Part 1 - Agency Profile

Agency Overview

Mission: To promote and protect the health and safety of Idahoans.

Role in the Community: IDHW's primary role in the community is to provide services and oversight to promote healthy people, safe children, and stable families. The Department accomplishes this through several core functions that include:

- Administer state and federal public assistance (Food Stamps) and health insurance (Medicaid) programs;
- Provide direct care services for certain disadvantaged or underserved populations;
- Protect children and vulnerable adults;
- License or certify specific types of care facilities;
- · Promote healthy lifestyles; and
- Identify and reduce public health risks.

<u>Leadership:</u> The Department of Health and Welfare serves under the leadership of Idaho Governor C.L. "Butch" Otter. IDHW's Director, Richard Armstrong, oversees all Department operations and is advised by the State Board of Health and Welfare. The Board has nine voting members, seven members appointed by the Governor, along with two members who serve as citizen legislators and chair the Health and Welfare legislative committees.

The Director appoints Deputy Directors to assist in managing the Department's business. A deputy is responsible for oversight and coordination of each of the following three areas: Family and Welfare Services; Health Services; and Support Services.

Organization: Idaho is a leader in the area of integrated service delivery for health and human services. In some states, the organization of health and human services is divided into a number of departments with separate administrations. Idaho is fortunate to have these services under one umbrella and a single administration. This is not only cost-effective from an administration standpoint, but it allows the Department to more effectively coordinate services for struggling families so they can become self-reliant, without government support. Many states are currently studying or adopting an umbrella structure similar to Idaho's health and human services system.

The Department is comprised of nine Divisions: Medicaid, Behavioral Health, Public Health, Family and Community Services, Welfare, Human Resources, Information and Technology Services, Management Services, and Communications and Regional Development.

Each Division is composed of individual programs or bureaus that provide services to help people in communities. As an example, the Division of Family and Community Services provides direct services for child protection, and partners and contracts with community providers or agencies to help people with developmental disabilities.

There are seven Regional Offices in the state with headquarters in Boise, Caldwell, Lewiston, Coeur d'Alene, Twin Falls, Pocatello, and Idaho Falls. IDHW has 34 field offices geographically located to reach each area of the state, three state institutions, and 3,110 authorized full-time employees in State Fiscal Year 2007.

Each of the seven Regional Offices has a Regional Director who helps carry out the mission of the Department. They work with community leaders and groups to develop partnerships and community resources so the Department can serve more people than it could by itself. The Regional Directors also serve as the Director's community representatives.

DIVISIONS

The Department is organized in nine Divisions. Each Division contains programs and bureaus that provide an administrative structure for the delivery of services and accountability.

1. Division of Medicaid

A. Overview

The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The Division does not provide direct medical services, but contracts and pays for services through providers like other health insurance plans. Medicaid provides services for youth, pregnancy, old age, disability, and low income families. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

B. Highlights

With the continued support of the Governor's office and legislators, the Division of Medicaid implemented the following key reform initiatives:

- i. Medicaid Benchmark Plans
- The Basic Plan: for low-income children and working-age adults. Individuals in this plan are assessed as having average health needs. Their benefits include medical, dental, and vision.
- The Enhanced Plan: for individuals with disabilities and/or special needs. Their benefits include all basic plan services plus developmental disability services, enhanced mental health services, and long-term care.
- The Medicare/Medicaid Coordinated Plan: for adults over 21 years of age who have Medicare coverage and also qualify for Medicaid because of low income. This plan includes an option to enroll in a Medicare Advantage Plan with wrap-around Medicaid coverage.
- ii. Promoting Personal Responsibility
- Families at higher income levels are expected to share in the costs of their benefits by paying premiums. In addition, participants receive incentives to encourage good health choices.
- iii. Encouraging Prevention and Wellness Activities
- Provides expanded coverage to adults for annual health exams, well child reimbursement, weight loss, smoking cessation, and provides preventative health screenings and services in schools.
- iv. Providing Opportunities for Employment
- Medicaid for Workers with Disabilities (Medicaid Buy-In) allows individuals to work, or work extended hours, without losing Medicaid coverage by paying a portion of their health care costs through premiums.
- v. Providing a Self-Directed Waiver Option
- This option is available for certain individuals with disabilities and gives individuals more choices and control
 in their living environment.
- vi. Implementing Savings and Efficiencies
- Idaho joined a multi-state pharmacy purchasing pool that has provided significant savings, reduced total pharmacy costs, and provided funding for preventive health incentives.
- Idaho negotiated best price for incontinent supplies, out sourced dental care for Medicaid Basic Plan participants, and initiated a chronic disease management program.
- Due to Medicaid Reform, Medicaid is now the payer of last resort.
- vii. Offering Options for Long-Term Care
- Financing reforms have ensured that long-term care is available for those without resources to pay.
- Individuals who purchase commercial long-term care insurance are able to protect a portion of their assets if they become eligible for Medicaid financed long-term care.

2. Division of Behavioral Health

A. Overview

The Division of Behavioral Health is comprised of the children's and adult mental health programs, and the substance abuse prevention and treatment program. Division clinicians provide mental health services to primarily uninsured adult clients. Private providers, managed through the Division, deliver children's mental health and substance use disorder services. Acute mental health care is available at the state's two psychiatric hospitals, State Hospitals North and South, which are also part of the Division. Additionally, the Division staffs assertive community treatment (ACT) teams that provide clinical services for mental health courts in each state region.

B. Highlights

 In FY2007, 374 clients received ACT team services from the Division's regionally-based ACT teams. ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much

lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. Many of the individuals receiving these services were participants in the state's mental health courts.

- The Jeff D lawsuit, a 26-year old court action involving state children's mental health services, went to trial in September 2006, with a decision issued in February 2007. The federal court found the Department of Health and Welfare out of compliance with only 21 of over 200 action items. The Department has brought those items into compliance and filed a motion with the court to dismiss the case. A decision is expected before the 2008 legislative session begins.
- ATR-funded direct treatment services were initiated in April 2005 and ended in August 2007. Through the three years of the grant, 11,226 unduplicated clients were served. Through the grant, many rural residents no longer had to travel to larger cities for treatment; ATR helped bring recovery support services to local Idaho communities. The number of clients served exceeded the federal grant requirement by 2,298 clients. With the grant expiration in August of 2007, the department requested the Legislature to transition ATR funding from federal to state funds to continue the momentum of providing services to people who meet the financial and clinical eligibility requirements and are on waiting lists for help. In the SFY07 legislative session, the legislators did just that, appropriating \$6,800,000 for substance use disorder treatment and recovery support services.
- 2007 was the first year that methamphetamine was the primary drug of choice for adult substance abuse clients. In all previous years, alcohol has been the primary drug of choice. The rise in methamphetamine as the primary drug of choice may be attributable to the rise in the number of criminal justice clients the Division is treating. In 2007, 89% of the clients funded through the Bureau of Substance Abuse were criminal justice clients.

3. Division of Public Health

A. Overview

The Division of Public Health protects the health of Idaho citizens through a wide range of services that include vaccinations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital record administration, compilation of health statistics and bioterrorism preparedness. The Division's programs and services actively promote healthy lifestyles and prevention activities, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens. The Division contracts and coordinates with local District Health Departments to provide many services throughout the state.

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

B. Highlights

During the last year, the Division of Public Health provided excellent service throughout the state. A few of the many highlights include:

	The State Bureau of Laboratories conducted genetic-based testing of micro organisms to identify if individuals were infected from a common source. The Idaho Lab was the third in the country to detect and confirm the national E. coli outbreak associated with fresh bagged spinach in September-October 2006.
	The Bureau of Epidemiology provided information on how to prevent West Nile Virus to the public through print, radio and television campaigns. In addition, a web link was updated regularly to provide timely
	information. A new automated WNV information line was established for members of the public to access a wide variety of facts via the telephone.
	The Women's Health Check (WHC) program partners with the Medicaid and Welfare Divisions to expedite cancer treatment for uninsured, low income women who have been screened and diagnosed through the program. Since the program's inception in 1997, over 25,000 women have been screened for breast and cervical cancer. A total of 311 women have been diagnosed with breast cancer and 13 women have been diagnosed with cervical cancer through the program.
	In 2007, the Health Preparedness Program (HPP) and the State Office of Rural Health and Primary Care (SORHPC) were combined to form one bureau - the Bureau of Health Planning and Resource Development. These programs can now better integrate complementary activities throughout the state with hospitals, federally-qualified health centers, emergency medical service providers, local district health departments, associations (e.g., the Idaho Primary Care Association, etc.), universities, and other key entities in the health

system. This reorganization/integration avoids program duplication and promotes sharing of vital resources

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that complement each other, increasing the Division of Health's overall capacity for planning and systems sustainability. Neither new FTEs nor additional funding were required.

4. Division of Family and Community Services

A. Overview

The Division of Family and Community Services directs many of the Department's social and human service programs. These include child protection, adoption, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. The programs work together to provide services for children and families that focus on the entire family, building on family strengths while supporting and empowering families. During the 2007 legislative session, Navigation Services were also added.

One state institution is a part of this Division; Idaho State School and Hospital in Nampa provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

B. Highlights

- During FY2006, the Children and Family Services Program experienced high rates of turnover for social work staff. The turnover rate reached 22% for the year. With improvements in compensation from the legislature and Division and Department efforts, the turnover rate in FY2007 decreased to 16%.
- Strategies to address workload are underway. According to the results of a workload study completed by an
 independent contractor (as recommended by the Office of Performance Evaluation), the Children and Family
 Services program is understaffed relative to workload. Workload demands have increased due to caseload
 growth and expanded accountability for outcomes from the federal government. In August, 2007, the
 Department submitted its response to the workload study to OPE. In that response, the Department
 described an incremental strategy to seek additional resources, leverage increased federal funds, and limit
 caseload growth through improved early intervention and permanency efforts.
- The Division has continued its efforts to make improvements in positive outcome measures for children and their families. Idaho was recognized in February 2006 by the Administration for Children and Families for achievement of all goals specified in the Children and Family Services Program's Performance Improvement Plan (2004-2006). The Division is currently preparing for its next Child and Family Services Review to be held in April 2008. Idaho continues to demonstrate strong performance in the areas of safety and family reunification. Challenges remain in the areas permanency, placement stability, and frequency of worker contacts with children and their parents.
- For the Infant and Toddler Program, the focus for 2007 was the expansion of services to eligible children with developmental delays and disabilities. The Infant and Toddler Program experienced a 7% increase in caseload growth the previous year. This was generated in part by a new federal requirement of referring abused and neglected children under 3 years of age for assessment. For FY2007, the program received 15 new FTP as well as additional contract dollars. Recruiting specialty staff and contractors for positions such as Occupational Therapists, Physical Therapists, and Speech Therapists to fill these positions has been very challenging given the shortage of available professionals relative to the demand for them in schools and hospitals.
- In the age of increased federal accountability, the current data system for the Infant and Toddler Program is inadequate for responding to the mandated reporting requirements. The Division will be looking to find ways to develop capacity for an automated client record to improve reporting and efficiency with record keeping.
- The Idaho State School and Hospital (ISSH) provides technical assistance to community partners through its Crisis Prevention Team in order to assist providers to maintain clients in their own communities. ISSH's census has remained at about 95 residents as a result of the efforts of the Crisis Prevention Team.

5. Division of Welfare (Self Reliance)

A. Overview

The Division of Welfare is committed to promoting stable, healthy families through both access to and services provided by the programs.

The Division of Welfare administers Self Reliance Programs that provide critical assistance to low-income individuals and families in crisis situations and help them become self-reliant. Each of the programs administered by the Division of Welfare require participants to engage in self-reliance activities, such as looking for employment or attending job training and development courses.

Self Reliance Programs include: Child Support, Food Stamps, Child Care, Temporary Assistance for Needy Families (TANF), and Aid to the Aged, Blind, and Disabled (AABD). The Division *does not* manage the Medicaid Program but *does* determine Medicaid eligibility. Other programs managed through contracts with local organizations include: Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance.

B. Highlights

- With legislative support, the Division of Welfare continues with the EPICS Replacement Project, which is aimed at modernizing and streamlining business processes and automation. The Division is now in the second year of the project and has already developed and implemented critical automation products and process improvements across the State. Product releases in the first year of the project made positive impacts on performance and service delivery. Since December 2006, the average number of days to release Food Stamp benefits to clients dropped from 22 days to 17 days. In that same time period, the number of days to make Family Medicaid eligibility determinations dropped by nearly half, from 39 days to 20 days.
- ☐ The Division of Welfare realized other significant performance improvements in FY 2007. Idaho was named the second most improved state in the Nation in FFY 2007 for improvements in Food Stamp payment accuracy. For this achievement, the Department received a bonus award of \$484,888. Welfare received a bonus award for sustained performance in critical Child Support performance areas measured by federal partners.

6. Division of Human Resources

A. Overview

The Division provides Human Resources technical assistance, facilitation, and consultation for the Department. Specific areas of support includes: recruitment and retention, workforce and staff development, compensation and classification, employee relations, equal employment opportunity, employee and client civil rights, privacy and confidentiality, language assistance program, and employee benefits.

B. Hiahliahts

While the Division of Human Resources had much success in supporting the Department's business, five issues stand out:

- Successfully implemented the 2-tier performance evaluation system prior to the deadline established by IDHR. We delivered orientation training to over 2500 employees. Also, we have established a method to evaluate quality of these evaluations.
- Successfully developed and utilized matrices to distribute the Change in Employee Compensation increase authorized by the legislature. This distribution was well-received by staff.
- Provided the HR support to successfully develop the new Division of Behavioral Health, including the transition of approximately 700 people to the new division.
- Developed several on-line courses, including Respectful Workplace, so staff can complete required trainings at their own pace and convenience.

7. Division of Information Technology

A. Overview

The Division of Information Technology (DIT) provides leadership, direction, and services in the use of information technology to support the Department's mission to promote the social, economic, mental, and physical health of all Idahoans. For example, it is responsible for:

Securing Department information technology resources to meet	t all	state,	federal,	and	local	rules	and
policies to maintain client confidentiality and protect sensitive informa	ition.						
Maintaining all Department information technology, page 1991		:	I = I= :1:4	la = = l		ممثلم لم	1

Maintaining all Department information technology resources, ensuring availability, backup, and disaster recovery for all systems.

Overseeing development, maintenance, and enhancement of business applications, systems, and programs for all computer, network, and data communication services.

B. Highlights

To better meet the Department's growing and evolving needs, DIT has embarked on a three primary activities:

- Ongoing restructure of DIT staff to minimize duplication of effort and maximize resource efficiency while allowing IT to be more flexible and responsive to new program needs. As part of the division's reorganization efforts and in response to audit findings we have successfully converted IT contractors to state staff. The division is implementing a Supply (support) and Demand (project) organizational model to better accommodate business priorities and minimize resource contention.
- Work with other divisions to evaluate business systems and determine an appropriate life cycle for replacement as they become too costly to update and maintain. The major project initiatives under way are Eligibility Programs Integrated Computer System (EPICS) and Medicaid Management Information System (MMIS). Regular updates on the progress of both of these projects are provided to the Board of Health & Welfare, Germane Committees, and Joint Finance-Appropriations Committee (JFAC). Other significant project initiatives can be found in the Department's State IT Plan which has been submitted to the Information Technology Resource Management Council (ITRMC). ITRMC reviews and evaluates the information technology and telecommunications systems presently in use by state agencies, and prepares statewide short and long-range IT and Telecommunications Plans.
- Acquire framework to develop new IT systems and modernize legacy systems that will result in a reduction in duplication of efforts and training, while maximizing technology investment.

8. Division of Management Services

The Division of Management Services provides important administrative support for the Department's operations and service delivery units. Centralized office services include budgeting, cash flow management, fixed asset tracking, management of physical plant projects, general ledger accounting and reconciliation, financial reporting, internal audit, surveillance utilization reviews, accounts receivable and receipting, accounts payable, and payroll services.

Management Services provides services that are located in regional field offices, as well as in the central office including administrative support, electronic benefits services, fraud investigation services, institutional accounting services, contract preparation, contract review and monitoring, criminal history and background verifications, motor pool control and maintenance, and purchasing services.

9. Division of Communications and Regional Development

The Division of Communications and Regional Development encompasses several areas within DHW including: The Administrative Procedures Section, Rules Unit, Communications, and the Regional Directors.

The Administrative Procedures Section (APS) provides appeal processing guidelines, assistance and information to clients who wish to appeal any decision regarding their benefits. APS also provides public record request information through the records custodian for central office.

The Rules Unit provides assistance to each division on formatting, scheduling, researching, and technical writing to ensure compliance with state laws for promulgating Department rules.

Communications provides a point of contact for information relating to Health and Welfare issues. They are responsible for news releases and communicating with the media regarding special events or circumstances important to the public. In addition, Communications facilitates internal communication within the Department ensuring staff are informed of important department information.

The Regional Directors help carry out the mission of the Department. They work with community leaders and local health and human service groups to develop partnerships to assist more people than the Department could by itself. They also are the Director's community representatives and are geographically located to reach each area of the state.

STATUTORY RESPONSIBILITIES

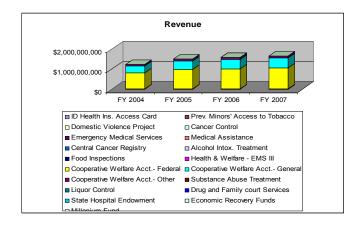
Specific statutory responsibilities of the Department are outlined in Idaho Code:

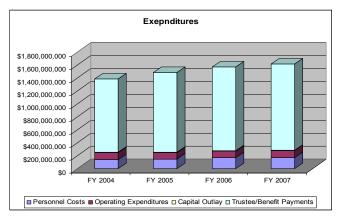
Title and Chapter	Heading
Title 41d Ghapter Title 7, Chapters 10, 11 and 12	Child Support
Title 16, Chapter 1	Interagency Coordination Council on Early Intervention
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
Title 16, Chapter 16 Title 16, Chapter 20	
	Termination of Parent and Child Relationship
Title 16, Chapter 24	Children's Mental Health Services
Title 18, Chapter 2	Persons Liable, Principals and Accessories (Fitness to Proceed)
Title 18, Chapter 6	Abortion and Contraceptive
Title 32, Chapter 12	Child Support
Title 37, Chapter 1	Food, Drugs and Cosmetics
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Substance Abuse
Title 39, Chapter 6	Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and PKU
Title 39, Chapter 10	Syphilis Prevention
Title 39, Chapter 11	Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 15	Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services Act
Title 39, Chapter 33	Board and Care Act
Title 39, Chapter 35	Residential Care for the Elderly
Title 39, Chapter 37	Blood, Organ and Tissue Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities and Facilities Act
Title 39, Chapter 48	Immunization Act
Title 39, Chapter 51	In-Home Financial Assistance
Title 39, Chapter 54	Artificial Insemination
Title 39, Chapter 55	Indoor Smoking
Title 39, Chapter 56	Personal Assistance Services
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Health Care Access Fund
Title 39, Chapter 75	Interstate Compact on Adoption and Medical Assistance
Title 39, Chapter 77	Registration of Free Medical Clinics
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance
Title 56, Chapter 8	Hard-To-Place Children
Title 56, Chapter 9	Telecommunications Service Assistance
Title 56, Chapter 10	Department of Health and Welfare
Title 56, Chapter 13	Long-Term Care Partnership Program
Title 50, Chapter 13	Central Cancer Registry Fund
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of the Mentally III
Title 67, Chapter 65	Local Land Use Planning Act
Tille 01, Chaptel 00	Local Land Ose Flaming Act

Revenue and Expenditures

Revenue	FY 2004	FY 2005	FY 2006	FY 2007
ID Health Ins. Access Card	\$0	\$1,650,300	\$1,879,300	\$2,899,100
Prev. Minors' Access to				
Tobacco	\$71,500	\$71,500	\$71,500	\$71,500
Domestic Violence Project	\$397,000	\$568,300	\$605,700	\$500,300
Cancer Control	\$401,700	\$401,700	\$401,700	\$401,700
Emergency Medical Services	\$1,875,200	\$2,086,500	\$2,374,900	\$2,831,800
Medical Assistance	\$2,500	\$2,500	\$6,000	\$6,000
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$2,306,300	\$2,306,300	\$2,306,300	\$2,554,100
Food Inspections	\$565,400	\$638,000	\$638,000	\$638,000
Health & Welfare - EMS III	\$1,205,400	\$1,205,400	\$1,400,000	\$1,400,000
Cooperative Welfare Acct –				
Federal	\$795,055,300	\$976,013,300	\$1,001,473,300	\$1,039,162,000
Cooperative Welfare Acct -				
General	\$360,810,800	\$425,024,200	\$462,456,200	\$497,863,900
Cooperative Welfare Acct -				. , ,
Other	\$74,235,300	\$99,559,300	\$102,531,600	\$101,498,000
Substance Abuse Treatment	\$8,800	\$8,800	\$8,800	\$9,000
Liquor Control	\$671,600	\$650,000	\$650,000	\$650,000
Drug and Family court Services	0	0	\$266,700	\$266,700
State Hospital Endowment	\$2,580,100	\$2,605,100	\$5,291,400	1,681,200
Economic Recovery Funds	0	0	0	\$3,109,600
Millenium Fund	\$500,000	\$500,000	\$0	\$300,000
Total	\$1,240,873,100	\$1,513,477,400	\$1,582,544,100	\$1,656,025,600
Expenditure	FY 2004	FY 2005	FY 2006	FY 2007
Personnel Costs	\$142,768,200	\$151,261,700	\$169,965,300	\$169,350,200
Operating Expenditures	\$106,700,400	\$99,023,800	\$102,548,800	\$114,163,200
Capital Outlay	\$6,292,400	\$3,308,100	\$4,056,900	\$4,664,400
Trustee/Benefit Payments	\$1,133,564,100	\$1,239,319,200	\$1,296,701,300	\$1,334,145,100
Total	\$1,389,325,100	\$1,492,912,800	\$1,573,272,300	\$1,622,322,900

Note: Some revenue and expenditures do not show up on the graphs due to their small percentage relative to the other financial figures. FY 2007 Revenue is based upon the Total Appropriation for that year.





Profile of Cases Managed and/or Key Services Provided

Coses Managed and/or Key Services	cy oci vices i	Toviaca		
Cases Managed and/or Key Services Provided	FY 2004	FY 2005	EV 2006	FY 2007
DIVISION OF MEDICAID	F1 2004	F1 2005	FY 2006	F1 2007
Medicaid				
Total Medicaid Expenditures (w/.Admin)	\$1,005,855,200	\$1,110,116,100	\$1,156,638,400	\$1,198,761,900
Medicaid T&B Expenditures Only	\$1,000,000,200	\$1,110,110,100	\$1,116,009,908	\$1,148,802,90
• Medicald T&B Experiolities Only			\$1,110,009,900	φ1,140,002,90 Λ
	\$969 307 200	\$1,071,948,900		
% Spent as payments to providers	96.37%	96.56%	96.49%	95.83%
Total Average Medicaid enrollees per	169,518	178,633	178,799	Avail Nov 2007
month (Adjusted to include retroactive				
enrollees)				
• Avg. Low Income Children (0-20 yrs) 1	113,647	120,033	117,613	Avail Nov 2007
Avg. Monthly Eligible Low Income	18,733	19,637	18,015	Avail Nov 2007
Adults ¹				
Avg. Monthly Eligible Special Needs	6,518	7,038	10,168	Avail Nov 2007
Children (0-20 yrs) ¹				
Avg. Monthly Eligible Special Needs	18,263	19,128	19,906	Avail Nov 2007
Adults ¹				
Avg. Monthly Eligible Elders (65+ yrs)	12,357	12,798	13,097	Avail Nov 2007
DIVISION OF BEHAVIORAL HEALTH				
Children's Mental Health Services				
• Total mental health services provided to	24,231	28,608	31,767	39,291
children. ²				
Total support services provided to	558	594	733	890
children and families ³				
Adult Mental Health Services	10.070	40.570	00.054	10.100
Total adult mental health clients served	18,270	19,573	20,051	19,168
Substance Abuse Services	7.004	5.000	0.504 (non-in-nd)	0.000
• Total adult and adolescent substance	7,381	5,863	9,564 (revised)	9,309
abuse clients served 4				
State Hospital South Number of census days	39,334	39,301	41,651	40,806
Daily occupancy rate	82.9%	84.1%	83.9%	92.5%
Number of admissions	369	405	405	427
	\$427	\$438	\$465	\$460
Cost per patient day State Hospital North	Φ427	Ψ430	φ400	Φ400
Number of census days	16,446	16,285	15,826	17,513
-	88%	89%	86%	89%
Daily occupancy rate Number of admissions	228	192	187	231
	\$355	\$380	\$438	\$410
Cost per patient day	\$355	\$380	\$438	\$410

¹ The data can only be accurately reported 90 days after SFY ends. Data will be available November 15, 2007.

² Count reflects multiple mental health services provide to children such as referrals, case management, clinical, assessments, and psychosocial rehabilitation. Some children receive multiple services.

Count reflects support services such as respite care, therapeutic foster care, placement at State Hospital South, and family support. Some children receive multiple services.

Count reflects outpatient, detox, adult residential, and adolescent residential services. Some clients may receive multiple services. FY2006 figures revised to include data uncounted at time of last report. FY2007 includes an additional category of services, "Recovery Support Services," which includes activities such as sober housing, drug testing, and voc rehab. In FY2007, 502 Recovery Support Services were provided.

Cases Managed and/or Key Services				
Provided	FY 2004	FY 2005	FY 2006	FY 2007
DIVISION OF HEALTH				
Vaccines	470.070	100 101	500 540	
Children's vaccines administered 5	472,952	468,121	502,516	Avail. Nov. 15
	00.50/	(revised)	(revised)	Accell Nav. 45
• Immunization Rates (19-35 Months) ⁶	82.5%	82.8%	79.3%	Avail. Nov. 15
Immunization Rates (School Age Children) ⁶	94.5%	93.5%	85.4%*	Avail. Nov. 15
Total number of childhood vaccine	83	70	213	96
preventable diseases (HIB, Measles,				
Mumps, Whooping Cough, Rubella) ^{6 7}				
	35,756	37,737	27 270	27 502
Women, Infants and Children (WIC)	35,756	31,131	37,278	37,593
served monthly • (WIC) Average Monthly Voucher Value	45	46	46	48
Women's Health Check	45	40	40	40
Women's Health Check (Women	3,067	3,579 (revised)	3,508	3,780
Screened)	3,007	5,579 (Tevised)	3,300	3,700
Women's Health Check (Breast Cancer	46	47	47	43
Diagnosed)				
Women's Health Check (Cervical	3	1	2	3
Cancer Diagnosed)				
Bloodborne Diseases ⁶				
New HIV Reports	19 (revised)	20 (revised)	25	27
New AIDS Report	20	16	25 (revised)	31
 Idahoans living with HIV/AIDS⁸ 	777 (revised)	813 (revised)	845 (revised)	921
Acute Hepatitis B	8	14	16	16
Acute Hepatitis C	1	1	1	1
Total New Bloodborne Diseases	48 (revised)	51 (revised)	67 (revised)	75 (revised)
EMS				
Total EMS Personnel Certifications	796	651 (revised)	583 (revised)	652
Total EMS Personnel Recertification	2,028	1,182 (revised)	1,138 (revised)	710
 ●EMS grant requests for vehicles and 	\$3,200,000	\$3,700,000	\$4,100,000	\$2,697,826
care equipment				
EMS grants for vehicles and care	\$1,200,000	\$1,100,000	\$1,300,000	\$1,083,167
equipment				
DIVISION OF FAMILY & COMMUNITY				
SERVICES				
Idaho Careline/211				
Total # of call received by Careline/211	83,726	130,902	164,643	151,726

The number of vaccinations administered is declining over time because many new vaccines are combination vaccines; they contain several vaccines in one shot. Immunization requirement was changed to 5 DTaP and 2 MMR in 2005.

⁶ Data collected by Calendar Year (Calendar Years 2003, 2004, 2005, 2006).

Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough). In Calendar Year 2006, 88 of the 96 cases were whooping cough.

This is the total number of HIV and AIDS cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis as of 5/1/2007. In the past year, efforts have been made to un-duplicate counts by the states.

Cases Managed and/or Key Services Provided	FY 2004	FY 2005	FY 2006	FY 2007
Child Protection, Prevention, Foster Care,	F1 2004	F1 2005	F1 2000	F1 2007
Adoptions				
Total Child Protection and Prevention	17,622	18,598	19,170	20,323
Referrals	17,022	10,000	15,176	20,020
•# of children placed in foster care.	2,904	3,197	3,335	3,421
Adoptions finalized 9	161	147	136	Avail. Nov. 15
•# of children receiving monthly adoption	905	989	1,079	1,185
assistance	000	000	1,070	1,100
Developmental Disabilities Services				
Individuals Served in the Infant Toddler	2,744	3,195	3,221 (revised)	3,600
Program	ŕ	,		,
Service Coordination for Children from	4,101	4,666	4,981	5,183
birth to 21 years	ŕ		,	
Intensive Behavior Intervention for	329	492	612	606
children				
Idaho State School and Hospital				
 Total clients served 	116	104	105	102
 Dangerous/Aggressive 	60	62	59	56
 Developmentally Disabled 	34	30	31	31
 Developmentally Disabled and 	22	12	15	15
Medically Fragile				
Cost per patient day	\$572	\$615	\$684	\$681
DIVISION OF WELFARE/SELF				
RELIANCE				
Applications	00.705	04.074	40.004	47.407
• Temporary Assistance for Families in	22,735	21,371	18,891	17,487
Idaho (TAFI) applications processed	7.075	7,197	7.004	7,631
 Aid to the Aged Blind and Disabled (AABD) applications processed 	7,275	7,197	7,024	7,031
Medicaid applications processed	64,475	70,163	73,446	94,221
(excluding nursing home)	04,473	70,103	73,440	34,221
Nursing home applications processed	2,127	2,182	2,386	2,452
Child care applications processed	19,885	15,278	14,824	15,013
Food Stamps applications processed	64,573	67,346	66,595	67,607
Total applications processed	181,070	183,537	183,166	204,411
Self-Reliance Benefit Programs	101,070	100,001	100,100	204,411
TAFI cash assistance avg. monthly	3,361	3,304	3,101	2,688
participants	3,301	3,304	3,101	2,000
TAFI annual benefits provided	\$7,215,308	\$7,270,831	\$7,121,030	\$6,542,558
AABD cash assistance avg. monthly	11,768	12,348	12,773	13,038
participants	11,750	12,040	12,770	10,000
AABD annual benefits provided	\$7,794,156	\$8,140,954	\$8,338,839	\$8,603,283
Food Stamps avg. monthly participants	89,904	93,196	92,149	87,104
Food Stamps annual benefits provided	\$88,628,144	\$101,379,520	\$101,524,492	\$96,132,052
Child Care avg. monthly participants	9,413	9,824	9,131	8,017
Child Care annual benefits provided	\$29,489,689	\$31,737,321	\$31,239,161	\$27,108,458
Online Care arimual benefits provided	Ψ23,703,003	ψυ 1,1 01,02 Ι	ψυ 1,203,101	Ψ21,100,430

Data collected by Federal Fiscal Year. Data will be available November 15, 2007. State of Idaho

Cases Managed and/or Key Services Provided	FY 2004	FY 2005	FY 2006	FY 2007
Self-Reliance-Child Support Services 10				
Paternity established	5,562	5,625	4,958	Avail. Nov. 15
 Support orders established 	5,115	5,194	5,194	Avail. Nov. 15
Child support caseload	111,283	119,952	128,341	Avail. Nov. 15
Total child support dollars collected	\$155,249,554	\$163,834,483	\$169,155,311	Avail. Nov. 15
 Collections through wage withholding 	65,612,126	\$69,619,593	\$73,340,484	Avail. Nov. 15
Community Services Block Grant 10				
Grant amount	\$3,210,533	\$3,191,441	\$3,265,823	Avail. Nov. 15
Total Served Quarterly	24,416	35,015	34,555	Avail. Nov. 15
Women's Health Check (Cervical	3	1	2	3
Cancer Diagnosed)				
INDIRECT SERVICES				
Management Services				
 Criminal History Background Checks 	15,467	16,261	28,232	28,223
 Medicaid fraud collections and penalties 	\$955,000	\$1,201,483	\$710,206	\$1,599,904
Electronic Payment System/Quest Card				
 Food Stamp and cash assistance 	\$103,000,000	\$117,000,000	\$116,707,518	\$111,277,893
payments				
 Child Support electronic payments 	\$134,000,000	\$139,000,000	\$146,304,346	\$152,545,648

Part II - Performance Measures

Performance Measure	2004	2005	2006	2007	Benchm ark
1. Percent of healthy behaviors by Idaho adults as	75.05%	74.78%	Data Not	Data Not	75.40%
measured by the Healthy Behaviors Composite (HBC).			Yet Available	Yet Available	
2. Percent of evidence-based clinical preventive	66.95%	67.11%	Data Not	Data Not	70.33%
services used by Idahoans as measured by the			Yet	Yet	
Clinical Preventive Services Composite (CPSC).			Available	Available	
3. Percent of IDHW clients living independently	76.52%	77.25%	75.52%	Data Not	84.31%
(non-institutionalized) who would be eligible for institutionalization as measured by the				Yet Available	
Independent Living Composite (ILC).				Available	
4. Percent of individuals and families who no	Data Not	44.46%	44.66%	Data Not	50.54%
longer use department services as measured by	Collected			Yet	
the No Longer Use Services Composite.				Available	
(NLUSC).	22.222/	22.224			22.250
5. Percent of children who are safe as measured	90.09%	89.26%	90.02%	Data Not	89.85%
by the Safety Composite (SC)				Yet Available	
6. Number of Idahoans who have access to	Data Not	44.75%	45.17%	Data Not	50.00%
dental, mental and primary care services as	Collected			Yet	
measured by the Health Care Access Composite (HCAC).				Available	
7. Percent of Idahoans with health and dental care	76.62%	75.03%	Data Not	Data Not	78.67%
coverage			Yet	Yet	
			Available	Available	
Percentage of clients receiving eligibility	89.52%	84.92%	Data Not	Data Not	92.75%
determinations for or enrollment in identified			Yet	Yet	
programs within Department timeliness standards.			Available	Available	

 $^{^{\}rm 10}$ $\,$ Data collected by Federal Fiscal Year. Data available November 15, 2007. State of Idaho

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Accuracy rates of key identified programs.	Data Not	92.34%	87.80%	Data Not	93.50%
	Collected			Yet	
				Available	
Customer service performance at IDHW	Data Not	Data Not	Data Not	Data Not	84.48%
based on four key indicators (Caring,	Collected	Collected	Collected	Yet	
Competency, Communication, and Convenience).				Available	

The data that we are reporting are composites from several sources. Data that is not available is due to several reasons

- Some of these are based on federal reporting standards. Before data can be shared, it often takes 12 to 18 months for federal agencies to confirm the accuracy of data.
- Some of the data items used to construct the composites are collected every other year.
- For those that include the immunization data the reason is that the National Immunization Survey has not reported out 2006 immunization data yet.

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

A. Objective

Improve healthy behaviors of adults to 75.40% by 2012.

B. Performance Measure

Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

C. Rationale for Objective and Performance Measure

The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases such as cancer and heart disease.

D. Performance Measure Description

The performance measure is a composite of five health behavior indicators for Idaho adults who:

- · Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- · Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months.

E. How Target Was Created

The overall target of 75.40% is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the US state median, high, and low values, and seven year projections, along with relevant Healthy People 2010 goals.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Are not current smokers Approximately 52,000 more people will report that they are not current smokers; or
- Participate in leisure time physical activities Approximately 52,000 more people will report participating in leisure time physical activities; or
- Consume five or more fruits and vegetables/day Approximately 51,000 more people will report consuming five or more fruits and vegetable/day; or

- Are not heavy drinkers of alcoholic beverages Approximately 51,000 more people will report that they
 are not heavy drinkers; or
- Have not used illicit drugs in the past 12 months Approximately 49,000 more people will report not used illicit drugs in the past 12 months.

2. Performance Measure #2 Explanatory Note

A. Objective

Increase the use of evidence-based clinical preventive services to 70.33% by 2012.

B. Performance Measure

Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).

C. Rationale for Objective and Performance Measure

The performance measure reflects the use of three screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects three preventive services directly linked to improving cancer health, heart disease, oral health, and maternal and child health.

Research indicates that using clinical preventive services is directly related to improving individual health. Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by health care providers.

D. Performance Measure Description

The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months:
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

E. How Target Was Created

The overall target of 70.33% was created by using the average of the individual targets (i.e., a composite target). The targets for the individual indicator that make up the overall target were created from trend data, a seven year projection, the relevant Healthy People 2010 goal and comparisons to the US state median, high, and low values.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults screened for cholesterol in the last five years; Approximately 55,000 more adults will report that they were screened for cholesterol in the last five years; or
- Women age 40 and over who received a mammogram in the last two years; **Approximately 16,000** more women, age 40 and over, will report that they received a mammogram in the last two years; or
- Adults 50 and over who have ever received colorectal cancer screening; **Approximately 20,000** more adults, **50** and over, will report that they received a colorectal cancer screening; or
- Adults who had a dental visit in the last 12 months; Approximately 55,000 more adults will report that they visited a dentist in the last 12 months; or
- Women who received adequate prenatal care; Approximately 1,000 more women will report that they
 received adequate prenatal care; or
- Children 19-35 months whose immunizations are up to date. Approximately 2,000 more children 19-35 months immunizations will be up to date.

3. Performance Measure #3 Explanatory Note

A. Objective

Increase the percent of Department clients living independently to 84.31% by 2012.

B. Performance Measure

Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

C. Rationale for Objective and Performance Measure

Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting. The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

D. Performance Measure Description

The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized.

- Percent of year hospitalized clients lived independently in community;
- One-time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.

E. How Target Was Created

The overall target of 84.31% was created by using the average of individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from trend data and Program input based on Department research of circumstances that impact performance capabilities.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Percent of year hospitalized clients lived independently in community Approximately 14 more days diverted from State Hospital stay per year; or
- One-time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge) Approximately 19 more One-Time Admissions to State Hospital per year; or
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services -Approximately 1,325 more people diverted to community based services; or
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services - Approximately 266 more people diverted to community based services; or
- Non-Long Term Care to Aged and Disabled Waiver Ratio Approximately 193 more waivers for one nursing facility.

4. Performance Measure #4 Explanatory Note

A. Objective

Increase the percent of individuals and families who no longer use Department services to 50.54% by 2012.

B. Performance Measure

Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).

C. Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills
 and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most Department services are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support program. This program is a long-term service to promote financial responsibility in families that leads to less dependence on government services. Family and Community Services also administer several services with a similar ideal.

D. Performance Measure Description

The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their need for Department support.

The performance measure is a composite of service indicators for IDHW participants including:

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication
 of children moving towards or out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance
 for Families in Idaho (TAFI) program. People receiving TAFI are required to take part in work-related
 activities, such as job training, that will help them become employed. Many TAFI participant families are
 single-parent households.
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support
 for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, and TAFI
 program in a State Fiscal year that do not enroll in those services the following State Fiscal Year).

E. How Target Was Created

The overall target of 50.54% was created by using the average of the individual targets (i.e., a composite target). The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, and Program input based on department research of circumstances that impact performance capabilities.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Graduation from the Infant Toddler Program Approximately 109 more graduating from program.
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication
 of children moving towards or out of Department programs) Approx. 120 more children showing
 improvement.
- Successful completion of substance abuse treatment program Approximately 248 more completing treatment successfully.
- Amount of current child support collected vs. current child support owed Approximately \$7,331,700 more current child support collections.
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program Approximately 150 more "All Family" TAFI Participants per year;
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing) Approximately 7,600 more Food Stamp participants per year.
- Annual caseloads resulting from people who exit Department programs because they no longer need support
 for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, and TAFI,
 program in a State Fiscal year that do not enroll in those services the following State Fiscal Year).
 Approximately 16,800 more leaving and not returning to these programs per year.

5. Performance Measure #5 Explanatory Note

A. Objective

The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2012.

B. Performance Measure

Percent of children who are safe as measured by the Safety Composite (SC)

C. Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe. The performance measure reflects trauma factors the Department can impact such as preventable physical disease, and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

D. Performance Measure Description

This measure serves as an aggregate measure of Department clients who have been maltreated. The measures include:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse or neglect;
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry; and
- Percent of children 19 to 35 months who have up-to-date immunizations.

E. How Target Was Created

The overall target of 89.95% was created by using the average of the individual targets (i.e., a composite target). The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

The target used for the immunization rate was determined after examining the trend since 1997, a seven- year projection, and comparisons to the U.S. value and state high and low values.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment Approximately 82 more children with no recurrence.
- The percent of children in foster care not maltreated while in state custody Approximately 139 more children not maltreated while in foster care.
- Rate of unsubstantiated complaints of abuse Approximately 313 more complaints not substantiated.
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry. **Approximately 83** more one-time foster care entries.
- Percent of children 19 to 35 months who have up-to-date immunizations. **Approximately 2,000** more children 19-35 months immunizations will be up to date.

6. Performance Measure #6 Explanatory Note

A. Objective

Improve the access to dental, behavioral and primary care services to Idahoans to 50.00% by 2012.

B. Performance Measures

Number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite (HCAC).

C. Rationale for Objective and Performance Measure

- Access to primary health services and providers is integral to protect the health, safety, and self-reliance of Idahoans.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans cannot get the care they need to be healthy.

D. Performance Measure Description

The performance measure is a composite of three indicators that measure shortages of primary care, mental health, and dental health providers. The shortages are known as *Health Professional Shortage Areas* (HPSA). The three types used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

A Health professional(s) shortage area means any of the following which has been designated though a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility (42 U.S.C. 254e).

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

The types of doctors who are counted in a dental health HPSA provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice) and are not addressing the general dental care needs of the area or population under consideration.

The types of doctors that are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

E. How Target Was Created

The overall target of 50.00% was created by using the average of the individual targets (i.e., a composite target). The target for the dental health professional, mental health professional, and primary care health professional shortage area was determined after evaluating existing data and a projection of the data.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated)

- Primary Care HPSA Approximately 36,000 more people live in non-shortage areas; or
- Mental Health HPSA Approximately 36,000 more people live in non-shortage areas; or
- Dental Health HPSA Approximately 36,000 more people live in non-shortage areas

7. Performance Measure #7 Explanatory Note

A. Obiective

Increase the percent of Idahoans with health care coverage to 78.67% by 2012.

B. Performance Measures

Percent of Idahoans with health and dental care coverage.

C. Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of health care services which is linked to improved health, safety, and self-reliance.

D. Performance Measure Description

The performance measure is a composite of three indicators that measure health care coverage. The performance measures are:

- Adults with health care coverage;
- Adults with dental insurance; and
- Children with health care coverage

E. How Target Was Created

The overall target of 78.67% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

- The target for adult health care coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the US state median, high, and low values.
- The target for adult dental insurance was determined after examining the actual trend and the projected trend.
- The target for child health care coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the US value, and high and low values.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults with health care coverage Approximately 30,000 more adults have health care coverage
- Adults with dental insurance Approximately 28,000 more adults have dental insurance.
- Children with health care coverage Approximately 11,000 more children have health care coverage.

8. Performance Measure #8 Explanatory Note

A. Objective

By 2012, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

B. Performance Measures

Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

C. Rationale for Objective and Performance Measure

- Timely delivery of health and human services can avoid development of chronic conditions that would lead to
 more costly and intensive services. Furthermore, people who are eligible for services have a right to receive
 those services in the most efficient manner possible.
- Timely application and recertification processing increases the accuracy of those functions.
- The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

D. Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

- Medicaid Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of Infant &Toddler children enrolled within 45 days after referral; and
- Food Stamp Application timeliness for non-emergency (non-expedite) cases.

E. How Target Was Created

The overall target of 92.75% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), trend data, and Program input based on department research of circumstances that impact performance capabilities.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Medicaid Application timeliness Approximately 9,720 more Medicaid Applications meet timeliness standard per year.
- Percent of child protection cases meeting timeliness standards Approximately 19 more cases meeting timeliness standards.
- Percent of Infant &Toddler children enrolled within 45 days after referral. Approximately 14 more clients enrolled within 45 days.
- Food Stamp Application timeliness for non-emergency (non-expedite) cases. **Approximately 5,390** <u>more</u> Food Stamp Applications meet timeliness standard per year.

9. Performance Measure #9 Explanatory Note

A. Objective

The Department accuracy rates of key identified programs will reach 93.50% by 2012.

B. Performance Measures

Accuracy rates of key identified programs.

C. Rationale for Objective and Performance Measure

Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

D. Performance Measure Description

This performance measure is made up of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps Federally Adjusted Payment Accuracy Rate (FNS);
- Food Stamps Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
- Child Protection Educational needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection Physical health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection Mental health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Support Financial Accuracy; and
- Child Support Data Reliability Standards.

E. How Target Was Created

The overall target of 93.50% was created by using the average of the individual targets (i.e., a composite target). The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, program input and program goals based on Department research of circumstances that impact performance capabilities.

F. Interpretation

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Food Stamps Federally Adjusted Payment Accuracy Rate (FNS) Approximately 8% improvement in Food Stamp payment errors; or
- Food Stamps Federally Adjusted Negative Accuracy Rate (FNS) Approximately 8% improvement in Food Stamp closures and/or denials; or
- Child Protection Educational needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - Approximately 8 more cases meeting educational needs of child: or
- Child Protection Physical health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - Approximately 9 more cases meeting physical health needs of child; or
- Child Protection Mental health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - Approximately 8 more cases meeting mental health needs of child; or
- Child Support Financial Accuracy Project not available vet: or
- Child Support Data Reliability Standards (ICSES Data Reliability) Approximately 8% improvement in the accuracy of specific Child Support automated system data elements.

10. Performance Measure #10 Explanatory Note

A. Objective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 84.48% by 2012.

B. Performance Measures

Customer service performance at IDHW is a combination of four separate composites.

- i. Caring Percent of IDHW clients treated with courtesy, respect, and dignity.
- ii. Competence Percent of IDHW clients that have a high level of trust and confidence in the knowledge and skills of Department personnel.
- iii. Communication Percent of IDHW clients that are communicated with in a timely, clear, and effective manner.
- iv. Convenience Percent of IDHW clients that that can easily access Department services, resources and information.

C. Rationale for Objective and Performance Measures

Improving Customer Service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, reduced job stress, and increased cost effectiveness.

The four areas of improvement (Caring, Competence, Communication, and Convenience), were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

D. Performance Measure Description

Each of the four composites is made up of separate performance measures or indicators.

- i. **Caring** The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
- Survey guestion I was treated with respect;
- Survey guestion The staff cared about my reason for contacting IDHW; and
- Survey question Overall, I would rate my most recent contact with IDHW as (Good, Fair, or Poor).
- ii. **Competency** The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence through our consistent demonstration of a high level of knowledge and skill. The performance indicators are:

- Food Stamps Federally Adjusted Payment Accuracy Rate (FNS);
- Food Stamps Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
- Department Percent of agency hearings upheld;
- Child Support Child Support data reliability standards (ICSES Data Reliability);
- Survey question The staff was capable in helping me; and
- Survey guestion The staff was knowledgeable about the reason why I contact IDHW.
- iii. **Communication** The Communication Composite is made up of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:
- Careline Percent of 2-1-1 Careline phone calls with wait/hold times of 60 seconds or less;
- Survey question The information I received was easy to understand; and
- Survey question The staff understood me.
- iv. **Convenience** The Convenience Composite is made up of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:
- Health Percent of approved TAFI and Food Stamp applicants that meet with a Work Services Contractor within 5 days of the client's referral to the contractor by the Department;
- Food Stamps Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics Percent of time Vital Statistics responded to mail requests in four days or less;
- IT Percent of time that Department computing servers are functioning; and
- Survey question I was able to access the information and/or services in a manner that was convenient to me.

How Targets Were Created

The overall target of 84.48% was created by using the average of the caring, competency, communication, and convenience composite targets.

The targets were created from federal requirements (benchmarks), historical data, survey data, comparisons to other states, trend data, and program input into the circumstances that impact performance capabilities.

For More Information Contact

Lenn Moorhead-Rosenberg, Learning and Development Manager Department of Health and Welfare 450 W State 10th Floor

PO Box 83720

Boise, ID 83720-0036 Phone: (208) 334-5600

E-mail: MoorheaL@dhw.idaho.gov