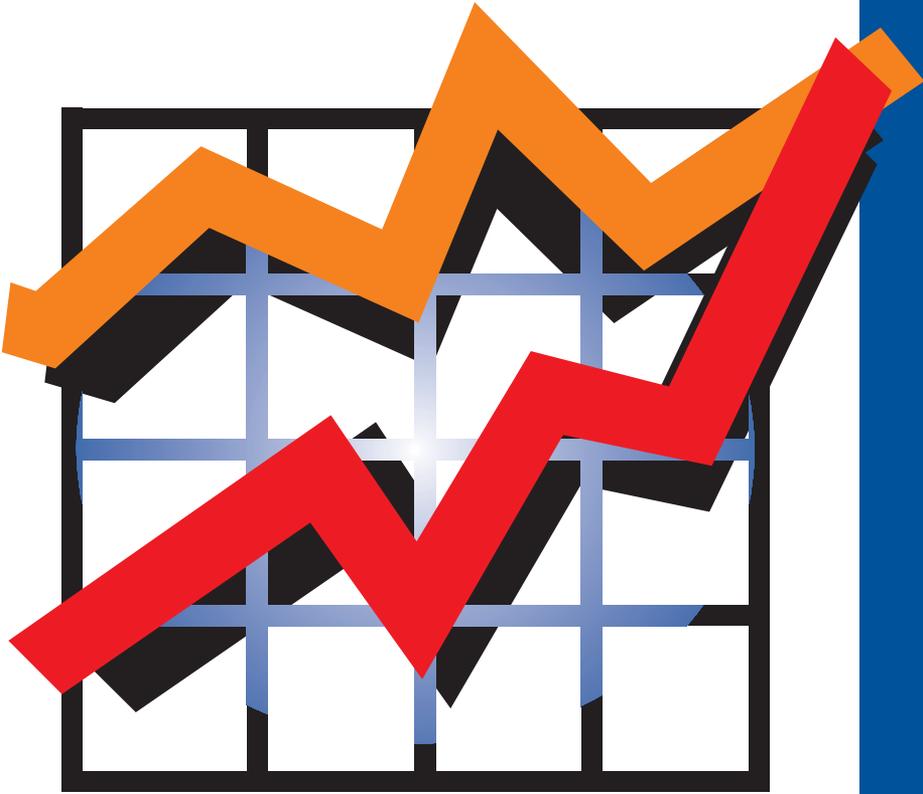


FACTS/FIGURES/TRENDS

2004-2005



IDAHO DEPARTMENT OF
HEALTH & WELFARE



A Message From Our Director, Karl Kurtz

In January 2004, we began redefining our role as a provider of health and human services in our state. Traditionally, the Department of Health and Welfare has provided valuable services for many people who needed a helping hand with medical care, food, or child care assistance. But we realized that just providing services to eligible people who may be low-income or experiencing a crisis in their lives is not enough. We realized we needed to move beyond our role as a service provider that focuses on people's needs, and instead provide and develop supports to help people by focusing on their strengths.

We are developing this support-based system for people through Service Integration. Service Integration takes all of the strengths and capabilities of our programs and uses them to provide the supports for a person or family that is struggling. We structure our supports around the strengths of the individual or family, with the goal of helping people become self-sufficient and independent. In a nutshell, we use our resources to help people help themselves.

The idea of Service Integration by states is not new; since Welfare Reform in 1997, all of us in health and human services have been studying better ways to help people become independent and self-sufficient. Service Integration continues the momentum and vision that began in the 1990s, taking it a step forward by helping people develop solutions they can attain.

When Governor Dirk Kempthorne was Chairman of the National Governor's Association, he saw the pioneering efforts several states were making by integrating health and human services. He also saw the possibilities we have in Idaho. With his vision and support, we are now well on our way to integrating our services. At the beginning of 2004, we began a Service Integration pilot project in Moscow, and are expanding these efforts to other parts of our state.

From the launch of our pilot project last January to now, it has been a very exciting and challenging experience. We have had our ups and downs, but are encouraged by the successes and outcomes of the people we have helped through our initial Service Integration efforts. We would like to thank our staff, our community partners, and our Governor for their support in helping us integrate our services to better serve the people of Idaho.

Sincerely,

A stylized, dotted signature of Karl B. Kurtz.

Karl B. Kurtz, Director

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Introduction

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

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

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

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

Goal 2: Coordinate resources to strengthen individuals, families and communities.

Goal 3: Identify and establish partnerships for sustainable and integrated health and human services systems.

Goal 4: Develop into a Learning Organization.

Goal 5: Align structures, people and technology while improving communication and customer service in support of all other goals.

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

Our Organization

The Department of Health and Welfare serves under the leadership of Idaho Governor Dirk Kempthorne. Our Director, Karl Kurtz, oversees all Department operations and is advised by a seven-member State Board of Health and Welfare appointed by the Governor.

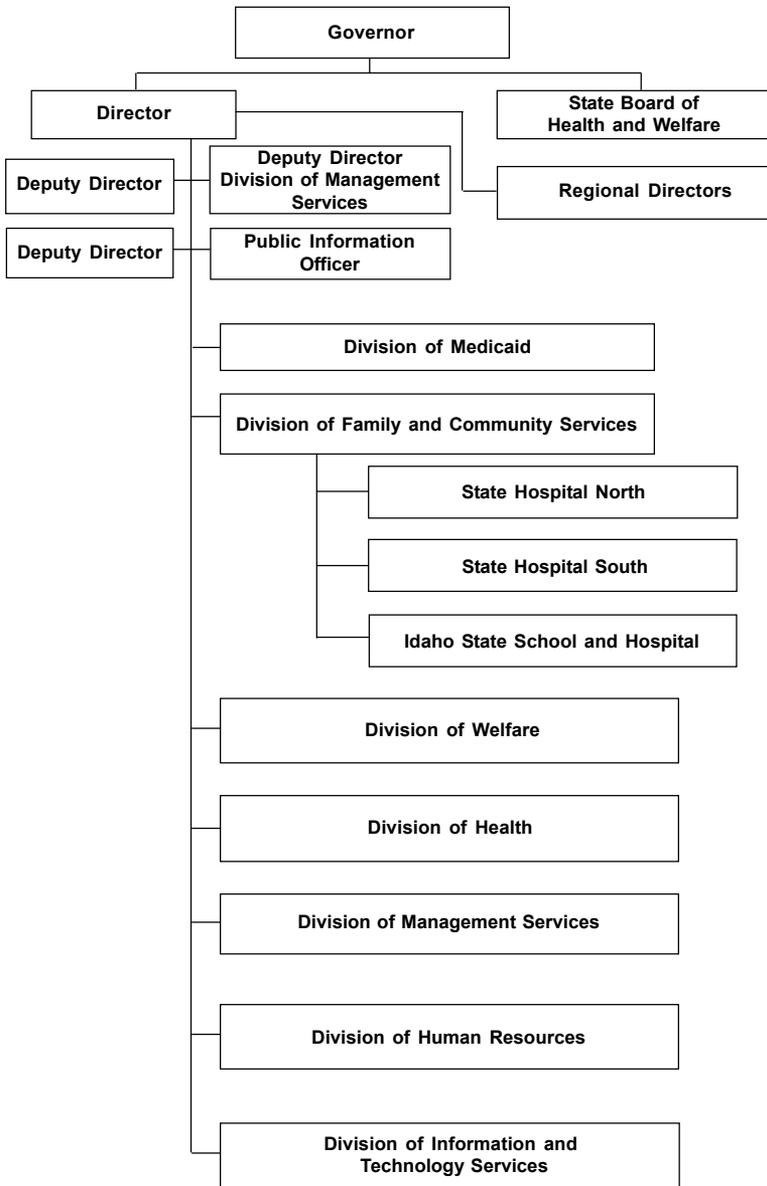
Our agency is comprised of seven Divisions: Medicaid, Family and Community Services, Welfare, Health, Management Services, Human Resources, and Information and Technology Services. Each Division provides services, or partners with other agencies and groups, to help people in our communities. As an example,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

Each of our Divisions includes individual programs. Our Division of Health, for instance, includes such diverse programs as Immunizations, the STD/AIDS Program, the Children's Special Health Program, and the Women, Infants and Children Program.

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

| Region | Location | Director | Phone |
|------------|----------------|------------------|----------|
| Region 1 | Coeur d'Alene | Michelle Britton | 769-1515 |
| Region 2 | Lewiston | David Reynolds | 799-4400 |
| Region 3&4 | Caldwell/Boise | Randy Woods | 334-6874 |
| Region 5 | Twin Falls | Kathleen Allyn | 736-3020 |
| Region 6 | Pocatello | Nick Arambarri | 235-2875 |
| Region 7 | Idaho Falls | John Hathaway | 528-5789 |

Organizational Chart



Integrated Services Provides Key to Success

People sometimes face problems in their lives, problems they cannot solve on their own. They may have personal or medical problems, a family may suffer a divorce, or a person may simply lose their job due to changing economic conditions.

The Department of Health and Welfare often can offer help so people can address and solve these challenges. Our services focus on helping people improve their lives and become self-sufficient, contributing members of our communities. To help them, we concentrate on strategies that include prevention, early intervention and diversion.

- **Prevention:** We take proactive approaches to empower individuals and families to meet challenges with healthy behaviors and lifestyles.
- **Early Intervention:** We recognize the warning signs for people at risk and take early action to prevent problems from becoming worse, while helping people address their problems more quickly.
- **Diversion:** We take a system-wide approach that uses strategies designed to improve the resilience of individuals, families and communities. We build on strengths, improve social conditions, and teach skills to offer the best possible choice for people to access human services in settings they are comfortable with.

We can help people effectively with these strategies by coordinating or "integrating" the services we and our community partners provide. By integrating services, families can receive the necessary supports to be successful.

Five Agencies vs. One Agency

Health and human services are not structured in many states like they are in Idaho. Most states have four or five individual agencies that provide food or cash assistance, protect public health, provide child protection and adoption services, and provide medical insurance for the young, poor and disabled.

In many states, these systems are not designed to work together; each agency has its own administration and goals. Individually, these agencies can do a good job in their specialty, but they are not designed to pool their resources to help their citizens.

Idaho has these services under one umbrella, one administration. Traditionally, our services have been independent of each other and have not effectively worked together to help people. But now we are integrating services to work in unison. We are fortunate to have the infrastructure in place to coordinate and focus our capabilities and services. By taking the next steps to further integrate our business processes, we can help people find more effective solutions to their problems so they can become productive members of our communities.

Integrated Services — A Different Way to Serve the Public

Service Integration is about improving customer service and helping people in the most effective way possible. The idea behind integrated services is simple: If someone needs help, we want to intervene early and identify the challenges a person may face, developing strategies to meet these challenges. We want to stop having people coming in one month for help with food, two months later asking for medical care, and four months down the road needing additional services. This ongoing cycle of services burdens our workers and is not the most efficient way to deliver supports.

With integrated services, our Department's vision is to develop a plan with the participant in the initial visit. We work to identify a person's strengths, along with the supports that are available to them through their families, churches and communities. With this assessment of their strengths and supports, we can develop a plan with them that focuses on helping them become self-sufficient and independent.

Community Partnerships Are Part of Solution

One of the foundations of Service Integration is the involvement of communities. The Department is a firm believer in community partnerships. We know that with many human service problems we can offer part of the solution, but need the help of community partners to be successful. Working together, our services can be more targeted and coordinated in helping people. With Service Integration, the Department has been building partnerships in communities, coordinating our collective services and strengths to meet the needs of people.

A Case in Point

The easiest way to visualize Service Integration is to examine a real case. Last spring, we helped a mother fleeing an abusive relationship. The mother approached the Department for help with counseling for herself and

her child. Upon assessment, it was apparent she needed food, a place to live, a job, and health care. Her strength was her determination to make a better life for herself and her child.

Through her initial assessment, we found that she qualified for Food Stamps, and her child was eligible for Children's Health Insurance. We began the process of initiating a child support order to provide financial assistance for the child, and enrolled the child in the Idaho Child Care Program, so mom could seek employment or job training opportunities. Due to emotional trauma of the abusive relationship, the child exhibited some behavioral problems and was referred to the Children's Mental Health Program. We also referred the mother to these additional resources from our community partners:

- Idaho Job Service for employment;
- The Health District for her physical health issues;
- Lewis and Clark State College Center for New Directions for education or job training;
- Idaho Housing for housing assistance;
- The Community Action Agency Food Bank for emergency food until her Food Stamps began;
- The YWCA for domestic violence issues; and
- Her church for a temporary place to live.

This is typical of many of the issues people face when they come through our doors. We work with a person to develop a plan that capitalizes on their strengths and community supports, while providing the services to help a participant become as self-supporting and independent as possible.

State and National Movements Begin

Many states are realizing the potential for helping families through integrated services. Through his leadership positions in the National Governor's Association, Idaho Governor Dirk Kempthorne saw the efforts other states were making to improve their health and human service systems. Governor Kempthorne realized the value and potential for Idaho, charging the Department to maximize our capacity to provide health and human services through Service Integration.

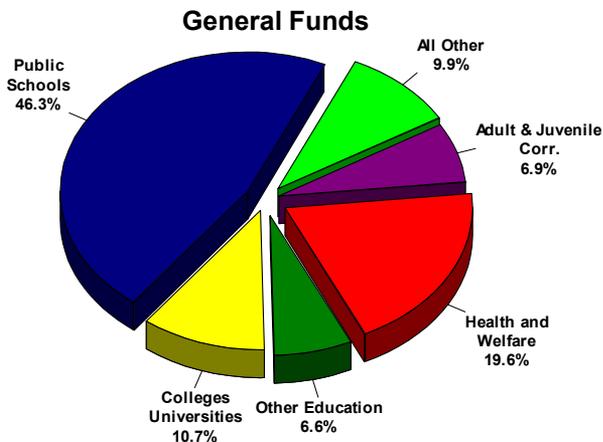
On the national front, Service Integration is gaining momentum, too. President Bush's New Freedom Commission on Mental Health recommends integrating services from the local, state and federal levels to effectively deal with mental illnesses. These same principles of integrated services can apply to all health and human services.

Idaho Begins Service Integration

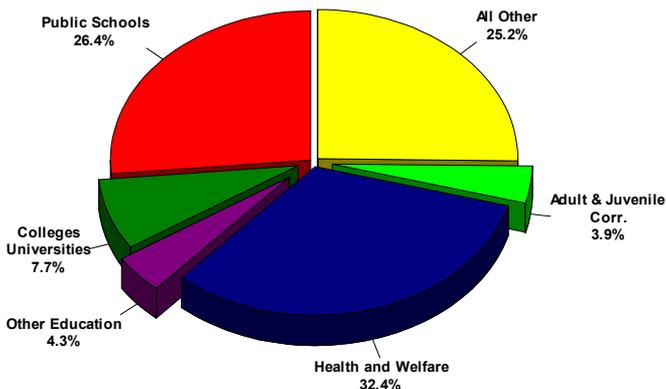
The Department began integrating services in Moscow in January 2004, and the remainder of Region 2 the following June. Region 2 includes Clearwater, Idaho, Latah, Lewis and Nez Perce counties. We plan to begin integrating services in Region 7 in eastern Idaho in early 2005, followed by Region 5 in south-central Idaho in the spring. All regions are laying the groundwork and building community partnerships for successful Service Integration.

Our goal is to integrate services throughout the state over the next two years. We know we will face challenges, but are encouraged by our success in initial integration efforts. Our success translates into families being successful, which improves the quality of life in our communities.

Total State Budget SFY 2005 Appropriations



Total Funds: State and Federal Funds Combined



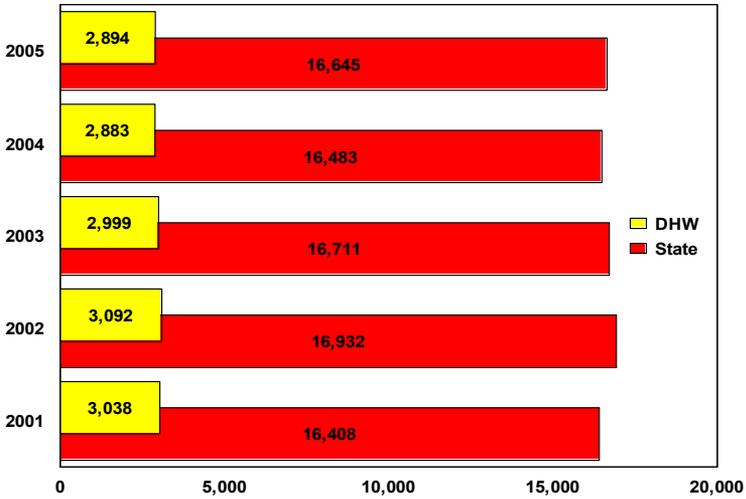
SFY 2005 Financial Data Summary

In Millions

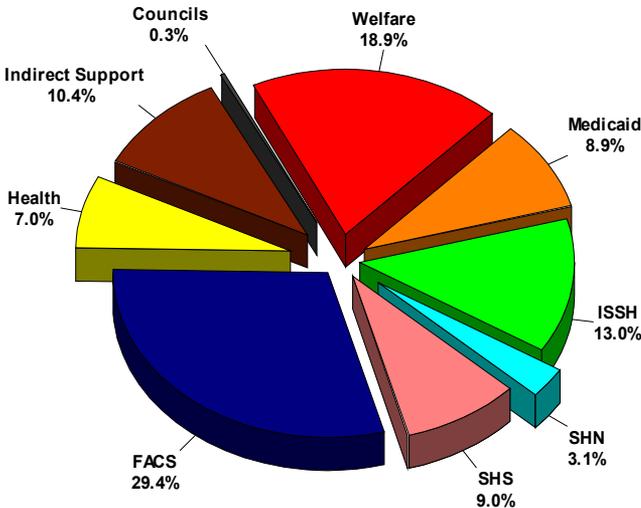
| Functional Area | General | %Total | Total | %Total |
|------------------------------|------------------|---------------|-------------------|---------------|
| Public Schools | \$ 964.7 | 46.3% | \$1,165.6 | 26.4% |
| Colleges, Universities | 223.4 | 10.7% | 341.3 | 7.7% |
| Other Education | 138.3 | 6.6% | 190.9 | 4.3% |
| Health & Welfare | 407.6 | 19.6% | 1,431.8 | 32.4% |
| Adult & Juvenile Corrections | 142.8 | 6.9% | 172.1 | 3.9% |
| All Other Agencies | 205.3 | 9.9% | 1,111.0 | 25.2% |
| Total | \$2,082.1 | 100.0% | \$ 4,412.7 | 100.0% |

Appropriated Full-Time Positions (FTP)

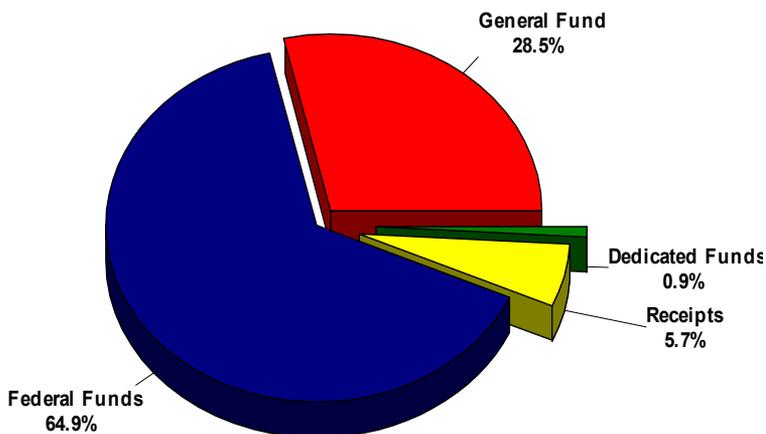
The use of FTPs is a method of counting state agency positions when different amounts of time or hours of work are involved. The decrease of staff in SFYs 2003 and 2004 is the result of budget holdbacks that included layoffs. The Department has 198 fewer employees since 2002, although demand for most services has increased due to economic conditions.



SFY 2005 FTP Distribution*



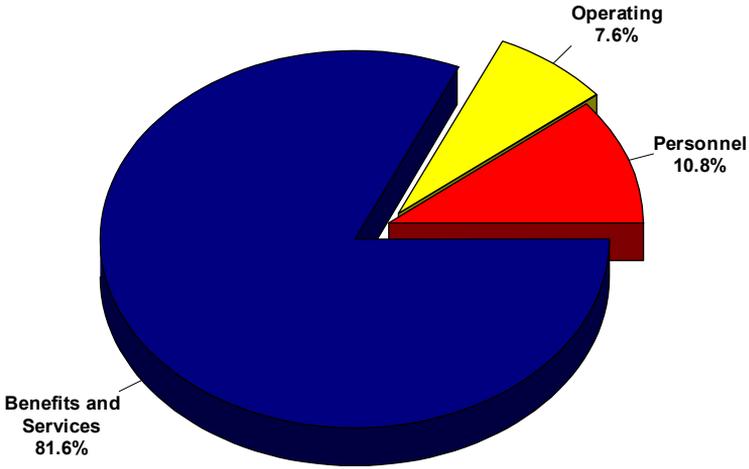
Original SFY 2005 DHW Appropriation by Fund Source



Financial Data Summary

| Fund Source | Amount |
|---|------------------------|
| General Fund | \$407.6 Million |
| Federal Funds | 930.0 Million |
| Receipts | 81.6 Million |
| Dedicated Funds | |
| Domestic Violence | \$ 404,100 |
| Cancer Control | 401,700 |
| Emergency Medical | 3,278,300 |
| Central Tumor Registry | 182,700 |
| Food Safety | 638,000 |
| Medical Assistance | 6,000 |
| Alcohol Intoxication Treatment | 2,306,300 |
| Substance Abuse Treatment | 8,800 |
| Liquor Control | 650,000 |
| State Hospital South Endowment | 1,689,300 |
| State Hospital North Endowment | 915,800 |
| Prevention of Minors' Access to Tobacco | 71,500 |
| Millennium Fund | 500,000 |
| Total Dedicated Funds | 12.7 Million |
| Total | \$ 1.43 Billion |

FY 2005 DHW Appropriation by Expenditure Category

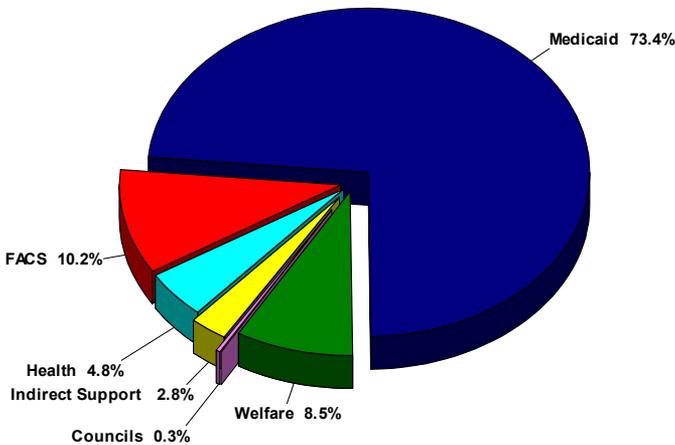


Financial Data Summary

| By Object | Amount |
|------------------------|-----------------------|
| Personnel Costs | \$ 155.6 Million |
| Capital Outlay | 0 Million |
| Operating Expenditures | 108.6 Million |
| Trustee and Benefit | 1,167.7 Million |
| Total | \$1.43 Billion |

- Benefits for Idaho citizens have increased \$131 million from SFY 2004.
- Trustee and Benefit payments make up 82 percent of the Department's budget. These are cash payments to the Department's clients, vendors who are providing services directly to the individual client, government agencies, non-profits, etc.
- Health and Welfare purchases services from more than 10,300 companies, agencies, or contractors, and 8,200 Medicaid providers.

Original FY 2005 DHW Appropriation By Division



| By Division | FTP | General | Total | % Total |
|-------------------------------|----------------|----------------------|-------------------------|---------------|
| Welfare | | | | |
| TAFI/AABD Benefits | | \$ 8,387,500 | \$ 15,383,900 | 1.1 % |
| Other Self-Reliance Programs | 549.81 | 24,739,700 | 105,673,400 | 7.4 |
| Total Welfare | 549.81 | \$ 33,127,200 | \$ 121,057,300 | 8.5 % |
| Medicaid | 257.0 | \$288,171,600 | \$ 1,051,401,100 | 73.4 % |
| FACS | | | | |
| Children's Services | 461.2 | \$ 22,167,900 | \$ 56,718,100 | 4.0 % |
| Substance Abuse | 9.6 | 3,144,100 | 14,457,600 | 1.0 |
| Community Mental Health | 221.2 | 11,785,700 | 18,283,900 | 1.3 |
| Developmental Disabilities | 157.4 | 6,601,200 | 14,177,200 | 1.0 |
| Idaho State School & Hospital | 376.5 | 4,728,900 | 20,869,400 | 1.4 |
| State Hospital North | 89.4 | 4,162,700 | 5,949,500 | 0.4 |
| State Hospital South | 259.2 | 9,943,900 | 16,548,200 | 1.1 |
| Total FACS | 1,574.5 | \$ 62,534,400 | \$147,003,900 | 10.2 % |
| Health | | | | |
| Physical Health | 133.3 | \$ 4,546,900 | \$ 57,749,200 | 4.0 % |
| EMS | 27.8 | 353,100 | 5,582,700 | 0.4 |
| Laboratory Services | 42.5 | 2,097,400 | 5,303,900 | 0.4% |
| Total Health | 203.6 | \$ 6,997,400 | \$ 68,635,800 | 4.8 % |
| Indirect Support | 297.8 | \$ 16,486,900 | \$ 39,767,000 | 2.8 % |
| Councils/Commissions | 10.0 | \$ 234,400 | \$ 3,968,700 | .3 % |
| Department Total | 2,892.7 | \$407,551,900 | \$1,431,833,800 | 100% |

Division of Medicaid

David Rogers, Administrator, 364-1804

The Division of Medicaid provides a comprehensive program of medical coverage to eligible recipients in Idaho. Coverage is provided through regular Medicaid (Title 19) and CHIP (Title 21). Medicaid also licenses and inspects health facilities like nursing homes, hospitals, and residential and assisted living facilities.

Youth, pregnancy, old age or disability are considered factors in determining risk and eligibility based on state and federal income requirements. The Division does not provide direct medical services, but contracts and pays for services through providers.

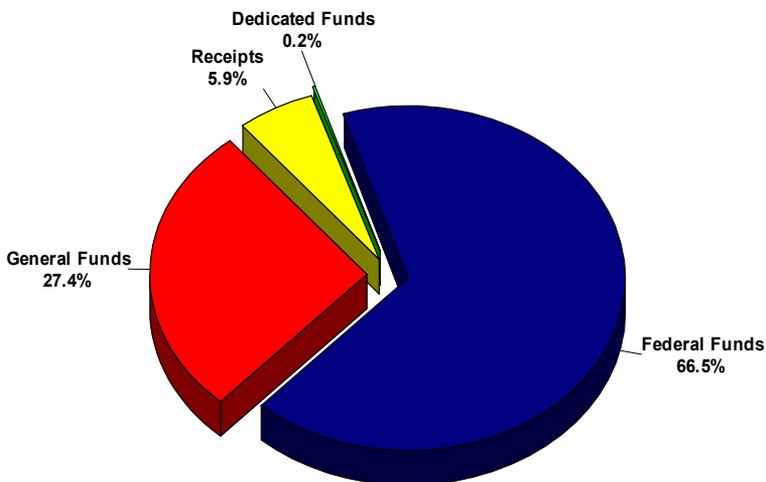
The Division provides a comprehensive program of medical coverage to eligible recipients throughout Idaho. Covered services include hospitalization, physician services, nursing home care, and prescription drugs.

The Division of Medicaid has the largest appropriation in the Department with an original SFY 2005 total appropriation of \$1.051 billion. This funding is composed of 67 percent federal money, 27 percent state General Funds, and six percent receipts. Receipts have become an increasingly important part of Medicaid's annual budget providing \$62 million in the SFY 05 budget. Receipts include \$30 million in rebates from pharmaceutical companies, \$20 million from audit settlements with various health care provider agencies and companies, and \$10 million from estate recovery.

In SFY 2004, Idaho received a temporary increase in its federal matching rate, which saved the state millions of dollars in General Funds. With the increase, approximately 74 percent of every Medicaid dollar spent by the state for benefits came from the federal government. The remainder came from the state General Fund.

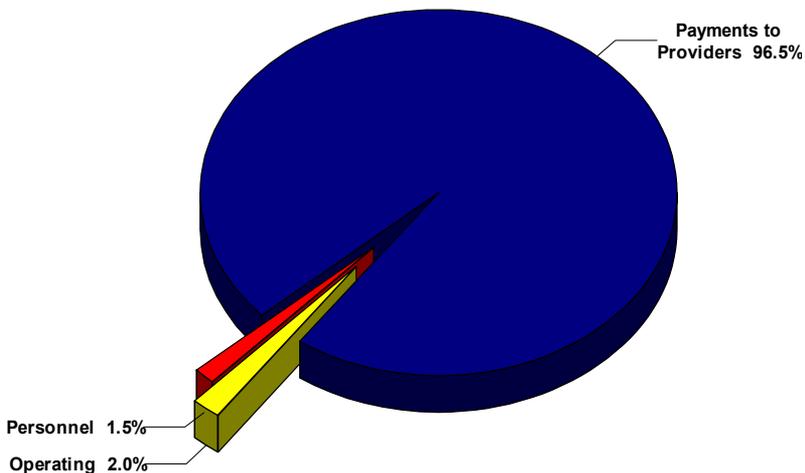
The 2005 federal matching rate returned to 71 percent for payment of most benefits.

Medicaid SFY 2005 Funding Sources

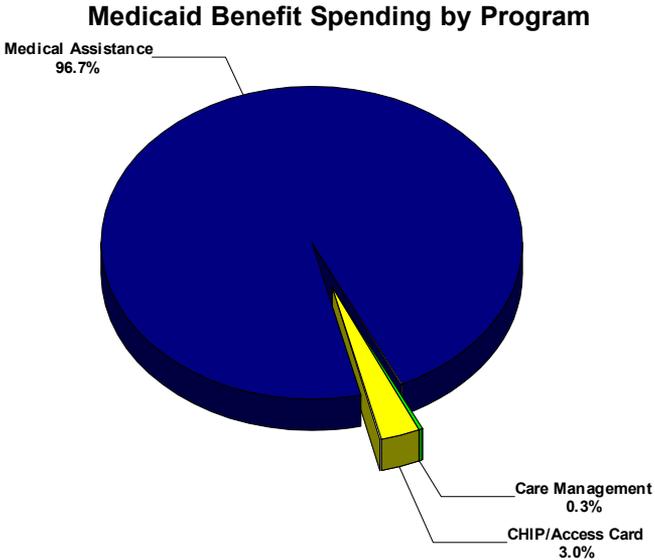


Authorized FTP: 257. Original Appropriation for 2005 — General Fund: \$288 Million; Total Funds: \$1.05 Billion; 73.4% of Health and Welfare funding.

Medicaid SFY 2005 Expenditure Categories



NOTE: The Division of Medicaid receives 67 percent of its funding from the federal government and spends 97 percent of its total expenditures on benefits.



Note: The 2005 Medicaid budget is \$1.05 billion; \$1.02 billion of this will pay for direct medical care to health care providers. This chart shows the distribution of benefit dollars.

2004 Review: New Initiatives Assist Health Care Growth

There were several significant changes in SFY 2004 for Medicaid: CHIP B/Access Card began serving Idaho children in July; Medicaid implemented its review process for preferred drugs under the Enhanced Prior Authorization Process; and the first plans created under the Developmental Disabilities Care Management program became active.

Medicaid, at the direction of the legislature, began an education project to assist adult Medicaid participants with disabilities who want to work. More than 17,000 people with disabilities in Idaho receive Medicaid benefits. Many are able to work, but they choose not to because they are afraid they will lose their Medicaid benefits. This education effort includes information about options that allow people to work and still retain Medicaid coverage. The project is called Medicaid for Workers with Disabilities.

Lawmakers also directed Medicaid in 2004 to begin work to help Idaho counties with medical assistance for indigents who don't qualify for Medicaid services. This project would make federal dollars available to match county funds. Idaho counties receive no state or federal funds to assist them in health care for indigents. Federal funds would give counties relief from the rapidly increasing costs of indigent care.

A new statute and rules were drafted for Residential and Assisted Living Facilities (RALFs) in 2004. The six-month process began in January with a panel of industry representatives, advocates and Department staff from Medicaid.

The resulting statute and rules are needed to help ease the difficulties created by the recent rapid growth in the number of RALFs. The number of RALF beds increased 24 percent in the last four years, leaving Medicaid's inspection bureau unable to fulfill inspection requirements.

The statute and rules developed with the panel place firm health and safety standards on RALFs, but ease the frequency of inspections for RALFs that meet high standards of care. These statute and rule changes need approval from the 2005 State Legislature.

Medicaid Services

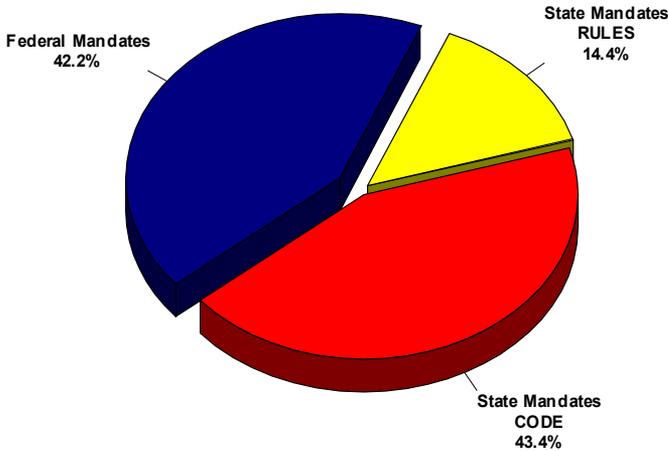
Idaho's Medicaid program provides coverage of health care services, which are required by the federal government, Idaho Code or Idaho Rules. The federal government requires that a state Medicaid program must offer certain mandatory services. Other optional services can be provided under the Medicaid program at the discretion of the state.

Laws passed by the legislature for Medicaid services are listed in Idaho Code and require optional services such as prescription drugs, personal care services, dental care, and developmental disability services. Rules are developed under the Administrative Procedures Act and are approved by the legislature.

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

The funding proportion of federal mandates vs. state options has shifted in recent years as a result of more benefits required by the state. Combined, State Rules and Code mandated programs accounted for 56 percent of the Medicaid expenditures in SFY 2004. In 1999, State Rules and Code made up 48 percent of expenditures. Most of the recent growth in expenditures is the result of state requirements, not federal.

Medicaid Services SFY 2004 Allocation of Funding



Medicaid Enrollment and Expenditures

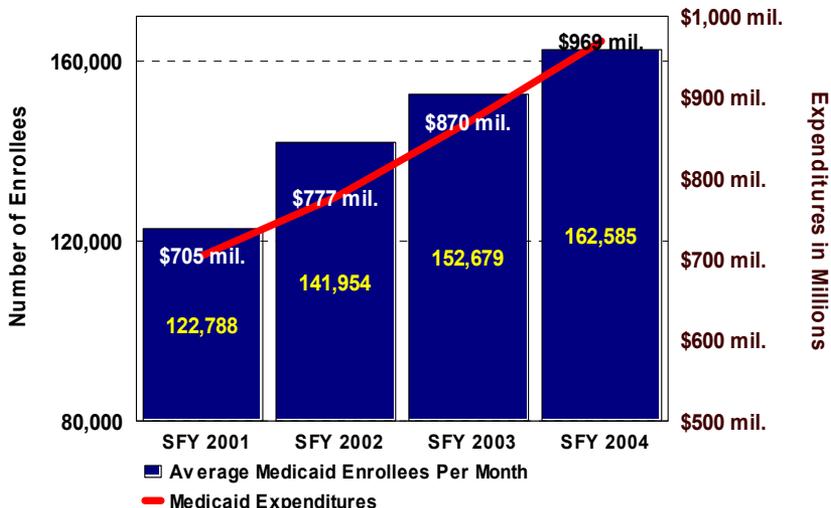
Medicaid enrollment increased by almost 10,000 people in SFY 2004, a 6.5 percent increase over 2003.

Even with continued growth in health care cost and enrollment, Medicaid was able to end SFY 2004 slightly under budget. Unlike many states, Idaho's Medicaid program not only finished the year in the black, but also maintained existing eligibility standards and benefits.

The growth in the number of Medicaid recipients in recent years is primarily due to the enrollment of lower-income children in the Medicaid program. The number of children insured through Medicaid and CHIP programs grew 158 percent between 2000 and 2004. Although most enrollment growth has come from children, the greatest expenditures for benefits come from adults.

In SFY 2004, Medicaid averaged 162,585 participants per month. More than 72 percent of these enrollees were children under 21, who account for 33 percent of the Medicaid expenditures. Adults 21 and older account for 28 percent of Medicaid participants, but 67 percent of Medicaid benefits dollars.

Average Medicaid Enrollees Per Month and Annual Expenditures for Services



Expenditures and Enrollees Comparison of Under Age 21 to Age 21 and Over



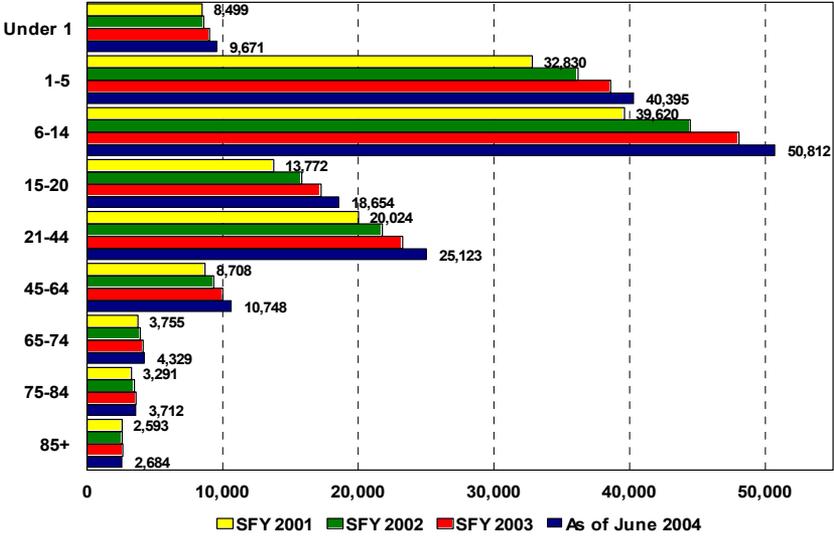
Medicaid Participants and Expenditures by Age

Children up to the age of 21 make up the greatest number of Medicaid enrollees. During SFY 2004, children cost, on average, \$229 per month each. Total enrollment for this age group in 2004 was approximately 117,000. This includes all children’s services provided by Medicaid, including CHIP.

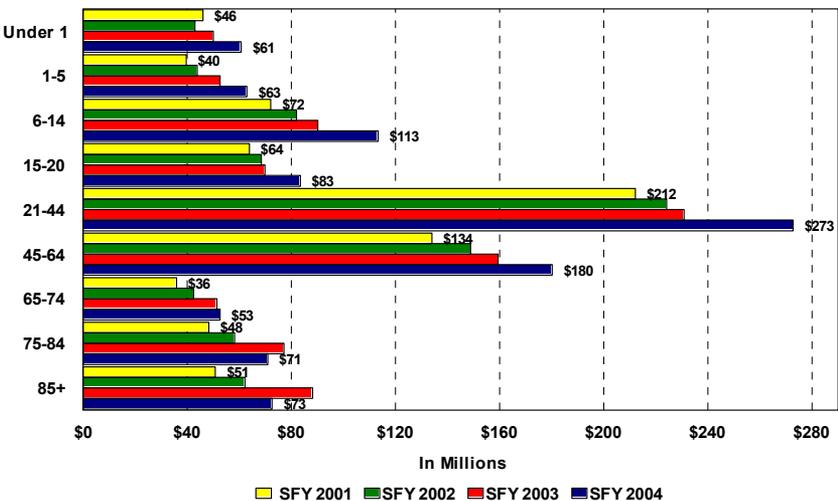
The largest total Medicaid expenditure was the 21-44 age group which received \$273 million in services, a nine percent increase from 2003. The increase parallels a similar increase in enrollment. Expenditures increased

substantially for this group in utilization of physician services, prescription drugs, adult dental, and mental health services. This averages \$909 per month for each participant. The group with the largest enrollee expense is also the group with the smallest total enrollment. The over-85 age category had total enrollment of just under 2,700, but expenditures of \$73 million in 2004. This group costs an average of \$2,265 per month for each participant, a slight drop from SFY 2003.

Medicaid Enrollees by Age (Includes CHIP)



Annual Medicaid Expenditures by Age (Includes CHIP)

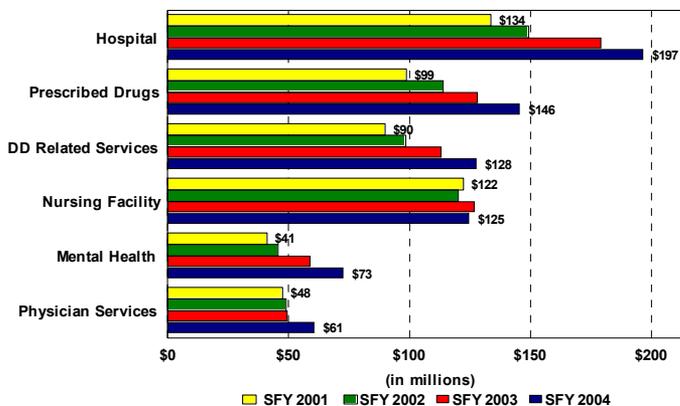


Increases in Medicaid enrollment play a role in increased Medicaid spending. Medicaid enrollment in SFY 2001 was 122,788. In SFY 2004, this number grew to 162,585, a 32 percent increase.

Medicaid-Covered Services Expenditures

The hospital expenditures category continues to be the most costly service for the Medicaid program, with \$197 million spent in SFY 2004. Prescription drug costs remain the second most expensive category in SFY 2004 at \$146 million. The Medicaid program receives rebates from pharmaceutical companies which are required under federal law. For SFY 2004 Medicaid received \$32.4 million in rebates. This figure is not included in the chart below.

Top Six Medicaid Services Expenditure Categories



Note: Nursing facility expenditures prior to 2004 include expenses from Syringa House, a state-owned, skilled nursing facility located at State Hospital South. Beginning in SFY 2004, Syringa House expenses were budgeted directly as federal funds and are no longer included in the Medicaid budget.

Cost-Containment Measures for Medicaid Services

Hospital Expenses: While hospitals continue to be the biggest expenditure for Medicaid, management initiatives are under way to help slow cost growth. In SFY 2004, education efforts were begun to avoid unnecessary emergency room use. Medicaid also updated rates paid to hospitals for inpatient and outpatient services to more closely reflect actual hospital costs. This means fewer overpayments to hospitals that result in lengthy cost-settlement efforts at the end of the year. Medicaid settled a

large number of pending claims for hospital care in 2004 so they could be paid with a temporary higher matching rate from the federal government. This helped the state save general fund money.

Prescribed Drugs: The state's Medicaid program has several cost management initiatives underway that have slowed the growth of pharmacy expenditures. Medicaid implemented the Enhanced Prior Authorization Program in SFY 2004 to shift prescription drug use to less expensive and equally effective medications. The Enhanced Prior Authorization Program also allows Medicaid to negotiate supplemental rebates from pharmaceutical companies in addition to those required by federal law.

Medicaid uses State Maximum Allowable Cost, or SMAC, to help slow the growth of pharmacy expenditures. SMAC is a "price cap" on generic prescription drugs. This helps hold down the cost of generic drugs.

Since 2002, pharmacy cost containment initiatives have saved Medicaid more than \$46 million.

Developmental Disabilities Related Services: The Department, under the direction of the Legislature — implemented on October 1, 2003 — the Care Management for Adults with Developmental Disabilities Program. The statewide program is designed to improve quality of care by providing the right service at the right time at the right cost to enhance the health, self-determination and independence of consumers.

Almost 3,200 people are using developmental disability services through various agencies, a jump of 700 in just one year. Most people using services are not yet enrolled in the new Care Management program. When it is fully implemented in 2005, cost increases should slow. At the end of September 2004, about 1,300 participants had authorized plans. Even though total expenditures have increased, per user annual cost actually decreased slightly from SFY 2003 to SFY 2004.

All adults using developmental disability services are eligible for the Care Management program, including those who use the Developmentally Disabled waiver. This waiver is a less expensive alternative to institutional care for adults with a developmental disability. A little more than 1,300 individuals are enrolled in the waiver, and are included in the 3,200 people receiving services.

Children receiving developmental disability services through Medicaid access those services through developmental disability agencies, waivers and targeted service coordination. About 4,100 children received assistance from Medicaid for these services in SFY 2004, a 56 percent increase over 2002. Children are not part of the care management program.

Nursing Facility: Nursing home expenditures have stabilized in recent years after a decade of double-digit increases. Total expenditures associated with nursing facilities in SFY 2004 dropped slightly from 2003, primarily due to use of the Aged and Disabled Waiver. The waiver provides services to the elderly in their home or another community setting, as opposed to the more expensive nursing home.

The Aged and Disabled (A&D) waiver is the most widely implemented waiver in the state with an average of 4,141 enrollees receiving services each month. Many of these participants would reside in a nursing facility if the waiver was not available.

Estate Recovery: The Attorney General's Office represents the Director's Office in the Estate Recovery Program, which recovers money from the estates of former Medicaid clients. The program was mandated by Congress in 1993 to recover money from Medicaid clients who receive benefits after age 55.

In the program, a qualified Medicaid recipient is allowed to keep certain assets including a home and \$2,000 in savings, while eligible for Medicaid benefits. After the recipient's death, and the death of their spouse, the Estate Recovery program makes a claim against all cash, real property and personal property. The state may file a lien to protect its interest.

Recoveries vary, but the Attorney General's Office recovered \$5.6 million from these estates in SFY 2004.

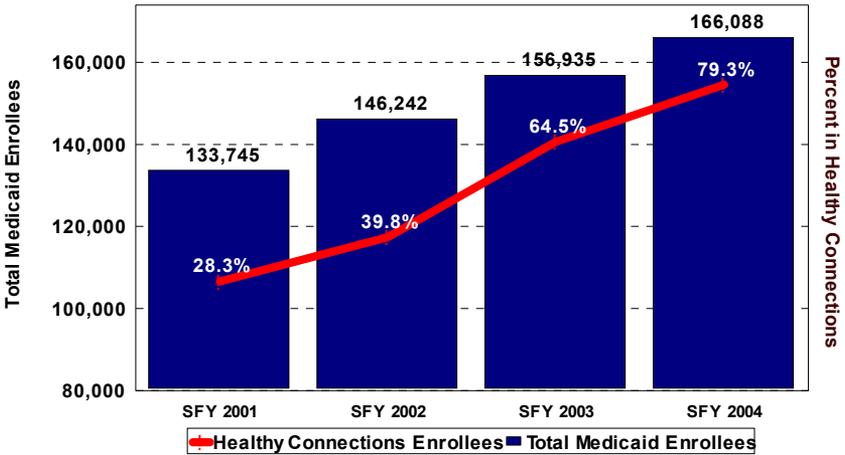
Healthy Connections: Healthy Connections provides a "medical home," or health care provider, for each participant. The physician or caregiver is solely responsible for the participant's primary care. The doctor receives \$3.50 per month for each enrollee. In return, the provider acts as the primary provider of medical care for the individual. This results in improved care for the individual and better control of expenditures for Medicaid. Of course, enrollees still have access to specialists, emergency room use and other services from Medicaid, but in a managed setting.

Healthy Connections substantially increased its efforts to enroll more health care providers in 2004 — which directly resulted in Medicaid adding another 14 percent to the Healthy Connections population. At the end of SFY 2004, there were more than 132,000 Healthy Connections enrollees out of the total Medicaid enrollment of 166,000 clients.

Healthy Connections enrollment reached 79 percent by the end of the 2004 fiscal year. This is significant because full enrollment is estimated at 85 percent. There are several thousand Medicaid participants — mostly in skilled nursing facilities — who are not enrolled in Healthy Connections. Their health care already is coordinated by a primary provider.

In SFY 2004, Healthy Connections increased emphasis on client education about various diseases to provide healthier outcomes for clients and reduce Medicaid expenses.

Healthy Connections Enrollees vs. Medicaid Eligibles As of June 30

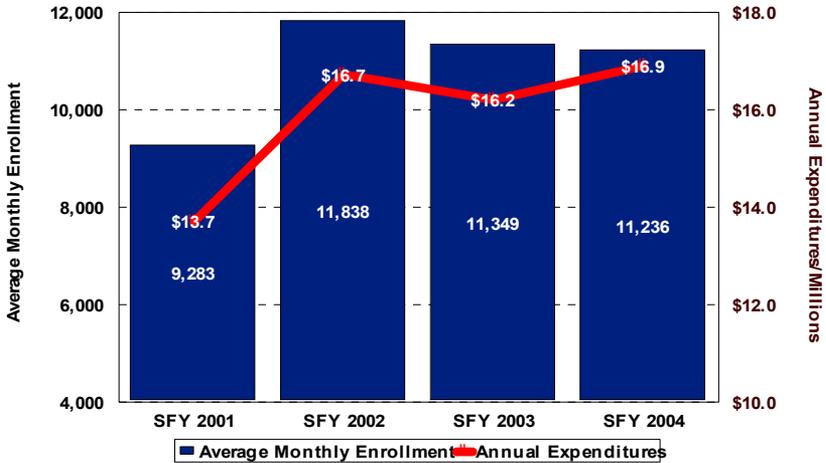


Children’s Health Insurance Program (CHIP)

Since it began in 1997, CHIP has been a mainstay in providing health insurance to children. The program provides coverage for children whose families have incomes of up to 150 percent of the federal poverty level. CHIP enrollment peaked at a little more than 12,000 children in 2002 and has remained between 11,000 and 12,000 since.

Children from families who qualify for CHIP can be insured to their 19th birthday. During SFY 2004, there was a monthly average of 11,236 enrolled in CHIP, with 11,682 enrolled on June 30, 2004. It costs an average of \$127 per month to insure a child in CHIP. The federal government funds 80 percent of this cost and the state pays the remaining 20 percent. The state’s share is approximately \$25 per month for each child enrolled in CHIP.

Title XXI CHIP Average Monthly Enrollment and Annual Expenditures



CHIP-B and the Access Card Programs

The CHIP-B/Access Card program began enrolling children in July. By the end of November 2004, CHIP-B and Access Card provided health insurance to about 1,400 children whose parents have incomes of up to 185 percent of poverty. A family of four with household income of almost \$35,000 may be eligible to obtain health insurance for their children through age 19.

CHIP-B provides a basic health insurance program and requires that parents pay a premium of \$15 per month for each child enrolled.

The Access Card provides for insurance through an employer or private insurance company. The Department assists families by paying up to \$100 per month for each child enrolled, with a maximum of \$300 per month for each family to purchase insurance through the Access Card. The benefits under the Access Card vary according to the insurance policy purchased.

A pilot program for Adult Access Card will be launched in 2005. Up to 1,000 adults employed through small businesses and with incomes up to 185 percent of poverty will be eligible for insurance coverage.

The Bureau of Facility Standards

The Bureau of Facility Standards surveys, inspects and licenses all health care facilities in the state, including nursing homes, hospitals and Residential and Assisted Living Facilities. The bureau serves and protects all Idahoans who require health-related services, supports and supervision in care facilities. The bureau promotes individual rights and safety by enforcing compliance with state rules and federal regulations.

Facilities Standards staff worked closely with caregivers and advocates in 2004 to rewrite the statute and rules governing Residential and Assisted Living Facilities, or RALFs as they are commonly called. Over the last few years, RALFs have taken an increasing role in health care. The aging population's demand for care in a setting other than a skilled nursing facility has prompted a 24 percent growth in the number of RALF beds in Idaho from 2000 to 2004. This growth far outstripped the Department's ability to meet inspection and monitoring requirements to ensure public safety.

With the assistance of various health care representatives, a new statute and rules were written to protect public safety for residents of RALFs. The 2005 Legislature will consider these changes. Facilities that maintain a high level of quality services will not be inspected as often as those that have health or safety concerns. In this way, Facility Standards can concentrate and work with RALFs that need assistance.

Facility Standards, with 45 full-time staff and four temporary employees, is responsible for surveying, inspecting and licensing nearly 700 facilities that provide 16,000 health care beds in Idaho.

Health Care Facilities Licensed in Idaho

| Type | # of Facilities | # of Beds |
|---------------------------------|-----------------|---------------|
| Hospitals | 49 | 3,318 |
| Residential and Assisted Living | 266 | 6,225 |
| ICF/MR | 66 | 581 |
| Nursing Home | 81 | 6,182 |
| Other | 224 | NA |
| Total | 686 | 16,306 |

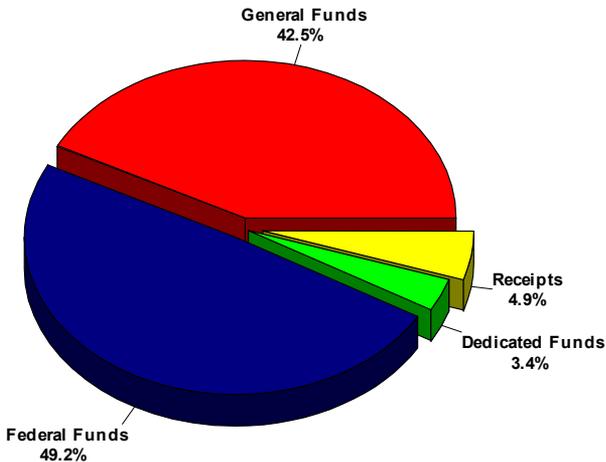
Division of Family and Community Services

Ken Deibert, Administrator, 334-0641

The Division of Family and Community Services directs many of the Department's social services programs. These programs include child protection, adoptions, foster care, children's and adult mental health, developmental disabilities, screening and early intervention for infants and toddlers, and substance abuse prevention and treatment. 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.

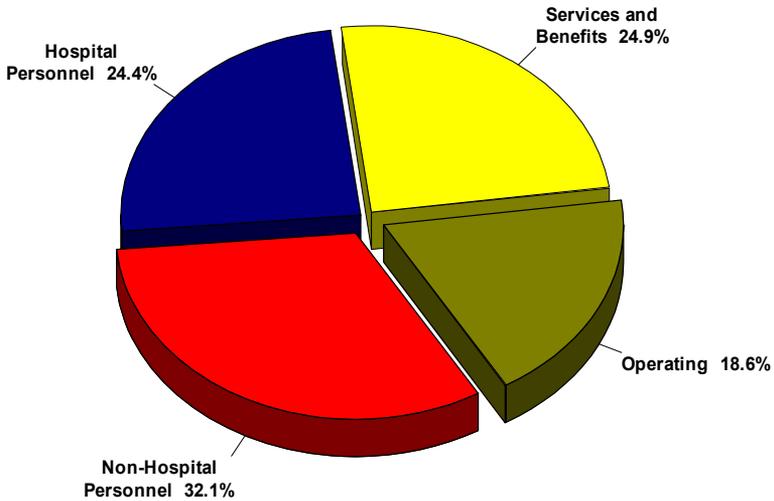
The three state hospitals also are part of this Division. State Hospital South in Blackfoot provides treatment services for adults and adolescents with serious mental illness. In Orofino, State Hospital North also serves adults with serious mental illness. Idaho State School and Hospital in Nampa provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications. There are no appropriate community placement alternatives for most of these residents.

FACS SFY 2005 Funding Sources



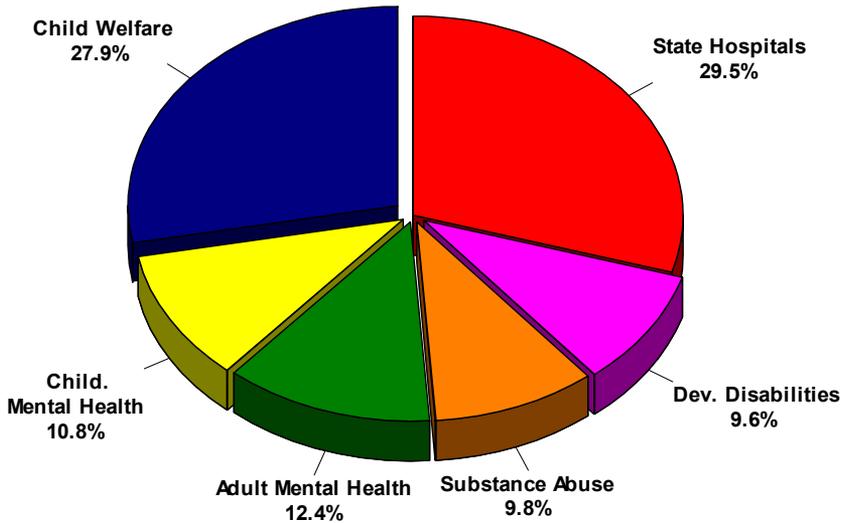
Authorized FTP: 1,574; Original Appropriation for 2005 — General Fund: \$62.5 million; Total Funds: \$147 million; 10.3% of Health and Welfare funding.

FACS SFY 2005 Expenditure Categories



NOTE: Personnel costs account for a greater share of expenditures in FACS because of the 24-hour-a-day, seven-days-a-week staffing levels required at the three state hospitals.

FACS Spending by Program



*Child Welfare includes Child Protection, Foster Care and Adoption.

FACS Division Highlights in 2004

Like all states, Idaho participated in a federal review of its Child Welfare services, with Idaho's review occurring in May 2003. In response to the review, Idaho's Child Welfare Services formed a team of 90 partners to develop a Program Improvement Plan, which included judges, educators, legislators, prosecutors and members of Hispanic communities and Indian tribes. The National Child and Family Services Review approved Idaho's Program Improvement Plan on January 30, less than three months after it was submitted. Some states have taken up to a year to have their Improvement Plan approved. Idaho's plan calls for expanded training opportunities for child welfare workers, comprehensive risk assessments to identify issues and service needs, and providing more in-home services and contact with families.

Idaho experienced a dramatic increase in the number of children placed in foster care last year. More than 2,900 children were placed in foster care in 2004, up 22 percent from the previous year. A significant concern driving the increase is the illegal drug use of methamphetamine by parents.

Adoptions increased by 30 percent in 2004, with 161 children being adopted. The Department has stepped up recruiting efforts to help find homes for children who may be older, part of a sibling group, or have behavioral or health problems.

Progress continues in the Children's Mental Health program, with more than 32 local Children's Mental Health Councils established to address the needs of children with a Serious Emotional Disturbance and their families. The local community councils develop treatment and support opportunities, and help coordinate services for families so children are not placed in institutions for care. Services increased significantly for children in 2004, with more than 50 percent more assessments completed.

The Department led a series of public meetings across the state and teamed with partners to develop an Idaho Suicide Prevention Plan in SFY 2004. Idaho's plan outlines objectives and strategies that communities can use to reduce the rate of suicide. Several key activities of the plan include developing a tool kit for suicide prevention for public use and conducting an annual statewide suicide prevention conference.

A Mental Health Court in Region 7 was formed to reduce the recidivism of offenders in the criminal justice system who have a severe and persistent mental illness. The Mental Health Court is a partnership of the justice system, the National Alliance for the Mentally Ill (NAMI), staff from the local psychiatric hospital, private mental health providers, the Department's ACT Team and jail staff. The program assists each person in achieving long-term stability in their home community, and has been very effective in reducing the time participants spend in jail or the hospital.

Idaho CareLine

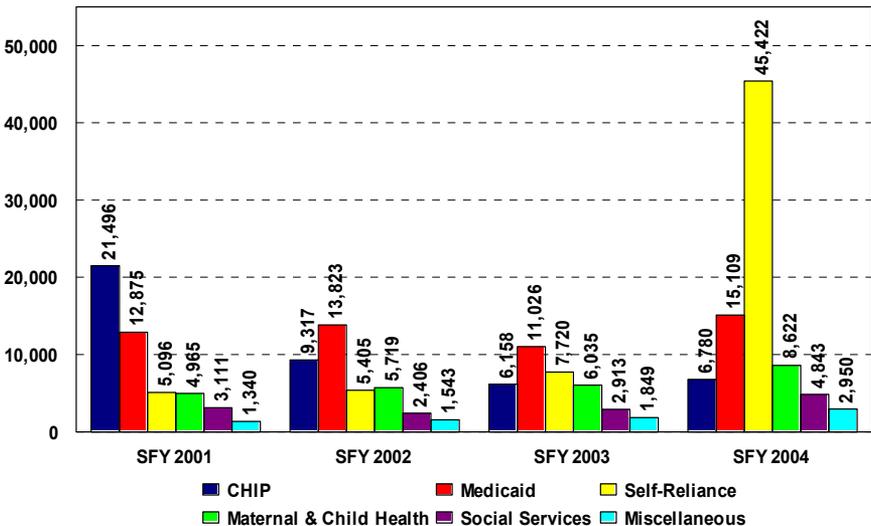
The Idaho CareLine is a bilingual, toll-free, telephone information and referral service available that links citizens with health and human services in Idaho. The Idaho CareLine serves as a central directory for Department programs and has a database containing approximately 3,000 health and human service contacts. CareLine is staffed by six Customer Service Representatives who in SFY 2004 assisted 83,726 callers.

The Idaho CareLine is one of several partners that implemented the 2-1-1 service in Idaho. In Idaho, 2-1-1 now rings to the Idaho CareLine. 2-1-1 is a national initiative providing an easy-to-remember, three-digit phone number that provides easy access for callers to receive information and get connected to local community resources. Idaho is the fourth state in the nation to offer 2-1-1 service statewide. The Idaho CareLine telephone number is 2-1-1 or 1-800-926-2588.

Calls to the Idaho CareLine have more than doubled over SFY 2003. This is primarily due to implementation of 2-1-1 statewide service and the CareLine becoming the first point of contact for the Idaho Child Care Program, which manages both parent and provider calls for child care.

The Idaho CareLine helps callers Monday through Friday, 8 a.m. to 6 p.m. MST. Additional information and an online, searchable database is available at www.idahocareline.org.

Number of Calls Received by the Idaho CareLine



Children and Family Services

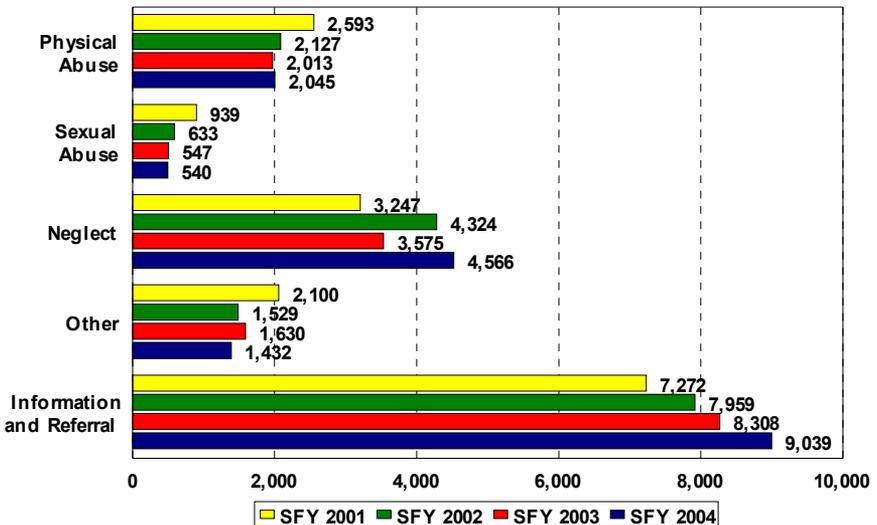
Children and Family Services is responsible for child protection, foster care, adoptions, compliance with the Indian Child Welfare Act, and Children’s Mental Health.

Child Protection

Idaho screens or assesses each report or referral it receives about possible child abuse or neglect. Referrals of physical abuse, sexual abuse and neglect all require a risk assessment to determine a child’s safety. More than half of all child protection referrals in Idaho come from educators, medical professionals, child care providers, social service providers and other professionals.

In SFY 2004, there were 8,583 child protection referrals, with more than 1,100 substantiated cases of abuse or neglect. The number of substantiated cases of abuse or neglect has increased more than 25 percent over 2003.

Child Protection and Prevention Referrals



NOTE: Information and referral calls usually are from people seeking information about child protection and frequently are referred for services in other divisions or agencies. "Other" often includes prevention work by social workers for homeless families, the School-Based Prevention Program, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards and Juvenile Justice evaluations.

Foster Care

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

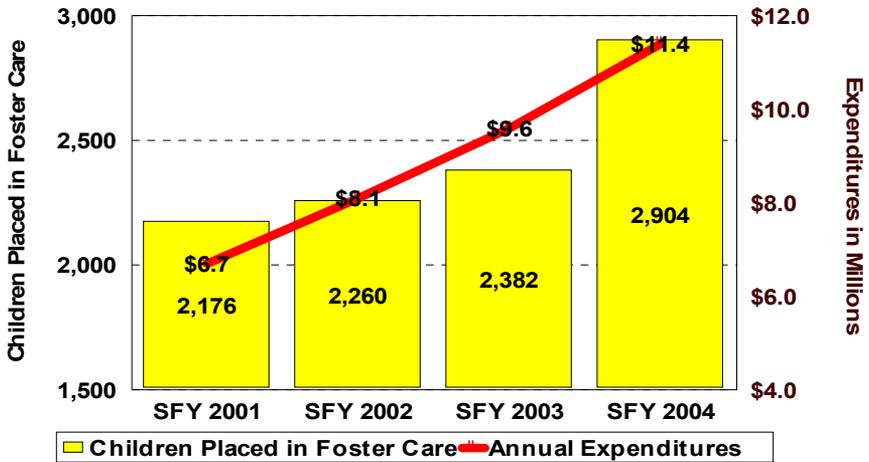
As part of their role, foster families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. The foster care program provides services to the entire family, with the goal of reuniting the family once the home environment becomes safe and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

The need to recruit and retain foster families is critical as the number of children coming into foster care has seen a dramatic increase over the last year. In 2004, there were 2,904 children placed in foster care, up 22 percent from the year before. One explanation for this change is the continuing rise in the use of methamphetamines by parents that impacts their ability to safely care for their children in their own home. On any given day in 2004, we averaged approximately 1,400 children in foster care and approximately 1,300 foster families in the state to provide a temporary home for these children. Relatives are a placement preference for children, but in many cases, the relative home is not available, and the recruitment of general foster homes for all ages becomes a necessity. Additionally, there is a need for homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. There also is a need for parents of Hispanic and Native American ethnicity.

To combat these needs, the Department has initiated an aggressive statewide recruitment and training effort for pre-service foster parents. We are recruiting foster parents through advertising, open houses, community partners, along with letters and presentations to the faith-based community and to area businesses.

We also are providing training programs for foster parents, which provide opportunities for them to develop parenting skills and techniques to deal with children who have been abused or neglected. These classes offer an opportunity for foster parents to network with other foster families and child protection professionals to come up with solutions to many of the complex problems a child in foster care may experience.

Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30th each year, a count of children in foster and residential care is taken. In 2001, there were 1,083 children in state care. This increased 44 percent to 1,564 children in 2004

Independent Living

Idaho's Independent Living Program is designed to assist older foster youth transition successfully from foster care placement to living as self-reliant adults. The program provides funds and services that address employment, education, housing and personal needs of eligible youth.

During the past year, 648 foster youth between the age of 15 and 21 received services through the Independent Living program. In addition, Family and Community Services collaborated with several partners throughout Idaho to provide support to more foster youth who are preparing for the challenges of adult living.

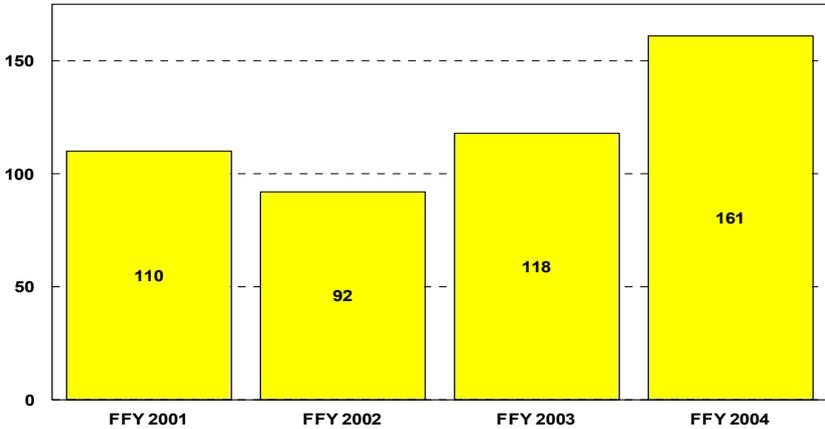
The Department, along with the Casey Family program, has supported the development and growth of the Foster Youth/Alumni (FYI) advisory group. Group membership includes youth in foster care and those who have transitioned out of foster care. These young people are committed to bringing attention to the need for ensuring a strong, safe and supportive foster care program exists for children who cannot remain in their own homes.

In 2003, the Education and Training Voucher Program (ETV) was initiated by Congress. Education is a significant component in the successful preparation for independence for many of these youth. Youth who have been in foster care and have received their high school diploma or GED may be eligible for program funds. During the 2003-2004 academic school year, 18 youth were served through this program.

Adoption

The Idaho Department of Health and Welfare’s Permanency Program provides adoptive services to special needs children who cannot be returned to the home of their parents. Special needs children may have physical, mental, emotional, or medical disabilities, or be part of a sibling group who must stay together. Some children also may be older, which can make it more difficult to find an adoptive family.

Adoptions Finalized



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

Adoptions increased 36 percent in 2004 due to increased numbers of children in foster care, a greater emphasis on recruiting adoptive families for special needs children, and the program's focus on seeking timely permanency for children so they do not languish in foster care.

Monthly Adoption Assistance SFY 2004

| Adoption Assistance | Number of Children | Average Monthly Payment |
|---------------------|--------------------|-------------------------|
| Federal IV-E | 775 | \$304 |
| State | 130 | \$290 |
| Total | 905 | \$302 |

Wednesday's Child

Wednesday's Child is a coordinated statewide adoption promotion program that began in 1998. In partnership with the Department, the Special Needs Adoptive Parent Services, Inc. (SNAPS) directs Wednesday's Child. Seventy-five to 80 percent of the children portrayed by the media partners of Wednesday's Child find adoptive families within a few months.

In SFY 2004, a total of 57 Idaho children were added to existing Wednesday's Child listings, an increase of almost 100 percent over 2003. Thirty-three pre-adoptive placements occurred in SFY 2004 from children portrayed in 2003 and 2004.

The Idaho Department of Health and Welfare provided adoption assistance incentive dollars to expand Wednesday's Child to media outlets in northern Idaho. Idaho media partners now includes North Idaho — KXLY Channel 4 (Spokane).

Child and Family Services Review

Children and Family Services participated in the Child and Family Services Review in May 2003, becoming the 38th state to undergo the intensive federal review process. This national review studies each state's child welfare system, and works with states to improve their outcomes in serving children and families.

Like all states, Idaho did not meet the minimum federal standards in every area and was required to develop a Program Improvement Plan (PIP). Thirty nine community partners and 51 staff members were involved in developing Idaho's plan, which was presented to Health and Human Services in January 2004 and promptly approved. Implementation began the following month. Idaho has two years to meet the goals presented in the PIP or face financial penalties that could be as high as \$295,000.

During the first six months of utilizing the PIP, the following strategies have been completed:

- Seventeen standards have been developed to set consistent practice expectations. The standards give guidance in the areas of intake, assessment, service planning, frequency of contact with children and families, and how to partner with foster/adoptive parents to prevent multiple moves for children in foster care.
- Additional trainings were presented by the National Resource Center. Training topics included increasing child safety by conducting thorough safety/risk assessments; establishing closer working relationships between parents, foster parents, and social workers; and supervisory training.

- Children and Family Services expanded its continuous quality improvement process. Each quarter, a trained case review team reviews 50 randomly selected cases from several different regions of the state. Reviewers use a standard case review instrument modeled after the Child and Family Services Review tool. In addition to looking at the case file, the review also includes interviews with parents, the foster parents, and the social worker and his/her supervisor. Following the review, the region gets feedback and prepares a regional plan for improvement if the results of the review are below the goals established in Idaho's PIP.

While it is still too early to be certain, outcomes appear to be improving. There has been a reduction in repeat maltreatment, and increased placement stability with fewer moves for children in foster care. Additional resources are needed to meet program improvement plan requirements.

For more information regarding Idaho's PIP and improvements in outcomes for children and families, visit www.healthandwelfare.idaho.gov.

Children's Mental Health Services

The Department of Health and Welfare provides a continuum of public mental health services to children with serious emotional disturbance and their families through outpatient and inpatient treatment, or in residential settings. Services primarily are delivered through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

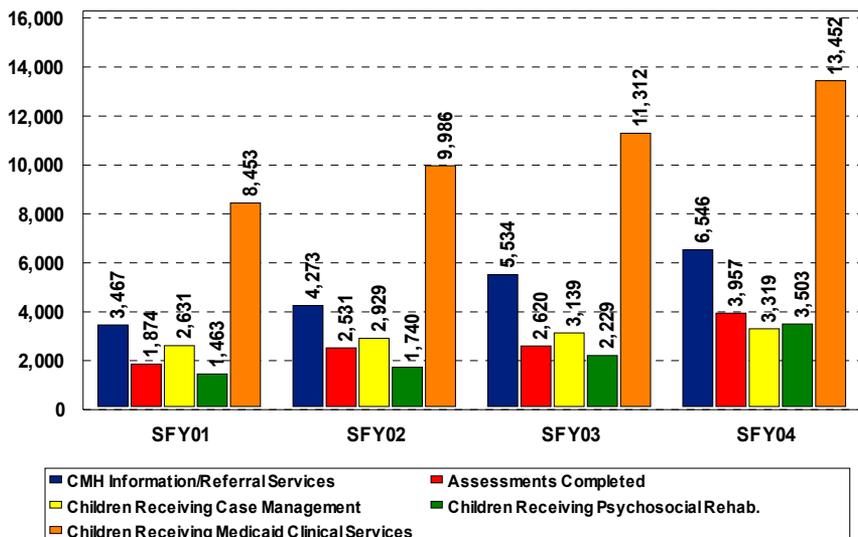
The children's mental health system is guided by the Children's Mental Health Services Act (CMHSA), which places the right and responsibility to access mental health services on parents and guardians. The Department's children's mental health services are voluntary and are provided to eligible children.

Children must meet the Department's target population of having a serious emotional disturbance to be eligible for services. Serious emotional disturbance is determined by a child/youth having a mental health diagnosis and impairment in their ability to function successfully in normal life areas, including school, home, and in their communities. The CMHSA also allows judges to order involuntary services, but only in situations where children/youth are at immediate risk of causing life-threatening harm to themselves or someone else, or if they are at risk of substantially deteriorating to the point of causing a risk to their safety.

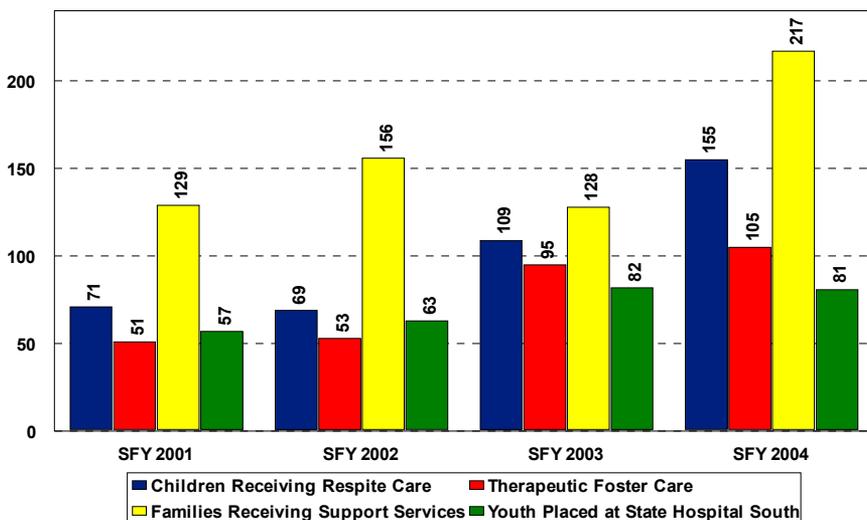
A major goal in providing services is to minimize the need for children to be removed from their homes to receive necessary care. Treatment in the family home and community environment is less disruptive and more

supportive of the family as they address their child’s mental health needs. Community-based treatment also is more cost-effective, as it does not require a child to be placed in expensive hospitals or facilities.

Children Receiving Mental Health Services



Children and Families Receiving Support Services



Systems of Care

The Children's Mental Health Program is developing a community-based "System of Care" for children with serious emotional disturbances and their families. The Idaho Council on Children's Mental Health (ICCMH) is leading this effort under the direction of the Idaho Lieutenant Governor, and through statewide collaboration between directors of agencies that serve children, families, advocates, and providers of mental health services. The goal of a System of Care is to deliver services through multiple agencies in a seamless and well-coordinated effort through interagency collaboration.

The Department was awarded a Federal Cooperative Agreement grant that allows Idaho to capitalize on nearly \$8 million to build the infrastructure for a System of Care. This project, "Building on Each Other's Strengths," emphasizes development of a statewide system of care by providing opportunities for skills building, community outreach, and monitoring progress in the system of care effort for children, families, agencies and community partners.

ICCMH provides oversight to seven Regional Children's Mental Health Councils in Idaho's System of Care. The Regional Councils oversee more than 32 local Children's Mental Health Councils throughout the state. Local councils provide a coordinated, comprehensive case plan for children with a serious emotional disturbance, and their families. Councils seek to develop treatment and support opportunities in their local communities.

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

In Idaho, the System of Care has:

- Provided skill building opportunities with a series of community meetings focused on strategic planning for regional and local councils;
- Facilitated a statewide children's mental health conference, with more than 350 participants attending;
- Developed a Systems of Care newsletter along with Internet information on news and activities; and
- Trained three local evaluation specialists, who are parents of children with a serious emotional disturbance. These parents conduct interviews with members of local councils throughout the state to evaluate progress and expertise of community-based local councils as they work with children and families in their communities.

Adult Mental Health Services

Like most states, Idaho's community-based System of Care for adults focuses on assessment, treatment and rehabilitation of people with serious and persistent mental illness, such as schizophrenia. The purpose of this program is to minimize rehospitalization, decrease criminal justice involvement, and enable consumers to live successful and productive lives in their communities.

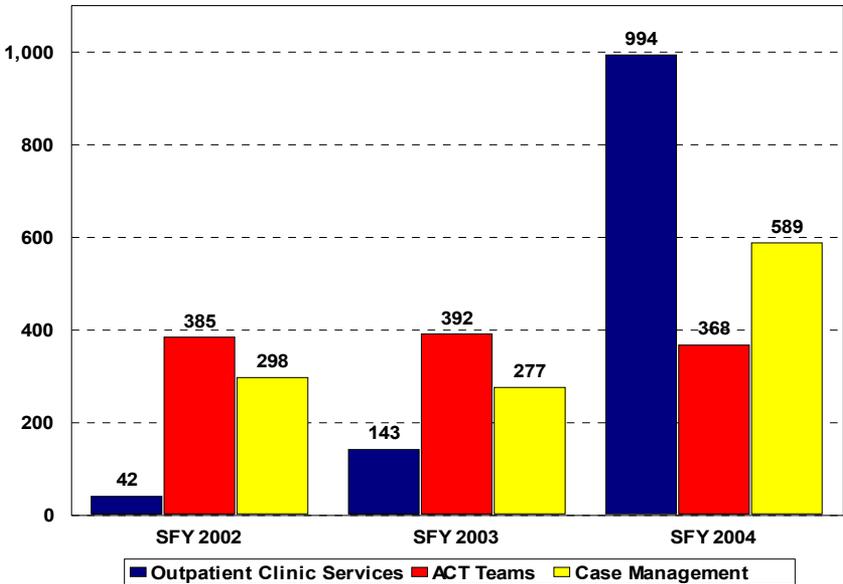
The two-fold focus of the State Mental Health System is to provide intensive treatment services to those who have an acute psychiatric crisis and to provide long-term intensive services to those who have serious and persistent mental illnesses. Services include two broad categories: psychosocial rehabilitation and "other mental health services," which have continued to grow over the last three years.

These two broad categories include crisis intervention services; targeted case management to help link and provide access to supportive programs; and Assertive Community Treatment (ACT), an intensive treatment program that enables persons with a serious and persistent mental illness have shorter and fewer hospital stays and live in their communities. Services are provided primarily through a network of seven state-operated, regional community mental health centers working in collaboration with a growing private sector.

| | SFY 2002 | SFY 2003 | SFY 2004 |
|-------------------------------------|---------------|---------------|---------------|
| Psychosocial Rehabilitation | 2,520 | 2,466 | 2,815 |
| Other Mental Health Services | 9,705 | 11,566 | 15,455 |
| Total | 12,225 | 14,032 | 18,270 |

**An improved data collection system was implemented mid-2003. The new system counts people who receive face-to-face services, usually in crisis situations, but receive follow up services from the private sector. Much of the increases in 2003 and 2004 are due to more accurate data collection of people accessing initial services, but not enrolling for continued services in the state System of Care.*

Community-Based Adult Mental Health Clients



**Outpatient clinic services has been phased in since SFY 2002, with more regional mental health centers offering the service each year.*

The Federal Mental Health Block Grant Core Monitoring Report identifies notable achievements and programs for community mental health services in Idaho. They include:

- Extensive involvement of consumers and family members in decision making;
- Collaboration with private agencies to provide mental health services;
- The state’s positive response addressing the stigma of mental illness in Idaho;
- The ongoing commitment to Idaho’s Office of Consumer Affairs and Technical Assistance for Adult Mental Health, which serves adult consumers of mental health services;
- Continued use of the Assertive Community Treatment (ACT) Team model, nationally recognized as a best practice form of treatment, producing lower rates of hospital readmission for our clients; and
- A commitment to provide Psychosocial Rehabilitation as the core service component to community integration. Psychosocial Rehabilitation treats the mental illness of clients, offers services in their communities, and helps them develop life skills.

Using national rates of occurrence, it is estimated 50,000 adult Idahoans suffer a serious mental illness, with 24,000 of those adults suffering a severe and persistent mental illness. Most recent data from the American Association of Suicidology ranks Idaho as having the seventh highest rate of completed suicides. The National Association of State Mental Health Program Directors places the state 42nd lowest in per capita spending for adult mental health services in their 2001 spending report. Additional information about community-based adult mental health services in Idaho is available at www.healthandwelfare.idaho.gov.

Suicide Prevention Services

In 2003, Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, and communities to develop the Idaho Suicide Prevention Plan. Idaho's plan is based on the National Strategy for Suicide Prevention and outlines objectives and strategies communities can use to reduce the rate of suicide in Idaho, which is consistently higher than the national rate. The Department has contracted with SPAN Idaho to implement several key activities to reduce suicides in Idaho, including:

- Implement the State's prevention plan;
- Provide leadership and coordination of prevention activities;
- Develop a 'tool kit' for suicide prevention for public use; and
- Conduct a statewide suicide prevention conference.

One of SPAN Idaho's primary objectives is to create an Idaho Suicide Prevention Council that can work with communities across the state to coordinate prevention activities. The Council will promote communication and prevent duplication of services throughout the state.

The tool kit is a collection of resources that will be offered and distributed to communities, organizations, and individuals working on prevention activities. It will include educational materials, community awareness resources, intervention strategies, screening and assessment tools, and training curriculum to help communities and groups organize prevention activities.

Through the support of the Department, SPAN Idaho presented its Fourth Annual Suicide Prevention Conference in November. It focused on educators, first responders, and clergy. The conference helped educate attendees on how to recognize and respond to individuals who show signs and symptoms of suicidal behavior.

For more information on the Idaho Suicide Prevention Plan, visit www.healthandwelfare.idaho.gov.

Substance Abuse Services

The Department's Substance Abuse Program provides services that include prevention and treatment programming, prevention and treatment staff development, prevention and treatment program approval, and DUI evaluator licensing.

The Department partners with Regional Substance Abuse Authorities to assess regional needs and assets for substance abuse prevention and treatment services. The partnership sets local service priorities, allocates available resources, and evaluates the effectiveness of programs. Services are delivered through contracts with private and public agencies that focus on best practices and research-based programs.

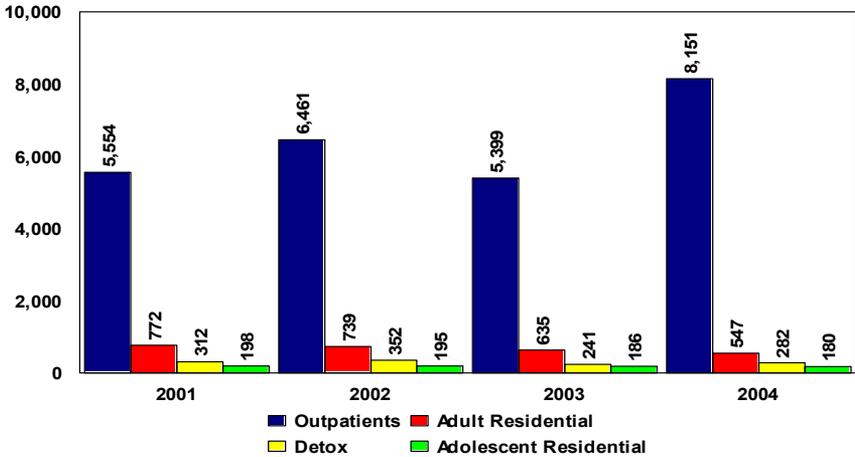
Substance abuse prevention services use an array of strategies to target populations, ranging from early childhood to adults. Prevention services are designed to foster the development of anti-use attitudes and facilitate the development of social and learning skills that enable youth to lead drug-free lives. Services include education of youth and parents, programs for children of addicts, mentoring and after-school programs, life skills programs, and community coalition building.

The goal of treatment services is to eliminate dependence on alcohol and other drugs. Throughout the state, the Department has established substance abuse treatment services for indigent citizens abusing or dependent on alcohol or other drugs. The continuum of community-based care for adults includes social-setting detox, residential (24-hour-per-day) treatment, intensive outpatient treatment, outpatient treatment and halfway houses. Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents.

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

Besides the staff in the Substance Abuse program, Department employees from across divisions are taking part in ATOD, a Department initiative to offer help to clients who may be abusing alcohol, tobacco or other drugs. For example, if a client receiving Food Stamps appears to be abusing alcohol, a Department employee will give the client information about substance abuse and contact information for accessing help.

Adult and Adolescent Substance Abuse Clients per Service



Note: Approximately 5,400 clients received substance abuse services from the Department in 2003. Many received services in more than one service setting.

Substance Abuse Clients by Primary Substance

In July 2003, the substance abuse program initiated a four-year strategic plan to enhance the performance of the Department's substance abuse treatment system of care that includes an emphasis on clinical supervision and client's motivation to change. This includes development of services for those with co-occurring disorders, such as substance abuse and mental health disorders, substance abuse and criminal justice issues, and substance abuse and child protection issues.

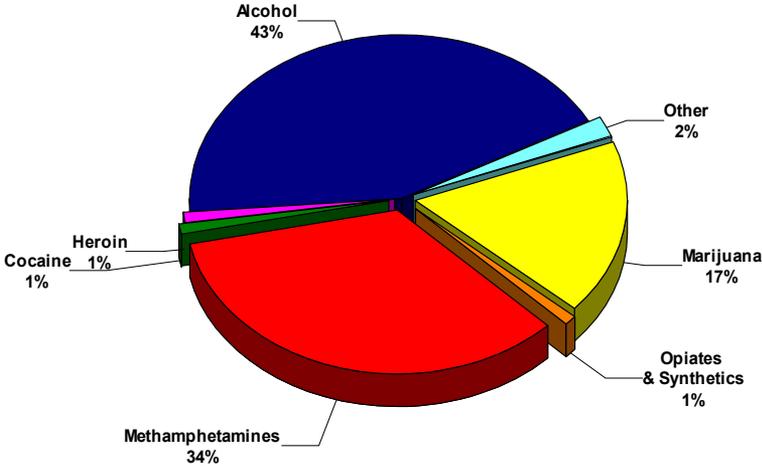
Methamphetamine addiction in adult and adolescent populations continues to rise. Sixteen percent of adult clients reported methamphetamine as their primary drug choice in 1997. It steadily increased to 23 percent in 2000, with an alarming 34 percent adult usage in 2004. Methamphetamine-specific treatment programs are being developed, and we anticipate more will be needed in the future. Typically, methamphetamine treatment programs are more intensive, longer in duration, and more expensive per client.

In 2000, the Department began a five-year plan to fund "best practice" substance abuse prevention programs. Best practice prevention programs are identified by the federal government as the most effective programs for preventing substance abuse. Idaho's program is implementing some of these nationally recognized programs each year, with the goal of adopting all of them.

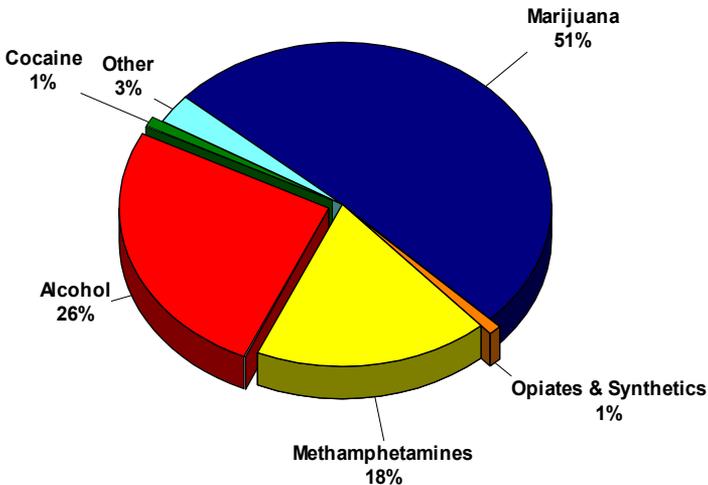
The Department also is working with the Idaho Supreme Court to expand the number of Drug Courts in each judicial district, which are proving very effective in addressing substance abuse.

Additional substance abuse information is available online at www.healthandwelfare.idaho.gov.

Adult Substance Abuse Clients By Primary Substance SFY 2004



Adolescent Substance Abuse Clients by Primary Substance SFY 2004



The Idaho Tobacco Project

Health and Welfare and the Idaho State Police are partners in the Idaho Tobacco Project. The collaborative effort blends merchant education, retailer permitting, and inspections into a comprehensive program designed to reduce the sale of tobacco products to youth under the age of 18.

The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases. The non-compliance rate decreased in 2004.

| | CY 2001 | CY 2002 | CY 2003 | As of 11/26/2004 |
|---------------------|---------|---------|---------|------------------|
| Permittees | 1,752 | 1,866 | 1,804 | 1,752 |
| Inspections | 2,075 | 2,840 | 1,529 | 1,955 |
| Violations | 444 | 312 | 244 | 221 |
| Non-Compliance Rate | 21.4% | 13.3% | 15.6% | 11.3% |

State Hospital South

Ray Laible, Administrator, 785-8402

State Hospital South provides psychiatric inpatient treatment and skilled nursing care to Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital works in partnership with families and communities to enable clients to return to community living. The Blackfoot facility is accredited by the Joint Commission on Accreditation of Health Care Organizations and features 90 psychiatric adult beds, 30 skilled nursing beds and 16 beds for adolescents.

The 30 skilled nursing beds are in the Syringa Chalet Nursing Facility and offer services to consumers who have a history of behavioral or psychiatric illness. The average age of a Syringa facility resident is 75. Adolescents between the ages of 11 and 17 years are treated in a psychiatric unit that is geographically separate from adult treatment.

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

Inpatient Psychiatric/Skilled Nursing Services

| | SFY 01 | SFY 02 | SFY 03 | SFY 04 |
|---|--------------|--------------|--------------|--------------|
| Utilization Based on Census Days | | | | |
| Adult Psychiatric Census Days | 27,839 | 29,163 | 28,962 | 27,299 |
| Daily Occupancy Rate | 84.5% | 88.8% | 88.2% | 82.9% |
| Syringa Skilled Nursing Census Days | 9,846 | 8,932 | 8,669 | 8,002 |
| Daily Occupancy Rate | 92.8% | 84.4% | 81.9% | 75.4% |
| Adolescent Unit Census Days | 3,733 | 3,693 | 4,073 | 4,033 |
| Daily Occupancy Rate | 63.7% | 63.2% | 69.7% | 68.9% |
| Hospital Volume of Service | | | | |
| Number of Admissions | 427 | 365 | 402 | 369 |
| Number of Census Days | 41,418 | 41,788 | 41,704 | 39,334 |
| Readmission Rates | 34.9% | 38.4% | 31.8% | 39.6% |
| Cost Per Patient Day | \$392 | \$408 | \$396 | \$427 |

Note: Census days are all days the hospital is responsible for each patient's care. The SFY 2004 budget for State Hospital South was \$16.8 million, which includes \$9.4 million in state general funds.

State Hospital North

Jay Kessinger, Administrator, 476-4511

State Hospital North is a 50-bed psychiatric hospital that provides treatment to the acute, court-committed patients of Idaho. The hospital works very closely with regional mental health centers and other hospitals in an integrated care system. Referral, treatment, and discharge planning are all part of this coordinated effort.

Direct treatment within the hospital is provided by the clinical staff who form interdisciplinary treatment teams. Team members consist of psychiatrists, a Nurse Practitioner, a non-psychiatric medical doctor, Therapeutic Recreation Specialists, nurses, and clinicians. Those on the clinical staff provide evaluations, medications, individual and group therapies, education, community integration, recreational and educational activities, and discharge planning.

The hospital is located in Orofino, a small rural community along the Clearwater River in north-central Idaho. The hospital's campus is wooded and surrounded by natural beauty, which provides a therapeutic environment for patients.

Inpatient Psychiatric Services

| | SFY 01 | SFY 02 | SFY 03 | SFY 04 |
|---|--------------|--------------|--------------|--------------|
| Utilization Based on Census Days | | | | |
| Average Daily Census | 46 | 47 | 47 | 45 |
| Daily Occupancy Rate | 76.7% | 94% | 94% | 88% |
| Hospital Volume of Service | | | | |
| Number of Admissions | 263 | 241 | 239 | 228 |
| Number of Census Days | 16,888 | 17,468 | 17,152 | 16,446 |
| Readmission Rates | 37.6% | 37% | 39% | 32% |
| Cost Per Patient Day | \$344 | \$358 | \$326 | \$355 |

NOTE: Prior to SFY 2002, daily occupancy rate percentages included unused beds that could not be safely used for patients with serious mental illness. Census days are all days the hospital is responsible for each patient's care. The SFY 2004 budget for State Hospital North was \$5.7 million, \$3.9 million in state General Funds.

Developmental Disabilities Services

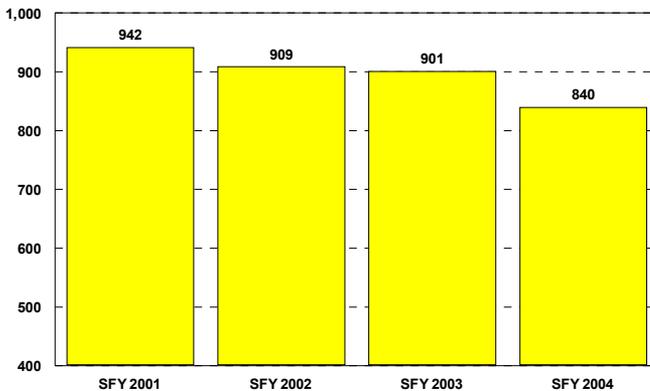
This program manages and delivers services for people with developmental disabilities, ranging in age from infants to senior citizens. Through partnerships with community members, the program makes service choices available for consumers and their families, allowing them to strive for self-direction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

Family Supports

Financial assistance is available through Family Support and In-Home Assistance to help families maintain children and adults in their homes instead of an institutional setting. In addition, respite care, special equipment and supplies, and other specialized services are available to qualified families through the Idaho Infant Toddler Program and the Early and Periodic Screening, Diagnosis and Treatment Program.

Developmental Disabilities Family Supports' funding may be used only after other sources are exhausted. The number of Family Support Cases dropped from 901 in SFY 2003 to 840 in SFY 2004 due to reductions in available funding, from \$339,875 to \$243,300.

Family Support Assistance



Idaho Infant Toddler Program

The Idaho Infant Toddler Program coordinates early intervention services for families and children with special needs from birth to three years of age. The program partners with agencies, private contract providers, and families to plan comprehensive and effective services to enhance each child's developmental potential. The five most frequently provided early

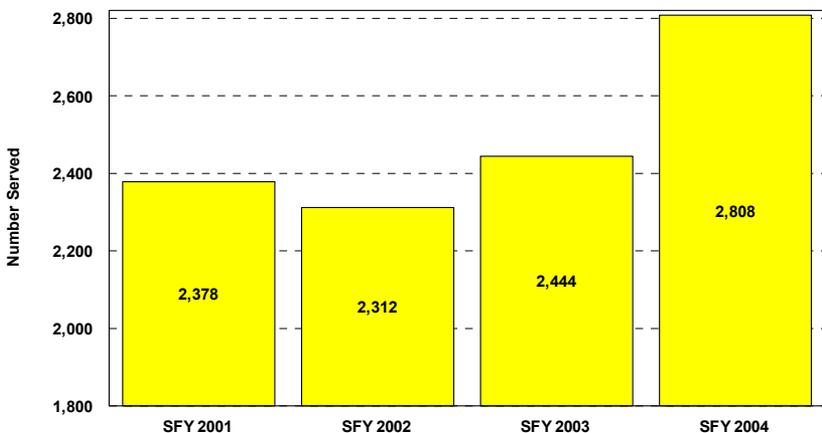
intervention services of the Infant Toddler Program are: Developmental Therapy (special instruction); Speech/Language Therapy; Occupational Therapy; Physical Therapy; and Respite Care.

Services are delivered according to an Individualized Family Service Plan. Every effort is made to provide services in the context of the family's normal routines. More than 80 percent of services are delivered in the child's home. Prior to a child turning three and "aging out" of the Infant Toddler Program, transition plans are coordinated with local schools and other community resources to ensure a child continues to receive needed supports.

During SFY 2004, 1,275 children exited the program, 15 percent exited prior to age three after achieving identified developmental goals, and 52 percent exited at age three and identified as eligible for continued services in Special Education. The remaining children who exited did not require Special Education, moved from the state, or no longer participated in services.

The steady increase in the number of children enrolled is due to the growing population and increased recognition of the importance of early development. Additional program growth is anticipated because of a new federal requirement under the Child Abuse Protection and Treatment Act. All children up to three years of age who are involved in substantiated cases of abuse or neglect must be referred to the Infant Toddler Program for evaluation. It is estimated that approximately 420 additional infants and toddlers will be referred to the Infant Toddler Program.

Individuals Served in the Infant Toddler Program



Service Coordination for Children From Birth to 21 Years of Age

Service coordination is available to Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require the assistance of a service coordinator to help them obtain and coordinate services and supports. One-hundred-thirteen private service coordination agencies served 4,212 children in SFY 2004, up 25 percent since 2003. This increase is largely due to improving diagnosis and early identification of developmental and mental health conditions, along with private providers expanding services to include children.

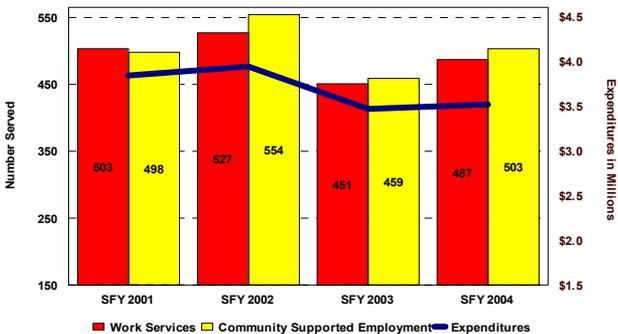
Employment Services

Work skills training was available for adults with developmental disabilities through Work Services or Community Supported Employment in SFY 2004. The Department of Education's Division of Vocational Rehabilitation evaluated work skills and abilities of workers and made referrals to the Developmental Disabilities Program for long-term support. Two types of long-term employment support were available for adults with a developmental disability:

- Work Services offered opportunities for people to learn work skills in a sheltered environment; and
- Community Supported Employment provided job coaching to individuals while they are employed in community settings.

Thirty-eight private employment service providers delivered services jointly funded through state General Fund dollars and social service block grant monies. SFY 2004 marks the last year this program was administered in Developmental Disabilities Services. At the end of SFY 2004, Employment Services was moved to the Division of Vocational Rehabilitation.

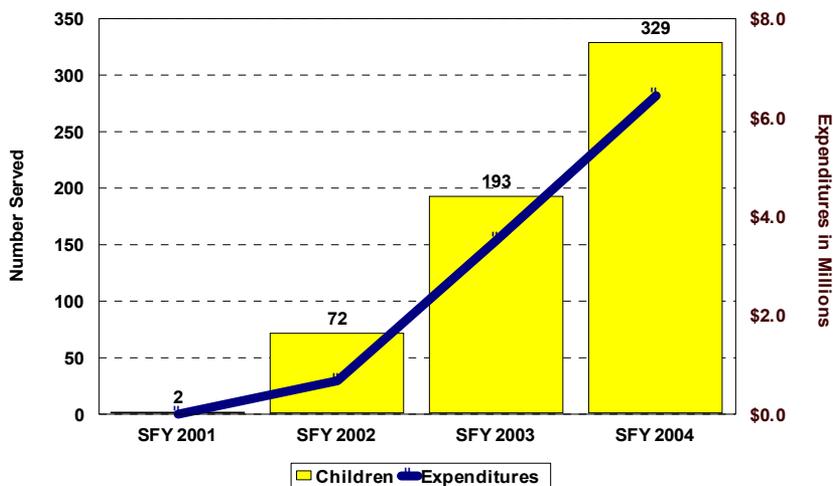
DD Employment Services



Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disabilities agencies. IBI is designed to serve children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills they need to function in typical home and community environments. IBI is delivered by certified IBI professionals and paraprofessionals and is prior-authorized by the Developmental Disabilities Program. IBI was offered first as a service in SFY 2001, and now is utilized throughout the state.

Intensive Behavioral Intervention



Court-Related Services

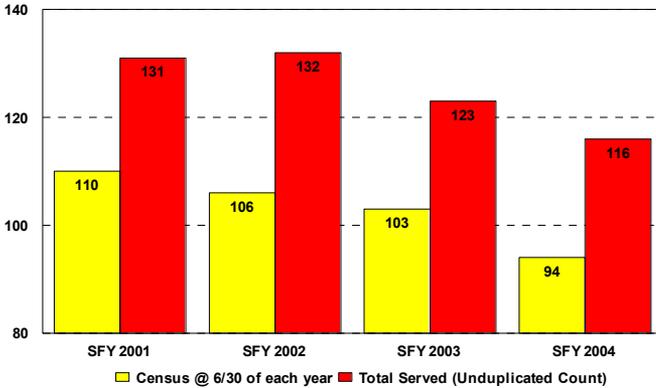
Idaho law requires the Department to complete court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that the unique needs of people with developmental disabilities are considered when courts make guardianship or commitment decisions. Multi-disciplinary teams of physicians, psychologists, and social workers complete these evaluations and court reports. Under the orders of Idaho's district courts, the Developmental Disabilities Program provided evaluations for 124 guardianships during SFY 2004.

Idaho State School and Hospital

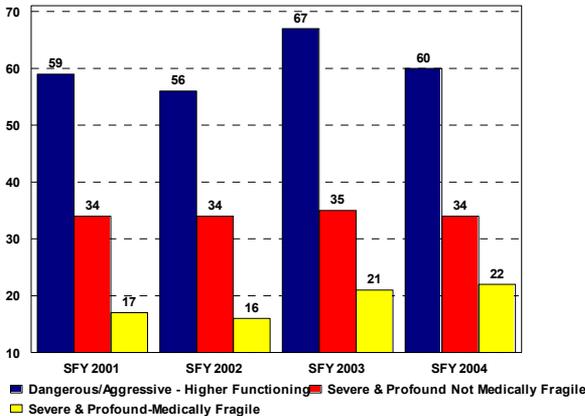
Barbara Hancock, Administrator, 442-2812

As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for the most severely impaired people with developmental disabilities in the state. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training methods to teach clients the skills they need for independent living. ISSH provides a "safety net" for clients who have no other placement options. Improvements in community services has resulted in the most severe clients being admitted to ISSH, with a gradual, but steady, decline in the numbers of individuals needing institution-based care.

Historical Look at Census and Clients Served

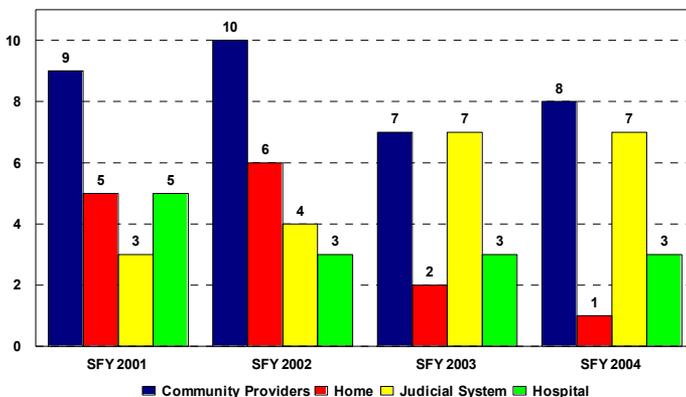


Demographics of Clients Served



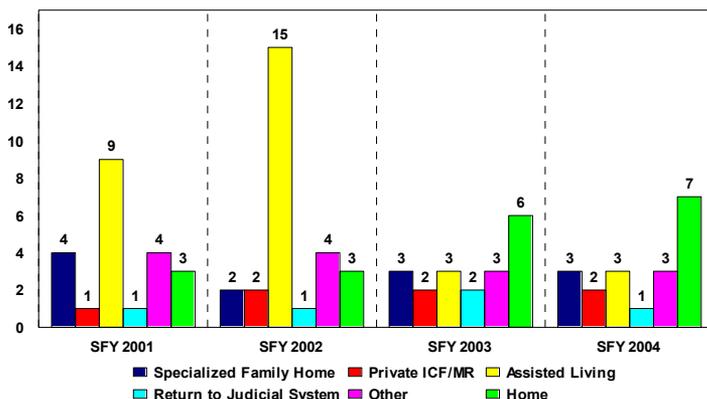
ISSH residents come from a variety of sources. Many ISSH admissions come from community providers who cannot manage the client's behavior, with many others referred by the judicial system. These clients are frequently in crisis and in need of intensive treatment and behavior management. In SFY 2004, 73 percent of admissions were clients who could not be successful in community settings or were referred to ISSH by the judicial system.

Types of Admissions



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

Discharge Placements



Division of Welfare

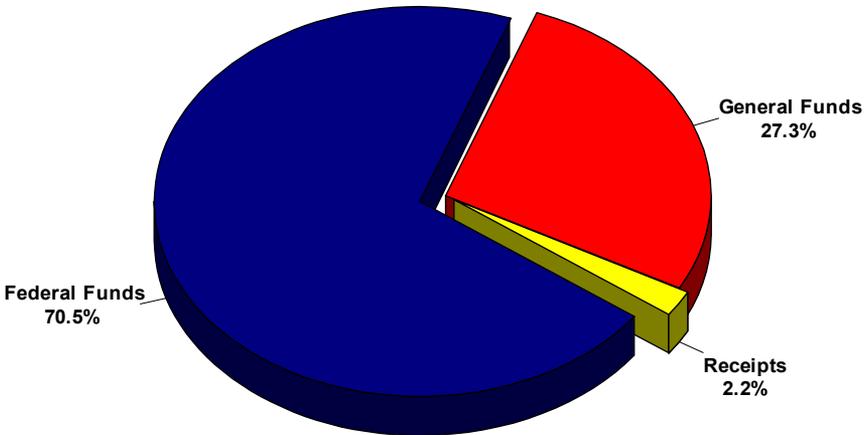
Greg Kunz, Acting Administrator, Phone 334-5651

The Division of Welfare administers Self-Reliance programs serving low-income individuals and families. Self-Reliance staff review the needs of families in crisis situations to assist them in becoming self-reliant. To ensure success, the Division has created integrated health care, child support, cash support, and employment training processes.

The Division manages programs providing necessary aid to families such as child support collections, Food Stamps, child care, Medicaid, and cash assistance, while requiring participants to strive for employment and self-reliance. Other programs include food commodities, energy assistance, telephone assistance, weatherization assistance, and other services funded through the Community Services Block Grant Program.

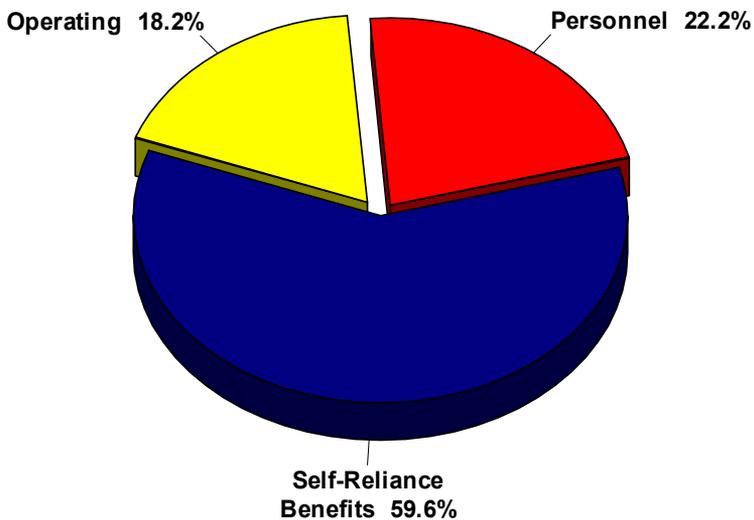
The Division of Welfare is committed to promoting stable, healthy families across all programs by developing best practices and adopting social and public policy that will align with our goals to strengthen individuals, families and communities.

Welfare SFY 2005 Funding Sources

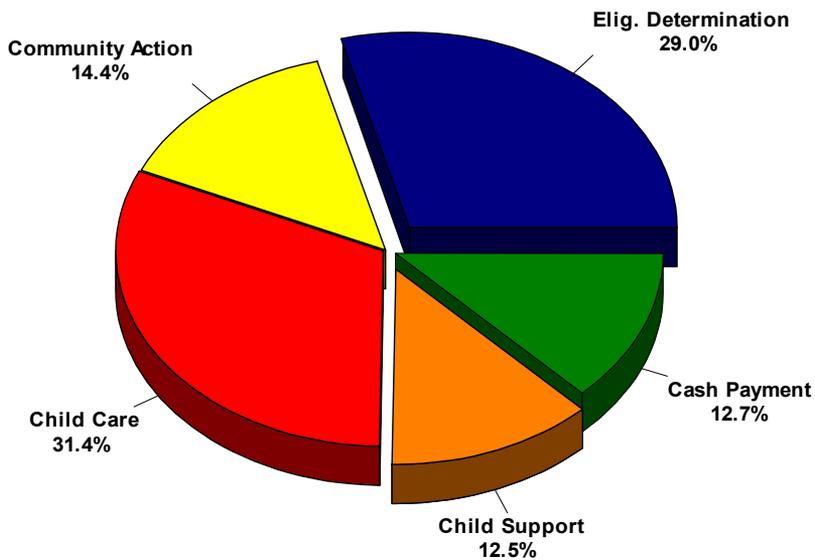


Authorized FTP: 550. Original Appropriation for 2005: General Fund: \$33.1 Million; Total Funds: \$121 Million; 8.5% of Health and Welfare funding.

Welfare SFY 2005 Expenditure Categories



Welfare Spending by Program



Welfare 2004: Record Caseloads Continue

The record caseload growth and application activity experienced in our Self Reliance programs in SFY 2003 continued in 2004. For the year, our Self-Reliance specialists processed 19,000 additional applications, which included an additional 10,000 from the Food Stamp program. Although the economy is showing signs of improvement, people still are looking for assistance with basic necessities, including food, cash, and medical assistance.

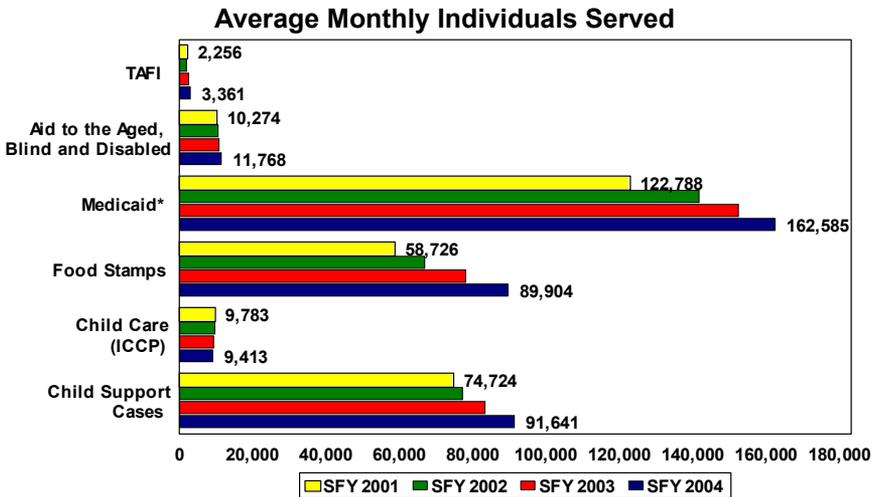
Over the last three years, rapid caseload growth and diminishing staff has challenged the eligibility determination process for Self-Reliance programs, including Food Stamps. In 2001, an average of 59,000 people each month received Food Stamps; in 2004, that number increased to almost 90,000. Coupled with a decrease in staff due to state budget holdbacks, the state's Food Stamp error rate peaked at 15 percent in the October 2003, placing the state in danger of federal sanctions. The Self-Reliance program shifted employees from Child Support, Medicaid, and Child Care to help in the Food Stamp program. The error rate has fallen to single digits, and we believe the state has averted possible federal sanctions. However, other Self-Reliance programs that shifted workers to help in Food Stamps now are experiencing eligibility determination problems.

Highlights of the 2004 Welfare Division include:

- Cash assistance in the Self-Reliance programs received a \$1.6 million performance bonus award in 2004 for successfully moving people from welfare to work. Idaho ranked sixth in the nation for helping people find work, and number one in the country for these workers' success in keeping and excelling in their jobs.
- In Child Support, Self-Reliance teamed up with Access Idaho to bring child support payments online through credit and debit card payments. The service began in November, making it easier for parents who travel or work long hours to pay their child support. Eventually, Self-Reliance hopes to have one-third of its cases pay their child support through this online option. The Child Support Program hopes easier payment methods will increase the amount collected for children in our state.
- The Idaho Child Care Program is partnering with the University of Idaho and the Idaho Association for the Education of Young Children to improve child care in Idaho. The IdahoSTARS program provides child care referral information to parents, and is developing training opportunities for child care providers across the state. This voluntary, professional development system offers incentives for child care providers to participate in training and educational opportunities.

Self-Reliance Programs

The Self-Reliance Programs are administered by the Division of Welfare, and depend on local area staff to provide direct contact and service to the public. Local area Self-Reliance staff determine eligibility in all assistance programs, including Temporary Assistance for Families in Idaho, Aid to the Aged, Blind and Disabled, Medicaid, Food Stamps, and the Idaho Child Care Program. Self-Reliance staff also administer the Child Support program for the state.



Note: All counts are individuals except Child Support, which is a case count. The program totals should not be added together because many participants receive services from more than one program. In SFY 2004, 191,918 people received benefits, excluding Child Support cases. This is up from 179,901 people in SFY 2003.

** Of the 162,585 monthly average Medicaid individuals, more than 111,000 were children under age 19. Of these, 11,236 were enrolled in the Children's Health Insurance Program (CHIP). CHIP receives separate federal funding at a higher federal match rate under Title XXI of the Social Security Act, but is operated by the Title XIX Medicaid program.*

Self-Reliance: Eligibility

Self-Reliance Specialists determine eligibility in the following programs:

Cash Assistance

- Temporary Assistance for Families in Idaho (TAFI); and
- Aid to the Aged, Blind and Disabled (AABD).

Medical Assistance Eligibility (Medicaid)

- Children’s Health Insurance Program (CHIP);
- Children's Health Insurance Program Part B (CHIP-B) and Access Card insurance assistance program for children from working, low-income families, implemented July 2004;
- Medical programs serving low-income families, pregnant women and children;
- Disability-based medical programs, including eligibility for nursing and home care; and
- Other medical assistance for non-cash participants in programs such as foster care, Aid to Aged and Blind, Qualified Medicare Beneficiaries, etc.

Food Assistance

- Food Stamp Program.

Child Care Assistance

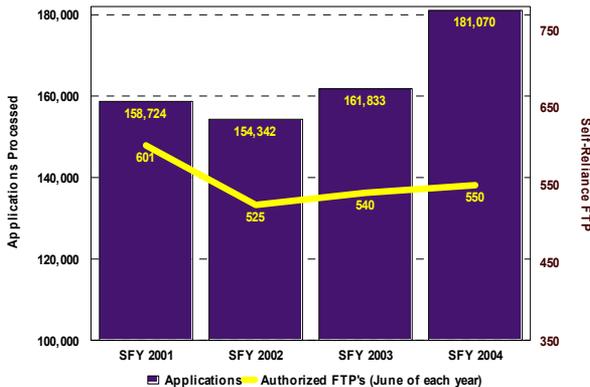
- Idaho Child Care Program (ICCP).

Applications

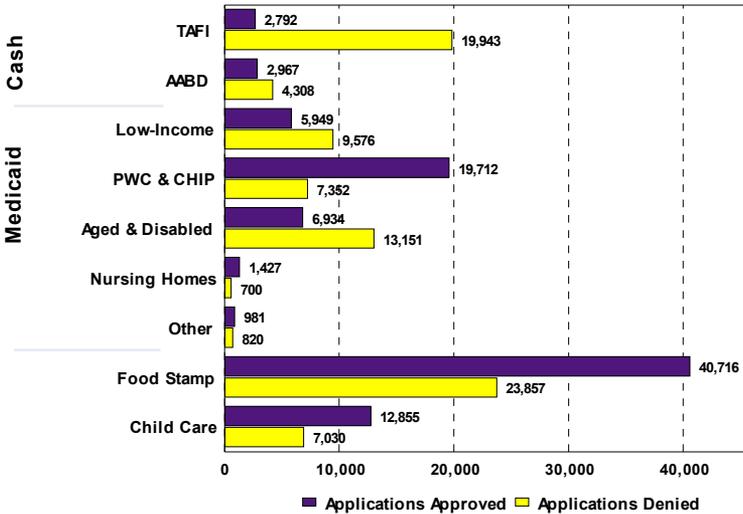
Applicants seeking assistance in these programs must meet income and other eligibility criteria. Self-Reliance offices throughout the state process applications and determine if the individual or household is eligible.

In the past four years, applications processed increased by 22,300 cases, while staff determining eligibility has declined by 51 workers, resulting in fewer employees handling dramatically increasing caseloads.

Total Annual Applications Processed and Authorized Regional Self-Reliance Program FTP



FY 2004 Applications Approved and Denied



NOTE: In 2004, total applications numbered more than 181,000, an increase of 18 percent over 2003. The greatest percentage increase in applications was in Food Stamps.

People Receiving Assistance by Region

On the last day of the 2004 fiscal year, 191,918 people were receiving assistance services from the Department in the form of cash, Medicaid, Food Stamps, or child care services. This compares to 179,901 people receiving these services a year earlier. Except for child care, every program experienced an increase in participants.

The increasing need for human services can be seen in all areas of the state. For cash assistance, Region 3 experienced a 28 percent increase in the number of people served in 2004. For people receiving medical assistance, Region 1 experienced a 14 percent increase in the number of people enrolled in Medicaid, while Regions 3 and 7 participants in Food Stamps increased more than 37 percent each. Overall, families seeking cash assistance and people receiving Food Stamps experienced the largest percentage increases.

Child care services were the exception. A monthly average of 9,413 children received ICCP benefits in 2004, compared to 9,718 in 2003. However, as the fiscal year closed, there were signs that more parents are finding work and needing subsidized child care. On June 30, 2004, there were 9,016 children from working families accessing subsidized child care services, compared to 8,600 a year earlier. Application activity for child care assistance also has increased.

Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance as of June 30, 2004

| Region | Estimated Population | Receiving Cash Payments | Receiving Medical Card | Receiving Food Stamps | Receiving Child Care Services | Total |
|----------|----------------------|-------------------------|------------------------|-----------------------|-------------------------------|-------------------|
| Region 1 | 188,838 13.82% | 2,534 1.34% | 22,842 12.10% | 12,959 6.86% | 1,288 0.68% | 24,460 14.53% |
| Region 2 | 100,348 7.34% | 1,508 1.50% | 11,054 11.02% | 6,077 6.06% | 504 0.50% | 12,716 12.82% |
| Region 3 | 213,465 15.62% | 3,281 1.54% | 34,221 16.03% | 21,400 10.03% | 1,687 0.79% | 40,140 20.01% |
| Region 4 | 369,002 27.01% | 3,020 0.82% | 31,465 8.53% | 17,839 4.83% | 2,257 0.61% | 36,821 10.34% |
| Region 5 | 167,444 12.26% | 1,619 0.97% | 21,555 12.87% | 10,170 6.07% | 997 0.60% | 24,367 14.90% |
| Region 6 | 155,393 11.37% | 1,958 1.26% | 22,673 14.59% | 13,725 8.83% | 1,132 0.73% | 26,491 17.13% |
| Region 7 | 171,842 12.58% | 1,446 0.84% | 22,099 12.86% | 10,793 6.28% | 1,151 0.67% | 24,923 15.13% |
| Total | 1,366,332 100% | 15,366 1.12% | 165,909 12.14% | 92,963 6.80% | 9,016 0.66% | 191,918 14.05% |

NOTE: Estimated population percentage is of the state's total population. All other percentages for each category are the percentage of each region's population. Many participants receive services through more than one program; the total is an unduplicated count of these four Self-Reliance programs. If other Department services and programs are included, more than 335,000 Idahoans receive services from the Department. These can include services through child support, Division of Health programs such as the Women's Infants and Children's program, or services through Family and Community Services, such as children's mental health or substance abuse treatment.

Self-Reliance: Benefit Programs

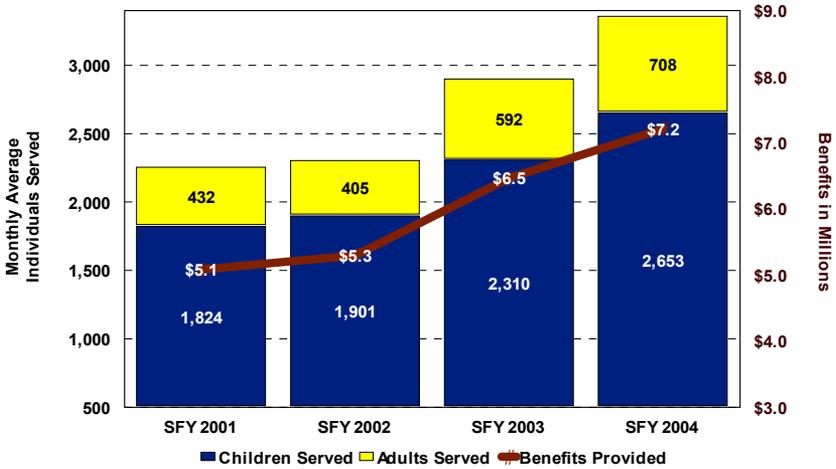
The Division of Welfare manages benefit payments in four major programs: Food Stamps, child care, cash assistance through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind and Disabled.

Temporary Assistance for Families in Idaho (TAFI)

TAFI provides cash assistance to needy families with children. The Department partners with families, community programs, employers, and other agencies to help participants obtain jobs and achieve self-reliance. There is a 24-month lifetime limit for adults to receive cash assistance.

Welfare Reform was initiated in Idaho in SFY 1998 with the TAFI program. TAFI replaced Aid to Families with Dependent Children (AFDC). To receive TAFI, most adult participants must seek education, training, or employment opportunities.

TAFI Average Individuals Served and Total Annual Benefits Provided

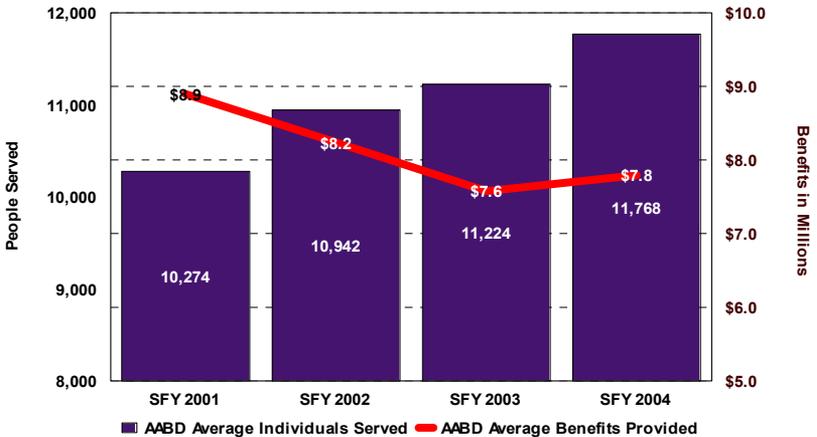


Aid to the Aged, Blind and Disabled (AABD)

AABD provides cash assistance to certain low-income participants who are blind, disabled, or age 65 or older. In SFY 2004, a monthly average of 11,768 people received cash payments through this program.

Along with cash assistance, the Division of Medicaid provides payments to providers of medical benefits for approximately 37,000 eligible participants who are aged, blind or disabled, including 25,000 people who do not receive cash assistance.

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



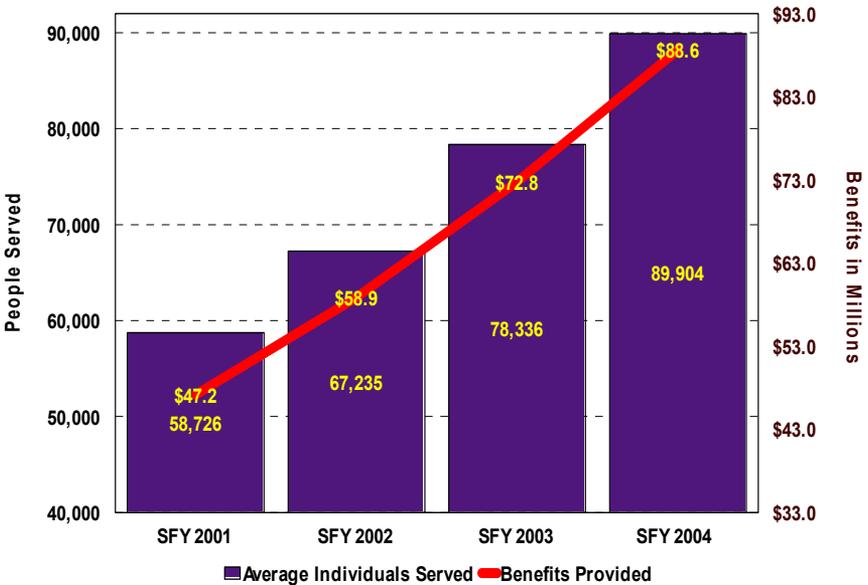
Food Stamp Program

The Food Stamp Program helps low-income families maintain good health and nutrition. It is a federally funded program managed by the state.

Demand for Food Stamps has increased dramatically over the last two years, setting records for the number of individuals served in 2003 and 2004. In March 2004, Food Stamp enrollment peaked with 95,915 people receiving benefits. This compares to 83,314 people receiving Food Stamp benefits in March 2003. The average monthly Food Stamp benefit in 2004 was \$208 per family.

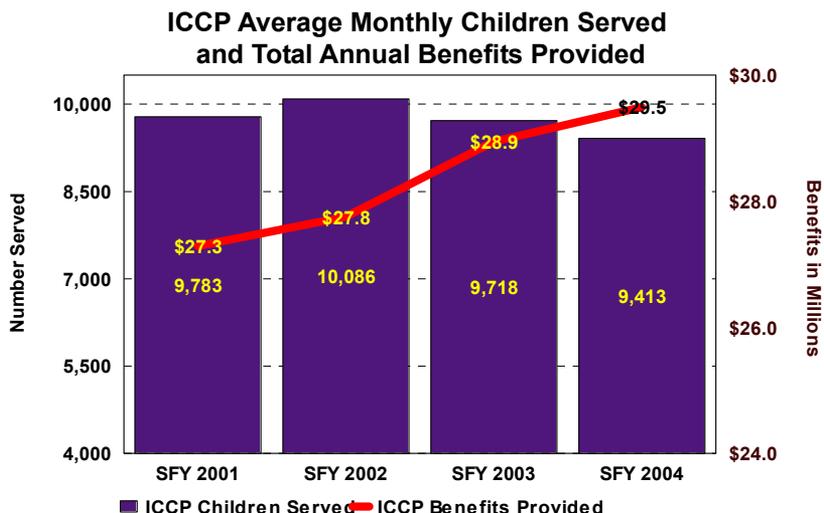
We believe these recent record numbers are the result of several years of a poor economy coupled with the fact that many people have exhausted their personal resources. If a family experiences a job layoff, there usually is a lag time between their job loss and their application for assistance. Families generally use up their personal resources before applying for public assistance. There are positive signs the economy may be rebounding, but families' resources still are strained. Many people who have been out of work are finding jobs, but the new positions often pay less or do not offer benefit packages to support families.

Food Stamp Average Monthly Individuals Served and Total Annual Benefits Provided



Idaho Child Care Program (ICCP)

ICCP subsidizes child care costs for low-income families while parents work or attend educational or training programs. ICCP helps families become self-reliant and gainfully employed.



Note: The ICCP Program experienced a decline in participants in recent years due to a weak economy that resulted in a reduction in employment opportunities for program participants. Many people in the program also experienced a reduction in hours or pay. Decreased wages of participants increased the state's share of child care expenses. At the end of SFY 2004, the demand for child care began to increase, a sign that more parents may be finding jobs.

Benefit Delivery

Benefit delivery in the Self-Reliance Program has undergone significant change in recent years. Beginning in 1998, the Electronic Benefit Transfer System was implemented statewide to increase efficiency and reduce the cost of benefit payments for the Self-Reliance Programs. Payments for Child Support, Food Stamps, Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind and Disabled are made electronically. More information is available on page 97.

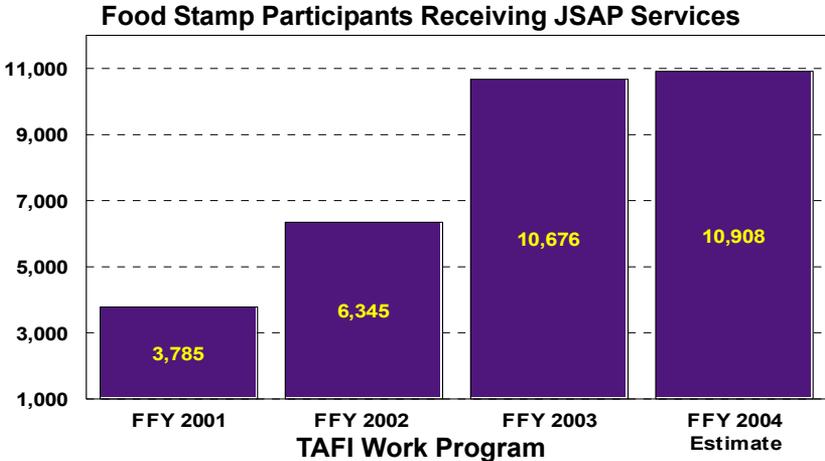
Self-Reliance: Employment-related Services

The Department provides employment-related services to qualified individuals. Adult participants in the TAFI Program and certain adults in the Food Stamp program are required to take part in these employment services to receive benefits. The Department contracts with agencies and vendors to help families search for, gain, and keep employment.

Employment-related services reach beyond job search activities and include training and counseling. In some cases, participants can receive products or services, such as clothing or car repairs to help them find and keep jobs.

Job Search Assistance Program (JSAP)

The Food Stamp Program includes the Job Search and Assistance Program (JSAP), which expanded throughout the state in 1998. The goal of the program is to provide Food Stamp recipients with employment 'tools,' which they can use to become self-reliant. JSAP can help in job search and referrals, unpaid work-experience opportunities, job skills training and education. The record Food Stamp caseloads resulted in dramatic growth of JSAP services.

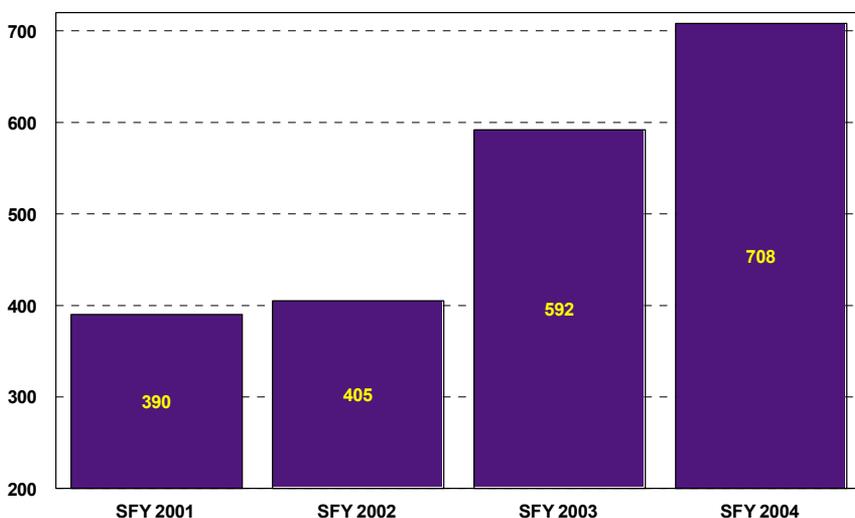


Adult participants who receive aid through TAFI are required to participate in work preparation activities so they can become financially independent. Approximately 65 percent of TAFI cases do not have work participation requirements because they are "child only" cases. In these cases, adults do not receive benefits. All school-aged children receiving benefits are required to attend school.

Career Enhancement Services

TAFI participants, people at risk of needing program services, and non-custodial parents responsible for providing child support receive training, guidance, and other services intended to increase their self-reliance.

TAFI Average Monthly Adult Work Program Participants



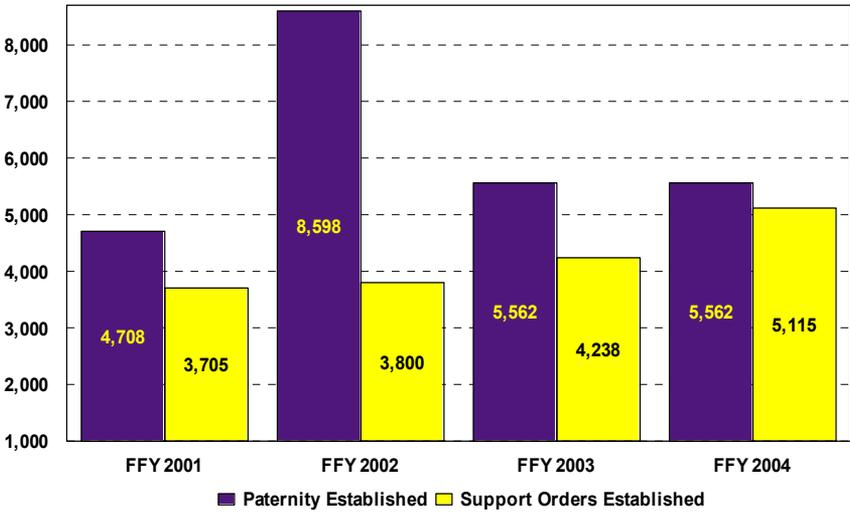
Self-Reliance: Child Support Services

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

In SFY 2004, Child Support Services administered a monthly average of 93,435 non-county child support cases, collecting and distributing more than \$119.6 million. Services include establishing paternity, locating non-custodial parents, establishing court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

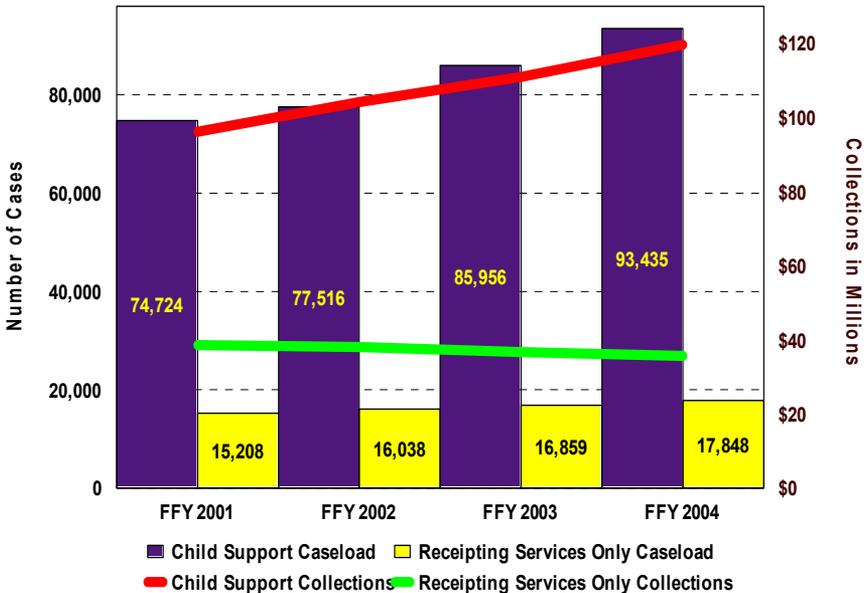
In 1999, the Department was chosen by the Legislature to administer all child support cases. This includes administering 18,000 county cases, collecting \$35.6 million in the process. The Department refers to county cases as Receipting Services Only (RSO). Counting RSO cases, the Department of Health and Welfare administered more than 111,000 Child Support cases, and collected \$155.2 million during SFY 2004.

Paternity and Support Orders Established



Note: Support orders increased 20 percent in 2004 due to increased efforts by Self-Reliance staff and increasing applications for Food Stamps and cash assistance. Self-Reliance opens child support cases for benefit applicants when child support should be paid to families.

Child Support Caseload and Dollars Collected



Child Support Enforcement Methods

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

Wage Withholding

The primary method for the State to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to the improved accuracy and ease of paternity tests and implementation of the new hire reporting system.

New Hire Reporting-Electronic Data Matching

The Department electronically matches parents responsible for paying child support with those taking new jobs according to files from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin a new job. The Department matched an average of 1,534 persons per month in SFY 2004.

License Suspension

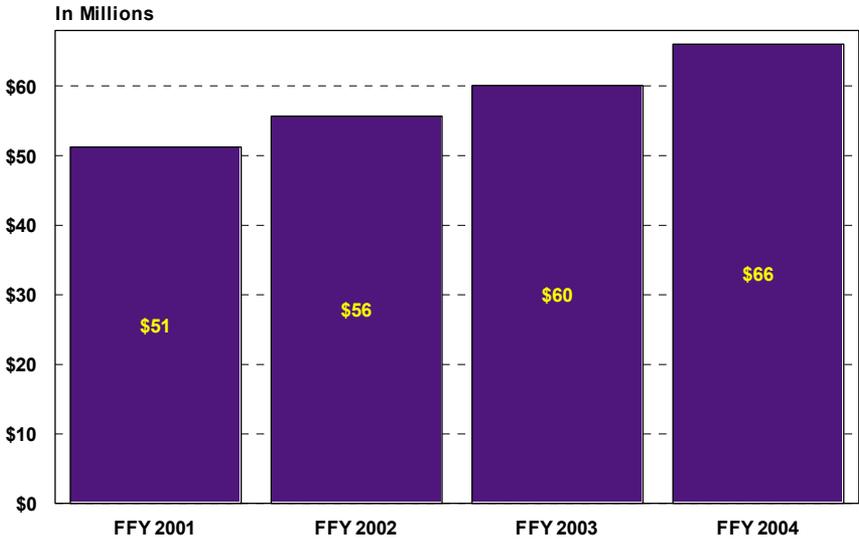
Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses, and professional licenses. About half of all people with current obligations who have been notified their licenses were about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

As a result of the license suspension process, payments have been collected for many families. There were more than 1,500 licenses suspended during SFY 2004.

Collections

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

Child Support Collected Through Wage Withholding



Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with the expanded use of data matching for both in-state and out-of-state parents. In 1997, wage withholding was responsible for 32 percent of all state child support case collections. In 2004, it accounted for 55 percent.

Child Support Service Fees

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

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

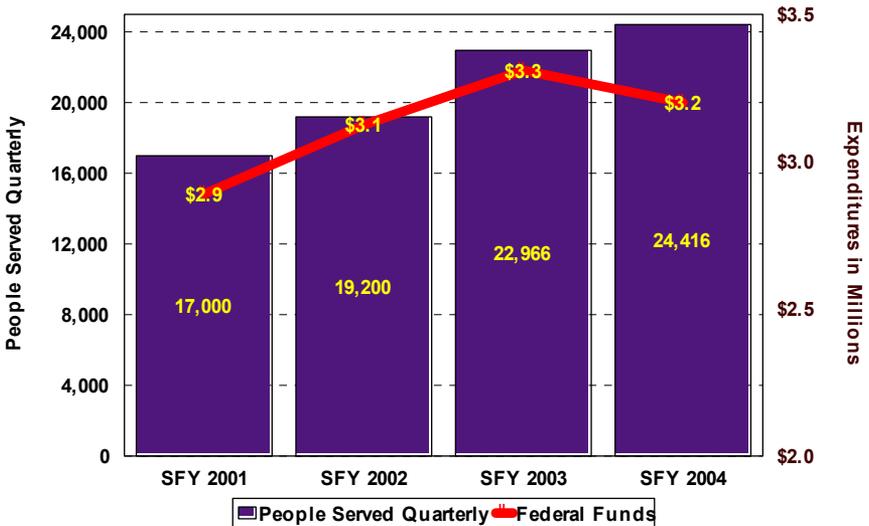
Self-Reliance: Community Services

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

Community Services Block Grant

The Community Services Block Grant is intended to revitalize low-income communities, help eliminate the causes of poverty, and enable families and individuals to become self-reliant. Services are delivered through Idaho's Community Action Agencies and the Idaho Migrant Council, which provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent more than \$3.3 million serving 24,416 people per quarter during SFY 2004.

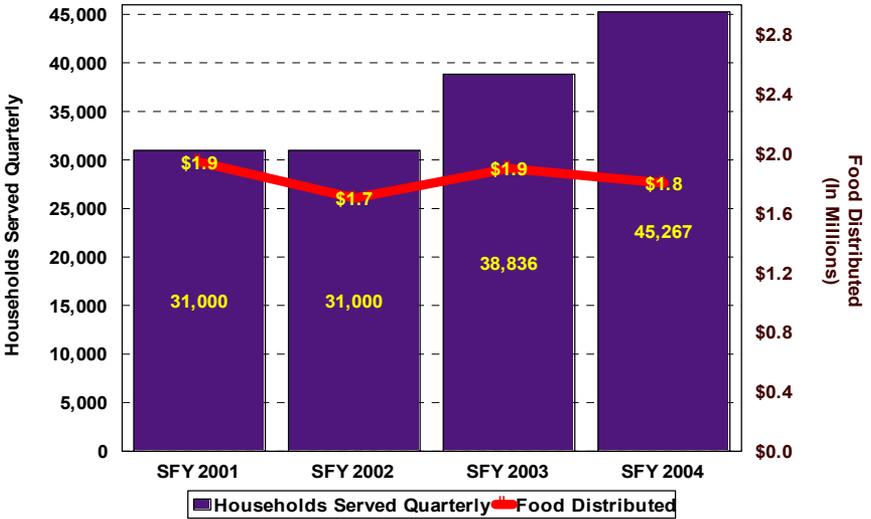
Community Services Block Grant



The Emergency Food Assistance Program (TEFAP)

The Emergency Food Assistance Program helps supplement the diets of Idaho's low-income people. USDA purchases surplus food commodities from American food producers and distributes them to the states. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. In SFY 2004, the Emergency Food Program provided 181,069 families with 1,322 tons of food valued at \$1.8 million. TEFAP's administrative budget is 98 percent federally funded and totaled \$304,771 in SFY 2004. Commodities are purchased entirely by the U.S. Department of Agriculture.

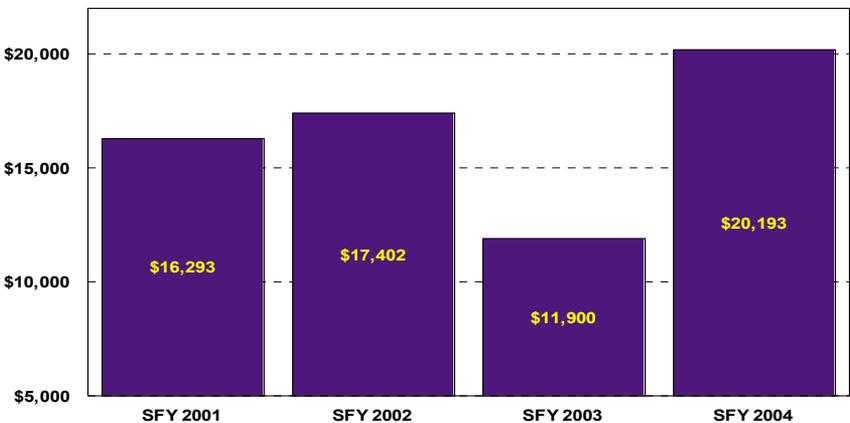
The Emergency Food Assistance Program



Community Food and Nutrition Program

The purpose of the Community Food and Nutrition Program is to improve access to nutrition for low-income people. Supported by these funds, the Community Action Agencies distribute information about the availability of food resources and help coordinate private and public food assistance programs to maximize their effectiveness. Funded by the U.S. Department of Health and Human Services, Idaho’s Community Food and Nutrition Program spent \$20,193 for SFY 2004.

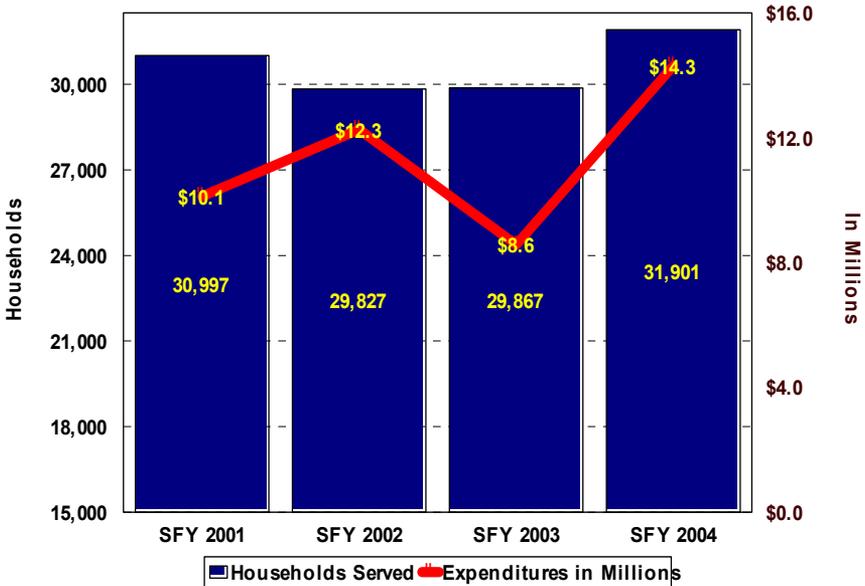
Community Food and Nutrition Program (Federal Expenditures)



Low-Income Home Energy Assistance Program

The Low-Income Home Energy Assistance Program pays a portion of low-income household heating bills and provides energy conservation education through Community Action Agencies. Payment is made to heating suppliers and vendors. A federal grant from the U.S. Department of Health and Human Services funded the program with approximately \$14.6 million in SFY 2004. The program served 31,901 households last year.

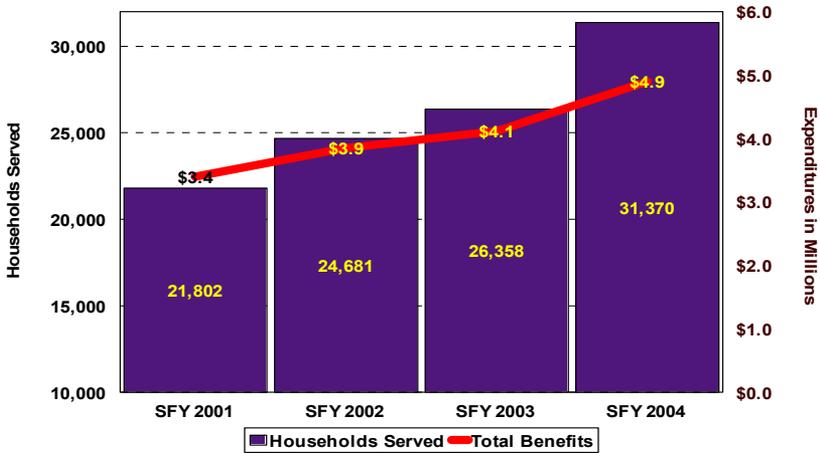
**Low-Income Home Energy Assistance Program
(Federal Expenditures)**



Telephone Service Assistance Program

The Idaho Telephone Service Assistance Program assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 19 telephone companies through fees included in the monthly invoices of Idaho telephone service customers. During SFY 2004, 31,370 households received \$4.9 million in benefits, with an average benefit of \$13 per month.

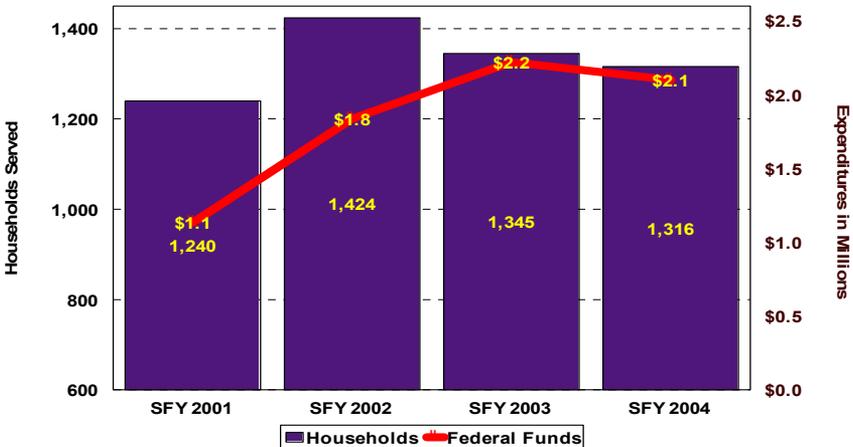
Telephone Service Assistance Program



Weatherization Assistance Program

The Weatherization Assistance Program funds the installation of energy conservation measures for low-income people through Community Action Agencies and other non-profit organizations. Priority is given to the elderly, disabled and families with young children. The Program is supported by U.S. Department of Energy, U.S. Department of Health and Human Services, Bonneville Power Administration, and the Petroleum Violation Escrow fund. The Weatherization Assistance Program served 1,316 households in SFY 2004, spending \$2.1 million.

Weatherization Assistance Program (Federal Expenditures)



Division of Health

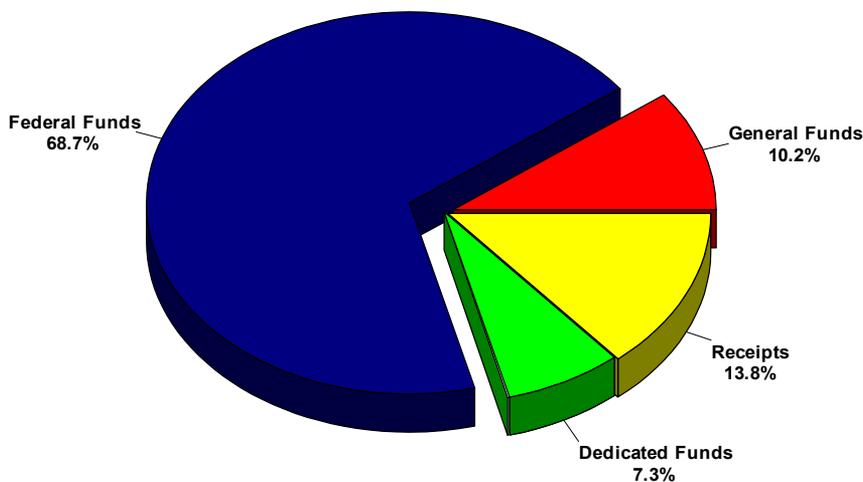
Richard Schultz, Administrator, 334-5945

The Division of Health provides an array of services ranging from immunizations to food safety, and emergency medical services to testing for communicable diseases. The Division's programs and services actively promote healthy life-styles, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

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

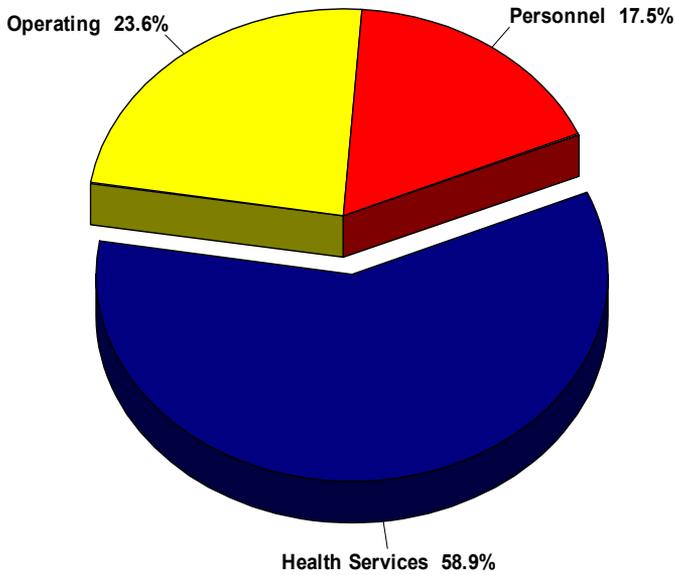
The Division includes the Bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Health Policy and Vital Statistics, Epidemiology and Food Protection, and Laboratories.

Health SFY 2005 Funding Sources

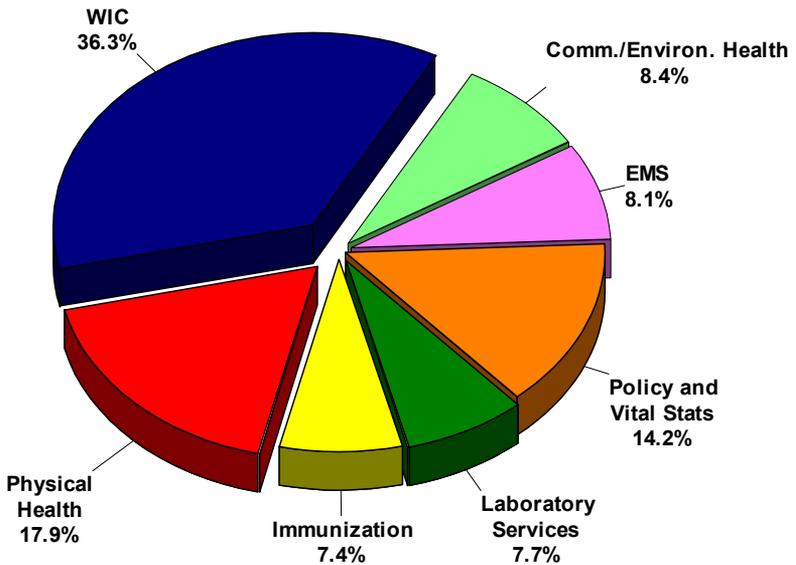


SFY 2005 Authorized FTP: 204; General Fund Appropriation:\$7 Million; Total Funds:\$68.6 Million; 4.8% of Health and Welfare funding.

Health SFY 2005 Expenditure Categories



Health Spending by Program



2004: Improving the Health of Idaho Citizens

The Division of Health's Immunization Program was recognized by the Centers for Disease Control and Prevention (CDC) in May for leading the nation in improving our children's immunization rates. Idaho's rate of 83 percent of children 19-35 month olds who are fully immunized for measles, mumps, rubella, Diphtheria, tetanus, pertussis, and polio is nine points higher than the previous year. Idaho's implementation of the Immunization Reminder Information System and strong partnerships with Idaho's immunization providers and health districts contributed to the improvement. The Division also developed new television public service announcements to bolster immunization efforts. The national average for children's immunizations is 82 percent.

West Nile virus spread across 11 southern Idaho counties in 2004, with the first case showing up in a horse in late May. Three people, 22 horses, seven birds and one alpaca tested positive for the virus. All three people recovered. The Division's Laboratory performed the testing for the cases. The Division of Health worked with District Health Departments, and the Departments of Agriculture and Fish and Game in surveillance and public information activities to protect public health.

The Division took a lead role in helping with the flu vaccine shortage announced in October. Idaho's health experts collaborated with the CDC to maximize the amount of vaccine allocated to the state, and worked closely with the District Health Departments in redistribution as vaccine became available. With the shortage, vaccine was targeted to people over the age of 65, those with chronic illnesses, people living and working in long-term care facilities, children 6-24 months of age, and pregnant women.

Other highlights for the Division of Health in 2004 include:

- The Division initiated a physical activity and nutrition program to combat the growing rate of obesity in all age groups;
- Transitioned the treatment of children with special health care needs from the public sector, integrating it into the private medical system;
- Implemented a health alert network, which is a fax and e-mail system that quickly notifies health care providers across the state of health emergencies in their communities, and provides updates on critical health-related information;
- State Comm, in partnership with the Idaho Bureau of Homeland Security, implemented a bridge that can link 82 callers during emergency response situations; and
- Completed a renovation of the Public Health Laboratory that expands our ability to handle dangerous organisms and chemicals, and increases human testing capacity for various chemicals and poisons.

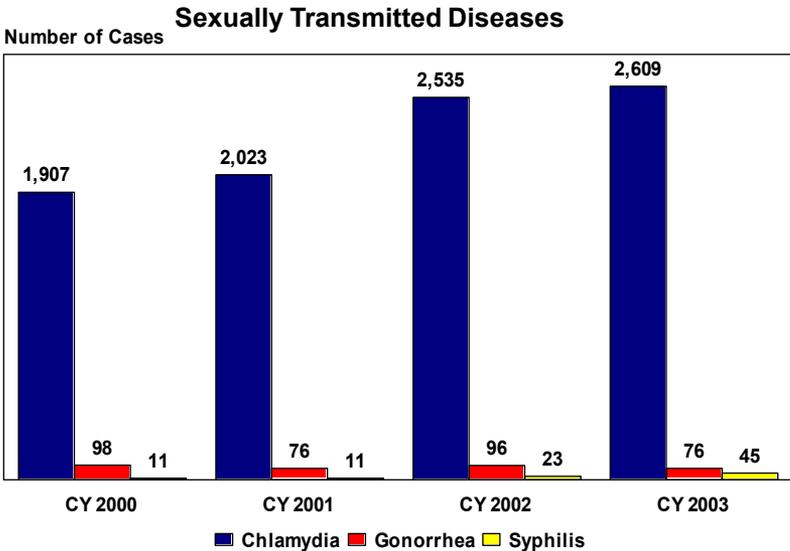
Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with the Public Health Districts. The programs include the STD/AIDS Program, Immunization Program, Children’s Special Health, Women, Infants, and Children (WIC), Reproductive Health, Worksite Safety, and Women’s Health Check.

STD/AIDS Program Sexually Transmitted Diseases

Idaho operates a sexually transmitted disease (STD) and HIV/AIDS control and prevention project that provides services for people diagnosed with chlamydia, gonorrhea, syphilis, HIV and AIDS. These services include targeted prevention activities, testing and treatment.

In May 2002, the number of syphilis cases in Idaho increased dramatically. Despite interventions, a large number of cases were diagnosed in September 2003, primarily in southwest Idaho. The STD/AIDS Program and Office of Epidemiology continue to work with District Health Departments and health care providers to provide training, technical assistance, and support to reduce the spread of syphilis.

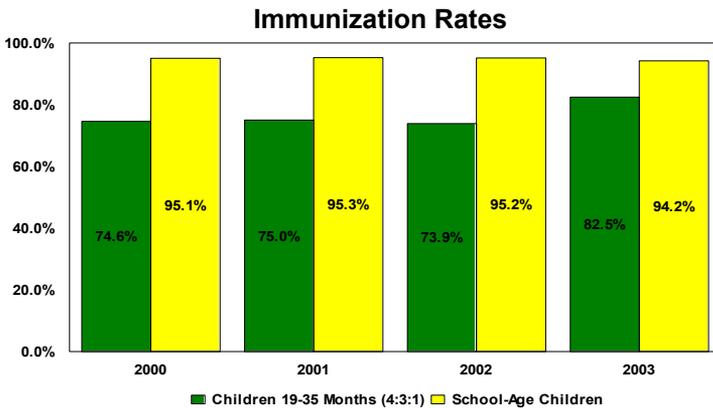


Note: We believe the increase in 2002 chlamydia infections is due to better reporting by private health care providers since we are not seeing any increase in reported cases from the public health districts. For HIV/AIDS data, see Bloodborne Diseases on page 87.

Immunization Program

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

For Idaho children 19-35 months of age, 83 percent have received all of the recommended immunizations for measles, mumps, rubella, Diphtheria, tetanus, pertussis, and polio. This compares to a national average of 82 percent. By the time children enroll in the first grade, 94 percent have received all of the recommended immunizations.



Note: 2004 National Immunization Survey data for Idaho children 19-35 months will be available the first quarter of CY 2005.

Immunization Reminder Information System (IRIS)

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

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

Number and Percent of Idahoans Enrolled in Registry by Year

| | FY2001 | FY2002 | FY2003 | FY 2004 |
|-------------------|---------------|---------------|---------------|----------------|
| Ages 0-11 Months | 15,089/ 77% | 16,701/ 83% | 18,348/ 91% | 19,410/96% |
| Ages 12-23 Months | 10,091/ 51% | 18,309/ 92% | 19,643/ 98% | 18,112/89% |
| Ages 24-35 Months | 6,153/ 32% | 11,966/ 60% | 19,718/ 99% | 15,397/74% |
| Ages 36-59 Months | 7,996/ 21% | 15,993/ 41% | 24,783/ 63% | 31,437/78% |
| Ages 60-71 Months | 4,849/ 25% | 7,567/ 38% | 10,221/ 52% | 13,459/68% |
| Ages 6-18 Years | 17,215/ 6% | 36,876/ 13% | 55,738/ 20% | 77,487/28% |
| Ages >18 Years | 17,531/ 2% | 30,607/ 3% | 45,046/ 5% | 61,889/ 6% |

Note: There were 14,972 Idahoans enrolled in the 2003 registry without vaccinations. In 2004, 7,526 were without vaccinations.

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

The Immunization Program is distributing more combination vaccines with the hope of reducing the number of injections a child must receive to be fully immunized. The combination vaccines supplied by the Immunization Program are ComVax (Hepatitis B/Haemophilus Influenzae Type B), Pediarix (Diphtheria, Tetanus, Acellular Pertussis/ Hepatitis B/Polio) and Twinrix (Hepatitis A/Hepatitis B). These combination vaccines are the main reason that doses administered have shown a decline over the past two years. More vaccines are being administered, but with fewer injections.

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

In SFY 2004, Idaho submitted 57 reports to the Vaccine Adverse Events Reporting System. These reports contain possible adverse reactions to vaccines, as reported by physician offices and Public Health Districts. This vaccine reporting system evaluates each report to monitor for trends in adverse reactions for any given vaccine.

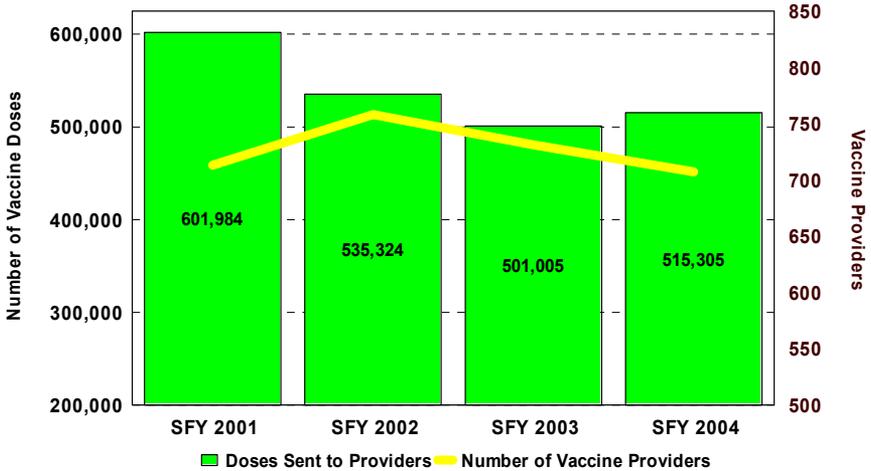
Number of Adverse Reactions and Rate Per 10,000 Vaccinations

| | Adverse Reactions | Vaccines Administered | Rate/10,000 |
|------------|--------------------------|------------------------------|--------------------|
| SFY 200457 | | 469,439* | 1.2 |
| SFY 200379 | | 500,545 | 1.6 |
| SFY 200277 | | 501,148 | 1.5 |
| SFY 200156 | | 507,089 | 1.1 |

**Note: The number of vaccines administered for SFY 2004 will increase as provider reports are received.*

The Immunization Program began offering new vaccines several years ago. These include Varicella in 1999, Hepatitis A in 2000, Prevnar in 2001 and Pediarix in 2003.

Total Doses of Vaccine Distributed and Number of Vaccine Providers



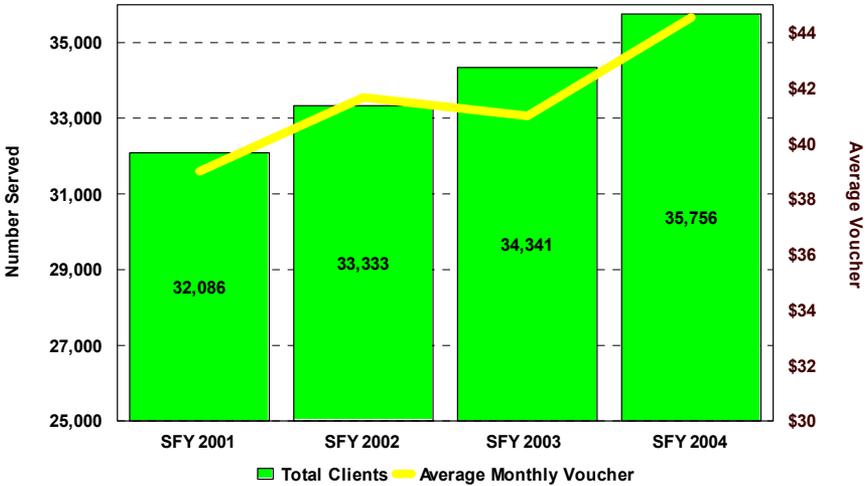
Children's Special Health Program

The Children's Special Health Program has paid for diagnostic services for children with cardiac, cleft lip and palate, orthopedic, neurological, and rehabilitation needs since 1936. The program is transitioning from contracting with medical specialists to provide diagnostic services through Idaho's health districts, to integrating services into private sector settings. The program will continue to subsidize the cost of treatment for uninsured children, and enhance local systems of care for all children.

Women, Infants and Children Program

The Idaho Women, Infants and Children (WIC) program offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$44.50 per month in vouchers for prescribed healthy foods based on physical assessment, along with counseling in nutrition and breastfeeding, to more than 60,000 participants annually. Services usually are delivered through the public health districts.

Women, Infants and Children (WIC) Clients Served Monthly and Average Voucher Value



NOTE: The makeup of the WIC caseload affects food package costs. Packages for infants and breastfeeding women cost more than those for pregnant and post-partum women, and children through the age of four years. Food cost inflation is unpredictable and may alter food package costs.

Women's Health Check

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

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

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

| Year | Women Screened | Breast Cancer Diagnosed | Cervical Cancer Diagnosed |
|----------|----------------|-------------------------|---------------------------|
| SFY 2004 | 3,067 | 46 | 3 |
| SFY 2003 | 2,487 | 44 | 0 |
| SFY 2002 | 2,232 | 24 | 1 |
| SFY 2001 | 2,122 | 20 | 1 |

Office of Epidemiology and Food Protection

The Office of Epidemiology and Food Protection tracks disease trends and outbreaks, developing interventions to control outbreaks and prevent future cases of disease such as tuberculosis, hepatitis, and salmonellosis. The office also provides oversight on food inspection programs to assure safe food for Idahoans.

Bloodborne Diseases

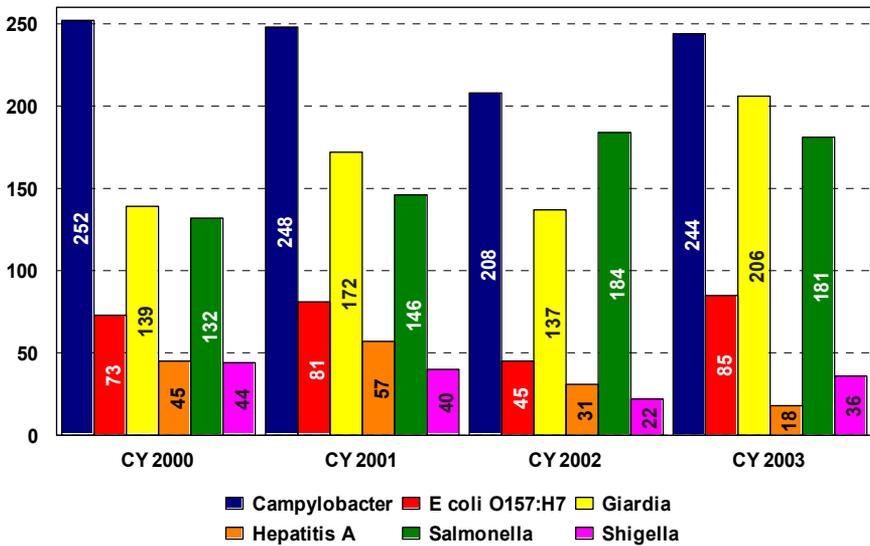
Bloodborne diseases, such as Hepatitis B and C along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or exchange of bodily fluids during sexual contact.

| Bloodborne Diseases | CY00 | CY01 | CY02 | CY03 |
|---------------------|-----------|-----------|-----------|-----------|
| HIV Infection | 64 | 30 | 30 | 32 |
| AIDS Cases | 21 | 22 | 27 | 21 |
| Acute Hepatitis B | 6 | 11 | 7 | 8 |
| Acute Hepatitis C | 3 | 2 | 1 | 1 |
| Total | 94 | 65 | 65 | 62 |

Enteric Diseases

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

Enteric Diseases (Diseases of the Intestine)



Childhood Vaccine Preventable Diseases

In 1997, a large outbreak of pertussis occurred in the northern Idaho panhandle. The rate of pertussis has decreased, but the number of cases in Idaho remains above the national average. The single case of measles in 2001 was an adult who was infected while traveling in Asia.

Number of Childhood Vaccine Preventable Diseases

| Disease | CY00 | CY01 | CY02 | CY03 |
|---|-----------|------------|------------|-----------|
| Hemophilus influenzae B (HIB, invasive) | 1 | 0 | 2 | 0 |
| Measles | 0 | 1 | 0 | 0 |
| Mumps | 1 | 2 | 1 | 1 |
| Pertussis (whooping cough) | 64 | 171 | 151 | 82 |
| Rubella | 0 | 0 | 3 | 0 |
| Total | 66 | 174 | 157 | 83 |

Food Protection

The Food Protection Program provides oversight, training, and guidance to the seven Public Health Districts in Idaho. Health Districts perform inspections of food facilities and provide education to prevent foodborne outbreaks. The goals of the Food Protection Program are to reduce the number of foodborne illnesses and outbreaks in the state.

| | SFY 01 | SFY 02 | SFY 03 | SFY04 |
|------------------------------|--------|--------|--------|-------|
| No. of foodborne outbreaks | 9 | 9 | 5 | 5 |
| From licensed food est. | 7 | 4 | 4 | 3 |
| From home, church or picnics | 2 | 5 | 1 | 2 |
| No. of people ill | 143 | 66 | 96 | 81 |

NOTE: Foodborne outbreaks include food poisoning and may include cases of enteric diseases such as campylobacter and salmonella.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health contracts primarily with Public Health Districts to deliver preventive health programs and services to communities, schools, businesses, hospitals, and other community-based organizations to improve the health of Idahoans.

The Bureau has programs in chronic diseases, injury prevention, adolescent pregnancy prevention, oral health, tobacco prevention and control, and environmental health education and assessment.

Emergency Medical Services

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

EMS Personnel Certification

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

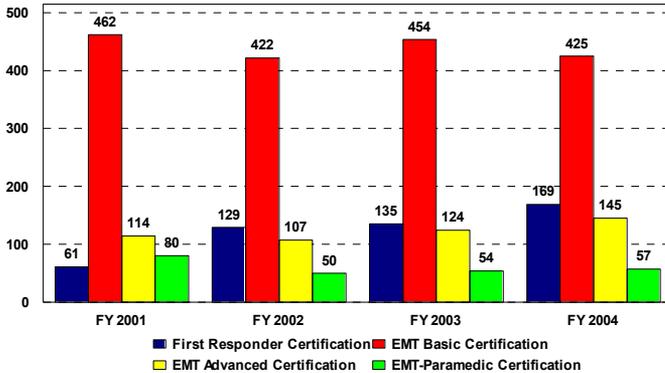
Recertification is the process of renewing certification at the same level. For recertification, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. The recertification periods are in June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

Personnel are certified at one of four levels:

- First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator;
- Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning, and operating an automated external defibrillator (AED);
- Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions, and drawing peripheral blood specimens.

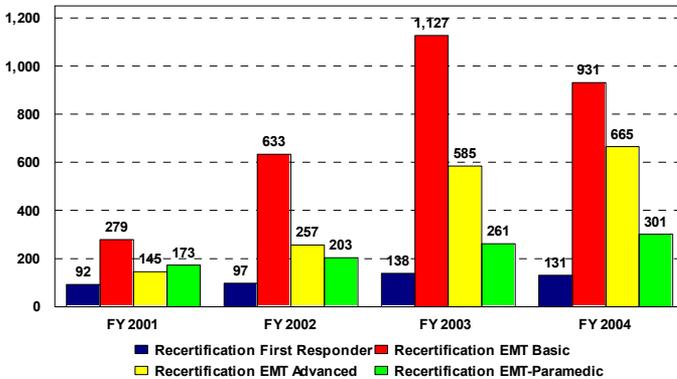
- EMT-Paramedic courses require an additional 1,000 hours of didactic, clinical and field internship training. Personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician, and needle decompression of tension pneumothorax.

EMS Personnel Certifications



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

EMS Personnel Recertifications



Training Grants

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

| Year | SFY02 | SFY03 | SFY04 | SFY 05 |
|-------------------|-----------|-----------|-----------|-----------|
| Grant Requests | \$259,785 | \$369,771 | \$237,720 | \$252,980 |
| Grants Awarded | \$129,163 | \$111,743 | \$105,257 | \$112,259 |
| Agencies Applying | 50 | 60 | 106 | 73 |
| Agencies Awarded | 48 | 58 | 76 | 61 |

Dedicated Grants

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

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

| Year | SFY02 | SFY03 | SFY04 | SFY05 |
|------------------|------------|------------|------------|------------|
| Grant Requests | \$4.3 mil. | \$3.7 mil. | \$3.2 mil. | \$3.7 mil. |
| Grants Awarded | \$1.1 mil. | \$0.7 mil. | \$1.2 mil. | \$1.1 mil. |
| Vehicle Requests | 54 | 39 | 34 | 49 |
| Vehicles Awarded | 16 | 9 | 14 | 14 |

Patient Care Equipment

| | | | | |
|-------------------|----|----|----|----|
| Agencies Applying | 85 | 70 | 74 | 82 |
| Agences Awarded | 53 | 33 | 52 | 51 |

Laboratory Services

The Public Health Laboratory provides a wide range of services including testing for communicable diseases; analyzing environmental samples; testing for bioterrorism agents; administering state and federal regulations governing operation of private physician and hospital clinical laboratories; and required testing for transportation and disposal of hazardous materials. The state lab has been at the forefront in surveillance of West Nile virus, testing samples from mosquito pools, birds, horses and people. Laboratory services are provided by a central lab in Boise where facilities and capacity has been significantly upgraded.

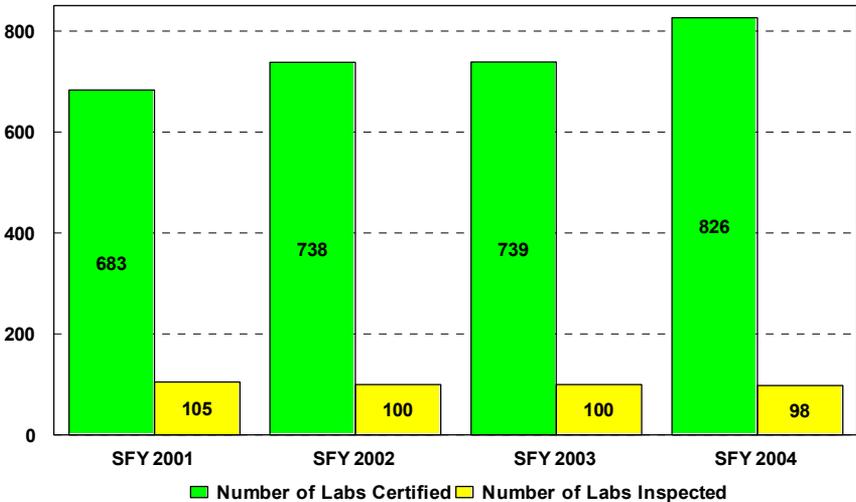
The number of inspected laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 43 JCAHO, CAP and COLA laboratories.*

* CLIA — *Clinical Laboratory Improvement Amendment.*

JCAHO — *Joint Commission on Accreditation of Healthcare Organizations.*

CAP — *College of American Pathologists.*

Number of Labs Certified and Inspected



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

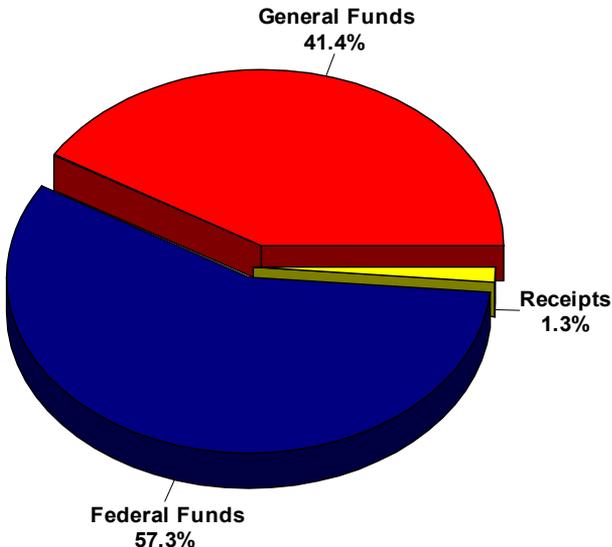
Indirect Support Services

Indirect Support Services provides the vision, management, and technical support for carrying out the Department's mission. Indirect Support includes the Office of the Director, Regional Directors, Legal Services, Management Services, Human Resources and Information and Technology Services.

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

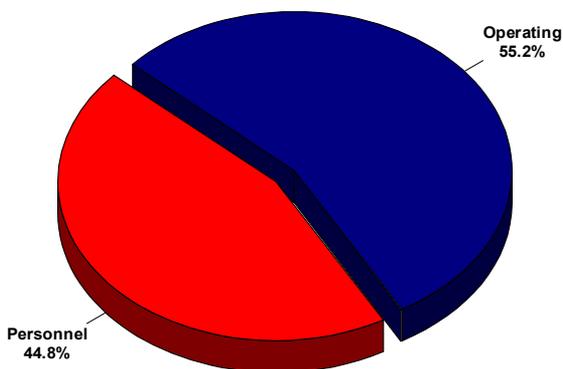
The staff of Legal Services provides legal advice and litigation services. The Division of Management Services provides accounting and budgeting services, oversees the Department's facilities, performs internal reviews, and processes all payroll actions. The Division of Human Resources provides services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

Indirect Support SFY 2005 Funding Sources



Authorized FTP: 300; Original 2005 Appropriation -- General Fund: \$16.5 million; Total Funds: \$39.8 million; 2.8% of Health and Welfare funding.

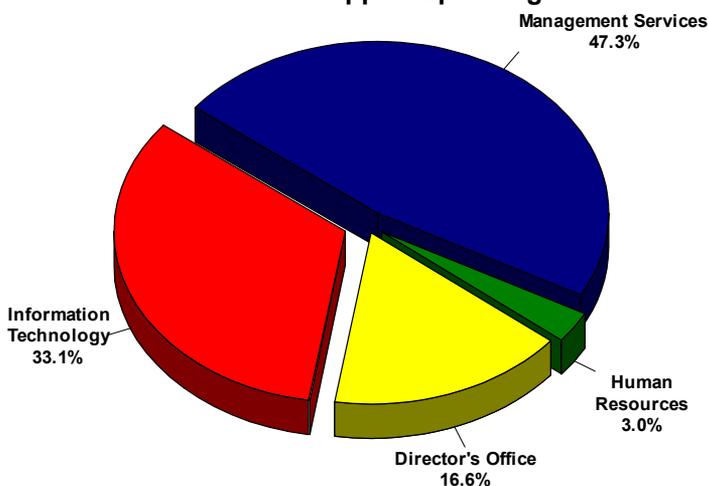
Indirect Support SFY 2005 Expenditure Categories



Indirect Support Spending

Management Services provides the administrative and financial support for the Department. Included in Management Services is the Health Insurance Portability and Accountability (HIPAA) Project that is developing the Department's plan to protect client information and improve services. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Regional and Department administrative support is provided through the Director's Office. Human Resources supports the Department's workforce of 2,883 employees throughout the state.

Indirect Support Spending



Office of the Director

Karl B. Kurtz, Director, 334-5500

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

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

The Director's Office includes:

- The Director;
- A Deputy Director responsible for general operations, direction, and oversight of Central Office Divisions;
- A Deputy Director responsible for direction and oversight of Regional Directors and the Department's legislative administration; and
- A Public Information Officer responsible for media inquiries and Department public information materials.

Division of Management Services

David Butler, Deputy Director, 334-5578

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

Bureau of Financial Management

The Financial Management Bureau consists of Facilities Management, Financial Management, and the FISCAL sections.

Financial Management:

Ensures adequate cash is available for the Department to meet its financial obligations and functions as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs;
- Requesting state general and dedicated funds through the Office of the State Controller;
- Prepares expenditure reports for the 100-plus federal grants that fund Department programs. The largest of these federal grants is Medicaid, for which the FY 2004 award was \$638 million;
- Operates a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Manages three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and Mental Health Services;
- Prepares and submits the Department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributes appropriated funding to more than 2,500 operating budgets within the Department;
- Monitors program expenditure trends to allocated funding;
- Monitors established positions; and
- Researches and compiles historical expenditure and revenue information.

Fiscal

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

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control and management reporting;
- BARS — Primary accounts receivable, receipting and collections system;
- ARTS — Fixed asset accounting and inventory system;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- P-Card – Electronic purchasing and payment system;
- Navision – Front end data entry and approval processing of vendor payments; and
- I-Time – Web-based employee time entry system.

Facilities Management

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

- Plans space for relocations and new facilities;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Compiles project listings to maintain facilities that meet code requirements and program needs;
- Responsible for maintenance and care of DHW leased and owned facilities at 57 locations statewide;
- Coordinates and oversees moves in Boise;
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Acts as the "Public Works" unit of the Department under delegated authority from the Department of Administration, Division of Public Works;
- Monitors, negotiates, and coordinates leases for the Department under delegated authority from the Department of Administration, Division of Public Works; and
- Ensures proper maintenance and mileage distribution for the Department's motor pool. The total miles driven increased 4.5 percent in SFY 2004.

Contracts and Purchasing

- This unit purchases all items that cost between \$5,000 and \$50,000 and works with Department of Administration's Division of Purchasing for items greater than \$50,000;
- Has responsibility for the maintenance of the CONTRAXX system;
- Provides statewide technical assistance on all contract-related matters and provides technical assistance on the CONTRAXX system; and
- Develops and maintains the Department contract and purchasing manual, policy and procedures.

Bureau of Field Support

Business Office

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

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

Central Revenue Unit

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

The Central Revenue Unit is located in Twin Falls to utilize the available office space in a state-owned facility in a cost-effective manner. The Central Revenue Unit has five primary responsibilities:

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

HUB Units

These units have out-stationed staff located in three primary locations throughout the state to provide administrative, financial, and facilities support for program staff:

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

Employee Services

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

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

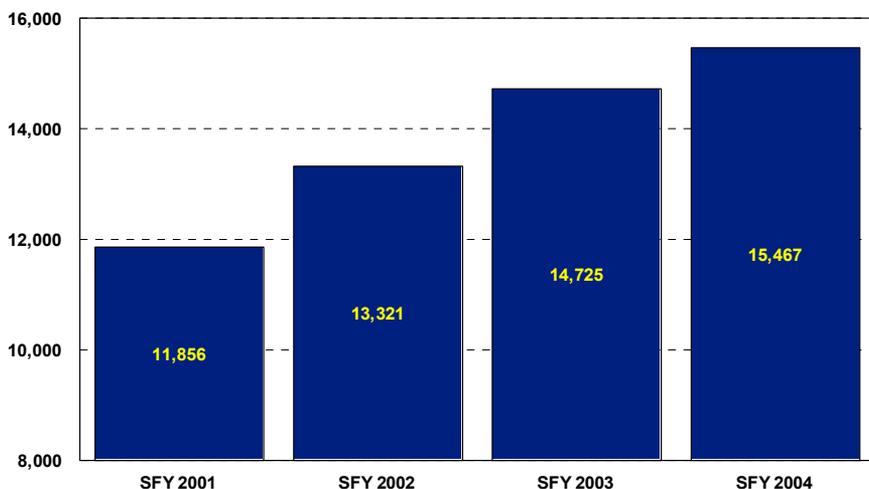
Bureau of Audits and Investigations

The Bureau of Audits and Investigations consists of the Criminal History Unit, Electronic Payment Systems (EPS) Unit, Fraud Investigations Unit, Surveillance & Utilization Review Unit, Internal Audit Unit and Office of Privacy and Confidentiality.

Criminal History Unit

The Criminal History Unit conducts all required background checks and is central repository of all agency background check information received from the FBI and the Department of Law Enforcement. Background checks are required for people who provide direct care and services for program participants including our staff, contractors, licensed child care providers, and foster and adoptive parents.

Total Criminal History Checks by Year

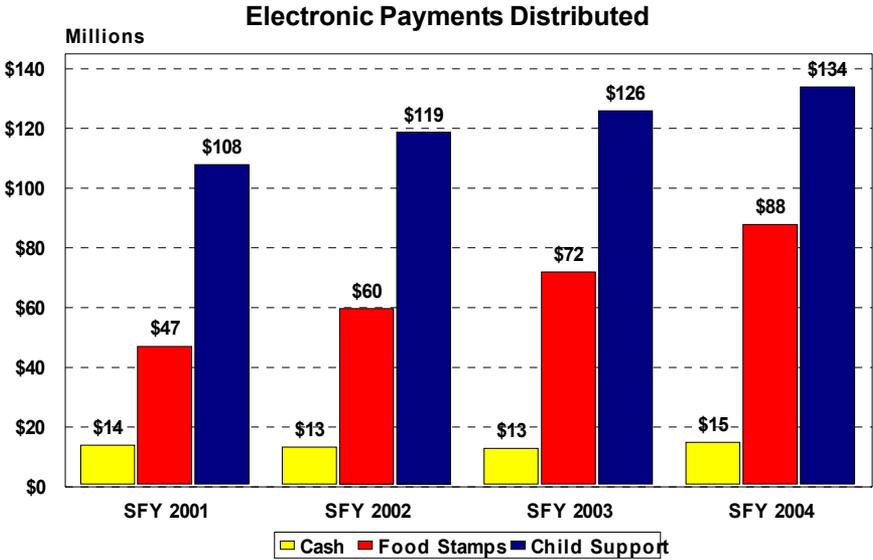


Electronic Payment System

The Electronic Payment System project office is responsible for developing and operating the Department's electronic payment activities. This includes Electronic Benefit Transfer in which the Department distributes cash assistance, child support payments, and Food Stamp benefits electronically through the use of a state-issued debit card.

It also includes enrolling participants for direct deposit of payments into personal bank accounts and preparing and sending information to the Automated Clearing House for processing and posting cash payments to various financial institutions. Operation activities include:

- Providing vendor contract management services;
- Liaison activities with other government agencies, financial institutions, and retailers;
- Training Department staff, participants, and retailers;
- Oversight of debit card issuance and system security; and
- Reconciliation of money moving through the system.



The SFY 2004 increases are the result of increased caseloads. Cash electronic payments increased 15% in SFY 2004, as caseload increased 13.7%. The 22% Food Stamp increase is a reflection of a 13.8% caseload growth. Similarly, child support caseload increased 7.5%, while electronic payments increased 14%.

The Department's Fraud and Abuse Program consists of the Fraud Investigation Unit and the Surveillance and Utilization Review (SUR) Unit.

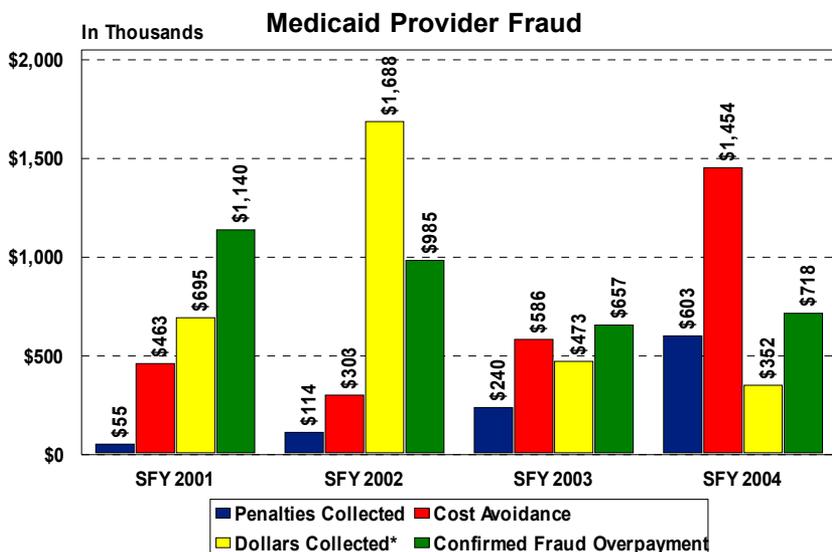
Fraud Unit

The Fraud Unit investigates Department-wide allegations of fraud that include providers, contractors, Welfare programs and internal investigations. The Fraud Unit has investigators stationed statewide to respond to any investigation. They work with other State and federal agencies to investigate and prosecute providers and clients identified as defrauding Medicaid and Welfare programs.

The Fraud Unit concentrates its efforts on establishing a deterrent for fraud by focusing on cases that warrant prosecution and increased referrals to prosecutors. A fraud hotline to receive and track fraud complaints was implemented in 2002. The Department received 886 complaints alleging fraud, resulting in opening 359 investigations in SFY04. There were 14 Welfare fraud prosecutions and 20 referrals to prosecutors.

SUR Unit

The SUR Unit investigates fraud and abuse within the Medicaid Program by monitoring and reviewing provider billing practices, and reviewing provider records of support services billed to the program. Medicaid investigations are initiated through complaints from providers and clients, referrals from other agencies, and through proactive targeting or reviews of claims to identify improper billing. Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties imposed, provider agreement termination or program exclusion, or referral for prosecution. Efforts for Medicaid provider fraud concentrate on cases which have the greatest potential for investigation and recovery of funds.



**Some dollars are collected on cases from previous years. Cases of "Confirmed Fraud Overpayment" are sent to collections for recovery of funds.*

An increase was seen in Medicaid provider penalties due to large national cases which resulted in global settlements negotiated with all states. The cost avoidance increase was a result of finalizing a targeted review of the dental program which recommended policy and system changes that improved the program and resulted in cost avoidance. Provider collections and confirmed overpayments increase or decrease based upon the types and dollar amounts of cases finalized in a given year. Collections also are based upon a provider's ability to repay once cases are finalized.

Internal Audit Unit

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

Office of Privacy and Confidentiality

The Office of Privacy and Confidentiality was established in response to the Idaho Public Records Requirements and the Health Insurance Portability and Accountability Act (HIPAA). HIPAA federal legislation, adopted in 1996, affects all health insurance plans, health care providers, and government entities that submit or receive health care transactions electronically.

The purpose of the Office of Privacy and Confidentiality is to provide Health and Welfare with agency-wide processes, infrastructure, and systems that are standardized and effective in protecting confidential information and improving services to our customers.

Primary objectives of the office are:

- Modernize Service Delivery — Create effective processes, infrastructure, and systems that will support the delivery of the right service in the right place and at the right time in a cost-effective manner;
- Protect Patient Information — Assure that individual health care information is safe from unauthorized access;
- Improve Treatment — Enhance coordination of care for our constituents; and
- Comply with Federal Requirements — Focus on federal requirements for data exchange, privacy and security, and common identifiers.

Division of Human Resources

Diana Jansen, Administrator, 334-0632

As a business partner, the Division of Human Resources supports the hiring and retention of the right people with the right skills for achieving the Department's mission and vision. The Division's focus is on the Department's Strategic Plan, business partnerships, progressive business practices, and being knowledgeable of the business needs of the Department. Specific services include:

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

- Shares Department commitment to advance equal opportunity in employment through education and technical assistance;
- Educates employees on the importance of maintaining a workplace where employees are treated with courtesy, respect, and dignity; and
- Consults and ensures resolution on civil rights complaints, compliance, and agency audits or site reviews.

Workforce and Development

- Promotes, coordinates, and provides leadership and management development, succession planning, supervisory development, organizational development, and skills and knowledge development; and
- Assists staff in performance improvement and continuous quality improvement initiatives, trend forecasting, scenario planning, strategic plan improvement, and special projects.

Recruitment and Retention

- Provides management consultation on effective practices and hiring options for filling current and future needs;
- Operates the Talent Data Bank for identifying and matching skills and interests of employees and applicants with our organization's needs;
- Develops and implements recruitment campaigns to fill Department openings; and
- Develops relationships and partnerships with Idaho and regional universities for awareness of Department career opportunities, for educational enrichment, for internships, and for recruiting qualified talent.

Human Resource Systems and Compensation

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

Employee Relations and Human Resource Policy Procedure

- Coaches management and supervisors in promoting positive employee performance;
- Consults with management and supervisors to consistently resolve employee issues related to discipline;
- Provides consultation to employees and supervisors in the Problem-Solving Process;
- Manages the Department's Drug and Alcohol Free Workplace program; and
- Researches, revises, and develops the Department's human resource policies and procedures to fit the Department's business needs, while complying with state laws and rules.

Employee Benefits

- Provides employees with information and resources that promotes healthy and safe lifestyles;
- Keeps employees informed on a timely basis of all current benefit opportunities and changes; and
- Consults, coordinates and assists employees with their benefits and related policies and procedures.

Information and Technology Services Division

David Butler, Acting Administrator, 334-5578

The Information and Technology Services Division (ITSD) provides support to the Department's programs to ensure effective service delivery and efficient use of automated system resources.

ITSD is responsible for the design, development, operation, maintenance, and ongoing enhancement of automated information systems. The Division provides technical assistance for acquisition of hardware and software products, along with handling the Department's computer hardware and software problems.

ITSD is comprised of two organizational units:

Information Services

Information Services is responsible for the design and development of Department applications and includes:

- Program support;
- Administration;
- Customer service issues; and
- Internet and Intranet application development.

Technology Services

Technology Services is responsible for development and maintenance of the hardware and networking infrastructure and includes:

- Mainframe support;
- Wide and Local Area Network Support;
- Operations;
- Resource Security; and
- Database and warehousing support.

e-Government

e-Government is becoming an increasingly important component in the Department's efforts to improve customer service and save money through more efficient and creative use of computer technology. ITSD provides the technical support for coordination and leverage of resources, skills, knowledge, and methodologies for these key electronic government projects:

- Automated Medicaid Eligibility (A-Med) — Enhancements to the Welfare eligibility determination system;
- Enterprise Data Warehouse — Reporting system crossing multiple system boundaries; and
- Common Registration — Provides a single point of entry for clients to apply for services of Department programs.

| Systems Maintained by ITSD | | |
|--|---|---|
| Division and System Name | Purpose | # of Software Programs in System |
| Welfare: Eligibility Programs Integrated Computer System (EPICS) | Supports 20 welfare programs including Cash Assistance, Food Stamps, Medical Assistance | 2,100 |
| Welfare: Idaho Child Support Enforcement System (ICSES) | Supports child support cases from locating absent parents, establishing and enforcing child support orders, receipting and forwarding payments | 2,500 |
| Welfare: Idaho Child Care Program (ICCP) | Supports process of eligibility for subsidized child care payments and submits those through accounts payable system | 641 |
| Welfare: Low-Income Homes Energy Assistance Program (LIHEAP) | Supports data collection for payment of fuel costs for low-income households | 60 |
| Welfare: Weatherization and Inventory Tracking System (WITS) | Supports tracking inventory of supplies used for weatherizing homes for low-income households | 97 |
| FACS: Family Oriented Community Users System (FOCUS) | Supports payment of services, case tracking, and management for children's welfare, including foster care, child protection, adoption, interstate compact, and children's mental health | 1,850 |
| FACS: Daily Activity Reports (DAR) | Supports client registration, billing, and accounts receivable for mental health and developmental disabilities | 225 |
| FACS: Substance Abuse | Supports data collection and reporting for substance abuse and DUI programs | 300 |
| Health: Vital Statistics Automated Data System (VSADS) | Supports data collection and statistical history for births, deaths, marriages, divorces, stillbirths, induced terminations | 900 |

| Systems Maintained by ITSD | | |
|--|---|---|
| Division and System Name | Purpose | # of Software Programs in System |
| Health: Women, Infants and Children (WIC) | Supports data collection for generating food instruments for needy families to improve nutrition | 525 |
| Management Services: Financial Information System and Cost Allocation (FISCAL) | Supports integrated, transaction-based fund accounting for the Department | 1,100 |
| Management Services: Electronic Payment System (EPS) | Supports electronic disbursement of funds through the Electronic Debit Card (EBT) and Electronic Funds Transfer (EFT) processing to Health and Welfare participants | 206 |
| Management Services: Accounts Receivable, Billing and Collection (ABC) | Supports accounts receivable, billing and receipting for specific programs | 500 |
| Management Services: Payment System | Supports accounts payable and payment document maintenance for specific programs | 150 |
| Management Services: Comprehensive Automobile Reporting System (CARS) | Supports scheduling maintenance, licensing and trips for State-owned vehicles | 80 |
| Human Resources: Human Resources Information System (HRIS) | Supports HR reporting from State Controller's Employee Information System (EIS) | 25 |
| Director's Office: Office of Public Participation Mail System | Supports master mailing list for the Department | 170 |
| Director's Office: Attorney General (AG) Lien System | Supports lien tracking for the Attorney General's Office | 45 |

Council on Developmental Disabilities

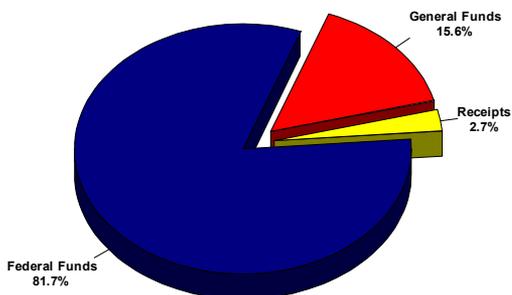
Marilyn Sword, Executive Director, 334-2178

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

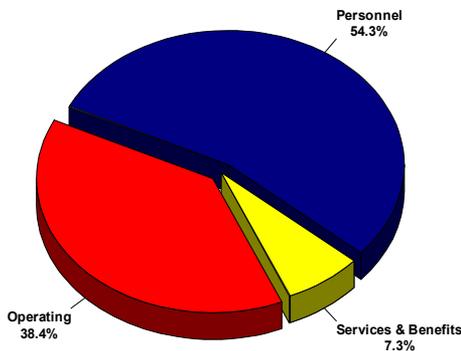
Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

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

Council on Developmental Disabilities FY 2005 Funding Sources



FY 2005 Expenditure Categories



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 5; General Fund: \$85,400 Total Funds: \$547,800; 0.04% of Health and Welfare funding.

Council Initiatives

Over the last year, the Council has worked in these areas:

- **Education:** The Council co-sponsored the fourth annual Youth Leadership Forum for high school students with disabilities. Twenty-four students met at BSU to train to become leaders.

The Council also monitored Congressional action on IDEA, participated in development of graduation guidelines for students with disabilities, provided input into Idaho's new achievement standards, and partnered with other agencies in promoting secondary transition efforts.

- **Recreation:** The Council provided \$10,000 and other support for the Adventure Island, a universally accessible playground in Meridian.
- **Self-Determination:** The Council held the first Idaho Advanced Partners Institute to provide additional leadership training and skill development to 50 of Idaho's 120 parents and self-advocates who are graduates of Partners in Policymaking.

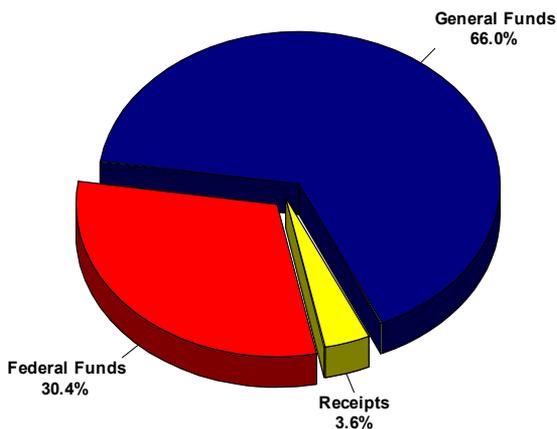
The Council continued to support the Self-Determination Task Force, in partnership with Medicaid, in developing a new model for delivering Medicaid waiver services to people with developmental disabilities. Funds were provided by the Council and an Independence Plus grant. The grant also is being used, in combination with Council funds, to train self-advocate teams in each of Idaho's seven regions to train other self-advocates to gain independence and assume responsibility in their own lives. Three-person teams were trained for Regions 1, 2, 5, 6 and 7.

- **Transportation:** The Council serves on the Interagency Work Group on Public Transportation which supports three local demonstration efforts. The Council is researching ways to address transportation shortages in rural areas, such as the Community Inclusion Driver initiative.
- **Employment:** The Council continues to promote the importance of and opportunity for integrated work. A cost-benefit analysis of segregated work is planned, and the Council is working with a local employer on a self-employment demonstration project. With Council support, four self-advocates attended training on starting their own businesses. The Council continues to collaborate with others to advocate for funds to implement a Medicaid Buy-In program to allow people with disabilities to go to work and buy into Medicaid coverage.
- **Community Supports:** The Council was a partner in the Anti-Stigma campaign of Idaho's Real Choice Systems Change grant, participates as a member of the Family Support Policy Council, and annually supports Disability Mentoring Day projects across the state.
- **Housing:** The Council is a partner in Opening Doors, a new organization to revive the Home of Your Own (HOYO) program in Idaho.

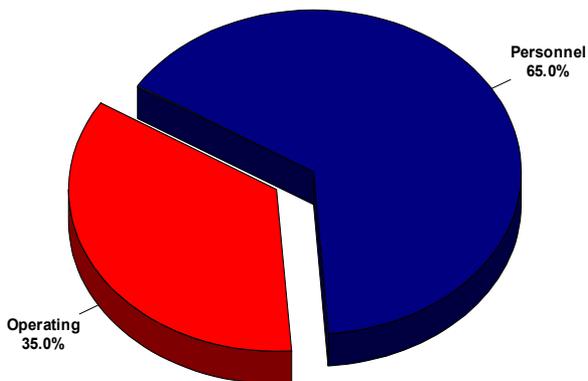
Council on the Deaf and Hard of Hearing

Pennie S. Cooper, Executive Director, 334-0879

FY 2005 Funding Sources



FY 2005 Expenditure Categories



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 2; General Fund: \$136,500; Total Funds: \$207,000; 0.01% of Health and Welfare funding.

The Council serves more than 200,000 Idahoans who are hard of hearing and more than 4,500 people who are deaf. The Council's primary activities for SFY 2005 are:

Educational Interpreter Quality Assurance

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

- Assessment of the skills and needs of Educational Interpreters in the classroom using the Educational Interpreter Performance Assessment (EIPA);
- Provision of training for interpreters; and
- Reassessment of skills through the use of the EIPA to determine the impact of training. Seven hundred educational interpreters working in public schools are being assessed over the two year period of the grant.

Educational Interpreter Guidelines

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

Demonstration and Loan Centers

The Council continues to support assistive technology demonstration and loan centers throughout the state, including two new centers which opened in Caldwell and in Coeur d'Alene. These centers provide demonstration and loan of assistive technology devices such as Telecommunication Devices for the Deaf and amplified telephones for Idahoans to borrow to determine if the device would work for their individual needs. The centers also provide alerting and signaling devices for patrons to borrow.

Universal Newborn Hearing Screening Early Hearing Detection and Intervention

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

Council Goals

The Council's goals include:

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

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

- Distributed more than 5,000 newsletters;
- Responded to more than 780 requests for information and assistance;
- Provided demonstration of assistive devices and loans to people who are deaf or hard of hearing at demonstration and loan centers in Idaho Falls, Pocatello, Twin Falls, Boise, Caldwell, Moscow, and Coeur d'Alene; and
- Provided assistance for Idahoans who are deaf or hard of hearing through a program funded from an Assistive Technology grant to help them purchase assistive technology that they otherwise could not afford.

During this fifth year of the Idaho Sound Beginnings Program, the Council produced these results:

- Ninety-eight percent of babies born in Idaho are screened for hearing loss (three percent above the benchmark set by the National Center for Hearing Assessment and Management (NCHAM));
- One-hundred percent of newborns referred for a diagnostic evaluation received evaluations;
- Thirty-three newborns were identified with a hearing loss;
- Training was provided at 28 workshops to assist hospital staff, audiologists, and early intervention workers in continuing newborn hearing screening and intervention programs throughout Idaho and at an annual workshop in conjunction with the Idaho Hospital Association Convention;
- Displayed and provided information at several medical conferences including the Idaho Perinatal conference, in association with the Idaho Chapter of the American Association of Pediatrics, the Idaho Medical Association, the Idaho Hospital Association, the Idaho Academy of Family Physicians, and the Early Years Conference;
- Created and published Statewide Guidelines for Early Hearing Detection and Intervention;
- Continue to partner and support “Idaho Hands & Voices,” a statewide parent support group;
- Distributed more than 800 newsletters to parents, audiologists, early intervention specialists, and other interested parties; and
- Continued longstanding collaboration with other organizations to assure that the early hearing detection and intervention program will be sustainable beyond expiration of federal grants.

Council on Domestic Violence and Victim Assistance

Diane B. Blumel, Executive Director, 334-5580

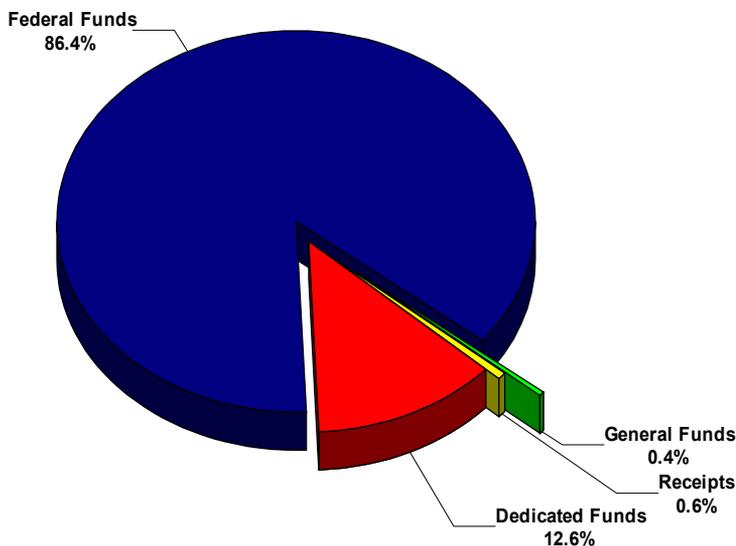
Irene Masterson, Grant Administration 334-6512

The Council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims;
- Promoting legislation that impacts crime victims;
- Providing standards for domestic violence programs, sexual assault programs and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

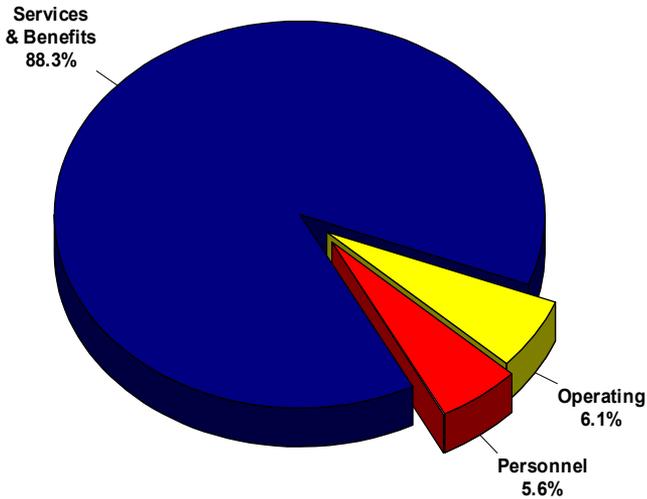
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance FY 2005 Funding Sources



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 3; General Fund: \$12,500; Total Funds: \$3.2 Million; 0.2% of Health and Welfare funding.

Council on Domestic Violence and Victim Assistance FY 2005 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho: Gratia Griffith (Region 1), Jamie C. Shropshire (Region 2), Sherri Case (Region 3), Tore Beal Gwartney (Region 4), Dan Bristol (Region 5), Karen Hayward (Region 6), and Blair Olsen (Region 7).

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

The Council funds approximately 54 programs throughout the state that provide direct victim and batterer treatment services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance.

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

More information is available on the Council's web site at www.state.id.us/crimevictim.

Miscellaneous Information

| Description | Number |
|--|---------------|
| Health Care Facilities Licensed in Idaho | |
| Number of Intermediate Care Facilities for People with Mental Retardation..... | 66 |
| Number of Beds Available in ICFs for the Mentally Retarded..... | 580 |
| Number of Hospitals..... | 49 |
| Number of Hospital Beds..... | 3,340 |
| Number of In-State Home Health Agencies..... | 49 |
| Number of Out-of-State Home Health Agencies..... | 13 |
| Number of Residential Care Facilities..... | 266 |
| Number of Beds Available in Residential Care Facilities..... | 6,181 |
| Number of Skilled Nursing Facilities..... | 81 |
| Number of Beds Available in Skilled Nursing Facilities..... | 6,179 |
| Low-Income Weatherization Assistance Program (LIWAP) | |
| LIWAP Federal Grant..... | \$2.1 million |
| Total Homes Weatherized..... | 1,316 |
| Average Cost per Home Weatherized | \$1,596 |
| Physical Health Services | |
| Percent of Mothers with adequate prenatal care is based on the American College of Obstetricians' and Gynecologists' recommendations. | |
| 2003..... | 76.8% |
| 2002..... | 75.6% |
| 2001..... | 74.6% |
| 2000..... | 73.6% |
| Number of pregnancies among females aged 15-17: | |
| 2003..... | 653 |
| 2002..... | 714 |
| 2001..... | 735 |
| 2000..... | 801 |
| Pregnancy rate per 1,000 females aged 15-17: | |
| 2003..... | 20.9 |
| 2002..... | 22.6 |
| 2001..... | 23.2 |
| 2000..... | 25.1 |
| Vital Statistics | |
| Public information requests for birth, death, marriage, and divorce certificates. | |
| 2003..... | 121,449 |
| 2002..... | 112,194 |
| 2001..... | 97,386 |
| 2000..... | 98,706 |
| Self-Reliance | |
| Maximum TAFI Payment | \$309 |
| Average TAFI Payment for June 2003O | \$309 |
| Average ICCP Payment Per Child as of June 2003 | \$287 |
| Average FS Benefit Per Family as of June 2003 | \$214 |
| Average AABD payment per participant as of June 2003 | \$ 55 |

Glossary of Terms and Acronyms

| | |
|-------------|--|
| A&D | Aged and Disabled |
| AABD | Aid to the Aged, Blind and Disabled |
| ACH | Automated Clearing House |
| ACT | Assertive Community Treatment |
| AIDS | Auto Immune Deficiency Syndrome |
| APNCU | Adequacy of Prenatal Care and Utilization Index |
| CAP | College of American Pathologists |
| CHC | Criminal History Check |
| CLIA | Clinical Laboratory Improvement Amendment |
| CMHP | Children's Mental Health Project |
| CSHP | Children's Special Health Program |
| CY | Calendar Year |
| DD | Developmental Disabilities |
| DDA | Developmental Disability Agencies |
| DHW | Department of Health and Welfare |
| DJC | Department of Juvenile Corrections |
| DTaP | Diphtheria, Tetanus, acellular Pertussis |
| DUI | Driving Under the Influence |
| EBT | Electronic Benefits Transfer |
| EHDI | Early Hearing Detection & Intervention |
| EIS | Employee Information System |
| ELT | Executive Leadership Team |
| EMS | Emergency Medical Services |
| EMT | Emergency Medical Technician |
| EMT-A | Emergency Medical Technician - Advanced |
| EPM | Enterprise Project Management |
| EPS | Electronic Payment System |
| EPSDT | Early Periodic Screening Diagnosis and Treatment |
| ESC | EPSDT Service Coordination |
| FACS | Division of Family and Community Services |
| FFY | Federal Fiscal Year |
| FIDM | Financial Institution Data Matching |
| FOCUS | Family Oriented Community Users System |
| FS | Food Stamps |
| FTP | Full-time Positions |
| HCBS Waiver | Home and Community Based Services Waiver |
| HIV | Human Immunodeficiency Virus |
| ICCMH | Idaho Council on Children's Mental Health |

| | |
|--------------|---|
| ICCP | Idaho Child Care Program |
| ICF/MR | Intermediate Care Facility for People with Mental Retardation |
| ICPC | Interstate Compact on the Placement of Children |
| ICES | Idaho Child Support Enforcement System |
| IDHW | Idaho Department of Health and Welfare |
| IPUL | Idaho Parents Unlimited |
| IRIS | Immunization Reminder Information System |
| ISSH | Idaho State School and Hospital in Nampa |
| ITSD | Information and Technology Services Division |
| JCAHO | Joint Commission on Accreditation of Hospital Organizations |
| JSAP | Job Search Assistance Program |
| LIWAP | Low-Income Weatherization Assistance Program |
| MAST | Medical Anti-Shock Trouser |
| MCH | Maternal and Child Health |
| OAA | Old Age Assistance |
| A&D | Aged & Disabled |
| PWC | Pregnant Women and Children |
| RSO | Recepting Services Only |
| SCHIP | Title XXI State Children's Health Insurance Program |
| SFY | State Fiscal Year |
| SHN | State Hospital North |
| SHS | State Hospital South |
| STD | Sexually Transmitted Diseases |
| SUR | Surveillance & Utilization Review |
| TAFI | Temporary Assistance for Families in Idaho |
| TBI | Traumatic Brain Injury |
| TEFAP | The Emergency Food Assistance Program |
| TSC | Targeted Service Coordination |

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Notes

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**FACTS/
FIGURES/
TRENDS/
2004-2005**

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