



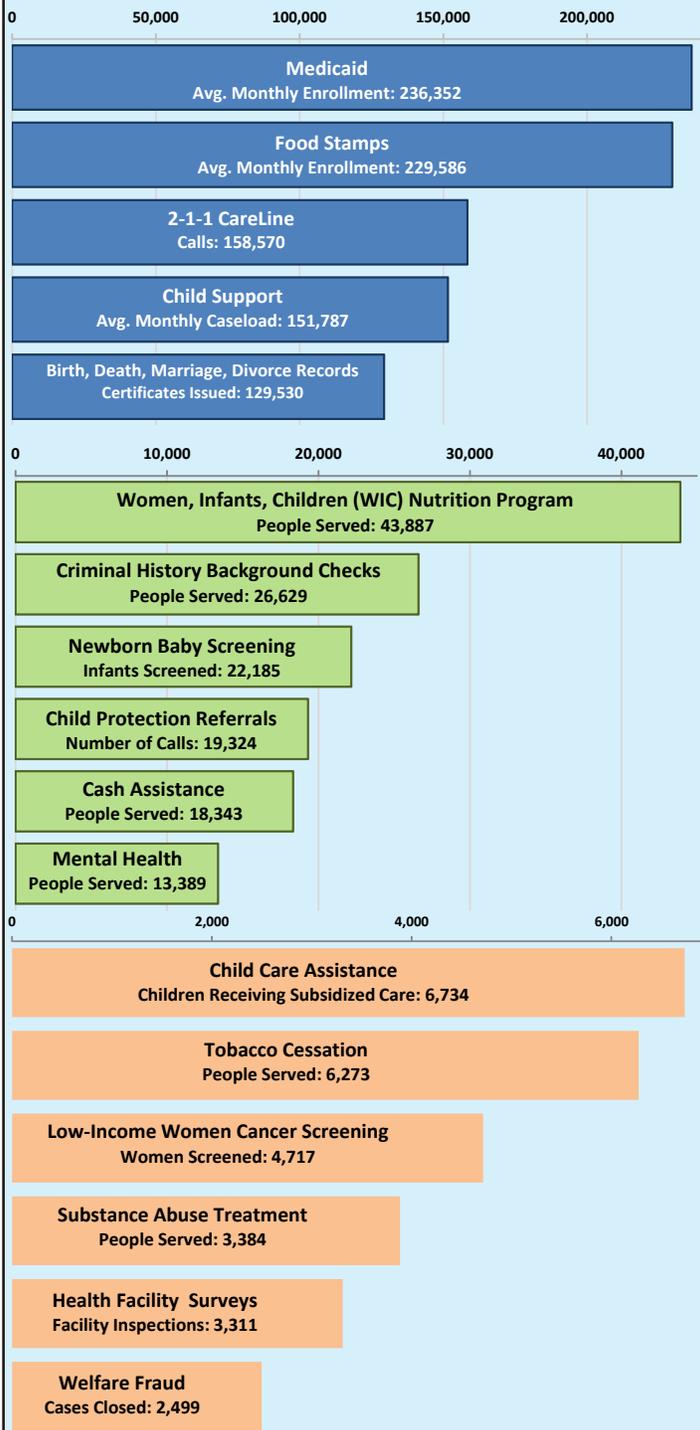
# A Report to our Citizens

## July 1, 2012 - June 30, 2013



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
www.healthandwelfare.idaho.gov

### Mission: To Promote and Protect the Health and Safety of all Idahoans



## Helping Families Achieve Self-Sufficiency

The Idaho Department of Health and Welfare (DHW) offers programs that deal with complex social, economic and individual issues, often helping people in crisis situations. DHW programs are designed to strengthen families and promote self-sufficiency. Last year, we served more than 400,000 people, one out of every four Idahoans.

### Services

Our services include Medicaid, Food Stamps, foster care and adoption, mental health, substance abuse treatment, and public health services such as immunizations, food protection and disease surveillance.

### DHW By the Numbers

- 2013 Appropriation: \$2.37 B.
- Full-time Employees: 2,853
- State Offices: 21
- Psychiatric Hospitals: 2
- 8 Divisions
- Director: Richard M. Armstrong

By administering all of these programs under the umbrella of one organization, the state can address the core issues an individual or family may be struggling with to help them become as self-sufficient as possible. By strengthening individuals and families, we strengthen Idaho communities.

### Safety Net

DHW services are a safety net for many of our state's citizens--children, people who are low income, elderly or disabled. We often help struggling families with supports our agency administers, and partner with other community organizations, churches and human service providers to address issues that extend beyond our capacity.

### Connecting to Idaho Citizens

DHW has 21 offices. Because of Idaho's rural and mountainous geography, we continually look for innovative ways to provide access and good customer service. Through direct contact, the Internet, social media, videoconferencing and telecommunications, we continue to connect to you throughout Idaho to improve your health and safety.

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**Values:** Integrity, high quality customer service and compassion are the foundation for all DHW activities. Focusing on these values will lead to success.

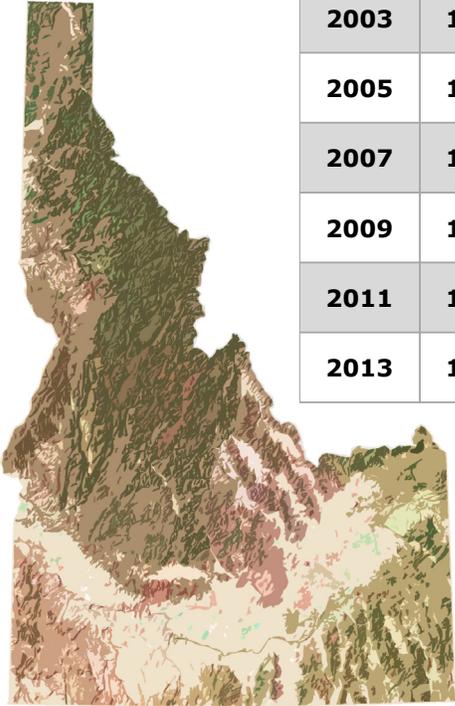
## Public Assistance Trends 2001-2013

Counts are taken annually on June 30th. Percentages reflect the percent of Idaho's total population.

Year	Total Population	Cash Assistance	Medicaid	Food Stamps	Child Care	Unduplicated Total
2001	1,293,953	12,799 1.0%	133,745 10.3%	59,601 4.6%	9,785 0.8%	NA
2003	1,341,131	14,715 1.1%	156,965 11.7%	84,066 6.3%	8,600 0.6%	179,901 13.4%
2005	1,393,262	15,869 1.1%	170,839 12.3%	94,956 6.8%	9,158 0.7%	197,240 14.2%
2007	1,466,465	15,640 1.1%	184,508 12.6%	86,946 5.9%	6,923 0.5%	205,396 14.0%
2009	1,523,816	16,633 1.1%	199,887 13.1%	146,516 9.6%	6,011 0.4%	245,123 16.1%
2011	1,567,582	17,410 1.1%	230,081 14.7%	234,763 15.0%	6,092 0.4%	321,403 20.5%
2013	1,595,728	18,343* 1.1%	247,964 15.5%	226,960 14.2%	6,688 0.4%	321,695 20.2%

\*98.5% of cash assistance goes to the elderly, disabled, blind, or children being raised by relatives. Four of five recipients received an average monthly payment of \$53.

321,695 people received public assistance in the form of Medicaid, Food Stamps, Child Care or Cash Assistance in June 2013. Some people, such as the elderly or disabled, may receive more than one service. The Total column on the right provides an unduplicated count of program participants.



Eligibility in some programs is determined by income, while programs such as Medicaid also consider other eligibility determinants, such as a disability. Food Stamps is an income-based program that provides support for people earning less than 130% of poverty. For a single person, that would be an annual income of \$15,171; for a family of four, \$31,005. The average person in Idaho receives approximately \$130/month in food benefits from the Food Stamp program.

The Great Recession that began in 2008 increased people's need for services in many public assistance programs. Prior to the economy's downturn, the Food Stamp program served less than 90,000 people. In January 2012, Food Stamp enrollment peaked with more than 238,000 people receiving assistance. As the economy continues recovering and employment grows, Food Stamp numbers are expected to continue to decline.

## The Idaho Spirit of Smart Governance

During 2007, Idaho's cost to administer a Supplemental Nutrition Assistance Program (SNAP) case, often referred to as Food Stamps, was \$54.53/month. At that time, there were approximately 36,000 households receiving food benefits.

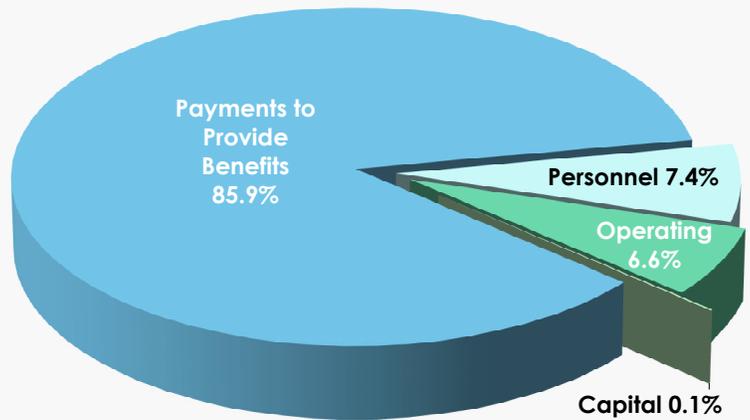
After the Great Recession occurred in 2008, SNAP enrollment almost tripled over the next six years, averaging 104,000 households in 2012. During these challenging years, DHW focused on streamlining its eligibility processes, while utilizing new technologies to help manage the record-setting influx of applicants, many of whom had never applied for public assistance before. Not only was the program able to reduce the administrative costs per case by 70 percent, it also improved the timeliness in serving Idaho citizens, improving from a national rank of 48th to best in the nation.

Idaho SNAP Performance					
Federal Fiscal Year	Avg. Monthly Households	Admin. Cost/Month	Rank	Timeliness Rate	Rank
2012	104,495	\$16.01	11	99.28%	1
2011	93,527	\$15.96	18	99.06%	1
2010	71,862	\$18.13	27	98.24%	2
2009	50,190	\$33.88	34	95.05%	10
2008	40,835	\$46.88	42	91.32%	16
2007	35,987	\$54.53	44	80.00%	48

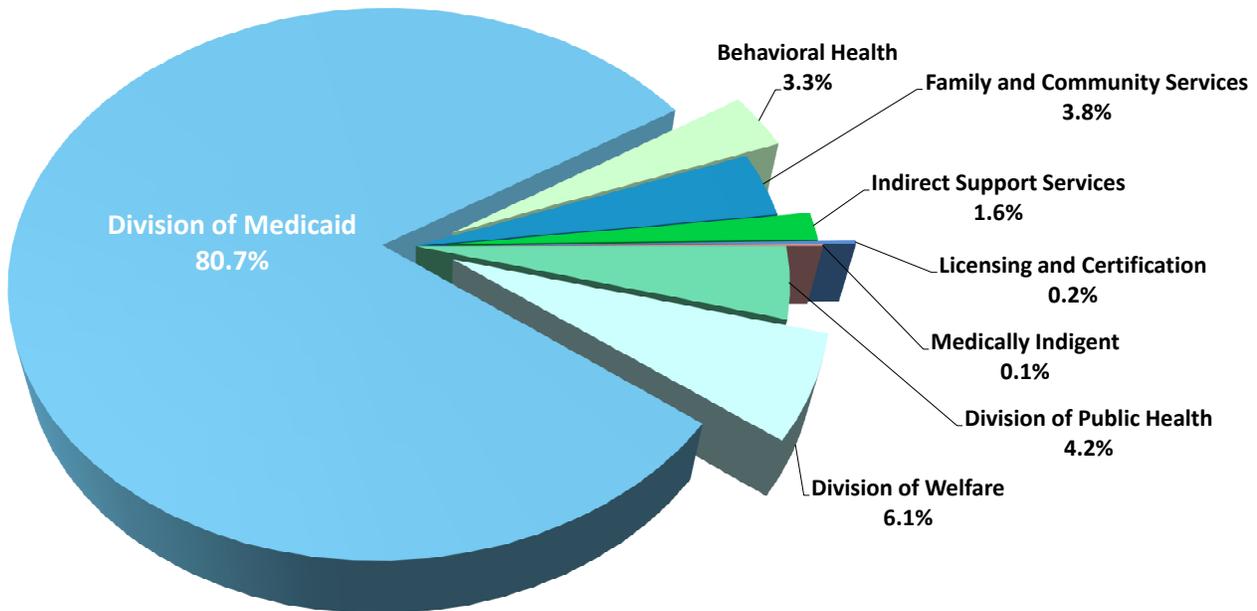
**Vision:** Provide leadership for development and implementation of a sustainable, integrated health and human services system.

## State Fiscal Year 2013 DHW Expenditures

Personnel Costs	\$171,174,500
Operating Expense	154,225,400
Capital Outlay	1,941,000
Benefit Payments	<u>1,996,120,500</u>
<b>Total</b>	<b>\$2,323,461,400</b>
Full Time Workers	2,853



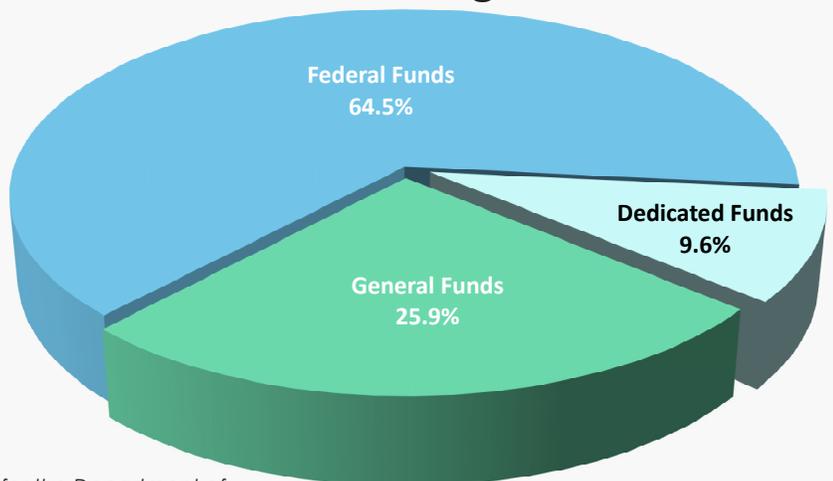
## State Fiscal Year 2013 DHW Expenditures by Program



## State Fiscal Year 2013 DHW Sources of Funding

Federal Funds	\$1,498,464,800
State Funds	603,154,300
Dedicated Funds*	<u>221,842,300</u>
<b>Total</b>	<b>\$2,323,461,400</b>

\*Dedicated includes funds such as drug rebates in Medicaid, car registration fees for Emergency Medical Services, or the assessment of insurers to pay for children's immunizations.



## Moving Forward: Initiatives and Goals

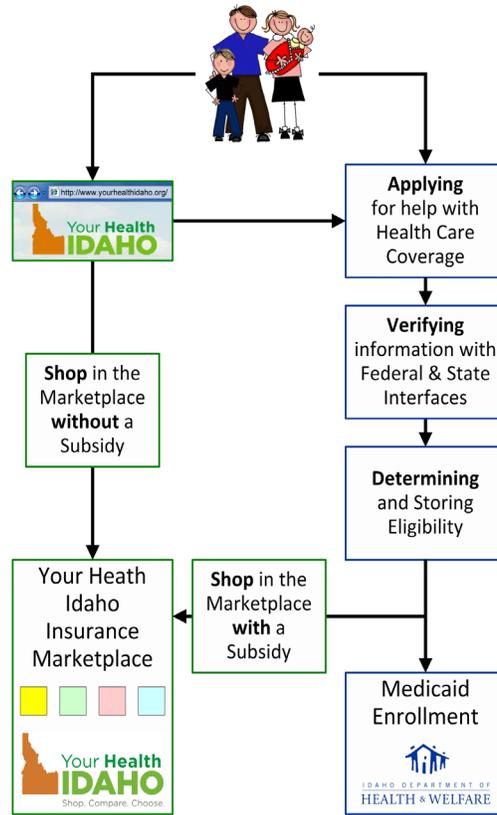
### The Idaho Connection

#### Integrating Medicaid with Idaho's Insurance Exchange

Idaho's state-based insurance exchange, known as Your Health Idaho, will become operational in 2014. A number of people applying through Your Health Idaho for health care coverage will be eligible for Idaho Medicaid.

To make applying for health care a seamless, accurate and efficient process, DHW is working with Your Health Idaho to create a single eligibility process. DHW is modernizing its eligibility system to meet new federal requirements, providing an on-line application, and connecting and using federal and state databases to verify eligibility information.

The project began in 2012 and is anticipated to support four years of modernization at an estimated cost of \$52 million, with the federal government covering approximately 90% of the costs. The project ensures integrity in eligibility processing and reduced state costs.



### Smarter Spending in Foster Care

The federal government pays states for part of the cost of children living in foster care. The more children in foster care, the more money a state receives.

But what would happen if states were allowed to use some of this funding to provide prevention services and possibly avoid foster care placements?

DHW plans to find out. Starting October 2014, the federal government will allow Idaho to use a portion of the foster care funding for prevention activities. The pilot program will run for five years, with data collected on the outcomes of children and families.

If the program is successful in reducing foster placements and improving children's outcomes, the federal government may elect to change its funding formula to all states to include prevention activities.

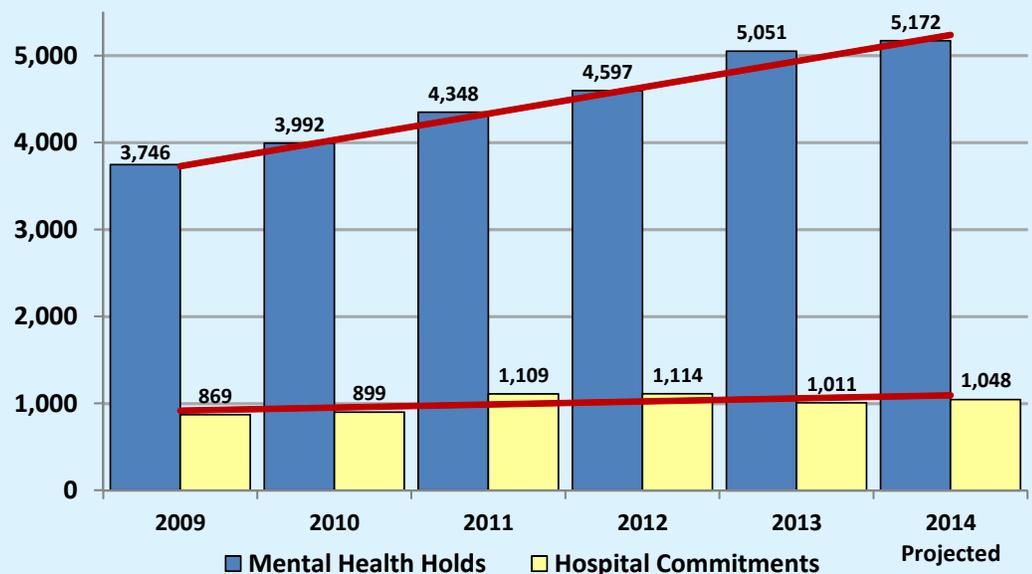
## Behavioral Health Community Crisis Centers

During the last six years, the number of mental health holds has increased 72 percent. These are usually people in a mental health crisis who may be a danger to themselves or others.

Increasingly, law enforcement is responding to these calls, but is often limited to taking people with mental health or substance abuse issues to hospital emergency rooms or jail because there are no other alternatives. These options are inappropriate, inhumane and a waste of resources.

DHW proposes to develop community behavioral health crisis centers similar to models used in other states, where people in a crisis situation can be taken for de-escalation, stabilization and connection to services to reduce the chances of future crises.

### Protective Holds and Hospital Civil Commitments (By State Fiscal Year)



We want to hear from you! Do you like this report? What information would you like to see next year? Please let us know, [citizensreport@dhw.idaho.gov](mailto:citizensreport@dhw.idaho.gov).

