# 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 eight Divisions: Medicaid, Behavioral Health, Public Health, Family and Community Services, Welfare, Human Resources, Information and Technology Services, and Management Services.

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 3,119 authorized full-time employees in State Fiscal Year 2008.

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 eight 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

- Medicaid Benchmark Plans Between July 2006 and June 2008, Medicaid successfully implemented three Benchmark Plans. Medicaid participants are now receiving services from the plan that best suits their medical needs. In SFY 2008, the average monthly enrollment in the benchmark plans was as follows: Basic: 131,331 people; Enhanced: 39,819; and Coordinated: 13,889.
- Promoting Personal Responsibility Families at higher income levels were expected to share in the costs of their benefits by paying premiums. Fifty-four (54%) percent of those who had to pay premiums earned points to offset the premiums by participating in wellness activities (well-child checks and immunizations).
- Encouraging Prevention and Wellness Activities Medicaid participants began to benefit from the prevention
  and wellness reform initiatives. Four percent took advantage of the expanded coverage which offered annual
  health exams, while the percentage of children who received well-child checks remained stable. However, 625
  Medicaid eligible individuals participated in a weight management preventive health program and 231
  participated in a program for smoking cessation.
- Providing Opportunities for Employment The Medicaid for Workers with Disabilities (Medicaid Buy-In) allowed 593 individuals to work, or work extended hours, without losing Medicaid coverage, by paying a portion of their health care costs through premiums. The Division's goal for 2008 was 600 individuals.
- Providing Opportunities for Self-Directed Services Individuals on Medicaid's Home and Community-Based Services waiver for individuals with developmental disabilities had the option to self-direct their services, resulting in more choices and control in their living environment. Thirty-three (33) individuals chose this option in 2008. The success of this program has paved the way for a Family-Directed Services option for children's services that will hopefully be implemented in 2009.
- Implementing Savings and Efficiencies All Medicaid participants enrolled in the Basic Benchmark Plan received their dental services through an outsourced dental program called Idaho Smiles. This partnership with the private sector improved access to dental services (99% of members have access to at least one general pediatric dentist within 30 miles) and increased utilization by 14%.
- Providing New Options for Mental Health Services The Department received funding to develop substance
  abuse services as a distinct Medicaid service as an option in SFY 2009. In addition, the provision of mental
  health services through telemedicine was expanded to allow physicians to provide the service in a wider
  variety of settings. The definition of family therapy also was expanded to allow therapy without the participant
  present, when needed.
- Providing Options for Long-Term Care The Division of Medicaid partnered with the Idaho Commission on Aging and the Area Agency on Aging in northern Idaho to complete a pilot project (Aging Connections) that provided information and services to seniors with the goal of allowing them to remain in their own homes and remain as independent as possible. One-thousand seventy-three (1,073) seniors (goal for 2008 was 600) participated in the pilot. A modified model of this project will hopefully be implemented statewide in January 2009.

# 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

- During SFY 2008, 525 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 was dismissed by the Federal Court on November 1, 2007 after the court found the state made significant efforts to fulfill the requirements of the court approved plan. An appeal has been filed by the plaintiff's attorneys and the case is expected to be heard before the 9th Circuit court sometime in the next nine months.
- The Bureau of Substance Use Disorders, along with our Management Services Contractor, worked with network treatment providers to increase client length of stay and the number of clients who complete their entire treatment episode. Through this concentrated work we were able to raise the overall treatment completion rate from 28.2% to 38.2%, along with raising the overall length of stay from 121.5 days in SFY 2007 to 181 days in SFY 2008. The goal for SFY 2009 is to raise the treatment completion rate to 40% and maintain the overall length of stay at 181 days.
- The Bureau, along with the Interagency Committee on Substance Abuse Prevention and Treatment, created several client specific projects that began July 1, 2008. These include the following:
  - o **Prison re-entry project**. This project specifies the protocols for both Idaho Department of Corrections and DHW for clients returning to Idaho communities after prison who are in need of substance use disorder treatment and ancillary services. The project begins to work with the client 335 days before their anticipated parole date. For SFY 2009, interim protocols have been put into place to work with clients who have a more recent anticipated parole date
  - o **Adult Misdemeanant Protocol** DHW is working with the Idaho Association of Counties in creating a County directed approach to serving the misdemeanant population
  - o **Adult Felony 19-2524 and adolescent 20-520l clients**. DHW continues to work with Judges and Pre-Sentence Investigators to refine the process for assessments and treatment for these court ordered clients;
  - o **Common Assessment**. The GAIN assessment tool has been implemented. As of July 1, 2008 it is the only reimbursable assessment tool allowed for network providers

# 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

- The Office of Epidemiology and Food Protection partnered with local public health districts to develop and
  produce a multi-media statewide campaign to inform the public on how they can help prevent recreational
  waterborne illnesses such as cryptosporidiosis. The campaign included public service announcements airing on
  radio and television mid-June through Labor Day; posters for aquatic facilities, healthcare providers, and large
  daycares; brochures and children's temporary tattoos for health district use; and a new web presence at
  www.rwi.dhw.idaho.gov.
- The Idaho Community Health Center Grant Program was established to provide grants to Community Health
  Centers to improve access to healthcare for Idahoans. During the state fiscal year 2009, the legislature
  approved a one-time, \$1 million appropriation for the critical infrastructure needs of Idaho Community Health
  Centers. The grant awards are limited to \$500,000 and can be used for the purchase, construction, or
  renovation of property; and the purchase of equipment, including electronic information technology and
  electronic health records.
- The Idaho Immunization Program brought together immunization stakeholders from around the state in November to discuss ways to increase the state's immunization rates which are below the national average. As a result of this meeting, physicians from across the state saw a need to form an immunization coalition to support providers and increase immunization rates. Currently, the new immunization coalition is in the start-up phase.
- The Family Planning, STD and HIV Programs collaborated with the Hispanic community to improve access to screening, treatment and partner services for populations disproportionately affected by HIV/STD by implementing a media campaign targeted to Hispanics. Testing and calls to the 2-1-1 CareLine increased because of radio public service announcements, outdoor billboards, sponsored dances, free testing at health fairs, press releases, Spanish language brochures, an internet website, and talk radio shows with prominent members of the Hispanic community regarding STD/HIV. Tracking from the Idaho 2-1-1 CareLine for the period 4/16/08-7/16/2008 showed that over 60 callers indicated they were calling for testing information because of this social marketing campaign, and 38 individuals were tested for HIV at a Hispanic health fair offering rapid testing.
- Idaho recently received Coordinated School Health funding through a CDC grant awarded to the State
  Department of Education. Through a partnership with the SDE, the Bureau of Community and Environmental
  Health received funds to hire a Coordinated School Health Specialist. The Coordinated School Health
  Specialist is responsible for increasing and strengthening intra-agency and interagency collaborative
  partnerships at the state level to provide coordinated support to schools, communities and local organizations
  in developing and implementing the Coordinated School Health program.
- The Bureau of Vital Records and Health Statistics has completed functional documentation for an Electronic Death Registration System, with testing planned for November and estimated implementation in January. The on-line submittal of death records will result in a more timely submission of higher quality death information to the State Registrar and will enable the State to better serve families by providing copies of death certificates to them quicker and more efficiently.

# 4. <u>Division of Family and Community Services</u>

#### 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.

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

In SFY 2008, the Division of Family and Community Services focused on business practices and program improvements designed to enhance performance outcomes. During the last year, efforts have been made to simplify work processes associated with automation, reduce staff turnover, expand and improve contract options, and improve data integrity in an effort to provide more capacity for delivery of services to improve client outcomes.

• The Division's Child and Family Services Program completed the second federal Child and Family Services Review. The purpose of the review is to assess each state's performance to improve outcomes for children in the areas of safety, permanency, and well-being, primarily related to the foster care program. After preparing a self-assessment, Idaho's onsite review took place in April, 2008. Cases were reviewed by federal surveyors in Coeur d'Alene, Boise, and Jerome to identify strengths and challenges in both rural and urban areas. As part of the review, comprehensive interviews were conducted with hundreds of stakeholders including parents, youth, foster parents, judges, and a wide range of others.

The federal standards for the review are set very high. Just like the 2003 review, no state is expected to meet the standards in every area. States will individually negotiate an improvement plan with the federal government and states will be required to demonstrate improvements according to this plan. Since the 2003 review, Idaho has shown improvement in 75% of the 23 items assessed during the case review. A two year Program Improvement Plan will be developed and implemented in 2009 and 2010. Financial penalties can be assessed on states that do not demonstrate expected improvements.

- With the focus on program improvements and more efficient business practices, the Child and Family Services
  Program has been able to slow the growth of numbers of foster children and costs of their care. In fact, for SFY
  2008, Child and Family Services Program reduced costs from the previous year by approximately \$600,000.
  Those savings have been used to establish contracts to further reduce the growth rate, cost, and length of stay
  of children in foster care.
- The Intensive Behavioral Interventions Program reduced costs by 14% from SFY 2007. This reduction can be attributed to increased scrutiny and oversight of eligibility determination and service authorization, as well as rule clarification associated with school-based services. The increased monitoring is provided by staff allocated by the legislature for SFY 2008.
- Idaho State School and Hospital has focused on reducing its client census of individuals with developmental disabilities by finding appropriate placements in Idaho communities. The census has been reduced from 95 individuals to 84 in SFY 2008, with a goal of 75 residents. This will allow the vacated buildings to be used for treatment of people with mental illnesses.
- The Idaho Infant and Toddler Program made significant progress in program performance. The program improved to meet high federal timelines for Individualized Family Service Plans and timely service delivery. Indicators also improved around transition of services to local schools. As a result, the Department was able to notify the U.S. Department of Education, Office of Special Education Programs, that Idaho had progressed from a status of "needs assistance" and now meets the standards and requirements for Part C of the Individuals with Disabilities Education Act. This status has been achieved by only 22 states and territories.
- The Service Integration Program has continued to see expansion of services to kinship care providers such as grandparents through a partnership with Casey Family Services. Casey Family has provided \$65,000 to Navigators under the Service Integration Program to assist grandparents and other relative caregivers with expenses associated with rearing their relative children. According to census data, Idaho has over 18,000 children living with relatives other than their parents. The partnership with Casey has prevented some children from coming into the foster care system and state custody with temporary financial assistance for incidental educational, medical, and other necessary expenses to those children whose parents may be incarcerated, suffer a catastrophic illness, or be addicted to drugs or alcohol.

# 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 third and final year of the project and has already developed and implemented critical automation products and process improvements across the State. Product releases in the first and second years of the project made positive impacts on performance and service delivery. Since October 2007, the average number of days to release Food Stamp benefits to clients dropped from 16 days to 11 days. The average number of days to make Family Medicaid eligibility determinations is 21 days. Approval times in both of these programs have significantly improved from the fall of 2006, when the average number of days for approval was 21 days for Food Stamps and 47 days for Family Medicaid.
- After receiving a federal bonus award in FY 2007 for improved performance in the Food Stamp Program, the
  Division of Welfare has maintained the payment accuracy rate at a level that exceeds federal standards. The
  Idaho Child Support Program has also reached a new performance standard. In the most recent annual
  federal data reliability audit, the program passed all performance standards, improving from a "marginal"
  performance rating in several areas.
- These performance improvements have come despite hitting the highest Food Stamp caseload in Idaho's history (increasing by nearly 18% from June '07 to June '08) and experiencing continued caseload growth in Medicaid, Child Support, as well as other programs due national economic conditions.

# 6. Division of Human Resources

## A. Overview

The Division of Human Resources supports hiring, retaining and developing the right people with the right skills to achieve the Department's mission, vision and goals. The division's focus is on supporting the Department's Strategic Plan, developing business partnerships, program and process improvement, training and development, and employee relations.

#### 7. Division of Information Technology

#### A. Overview

The Division of Information Technology 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 all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.

- 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.

#### 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.

#### STATUTORY RESPONSIBILITIES

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

Title and Chapter	Heading
Title 6, Chapter 26	Clandestine Drug Laboratory Cleanup Act
Title 7, Chapters 10	Uniform Interstate Family Support Act
Title 7, Chapters 11	Proceedings to Establish Paternity
Title 7, Chapters 12	Enforcement of Child Support Orders
Title 7, Chapters 14	Family Law License Suspensions
Title 15, Chapter 3	Probate of Wills and Administrations
Title 15, Chapter 5	Protection of Persons Under Disability and their Property
Title 16, Chapter 1	Early Intervention Services
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
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
Title 18, Chapter 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis
Title 39, Chapter 11	Basic Day Care License

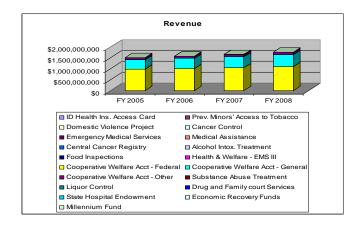
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Title and Chapter	Heading
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 14	Health Facilities
Title 39, Chapter 15	Care of Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program
Title 39, Chapter 33	Idaho Residential Care or Assisted Living Act
Title 39, Chapter 34	Revised Uniform Anatomical Gift Act
Title 39, Chapter 35	Idaho Certified Family Homes
Title 39, Chapter 37	Anatomical Tissue, Organ, Fluid Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	The Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 39, Chapter 54	Artificial Insemination
Title 39, Chapter 55	Clean Indoor Air
Title 39, Chapter 56	Personal Assistance Services
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Idaho Rural Health Care Access Program
Title 39, Chapter 60	Children's Trust Fund
Title 39, Chapter 61	Idaho Conrad J-1 Visa Waiver Program
Title 39, Chapter 75	Adoption and Medical Assistance
Title 39, Chapter 82	Idaho Safe Haven Act
Title 46, Chapter 12	Statewide Communications Interoperability
Title 49, Chapter 3	Motor Vehicle Driver's License
Title 54, Chapter 11	Morticians, Funeral Directors, and Embalmers
Title 54, Chapter 33	Freedom of Choice of Dentures Act
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance Law
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 56, Chapter 14	Idaho Hospital Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally III
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare – Miscellaneous Provisions
Title 67, Chapter 65	Local Land Use Planning
Title 67, Chapter 69	Food Service Facilities
Title 67, Chapter 73	Idaho State Council for the Deaf and Hard of Hearing
Title 67, Chapter 74	Idaho State Lottery
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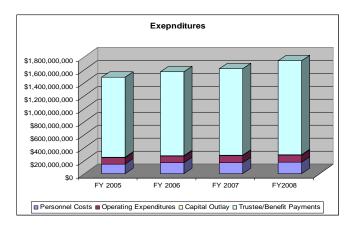
Title and Chapter	Heading
Title 67, Chapter 81	Idaho Housing Trust Fund
Title 67, Chapter 88	Idaho Law Enforcement, Firefighting, and EMS Medal of Honor
Title 68, Chapter 14	Court Approved Payments or Awards to Minors or Incompetent Persons
Title 72, Chapter 13	Employment Security Law
Title 72, Chapter 16	State Directory of New Hires

**Revenue and Expenditures** 

Revenue and Expenditures	EV 200E	EV 0000	EV 0007	EV 0000
Revenue	FY 2005	FY 2006	FY 2007	FY 2008
ID Health Ins. Access Card	\$1,650,300	\$1,879,300	\$2,899,100	\$3,212,600
Prev. Minors' Access to Tobacco	\$71,500	\$71,500	\$71,500	\$71,500
Domestic Violence Project	\$568,300	\$605,700	\$500,300	\$486,100
Cancer Control	\$401,700	\$401,700	\$401,700	\$401,700
Emergency Medical Services	\$2,086,500	\$2,374,900	\$2,831,800	\$2,665,600
Medical Assistance	\$2,500	\$6,000	\$6,000	\$6,000
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$2,306,300	\$2,306,300	\$2,554,100	\$4,556,500
Food Inspections	\$638,000	\$638,000	\$638,000	\$638,000
Health & Welfare - EMS III	\$1,205,400	\$1,400,000	\$1,400,000	\$1,400,000
Cooperative Welfare Acct – Federal	\$976,013,300	\$1,001,473,300	\$1,039,162,000	\$1,084,238,400
Cooperative Welfare Acct - General	\$425,024,200	\$462,456,200	\$497,863,900	\$546,880,200
Cooperative Welfare Acct - Other	\$99,559,300	\$102,531,600	\$101,498,000	\$114,163,700
Substance Abuse Treatment	\$8,800	\$8,800	\$9,000	0
Liquor Control	\$650,000	\$650,000	\$650,000	\$650,000
Drug and Family court Services	0	\$266,700	\$266,700	\$266,700
State Hospital Endowment	\$2,605,100	\$5,291,400	1,681,200	\$2,118,500
Economic Recovery Funds	0	0	\$3,109,600	\$303,400
Millennium Fund	\$500,000	<u>0</u>	<u>\$300,000</u>	\$500,000
Total	\$1,513,477,400	\$1,582,544,100	\$1,656,025,600	\$1,762,741,600
_Expenditure	FY 2005	FY 2006	FY 2007	FY2008
Personnel Costs	\$151,261,700	\$169,965,300	\$169,350,200	\$178,418,500
Operating Expenditures	\$99,023,800	\$102,548,800	\$114,163,200	\$110,755,200
Capital Outlay	\$3,308,100	\$4,056,900	\$4,664,400	\$5,433,700
Trustee/Benefit Payments	\$1,239,319,200	\$1,296,701,300	\$1,334,145,100	1,452,202,100
Total	\$1,492,912,800	\$1,573,272,300	\$1,622,322,900	\$1,746,809,500

**Note:** Some revenue and expenditures do not show up on the graphs due to their small percentage relative to the other financial figures. FY2008 Revenue is based upon the Total Appropriation for that year.





Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services FY 2005 FY 2006 FY 2007 FY 2008						
Provided	FY 2005	FY 2006	FY 2007	FY 2008		
DIVISION OF MEDICAID		-	-			
<u>Medicaid</u>						
<ul> <li>Total Medicaid Expenditures (w/.Admin)</li> </ul>	\$1,110,116,100	\$1,156,638,400	\$1,198,761,900	\$1,301,346,200		
<ul> <li>Medicaid T&amp;B Expenditures Only</li> </ul>	\$1,071,948,900	\$1,116,009,908	\$1,148,802,900	\$1,259,524,100		
% Spent as payments to providers	96.56%	96.49%	95.83%	96.8%		
<ul> <li>Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)</li> </ul>	178,633	178,858	184,508	185,092		
<ul> <li>Avg. Low Income Children (0-20 yrs)</li> </ul>	120,033	115, 953	122,354	117,693		
<ul> <li>Avg. Monthly Eligible Low Income Adults</li> </ul>	19,637	19,952	16,110	13,368		
Avg. Monthly Eligible Special Needs Children (0-20 yrs)	7,038	10,010)	12,298	18,477		
<ul> <li>Avg. Monthly Eligible Special Needs Adults<sup>1</sup></li> </ul>	19,128	19,617	19,956	21,342		
<ul> <li>Avg. Monthly Eligible Elders (65+ yrs)</li> </ul>	12,798	13,326	13,790	13,889		
DIVISION OF BEHAVIORAL HEALTH						
Children's Mental Health Services						
<ul> <li>Total mental health services provided to children.<sup>1</sup></li> </ul>	28,608	31,767	39,291	39,086		
<ul> <li>Total support services provided to children and families<sup>2</sup></li> </ul>	594	733	890	817		
Adult Mental Health Services	1					
Total adult mental health clients served	19,573	20,051	19,168	19,649		
Substance Abuse Services						
Total adult and adolescent substance abuse clients served <sup>3</sup>	5,863	9,564	9,309	7,833		
State Hospital South						
<ul> <li>Number of census days</li> </ul>	39,301	41,651	40,806	39,141		
Daily occupancy rate	84.1%	83.9%	92.5%	79.2% <sup>4</sup>		
Number of admissions	405	405	427	332		
<ul> <li>Cost per patient day</li> </ul>	\$438	\$465	\$460	\$544		
State Hospital North						
Number of patient days	16,101 (revised)	15,677 (revised)	17,513	18,712		
Daily occupancy rate	88% (revised)	86%	89%	93%		
Number of admissions	192	187	231	220		
Cost per patient day	\$380	\$438	\$410	\$444		

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, adolescent residential services, Transitional Housing for women and half-way housing. Some participants may receive multiple services. SFYs 2007 and 2008 includes an additional category of services, "Recovery Support Services," which includes activities such as staffed safe and sober housing, drug testing, and Family/Marriage/Life Skills Education. The decrease in client count from SFY07 to SFY08 is due to a decrease in funds available for direct services and an increase in the length of stay for clients receiving services. Although not as many clients were served, the percentage of people completing treatment successfully doubled.

Occupancy rate declined because the hospital had to limit admissions due to high turnover of professional psychiatric staff. Contracts for professional staffing are now in place to maximize hospital occupancy.

Cases Managed and/or Key Services	FY 2005	FY 2006	FY 2007	FY 2008
Provided				
DIVISION OF HEALTH				
<u>Vaccines</u>			540,000	
Children's vaccines administered 5	468,121	502,516	512,393 (revised)	550,874
• Immunization Rates (19-35 Months) <sup>6</sup> (This is the 4:3:1 series – 4 or more doses of DTaP, 3 or more doses of Poliovirus, and one or more doses of MMR)	79.3%	79.4%	Available Nov.15, '08	Available Nov.15, '08
<ul> <li>Immunization Rates (School Age Children)</li> </ul>	93.5%	85.4%	86.9	87.0
<ul> <li>Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella)</li> </ul>	70	213	96	60
WIC	T T	T		
<ul> <li>Women, Infants and Children (WIC) served monthly</li> </ul>	37,737	37,278	37,593	40,539
<ul> <li>(WIC) Average Monthly Voucher Value</li> </ul>	\$46	\$46	\$48	\$55
Women's Health Check				
<ul> <li>Women's Health Check (Women Screened)</li> </ul>	3,579	3,508	3,813 (revised)	4,254
<ul> <li>Women's Health Check (Breast Cancer Diagnosed)</li> </ul>	47	47	43	52
Women's Health Check (Cervical Cancer Diagnosed)	1	2	3	3
Bloodborne Diseases 6		1		
New HIV Reports	20	25	27	28
New AIDS Report	16	25	31	14
Idahoans living with HIV/AIDS <sup>8</sup>	813	845	921	992
Acute Hepatitis B	14	16	16	17
Acute Hepatitis C	1	1	1	7
Total New Bloodborne Diseases	51	67	75	66
EMS				
Total EMS Personnel Certifications	651	583	652	691
Total EMS Personnel Recertification	1,182	1,138	710	1,056
EMS grant requests for vehicles and care equipment	\$3,700,000	\$4,100,000	\$3,000,000 (revised)	\$2,700,000
EMS grants for vehicles and care equipment	\$1,200,000 (revised)	\$1,300,000	\$860,000 (revised)	\$1,100,000
DIVISION OF FAMILY & COMMUNITY SEF			(	
Idaho Careline/211				
Total # of call received by Careline/211	130,902	164,643	151,726	159,970
Child Protection, Prevention, Foster Care, A	· · · · · · · · · · · · · · · · · · ·	2 -,	2 - , - = 3	,
Total Child Protection and Prevention Referrals	18,598	19,170	20,323	18,972
# of children placed in foster care.	3,197	3,335	3,421	3,349
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The Immunization requirements were changed to 5 DTaP and 2 MMR in 2005. The number of vaccines for SFY2008 will increase as health care provider accountability reports continue to be received.

Data collected by Calendar Year (Calendar Years 2004, 2005, 2006, 2007).

Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough). In Calendar Year 2007, 45 of the 60 cases were whooping cough.

This is the highest total number of HIV and AIDS cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

Cases Managed and/or Key Services Provided	FY 2005	FY 2006	FY 2007	FY2008
<ul> <li>Adoptions finalized <sup>9</sup></li> </ul>	147	136	195	Available
•# of children receiving monthly adoption	989	1,079	1,185	Nov.15, '08 1336
assistance		1,070	1,100	1000
Developmental Disabilities Services				
<ul> <li>Individuals Served in the Infant Toddler Program</li> </ul>	3,195	3,221	3,600	3,679
Service Coordination for Children from birth to 21 years	4,666	4,981	5,183	5,534
Intensive Behavior Intervention for children	492	612	606	604
Idaho State School and Hospital	<u> </u>			
Total clients served	104	105	102	102
o Dangerous/Aggressive	62	59	56	57
Developmentally Disabled	30	31	31	30
<ul> <li>Developmentally Disabled and Medically Fragile</li> </ul>	12	15	15	15
Cost per patient day	\$615	\$684	\$681	\$718
<b>DIVISION OF WELFARE/SELF RELIANCE</b>				
Applications				
Temporary Assistance for Families in Idaho (TAFI) applications processed	21,371	18,891	17,487	16,992
Aid to the Aged Blind and Disabled (AABD) applications processed	7,197	7,024	7,631	9,445
Medicaid applications processed (excluding nursing home)	70,163	73,446	94,221	98,232
Nursing home applications processed	2,182	2,386	2,452	2,585
Child care applications processed	15,278	14,824	15,013	15,931
Food Stamps applications processed	67,346	66,595	67,607	67,091
Total applications processed	183,537	183,166	204,411	210,276
Self-Reliance Benefit Programs	.00,00.			
TAFI cash assistance avg. monthly participants	3,304	3,101	2,688	2,244
TAFI annual benefits provided	\$7,270,831	\$7,121,030	\$6,542,558	\$5,682,314
AABD cash assistance avg. monthly participants	12,348	12,773	13,038	13,531
AABD annual benefits provided	\$8,140,954	\$8,338,839	\$8,603,283	\$9,182,363
• Food Stamps avg. monthly participants	93,196	92,149	87,104	95,433
Food Stamps aroual benefits provided	\$101,379,520	\$101,524,492	\$96,132,052	\$109,235,462
Child Care avg. monthly participants	9,824	9,131	8,017	7,334
Child Care annual benefits provided	\$31,737,321	\$31,239,161	\$27,108,458	\$24,092,890
Self-Reliance-Child Support Services 10	ψυ1,101,021	ψυ1,203,101	Ψ21,100,400	Ψ27,032,030
Paternity established	5,625	4,958	8,411	
Support orders established	5,194	6,228	8,784	Available
Child support caseload	119,952	128,341	135,743	Nov. 15, 2008
Total child support dollars collected	\$163,834,483	\$169,155,311	\$176,758,741	1.01. 10, 2000
Collections through wage withholding	\$69,619,593	\$73,340,484	\$79,248,847	
	\$55,510,000	ψ. 0,0 10, 10 1	Ψ. 0,2 10,0 11	

<sup>9</sup> Data collected by Federal Fiscal Year. Data is reported November 15, 2008.

Data collected by Federal Fiscal Year. Data is reported November 15, 2008.

Cases Managed and/or Key Services Provided	FY 2005	FY 2006	FY 2007	FY2008		
Community Services Block Grant 10						
Grant amount	\$3,191,441	\$3,265,823	\$3,287,714	\$3,428,113		
Total Served Quarterly	35,015	34,555	31,822	46,829		
INDIRECT SERVICES						
Management Services						
<ul> <li>Criminal History Background Checks</li> </ul>	16,261	28,232	28,223	26,425		
<ul> <li>Medicaid fraud collections and penalties</li> </ul>	\$1,201,483	\$710,206	\$1,599,904	\$846,235		
Electronic Payment System/Quest Card						
<ul> <li>Food Stamp and cash assistance</li> </ul>	\$117,000,000	\$116,707,518	\$111,277,893	\$124,518,385		
payments						
<ul> <li>Child Support electronic payments</li> </ul>	\$139,000,000	\$146,304,346	\$152,545,648	\$161,654,891		

# Part II – Performance Measures

Performance Measure	2005	2006	2007	2008	Bench- mark
Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	74.78%	75.23%	74.74%	Data Not Yet Available	75.40%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	67.11%	67.79%	68.33%	Data Not Yet Available	70.33%
3. Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	77.25%	75.52%	72.52%	76.10%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	36.72%	36.32%	38.93%	Data Not Yet Available	42.40%
5. Percent of children who are safe as measured by the Safety Composite (SC)	89.26%	90.02%	89.90%	Data Not Yet Available	89.85%
6. Number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite (HCAC).	44.75%	45.17%	Data Not Yet Available	Data Not Yet Available	50.00%
7. Percent of Idahoans with health and dental care coverage	75.03%	75.15%	75.20%	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	84.92%	85.90%	85.91%	90.79%	92.75%
Accuracy rates of key identified programs.	92.34%	87.80%	Data Not Yet Available	Data Not Yet Available	92.86%
10. Customer service performance at IDHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	Data Not Collected	84.52%	Data Not Yet Available	84.57%

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.

# **Performance Measure Explanatory Notes:**

# 1. Performance Measure #1 Explanatory Note

# A. Objective

Improve healthy behaviors of adults to 75.40% by 2013.

## 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 2013.

## 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 2013.

## 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 42.40% by 2013.

## 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 42.40% 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 2013.

#### 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 2013.

# 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. Objective

Increase the percent of Idahoans with health care coverage to 78.67% by 2013.

#### 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 2013, 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 more
   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 92.86% by 2013.

# 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%** <u>improvement</u> 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 Projection not available yet; or
- Child Support Data Reliability Standards (ICSES Data Reliability) Approximately 8% <u>improvement</u> in the accuracy of specific Child Support automated system data elements.

# 10. Performance Measure #10 Explanatory Note

#### A. Obiective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 84.57% by 2013.

#### B. Performance Measures

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

- 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 question 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 question 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:
- Welfare 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

## How Targets Were Created

The overall target of 84.57% 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**

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