Maternal and Child Health Services
Title V Block Grant

State Narrative for Idaho

Application for 2013
Annual Report for 2011

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

Assurances and certifications are on file with the MCH office - Bureau of Clinical and Preventive Services - and are available upon request.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

During the public comment period, the semi-final version of Idaho's Maternal and Child Health Block Grant Application and Annual Report is posted to the external website of the Idaho Department of Health and Welfare (IDHW), along with a request for input. The IDHW website is "crawlable" by Google and other search engines, and the grant application is therefore exposed to the world. However, in recognition that there is a plethora of information out on the web, staff also notify interested groups and individuals that the grant application is available for review and comment. This year the notified groups will include, among others:

* Idaho Parents Unlimited (IPUL) -- a grass roots advocacy organization who also are:
    - The Family to Family Health Information Center for Idaho
    - The Family Voices representatives in Idaho.

* St. Luke's Children's Hospital -- the only children's hospital in Idaho.

* Idaho Families of Adults with Disabilities (IFAD).

* The Idaho Council on Developmental Disabilities. This Council includes representatives from:
    - The Idaho Dept. of Education, Special Education Section
    - Vocational Rehabilitation
    - Idaho Commission on Aging
    - Idaho Medicaid
    - Partnerships for Inclusion
    - University of Idaho, Center on Disability and Human Development
    - Disability Rights Idaho
    - Idaho Self Advocate Leadership Network
    - University Centers for Excellence
    - McCall Memorial Hospital
    - Partners for Policy making
    - Community Partnerships of Idaho

- Panhandle Autism Society

* The Early Childhood Coordinating Council. This Council includes representatives from:
  - Parents of young children with disabilities
  - Providers of early intervention services, including Idaho Perinatal Project
  - Providers of early care and learning services
  - State legislators: one senator, one representative
  - University representation from child development programs
  - Developmental pediatrician
  - Idaho Chapter of American Academy of Pediatricians
  - Association for the Education of Young Children
  - Idaho Medicaid
  - Idaho Foster Care
  - Children's Mental Health
  - Idaho Department of Insurance
  - Office for the Coordination of Education of the Homeless
  - Idaho Migrant Council
  - Idaho Migrant Head Start
  - Idaho Child Care Program
  - Idaho Head Start Association
  - Head Start Collaboration Office
  - Idaho Infant Toddler Program
  - Idaho Bureau of Education Services for the Deaf and Blind
  - State Department of Education
  - Public Health Districts
  - Idaho Maternal and Child Health Director
  - Representation from Idaho Tribes

The grant was posted for one month. No comments were received.

II. Needs Assessment

In application year 2013, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

a. Since the last Block Grant, there have not been any changes in the strengths or needs of the population as related to the identified State MCH priorities.

/2012/ Since the last Block Grant application the Idaho birth rate has continued to decline. In 2009 the rate was 15.3 per 1,000 population and declined to 14.8 in 2010. //2012//

b. Since the last Block Grant application the Children's Special Health Program (CSHP) has had a change in managers. Mr. Mitch Scoggins resigned in December of 2010 to assume the position of Immunization Program Manager for the state of Idaho. Jacquie Daniel was hired as the manager of the Children's Special Health Program (CSHP) on March 7, 2011. Ms. Daniel has been with the Department for approximately 6 years. She was first hired as an analyst in Vital Records and Health Statistics and spent the past 4 years as the Principal Analyst for Idaho's Pregnancy Risk Assessment Tracking Survey.

/2012/ The Children's Special Health Program has been renamed the Maternal and Child Health Program (MCHP) to more accurately describe the scope of the work done. The MCHP remains in the Bureau of Clinical and Preventive Services in the Division of Public Health.

Additionally, the Maternal, Infant and Child Home Visiting (MIECHV) Program was placed with MCH and more specifically under CSHP. This added one FTE to manage the home visiting program. Ms. Laura DeBoer, MPH joined the CSHP staff in October 2010 as the manager for the MIECHV Program. /2013/The MIECHV program has the additional support of a 0.5 FTE VISTA volunteer and a 0.5 administrative assistant.//2012//

The addition of the MIECHV Program has broadened and strengthened MCH partnerships and collaborations. This is particularly evident through the work of the Early Childhood Coordinating Council (EC3). While the MCH director has always been represented on the council the home visiting program has brought maternal and child health issues before the Council in a new meaningful way. The Council has enthusiastically agreed to serve as the foundation for convening stakeholders. A home visiting ad hoc committee to the Council has been formed to work on issues that will build and strengthen a comprehensive early childhood system within the state. This ad hoc committee will be chaired by the MCH Director.

/2012/ In May of 2012, SECCS funding to the state will be discontinued. This funding provided staffing for the Council. At this time, it is uncertain how the Council will move forward. //2012//

c. The 2010 Five Year MCH Needs Assessment proved to be valuable as the state conducted the required Home Visiting Needs Assessment and developed the Home Visiting State Plan. The following two MCH State Priorities will be directly impacted by Idaho's developing home visiting program:

- Reduce Premature births and low birth weight.
- Improve immunization rates.

The MIECHV program will have an indirect impact on the two priorities listed below:

- Reduce the incidence of teen pregnancy.
- Decrease childhood overweight and obesity.

Additionally, in June 2011forums will be conducted in the communities identified for

implementation of the home visiting program. These community meetings will further inform our knowledge of the needs of the maternal and child health populations as well as the existing early childhood services and infrastructure in these specific locations.

/2012/ The Maternal Infant and Early Childhood Home Visiting Program (MIECHV) program held successful community meetings in the two regions of the state where services were targeted for implementation. The program was success full in having contracts in place for Parents As Teachers, Early Head Start and Nurse Family Partnership by April of 2012. The Nurse Family Partnership program is the first in the nation that leverages cross-state partnerships to bring home visiting services to rural and frontier counties. Partners in this program are Panhandle Health District (Idaho), Spokane Regional Health District (Washington), Nurse Family Partnership, Inc. and the state of Idaho Maternal and Child Health Program. //2012//

d. For those state priorities that will specifically be addressed by the home visiting program, there is an increased accountability to the MIECHV Steering Committee. For these priorities, there will also be a higher level of reporting, in the implementation communities. The Five Year MCH Needs Assessment was also presented to the EC3 and follow-up reports will be made to that council.

/2012/ The MIECHV Steering Committee meets every other month and the MIECHV program regularly presents information at the quarterly Early Childhood Coordinating Council meetings. //2012//

In the spring of 2011, the Department of Health and Welfare presented the Healthy Eating, Active Living (HEAL) Idaho Framework. This Framework is the result of a statewide collaborative effort to identify strategies to promote health eating and active living to prevent overweight and obesity. The Framework focuses on policy and environmental change that will enable all Idaho citizens to make the healthy choice the easy choice. Though this effort is aimed at all Idahoans, it will directly impact our state priority to reduce childhood overweight and obesity.//2011//

Work with the Early Childhood Coordinating Council, Developmental Disabilities Council and Idaho Parents Unlimited Advisory Board continues to inform our MCH and CSHCN programming and extend our reach and presence across the state.

III. State Overview

A. Overview

Geographical Information

The state of Idaho ranks 13th in total area in the United States and 11th in total dry land area. It is 490 miles in length from north to south and at its widest point, 305 miles east and west. Idaho has 44 counties and a land area of 84,033 square miles with agriculture, forestry, manufacturing, and tourism being the primary industries. The bulk of Idaho's landmass is uninhabited and unhabitable due to the natural deterrents of desert, volcanic wastelands and inaccessible mountainous terrain. Eighty percent (80%) of Idaho's land is either range or forest, and 70% is publicly owned. The state has seven major population centers. Five southern cities -- Idaho Falls, Pocatello, Twin Falls, Boise and Nampa/Caldwell -- follow the curve of the Snake River plain and are surrounded by irrigated farmland and high desert. Lewiston, in north central Idaho, is centered in rolling wheat and lentil fields, and deep river canyons. In north Idaho, Coeur d'Alene is located on a large forested mountain lake and is a major tourist destination. Much of the state's central interior is mountain wilderness and national forest. The isolation of many Idaho communities makes it difficult and more expensive to provide health services.

Population Information

In the 2010 census Idaho's population was 1,545,801. This ranks Idaho 39th in the United States in population. The population increase from 2000 to 2010 of 21.1%, more than doubles the national average of 9.7%. This population gives Idaho an average population density of 19.0 persons per square mile of land area. However, half of Idaho's 44 counties are considered "frontier," with averages of less than seven persons per square mile. In 2010, the national average for population density was 87.4 persons per square mile.

The physical barriers of terrain and distance have consolidated Idaho's population into seven natural regions with each region coalescing to form a population center. Approximately 66% of Idaho's population reside within one of the seven population centers. This tendency for the state's population to radiate from these urban concentrations is an asset for health planning, although it makes it more difficult to deliver adequate health services to the 34% of the population who reside in the rural areas of the state. To facilitate the availability of services, contiguous counties are aggregated into seven public health districts. Each district contains one of the seven urban counties plus a mixture of rural and frontier counties.

Population Estimate July 2010 for 2010
Source: Census Bureau Internet release April 2011

District	Population Count	%
Idaho	1,559,796	100.0
1	215,212	13.8
2	105,409	6.8
3	252,597	16.2
4	433,182	27.8
5	182,358	11.7
6	169,366	10.9
7	201,672	12.9

/2013/ Population Estimate April 2012 for 2011
Source: Census Bureau Internet release April 2012

District	***Population***	
	Count	***%***
Idaho	***1,584,985***	***100.0***
1	***214,625***	***13.5***
2	***106,217***	***6.7***
3	***256,653***	***16.2***
4	***443,851***	***28.0***
5	***187,012***	***11.8***
6	***170,147***	***10.7***
7	***206,480***	***13.0 //2013//***

Ethnic Groups

The estimated racial groups that comprised Idaho's population in 2009 were: (a) white, 89.1%; (b) black, 0.6%; (c) American Indian/Alaska Native, 1.4%; (d) Asian, 1.2% and (e) Pacific Islander, 0.1%. Hispanics make up 11.2% of the race categories. More than half of Idaho's Hispanic population resides in two health districts, with 32.5% residing in Health District 3 and 20.4% in Health District 5. Native Americans number 21,441with the majority residing on four reservations in Health Districts 1, 2, 3 and 6.

Migrant and seasonal farm workers are a significant part of Idaho's Hispanic population. A migrant farm worker is defined as a person who moves from outside or within the state to perform agricultural labor. A seasonal farm worker is defined as a person who has permanent housing in Idaho and lives and works in Idaho throughout the year. In 2009, the National Center for Farmworker Health, Inc. estimated that over 54,659 migrant and seasonal farm workers and their families resided in Idaho, at least temporarily. The majority of Idaho's Hispanic individuals live in southern Idaho along the agricultural Snake River Plain.

Economic Information

As a comparison to the nation as a whole, family median incomes in Idaho are below the national average, ranking 42nd out of 51. The average median income in Idaho (2009) was $44,644. The number of families living in poverty statewide average is 14.5% (placing Idaho 14th out of 51), and children under 18 living in poverty was 19.6% (18th out of 51). Idaho's unemployment rate in March of 2010 was 9.4%, nearly triple the 2004 rate of 3.2%.

Educational Information

Between 2005 and 2009 the percentage of Idahoans over the age of 24 who had graduated high school was 87.7%, compared to the national average of 84.6%. During the same time period, of Idahoans over the age of 24, 23.7% hold a bachelor's degree or higher, compared to a national average of 27.5%. New statistics from the 2010 census are still being compiled, and should be available in future reporting years.

Health Delivery System in Idaho

As a frontier state, Idaho is subject to a host of challenges not found in more highly populated, more urbanized states. Idaho's geography, to a large extent, dictates our population dispersal and our lifestyle. High mountain ranges and vast deserts separate the population into seven distinct population centers surrounded by smaller communities. Radiating out from these centers are numerous isolated rural and frontier communities, farms and ranches. Providing access to health care for this widely dispersed population is an issue of extreme importance for program implementation, planning health care systems and infrastructure. Serving distinct populations such as migrant/seasonal farm workers, children with special healthcare needs, and pregnant

women and children can be problematic. Balancing the needs of these populations with the viability of providing services within their home communities requires a committed effort. Additionally, Idaho's residents and leadership tend to emphasize the importance of local control over matters affecting livelihood, health, education and welfare. The conservative nature and philosophy of Idahoans is manifested in offering programs and services through local control rather than a more centralized approach. This philosophy is also evident in political terms and has impacted state government both fiscally and programmatically, having important implications for all of Idaho's health care programs.

Health services in Idaho are delivered through both private and public sectors. The health delivery system is comprised of the following elements:

A. The Idaho Department of Health and Welfare, Division of Public Health, assures the provision of public health services through contracts, by formulating policies, by providing technical assistance, laboratory support, vaccines and logistical support for the delivery of programs and services, epidemiological assistance, disease surveillance, and implementation of health promotion activities. Additionally, the Division licenses all ambulances and certifies all emergency medical services personnel in the state. It also provides vital records and manages efforts to provide access to health care in rural areas. Public health preparedness activities for the state are also coordinated through the Division of Health.

MCH-funded clinics for PKU and other metabolic conditions are provided at the three major population centers around the state, several times per year. MCH-funded genetics clinics are offered in Boise every month. For both of these specialty clinics, Idaho uses MCH funds to bring in specialist physicians from Portland, Oregon since these specialties do not yet exist in Idaho.

B. Seven (7) autonomous district health departments provide a variety of services including, but not limited to: immunizations, family planning, WIC, STD clinics, and clinics for children with special health problems. The Children's Special Health Program (Idaho's CSHCN program) provides partial funding for specialty clinics in northern and eastern Idaho where specialty physicians are also brought in from neighboring states (Washington and Utah) to provide services not otherwise available in those areas.

C. In 2009, there were 48 licensed hospitals in the state with a total licensed bed capacity of 3,883.

D. Idaho has 12 Community Health Centers and one Federally Qualified Health Center "Look-Alike" that provide high quality health care to about 130,000 people each year. They are located in 37 communities throughout the state and in three communities across the border in eastern Oregon. Dental, mental health and behavioral services are also offered at many of these locations. Annually, Idaho's Community Health Centers serve just over 100,000 patients.

/2013/ In May 2012 Idaho community health centers were awarded $9.64 million from HRSA for construction and improvements. Long-term capital project awards to expand facilities, improve existing services and serve more patients went to Terry Reilly in Nampa, Family Health Services in Twin Falls, and Glenns Ferry Health Center. Awards for needed facility and equipment improvement went to Terry Reilly and Upper Valley Community Health Services in Saint Anthony. //2013//

E. As of the end of 2008, there were 3,063 licensed and practicing physicians within the state. The physician to patient ratio of care in Idaho was 201 physicians providing patient care per 100,000 population, as compared to the national average of 309. There were 1,020 primary care practitioners licensed and practicing in Idaho. There were a total of 511 physician assistants in Idaho. There were 1,480 pharmacists, 840 physical therapists, 80 psychiatrists and 863 general dentists licensed in Idahoans. These numbers represent whole counts made available through State Licensure Boards and do not reflect the actual time (or fractions of time) that these

practitioners avail themselves in health care services.
As of January 15, 2010 16.7% of Idahoans lacked access to primary care, as compared to the national average of 11.5%.

F. There are five Indian/Tribal Health Service Clinics operating in Idaho. These clinics provide a wide variety of preventive health services to Native Americans. There is a clinic serving each of the federally recognized tribes in Idaho -- Kootenai, Coeur d'Alene, Nez Perce, Shoshone Bannock and NW Shoshone. Each of these tribes is also a delegate to the Northwest Portland Area Indian Health Board.

Access to Health Care Needs of the Population in General

As previously indicated, the lack of health insurance is a significant barrier to health care in Idaho. In 2009 an estimated 19.1% of the state's population, over 295,000 individuals, had no health insurance. Of Idaho's Hispanic population, 34.9% reported having no insurance and 54% of Native Americans were uninsured. In 2008, there were approximately 440,023 children under the age of 18 living in Idaho. Of these, approximately 200,112 reside in households earning incomes at or below 200% of the federally designated poverty level. Approximately 12.4% (24,901), of children living in families with incomes at 200% of the poverty level or less did not have health insurance. For all income levels, there were an estimated 41,060 children under 18 who did not have health insurance in 2009. According to FY 2007 BRFSS survey data, 10.2% of Idaho households contained uninsured children.

Utilization of Medicaid in Idaho is average compared to the rest of the nation. In 2009 35% (147,049) of Idaho's children were Medicaid recipients, which is comparable to the average off the U.S. population enrolled in Medicaid. Additionally, in 2005 the AAP estimated that about 53% of children eligible for Medicaid in Idaho are actually enrolled in the program, which is on par with national averages.

According to the CQ Press, Health Care State Rankings 2010, Idaho ranked 49th for "rate of physicians in 2008" with 201 per 100,000 population. Idaho ranked 49th for "rate of physicians in primary care in 2008" with 67 per 100,000 population. Currently, 96.7% of the state's area has a federal designation as a Health Professional Shortage Area in the category of Primary Care, 93.9% in Dental Health, and 100% in Mental Health. The isolation of many Idaho communities makes it very difficult and expensive to provide health services, especially to low income individuals. The counties hardest to serve are the most isolated and those with the lowest populations such as Camas county, population 1,126, and Clark county, population 910. Providing services to frontier counties that do not have clinic sites is challenging.

According to the 2009 Idaho Kids Count Book, 13 percent of Idaho children under age 18 are without health insurance coverage, up from 11.4 percent in 2006. SCHIP enrollment for Idaho's children has an average annual growth rate of 24.5% (33,060 enrolled in 2007 and 19,054 in 2004), which is over 4 times the national growth rate of 5.69%.

/2013/ Between 2000 and 2009 the percent of children in Idaho without health insurance decreased from 16% to 9%. During this period, children receiving health insurance through a parent's employer decreased from 54% to 46%. Children with private insurance not associated with an employer increased from 7% to 12%. Children with public insurance increased from 15% to 24%. This trend has resulted in a decline of uninsured Idaho children from 16% in 2000 to 9% in 2009. During this same time period the combined enrollment of children in CHIP and Medicaid increased from 74,040 in 2000 to 164,999 in 2009, a increase of 122%.

In 2009, 96.6% of mothers had access to health insurance (Medicaid or other) during pregnancy. This is up slightly from 95% in 2007. In 2009, as in 2007, approximately two-out-of-five (38.6%) who gave birth in Idaho reported Medicaid as a payment source for prenatal care and/or delivery. //2013//

Oral Health

In 2002 only 10% of Medicaid-enrolled received any form of dental treatment and only 6% received any preventive dental services. The 2001 Idaho Smile Survey results determined 64% of Idaho 2nd grade children had experienced dental caries and 28% had untreated dental caries. In Idaho there is a large disparity between Hispanic and Non-Hispanic individuals and also between lower and upper levels of income. Among Hispanic 2nd grade students, 79% had dental caries; and of those children 52% had unmet dental needs. Among students participating in the Free and Reduced Lunch Program, 66% had dental caries and 32% had unmet dental needs. Approximately 65% of the adults 18 and older in Idaho visited a dentist in 2006.

A 2006 Idaho Oral Health Needs Assessment identified the following oral health facts about the state. 67% of the population visited the dentist or dental clinic within the past year. 65% of the population had their teeth cleaned by a dentist or dental hygienist within the past year. 23% of the population age 65+ have lost all of their teeth. 44% of the population age 65+ have lost 6 or more teeth. 48% of the population on public water systems is receiving fluoridated water. 52% of 3rd grade students have one or more sealants on their permanent first molar teeth. 65% of 3rd grade students had caries experience (treated or untreated tooth decay). 26% of 3rd grade students had untreated tooth decay.

The Idaho Oral Health Needs Assessment also identified the following barriers to oral heath. The cost of dental treatment and services is one of the most common barriers. It does not matter if the patients are insured; it is still a major factor for not getting dental care. There are many rural areas in Idaho and dental patients often have a difficult time traveling to a dental care provider. If a patient is in need of specialty care they often have to travel to the more metropolitan areas, adding costs to patients' treatment. Patients need to be educated about the importance of oral health in relationship to overall health. They also need to be educated about the new advancements in dentistry to help reduce their dental fear. There is a growing Hispanic population in Idaho and the language barrier continues to grow.

The Idaho Medicaid Program has not been able to fill the gap in providing dental care to low-income children. The Surgeon General's Report on Oral Health (2000) in America shows that for each child without medical insurance, there are at least 2.6 children without dental insurance. With Medicaid reform and an emphasis on preventive health, Medicaid recipients now receive preventive dental visits through the Idaho Smiles dental plan.

The Oral Health Program continues to fund the statewide School Fluoride Mouthrinse Program, serving 35,700 children grades 1-6 in 2009. The MCH Oral Health Program continues to fund early childhood caries (ECC) prevention and fluoride varnish projects for WIC clients, Head Start children, and children who are Medicaid/CHIP eligible. During 2009, 41,206 children received preventive dental services, including 3,999 who received fluoride varnish applications, and 10,230 parents, teachers, dental and medical health professionals served through education and community outreach efforts.

Idaho does not have enough dentists accepting Medicaid/CHIP patients to meet the demand from this population, much less the low-income, uninsured population. Thirty-nine of Idaho's 44 counties are either a geographic or population group Dental Health Professional Shortage Area. As of December 2009, there were 863 active licensed dentists statewide. During state fiscal year 2009, the toll-free Idaho CareLine averaged 175 calls per month from persons seeking a Medicaid dentist. From July 2008 through June 2009, the CareLine received 2,094 calls for a Medicaid dentist.

/2013/ In 2008, 49.6% of Idaho mothers did not go to a dentist during pregnancy for routine care. This is a significant drop from 2001 when 62.5% reported not receiving dental care during pregnancy. The most commonly cited reason for this was lack of money or insurance (50.9%). //2013//

Impact on Health Outcomes

Although our linking of these factors to health outcomes may not be empirical, a number of them as described above including: the state's rural nature, long travel distances, shortage of health care providers, economics, and conservative philosophy, may contribute to health care outcomes characterized by a low percentage of immunization in the two year old population, low prenatal care utilization, a high percentage of uninsured children, and a low accessibility to pediatric specialists. Moreover, the conservative outlook has kept government involvement to a minimum. This limits the impact that government driven programs can have on many health outcomes. An example is the limitation on covered conditions in the Children's Special Health Program. Additionally, the rural and agricultural nature of the state has a strong association with high death rates due to motor vehicle accidents as well as other injuries and may also contribute to the high suicide rate, which is also seen in other western states.

Current MCH Initiatives

In Idaho, Title V programs exist within the broad continuum of health care delivery systems. The programs have responded to change based upon their relevance to the priority health concerns identified by the needs assessment process. In turn, programs have attempted to implement strategies and activities based upon their effectiveness in impacting outcomes as well as their acceptability within the targeted populations.

The Bureau of Clinical and Preventive Services, as the Title V agency, continues to play a major role in assuring the quality of and access to essential maternal and child health services in Idaho. We have worked to ensure that the expansion of Medicaid managed care enables women, infants and children to receive high-quality, comprehensive services.

In 2009, staff from Idaho's CSHCN program developed materials for a new Transition-to-Adulthood curriculum for distribution to Idaho's children with special healthcare needs. ***/2013/ The transition curriculum is available in a kit as well as online, and is available in both English and Spanish. As of January 2012, approximately 3,000 Transition-to-Adulthood kits had been distributed to families of CSHCN. //2013//*** In addition to the materials, CSHP staff travel to relevant meetings and conferences around the state presenting the information in workgroup and breakout sessions, as well as staffing a booth where materials are distributed.

Staff from the Newborn Blood-spot Screening program continue to work with existing and new Idaho birthing centers to improve compliance with the newborn screening methodologies. With this continued support, Idaho continues to enjoy high compliance rates and low unsatisfactory specimen numbers.

As of May 2010, the Idaho State immunization registry, IRIS, has 1,001 active facilities which include VFC providers, private providers, health departments, schools, daycares and out-of-state clinics. 726,758 patients have enrolled in the system, with a total of 6,812,573 vaccinations delivered to them. Of those patients, 413,899 are under 18 years of age. Historically the IRIS system has been opt-in and about 94% of families chose to opt their children in at birth. During the 2010 legislative session, the Idaho Legislature approved new Administrative Rules that makes the IRIS system opt-out instead of opt-in, which should increase participation in the registry. IRIS providers can enter vaccination information through hand data entry, electronic data importing or send records to the Idaho Immunization Program for data entry. Routine

monitoring of the data quality in the IRIS system is a high priority and the since 2008 the Idaho Immunization Program has performed regular data quality assessments of vaccination data.

/2013/ As of May 2012, the Idaho State immunization registry, IRIS, has ¬¬approximately 2,100 facilities which include Vaccine for Children (VFC) providers, private providers, health departments, schools, daycares and out-of-state clinics. The majority of these are child care providers of which 325 were actively using IRIS in May of 2012. Providers are primarily becoming active users as they receive their inspections and realize the value of the system to their child care business. 991,350 patients have enrolled in the system, with a total of 10.2224.454 vaccinations delivered to them. Of those patients, 724,053 have received two or more immunizations. Several factors contributed to this increase including the change from an opt-in to an opt-out system, a strengthening of the laws governing immunizations required for school, increased capabilities for child care providers and the fact that Vital Records' birth records are exported into IRIS on a weekly basis. Additionally, IRIS moved to a new more agile and user friendly information system. The new information system was deployed on March 1, 2012, and was based on the Wisconsin Immunization Registry (the WIR System). The WIR System is currently deployed in nearly 20 states, and in Idaho it has been very well received by end users. //2013//

The Department of Health and Welfare 2007-2011 Strategic Plan is comprised of three goals: 1) Improve the health status of Idahoans; 2) Increase the safety and self-sufficiency of individuals and families; and 3) Enhance the delivery of health and human services. A separate, but integrated Department Customer Service Plan was put forth in October 2007. The customer service standards -- the 4 c's -- are caring, competence, communication, and convenience. ***/2013/ An up-dated plan is not available at this time. //2013//***

Last, though certainly not least, MCH staff are monitoring the impacts and opportunities arising from the national healthcare reform legislation, as we expect this new law to have sweeping effects on the MCH population and programs in Idaho.

Current MCH Priorities

A 5-year Needs Assessment was conducted during 2009 and 2010, with significant public input, to establish Idaho's MCH priorities for the coming five-year period. The survey garnered 189 completed responses within the following self-identified groups:
* Individual (parent, guardian, self) - 36.4%
* Representative of a government agency -- 34.5%
* Representative of a non-profit group -- 14.3%
* Representative of a for-profit company -- 2.3%
* Other -- 12.4%

The intent of the survey was to establish the MCH state priorities for the next five years, and the results of the survey were ranked by the various demographic groups (full rankings attached). The rankings that were selected to set the priorities for the next five years are the "All Idaho" rankings, and not those of the subset of the respondents. Below is a list of the seven Idaho state priorities for the next five years, arranged by target group.

Pregnant Women and Infants
* Reduce premature births and low birth weight
* Reduce the incidence of teen pregnancy
* Increase percent of women incorporating preconception planning and prenatal health practices

Children and Adolescents
* Improve immunization rates

* Decrease the prevalence of childhood overweight and obesity
* Reduce intentional injuries in children and youth

Children with Special Healthcare Needs
* Improve access to medical specialists for CSHCNs

An attachment is included in this section. IIIA - Overview

B. Agency Capacity

The State Title V agency in Idaho remains within the Division of Public Health of the Idaho Department of Health and Welfare. Administrative oversight of the Maternal and Child Health Services Block Grant is vested with the Bureau of Clinical and Preventive Services (BOCAPS). The BOCAPS is responsible for the MCH Block Grant (Title V), family planning (Title X), STD/AIDS (including prevention and Ryan White CARE Act, Title II), WIC, programs for children with special health care needs (CSHCN), the newborn metabolic screening program, genetics and metabolic clinics, and Women's Health Check (WHC), Idaho's breast and cervical cancer screening program. The chief of BOCAPS provides additional fiscal support and/or program consultation for injury prevention including poison control, oral health, adolescent pregnancy prevention education grant, perinatal data analysis (Pregnancy Risk Assessment and Tracking System - PRATS), and toll-free hotline activities. Organizational charts for the Idaho Department of Health and Welfare, Division of Public Health, Bureau of Clinical and Preventive Services, Bureau of Community and Environmental Health, Bureau of Health Policy and Vital Statistics and Division of Family and Community Services are attached in the TVIS system.

/2011/ The Home Visiting Program funded through the Patient Protection and Affordable Care Act was placed within BOCAPS under the Children's Special Health Program. //2011//

/2011/ During state fiscal year 2011, the Women's Health Check program received $150,000 in Millennium funding from the state legislature to provide diagnostic services for breast and cervical cancer to young women aged 18 through 29. This is an age group for whom there are very few resources in Idaho. This funding will not be available in state fiscal year 2012. As of June 10, 2011 this program had enrolled 107 young women for symptoms/tests suspicious for cancer. Of these, 16 have received breast cancer work-ups, and 91 have received cervical cancer work-ups. Of these, 35 have been diagnosed with cancer or dysplasia and referred to Breast / Cervical Cancer (BCC) Medicaid for treatment of pre-cervical cancer. Thirty-four of these were cervical related and one was for breast cancer.//2011//

/2013/ During state fiscal year 2012 WHC did not receive any Millenium funds. However during the 2012 legislative session, the MilleniumCommittee granted $250,000 in Millennium funds to the program for use during state fiscal year 2013. Unlike the previous award, these funds are not targeted at a younger population, but rather are to provide clinical services to women in the programs defined population of women 40 to 60 years of age. This funding is critical as Idaho continues to rank 50th for mammography screening //2013//

The Idaho Department of Health and Welfare was formed in 1974 pursuant to Idaho Code 39-101 to "promote and protect the life, health, mental health, and environment of the people of the state." The Director is appointed by the Governor and serves "at will." S/he serves as Secretary to the state's Health and Welfare Board with seven other appointed representatives from each region of the state. The Board is charged with formulating the overall rules and regulations for the Department and "to advise its directors." Programmatic goals and objectives are developed to meet the specific health needs of the residents of Idaho and to achieve the Healthy People 2020 (HP) objectives for the nation.

Bureau of Clinical and Preventive Services (BOCAPS)

As a derivative agency of the Department of Health and Welfare, BOCAPS functions under the statutory authority described above. The Bureau is within the Division of Public Health. That portion of the Bureau's mission, related to maternal and child health, fulfills the responsibility of Code 39-101. There is no specific state statutory authority to provide guidance or limit the Bureau's capacity to fulfill the purposes of Title V.

Newborn Screening Program

In 1965, state legislation (Idaho Code Sections 39-909, 39-910, 39-911, and 39-912) was passed mandating testing for "phenylketonuria and preventable diseases in newborn infants." The current newborn test battery includes screening for all 29 conditions recommended by the March of Dimes, and several other conditions for a total of 45 conditions.

Children's Special Health Program (CSHP)
/2013/ Renamed Maternal and Child Health Program (MCHP) //2013//

The Children's Special Health Program (CSHP) is administratively located in BOCAPS. CSHP is governed by IDAPA 16, Title 02, Chapter 26 "Rules Governing the Idaho Children's Special Health Program." The Program is statutorily limited to serving individuals in eight major diagnostic categories: Cardiac, Cleft Lip and Palate, Craniofacial, Cystic Fibrosis, Neurological, Orthopedic, Phenylketonuria (PKU), and Plastic/Burn. Services are limited to children under 18 years of age, and -- except for PKU and cystic fibrosis -- to children without creditable health insurance using the SCHIP definition of "creditable."
/2011/ During the 2010 legislative session, the state appropriation to serve adults with cystic fibrosis was not made. The Children's Special Health Program continues to serve children under the age of 18 with cystic fibrosis. //2011//

/2013/ The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program is managed under the MCHP. //2013//

The individuals providing program management and their qualifications are listed as follows:

Bureau of Clinical and Preventive Services Personnel

Dieuwke A. Dizney-Spencer, RN, MHS, is Idaho's MCH Director. Ms. Dizney-Spencer joined the MCH program in December of 2005 and holds the title of Chief of the Bureau of Clinical and Preventive Services.

Kathy Cohen, RD, MS, has been the Manager of the Family Planning STD and HIV Programs since December 2006, and has many years of experience with the Division of Public Health as manager of the WIC program, and in the Epidemiology program. Ms. Cohen manages the Title X family planning grant, the STD program, the HIV/AIDS care program and the HIV prevention program.

Mitchell Scoggins, MPH, has been the director of Idaho's CSHCN program since May 2007. Mr. Scoggins comes to Idaho with several years of experience implementing public health and other programs in developing countries. Some of these projects have included; family planning, child survival, micro-enterprise, HIV/AIDS prevention, food security, agricultural development, and disaster relief.
/2011/ Mitch Scoggins resigned in December of 2010 to assume the position of Immunization Program Manager for the state of Idaho. //2011//

/2011/ Jacquie Daniel was hired as the manager of the Children's Special Health Program on March 7, 2011. Ms. Daniel has been with the Department for approximately 6 years. She was first hired as an analyst in Vital Records and Health Statistics and spent the past 4 years as the

Principal Analyst for Idaho's Pregnancy Risk Assessment Tracking Survey. //2011//

Carol Christiansen, BSN, RN, joined CSHP on the 21st of April 2008, in the role of Nurse, Registered Senior. Ms. Christiansen coordinates the newborn screening activities and provides care coordination for CSHP's clients. Ms. Christiansen comes to Idaho with 14 years of experience in Florida's Children's Medical Services program, and is well qualified to bring clinical and programmatic expertise to CSHP.

/2011/ Laura DeBoer, MPH joined the CSHP staff in October of 2010 as manager of the home visiting program. Laura came to the program with experience in Early Childhood Comprehensive Systems in Iowa, Rhode Island and Louisiana. //2011//

/2013/ Lachelle Smith, a VISTA Volunteer, has been hired to assist with the development and implementation of the home visiting program. //2013//

Kris Spain M.S., R.D., L.D., is the manager of the WIC program having accepted the position in March of 2010. Prior to accepting the manager position, Ms. Spain served with the Idaho state WIC office for 6 years, and 3 years in a local WIC clinic.

Emily Geary, M.S., R.D., L.D., has worked as the Nutrition Education Coordinator for the Idaho WIC Program since 1998.

/2013/ Emily Geary resigned in March 2012. The position was reclassified to a Program Systems Specialist-Automated. BJ Bjork was hired in May 2012 to fill this position. The change was made due to the development and implementation of a web-based WIC information system. Training needs for staff in the field have evolved to where they require more technical emphasis. Ms. Bjork will work closely with WIC nutritionists on technical and training needs. //2013//

Marie Collier R.D., L.D., provides assistance to the MCH block grant regarding promoting reducing the percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index at or above the 85th percentile.

Cristi Litzsinger R.D., L.D. I.B.C.L.C., has served as the State Breastfeeding Promotion and Outreach Coordinator for the Idaho WIC Program since 2004. Cristi Litzsinger is an International Board Certified Lactation Consultant and Registered/Licensed Dietitian. She provides technical assistance to the MCH block grant regarding breastfeeding promotion and support systems in Idaho. Prior to joining the Idaho program Ms. Litzsinger worked with WIC in Alaska.

/2013/ In April of 2011 Cristi Litzsinger was promoted to the WIC Vendor Manager position. In July of 2011, MarLee Harris, R.D., L.D. was hired as the Breastfeeding Promotion and Outreach Coordinator for the Idaho WIC Program. In this capacity, she also manages the WIC Peer Counseling Program. //2013//

Office of Epidemiology, Food Protection and Immunization

Christine Hahn, M.D., has been the State Epidemiologist since February 1997. Dr. Hahn provides epidemiological support and consultation to all Title V programs.

Leslie Tengelsen, Ph.D., D.V.M., has been the Deputy State Epidemiologist since 1998. Dr. Tengelsen, in her role as deputy state epidemiologist and designated state public health veterinarian, provides epidemiologic support and consultation on public health aspects of zoonotic, vectorborne, and foodborne diseases.

/2011/ Mitchell Scoggins, MPH, assumed the position of Immunization Program Manager in December 2010. Prior to that time Mr. Scoggins had been the director of Idaho's CSHCN

program since May 2007. Mr. Scoggins came to Idaho with several years of experience implementing public health and other programs in developing countries. Some of these projects have included; family planning, child survival, micro-enterprise, HIV/AIDS prevention, food security, agricultural development, and disaster relief. //2011//

Bureau of Community and Environmental Health

Elke Shaw-Tulloch, MHS, has been Chief of the Bureau of Community and Environmental Health since 2002..

Steve Manning is the Manager of the Injury Prevention and Surveillance Program located within the Bureau of Community and Environmental Health.

Mimi Hartman-Cunningham, M.A., RD, C.D.E., has managed the Diabetes Program since 1997 and the Oral Health Program since 2008. Both of these programs are located in the Bureau of Community and Environmental Health.

Mercedes Munoz, M.P.A., supervises the Adolescent Pregnancy Prevention program, and Sexual Violence Prevention program, since 2008.

Jamie Harding M.H.S., A.T.C., C.H.E.S., manages the Idaho Physical Activity and Nutrition Program. Ms. Harding has managed this program since 2008. ***/2013/ Jamie Harding resigned in March 2012. The position is vacant as of May 2012. //2013//***

/2011/ Rebecca Lemmons, MHS, manages the Coordinated School Health Grant in partnership with Pat Stewart at the State Department of Education. //2011// ***/2013/ Rebecca Lemmons resigned in May of 2012. The position is vacant as of June 2012. //2013//***

/2011/ Jack Miller, MHE has managed the Tobacco Prevention and Control Program since 2004. //2011//

/2011/ Ivie Smart, MHE has been the health education specialist with the Tobacco Prevention and Control Program since 2005. //2011//

Bureau of Health Planning and Resource Development

Angela Wickham, M.P.A., an employee of the Department of Health and Welfare since 2001, is the Chief of the Bureau of Health Planning and Resource Development.

Mary Sheridan, RN, MBA, is the Manager of the Rural Health and Primary Care program. As the manager, she coordinates state programs to improve health care delivery systems for rural areas of the state. Ms. Sheridan has held this position since 2003.

Laura Rowen, MPH, manages the Primary Care program. Her role is to assess the state for areas of medical under service, barriers in access to health care, and identification of health disparities.

Bureau of Vital Records and Health Statistics

James Aydelotte has been the Chief of the Bureau of Vital Records and Health Statistics since February 2007. Mr. Aydelotte has been with the Bureau since 2000.

Jacqueline Daniel has been a Principal Research Analyst since August of 2005. She is responsible for computing and analyzing health statistics regarding prenatal care, maternal risk factors, and birth outcomes. She manages the yearly Pregnancy Risk Assessment Tracking System (PRATS). Ms. Daniel is the current SSDI Program Manager for Idaho and serves on the Advisory Board for the Idaho Perinatal Project.

/2011/ Ms. Daniel resigned in February 2010 to accept the Children's Special Health Program Manager position in the Bureau of Clinical and Preventive Services. This position had not yet been filled at the time of submission of the Block Grant. //2011//

Edward (Ward) Ballard, Principal Research Analyst, has served as the dedicated analyst for MCH since 2007. He spent the two years prior to that as a BRFSS analyst. Prior to joining the Department, Mr. Ballard had experience with health survey data collection and reporting as a contractor.

/2013/ Aimee Shipman was hired as the new PRATS Project Director/Perinatal Assessment Analyst by the Bureau of Vital Records and Health Statistics on September 6, 2011. Dr. Shipman received her Ph.D. in geography from the University of Idaho in 2008 where she engaged in epidemiological research on the socioeconomic determinants of HIV prevalence in southern Africa. Dr. Shipman has a masters degree in Public Administration from the University of Washington and has experience in budget, program planning and policy analysis with federal agencies. Prior to assuming her position with the Idaho Department of Health and Welfare, Dr. Shipman was employed as a land use planner for Latah County, Idaho where she analyzed the environmental, socioeconomic, transportation, and health related impacts of land use proposals. //2013//

Division of Family and Community Services

Alberto Gonzalez is the 2-1-1 Idaho Care-Line supervisor for our toll-free referral service.

/2011/ Courtney Keith has replaced Alberto Gonzalez as the supervisor for the 2-1-1 Care-line //2011//

/2013/ Gretchan Heller has replaced Courtney Keith as the supervisor for the 2-1-1 CareLine. //2013//

/2011/ Larraine Clayton, M.Ed., manages Idaho's Early Childhood Comprehensive Systems (ECCS) Grant and staffs the Early Childhood Coordinating Council (EC3). The Title V, MCH Director is a required member of this Council. //2011//

/2011/ Cynthia Carlin manages the newborn hearing screening program. //2011//

Public Health Districts

District health departments, who carry out implementation of many state strategies through contracts, are staffed by public health professionals from nursing, medicine, nutrition, dental hygiene, health education, public administration, computer systems, environmental health, accounting, epidemiology, office management, and clerical support services. A number of key staff have public health training at the master's level. MCH needs are addressed at the seven districts through activities of personnel in 44 county offices. Title V resources support these efforts through technical assistance, training, and selected materials/supplies. The main funding streams that complement Title V are county funds, fees, the State General Fund, Title X, Preventive Health and Health Services Block Grant, CDC's Immunization grant, HIV/AIDS Programs and the WIC Program.

C. Organizational Structure

Much of the statewide service delivery for MCH is carried out by the public health districts and other non-profit and community based organizations through written contracts. The contracts are written with time-framed and measurable objectives, and are monitored with required progress reports. Site visits are made to programs as part of monitoring both performance and adherence

to standards. A description of the MCH programs and their capacity to provide services for each population group follows.

Pregnant Women, Mothers and Infants

The Family Planning, STD and HIV Programs, provide reproductive health exams, counseling and preventive health education to women of childbearing age. Clinical services and community education are also targeted for adolescents. The WIC Program provides pregnant and postpartum women and infants and children through age four with supplemental foods, nutrition counseling and education.

The Immunization Program purchases and distributes vaccines to public and private health care providers in Idaho with the bulk being used to immunize the 0-2 year old population. Additionally, the program maintains a surveillance effort to record childhood immunization levels among two-year old and school age children. They also assist in the investigation of outbreaks of vaccine-preventable diseases and the promotion of immunizations through statewide media campaigns. The Immunization Program fills a key role in promoting and implementing a statewide immunization registry called IRIS, the Idaho Immunization Reminder Information System. During the 2010 legislative session, the Idaho legislature created the Immunizations Advisory Committee to advise and set policy for immunizations in Idaho.

The Newborn Screening program provides newborn metabolic screening through a contract with the Oregon Public Health Laboratory. As of July 2007, the Idaho NBS program screens for all 29 conditions recommended by the March of Dimes, and for several others. Medical information relative to conditions screened for is provided through contractors at the Oregon Health and Science University to Idaho physicians and other health care professionals involved with the follow-up of abnormal newborn screens.
/2011/ Current screening in Idaho can detect more than 40 serious conditions. //2011//

Idaho's Genetics and Metabolic Services Program provides clinical services through contracts with St. Luke's Children's Hospital in Boise and through outlying health districts, for genetic evaluation, diagnostic testing and counseling services for infants, children, and adolescents. Due to increased demand, MCH-funded genetic clinical service days have been increased by 50% in the last two years. As a result of the MCH program's funding a genetic specialist to provide services in Boise, St. Luke's hospital has contracted additional services from the geneticist, resulting in improved genetic services infrastructure in Idaho.

/2013/ Idaho's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides evidence-based home visiting services to pregnant women, children, and their families through contracts with various community-based organizations and public health districts in at-risk communities. The MIECHV program was new to Idaho as of July 2010 and has been in the planning and implementation stages since that time. As identified by a needs assessment, Idaho's at-risk communities are Kootenai and Shoshone counties in North Idaho and Twin Falls and Jerome counties in South Central Idaho. These communities are being treated as two, two-county contiguous service areas. The MIECHV program identified 3 evidence-based home visiting models to meet the needs of Idaho's at-risk communities: Parents as Teachers, Early Head Start-Home Based, and Nurse-Family Partnership. Contracts to provide these services were executed with organizations in early 2012, and service delivery is expected to begin following a contractor readiness assessment in June 2012. Of highlight, the Idaho MIECHV Program established a contract with the north Idaho public health district to implement Nurse-Family Partnership through an innovative cross-state collaboration with Spokane Regional Health District--the first cross-state home visiting collaboration in the country. //2013//

Children

The Bureau of Community and Environmental Health (BCEH) administers the Title V programs of Oral Health, Adolescent Pregnancy Prevention, and Injury Prevention. The other programs include several preventive health education programs such as diabetes, and tobacco use prevention. This bureau provides consultation to assist local district health departments, industries, schools, hospitals and nonprofit organizations in providing preventive health education.

The Oral Health Program contracts with the district health departments to perform surveys of oral health status, as well as to conduct the school fluoride mouth rinse program, preventive dental health education, early childhood caries prevention fluoride varnish projects, and school sealant projects.

The Injury Prevention Program manages and coordinates Department contract with Rocky Mountain Poison and Drug Center, and coordinates activities associated with National Poison Prevention Week. The program also provides community-based prevention education for child safety seat, seatbelt and bicycle safety programs through the work of unintentional injury prevention coalitions.

Children with Special Health Care Needs.

The Children's Special Health Program (CSHP) provides and promotes direct health care services in the form of family centered, community-based, coordinated care for un-insured children with special health care needs, including phenylketonuria (PKU) and nutrition services for high-risk children and social, dental, and medical services for a number of diagnostic eligibility categories including, neurologic, cleft lip/palate, cardiac, orthopedic, burn/plastic, craniofacial and cystic fibrosis.

CSHP is administered from the central office of the Department of Health and Welfare, where a senior RN does care coordination and prior-authorization for services. A 1.0 FTE Program Manager, a 1.0 FTE Senior Registered Nurse, a 1.0 FTE Medical Claims Examiner, and 1.0 FTE Administrative Assistant staff the CSHP program. In addition, services for children with special healthcare needs not covered by other insurance are coordinated through CSHP (Note: Even insured children with PKU and cystic fibrosis are covered). A registered and licensed dietitian provides technical support through a contract with CSHP to assure PKU and special nutritional needs are met. An additional out-of-state RD/LD is employed by CSHP to improve the metabolic-dietitian capacity of Idaho's RDs. A metabolic and a genetic physician are also employed part-time by CSHP to provide services in Idaho. The two physicians live and work in Portland, but travel to Idaho periodically to provide services not otherwise available in this state.

/2013/ CSHP underwent a name change at the beginning of 2012 and is now known as the Maternal and Child Health (MCH) Program. Although the program itself has not changed, the new name better reflects the activities conducted and services offered by the program including Newborn Screening and Genetics, Children's Special Health, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), as well as special projects like the Text4Baby initiative and Transition-to-Adulthood materials. //2013//

All MCH Populations

The Office of Epidemiology, Food Protection and Immunization provides health status surveillance and guidance for infectious and chronic disease activities and disease cluster investigation directed to all segments of the maternal and child health population. This office is also responsible for the implantation of Idaho's immunization activities.

The Family Planning, STD and HIV Program provides HIV prevention education activities as well as counseling and testing. It also distributes HIV/AIDS therapeutic drugs to eligible clients. This program also manages the Title X Family Planning Grant.

The toll-free telephone referral service, Idaho CareLine, provides information and referral service on a variety of MCH, CSHCNs, Infant Toddler, and Medicaid issues to callers, thus serving all segments of the MCH population. The Idaho CareLine has been expanded to play the central role of the clearinghouse on services available for young children in Idaho and is under the administration of the Division of Family and Community Services.

The Bureau of Health Policy and Vital Statistics administers programs that provide for a statewide system of vital records and health statistics. The bureau employs a Perinatal Data Analyst who is currently reviewing a variety of perinatal health status indicators and conducts the annual Pregnancy Risk Assessment Tracking System survey (PRATS) of women who have recently delivered. Additionally, the bureau conducts population-based surveys, i.e., the BRFSS.

The Bureau of Health Planning and Resource Development manages activities focused on improving services in rural and underserved areas. They work closely with hospitals, federally qualified health centers, emergency medical service providers, local district health departments, associations, universities and other key players in the Idaho health system.

An attachment is included in this section. IIIC - Organizational Structure

D. Other MCH Capacity

All state level MCH funded personnel are located within the Department of Health and Welfare's central office building. Other Division of Public Health programs offering collaboration and support services to Title V staff, such as the Immunization Program, the Bureau of Community and Environmental Health, the Family Planning, STD and HIV Program, the WIC Program, Bureau of Laboratories, the Bureau of Health Planning and Resource Development, and the Bureau of Vital Records and Health Statistics are also housed within this same building. The Division of Medicaid is housed outside the Department's central offices. Genetics and metabolic clinical services, coordinated by the Bureau of Clinical and Preventive Services, are offered at the St. Luke's Children's Hospital in Boise, which is only five blocks away from the Health and Welfare offices. Metabolic clinics are also held in northern and eastern Idaho. Distance does not deter joint collaboration, which occurs via periodic meetings, telephone, electronic mail, a web-enabled database system, and FAX communication.

A program coordinator and a secretary staff the Oral Health Program.

The MCH Systems Coordinator (funded partly through the State Systems Development Initiative and partly MCH block grant), is housed in the Bureau of Health Policy and Vital Statistics.

The toll-free telephone referral line is supported by a Community Services Coordinator and several Public Service Representatives jointly funded through Title V and Part H of the Individuals with Disabilities Education Act (IDEA), Medicaid and other programs using the service.

Most of the programs receiving MCH Block Grant funding are housed with the Bureau of Clinical and Preventive Services, which is designated as the Title V State Agency. These programs include: Children's Special Health, Family Planning, STD and HIV Program, the Newborn Screening Program, WIC, Women's Health Check, and Genetic/Metabolic Services. Within the Bureau of Community and Environmental Health programs receiving MCH Block Grant funds are: Injury Prevention & Environmental health Programs, and Oral Health & Diabetes, and Physical Activity and Nutrition. The Bureau of Vital Records and Health Statistics also receives MCH block grant funding. Finally, within the Division of Family and Community Services the Idaho CareLine receives direct MCH block grant funding.
/2011/ MCH Block Grant funds are no longer supporting a Principal Research Analyst in the Bureau of Vital Records and Health Statistics, though an analyst remains dedicated to MCH programming. //2011//

There are a number of other programs within the Department of Health and Welfare that are tied in varying degrees with the overall operation of MCH activities within Idaho. Several of these receive MCH funds from other sources than the block grant. For instance, the Adolescent Pregnancy Prevention Program within the Bureau of Community and Environmental health receives MCH funds via the Adolescent Pregnancy Prevention Grant. The Bureau of Vital Records and Health Statistics is responsible for the SSDI grant.

There are a number of other programs under the umbrella Department of Health and Welfare that provide data for assessing program progress and also provide services within the MCH pyramid model to various MCH targeted populations. They include within the Bureau of Clinical and Preventive Services: the WIC Program and the Family Planning, STD and HIV Program; within the Bureau of Community and Environmental Health: the Tobacco Prevention and Control program and the Adolescent Pregnancy Prevention programs; within the Bureau of Vital Records and Health Statistics: Health Statistics and Surveillance; and within the Division of Family and Community Services: Idaho Children's Trust Fund, Council on Domestic Violence, Council on Developmental Disabilities, the Early Childhood Coordinating Council, and the Infant Toddler program.

Finally, most of the MCH programs have a strong working relationship with the Division of Medicaid. This agency provides much of the important data used in program assessment including providing data on Medicaid coverage as well as access to care issues. Also, each of the seven District Health Departments has strong ties to many MCH program through a contracting process to provide direct, population-based, enabling, or infrastructure services as defined by that MCH program.

E. State Agency Coordination

The Bureau of Clinical and Preventive Services, the Title V designated agency, collaborates formally and informally with a number of entities within and outside of the Department of Health and Welfare.

A formal agreement exists between the Divisions of Health and Medicaid. This agreement refers to the relationship of the two divisions concerning the Title XIX (Medical Assistance) Program, EPSDT Services for Children, EPSDT Child Welfare Services under Title IV of the Social Security Act, the Title V (Maternal and Child Health Block Grant) Program, the Title X (Family Planning) Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Collaborative efforts with the Division of Medicaid have allowed the Title V agency to provide input regarding Medicaid policy as it impacts the Title V population, specifically focusing the implementation of the Family Opportunity Act -- Buy In, and the CHIPRA grant which is a coordinated effort between Medicaid, the State of Utah, the 2-1-1- Idaho Careline, CSHP and the Immunization program.

A formal agreement between Title V and the Title X Family Planning, STD, and HIV Programs is unnecessary. All aspects of family planning services and clinics are supported through the Bureau of Clinical and Preventive Services.

The Bureau of Clinical and Preventive Services and the Bureau of Community and Environmental Health (BCEH) have a strong collaborative relationship. The BCEH provides health promotion activities for injury prevention, adolescent pregnancy prevention, tobacco use prevention, oral health promotion, diabetes control, arthritis, and rape prevention, comprehensive cancer, physical activity and nutrition, heart disease and stroke, environmental health and indoor air quality . The Bureau of Community and Environmental Health collaborates with the MCH Director to impact

those performance measures dealing with suicide, adolescent pregnancy prevention, protective tooth sealants, the comprehensive cancer control program and the Idaho Physical Activity and Nutrition Program.

The Title V designated agency also fulfills its role, mandated by the OBRA legislation, of informing parents and others of available providers. This is accomplished through the funding of a toll-free telephone referral service designated Idaho 2-1-1 CareLine. This service is administered through the Division of Family and Community Services.

Councils, Coalitions, and Committees (State and Non-State Agencies)

There are many councils, coalitions, etc, which address MCH issues in Idaho. MCH staff formally serve on many of the bodies, and collaborate, as needed, with all of them.

a) The Pediatric Pulmonary Center Advisory Committee at Children's Hospital in Seattle provides advice concerning funding issues, program planning and data.
b) The MCH Director serves on the Early Childhood Coordinating Council (supported by the State Early Childhood Comprehensive Systems (SECCS grant.)
c) The Idaho Perinatal Project.
d) Emergency Medical Services for Children Taskforce
e) Perinatal Substance Abuse Prevention Project, funded by the Division of Family and Community Services, Bureau of Substance Abuse, this project is to develop statewide guidance for health care and other human service providers in identifying substance use among potentially pregnant women with the intent of intervening early for the prevention of substance affected newborns.
f) Disability Determinations Services (DDS) addresses the needs of children with special needs and their families.
g) Idaho's Rural Health Program (RHP), established to create a focal point for health care issues that affect the state's rural communities.
h) Idaho Sound Beginnings - the state's Early Hearing Detection and Intervention (EHDI) program -provides funding for technical assistance to birthing hospitals for screening of newborns, provides public awareness, and collects statewide data.
i) Sexual Assault Prevention Advisory Committee.
j) The Idaho Oral Health Alliance, a group dedicated to improving the general health of Idahoans by promoting oral health and increasing access to preventive and restorative dental services.
k) Idaho Kids Count Editorial Board, a group whose expertise helps guide development of the Idaho KIDS COUNT Book and related efforts to track and promote the well-being of children in Idaho through research, education and mobilization strategies.
l) Association of State and Territorial Dental Directors Data Surveillance Committee.
m) The CSHCN Director serves on the Developmental Disabilities Council.
n) Idaho Immunization Coalition.
o) Comprehensive Cancer Alliance for Idaho (CCAI) - a partnership between many individuals and organizations to address issues relating to the impact of cancer in Idaho. The CCAI is working to reduce the number of preventable cancers and decrease late stage diagnosis of treatable and survivable forms of cancer by improving screening rates in Idaho and to improve the quality of life of Idahoans impacted by cancer.
p) Operation Pink B.A.G. (Bridging the Access Gap) - A coalition of agencies and hospitals in Southwestern Idaho, funded through the Boise Affiliate of Susan G. Komen Race for the Cure.
q) Breast and Cervical Cancer Medicaid Team - brings together 3 Divisions of IDHW to address unique issues relating to Women's Health Check clients who are diagnosed with breast or cervical cancer and transferred into the Medicaid system for the duration of cancer treatment.
r) Coordinated School Health Committee, an effort through the Division of Public Health and the Department of Education.
s) The Covering Idaho's Kids Coalition - Insurance coverage for children.
t) The CSHCN Director serves on the advisory board for Idaho Parents Unlimited (IPUL), which is Idaho's Family Voices State Affiliate organization.

u) Canyon County Area Immunization Coalition.
v) Idaho Safe Routes to School Advisory Committee - enable and encourage children to talk and bicycle to school; improve the safety of children walking and bicycling to school; and facilitate projects and activities that will reduce traffic, fuel consumption, and air pollution near schools.
w) Idaho Highway Safety Coalition -- reduce traffic deaths, injuries, and economic losses through outreach programs and activities that promote safe travel on Idaho's transportation systems.
x) Idaho Partnership for Hispanic Health. The main objective is to decrease health disparities experienced by Hispanics in Idaho.
y) The Tobacco Free Idaho Alliance (TFIA) meets quarterly and is a statewide coalition.
z) Idaho Voices for Children
aa) Idaho Chapter of American Academy of Pediatrics
bb) Northwest Bulletin editorial board
cc) Healthy Eating, Active Living (HEAL) Idaho
dd) Idaho Families of Adults with Disabilities (IFAD)
ee) BYU-Idaho EC/EC Special Education Program
ff) Idaho State Department of Education
gg) Couer D'Alene Tribe Early Childhood Learning Center
hh) Idaho Head Start Association
ii) Idaho State Child Welfare Programs
jj) St. Luke's Children's Specialty Center
kk) Idaho Infant Toddler Program (IDEA, Part C)
ll) Head Start Collaboration Office
mm) Idaho Department of Insurance
nn) Idaho Services for the Deaf and Blind
oo) Local Public Health Districts
pp) Coordinator for the Homeless, State Department of Education
qq) Child Care Administration, Idaho Department of Health & Welfare
rr) University of Idaho Center on Disabilities and Human Development
ss) Idaho Primary Care Association
tt) Medicaid, Idaho Department of Health and Welfare
uu) Substance Abuse Program, Idaho Department of Health and Welfare
vv) Child Protection Services, Idaho Department of Health and Welfare
ww) Idaho Hunger Task Force
xx) Idaho Chapter of American Academy of Family Practice Physicians

Local Health Departments

The seven public health districts, representing all 44 counties, are not part of state government but are rather governmental entities whose creation has been authorized by the state as a single purpose district. They are required to administer and enforce all state and district health laws, regulations and standards. These entities provide the basic health services of public health education, physical health, environmental health, and public health administration. Some of the specific activities include: immunizations, family planning services, STD and HIV services, health promotion activities, communicable disease services, child health screenings, WIC, CSHP, and a variety of environmental health services including inspection of child care facilities.

The Title V agency implements program strategies through contracts with the public health districts. The core functions of public health - assessment, policy development, and assurance - are provided to the entire state through the collaboration of state and district health departments. Division of Public Health administration and staff meet monthly with the Directors of the district health departments.

Federally Qualified Health Centers/Community Health Centers

Idaho is served by eleven Community Health Centers with seventy sites that offer primary and preventive care. Dental and mental health behavioral services are also offered at many of these

locations. The FQHCs and CHCs often represent the only health care available in rural areas, past partnerships have resulted in projects involving the migrant and seasonal farm workers population for initiatives targeting tuberculosis, family planning, STD/AIDS, diabetes, and breast and cervical cancer.
/2011/ Idaho is served by 13 Community Health Centers. //2011//

Universities

The Division maintains a relationship with all three of Idaho's universities. Past projects have included a needs assessment for high-risk populations for the HIV/AIDS Program by the University of Idaho and formal agreements to provide: faculty/staff collaboration, opportunities for graduate and undergrad students to work with the Division, joint research and data projects, curriculum development for graduate and undergrad programs, and strategic planning.
/2011/ Over the past two years the interactions with the Center on Disabilities and Human Development at the University of Idaho has developed into a viable and mutually beneficial relationship.//2011//

F. Health Systems Capacity Indicators

Data for health systems capacity indicators report only on Medicaid and CHIP enrollees as hospital discharge data is not available in Idaho. The data indicate a drop in the number of children in these two programs receiving periodic screens. This is a reflection of Idaho's declining birth rate.

IV. Priorities, Performance and Program Activities

A. Background and Overview

Being the beginning of a new 5-year cycle, the Idaho Title V programs embarked upon a process to establish the state priorities for the next five years. In mid-2009 the MCH Director formed a Needs Assessment Committee composed of the following Department of Health and Welfare staff:

* The Administrator for the Division of Public Health,
* The Special Assistant to the Administrator, DoPH,
* The Chief of the Bureau of Vital Records and Health Statistics,
* The MCH Director and Chief of the Bureau of Clinical and Preventive Services,
* The CSHCN Director and Manager of the Children's Special Health, Newborn Screening, and Genetics Services Programs,
* The MCH Data Analyst, and
* A Principal Research Analyst from Health Statistics who is in charge of the Pregnancy Risk Tracking System and is the Manager of the SSDI Project.

This committee has met several times over the past year to set methodologies, gather data, and process information as it came in. Secondary data was gathered from a host of sources including, though not limited to;
National Resources-
*Women's Health USA, 2009
*Child Health USA 2008-2009
*America's Children: Key National Indicators of Well-Being, 2009
*Catalyst Center State-at-a-Glance Chartbook, 2007
*Reaching Kids: Partnering with Preschools and Schools to Improve Children's Health, 2009
* The Health and Well-Being of Children: A Portrait of States and the Nation, 2007
*Healthy People 2020
*The National Survey of CSHCNs Chartbook 2005-2006

Idaho Resources-
* Idaho Behavioral Risk Factors, 2009
* 2007 Annual Report from the Pregnancy Risk Assessment and Tracking System,
* 2007 Idaho Vital Statistics Report,
* The Burden of Cardiovascular Disease in Idaho, 2009

In addition to secondary sources, the committee gathered primary Needs Assessment-specific data through two surveys. The main survey was requesting state-wide input about which MCH priorities the state should set for the next 5-year period. There were a total of 191 valid responses to this survey with more than one-third (36.4%) of the respondents being individuals, as opposed to government or non-profit representatives. A secondary survey was targeted directly at the families of Children with Special Healthcare Needs and sought to quantify the issue of geographic lack of access to medical specialists in Idaho.

After the survey results were analyzed, the top seven priorities - as selected by all respondents to the survey - were selected as Idaho's state priorities for the next five years.

B. State Priorities

Based on the results of the 2010 needs assessment, these priorities were identified. Following each priority is the measures that will feed into monitoring it.

NPM -- National Performance Measures SPM -- State Performance Measures

NOM -- National Outcome Measures
HSCM -- Health Systems Capacity Measure
HSCI -- Health System Capacity Indicator
HSI -- Health Status Indicator

PREGNANT WOMEN AND INFANTS

- Reduce premature births and low birth weight.
  - NPM 15 Percentage of women who smoke in the last 3 months of pregnancy.
  - NPM 18 Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
  - NOM 1 The infant mortality rate per 1,000 live births.
  - NOM 3 The neonatal mortality rate per 1,000 live births.
  - HSCI 5 Comparison of health system capacity indicator for Medicaid, non- Medicaid and all MCH populations in the State.
  - HSI 01A Percent of live births weighing less than 2,500 grams
  - HSI 01B Percent of singleton births weighing less than 2,500 grams
  - HSI 02A Percent of live births weighing less than 1,500 grams
  - HSI 02B Percent of live singleton births weighing less than 1,500 grams

- Reduce the incidence of teen pregnancy.
  - NPM 8 The rate of birth (per 1,000) for teenagers aged 15-17 years.
  - SPM 1 Percent of 9th -- 12th grade students that report having engaged in sexual intercourse.
  - HSI 07A Live births to women of all ages enumerated by maternal age and race.

- Increase the percent of women incorporating effective preconception and prenatal health practices.
  - NPM 15 Percentage of women who smoke in the last 3 months of pregnancy.
  - NPM 18 Percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester.
  - SPM 2 Percent of pregnant women 18 and older who received dental care during pregnancy.
  - SPM 4 Percent of women 18 and older who fell into the "normal" weight category according to the Body Mass Index (BMI=18.5 to24.9) prior to pregnancy.
  - SPM 5 Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.
  - SPM 6 Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.
  - HSCM 4 Percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

CHILDREN AND ADOLESCENTS

- Improve immunization rates.
  - NPM 7 Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
  - SPM 7 Percent of children at kindergarten enrollment who meet state immunization requirements.
  - SPM 8 Percent of children at seventh grade enrollment who meet state immunization requirements.

- Decrease childhood overweight and obesity prevalence.
  - NPM 11 Percentage of mothers who breastfeed their infants at 6 months of age.
  - NPM 14 Percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

- SPM 3 Percent of 9th -- 12th grade students that are overweight.

- Reduce intentional injuries in children and youth.
  - NPM 16 The rate (per 100,000) of suicide deaths among youths aged 15 -- 19.
  - NOM 1 The infant mortality rate per 1,000 live births.
  - NOM 4 The post-neonatal mortality rate per 1,000 live births.
  - NOM 6 The child death rate per 100,000 children aged 1 through 14.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

- Improve access to medical specialists for CSHCNs.
  - NPM 3 The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
  - NPM 4 The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	31	30	19	29	18
Denominator	31	30	19	29	18
Data Source		Idaho Newborn Screening Program	Idaho Newborn Screening Program	Idaho Newborn Screening Program	daho Newborn Screening Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments
The Idaho Newborn Screening (NBS) Practitioner's Manual was revised and updated. An electronic version of the manual is available on the Idaho NBS website.

The Idaho NBS program implemented use of the three-part newborn screening card for babies admitted to the NICU as recommended by the Clinical and Laboratory Standards Institute.

The Idaho Children's Special Health Program (CSHP) that houses the NBS program became the lead partner in the Text4Baby campaign for the state of Idaho. Activities included the initiation and roll-out of the campaign in the state, coordinating efforts with other state partners to promote Text4Baby, marketing Text4Baby via mailings and social media, and tracking enrollment for the state.

The CSHP and NBS program's care coordinator promoted information about Text4Baby and Newborn Screening at meetings and conferences around the state, such as the Idaho Perinatal Project's Annual Conference and the Idaho Shot Smarts Conference. Materials related to NBS and Text4Baby were also distributed at these events.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Screening (NBS) follow-up staff continue to provide in-service trainings to NBS providers (birthing facilities, midwives, and family practice offices) around Idaho to improve compliance with NBS protocols.			X	X
2. NBS staff provide short-term follow-up from the point of an abnormal NBS screen through confirmatory testing to treatment (if necessary).		X	X	X
3. Administrative rules governing the Idaho NBS program were passed in 2010 that mandate a second newborn screen for all Idaho-born babies.				X
4. Contract with out-of-state specialty doctors to provide consultation and follow-up for genetic and metabolic conditions identified through NBS.				
5. Promote the Text4Baby campaign to disseminate messages to pregnant women and new mothers about how to keep themselves and their baby healthy during and after pregnancy.			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Idaho NBS program revised the exemption section of the NBS Practitioner's Manual in order to accurately clarify that religious reasons are the only legally accepted exemption from NBS as identified in Idaho code. Once the Idaho Department of Health and Welfare's legal section approves the changes made to the exemption form, the updated version of the NBS Practitioner's Manual will be updated on the Idaho NBS website, as well as be printed in hard copy for hospitals and other practitioners.

To date, enrollment in Text4Baby has reached over 1,600 enrolled mothers which is more than triple the enrollment numbers from when the campaign was first launched last year. The CSHP

and NBS coordinator has done an excellent job of promoting public service announcements for television and radio (produced by the National Text4Baby Office) to television and radio stations throughout the state. The coordinator has been communicating with Idaho Medicaid to look for ways to partner and spread word about Text4Baby to Medicaid-eligible mothers.

c. Plan for the Coming Year
Idaho will continue to collaborate with state partners to promote the Text4Baby campaign.

The Idaho Newborn Screening Program has discussed plans with the Oregon State Public Health Lab educator to develop a self-paced educational newborn screening curriculum which can be accessed via the Idaho NBS website.

Some consideration is being given to adding SCID to the NBS panel.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**21862**					
Reporting Year:	**2011**					
Type of Screening Tests:	**(A) Receiving at least one Screen (1)**		**(B) No. of Presumptive Positive Screens**	**(C) No. Confirmed Cases (2)**	**(D) Needing Treatment that Received Treatment (3)**	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	21706	99.3	10	1	1	100.0
Congenital Hypothyroidism (Classical)	21706	99.3	303	4	4	100.0
Galactosemia (Classical)	21706	99.3	12	1	1	100.0
Sickle Cell Disease	21706	99.3	0	0	0	
Cystic Fibrosis	21706	99.3	19	7	7	100.0

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	60	53	53	53	53

Annual Indicator	52.7	52.7	52.7	52.7	72.4
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	73	73	73	73	73

Notes - 2011
For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2009
This number is from the 2005-2006 CSHCN Survey

a. Last Year's Accomplishments
Last year, CSHP staff gather feedback from families and consultated with PKU dieticians and our contracted metabolic physician about PKU formula provisions. Based on the feedback and programmatic needs, CSHP made revisions to the way PKU formula provisions were calculated for pediatric PKU clients to allow for increased quantities of formula in cases of increased need. So far, the change has been well-received.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Idaho Children's Special Health Program (CSHP) continues to partner with Idaho Parents Unlimited (IPUL) and Idaho Families of Adults with Disabilities (IFAD).		X		X
2. MCH staff continue to serve on the Developmental Disabilities Council and the Early Childhood Coordinating Council providing these bodies with information about MCH programs and using information from participation to direct MCH programming.		X		X
3. After input from families and dietary and medical consultants, CSHP made revisions to calculations for PKU formula provisions to account for cases of increased need.	X			X
4. The role of coordinating and communicating with PKU clients and registered dieticians was transferred from the program manager to the CSHP care coordinator.		X		X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The role of coordinating and communicating with PKU clients and registered dieticians was transferred from the program manager to the CSHP nurse care coordinator. The nurse care coordinator was deemed a more appropriate choice give her current coordination efforts with clients and her nursing and medical background as a Registered Nurse. The nurse care coordinator is also charged with determining and documenting programmatic policies and procedures related to the PKU program in order to provide consistent services and information to our clients.

CSHP staff continue to service on various councils and advisory boards such as: Idaho Parents Unlimited, Idaho Council on Developmental Disabilities, the Idaho Perinatal Project, and Idaho Sound Beginnings. In addition, CSHP continues to support the organization, Idaho Families of Adults with Disabilities (IFAD).

c. Plan for the Coming Year

The nurse care coordinator will continue to improve upon the PKU program's activities and document program procedures.

CSHP will continue to be active in in-state commitments, working groups, etc. and will continue to develop new relationships with community-based organizations. As part of the Transition-to-Adulthood activities, CSHP will be presenting the materials and staffing tables at conferences around the state.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and	2007	2008	2009	2010	2011

Performance Data					
Annual Performance Objective	52	52	52	52	52
Annual Indicator	47.7	47.7	47.7	47.7	42.9
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	43	43	43	43	43

Notes - 2011
For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2009
From the 2005-2006 CSHCN Survey.

a. Last Year's Accomplishments
CSHP continued to work with patients applying for coverage through CSHP to also complete a Medicaid application. The condition-specific coverage offered through CSHP is no Medical Home, whereas coverage through Medicaid is more likely to fill the Medical Home criteria.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP staff continue to work with uninsured CSHCNs to apply for Medicaid if they are eligible. There is a short-form child-only application for Medicaid that is being piloted in Idaho, and CSHP is one of the pilot sites.		X		
2. CSHP's Transition-to-Adulthood materials include a section on how to find a medical home.		X		
3. MCH staff serve on the IPUL advisory board which provides input into the Children's Healthcare Improvement Collaboration (CHIC) project's three newly implemented pediatric practice demonstrations of patient-centered medical homes.		X		X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
CSHP is exploring the possibilty of establishing a contract with Idaho Parents Unlimited or a similar type of agency to deliver training to pediatric providers and relevant stakeholders throughout Idaho about the medical home model of care for CSHCNs. The goal is to have a contract in place by July with training completed by December.

c. Plan for the Coming Year
Based on the success of the initial medical home training contract and continued interest in and need for training, CSHP may explore future contracts to deliver medical home training for CSHCNs in Idaho.

The Idaho Children's Healthcare Improvement Collaboration (CHIC) project is part of a federal grant that Idaho and Utah received to look for ways to improve health care for kids. A big aspect of the project is looking to developing medical homes for kids and their families. CSHP, through the Idaho Parents Unlimited advisory council, will be working with CHIC to provide feedback and to identify family partners. CSHP will also explore the possibility of a partnership with the Idaho Children's Healthcare Improvement Collaboration (CHIC) project's pedicatric patient-centered medical home demonstration sites.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	60	60	60	60	60
Annual Indicator	56.9	56.9	56.9	56.9	55.2
Numerator					

Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	60	60	60	60	60

Notes - 2011
For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2009
From the 2005-2006 CSHCN Survey.

a. Last Year's Accomplishments
CSHP continues to provide condition-specific coverage for Idaho's uninsured children within certain diagnostic categories, which has a slight positive impact on this indicator. Since there are no insurance restrictions for clients diagnosed with PKU or cystic fibrosis, CSHP does provide additional coverage for condition-specific services and prescriptions on top of the client's existing private insurance or Medicaid.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSHP provides condition-specific coverage for CSHCNs with qualifying conditions and have no other health insurance.		X		
2. The CSHP care coordinator offers advice for other resources		X		

to applicants who do not qualify for CSHP coverage.				
3. Idaho's Transition-to-Adulthood materials offer information and advice on obtaining and keeping health insurance.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

As applicants apply to receive services through CSHP, CSHP staff and contractors continue to work with each family to complete the Medicaid application process. This process is undertaken whether or not the child is found to be eligible for CSHP. In an effort to better serve our clients and individuals who contact our program but may not be eligible, the CSHP nurse care coordinator is developing one-page resource sheets the provide information about different conditions as well as any resources such as support groups, meetings/conferences, or agencies located throughout Idaho. The goal of the resource sheets is to provide relevant information to CSHP clients, as well as to link individuals or families who are not CSHP-eligible with community resources that may help them.

c. Plan for the Coming Year

CSHP will continue to assist families with navigating and completing Medicaid applications when applying for CSHP. CSHP will continue to look for opportunities with the Idaho Developmental Disabilities Council to support legislation that will provide increased health care coverage to CSHCN.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	80	86	86	86	86
Annual Indicator	86	86	86	86	64.6
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years					

is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	65	65	65	65	65

Notes - 2011
For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2009
From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

a. Last Year's Accomplishments
The Children's Special Health Program (CSHP) used to manage and coordinate, but now continues to fund, the only cystic fibrosis, genetics, and metabolic medical services available in Idaho. These clinics continue to be held at St. Luke's Children's Hospital in Boise, and the relationship between CSHP and St. Luke's continues to be strong (metabolic clinics are held in other parts of the state as well). With all of CSHP's specialty clinics housed within medical facilities at St. Luke's, CSHP has been conducting "maintenance of effort".

There were two significant developments related to the clinics and care provided by CSHP: 1) There was a slight expansion in available genetics services (not funded by MCH funds) as the genetic physician that CSHP imports from Oregon to provide services in Idaho has entered into a private agreement with one of Idaho's hospitals to provide NICU consultations, and 2) CSHP closed the adult cystic fibrosis program due to lack of funding, but continues to cover pediatric CF clients. CSHP provided information to adult CF clients about other resources that may assist with covering their CF-related expenses.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSHP funds and staffs metabolic clinics around Idaho using MCH Block Grant funds. Since Idaho has no metabolic	X			

physicians, CSHP imports one from Oregon to provide services to Idaho's children who would otherwise have to travel out-of-state for care.				
2. CSHP funds and staffs monthly genetics clinics in Boise using MCH Block Grant funds. Since Idaho has no genetic physicians, CSHP imports one from Oregon to provide services to Idaho's children who would otherwise have to travel out-of-state for care.	X			
3. CSHP partially funds Idaho's Cystic Fibrosis center, providing no-cost clinical services to Idahoans under the age of 18 with cystic fibrosis.	X			
4. CSHP funds ongoing PKU services around the state by supplying dieticians to advise PKU clients and by providing medical foods and formula to manage their PHE levels.	X			
5. CSHP funds a quarterly cleft lip and palate (CLP) clinic in northern Idaho were CLP services are otherwise unavailable. This clinic serves uninsured children at no cost to their families.	X			
6. CSHP funds several specialty clinics in eastern Idaho that provide no-cost care for uninsured children with cardiac and orthopedic conditions.	X			
7.				
8.				
9.				
10.				

b. Current Activities
CSHP renewed the contract with the company that provides low-protein medical foods to Idaho's pediatric PKU clients. CSHP is working with the medical foods company and Idaho Medicaid to clear up issues related to prior-authorizations for medical foods and denial of claims for unspecified reasons.

c. Plan for the Coming Year
CSHP will continue to serve on the advisory councils of the Idaho Council on Developmental Disabilities and Idaho Parent Unlimited which focus on increasing statewide systems, resources, and supports to those with special health care needs.

CSHP is also exploring methods for expanding, without MCH funding, available specialty services to improve Idaho's medical infrastructure and to increase access for CSHCNs.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	6	46	46	46	46
Annual Indicator	45.8	45.8	45.8	45.8	46.6
Numerator					
Denominator					
Data Source		National	National	National	National

		Survey of CSHCNs 2005-2006	Survey of CSHCNs 2005-2006	Survey of CSHCNs 2005-2006	Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	47	47	47	47	47

Notes - 2011
For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2009
From the 2005-2006 CSHCN Survey.

a. Last Year's Accomplishments
CSHP printed and distributed the Transition-to-Adulthood kits for CSHCN. There are three different kits, each targeted at a specific age group: junior high or middle school-aged youth, high school-aged youth, and young adults transitioning to college and/or the workforce. All kits are available electronically on the CSHP website, as well as in hard-copy. The second round of kits were printed, hole-punched, and bound in plastic in order to be binder-ready rather than printed and assembled in a binder. The elimination of the binder resulted in a large cost savings for the program which allowed for more kits to be printed.

The CSHP nurse care coordinator visited various community partners and agencies, including

colleges and universities, Head Start, and physician's offices, to promote the use of Transition-to-Adulthood kits for their students, patients, or clients with special needs.

Transition-to-Adulthood kits for all age groups are available in Spanish and will be available on the CSHP website in both English and Spanish.

CSHP promoted the Transition-to-Adulthood kits at a conference for special education teachers and at the Tools for Life Conference for special needs youth transitioning from high school. CSHP also sponsored the Tools for Life Conference by providing transportation via bus to the Tools for Life Conference for students, family member, and teachers from around the state. The CSHP nurse care coordinator spoke with young adults at the conference to promote use of transition kits.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Idaho's Transition-to-Adulthood materials for CSHCN were redesigned and mass-produced in order to be available to all CSHCNs in Idaho.		X	X	
2. Transition-to-Adulthood training sessions are being offered to families of CSHCNs and to providers by CSHP staff in coordination with staff from IPUL. These sessions are offered at meetings and conferences around the state.		X		
3. CSHP is tryng to build a partnership with the Idaho Department of Education's Special Education Programs to provide Transition-to-Adulthood training directly to special education teachers.		X	X	
4. CSHP's care coordinator has been promoting the use of the Transition-to-Adulthood kits to various community partners and agencies including colleges and universities, Head Start, and physician's offices.		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CSHP nurse care coordinator promoted the transition kits at a transition fair for high schoolers in Boise sponsored by the Idaho Department of Education. The care coordinator will continue to look for opportunites to promote the transition kits within communities in Idaho.

CSHP is in the process of printing a third round of transition kits for the year. This round of kits will be assembled in a binder, but other cost-saving measures were taken to reduce printing costs. The high school and young adult kits seem to be the most popular, so more of these age groups will be printed.

Transition-to-Adulthood kits are now provided to all children participating in the Children's Special Health Program as they reached the milestone ages.

c. Plan for the Coming Year
CSHP plans on making contact with all universities in the state to establish a standard health transition plan and distribute health transition kits to those students with special health care needs.

CSHP will also be researching and developing transition kits targeted at elementary age children and their families. CSHP is also exploring a partnership with the Special Ed section of the Idaho Department of Education to try to get promotional brochures distributed through Idaho's Special Ed teachers.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	83	83	83	75	75
Annual Indicator	75.8	65.9	65.8	65.1	65.1
Numerator					
Denominator					
Data Source		NIS	NIS	NIS	NIS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	75	75	75	75	75

Notes - 2011
NIS data for CY2011 is not available until August, 2012. 2010 value used as estimate for 2011, The value entered is 4:3:1 plus >2or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

Rate is depressed because of shortage of Hib vaccine for birth cohort. Excluding Hib rate raises 70.1

Notes - 2010
NIS data for CY2010 is not available until August, 2011. 2009 value used as estimate for 2010, Prior to this year the rate reflected four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB. That series is no longer reported in the NIS summary. The value entered is 4:3:1 plus >2 or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

Notes - 2009
Prior to this year the rate reflected four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB. That series is no longer reported in the NIS summary. The value entered is 4:3:1 plus >2 or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

a. Last Year's Accomplishments
2011 was a busy year for the Idaho Immunization Program (IIP). The program contracted for and began construction on a new Immunization Information System (IIS), based on the open-source Wisconsin Immunization Registry. Hewlett Packard Enterprise Services is contracted to do the customization, hosting and maintenance.

Quality Assurance Site Visits
In 2011, the IIP continued to conduct quality assurance reviews (QAR's) with Idaho's VFC providers. The CDC has a new requirement that at least 50% of VFC providers are visited every year. While this requirement has been difficult for some states, Idaho has always exceeded that goal and continues to visit over 65% of providers each year.

Legislative
The IIP had a very successful legislative year in 2011, with three pieces of immunization-related legislation passing.

1. The administrative rules that govern immunization requirements for children attending Idaho schools were updated. For the first time in memory the requirements for children attending kindergarten and first grade were brought in line with the recommendations of the Advisory Committee on Immunization Practices (ACIP), with the exception of the flu vaccine which is not required for school attendance.

Also for the first time in Idaho history, requirements were set for attendance for seventh graders. This cohorts is now required to be up-to-date on their Tdap and Meningococcal vaccines.

2. The administrative rules that govern immunization requirements for children were updated. The new rule have pegged the childcare immunization requirements to the ACIP recommendations, again excepting flu. This means as the ACIP recommendations change over the years, Idaho's childcare rules will automatically adjust.

3. The Idaho Childhood Vaccine Assessment statute was changed, with the support of Idaho's physicians and insurance companies, to require that the vaccine assessment fund that keeps vaccines universal in Idaho, cover all ACIP recommended vaccines. Previously the specific vaccines to be covered were voted on by the Vaccine Assessment Board.

Education and Promotion
The IIP conducted three regional conferences and seven local workshops held throughout Idaho focusing on: increasing immunization rates, vaccine management, vaccine safety, and how to effectively communicate with patients and parents. The IIP also provides immunization brochures, timing blocks, postcards, and books for the general public. These resources are intended to increase immunization awareness and knowledge among Idaho residents. Idaho continues to have a strong WIC linkage for screening and immunization referrals for WIC clients. Through WIC linkage, the immunization record of every child receiving WIC services is screened at each recertification visit to ensure the child's immunization record is up-to-date.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide free vaccine to all children 0 through 18 years of age by consistently supplying all Vaccine for Children (VFC) providers in the state of Idaho.			X	
2. Perform annual site visits to VFC providers and conduct provider education.			X	
3. Provide parent, school and daycare education, media and training.			X	
4. Maintain an immunization registry, which includes data quality monitoring.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
In March of 2012 the IIP is rolling out its new IIS, based on modern open-source technology. The new system will allow for lower cost and for better data control.

In April of 2012 Idaho will be the kick-off point for National Infant Immunization Week (NIIW). Dr. Melinda Wharton from the CDC will be traveling around Idaho doing events and media interviews to increase awareness of the need to vaccine young children.

c. Plan for the Coming Year
During 2013, two statute changes will be moving through the Idaho Legislature. First, the Childhood Immunization Assessment statute, which keeps vaccines universal in Idaho, is sun setting in 2013. It is expected that there will be support to renew that law during the 2013 session to continue to universally provide free vaccines to Idaho's children.

Second, the statute governing Idaho's Immunization Registry (IRIS) will be opened up for changes to allow for bi-directional data exchange between IRIS, Electronic Medical Record systems (EMRs), and Health Data Exchanges.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	15	17.8	17.7	16	16
Annual Indicator	19.0	19.9	16.8	15.1	15.1

Numerator	628	651	548	505	505
Denominator	32974	32772	32573	33362	33362
Data Source		Estimate from prior year	Birth Certificate	Birth Certificate	Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	15	15	14.9	14.9	14.9

Notes - 2011
Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

a. Last Year's Accomplishments
During CY 2011, family planning clinics around the state served a total of 2,272 teens aged 15-17 years of age compared with 2,284 teens aged 15-17 years of age who received services in CY 2010--a decrease of 0.525 percent, or 12 clients, who were served in CY 2011. Idaho's 2011 teen pregnancy rate for 15-17 year olds is xx.x percent (provisional data). The 2010 teen pregnancy rate was xx.x percent. The data shows a slight xxxx in teen pregnancy rates for 2008 and 2009 and a slight xxxx in the rates for 2010 and 2011.

The 15-17 year old teen clients received a physical assessment, education, and counseling services. All clinics continued to emphasize adolescent education which focuses on abstinence, parental involvement, contraception and STI/STD prevention.

All health districts provide family planning services to teen clients aged 13-19 years of age. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules.

Funding was received from the Title X Family Planning Program for year one of a three-year special project, "Family Planning-HIV Integration Project". Title X clinics performed HIV Rapid Test screenings from January 3 -- December 31, 2011. All HIV Rapid Test screenings performed were negative.

During CY 2011, the ADA County Juvenile Detention Center project provided access to reproductive health care services for high-risk adolescents. Residents were provided with the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations were given to measure the level of intention to change risky sexual behaviors.

During CY 2011, the Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, the STD Prevention Coordinator, and the HIV Prevention Coordinator met to discuss collaboration and coordination efforts between their programs.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide family planning services to teens through the public health districts.	X		X	
2. Develop comprehensive educational messages targeted to teens.		X	X	X
3. Continue to conduct Teen Education Afternoon (TEA) local district clinic project.		X	X	
4. Continue program collaboration and coordination activities with the Adolescent Pregnancy Prevention Program.				X
5. Continue to conduct HIV Rapid Screening tests on all Title X family planning clients.	X		X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

All health districts provide family planning services to teen clients. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules. All districts have active advisory boards within their family planning programs which guide the content of education materials and provide direction for outreach activities. All of the advisory boards have committee members of various backgrounds including faith based members and teen representatives. These relationships have allowed the boards to develop more trusting relationships with local groups.

Funding was received from the Title X Family Planning Program for year 2 of a three-year special project, "Family Planning-HIV Integration Project". Title X clinics began implementing HIV Rapid Test screenings on January 3, 2011 on all Title X family planning clients and will continue to provide HIV Rapid Test screening through CY 2012.

During CY 2012, the ADA County Juvenile Detention Center project continues to provide access to reproductive health care services for high-risk adolescents. Residents are provided with the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations are given to measure the level of intention to change risky sexual behaviors.

The Adolescent Pregnancy Prevention (APP) Manager, Family Planning Coordinator, STD Prevention Coordinator, and HIV Prevention Coordinator meet to discuss collaboration efforts.

c. Plan for the Coming Year

Comprehensive educational messages will continue to be developed that target teens and provide information on issues like abstinence, STIs, parental involvement, sexual coercion, and birth control methods.

HIV Rapid Test screenings will continue per activities specified in year 3 of the three-year special project, "Family Planning-HIV Integration Project", funded by the Title X Family Planning Program. Clients who receive a positive screening test will be offered confirmatory testing. Clients with a positive confirmatory test will be referred for medical management of the diagnosis.

The Ada County Juvenile Detention Center project will continue during CY 2013. The project provides access to reproductive health care services for high-risk adolescents. Residents will be given the opportunity to receive services through weekly preventive reproductive health clinics.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, the STD Prevention Coordinator, and the HIV Prevention Coordinator will continue to meet together periodically to discuss collaboration and coordination efforts between their programs.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	60	60.5	60.6	60.6	60.6
Annual Indicator	55.7	55.7	57.1	57.1	57.1
Numerator					
Denominator					
Data Source		Smile Survey 2005	Smile Survey 2009	Smile Survey 2009	Smile Survey 2009
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	60.7	60.7	60.7	60.7	60.7

Notes - 2011
The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be from weighted survey data and imply artificial precision.

Notes - 2010
The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be from weighted survey data and imply artificial precision.

Notes - 2009
The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be weighted from the survey and imply artificial precision.

a. Last Year's Accomplishments
Six of seven district health departments provided sealants to elementary school children. This was supplemented by a sealant program from Delta Dental. Delta Dental provides data on the

number of children receiving sealants. It is estimated that between 25-49% of ID children have received sealants. During sealant clinics the children receive oral health education. Parents are notified if treatment is needed. This comprehensive approach to providing sealants has contributed to ID receiving a "B" in the Pew Report on Children's Oral Health.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V support for oral health programs will be maintained at current levels.			X	
2. Oral health preventive services for children (fluoride, sealants, education).			X	
3. Idaho Oral Health Action Plan 2010-2015: Plan and implement goals and objectives.				X
4. Develop Burden document.				X
5. Conduct the Smile Survey.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Six of seven district health departments are providing sealants to elementary school children. Delta Dental is continuing their sealant program. To assess the number of ID third grade children with sealants, the IOHP is coordinating the Smile Survey with the ID Dept. of Education to secure support from school districts to conduct the survey. The Bureau of Vital Records and Health Statistics has randomly selected the schools. These schools will be contacted just before the 2012-2013 school year begins to confirm participation. Supplies and materials to conduct the survey have been purchased.

c. Plan for the Coming Year

Six of the seven district health departments will continue to deliver sealants as will Delta Dental. All the district health departments will finish the Smile Survey to measure oral health status. The number of children with sealants on at least one permanent molar will be tabulated.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	4	5.5	5.5	5.5	4.3
Annual Indicator	7.7	2.6	4.8	3.9	2.2
Numerator	26	9	17	14	8
Denominator	339358	344821	351924	359922	359922
Data Source		Death Certificates	Death Certificates	Death Certificates	Dept of Transportation
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	4	3.9	3.9	3.8	3.8

Notes - 2011
Death count preliminary total from Idaho Dept of Transportatio for 2011. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

2011 population data by age not available at time of entry, 2010 used as best estimate.

Notes - 2009
The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

a. Last Year's Accomplishments
During 2011, the Division of Public Health's Injury Prevention & Surveillance program developed, published and released the information brochure, Injury and Its Prevention--How Idahoans Can Protect Themselves and Their Families from Injury. The brochure provides information on a number of proven interventions to prevent the leading causes of injury, including those designed to reduce motor vehicle crashes among youth, and tips for keeping families safe.

The Injury Prevention & Surveillance program continues to support a strong presence on the world-wide web through the design and implementation of its public-access webpage on the Internet describing program services, and its goals, objectives.

(see: http://www.healthandwelfare.idaho.gov/Health/InjuryPrevention/tabid/1388/Default.aspx)

The Idaho public may now access a variety of internal and external information resources on injury prevention and control to better protect their families and communities. Special emphasis is provided on the unintentional causes of injury including: Motor Vehicle Crashes, Poisoning, Drowning, Bicycle & Pedestrian Safety, and Fall Prevention for seniors.

The Poison Control Information data base continues to provide valuable information regarding the causes and treatment of poison exposures among Idahoans and serves as the basis of the annual Poison Control report. The 2009 Idaho Poison Control Report was the first of its kind.

National Poison Prevention Week activities were again successful this year with the assistance of pharmacists and pharmacy students throughout Idaho. A record number of elementary teachers were reached to help share poison prevention information with K-8 students throughout Idaho.

The Injury Prevention & Surveillance program, in cooperation with the Idaho Department of Parks and Recreation, helped to expand the Kids Don't Float Program. This is a national drowning

prevention program sponsored by the U.S. Coast Guard that provides personal-floatation devices (lifejackets) on a loan basis at water recreation facilities throughout Idaho State Parks. This evidence-based drowning prevention intervention has been shown to save several lives in states where a program has been adopted.

Idaho received $1-million in federal funding during 2011 (same as 2010 funding levels) for Safe Routes to School (SR2S) projects. Funds are awarded through a competitive application process and all infrastructure and non-infrastructure project proposals are reviewed annually by the SR2S Advisory Committee. This funding provided for major infrastructure and non-infrastructure improvements directed at increasing walking and biking in local communities. Funding also helped to build affiliations between school wellness councils, the PTA, and their SR2S program. SR2S worked closely with local governments in planning new infrastructure, maintaining existing infrastructure, and recruiting parent volunteers to organize neighborhood bicycle and walking groups.

The Injury Prevention & Surveillance Program continues to support the Idaho Highway Safety Coalition and its important work to advance the Idaho Strategic Highway Safety Plan.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Reduce mortality rates for children 14 years of age and younger caused by motor vehicle crashes, including pedestrian and cyclists-related traffic crashes.			X	X
2. Coordinate efforts with Idaho Transportation Department through the Idaho Highway Safety Coalition and Safe Routes to School Program.			X	X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Manage and coordinate state Idaho Poison Control contract between the Department of Health and Welfare and the Denver Health Authority--Rocky Mountain Poison Control Center (RMPDC).

i. Facilitate communications between Denver Health Authority--RMPD and the Department to enhance rapid exchange of poison control and emergency health information.

ii. Maintain the Idaho Poison Control information database to collect, analyze and retrieve poison exposure data received from RMPDC on a quarterly basis.

iii. Assist the Division of Health Administration in evaluating alternative funding sources for the continued support of Idaho Poison Control Services.

iv. Coordinate activities associated with the National Poison Prevention Week during March 2012.

2. Serve as Vice-Chair of the Idaho Safe Routes to School (SR2S) Advisory Committee.

i. Serve as State Advisory Committee Vice-Chair for the review and evaluation of annual community infrastructure and non-infrastructure improvement grants.

ii. Provide State Advisory Committee with technical assistance on pedestrian and bicycle

prevention and control interventions from a public health perspective.
3. Serve as Department liaison to the Idaho Highway Safety Coalition.
4. Maintain and advance the Department's Injury Prevention and Control website.

c. Plan for the Coming Year
Injury Prevention & Surveillance Program emphasis areas for 2013 will continue to focus on reducing traffic crash fatalities, especially among vulnerable drivers (including teens); poison prevention activities directed toward parents of children 5 and younger and the reduction of prescription drug poisonings; drowning prevention; and a general expansion of public awareness associated with the burden of injury and its prevention.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	51	51.5	52	52.1	52.2
Annual Indicator	54	50.5	55.2	55.4	53
Numerator					
Denominator					
Data Source		PRATS	PRATS	PRATS	PRATS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	53	53	53.1	53.1	53.1

Notes - 2011
Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2010
Data source is 2009 Idaho PRATS survey. Data for 2010 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2009

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Due to the nature of the survey data variability the taget goal is not adjusted based on a single year's values.

a. Last Year's Accomplishments
Idaho WIC Program earned a USDA WIC Breastfeeding Performance Bonus Award for federal fiscal year 2011 by achieving one of the highest breastfeeding rates among WIC participants.

Each Local WIC Agency identified one specific problem and objective related to breastfeeding within their agency and then developed an action plan to address the problem and reach their objective during the next year.

The State Breastfeeding Workgroup implemented a new breastfeeding training program called Grow and Glow for all WIC staff.

The State WIC Program provided Local WIC Agencies with technical assistance to achieve higher standards in breastfeeding education and support.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide support for regional community training and World Breastfeeding Week activities.	X		X	
2. Provide technical assistance to Local Agency WIC Programs to enhance Breastfeeding Peer Counseling Programs.		X		X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The State WIC Program provides Local WIC Agencies with technical assistance to achieve higher standards in breastfeeding education and support including implementing a new MIS system.

Each Local WIC Agency is working on their action plan to meet their breastfeeding objective.

The State WIC Office will continue to work with the State Breastfeeding Workgroup to provide technical assistance in enhancing Peer Counseling Programs and Grow and Glow Breastfeeding Training for all WIC staff.

c. Plan for the Coming Year

With Local Agency WIC participation, the State WIC Program will develop a breastfeeding promotion and training campaign for community partners, WIC clients and all WIC staff.

Local WIC Agencies will review and continue to identify a breastfeeding objective and action plan.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	100	98.8	98.8	98.8	98.8
Annual Indicator	96.7	97.9	99.3	99.5	99.4
Numerator			22179	21632	20273
Denominator			22341	21751	20397
Data Source		PRATS	HiTrack	HiTrack	HiTrack
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	99.6	99.6	99.6	99.6	99.6

Notes - 2011
Data Source is State NHS program tracking and surveillance program –HiTrack

a. Last Year's Accomplishments
Beginning in 2010, NHS reporting to the CDC has included the percentage of occurent births with a reported hearing screen. The majority of out-of-hospital births are not reported to the NHS program resulting in this lower percentage. The Bureau of Vital Records and Health Statistics 2011 report is not yet available for comparison.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Planning and collaboration for improved surveillance and tracking system.				X
2. Match or exceed the national benchmarks set by the JCIH 2007 Guidelines.			X	
3. Increase family to family support and access to information for families.		X		
4. Expand newborn hearing screening to other community-based sites.			X	X
5. Increase and improve the participation of physicians in EHDI and the provision of a medical home.				X
6. Assess needs of EHDI providers with regards to increased				X

data integration, including upgrading to a web based data tracking system.				
7.				
8.				
9.				
10.				

b. Current Activities

The number of out-of-hospital births in Idaho has been increasing every year and in 2010 accounted for 1,050 occurent births. The program will continue to support the hospital screening programs and work to expand newborn hearing screening into areas with large numbers of out-of-hospital births.

c. Plan for the Coming Year

In 2011, 43 infants were identified with permanent hearing loss. All infants identified with any amount of hearing loss were referred to the Idaho Early Intervention Program. Thirty (30) hospitals continue to transmit screening data and results electronically, and two (2) hospitals and four (4) midwives provide written data reports.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	11.2	12.5	12.4	8.8	10
Annual Indicator	13.0	11.0	8.9	10.2	9.0
Numerator	52135	45621	37161	42845	37721
Denominator	401854	414662	418764	421894	417962
Data Source		Current Population Survey	Current Population Survey	Current Population	Current Population Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	9	9	9	8.9	8.9

Notes - 2011

Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

Notes - 2010
Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

Notes - 2009
Source: U.S. Census Bureau
Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

a. Last Year's Accomplishments
The uninsured population nationwide increased, but the uninsured number of children in Idaho decreased significantly. The eligibility income limit for Idaho SCHIP is 185% of the FPG. This is about $43 thousand for a family of four. Idaho is one of only seven states that currently have income limits set below 200% of FPG.

Idaho's program does not use any income disregards. This means that gross income is used as the measure against the income limit. Over one third of the children in Idaho are enrolled in either Medicaid or SCHIP at the current eligibility levels.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to implement, expand and monitor CHIP coverage through the child-only health coverage applications.				X
2. Monitor the impact of the Children's Redesign and work with				X

Medicaid as appropriate.				
3. MCH staff serve on the Covering Kids Coalition which is managed by Idaho Voices for Children to address health coverage for Idaho children.				X
4. Work with the Department of Insurance to address child specific issues as insurance exchanges and health care reform are implemented.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Idaho Voices for Children convened only one meeting of the members of the former Covering Kids and Families Coalition. Efforts to address health insurance coverage for kids continue through the Early Childhood Coordinating Council. The Maternal, Infant and Early Childhood Home Visiting Program also addresses insurance coverage where applicable.

c. Plan for the Coming Year
Continue to work with Medicaid on the implementation of the children's redesign and medical home inititatives. MCH staff will work with the Department of Insurance, Medicaid, private insusurance providers as well as other partners such as Idaho Voices for Children and the Early Childhood Coordinating Council to implement changes brought about by ACA healthcare reform and the related Supreme Court decision.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	31	31	30.9	30.8	29.5
Annual Indicator	31.2	31.3	30.1	29.5	29.4
Numerator	5894	6762	7314	7259	7012
Denominator	18862	21581	24316	24629	23828
Data Source		State WIC Data	State WIC Data	State WIC Data	State WIC Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	29.4	29.4	29.3	29.3	29.3

Notes - 2010
Based on PedNSS data avail as of March 2011

Notes - 2009
Based on PedNSS data avail as of March 2010

a. Last Year's Accomplishments
a. WIC participated in the Idaho Hunger Relief Taskforce. The mission of the Task Force is "To put public and private resources into action statewide in order to eliminate hunger and provide food security for all Idahoans."

b. WIC participated in Healthy Eating Active Living (HEAL) Idaho. The primary focus of HEAL ID is to develop and maintain an actively engaged network of partners working together; investing resources and expertise to create/support an active living, healthy eating Idaho. Networking includes collaborating/planning with Idaho Physical Activity and Nutrition Program (IPAN).

c. WIC provided tailored nutrition services/education aligned with the Dietary Guidelines for Americans (DGA), promoted the WIC foods which include fresh fruits, fresh vegetables, juice, whole grain foods, low fat dairy products and protein sources, and an active lifestyle.

d. WIC developed and implemented training materials to strengthen Value Enhanced Nutrition Assessment (VENA) processes. This is part of an ongoing national effort to Revitalize Quality Nutrition Services (RQNS) in WIC to enhance and strengthen the effectiveness of WIC nutrition services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Participate in the Idaho Hunger Taskforce.				X
2. Participate in HEAL ID.				X
3. Provide tailored nutrition services/education aligned with DGA, promotion of WIC foods, and an active lifestyle.			X	
4. Continue development of the Value Enhanced Nutrition Assessment processes.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
a. WIC continues to participate in Healthy Eating, Active Living (HEAL) Idaho.

b. WIC continues to focus on strengthening tailored nutrition services and promoting healthy eating/lifestyle including consumption of fresh fruits, fresh vegetables, whole grains, lean protein sources and low fat/nonfat dairy products.

c. WIC continues to collaborate with Idaho Medicaid to strengthen communication for high risk infants needing specialized formula or medical food.

d. WIC continues to participate in the Idaho Hunger Relief Taskforce.

c. Plan for the Coming Year
WIC will participate in the Idaho Hunger Relief Taskforce.

a. WIC will participate in HEAL ID meetings/collaboration.

b. WIC will support Value Enhanced Nutrition Assessment (VENA) processes and related staff skills with the objective of continuing to deliver and enhance tailored participant nutrition services.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	8	8.5	8.5	8.4	8.4
Annual Indicator	9.0	8.8	9.1	8.8	8.8
Numerator	2255	2198	2158	2033	2033
Denominator	24972	25101	23713	23173	23173
Data Source		Birth certificate	Birth Certificate	Birth Certificate	Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	8.3	8.3	8.3	8.3	8.3

Notes - 2011
Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

Notes - 2010
Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

a. Last Year's Accomplishments
Approximately 1% of the calls to the Idaho QuitLine and registrants to the Idaho QuitNet are from pregnant smokers.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provide Family Planning services to educate pregnant women on the risk of tobacco use.	X		X	
2. Provide WIC services to pregnant women.			X	
3. Provide Idaho QuitLine services.			X	

4.				
5.				
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b. Current Activities
All of the quit coaches for Idaho QuitLine and Idaho QuitNet as well as the instructors for the local cessation services are trained to work with pregnant women but we are not currently nor do we plan on targeting pregnant women in our media efforts. The local public health districts are currently focusing their efforts on pregnant women due to funding restrains.

c. Plan for the Coming Year
At this time, it is proposed (from the Idaho Millennium Income Fund committee) that the Idaho QuitLine and Idaho QuitNet receive more funding for the coming year. Project Filter only received $650,000 for cessation and media efforts. The Millennium Fund committee recommends $2,000,000 for cessation services (including NRT) and media/promotion of the QuitLine and QuitNet. This recommendation has not yet been approved through JFAC or the Governor.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	8.5	11	10.9	9.8	9.8
Annual Indicator	18.9	15.3	8.7	16.5	16.5
Numerator	21	17	10	19	19
Denominator	110959	110959	114944	115359	115359
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	9.8	9.7	9.7	9.7	9.7

Notes - 2011

2011 death records have not been finalized, 2010 deaths have been used as best estimate. 2011 population data by age not available at time of entry, 2010 used as best estimate.

a. Last Year's Accomplishments

The project conducted research, needs assessments, funded trainings and provided technical support to communities in need of customized prevention, intervention and postvention activities. AAYSP collaborates with the Idaho Council on Suicide Prevention and the Suicide Prevention Action Network of Idaho in addition to other suicide prevention and children's mental health organizations across the state. The project is funded by the Garrett Lee Smith Memorial Action and administered by the Substance Abuse and Mental Health Services Administration. Through another grant from the National Institute of Mental Health, ISU-IRH also conducted outreach on scientific findings regarding children's mental health and mental health profession shortage areas of rural Idaho.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Statewide suicide prevention referral sources will be available through the 2-1-1 Idaho CareLine.		X		
2. Support the re-establishment of an Idaho Suicide Hotline.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Idaho Awareness to Action Youth Suicide Prevention Project (AAYSP) through Idaho State University's Institute of Rural Health conducted gatekeeper training, professional seminars and suicide prevention infrastructure development in 2011. Approximately 400 adult gatekeepers were trained, including mental health professionals, school personnel, Medicaid providers, juvenile justice workers, nursing students, Hispanic youth, LGBT youth, tribal organizations and others. Seminars were held on suicide risk assessment for mental health providers and webinars on social marketing through the Suicide Prevention Resource Center and advocacy in partnership with the Idaho Federation of Families for Children's Mental Health. The project supported stakeholder meetings and facilitated development of the Idaho Suicide Prevention Plan: An Action Guide, which was released in 2011. AAYSP also funded a project to development administrative infrastructure for an Idaho Suicide Prevention Hotline and worked with advocates to provide research and media relations support for a hotline, which is scheduled to go live by the end of 2012.

c. Plan for the Coming Year

A final round of training and professional seminars will be held in the spring and summer of 2012. In addition, ISU-IRH and individual researchers are preparing manuals to support communities in need of prevention, intervention and postvension strategies. Additional activities include statistical modeling with Idaho data to determine risk and protetective factors that put a community at risk or strengthen a community against suicide. ISU-IRH continues to respond to the urgent needs of communities in a suicide crisis. AAYSP ends September 30, 2012 with the close of the federal funding availability under the Garrett Lee Smith Memorial Act.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective	75	75	75	99	99
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source		No reliable data	No reliable data source	No reliable data source	No reliable data source
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	99	99	99	99	99

Notes - 2011
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

Notes - 2010
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

Notes - 2009
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

a. Last Year's Accomplishments
Title V worked with the Idaho Perinatal Project, the Early Childhood Coordinating Council, Medicaid, the March of Dimes, St. Luke's Children's Hospital and the Pregnancy Risk Assessment Tracking System (PRATS) on this effort. Idaho participated in Text4baby and was successful in enrolling ____ pregnant women into the program.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program identified target communities and has contracts in place in four counties. Delivery of services to families should begin in July 2012.

While Idaho does not have any faciliaties specifically for high-risk deliveries and neonates, we continue to monitor the utilization of neonatal intensive care services through the PRATS survey.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. PRATS survey will monitor utilization of neonatal intensive care services.				X
2. Contractors with family planning, Title X services will provide pregnancy testing and make referrals as appropriate.	X			
3. MCH staff will serve on the board of the Idaho Perinatal Project.				X
4. MCH staff will continue to promote the Text4baby program through partnerships with Idaho birth centers, hospitals, and providers.			X	
5. MCH staff will partner with the March of Dimes and Association of State and Territorial Health Officers to meet the 8% challenge to reduce prematurity in Idaho.			X	X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MIECHV home visiting program will assist contractors with implementation and the associated data collection. The program anticipates a significant number of requests for technical assistance in the areas of data, evaluation and quality improvement. Prior to the MIECHV funding Idaho did not have a home visiting program supported by the Department of Health and Welfare. System building activities to assure prenatal and early infant care will continue.

Text4baby activities will continue as will efforts with the Idaho Perinatal Project, the Early Childhood Coordinating Council, Medicaid, the March of Dimes, St. Luke's Children's Hospital and PRATS.

c. Plan for the Coming Year

In addition to the ongoing partnerships, Title V will be partnering with the March of Dimes and the Association of State and Territorial Health Officers to meet the 8% challenge to reduce premature birth in Idhaho.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	78	73	73.2	73.2	73.2
Annual Indicator	71.7	69.4	71.5	73.6	73.6
Numerator	17399	17177	16880	17016	17016
Denominator	24263	24737	23611	23104	23104
Data Source		Birth certificate	Birth Certificate	Birth Certificate	Birth Certificate
Check this box if you cannot					

report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	73.6	73.6	73.6	73.7	73.7

Notes - 2011
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

Notes - 2010
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

Notes - 2009
2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

a. Last Year's Accomplishments
During CY 2011, 21,260 women received counseling from the Title X Family Planning Program. Of those women, 1,822 were found to be pregnant. Those women who were pregnant were screened for high-risk behaviors and referral made as indicated. All women were referred appropriately to obstetricians in order to begin early prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Family Planning Program will provide pregnancy testing	X		X	

and referral for prenatal care.				
2. Utilize PRATS.				X
3. The WIC Program will provide nutritional counseling and information on other pregnancy risk factors.			X	
4. The 2-1-1 Idaho CareLine will provide referrals for prenatal care.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Women continue to receive program services including counseling from the Title X Family Planning Program. Women found to be pregnant are screened for high-risk behaviors and appropriate referrals are made. Pregnant women continue to be appropriately referred to obstetricians in order to begin early prenatal care.

Funding was received from the Title X Family Planning Program for year 2 of a three-year special project, "Family Planning-HIV Integration Project". Title X clinics began implementing HIV Rapid Test screenings on January 3, 2011 on all Title X family planning clients and will continue to provide HIV Rapid Test screening through CY 2012.

c. Plan for the Coming Year

Women will receive program services including counseling from the Title X Family Planning Program. Women found to be pregnant will be screened for high-risk behaviors and appropriate referrals will be made. Pregnant women will be appropriately referred to obstetricians in order to begin early prenatal care.

HIV Rapid Test screenings will continue per activities specified in year 3 of the three-year special project, "Family Planning-HIV Integration Project", funded by the Title X Family Planning Program. Clients who receive a positive screening test will be offered confirmatory testing. Clients with a positive confirmatory test will be referred for medical management of the diagnosis.

D. State Performance Measures

State Performance Measure 1: *Percent of 9th - 12th grade students that report having engaged in sexual intercourse.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective				35.5	39
Annual Indicator		42	39	39	40
Numerator					
Denominator					
Data Source		YRBS	YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	39	39	39	38.9	38.9

Notes - 2011
Results from: RESULTS OF THE 2011 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.

Notes - 2010
Results from: RESULTS OF THE 2009 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.

Notes - 2009
Results from: RESULTS OF THE 2009 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available.

a. Last Year's Accomplishments
During CY 2011, family planning clinics around the state served a total of 2,272 teens aged 15-17 years of age compared with 2,284 teens aged 15-17 years of age who received services in CY 2010--a decrease of 0.525 percent, or 12 clients, who were served in CY 2011. Idaho's 2011 teen pregnancy rate for 15-17 year olds is xx.x percent (provisional data). The 2010 teen pregnancy rate was xx.x percent. The data shows a slight xxxx in teen pregnancy rates for 2008 and 2009 and a slight xxxx in the rates for 2010 and 2011.

The 15-17 year old teen clients received a physical assessment, education, and counseling services. All clinics continued to emphasize adolescent education which focuses on abstinence, parental involvement, contraception and STI/STD prevention.

All health districts provide family planning services to teen clients aged 13-19 years of age. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules.

Funding was received from the Title X Family Planning Program for year one of a three-year special project, "Family Planning-HIV Integration Project". Title X clinics performed HIV Rapid Test screenings from January 3 -- December 31, 2011. All HIV Rapid Test screenings performed were negative.

During CY 2011, the ADA County Juvenile Detention Center project provided access to reproductive health care services for high-risk adolescents. Residents were provided with the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations were given to measure the level of intention to change risky sexual behaviors.

During CY 2011, the Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, the STD Prevention Coordinator, and the HIV Prevention Coordinator met to discuss collaboration and coordination efforts between their programs.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide family planning services to teens through the public health districts.	X		X	
2. Develop comprehensive educational messages targeted to teens.		X	X	X
3. Continue to conduct Teen Education Afternoon (TEA) local		X	X	

district clinic project.				
4. Continue program collaboration and coordination activities with the Adolescent Pregnancy Prevention Program.				X
5. Continue to conduct HIV Rapid Screening tests on all Title X family planning clients.	X		X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

All health districts provide family planning services to teen clients. Many districts provide extended clinic hours in the evening to accommodate teen client's schedules. All the districts have active advisory boards within their family planning programs which guide the content of education materials and provide direction for outreach activities. All of the advisory boards have committee members of various backgrounds including faith based members and teen representatives. These relationships have allowed the boards to develop more trusting relationships with local groups.

Funding was received from Title X Family Planning for year 2 of a three-year special project, "Family Planning-HIV Integration Project". Title X clinics began implementing HIV Rapid Test screenings on January 3, 2011 on all Title X family planning clients and will continue to provide HIV Rapid Test screening through CY 2012.

During CY 2012, the ADA County Juvenile Detention Center project continues to provide access to reproductive health care services for high-risk adolescents. Residents are provided with the opportunity to receive services through weekly preventive reproductive health clinics. Pre- and post-test evaluations are given to measure the level of intention to change risky sexual behaviors.

The Adolescent Pregnancy Prevention (APP) Manager, Family Planning Coordinator, STD Prev. Coordinator, and HIV Prev. Coordinator meet together periodically to discuss collaboration efforts.

c. Plan for the Coming Year

Comprehensive educational messages will continue to be developed that target teens and provide information on issues like abstinence, STIs, parental involvement, sexual coercion, and birth control methods.

HIV Rapid Test screenings will continue per activities specified in year 3 of the three-year special project, "Family Planning-HIV Integration Project", funded by the Title X Family Planning Program. Clients who receive a positive screening test will be offered confirmatory testing. Clients with a positive confirmatory test will be referred for medical management of the diagnosis.

The Ada County Juvenile Detention Center project will continue during CY 2013. The project provides access to reproductive health care services for high-risk adolescents. Residents will be given the opportunity to receive services through weekly preventive reproductive health clinics.

The Adolescent Pregnancy Prevention (APP) Manager, the Family Planning Coordinator, the STD Prevention Coordinator, and the HIV Prevention Coordinator will continue to meet together periodically to discuss collaboration and coordination efforts between their programs.

State Performance Measure 2: *Percent of pregnant women 18 and older who received dental care during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective				55	55
Annual Indicator		45.3	53.9	53.9	51.1
Numerator					
Denominator					
Data Source		PRATS	PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	55	55	55	55	55

Notes - 2011
Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Received at a minimum teeth cleaning or regular check-up.

Notes - 2010
Data source is 2009 Idaho PRATS survey. 2010 data not available at entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2009
Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

a. Last Year's Accomplishments
Six of the seven district health departments provide education to pregnant women in WIC clinics. One health district does not work closely with their WIC clinic. The Idaho Oral Health Program (IOHP) does not have a systematic approach to ensure pregnant women receive dental care during pregnancy.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Establish referral network for physicians and dentists.				X
2. Conduct a survey of dentists about accepting Medicaid referred patients.				X

3. Continue evaluation of PRATS and Idaho birth certificate data.				X
4. Continue to improve dental coverage for pregnant women through Medicaid.			X	
5. Educate providers and pregnant women regarding link between good oral health and improved birth outcomes.			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The IOHP will continue to provide education to pregnant women in WIC clinics. Currently the IOHP is managing a grant from the DentaQuest Foundation with a medical-dental collaboration focus. Two community health centers will receive funding (contingent upon DQF funding for YR2) which will have focus on referring pregnant women for dental care during pregnancy. The expectation is that referral models will be developed with the potential to spread to other community health centers.

c. Plan for the Coming Year
The plan for 2013 will essentially remain the same. The expectation is that because of (potential) DQF funding in YR3, there will be a greater interest across community health centers to focus on referring pregnant women to dental care.

State Performance Measure 3: *Percent of 9th – 12th grade students that are overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective				18	18
Annual Indicator		11	20.8	20.8	22.6
Numerator					
Denominator					
Data Source		YRBS	YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	18	18	18	18	18

Notes - 2011
Results from: RESULTS OF THE 2011 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.

Notes - 2010
Source is 2009 YRBS. Numerator and denominator not available as the source is weighted survey data and would imply artificial precision.

Notes - 2009
Source is 2009 YRBS. Numerator and denominator not available as the source is weighted survey data and would imply artificial precision.

a. Last Year's Accomplishments
The Idaho Physical Activity and Nutrition Program (IPAN) contracted with the seven local public health districts to attend training and implement the Community Health Assessment aNd Group

Evaluation (CHANGE) Tool in their respective districts. The CHANGE Tool walks community team members through an assessment process and helps define and prioritize possible areas of improvement. Having this information as a guide, community team members can create sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors. Each Health District selected one community, either a city or county, in their district to complete the CHANGE Tool. The community teams assessed five sectors: community-at-large, community institutions/organizations, health care, schools and worksites.

IPAN also asked the seven local public health districts to select a policy or environmental change from the 2011-2013 Healthy Eating Active Living (HEAL) Idaho Framework. District activities included reducing sedentary screen time (television, computer, video games, etc.) through the implementation of a community Screen Free Week, assisting schools with participating in Fuel Up to Play 60 programs, improving nutritional offerings in child care centers, promoting healthy competitive foods in schools, enhancing traffic safety in areas where people could be more physically active, promoting farm to school programs and school gardens, and promoting changes in local transportation policy to promote walking, biking and the use of public transportation.

The IPAN Program terminated its memorandum of understanding with the State Department of Education's Coordinated School Health Program to devote resources to the newly awarded Coordinated Chronic Disease Prevention and Health Promotion Program (CCDP). The CCDP Program is intended to build state health department capacity to increase the effectiveness of chronic disease prevention efforts.

The IPAN Program also continued work on the ARRA CPPW initiatives to work with five communities to adopt Complete Streets policies and three schools to adopt and implement Institute of Medicine Nutrition Standards for Competitive Foods in schools.

IPAN staff continued to support the HEAL Idaho Network which has grown to include over 150 individuals and organizations statewide. The HEAL Network convened five times in 2011 across the state to continue to engage a diverse array of partners. IPAN staff also developed and presented a Cliff Analogy presentation for HEAL Network partners to demonstrate the importance and need for policy, systems and environmental change in physical activity and nutrition initiatives to garner the greatest impact. HEAL also sponsored a workshop featuring Mark Fenton, a national expert in creating a built environment to promote healthy eating and active living.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Train and provide assistance to the health districts to implement the CHANGE Tool		X		X
2. Issue mini-grants and conduct education with communities and schools to implement physical activity and nutrition policies (ARRA CPPW)		X	X	
3. Maintain and grow the HEAL Idaho Network				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

IPAN continues to contract with the health districts to translate the CHANGE Tool results into an action plan to address health policies, systems and environmental changes in the seven communities selected to participate. The FY2013 health district contracts will have the health districts working with the seven communities to seek out funding, resources and to implement their action plan. The districts will also select one new community in each district to begin the CHANGE Tool process.The health districts are also conducting a BMI assessment with 3rd grade students during the 2011-2012 school year. Each district is assessing 250-300 3rd grade students. The final BMI assessment will be completed in the fall of 2012 for dissemination to partners. IPAN continues to convene the HEAL Network in meetings across the state. The Network will be reviewing and revising the 2011-2013 HEAL Idaho Framework. They will continue to promote the Cliff Analogy tool and have commissioned a Boise State University graduate student to conduct an evaluation of HEAL activities as a thesis project.

IPAN continues to work with the 5 communities and 3 schools on CPPW ARRA initiatives. Staff are collecting data and success stories and are initiating evaluation activities. The project period ends August 2012. The CCDP Program is focused on developing a Coordinated Chronic Disease Prevention and Health Promotion Plan for Idaho that will include outcomes, objectives and strategies that all chronic disease an

c. Plan for the Coming Year

In the coming year, IPAN will continue to work with the seven local public health districts to implement the CHANGE Tool in more communities. The intention is to build the infrastructure of community teams who will be better positioned to apply for and receive funding to address physical activity and nutrition at the local level. IPAN will also continue to maintain and grow the HEAL Network and to finalize an updated HEAL Framework to include and emphasis on policy, systems and environmental change, health care systems, community-clinical linkages, and surveillance and epidemiology.

The CCDP Program, if it continues to be funded, will allow BCEH staff to participate in training to increase their knowledge and skills in policy, systems and environmental change, health care systems, community-clinical linkages, and surveillance and epidemiology. It will also allow BCEH staff to develop more intimate partnerships in chronic disease prevention and to disseminate and implement the CCDP Plan.

State Performance Measure 4: *Percent of women 18 and older who fell into the "normal" weight category according to the body Mass Index (BMI=18.5 to 24.9) prior to pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective				59	59
Annual Indicator		51.2	49.8	48.2	48.2
Numerator		12431	11475	10943	10943
Denominator		24289	23036	22684	22684
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate
Is the Data Provisional or Final?				Final	Provisional
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	59	59	59	59	59

Notes - 2011
Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

Due to out-of-state birth certificates not received as of date of entry, 2010 values are used as estimate.

Notes - 2010
Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

Notes - 2009
Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

a. Last Year's Accomplishments
In 2010, the Idaho Physical Activity and Nutrition Program launched the Healthy Eating, Active Living (HEAL) Idaho Network to develop a comprehensive statewide strategic operations framework to address nutrition and physical activity for Idahoans of all ages. HEAL Idaho is a voluntary network of organizations, agencies, businesses, and individuals committed to creating an environment where all Idahoans have access to healthy food options and opportunities to be physically active to improve their health and well-being. In November 2011, the HEAL Idaho Network held a workshop focused on building health communities and creating lasting changes in health through policy, systems and environmental change.

Also in November 2011, the Idaho Public Health Association held the Diabetes and Women's Health Conference. The focus of the conference was on the need to develop multiple partnerships across sectors to prevent and manage the risk factors such as obesity for diabetes among women and to build community interventions that reach women with and at risk for diabetes.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Monitor BMI data through birth certificates.				X
2. Formalize a state Physical Activity and Nutrition Alliance/Coalition.				X
3. Coordinte with HEAL Idaho to acknowledge nutrition and activity issues as important elements of preconception health.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
HEAL Idaho continues to build membership, exchange information and access resources via the statewide website, and hold regular regional and statewide meetings. Agencies and organizations work together to make recommendations for the framework and identify best practices for addressing nutrition and physical activity. Idaho WIC program is a member of the HEAL Idaho

Network. We will continue to monitor this data through birth certificates as well as explore other data sources. We will also be looking for opportunities to develop meaningful and effective interventions.

c. Plan for the Coming Year
The HEAL Idaho Network will continue with the implementation of recommended actions. There is a realization that there is room within the framework to address nutrition and physical activity issues relevant to pregnancy women, children, and youth. The MCH program will become more involved with HEAL Idaho and explore other opportunities to promote healthy weight among women as a part of preconception health.

State Performance Measure 5: *Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective				43	43
Annual Indicator		38.6	40.3	40.3	41.3
Numerator					
Denominator					
Data Source		PRATS	PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	43	43	43	43	43

Notes - 2011
Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2010
Data source is 2009 Idaho PRATS survey. 2010 data not available as of entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2009
Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

a. Last Year's Accomplishments

This measure is obtained from the Pregnancy Risk Assessment Tracking System (PRATS). Idaho has been monitoring this data as a first step to identifying ways to positively impact preconception health.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Monitor PRATS data.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Realizing the benefit of aligning with the Idaho's MCH Block Grant's state performance measures, the Idaho Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program identified multivitamin use among enrolled women of childbearing age as a preconception health indicator as part of their benchmark and data collection plan. This will create another source of data to monitor this indicator once MIECHV service delivery begins the summer of 2012. Home visitors will also be providing information to enrolled women about the benefits of regularly taking a multivitamin.

The Idaho MCH Program is the state's lead partner in the Text4Baby initiative. Mothers enrolled in the service receive weekly text messages with content relevant to their gestation (if pregnant) or baby's age (postnatal up to 1 year). Text messages encouraging use multivitamins containing folic acid are part of the package.

Another avenue to promote preconception health behaviors such as multivitamin use is through the Healthy Eating, Active Living (HEAL) Idaho Network which published a framework and made recommendations for best practices to impact nutrition and health behaviors in 2011. As HEAL Idaho continues to grow, impact to MCH populations will be monitored.

c. Plan for the Coming Year

We will continue to monitor PRATS data and will begin monitoring MIECHV enrollee data regarding multivitamin use once the data are available. The MCH program will explore opportunities to promote multivitamin and folic acid use as a part of preconception health among Idaho women.

State Performance Measure 6: *Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective				35	50
Annual Indicator		77	79.2	79.2	78.7

Numerator					
Denominator					
Data Source		PRATS	PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	50	50	50	50	50

Notes - 2011
Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2010
Data source is 2009 Idaho PRATS survey. 2010 data not available at entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Notes - 2009
Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

a. Last Year's Accomplishments
This measure is obtained from the Pregnancy Risk Assessment Tracking System (PRATS). Idaho has been monitoring this data as a first step to identifying ways to positively impact preconception health.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Monitor PRATS data.				X
2. Coordinate with Substance Abuse Program to monitor alcohol use prior to and during pregnancy.			X	X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Through the Idaho Maternal, Infant, and Early Childhood (MIECHV) program's steering committee, the MCH program has strengthened its relationship with the Idaho Substance Abuse program's Pregnant Women and Women with Dependent Children (PWWC) program. The PWWC program has identified a network of providers to serve the specific needs of pregnant women and women with children who are facing substance use issues. This network will be used as a referral source for women enrolled in the MIECHV program. We will monitor referral and alcohol use data once the MIECHV program begins service delivery in summer 2012.

c. Plan for the Coming Year
We will continue to monitor PRATS data and will begin monitoring MIECHV enrollee data regarding alcohol use and referrals once the data are available. The MCH program will explore opportunities to promote abstinence from alcohol and other substances prior to pregnancy as part of preconception health among Idaho women.

State Performance Measure 7: *Percent of children at kindergarten enrollment who meet state immunization requirements.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2007**	**2008**	**2009**	**2010**	**2011**
Annual Performance Objective				90	90
Annual Indicator		85.2	85.0	85.8	86.4
Numerator		18966	19240	19654	19675
Denominator		22257	22624	22913	22762
Data Source		Summary SIR	SIR 2009	SIR 2010	SIR 2011
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**
Annual Performance Objective	90	90	90	90	90

Notes - 2011
SIR = School Immunization Report, self-reported rates by schools. The immunizations required for Idaho school attendance are set by state policy not necessarily matching national standards.

In 2011 Idaho added Varicella and Hepatits A to required vaccinations. The numerator includes a new record category of "Conditional Admittance" which counts students with partial immunization series where parents/guardians indicated they would bring the child up to date within three weeks.

Notes - 2010
SIR = State Immunization Report

Notes - 2009
SIR = State Immunization Report

a. Last Year's Accomplishments
1. The administrative rules that govern immunization requirements for children attending Idaho schools were updated. For the first time in memory the requirements for children attending kindergarten and first grade were brought in line with the recommendations of the Advisory Committee on Immunization Practices (ACIP), with the exception of the flu vaccine which is not required for school attendance.

2. The Idaho Childhood Vaccine Assessment statute was changed, with the support of Idaho's physicians and insurance companies, to require that the vaccine assessment fund that keeps vaccines universal in Idaho, cover all ACIP recommended vaccines. Previously the specific vaccines to be covered were voted on by the Vaccine Assessment Board.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide free vaccines to all children 0 through 18 years of age by consistently supplying all Vaccine for Children (VFC) providers in the state of Idaho.			X	
2. Provide parent, school, and daycare education, media, and training.			X	
3. Maintain an immunization registry, which includes data quality monitoring.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

During 2012 a lot of educational activities have been ongoing trying to make schools, physicians, nurses and families more aware of the updated school entry requirements. That effort will continue through this year and next.

c. Plan for the Coming Year

One of the issues facing the Immunization Program is how to handle those schools who have a large percentage of children who are neither up-to-date with their vaccines nor have exemption forms on file. The non-compliant children are in breach of state law, but enforcement mechanisms are unclear. Discussions with the Idaho Department of Education have begun, and next year some action may be taken to increase enforcement.

State Performance Measure 8: *Percent of children at seventh grade enrollment who meet state immunization requirements.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective				95	95
Annual Indicator		94.4	93.8	93.5	78.3
Numerator		20327	19997	20293	17736
Denominator		21539	21317	21714	22659
Data Source		No data available	SIR 2009	SIR 2010	SIR 2011
Is the Data Provisional or Final?				Final	Final
	2012	**2013**	**2014**	**2015**	**2016**

Annual Performance Objective	95	95	95	95	95

Notes - 2011
SIR = School Immunization Report, self-reported rates by schools. The immunizations required for Idaho school attendance are set by state policy not necessarily matching national standards.

In 2011 Idaho added Tdap and Mengitis to required vaccinations. There was an increase in the rate of incomplete records at least partially attributed to the additional vaccinations. The numerator includes a new record category of "Conditional Admittance" which counts students with partial immunization series where parents/guardians indicated they would bring the child up to date within three weeks.

Notes - 2010
SIR = State Immunization Report

Notes - 2009
SIR = State Immunization Report

a. Last Year's Accomplishments
1. The administrative rules that govern immunization requirements for children attending Idaho schools were updated. For the first time in Idaho history, additional requirements were set for attendance for seventh graders. This cohort's is now required to be up-to-date on their Tdap and Meningococcal vaccines.

2. The Idaho Childhood Vaccine Assessment statute was changed, with the support of Idaho's physicians and insurance companies, to require that the vaccine assessment fund that keeps vaccines universal in Idaho, cover all ACIP recommended vaccines. Previously the specific vaccines to be covered were voted on by the Vaccine Assessment Board.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provide free vaccines to all children 0 through 18 years of age by consistently supplying all Vaccine for Children (VFC) providers in the state of Idaho.			X	
2. Perform annual site visits to VFC providers and conduct provider education.			X	
3. Provide parent, school, and childcare education, media, and training.			X	
4. Maintain an immunization registry which includes data quality monitoring.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
During 2012 a lot of educational activities have been ongoing trying to make schools, physicians, nurses and families more aware of the updated school entry requirements. That effort will continue through this year and next.

c. Plan for the Coming Year
One of the issues facing the Immunization Program is how to handle those schools who have a large percentage of children who are neither up-to-date with their vaccines nor have exemption forms on file. The non-compliant children are in breach of state law, but enforcement mechanisms are unclear. Discussions with the Idaho Department of Education have begun, and next year some action may be taken to increase enforcement.

E. Health Status Indicators

The Health Status Indicators provide quite comprehensive demographic information as well as select birth, death and condition information. While all of this information is available elsewhere, it consolidates key measures of significance to the MCH population and program in one area.

This data allows us a comprehensive picture of who current funding is affecting either directly or indirectly. Through the evaluation of outcomes from each of these programs or areas, we are able to weigh the impact of our funding and shift funds as necessary in order to serve the most individuals at highest risk. While this state level data points may assist in program direction, Idaho efforts such as the expanded PRATS survey make it possible for us to look at the issues at a more local level.

Surveillance of these key indicators allows us to monitor our progress in relationship to other MCH programs.

While Idaho's preterm birth rate as a percent of live birts of 10.1 is better than the United States rate of 12.2, this is an area Idaho will be focusing efforts in the coming year. The MCH program will be partnering with the March of Dimes and the Association of State and Territorial Health Officers to work towards reducing our preterm birth rate 8% by 2014. This would be a rate of 9.3 and estimated 200 fewer preterm births.

F. Other Program Activities

The Genetics Services Program, Bureau of Clinical and Preventive Services, will continue to contract with physicians, Board Certified in Medical Genetics, and related disciplines to provide consultation to health care providers for all MCH populations needing genetic diagnosis, evaluation and management.

The CSHP Program will continue to provide biannual regional PKU clinics, staffed by Dr. Cary Harding from Oregon Health and Science University, in Boise, Idaho Falls, Lewiston, and Coeur d'Alene. Families receive initial consultation from OHSU and Dr. Harding already comes to Idaho to see children with other metabolic disorders.

The Bureau of Clinical and Preventive Services outcome performance measures will continue to be maintained and updated by the MCH Director and the MCH research analyst. This document will be updated quarterly and will provide a method for the MCH programs to monitor performance on a statewide basis as well as provide information to the Department's administration in regard to the Bureau's contribution to the Department's goal of improving health status.

G. Technical Assistance

The Children's Special Health Program (CSHP) is unsure how to approach trying to impact Performance Measure #3 (Medical Home), and would appreciate some technical assistance on the subject.

Idaho is interested in technical assistance with strategies and methods to obtain unduplicated counts across agencies.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2011		FY 2012		FY 2013	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	3236441	2830910	3203380		3203380	
2. Unobligated Balance *(Line2, Form 2)*	0	0	0		0	
3. State Funds *(Line3, Form 2)*	0	0	2402535		0	
4. Local MCH Funds *(Line4, Form 2)*	2427331	2123182	0		2402535	
5. Other Funds *(Line5, Form 2)*	0	0	0		0	
6. Program Income *(Line6, Form 2)*	0	0	0		0	
7. Subtotal	5663772	4954092	5605915		5605915	
8. Other Federal Funds *(Line10, Form 2)*	38829252	39243535	36440601		40530062	
9. Total *(Line11, Form 2)*	44493024	44197627	42046516		46135977	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2011		FY 2012		FY 2013	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	243008	235455	242818		314376	
b. Infants < 1 year old	1386063	1158311	1373275		1377507	
c. Children 1 to 22 years old	2231083	2125773	2218445		2190196	
d. Children with	1312898	1038280	1280507		1255566	

Special Healthcare Needs						
e. Others	265720	268418	265870		265870	
f. Administration	225000	127855	225000		202400	
g. SUBTOTAL	5663772	4954092	5605915		5605915	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	0		0		0	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	32652784		29369567		32684119	
h. AIDS	2248135		2133507		2550540	
i. CDC	2294736		2319421		2049784	
j. Education	0		0		0	
k. Home Visiting	0		0		1317564	
k. Other						
Title X	0		0		1928055	
MIECHV	0		1000000		0	
Ttile X	0		1618106		0	
Title X	1633597		0		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2011		**FY 2012**		**FY 2013**	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
I. Direct Health Care Services	1837850	1586526	1809050		1773050	
II. Enabling Services	46700	46510	46750		46750	
III. Population-Based Services	2988681	2838520	2964335		2937268	
IV. Infrastructure Building Services	790541	482536	785780		848847	
V. Federal-State Title V Block Grant Partnership Total	5663772	4954092	5605915		5605915	

A. Expenditures

For details of budget variation from projected to actual, please refer to forms 3, 4, and 5 and their related notes.

Funds used for state match during federal fiscal year 2011 (FFY 11) are from local funds ($2,123,182), contributed by the local health districts to help support the childhood Immunization Program. No state general funds are used to support MCH programming.

The expenditures in FFY 11 that were directed to Pregnant Women included 25% of the MCH administrative budget ($29,087), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($56,458), 20% of the Reproductive Health MCH budget ($131,493), and

25% of the Idaho CareLine MCH budget ($11,175).
Funds used in FFY 11 for infants < 1 Year Old included 25% of the MCH administrative budget ($29,087), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($56,458), 25% of the Idaho CareLine MCH budget ($11,175), and 50% of the local match ($1,061,591).

Expenditures for Children 1 to 22 Years Old included 25% of the MCH administrative budget ($29,087), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($56,458), 25% of the Idaho CareLine MCH budget ($11,175), 50% of the Immunization Program local funds used for block grant match ($1,016,591), 100% of the Oral Health Program ($386,074), 100% of the injury funds ($312,965) and 40% of the MCH budget for Reproductive Health ($262,987).

Expenditures for Children with Special Health Care Needs included 25% of the MCH administrative budget ($29,087), 25% of the Idaho CareLine MCH budget ($11,175), 25% of the Office of Epidemiology, Immunization and Food Protection MCH budget ($56,458), 100% of the Genetics Program ($125,014) and the Children's Special Health Program ($816,546).

Forty percent (40%) or $262,987 of the MCH funds directed to the Reproductive Health Program were spent in the Other category, which primarily includes women of reproductive age who are older than 22 years of age. Indirect costs charged against the MCH Block Grant in FFY 11 totaled $127,855 in the Administrative category.
FFY 11 expenditures by service category are as follows: Direct Health Care Services accounted for 90% of the genetics Program budget ($112,513), 100% of the Reproductive Health Program budget ($657,467) and 100% of the Children's Special Health Program budget ($816,546). The two programs included under enabling services were the Idaho CareLine ($44,700) and 10% ($1,810) of the MCH money supporting the STD program. Programs included in the Population-Based Services category were 100% of the Oral Health Program ($386,079), 100% of the Injury Prevention Program ($339,166), childhood Immunizations ($2,123,182 -- local match), and 90% of the MCH STD funds ($16,294).

Programs included under infrastructure Building Services included: 100% of MCH Administration ($116,348), 100% of Office of Epidemiology, Immunization and Food Protection ($225,832), 10% of the Genetics Program ($12,501), and the indirect budget ($127,855).

Total reported MCH expenditures for Idaho during FFY 11 are $4,954,092.

B. Budget

To meet the match requirement, the state will be utilizing $2,402,535 in local funds.

The priority areas for Idaho are children with special health care needs, reproductive health for young women, oral health of children, injury prevention, epidemiology services and genetics. These programs account for the majority of spending. Funding for the State Children's Special Health Program and Genetics account for the majority of funds used to meet 30% minimum required for CSHCN. In fact, those two programs alone account for 35.4% of the block grant funds. The programs under Preventive and Primary Care for Children that receive the largest amount of funds include Oral Health, Reproductive Health, and Injury Prevention.

MCH funds will again be used to fund a full-time research analyst dedicated to MCH programs. The position, while housed in the Bureau of Vital Records and Health Statistics, is dedicated to MCH programming. For the past three years (2009 -- 2011) this position has been funded through receipts, which is no longer feasible due to declining birth rates. With the decline in receipts, MCH funds will also be used to support a portion of the costs associated with the Pregnancy Risk Assessment and Tracking System (PRATS) survey.

With diminishing federal funds and no state general funds supporting MCH programming "special projects" have been eliminated and funds have been moved from the administrative budget to programming.

MCH funds continue to support the Injury Prevention program. The majority of funds expended in this area support the poison control center which serves our very rural state.

Idaho's Children's Special Health Program has improved efficiencies and service delivery through its relationship with St. Luke's Children's Hospital. In order to more effectively manage eligibility issues, in 2010 all care coordination was moved back into the program, leaving the Children's Hospital responsible for the service delivery for the Children's Special Health Program and Genetics Clinics. This has proven to be a very successful change and has resulted in improved customer service to our families. While the majority of the genetics and metabolics clinics are conducted at the Children's Hospital in Boise, the two physicians that support these clinics do travel hold clinics throughout the state. The Children's Special Health Program and Genetics Clinic together account for 35.4% of the MCH Block Grant expenditures. This decrease in percentage from 39.5% in 2010 is because the Children's Hospital has taken on the billing function where appropriate and is much more successful in collecting than the program had been.

During the 2010 state legislative session a vaccine assessment fund was created to provide funding to maintain Idaho's status as a universal vaccine provision state. In state fiscal year 2011 the Division of Public Health used approximately $6,400,000 from the fund to provide childhood vaccines at no cost to all Idaho children. While this assessment fund helps ensure the health of Idaho children, the money cannot be used for any purpose other than the purchase of childhood vaccines. In state fiscal year 2012 the expenditure from the fund will be $13,618,979. During 2011 some costs were offset by federal ARRA funds and providers are giving more childhood immunizations in an effort to improve Idaho's rates. Additionally, in 2011, the program was not providing all ACIP recommended vaccines; specifically flu and HPV. Another jump is anticipated in the coming year, bringing expenditures to approximately $17 million. This increase will be primarily due to inflation and adding coverage of HPV vaccine for boys.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.