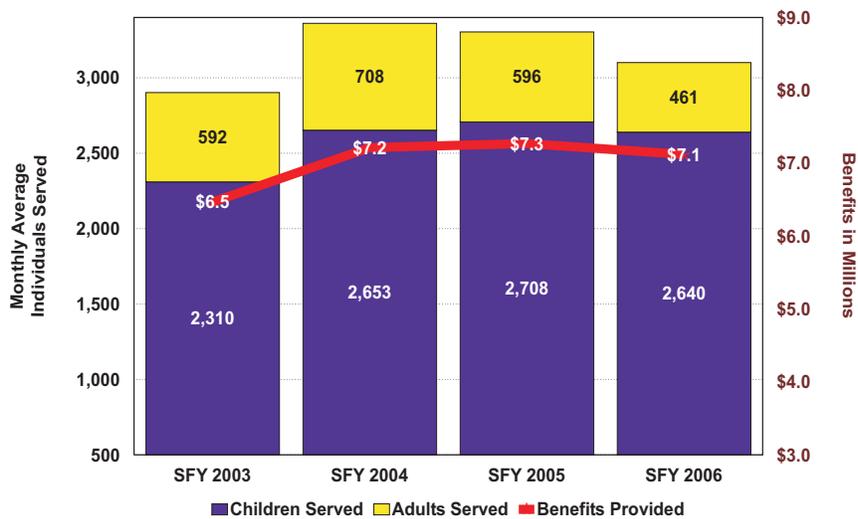
Temporary Assistance for Families in Idaho (TAFI)

TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become financially independent. A typical TAFI participant is a single mom with one or two children under age eight. Each family receives a maximum of \$309 monthly, regardless of family size. An adult usually is eligible for only 24 months of TAFI cash assistance in a lifetime. Families receiving TAFI also are eligible to receive vouchers for assistance to obtain short-term training to become employed or sustain employment. A typical TAFI family is on assistance for only four months.

Approximately 85 percent of TAFI cases consist of children, most of whom have parents who are unable to care for them, typically because

of drug problems or incarceration. Often, grandparents care for children who may receive TAFI without regard for grandparent income. This cash assistance payment improves the opportunity for children to stay with their extended families while their parents are unable to care for them. There is no work participation requirements for these TAFI cases.

TAFI Average Individuals Served and Total Annual Benefits Provided

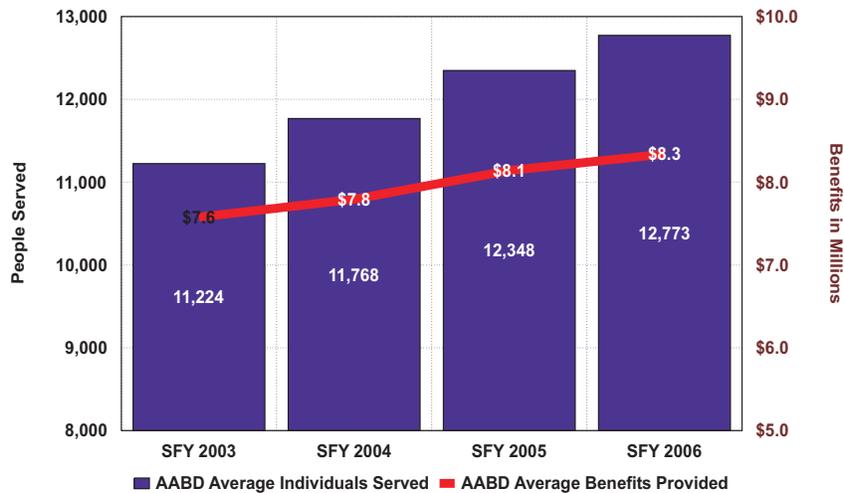


Aid to the Aged, Blind, and Disabled (AABD)

AABD assistance provides cash payments to certain low-income participants who are blind, disabled, or age 65 or older. In any given month, approximately 13,200 individuals receive an AABD cash payment. Of this number, 2,200 are over the age of 65 years, 1,100 are disabled children, and the remainder are disabled adults. AABD cash assistance is intended to supplement the participant’s low income to help them meet the needs of everyday living.

Cash assistance payments are based on the person's living arrangement. Individuals who live in facilities that provide specialized care or supervision generally have a higher cash payment. The average payment for people receiving AABD cash assistance is \$54 per month. Individuals living in their own home receive an average of \$47 per month, while the highest average cash payment is for individuals who live in certified family homes. These individuals receive an average monthly grant of \$370.

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



Child Support Services

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

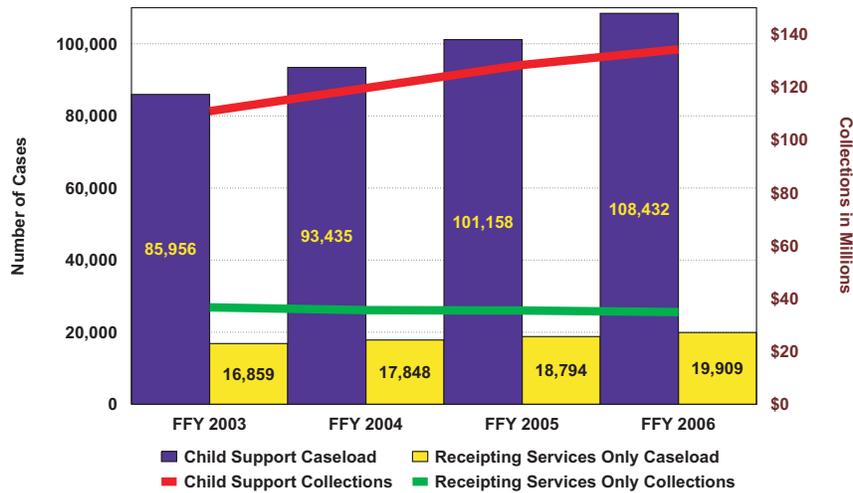
In FFY 2006, Child Support Services administered a monthly average of 108,432 non-county child support cases, collecting and distributing \$134 million.

In 1999, the Legislature chose the department to administer all child support cases. This includes administering an additional 20,000 cases from counties, collecting and distributing \$35 million in the process. The department refers to county cases as Receiving Services Only (RSO).

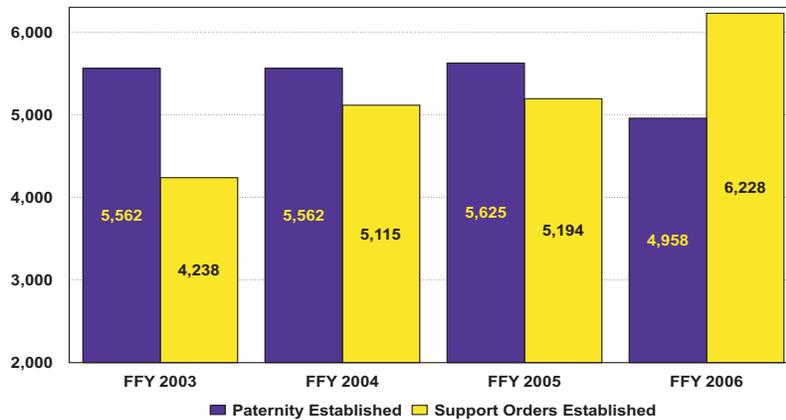
Including RSO cases, the Department of Health and Welfare administered nearly 130,000 child support cases, collecting and distributing \$169 million during FFY 2006.

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

Child Support Caseload and Dollars Collected



Paternity and Support Orders Established



Note: Families often require food support or cash assistance when child support is not paid. Self-Reliance opens child support cases when families apply for benefits and they are not receiving child support payments. If child support is provided, families may not need government assistance.

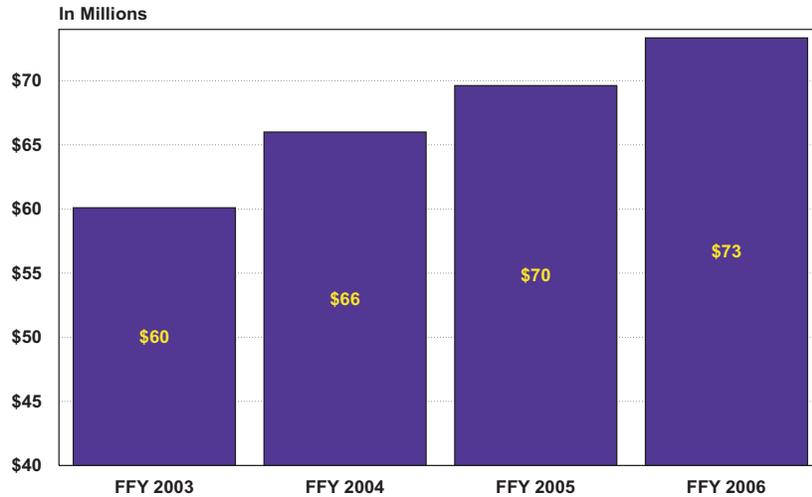
Child Support Enforcement Methods

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

Wage Withholding

The primary method for the state to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy, ease of paternity tests, and implementation of the new hire reporting system. In FFY 2006, \$70 million was collected using this method.

Child Support Collected Through Wage Withholding



Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with the expanded use of data matching for in-state and out-of-state parents. In 1997, wage withholding was responsible for 32 percent of all state child support case collections. In 2006, it accounted for 55 percent.

New Hire Reporting-Electronic Data Matching

The Department electronically matches parents responsible for paying child support with those taking new jobs, according to files from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin new jobs. The Department matched an average of 1,892 people per month in FFY 2006.

License Suspension

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

As a result of the license suspension process, payments have been collected for many families. There were more than 1,865 licenses suspended during FFY 2006.

Direct Collections

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

Child Support Service Fees

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

Child Support Service Application Fee	\$ 25
Establishing Paternity or a Child Support Order:	
If parents stipulate	\$ 360
If case goes to trial	\$ 475
Modification of an Existing Order	\$ 360
Income Tax Refund-Attachment-State	\$ 25
Income Tax Refund-Attachment-Federal	\$ 25

Contracted Services

Enhanced Work Services (EWS)

EWS works with Self-Reliance participants to help them gain, sustain or upgrade employment opportunities. Adults receiving services through TAFI (Cash Assistance), Food Stamps, non-custodial parents in child support cases, and those at risk of coming onto TAFI are candidates for EWS. Four contractors deliver these services statewide and served 12,306 participants in SFY 2006.

Job Education Training (JET)

JET contracts support participant efforts in securing employment, job retention, wage enhancement, and short-term job education/training (12 months or less). Participants are referred from EWS contractors or may volunteer through the contractor, if they meet TAFI eligibility. Eligible participants, after intense assessments, enhance their employability through education and skills training. There are six Idaho university/college contractors statewide, which served 2,619 people in SFY 2006.

Child Support Customer Service (CSCS)

The CSCS contractor delivers professional and proficient child support receipting, case management, financial analysis audits, and customer service call center services for Idaho Child Support. This contractor receipted 611,907 transactions in SFY 2006, amounting to \$125.6 million. The contractor completed 3,878 financial audits, 317,191 customer service calls, 1.4 million interactive voice response calls, and 8,179 web site emails.

Financial Institution Data Match (FIDM)

FIDM transmits bi-weekly data match information to the Department from financial institutions and public utilities on non-custodial parents with child support cases in arrears. This contractor transmitted 26,645 data matches in SFY 2006.

IdahoStars

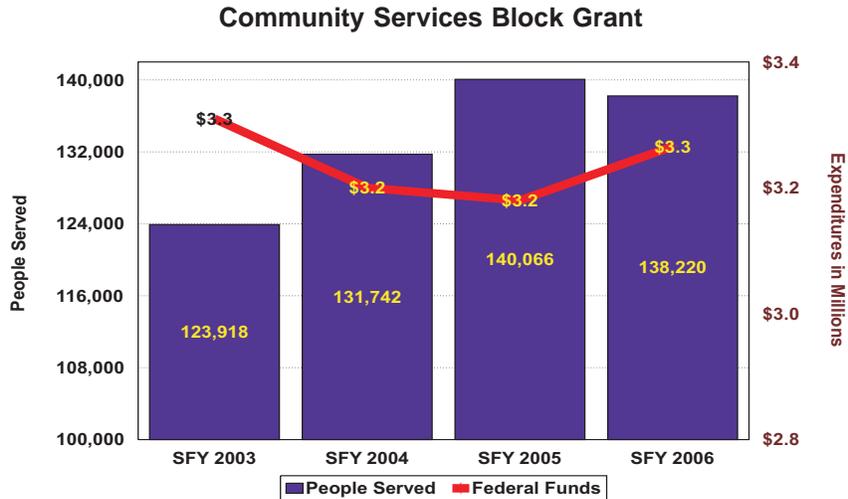
This contract ensures a consistent, statewide Child Care Resource and Referral system, and Professional Development Registry and Career Pathway system that is consumer-driven to increase public awareness and improve the quality of child care in Idaho. 2-1-1 Idaho CareLine is the universal point of access. In SFY 2006, there were 4,548 child care referrals to parents, 8,195 ICCP providers registered, and 1,124 participants in the Professional Development Registry.

Community Services

The Division of Welfare administers federal grant programs to improve living conditions for low-income households and encourage self-reliance. These programs are available to qualifying communities and residents.

Community Services Block Grant (CSBG)

CSBG revitalizes low-income communities, helps eliminate the causes of poverty, and enables families and individuals to become self-reliant. Services are delivered through Idaho's Community Action Agencies and the Idaho Migrant Council, which provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent \$3.3 million serving 138,220 people during SFY 2006.



Note: Annual data for people served became available in SFY 2005; data prior to this is estimated from quarterly information previously published.

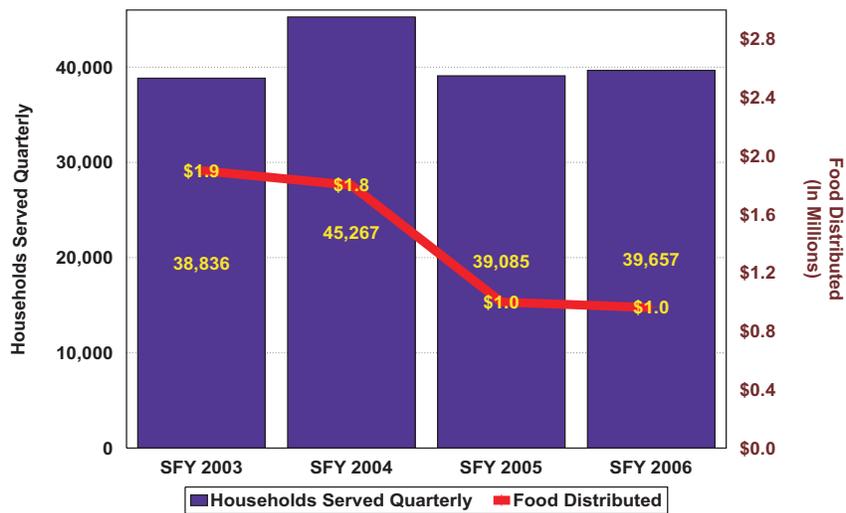
The Emergency Food Assistance Program (TEFAP)

TEFAP helps supplement the diets of Idaho's low-income citizens. USDA purchases surplus food commodities from American food producers and distributes them to states.

In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During each quarter SFY 2006, TEFAP provided 39,657 families with food. For the year, 848 tons of food valued at \$962,000 was distributed.

TEFAP's administrative budget is 98 percent federally funded. Commodities are purchased entirely by the U.S. Department of Agriculture.

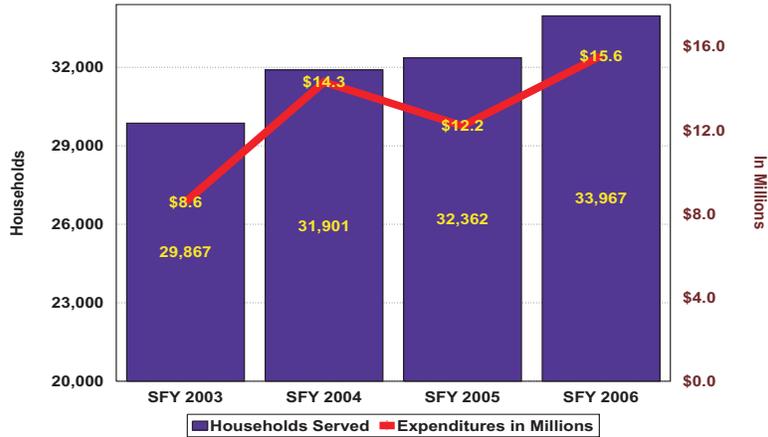
The Emergency Food Assistance Program (TEFAP)



Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP pays a portion of low-income energy costs and provides energy conservation education through Community Action Agencies. Payment is made to energy suppliers and vendors. A federal grant from the U.S. Department of Health and Human Services funded the SFY 2006 program with \$11.8 million, serving 33,967 Idaho households. In addition, the state of Idaho provided \$3.7 million in additional funding for energy assistance. These funds provided a second benefit to all households receiving LIHEAP assistance.

Low-Income Home Energy Assistance Program

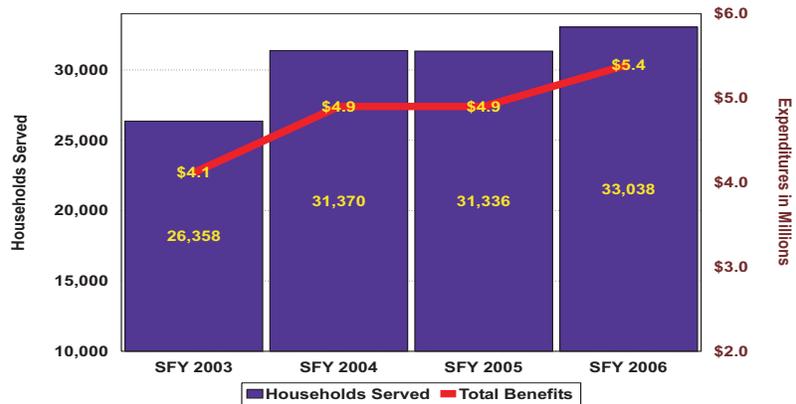


Note: In SFY 2006, the Idaho Legislature appropriated \$3.7 million for low-income energy assistance, which is included in the chart above. Prior to SFY 2006, all appropriations were federal funds.

Telephone Service Assistance Program

The Idaho Telephone Service Assistance Program assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 21 telephone companies through fees included in the monthly invoices of Idaho telephone service customers. During SFY 2006, 33,038 households received nearly \$5.4 million in benefits, with a typical benefit of \$13.50 per month.

Telephone Service Assistance Program



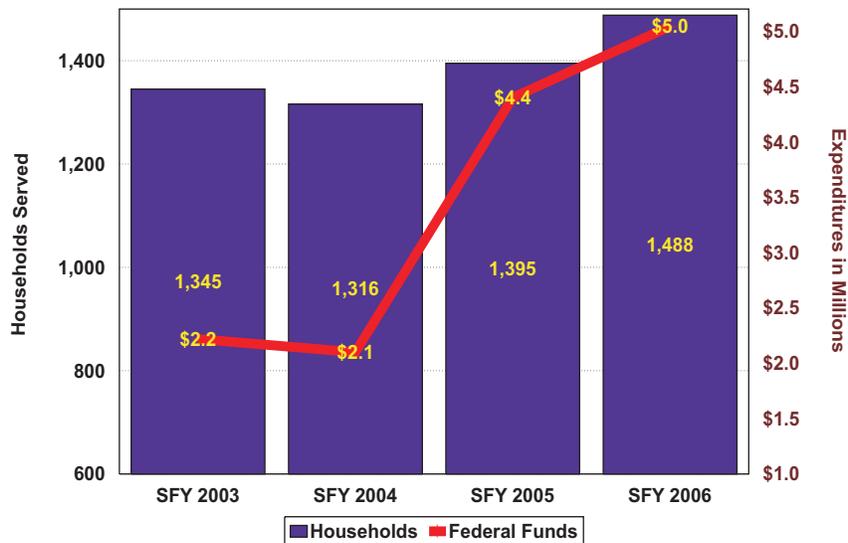
Weatherization Assistance Program

The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve their living conditions. Projected energy savings for 2006 show weatherization returns \$2.69 in energy-related benefits for every \$1 invested.

Idaho's weatherization program is funded by utilities, the U.S. Department of Health and Human Services, the Bonneville Power Administration, Petroleum Violation Escrow and the U.S. Department of Energy. For SFY 2006, 1,488 homes received weatherization assistance funded by \$5 million.

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

Weatherization Assistance Program (Federal Expenditures)



Note: More funds were available in SFYs 2005 and 2006 due to an increase in the contribution from utility companies and additional money from the federal government because of increasing energy costs.

Division of Public Health

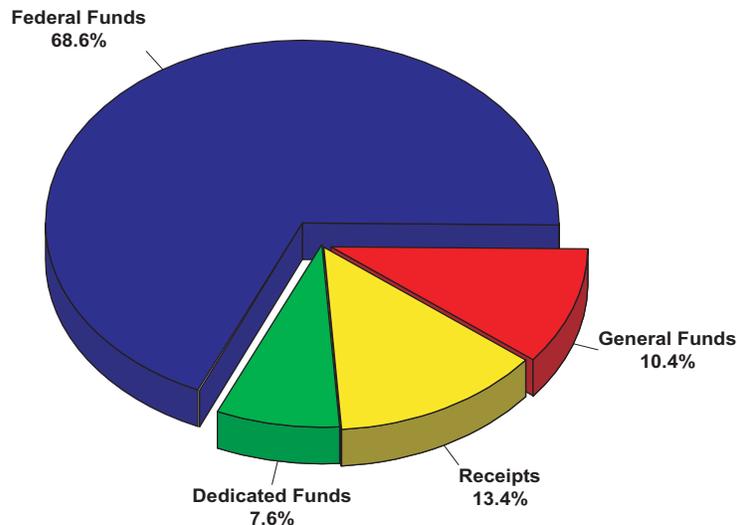
Jane Smith, Administrator, 334-5932

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

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

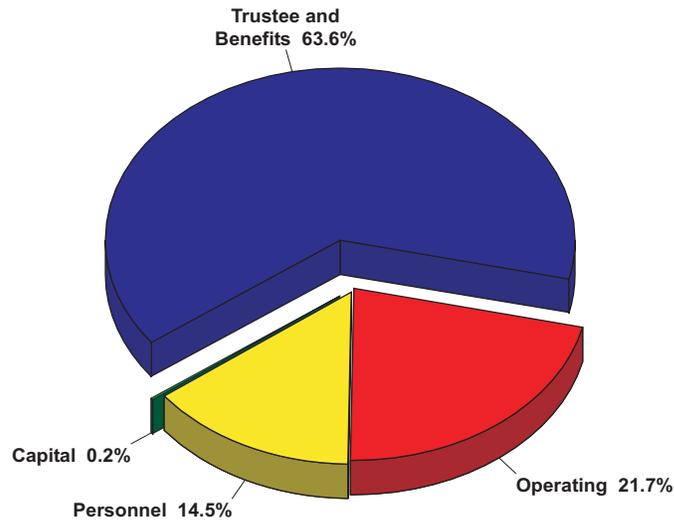
The division includes bureaus and offices that includes Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Laboratories, Rural Health and Primary Care, Health Policy and Vital Statistics, Health Preparedness, and Epidemiology and Food Protection.

Public Health SFY 2007 Funding Sources

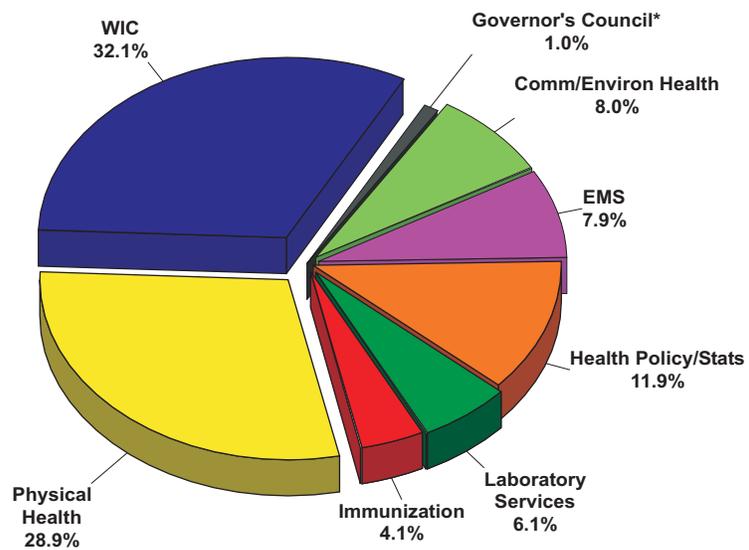


SFY 2007 Authorized FTP: 205.6; General Fund Appropriation: \$8.7 million; Total Funds: \$83.2 million; 4.9% of Health and Welfare funding.

Public Health SFY 2007 Expenditure Categories



Public Health Spending by Program



*The Governor's Council is for Adolescent Pregnancy Prevention and receives funding of \$860,000 during SFY 2007.

2006: Improving the Health of Idaho Citizens

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

- Improving quality of health care provided throughout Idaho. The division completed a comprehensive planning effort for cancer prevention, screening, treatment, rehabilitation, and support. To improve quality of health care in rural areas, the state is evaluating and working to improve quality of care delivered in Critical Access Hospitals;
- Updating systems. Idaho progressed from a completely paper-based disease reporting system to full implementation of a web-based electronic disease reporting system and have begun to implement electronic laboratory disease reporting, shortening significantly the amount of time it takes to receive disease reports;
- Providing up-to-date information on West Nile Virus to the public. A print campaign and radio and television public service announcements were utilized to stress mosquito avoidance. In addition, a web link on the department's web site was updated regularly to provide timely information on surveillance findings regarding human cases, horse cases, positive birds and positive mosquitoes;
- Offering new vaccines. The Immunization Program began offering Menactra and Tdap which are new vaccines that help protect adolescents against Meningitis and Pertussis (Whooping Cough). In 2007, the Immunization Program will request one new combination vaccine to immunize for measles, mumps, rubella and varicella called MMRV. This combination vaccine will reduce the number of shots a child must receive. The program also will request one new vaccine for the prevention of rotavirus, which is the leading cause of severe acute gastroenteritis in infants with over 95 percent of children being infected by five years of age; and
- Developing a comprehensive plan for receiving, storing, and staging the federal medical assets of the Strategic National Stockpile. State and local preparedness staff, and volunteers, had been identified and trained with a full-scale exercise conducted in June 2006. The exercise was in partnership with the Bureau of Homeland Security, the District Health Departments and the Centers for Disease Control and Prevention. The Division of Public Health works with many organizations in overall preparedness efforts.

Clinical and Preventive Services

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

Sexual and Reproductive Health Program

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

The national target for Healthy People 2010 is to reduce the pregnancy rates of teens 15-17 years old to 43 pregnancies per 1,000. Idaho’s pregnancy rate has been going down and has surpassed the 2010 goal. In 2002, the pregnancy rate for Idaho teens 15-17 years of age was 22.6 per 1,000. In 2003 and 2004, the rate dropped further to 20.9 per 1,000 each year and then declined slightly in 2005 to 20.8 pregnancies per 1,000 females aged 15-17.

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

Syphilis rates rose dramatically beginning in 2002 and continued to rise through 2004. With additional training to health care providers, epidemiologic surveillance and aggressive investigation of infected partners, in 2005 the rates of syphilis decreased.

Rate of Sexually Transmitted Diseases			
	Chlamydia	Gonorrhea	Syphilis
2005	195.9	8.3	3.8
2004	203.8	7.5	5.6
2003	173.2	5.0	3.3
2002	195.9	7.4	1.8

Note: Rates per 100,000 of population. For HIV/AIDS data, see Bloodborne Diseases, pg. 92.

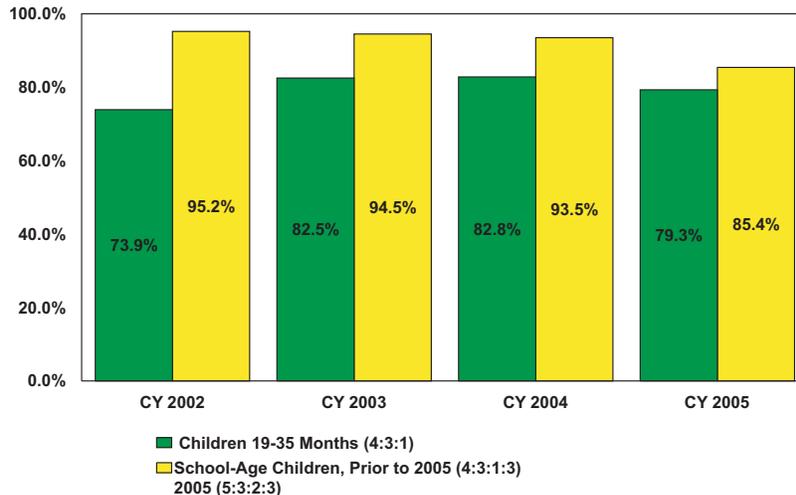
Immunization Program

The goal of the Immunization Program is to increase immunization rates for childhood vaccine preventable diseases. The program provides information and education resources, along with free vaccines to private physicians and public health care providers. The program also conducts personal visits with all enrolled providers to evaluate their programs and provide technical assistance.

For Idaho children 19-35 months of age, 79 percent have received all recommended immunizations for measles, mumps, rubella, diphtheria, tetanus, pertussis, and polio. This compares to a national average of 83 percent. By the time Idaho children enroll in the first grade, 85 percent have received all recommended immunizations.

Over the past six years, the Immunization Program has begun offering the following new vaccines for Idaho children: Hepatitis A in 2000; Prevnar and Comvax in 2001; Pediarix in 2003; and Menactra and Tdap in 2005. Prevnar is a vaccine that protects infants and small children against a common bacterium that can cause invasive pneumonia. Comvax and Pediarix are combination vaccines which reduce the total number of shots children receive during their primary immunization series. Menactra and Tdap are new vaccines that help protect adolescents against Meningitis and Pertussis (Whooping Cough).

Percent of Children Fully Immunized



Note: In CY 2005, the school-age requirement was increased to fiveDTaP and two MMR vaccinations. This caused a decline in the rate of school-age children fully immunized.

Number of Childhood Vaccine Preventable Diseases				
Disease	CY 02	CY 03	CY 04	CY 05
Hemophilus influenzae B (HIB, invasive)	2	0	1	2
Measles	0	0	0	0
Mumps	1	1	3	0
Pertussis (whooping cough)	151	82	66	211
Rubella	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	157	83	70	213

Immunization Reminder Information System (IRIS)

IRIS is a secure, web-based immunization registry which allows health care providers access to vaccination records and forecasts vaccination needs. If a vaccination is missed, a provider can generate a reminder card to parents from IRIS. In addition, schools and day care facilities can utilize the IRIS database to look up children's records to comply with school and day care immunization requirements.

IRIS was fully activated in September 2000. For children under two years of age, approximately 95 percent are enrolled in IRIS. Hospitals are a valuable partner to enrollment by registering infants into IRIS at birth. The Department is working to expand the number of hospitals and providers who routinely use IRIS to decrease missed inoculations and improve immunization rates.

Number of Idahoans Enrolled in Registry by Year				
	FY 2003	FY 2004*	FY 2005	FY 2006
Ages 0-35 Months	57,709	52,919	56,650	59,527
Ages 3-5 Years	35,004	44,896	48,064	51,628
Ages 6-18 Years	55,738	77,487	86,170	103,018
Ages > 18 Years	<u>45,046</u>	<u>61,889</u>	<u>77,548</u>	<u>86,364</u>
Total	193,497	237,191	268,432	300,537

* A decrease in enrollment in FYs 2004 and 2005 resulted from a one-time project to inactivate patients under age six with no immunization records. Inactive records were removed from the database.

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

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

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

The majority of adverse reactions vary from pain and swelling around the vaccination site to fever and muscle aches. A more serious and rare adverse reaction to a vaccine is an allergic reaction.

In SFY 2006, Idaho submitted 48 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and Public Health Districts. This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine. The Immunization Program began offering new vaccines several years ago, varicella in 1999, hepatitis A in 2000, Prevnar in 2001, and Pediarix in 2003.

Number of Adverse Reactions and Rate Per 10,000 Vaccinations*			
	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2006	48	502,516	1.0
SFY 2005	58	468,121	1.2
SFY 2004	57	472,952	1.2
SFY 2003	79	500,545	1.6

*Note: The number of vaccines administered for SFY 2005 is updated from last year's report. The number for SFY 2006 will increase as health-care provider reports are received.

Women, Infants and Children (WIC) Program

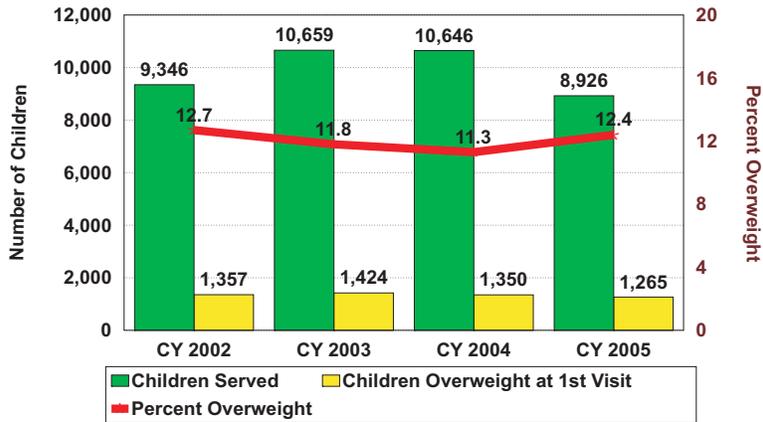
WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$46 per month in vouchers for prescribed healthy foods based on physical assessment, along with counseling in nutrition and breastfeeding, to more than 69,000 participants annually. Services usually are delivered through the Public Health Districts.

Clients Served Monthly and Average Voucher Value				
Year	SFY 2003	SFY 2004	SFY 2005	SFY 2006
Clients Served	34,341	35,756	37,737	37,278
Average Voucher	\$41	\$45	\$46	\$46

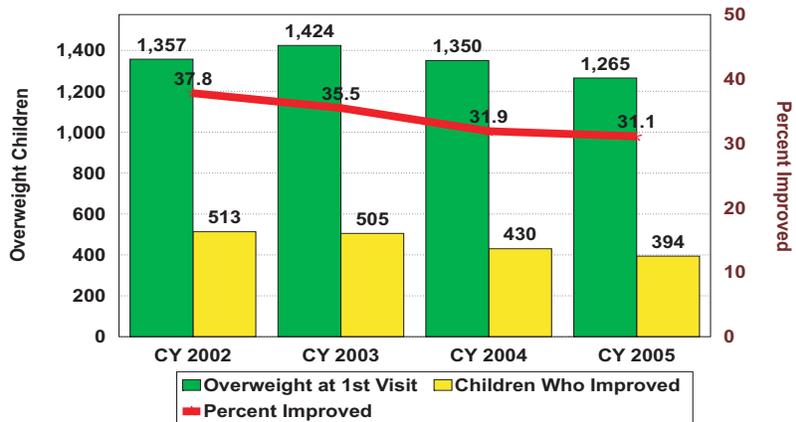
WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake,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

Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure status of their weight with their height — underweight, normal, overweight. In 2005, 1,265 children aged 2 to 5 years (12.4 percent) were overweight at their first visit to WIC. Of those children, 31 percent improved their weight status at the recertification visit within six months.

Children Served and Those Overweight, Ages 2-5



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



Women's Health Check

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

"Every Woman Matters" is a law passed by the 2001 legislature which provides cancer treatment coverage through Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check — but diagnosed with breast or cervical cancer — do not qualify for coverage under the Every Woman Matters law.

Women's Health Check has screened women in Idaho since 1997. The number of active providers has increased from year to year, allowing more women to be referred to the program and screened statewide. The average age at screening is 53.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed
SFY 2006	3,508	47	2
SFY 2005	3,579	47	1
SFY 2004	3,067	46	3
SFY 2003	2,487	44	0

Office of Epidemiology and Food Protection

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

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

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

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

Bloodborne Diseases

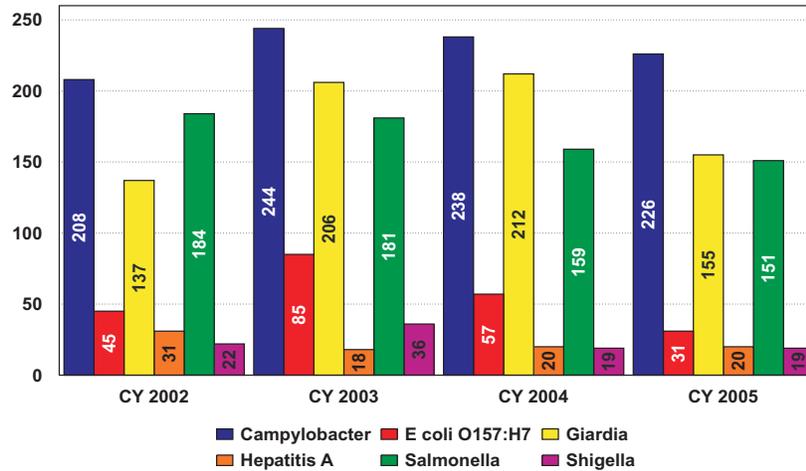
Bloodborne diseases, such as hepatitis B and C along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or exchange of bodily fluids during sexual contact.

Bloodborne Diseases	CY 02	CY 03	CY 04	CY 05
New HIV Reports	26	23	23	25
New AIDS Reports	24	20	16	26
Idaho Residents Living with HIV/AIDS*	732	772	805	840
Acute Hepatitis B	7	8	14	16
Acute Hepatitis C	1	1	1	1

**HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.*

Enteric Diseases (Diseases of the Intestine)

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



Food Protection

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

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

	SFY 03	SFY 04	SFY 05	SFY 06
Foodborne outbreaks	5	5	8	8
From licensed food est.	4	3	6	6
From home, church, picnics	1	2	2	2
People ill	96	81	539	120

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

West Nile Virus

West Nile virus (WNV), a mosquito-borne virus affecting humans, horses, birds, and other animals, entered the U.S. in 1999. It slowly migrated across the continent and began showing up in western states in 2003. Other states have typically seen a large surge in human cases the second or third year the virus entered their state, and Idaho was no exception. In 2006, Idaho's third year for local virus transmission, our state led the nation in reported WNV infections with over 900 cases, with WNV contributing to 21 deaths in Idaho.

During the 2006 WNV season, state epidemiologists worked closely with the District Health Departments to investigate infections and promote interventions for the public, along with providing healthcare updates to Idaho providers. The State Laboratory was instrumental in expediently testing blood samples submitted for people with serious illnesses to determine if West Nile infection was the cause. A public information campaign that included radio, television, and print materials was utilized to convey the "Fight the Bite" of mosquitoes prevention campaign.

WNV is now established in the local ecosystems for much of Idaho. As it has in other states, it is expected to cause illness in humans and animals every mosquito season. If Idaho follows the experience of other states, the southern portion of our state may not experience the large number of human infections it did in 2006. However, many areas in central and northern Idaho experienced limited WNV activity in 2006. We cannot predict future activity, but the central and northern areas of our state could easily experience increased activity in 2007. The epidemiology staff will be working closely with District Health Departments and state and community partners for prepare for the next mosquito season.

Laboratory Services

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

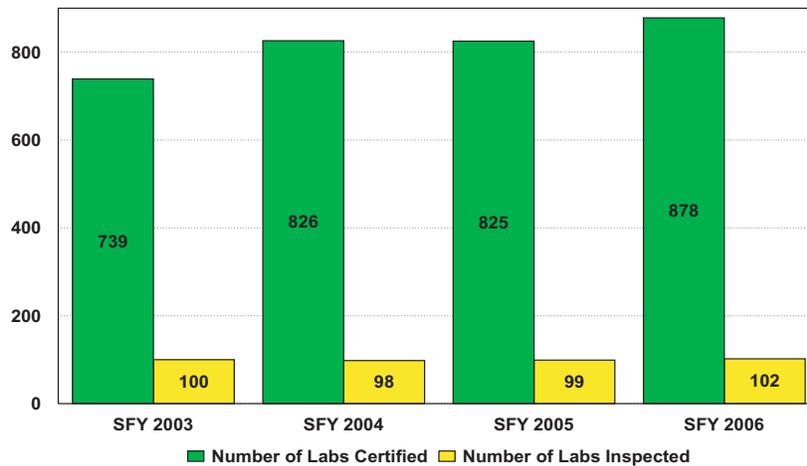
The Boise lab conducts environmental tests on air pollution, environmental chemistry, environmental terrorism, and water

bacteriology. Environmental tests include testing for mercury in fish, and testing public drinking water for regulated chemicals such as arsenic and cyanide. The lab also conducts microbiology, virology, and serology test. These tests include tests for sexually transmitted diseases such as Chlamydia and gonorrhea; food and enteric bacteriology such as salmonella and E. coli O157:H7; vaccine preventable diseases such as pertussis; respiratory diseases such as influenza, SARS, and Hantavirus; and rabies in animals and humans. During the last year, the State Lab was invaluable in the surveillance and testing of West Nile virus, testing samples from mosquito pools and people. Laboratory services are provided by a central lab in Boise where facilities and capacity have been significantly upgraded.

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

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

Number of Labs Certified and Inspected



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

Bureau of Community and Environmental Health

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

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

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

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

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

Tobacco Prevention and Control

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

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

Through a targeted, multi-faceted approach, the TPC program has helped reduce smoking in Idaho. Idaho ranks third in the nation for the lowest percentage of adults who smoked in 2004 at 17.4 percent. The national percentage of adults who smoked was 21.6 percent.

Idaho Adults aged 18 and Over	CY 2002	CY 2003	CY 2004	CY 2005
Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)	20.7%	18.9%	17.4%	17.9%

Note: According to the 2005 Youth Risk Behavior Survey, 16 percent of Idaho students in grades 9-12 smoked one or more cigarettes in the last 30 days.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (PAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. PAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2005 was 60.5 percent.

Idaho Adults 18 and Over	CY 2002	CY 2003	CY 2004	CY 2005
Overweight Adults (Body Mass Index >25)	57.3%	59.3%	58.2%	61.4%

Note: According to the 2005 Youth Risk Behavior Survey, 28 percent of Idaho students in grades 9-12 considered themselves overweight.

Idaho Comprehensive Cancer Control Program

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

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

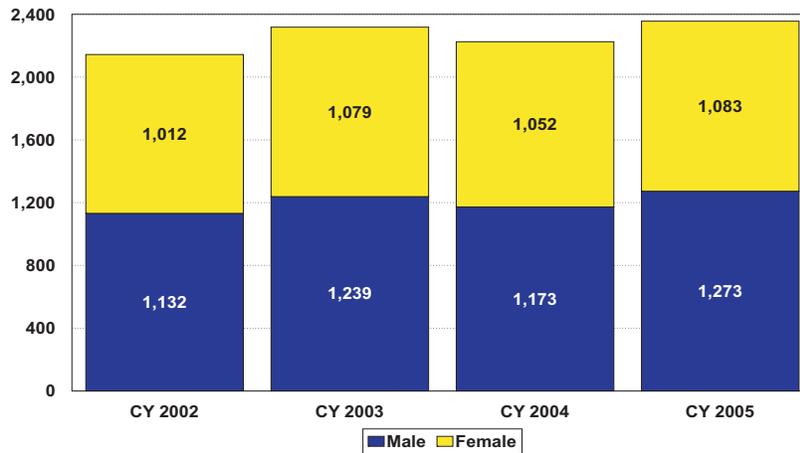
The strategic plan identifies colorectal cancer as the top priority for the ICCCP in the coming year. Behind lung cancer, colorectal cancer is the second leading cause of cancer deaths in Idaho, affecting both men and women. Idaho has some of the worst screening rates for colorectal cancer in the nation,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

In 2006, the ICCCP was awarded a settlement from the manufacturer of the drug Lupron. The manufacturer of Lupron was overcharging for

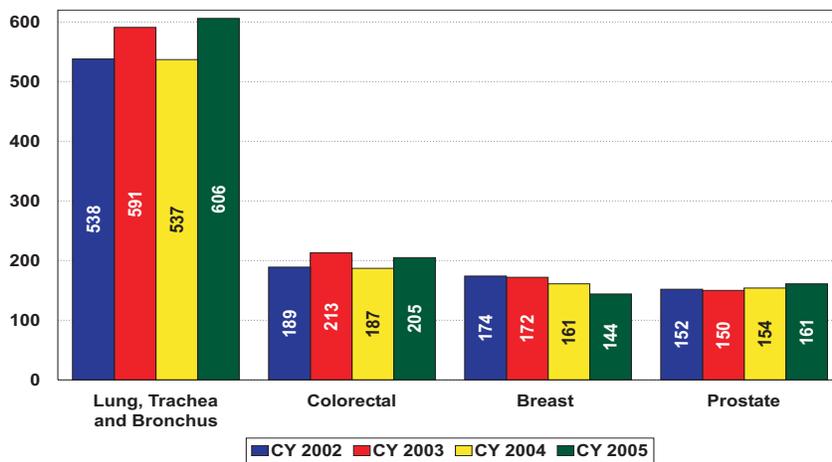
the drug and the ICCP received \$154,718 from the settlement. These funds are being used for:

- Media campaigns primarily focused on colorectal cancer, along with several other prevalent cancers;
- To increase awareness about the importance of following cancer screening guidelines; and
- Education about the importance of detecting of cancer in the earliest and most treatable stages.

Cancer Deaths of Idahoans



Idaho Cancer Deaths by Primary Site of Malignancy



Injury Prevention

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

From 2002-2005, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. A total of 51 percent of all accidental injury deaths to the 65-plus age group were due to accidental falls.

Injury Death Rate, Death Due to Accidental Falls*

	<65	65+	Total
CY 2005	1.1	53.1	7.1
CY 2004	1.6	59.2	8.2
CY 2003	2.3	64.9	9.4
CY 2002	1.6	62.9	8.5

*Rate per 100,000 population.

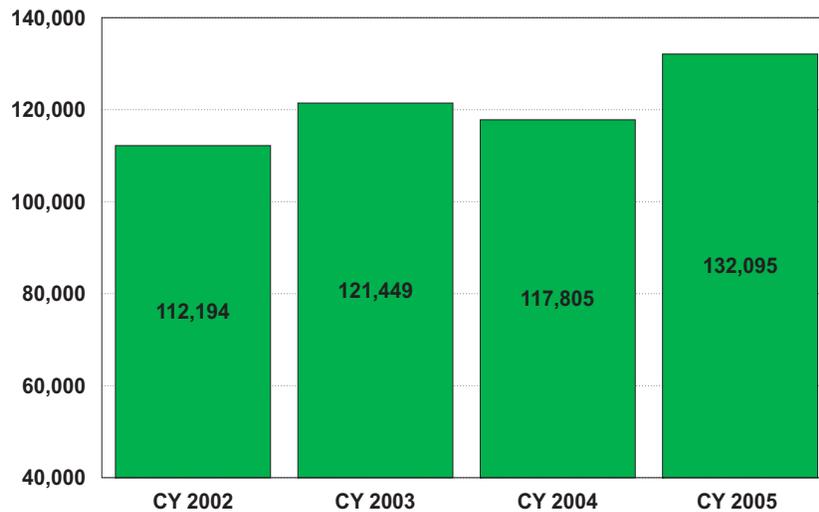
Number of Deaths Due to Accidental Falls

	<65	65+	Total
CY 2005	14	87	101
CY 2004	20	94	114
CY 2003	28	101	129
CY 2002	19	95	114

Bureau of Health Policy and Vital Statistics

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

Birth, Death, Marriage and Divorce Certificates Issued



Health Preparedness Program

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

The Health Preparedness Program has developed a comprehensive plan for receiving, storing, and staging the Strategic National Stockpile

(SNS). The SNS contains a large supply of medicine and medical supplies purchased by the federal government that can be requested by states during a large public health emergency (terrorist attack, flu outbreak, earthquake) that is severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medical supplies can be delivered to any state within 12 hours.

To receive the SNS in Idaho, Health Preparedness has identified sites to receive and handle the shipment of supplies, with basic warehousing and material handling equipment purchased. Each of the Idaho District Health Departments has identified dispensing sites and staff. State and local preparedness staff attended the CDC SNS training and the CDC Mobile Preparedness Courses. Partner organizations such as Idaho Bureau of Homeland Security and Idaho Department of Law Enforcement are involved in the SNS planning. Idaho completed a full-scale SNS exercise in June 2006, in partnership with the Bureau of Homeland Security.

Office of Rural Health and Primary Care

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

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

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

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

Geographic Area of Idaho with HPSA Designation

	<u>CY 2003</u>	<u>CY2004</u>	<u>CY2005</u>
Primary Care	90.3%	83.6%	88.9%
Dental Health	79.9%	82.4%	92.9%
Mental Health	100.0%	100.0%	100.0%

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

The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, comply with HIPAA requirements and support quality improvement initiatives. Twenty-eight Idaho hospitals are eligible for SHIP grants, with 27 applying and receiving federal funds in FFY 2006, totaling \$232,000.

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

State Grants for Rural Healthcare Access Program

	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>
Grant Requests	\$2,458,533	\$1,982,439	\$1,258,366
Amount awarded	\$ 265,000	\$ 225,444	\$ 236,800
Organizations Applying	30	24	14
Organizations Awarded	5	7	5

Emergency Medical Services

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

EMS Personnel Certification

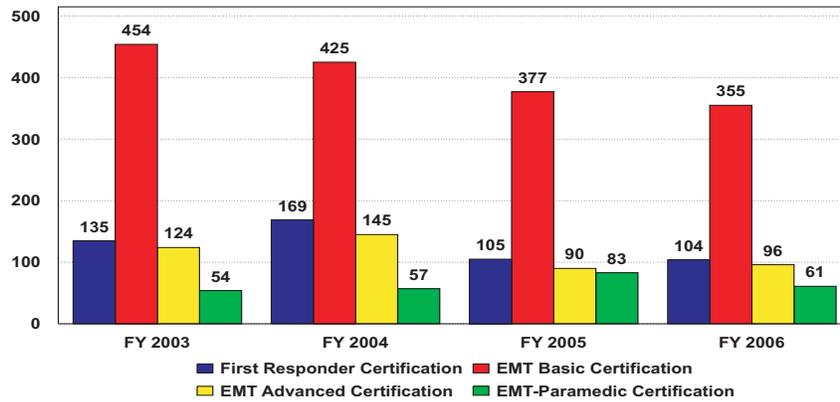
An individual is certified by the EMS Bureau for a two- or three-year period, indicating minimum standards of EMS proficiency have been met. All Idaho certified personnel are trained in courses which meet or exceed the national standard curriculum.

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

Personnel are certified at one of four levels:

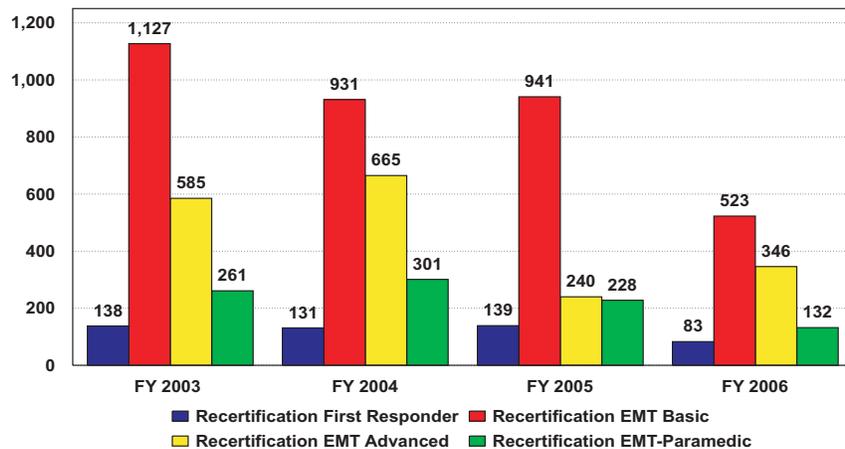
- First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator;
- Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning, and operating an automated external defibrillator (AED);
- Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions, and drawing peripheral blood specimens; and
- EMT-Paramedic courses require an additional 1,000 hours of didactic, clinical, and field internship training. Personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician, and needle decompression of tension pneumothorax.

EMS Personnel Certifications



Note: First responders require a minimum of 55 hours training, EMT Basic requires an additional 110 hours training plus clinical training, Advanced EMT requires an additional 50 hour training plus clinical training, and paramedics require 1,000 additional hours of training plus clinical and field internship training.

EMS Personnel Recertifications



During SFY 2006, the EMS provider recertification cycles were realigned from December and June to March and September. The decrease in FY 2006 recertification numbers are likely caused by re-certifications now being completed in September, which will be reportable in SFY 2007, rather than SFY 2006.

Training Grants

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

Year	SFY03	SFY04	SFY05	SFY06
Grant Requests	\$369,771	\$237,720	\$252,980	\$184,702
Grants Awarded	\$111,743	\$105,257	\$112,259	\$ 62,237
Agencies Applying	60	106	73	67
Agencies Awarded	58	76	61	57

Dedicated Grants

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

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

Year	SFY03	SFY04	SFY05	SFY06
Grant Requests	\$3.7 mil.	\$3.2 mil.	\$3.7 mil.	\$4.1 mil.
Grants Awarded	\$0.7 mil.	\$1.2 mil.	\$1.1 mil.	\$1.3 mil.
Vehicle Requests	39	34	49	45
Vehicles Awarded	9	14	14	14
Patient Care Equipment				
Agencies Applying	70	74	82	64
Agences Awarded	33	52	51	54

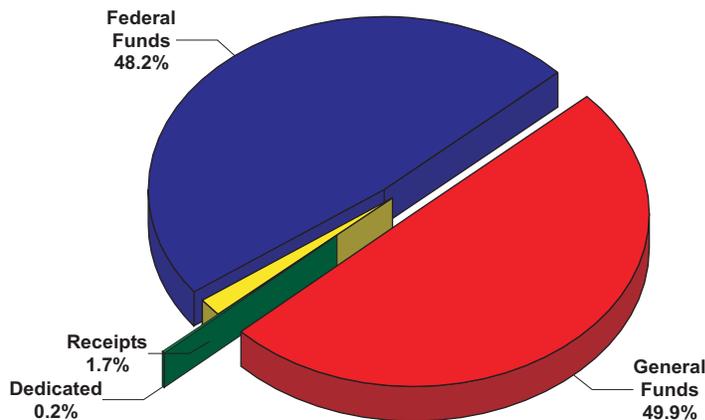
Indirect Support Services

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, Regional Directors, Legal Services, Management Services, Human Resources, and Information and Technology Services.

The Office of the Director oversees the entire Department, working with the Governor's Office and the Idaho Legislature to effectively and economically provide policy direction for services and programs of the Department. Regional Directors represent the Director in each of the seven regions of the state.

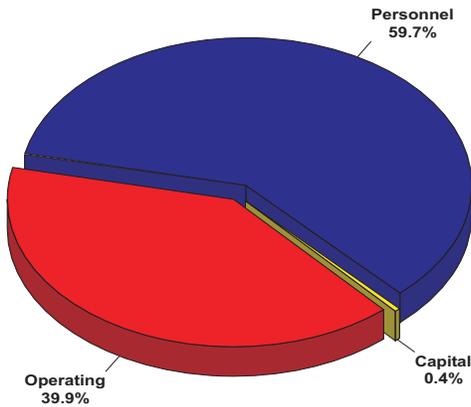
The staff of Legal Services are contracted through the State Attorney General's office and provide legal advice and litigation services. The Division of Management Services provides accounting and budgeting services, oversees the Department's facilities, performs internal reviews, and processes all payroll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

Indirect Support SFY 2007 Funding Sources



Authorized FTP: 319; Original 2007 Appropriation — General Fund: \$17.1 million; Total Funds: \$34.3 million; 2% of Health and Welfare funding.

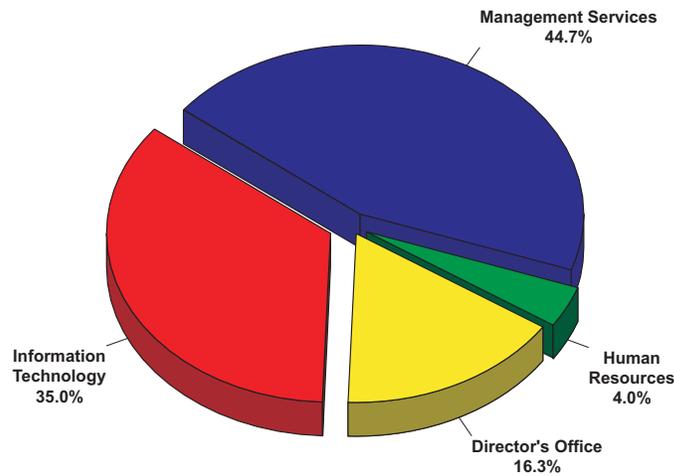
Indirect Support SFY 2007 Expenditure Categories



Indirect Support Spending

Management Services provides administrative and financial support for the Department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Regional and Department administrative support is provided through the Director's Office. Human Resources supports the Department's workforce of 3,107 employees throughout the state.

Indirect Support Spending



Office of the Director

Richard M. Armstrong, Director, 334-5500

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

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

- The Director;
- A Deputy Director responsible for Medicaid, Behavioral Health and Public Health services;
- A Deputy Director responsible for Family and Welfare services;
- A Deputy Director responsible for Support Services;
- A Deputy Director responsible for direction and oversight of Regional Directors and the department's legislative operations; and
- A Public Information Officer responsible for media inquiries and department public information materials.

Division of Management Services

David Butler, Deputy Director, 334-5578

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

Bureau of Financial Services

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

Financial Management

Ensures adequate cash is available for the department to meet its

financial obligations and functions as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs;
- Requesting state general and dedicated funds through the Office of the State Controller;
- Preparing expenditure reports for more than 100 federal grants that fund department programs. The largest of these federal grants is Medicaid, for which the FY 2006 award was \$760 million;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and Mental Health Services;
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributing appropriated funding to more than 2,500 operating budgets within the department;
- Monitoring program expenditure trends to allocated funding;
- Preparing various financial analysis and reporting for division and executive management;
- Monitoring established positions; and
- Researching and compiling historical expenditure and revenue information.

General Ledger

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

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting;
- BARS — Primary accounts receivable, receipting, and collections system;
- ARTS — Fixed asset accounting and inventory system;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;

- P-Card — Electronic purchasing and payment system;
- Navision — Front-end data entry and approval processing of vendor payments;
- I-Time — Web-based employee time entry system; and
- Contraxx -- Electronic contract operation and management system.

Accounts Payable

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

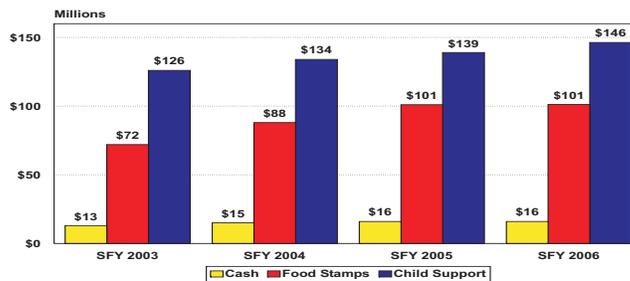
- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, and re-issue;
- Rotary Fund payments;
- Interagency payments and collections;
- Central Office receipting;
- Navision approver technical assistance; and
- Invoice/payment audit.

Electronic Benefit Transfers (EBT)

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

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

Electronic Payments Distributed



Bureau of Operational Services

Contracts and Purchasing

- Purchases products that cost between \$5,000 and \$50,000 and coordinates with the Department of Administration's Division of Purchasing for items greater than \$50,000.
- Provides support, technical assistance, and administration for securing service contracts, and grants. There were approximately 1,100 active contracts and grants Department-wide during SFY 2006.
- Has responsibility for use, training, and daily operation of the electronic CONTRAXX management system.
- Develops and maintains the Department contract and purchasing manual, policy, and procedures, and provides staff training.

Facilities Management

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

- Plans space for relocations and new facilities;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Compiles project listings to maintain facilities that meet code requirements, ADA compliance, and program needs;
- Is responsible for ensuring the maintenance and care of DHW leased and owned facilities at 57 locations statewide;
- Coordinates and oversees office relocations statewide;
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Coordinates and monitors construction of the Department's buildings and major maintenance projects under delegated authority from the Department of Administration, Division of Public Works;
- Monitors, negotiates, and coordinates leases for the Department under delegated authority from the Department of Administration, Division of Public Works, for more than 700,000 square feet; and
- Ensures proper maintenance and mileage distribution for the Department's motor pool. Total miles driven in SFY 2006 increased more than nine percent.

HUB Units

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

- North HUB — Lewiston
- West HUB — Nampa
- East HUB — Blackfoot

Accounts Receivable

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

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

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

Payroll

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

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional, Central Office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Distributes bi-weekly payroll warrants and pay stubs;
- Provides validation and entry of information for new hires, terminations, transfers, etc., and payroll deductions such as health insurance and pension to ensure EIS data integrity; and
- Maintains and safeguards employee personnel records for Central Office Divisions.

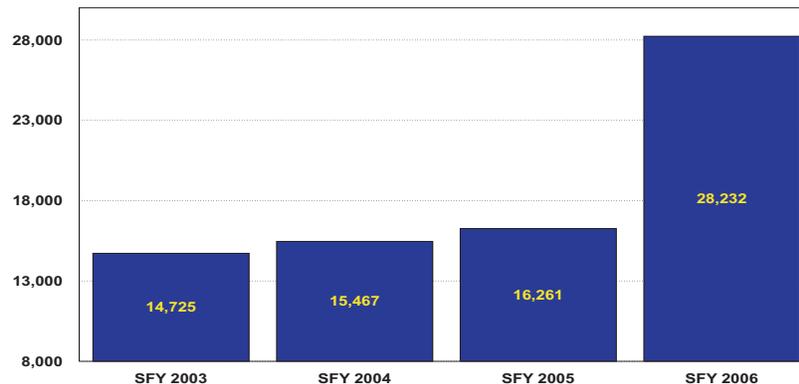
Bureau of Audits and Investigations

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

Criminal History Unit

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

Criminal History Checks by Year



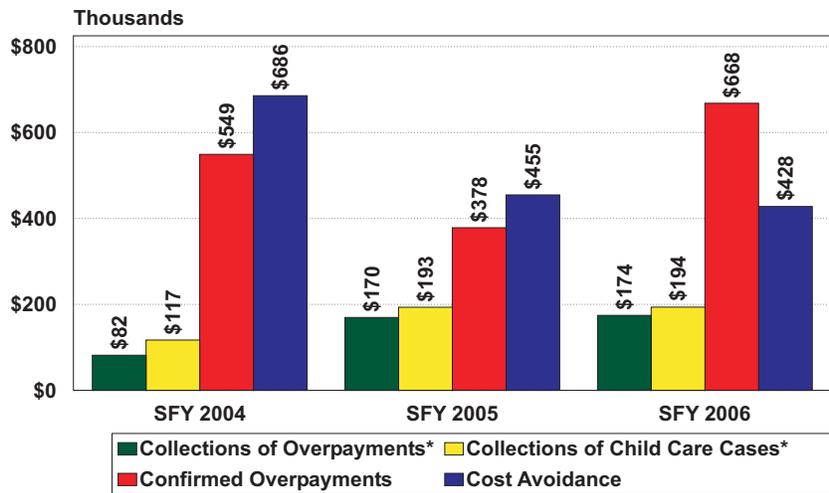
The Department's Fraud and Abuse Program consists of the Welfare Fraud Investigation Unit and the Medicaid Fraud and Program Integrity Unit.

Welfare Fraud Unit

The Welfare Fraud Unit investigates allegations of welfare program fraud that includes food stamps, cash assistance, child care programs, or other benefits. Investigators are stationed in almost every region in the state and work with local law enforcement and eligibility program staff to investigate and prosecute welfare fraud offenders. In SFY 2006

the Department received 911 complaints alleging welfare benefit fraud, resulting in 420 investigations. There were eight individuals prosecuted for Welfare fraud and eight referrals for prosecution. Welfare benefit fraud also results in administrative sanctions against those who are found to have been abusing the program. In FY 2006, 136 individuals were sanctioned from receiving benefits due the investigation revealing they defrauded the program and received benefits they were not entitled to receive.

Welfare Fraud

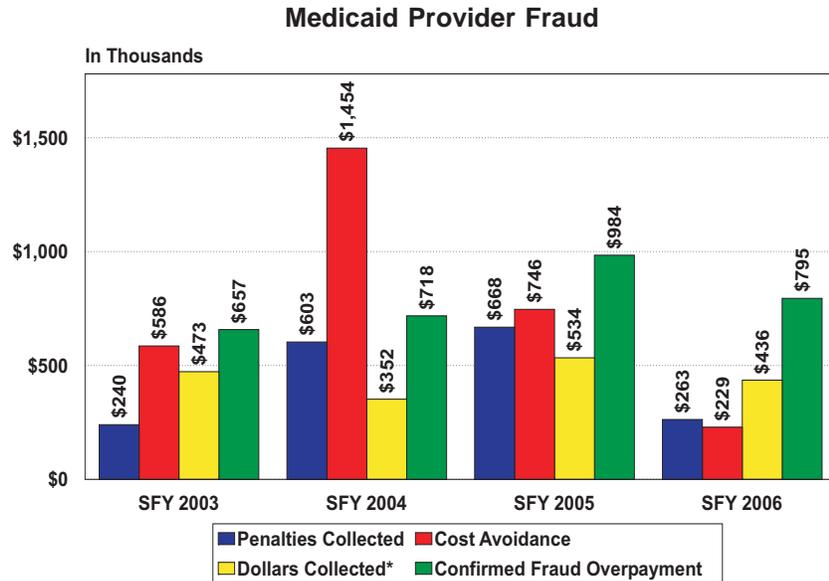


*Some dollars collected are made on cases from prior years. Cases in which 'Confirmed Overpayment' was made are sent to collections for recovery of funds.

Medicaid Fraud and Program Integrity Unit

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

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



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

Internal Audit Unit

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

Division of Human Resources

Diana Jansen, Administrator, 334-0632

The Division of Human Resources supports hiring and retaining the right people with the right skills to achieve the Department's mission, vision, and goals. The Division's focus is on the Department's Strategic Plan, business partnerships, progressive business practices, and business needs of the Department. Specific services include:

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

- Supports Department commitment to advance equal opportunity in employment through education and technical assistance.
- Educates employees on how to maintain a 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.

Workforce and Development

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

Recruitment and Retention

- Provides management consultation on effective practices and hiring options for filling current and future needs.
- Develops and implements recruitment campaigns to fill Department openings.
- Develops relationships and partnerships with Idaho and regional universities for awareness of Department career opportunities, for educational enrichment, internships, and recruiting qualified talent.

Human Resource Systems and Compensation

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

Employee Relations and Human Resource Policy Procedure

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

Employee Benefits

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

Office of Privacy and Confidentiality

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

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

The Department's Privacy Officer:

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

A Privacy Specialist is located within each of the state's three institutions. They:

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

Division of Information and Technology

Bruce Dunham, Administrator, 334-6598

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

The Division of IT is responsible for:

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

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

The Division of IT is comprised of the following organizational areas:

Bureau of Application Support and Development

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

- Application Support is responsible for operation, maintenance, and

support of department applications.

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

Project Management Office

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

Enterprise Architecture

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

The Bureau of IT Infrastructure

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

- Wide Area and Local Area Network support statewide;
- User and Data Security;
- Forensics support;
- Database and Data Warehouse security and support;

- Server deployment and maintenance;
- Server and Desktop PC vulnerability patching; and
- Support for Operations, Applications Development and Support, and the Project Management Office.

IT Operations Bureau

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

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

2006 Highlights

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

Reorganization — The division has been reorganized into enterprise wide functional bureaus instead of silo IT units aligned with each individual business unit or division. The restructure minimizes duplication of effort and resources within the organization while allowing IT to respond more flexibly to new program and project requirements.

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

Legacy Modernization — ITSD has embarked on a program to evaluate our legacy business systems and determine an appropriate lifecycle for their replacement as they become too costly to update and

maintain. Major systems proposed for replacement are:

EPICS System Replacement

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

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

Replacement Strategy - The approach is to acquire components and build a new technology framework that establishes a foundation for incremental replacement of the current system. This foundation will be the initial investment in the department's enterprise approach to establish and manage a new technology suite. This framework will not only replace EPICS with a more efficient, flexible, and user-friendly system, it will serve as the foundation for other future department systems, maximizing return on investment.

The project plan for FY 2007 is organized around five specific activities. These activities will address immediate business needs and provide critical assistance to the other two major initiatives in Self Reliance (Food Stamps and Medicaid Reform):

- Improved Automation for Food Stamps - The automation in this activity will reduce the division's error rate in the Food Stamps program.
- On-line Application for Assistance - Provide applicants with the ability to apply for assistance from any computer with internet access, at a department office, community agency, library, or home; creating a more efficient and streamlined process.
- On-line Case (Task) Management - Provide staff with the ability to view, sort, and filter their case management work items on-line, replacing outdated paper reports that do not match current business processes and do not support staff in managing their work.
- Real Time Eligibility Determination - Provide staff with the ability to submit a case for eligibility determination and receive the results of eligibility in real-time.

- On-Line Verification of Participant Information - Provide staff with the ability to view verification from automated sources with a single query and view the results on-line at one time; replacing a manual, time-intensive, and error-prone process that requires staff to use multiple systems and review multiple paper reports.

Electronic Document Management Implementation

Function – With recent growth in caseloads resulting in an increase in paper files, management of a paper file system is becoming an increasing challenge. The department manages more than 30 million paper pages in active case files for the Divisions of Welfare and Family and Community Services. An average of 25,000 paper files are added each day, supporting new applications, court orders, medical reports, income and expense verifications, and case status requests. This information is necessary for case management, and the files provide an audit trail to determine compliance and perform quality assurance. A statewide document management system will reduce dependency on the physical location of paper files and the inherent limitations of only one staff member being able to access files at any given time. With 50 office locations throughout the state, a document imaging system will improve customer service and reduce delays. It also will help eliminate the number of "lost" files that are misplaced as paper documents are shared between offices. By converting paper files to electronic images, documents can be accessed across programs from any department workstation by multiple workers simultaneously.

Strategy - The department will be implementing document management as a component of the MMIS project in FY 2008 and will also be leveraging document management for use as an electronic case management system for the EPICS Replacement project. All software and licensing acquired in this project will be owned by the department. We will request funding to leverage technology purchased by Medicaid and expand its use to meet the broader needs of the department.

Medicaid Management Information System (MMIS) Replacement

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

Status - The contract for operation and maintenance of the MMIS expires in December 2007. The department has received an exemption

from CMS and the State Division of Purchasing to extend the current contract until July 2009. The department is in the process of procuring a MMIS system that consists of a multi-component Request for Proposal (RFP) for both systems components and professional services during FY 07. Vendors may offer bid proposals on any or all components, but each individual component proposal must be self-sufficient.

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

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

Replacement Strategy - The department received an FY 07 appropriation of \$8.7 million; \$1.4 million in State General Funds and \$7.3 in enhanced Federal Funds. This is the first phase of a multi-year project. The FY 07 funding is targeted for RFP development, review, and contract issuance. It also will be used for phase one of Design, Development, and Implementation (DDI) which will include hardware and software purchases and consulting services. The department will request additional funding in FY 08 and FY 09 to complete the project. The RFP's are to be issued in October 2006 with contract award scheduled for April 2007. The Design, Development, and Implementation (DDI) phase of the project is expected to take 24 months and is anticipated to be completed prior to July 2009.

Council on Developmental Disabilities

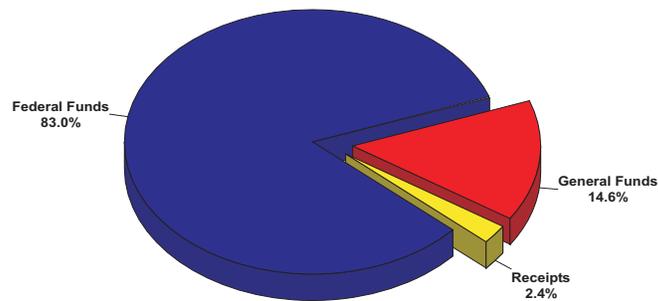
Marilyn Sword, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advisory body for programs impacting people with developmental disabilities.

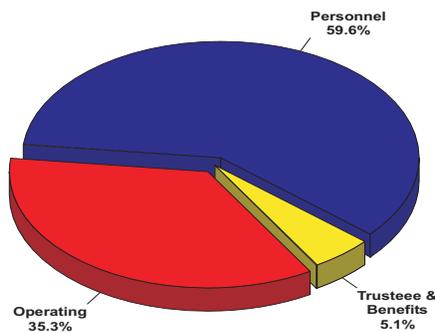
Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

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

Council on Developmental Disabilities FY 2007 Funding Sources



FY 2007 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 6; General Fund: \$92,100 Total Funds: \$631,700; 0.04% of Health and Welfare funding.

Council Initiatives 2006

Education: The Council provided funding for parents to participate in Parent Leadership Training Retreats; partnered with others to plan for regional youth development activities and the 2007 Tools for Life conference; served on the Interagency Council on Secondary Transition; monitored Congressional action on IDEA; and provided input for Idaho's proposed achievement standards.

Health: The Council worked with others on changes to insurance law to prevent discrimination in coverage for children with congenital anomalies.

Recreation: In August, the Council sponsored a Resource Fair for parents at the Adventure Island Playground; funding has been pledged to an Idaho Falls-based universally accessible playground project

Self-Determination: With 140 graduates statewide of the Idaho Partners in Policymaking program, an evaluation was done to determine what changes should be made to increase effectiveness. The Council continued its collaboration with Medicaid on the development of a self-directed service option for adults with developmental disabilities. The Council participated in quality assurance efforts, rule development and the design of training materials for individuals who select this option. The Council also completed training of 3-person self-advocate teams in each Health and Welfare region. These teams present self-determination information to others in their regions and will assist Medicaid with training. The Council sponsored 10 individuals to attend a national self-advocacy conference where they also conducted two workshops. Materials gathered from the 2005 Bus Tour are being used to develop public awareness and outreach tools.

Transportation: The Council serves on the Interagency Work Group on Public Transportation which held a statewide forum on Human Service Transportation in April.

Employment: The Council promotes integrated work and supported legislation allowing Vocational Rehabilitation to draft rules to oversee work service providers. The Council is also supporting the development of an Idaho Chapter of the Association for Persons in Supported Employment.

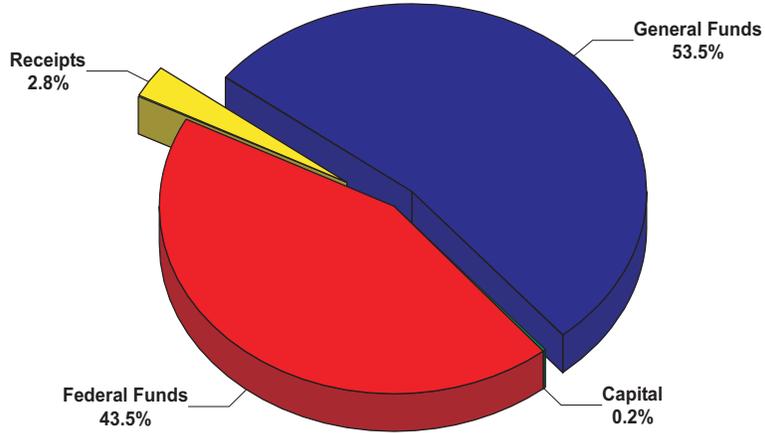
Community Supports: The Council participates as a member of the Family Support Policy Council and annually supports Disability Mentoring Day projects.

Housing: The Council is a partner in Opening Doors, an organization helping people with disabilities purchase homes via the Home of Your Own (HOYO) program.

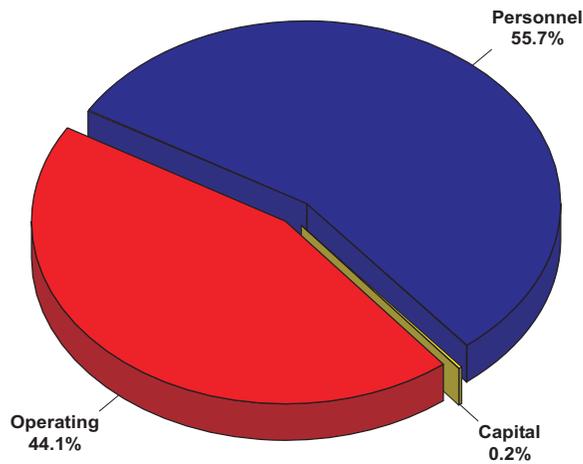
Council on the Deaf and Hard of Hearing

Wes Maynard, Executive Director, 334-0879

FY 2007 Funding Sources



FY 2007 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 3; General Fund: \$142,200; Total Funds: \$265,800; 0.02% of Health and Welfare funding.

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

Educational Interpreter Quality Assurance

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

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

Educational Interpreter Guidelines

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

Demonstration and Loan Centers

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

Universal Newborn Hearing Screening Early Hearing Detection and Intervention

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

Deaf and Hard of Hearing Education Reform

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

Public Awareness and Outreach

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

Council Goals

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

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

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

Council on Domestic Violence and Victim Assistance

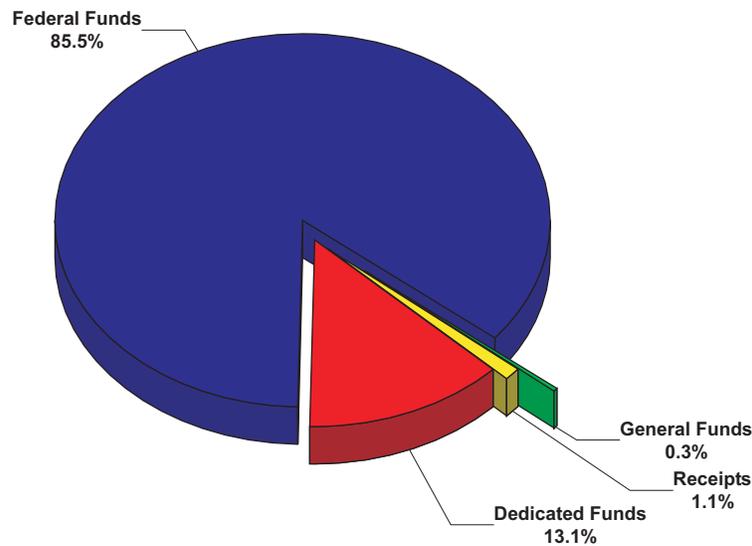
Executive Director, 334-5580
Luann Dettman, Grant/Contract 334-6512

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 victims;
- Providing standards for domestic violence programs, sexual assault programs, and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

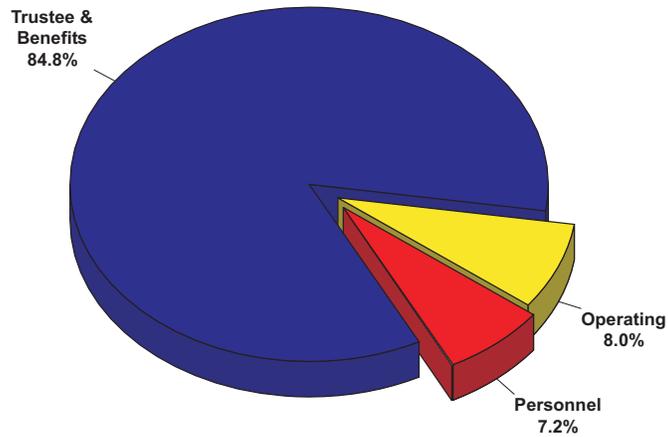
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance FY 2007 Funding Sources



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 4; General Fund: \$12,500; Total Funds: \$3.8 Million; 0.2% of Health and Welfare funding.

Council on Domestic Violence and Victim Assistance FY 2007 Expenditure Categories



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

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

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

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

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

Miscellaneous Information

Description	Number
Health Care Facilities Licensed in Idaho	
Number of Intermediate Care Facilities for People with Mental Retardation	64
Number of Beds Available in ICFs for the Mentally Retarded	559
Number of Hospitals	50
Number of Hospital Beds	3,371
Number of In-State Home Health Agencies	49
Number of Out-of-State Home Health Agencies.....	8
Number of Residential Care Facilities.....	281
Number of Beds Available in Residential Care Facilities	6,704
Number of Skilled Nursing Facilities	81
Number of Beds Available in Skilled Nursing Facilities	6,216
Low-Income Weatherization Assistance Program (LIWAP)	
LIWAP Federal Grant	\$5.0 million
Total Homes Weatherized	1,488
Average Cost per Home Weatherized	\$3,389
Physical Health Services	
Number of pregnancies among females aged 15-17:	
2005	659
2004	655
2003	653
2002	714
2001	735
Pregnancy rate per 1,000 females aged 15-17:	
2005	20.8
2004	20.9
2003	20.9
2002	22.6
2001	23.2
Vital Statistics	
Number of certified copies issued for birth, death, marriage, and divorce certificates.	
2005	132,095
2004	117,805
2003	121,449
2002	112,194
2001	97,386
2000	98,706
Self-Reliance	
Maximum TAFI Payment	\$309
Average TAFI Payment for June 2006	\$309
Average ICCP Payment Per Child as of June 2006	\$306
Average FS Benefit Per Family as of June 2006	\$224
Average AABD payment per participant as of June 2006	\$ 54

Glossary of Terms and Acronyms

A&D	Aged and Disabled Waiver
ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACT	Assertive Community Treatment
AIDS	Auto Immune Deficiency Syndrome
CAP	College of American Pathologists
CHC	Criminal History Check
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
FACS	Division of Family and Community Services
FFY	Federal Fiscal Year
FIDM	Financial Institution Data Matching
FTP	Full-time Positions
HIV	Human Immunodeficiency Virus
IBI	Intensive Behavioral Intervention
ICCMH	Idaho Council on Children's Mental Health
ICCP	Idaho Child Care Program
ICF/MR	Intermediate Care Facility for People with Mental Retardation
IDHW	Idaho Department of Health and Welfare
IRIS	Immunization Reminder Information System
ISSH	Idaho State School and Hospital in Nampa
ITSD	Information and Technology Services Division
JCAHO	Joint Commission on Accreditation of Hospital Organizations
MMIS	Medicaid Management Information System
PWC	Pregnant Women and Children
RSO	Receipting Services Only
SFY	State Fiscal Year
SHN	State Hospital North
SHS	State Hospital South

STD Sexually Transmitted Diseases
SUR Surveillance & Utilization Review
TAFI Temporary Assistance for Families in Idaho
TBI Traumatic Brain Injury
TEFAP The Emergency Food Assistance Program

Index

A

Acronyms, Glossary	134
Adoption	34
Adult Mental Health Services	49
Aid to the Aged, Blind and Disabled (AABD)	73
Audits and Investigations	113

B

Behavioral Health, Division of.....	43-60
Bloodborne Diseases	92

C

Cash Assistance.....	72-73
Child Protection	31
Children's Mental Health Services	46
Child Support Services	74
Enforcement Methods	76
Service Fees	77
Community Service Block Grants	79
Contracts and Purchasing	111
Councils	
On Deaf and Hard of Hearing	127
On Developmental Disabilities	124
On Domestic Violence and Victim Assistance	131
Criminal History Checks	113

D

Developmental Disability Services	36
Court-related Services	39
Infant Toddler Program	37
Intensive Behavioral Intervention	39
Director's Office	108

E

Electronic Benefits Transfers	110
Emergency Medical Services (EMS)	102
Enteric Diseases (Diseases of the Intestine)	93
Epidemiology and Food Protection Program	91
Estate Recovery Program	19

<u>F</u>	
Facilities Management	111
Family and Community Services, Division of.....	27-42
Family Supports	36
Food Protection	93
Food Stamp Program	69
Fraud and Abuse Investigations	113
Foster Care	32
<u>H</u>	
Health, Division of	83-105
Health Preparedness.....	100
Human Resources, Division of	116-118
<u>I</u>	
Idaho CareLine	30
Idaho Child Care Program (ICCP).....	71
Idaho Comprehensive Cancer Control Program.....	97
Idaho Infant Toddler Program	37
Idaho State School and Hospital	40-42
Idaho Tobacco Project	58
Immunization Program	87
Immunization Reminder Information System (IRIS)	88
Independent Living	34
Information and Technology, Division of	119-124
Injury Prevention.....	99
<u>L</u>	
Laboratory Services	94
License Suspension, Child Support	77
Low-income Home Energy Assistance Program (LIHEAP)	81
<u>M</u>	
Management Services, Division of.....	108-115
Medicaid, Division of.....	16-26
Enrollment and Expenditures	20
Licensing and Certification	25
Premium Assistance Programs.....	24

O

Office of Privacy and Confidentiality 117
Organizational Chart 8

P

Physical Activity and Nutrition.....97

R

Rural Health and Primary Care.....101

S

Self-Reliance Services 65
Sexual and Reproductive Health 86
State Hospital North 60
State Hospital South 59
Substance Abuse Services.....54-59
Suicide Prevention.....52

T

211 Idaho CareLine.....30
Telephone Service Assistance 81
Temporary Assistance for Families in Idaho (TAFI)..... 72
The Emergency Food Assistance Program (TEFAP) 80
Tobacco Prevention and Control.....96

V

Vaccine Preventable Diseases 91
Vital Statistics.....100

W

Wage Withholding, Child Support 76
Weatherization Assistance Program 82
Welfare, Division of 61-82
West Nile Virus.....94
Women's Health Check 91
Women, Infants and Children Program (WIC) 89

Notes

Facts/Figures/Trends is published annually by the Idaho Department of Health and Welfare. For this year's edition, the Department thanks employees Pam Harder, Jodi Osborn, Tom Rosenthal, Doug Norton, Scott Grothe, Ross Mason, and Don Corbridge for collecting information, and Tom Shanahan for compilation and design.



**FACTS/
FIGURES/
TRENDS/
2006-2007**

A publication of the



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

HW-0011

Costs associated with this publication are available from the
Idaho Department of Health and Welfare. IDHW-1,000-61785-12/06.

♻️ Printed on recycled paper