

# Facts Figures Trends 2010-2011



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## A Message from our Director Richard M. Armstrong



SFY 2010 was a very defining year for our department. Because of economic conditions and high unemployment, we continued to experience record-breaking demands for many services. Despite the high number of people seeking assistance, budget reductions forced us to reduce personnel by more than 100 employees and close nine of 29 field offices.

Consolidating our infrastructure and personnel has been very difficult for both our staff and Idaho residents. The personnel reductions came on the heels of DHW employees each taking 108 hours of furlough during the year, which amounted to a 5.2 percent pay cut. While making these sacrifices, our employees rose to the challenge. They showed their creativity by redesigning business processes to handle the increasing volume of work. Their innovation preserved many of the programs and services that people desperately need. I am immensely proud of our loyal workforce.

The nine office closures were in rural communities. It also was painful, but provided me with a new appreciation of the safety net we provide that many rural Idaho communities rely on.

Take McCall as an example. We did not have the foot traffic to justify maintaining a McCall office. However, the community raised an alarming voice of concern over the need for mental health services. The nearest DHW mental health services would have been in Boise, 90 miles away. In listening to their concerns, we readjusted our plan to maintain a mental health clinician in McCall. This was the right choice for the community and our mission—to protect the health and safety of Idaho citizens.

Consolidating DHW offices was a budget necessity, not a choice. But it helped us focus on aligning new business practices with technology opportunities to expand client access and speed up service delivery. We have been able to do this without compromising federal compliance requirements.

Today, we have maintained a high level of performance in most services. However, we are concerned about our ability to continue this intense pace for long. Our hope is that the economy will rebound in the near future, putting people back to work and self-reliant once again.

A handwritten signature in black ink, appearing to read "Richard M. Armstrong". The signature is fluid and cursive, written over a white background.

# Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how appropriations are spent. 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 health and human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

**Goal 1: Improve the health status of Idahoans.**

**Goal 2: Increase the safety and self-sufficiency of individuals and families.**

**Goal 3: Enhance the delivery of health and human services.**

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 families back on their feet and become self-reliant members of Idaho communities. Staff in all our divisions depend on one another to do their jobs in helping families solve their problems so we can build a healthier Idaho.

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## Our Organization

The Department of Health and Welfare serves under the leadership of Idaho Governor C.L. "Butch" Otter. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor.

Our organization deals with complex social, economic and health issues. To do that effectively, DHW is organized into seven divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Operational Services, and Information and Technology. 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 public service divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology, Food Protection, Laboratory Services, Vital Records, Health Statistics, EMS Services, and Health Planning and Resource Development.

Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Bureau of Facility Standards licenses hospitals, assisted living and skilled nursing facilities. The EMS bureau certifies emergency response personnel such as EMTs and paramedics. The Criminal History Unit provides background checks of people working with vulnerable children and adults, such as in daycares or nursing homes.

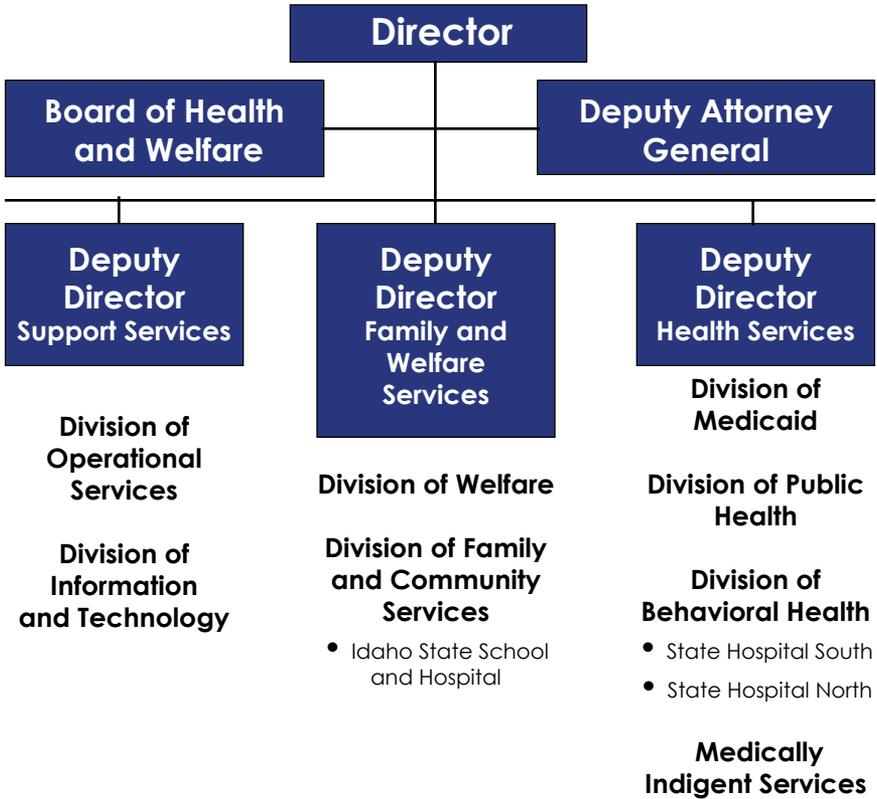
One of the guiding principles of all DHW programs is to collect and use performance data to maximize state dollars and provide the best services possible. Many of these performance measures are available in this publication. By constantly measuring and collecting performance data, DHW programs can be held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. As an example, in the Medicaid program, the federal government will pay approximately 70% of medical claims for Idaho residents during SFY 2011, while it also shares half of the state Medicaid program's administrative costs. Overall, in SFY 2011, the federal government will contribute 70% of DHW's total appropriation.

DHW is a diverse organization whose workers are dedicated to protecting the health and safety of Idaho citizens.

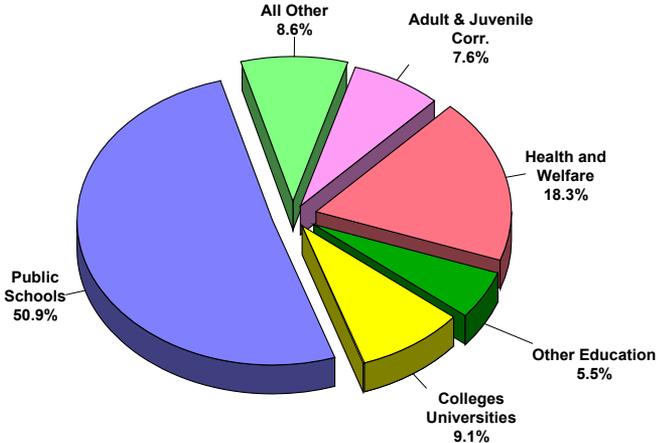
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# Organizational Chart

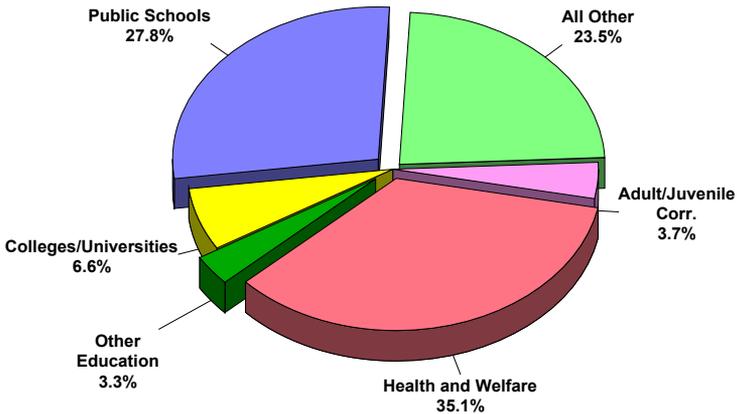


# Total State SFY 2011 Appropriations

## State General Fund Appropriations for all State Agencies



## Total Appropriations for all State Agencies



Total appropriations includes state general funds, federal funds and dedicated funds.

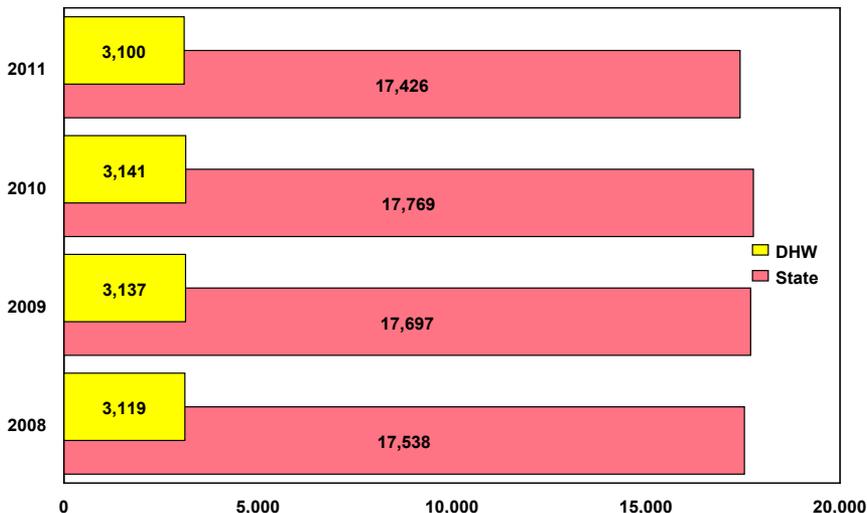
## SFY 2011 Financial Data Summary

In Millions

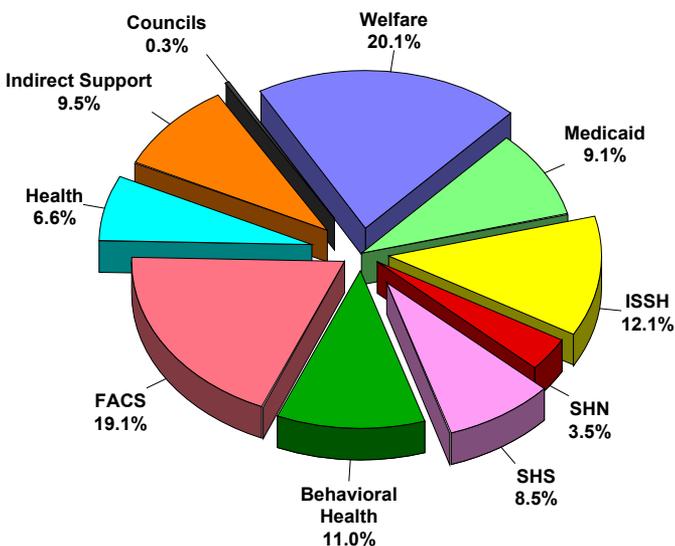
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,214.28	50.9%	\$1,582.33	27.8%
Colleges, Universities	217.51	9.1%	377.68	6.6%
Other Education	129.93	5.5%	188.00	3.3%
Health & Welfare	436.33	18.3%	1,999.84	35.1%
Adult & Juvenile Corrections	180.70	7.6%	212.93	3.7%
All Other Agencies	<u>205.08</u>	<u>8.6%</u>	<u>1,341.85</u>	<u>23.5%</u>
<b>Total</b>	<b>\$2,383.83</b>	<b>100.0%</b>	<b>\$5,702.63</b>	<b>100.0%</b>

## Appropriated Full-Time Positions

The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has declined, although most program caseloads have increased significantly during the same time period.

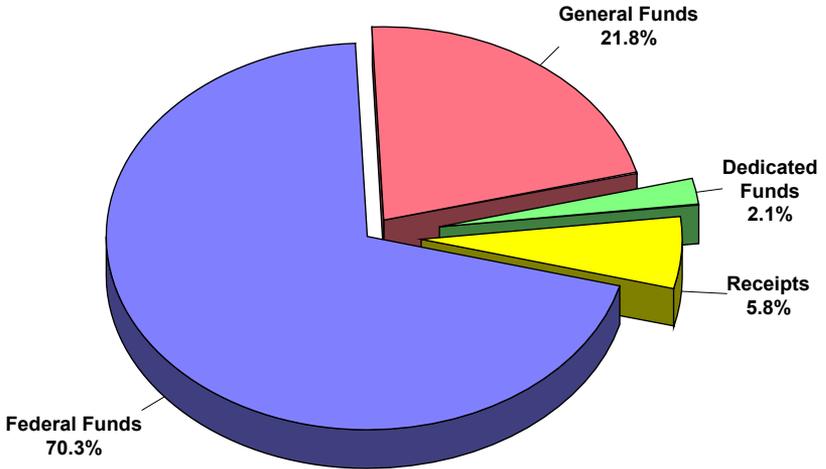


SFY 2011 FTP Distribution - Department of Health & Welfare



2011 APPROPRIATIONS

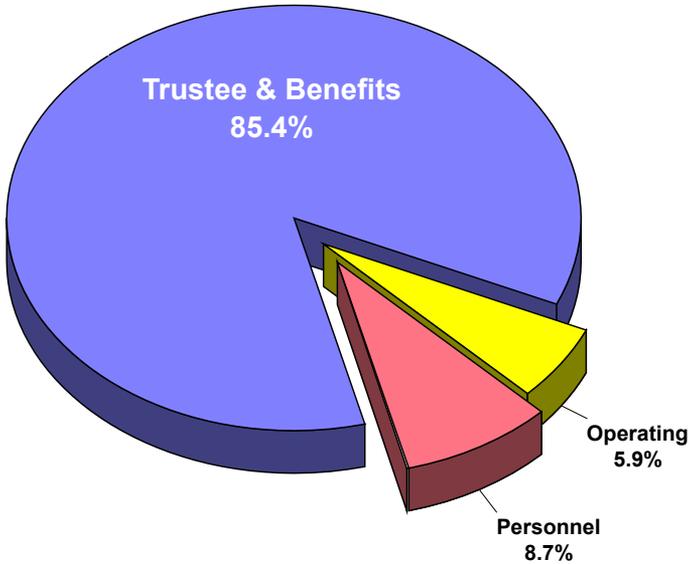
## SFY 2011 DHW Appropriation Fund Source



## Financial Data Summary

Fund Source	Amount
General Fund	\$ 436.3 Million
Federal Funds	1,406.8 Million
Receipts	115.5 Million
Dedicated Funds	
Domestic Violence	\$ 484,000
Cancer Control	401,000
Central Tumor Registry	182,700
Medical Assistance	6,000
Alcohol Intoxication Treatment	3,232,900
Liquor Control	650,000
State Hospital South Endowment	1,663,200
State Hospital North Endowment	790,600
Prevention of Minors' Access to Tobacco	50,100
Access to Health Insurance	5,842,300
Court Services	253,100
Millennium Fund	3,159,200
EMS	2,566,600
EMS Grants	1,400,000
Hospital Assessment Fund	13,331,500
Immunization Assessment Fund	7,200,000
<b>Total Dedicated Funds</b>	<u>\$41.2 Million</u>
<b>Total</b>	<b>\$1,999.8 Million</b>

## SFY 2011 DHW Appropriation by Expenditure Category

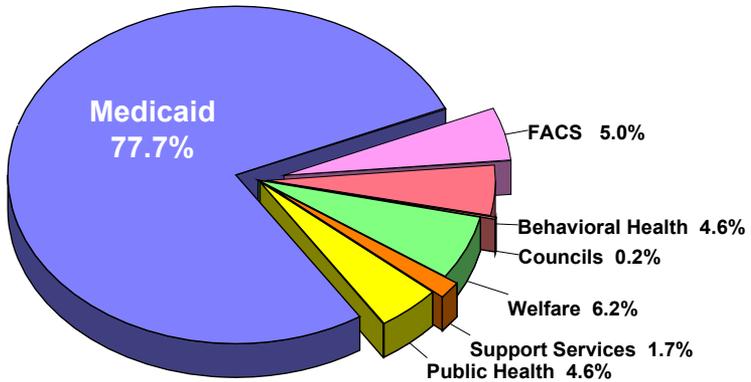


### Financial Data Summary

By Object	Amount
Trustee and Benefits	\$1,707.4 Million
Personnel Costs	173.9 Million
Operating Expenditures	<u>118.5 Million</u>
Total	\$1,999.8 Million

- The appropriation for benefits to Idaho citizens increased \$27.2 million from SFY 2010, while personnel costs, operating and capital were reduced by \$28.7 million.
- Payments for services to Idaho citizens make up 85% of the department's budget. These are cash payments to participants, vendors providing services, government agencies, non-profits, hospitals, etc.
- The department purchases services or products from over 12,000 companies, agencies or contractors, and over 18,000 Medicaid providers.

# Original SFY 2011 DHW Appropriation



By Division	FTP	General	Total
<b>Welfare/ Self-Reliance</b>	622.69	\$ 31,625,800	\$ 124,683,000
<b>Medicaid</b>			
Low-income children/ working age adults		62,463,600	417,607,900
Individuals w/Disabilities		131,343,700	623,742,500
Dual Eligible		90,168,900	461,243,700
Administration	<u>283.00</u>	<u>14,260,100</u>	<u>52,235,800</u>
<b>Total Medicaid</b>	<b>283.00</b>	<b>\$ 298,236,300</b>	<b>\$1,554,829,900</b>
<b>Family and Community Services</b>			
Child Welfare	392.67	9,084,900	29,225,000
Foster/Assistance Payments	0.00	10,773,500	25,205,300
Service Integration	31.00	890,000	4,281,400
Developmental Disabilities	169.42	7,541,400	17,945,700
Idaho State School & Hospital	<u>376.53</u>	<u>2,394,800</u>	<u>22,379,400</u>
<b>Total FACS</b>	<b>969.62</b>	<b>\$ 30,684,600</b>	<b>\$ 99,036,800</b>
<b>Behavioral Health</b>			
Community Mental Health Grants	0.00	1,870,800	1,870,800
Adult Mental Health	239.04	13,129,900	18,896,200
Children's Mental Health	89.30	9,152,300	13,208,000
Substance Abuse	14.04	12,558,200	28,745,700
Community Hospitalization	0.00	2,790,000	2,790,000
State Hospital South	262.22	8,950,000	18,393,500
State Hospital North	<u>109.39</u>	<u>6,263,700</u>	<u>7,185,300</u>
<b>Total Behavioral Health</b>	<b>713.99</b>	<b>\$ 54,714,900</b>	<b>\$ 91,089,500</b>
<b>Public Health</b>			
Physical Health	135.63	3,945,600	82,422,700
EMS	28.76	0	5,451,100
Laboratory Services	<u>40.80</u>	<u>1,657,000</u>	<u>4,069,300</u>
<b>Total Health</b>	<b>205.19</b>	<b>\$ 5,602,600</b>	<b>\$ 91,963,100</b>
<b>Indirect Support</b>	<b>294.92</b>	<b>\$ 15,232,400</b>	<b>\$ 33,781,000</b>
<b>Medically Indigent</b>	<b>1.00</b>	<b>\$ 128,800</b>	<b>\$ 128,800</b>
<b>Councils/Commissions</b>	<b>10.00</b>	<b>\$ 109,700</b>	<b>\$ 4,324,000</b>
<b>Department Totals</b>	<b>3,100.41</b>	<b>\$ 436,335,100</b>	<b>\$1,999,836,100</b>

## Division of Medicaid

**Leslie Clement, Administrator, 334-5747**

The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to a health insurance company. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs. The Basic Plan is primarily designed to meet the health needs of low-income children and working-age adults. For individuals with special needs, the Enhanced Plan adds developmental disability, enhanced mental health coverage and long-term care services. Individuals who are dual eligibles (covered by both Medicare and Medicaid) have access to the Coordinated Plan.

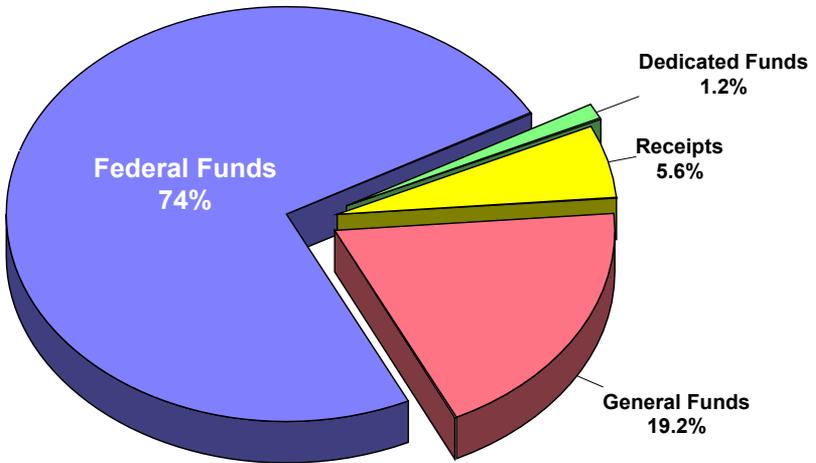
The Division of Medicaid has the largest appropriation in the department with an original SFY 2011 total appropriation of \$1.55 billion. This funding is composed of approximately 74 percent federal money, 19 percent state general funds, and seven percent receipts and dedicated funds. Three percent of total spending is spent on administration, while almost 97 percent is paid to service providers.

Receipts have become an increasingly important part of Medicaid's annual budget, providing \$83.9 million in the SFY 2011 budget. Receipts include \$42 million in rebates from pharmaceutical companies, \$11.1 million from audit settlements with various health care provider agencies and companies, and nearly \$8.6 million from estate recovery.

### **Funding Medicaid: The Impact of the Federal Medical Assistance Percentage (FMAP) Rate**

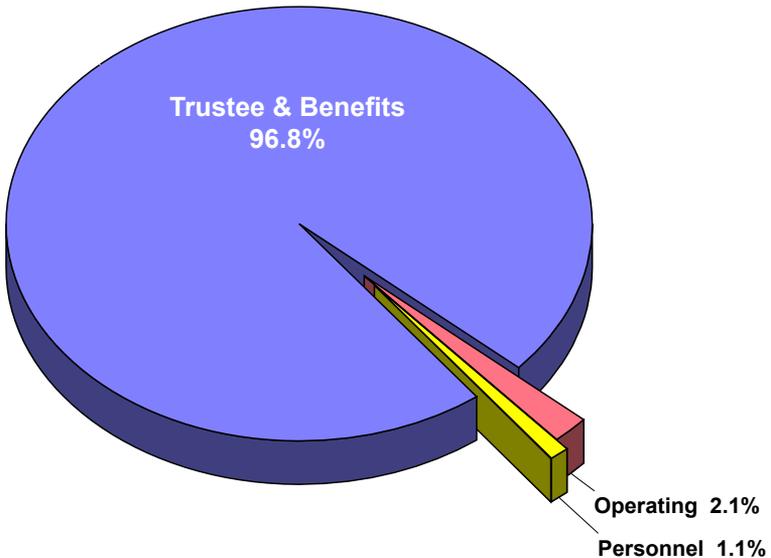
Funding Medicaid is a joint federal and state partnership. Historically, the federal government has covered approximately 70 percent of Idaho Medicaid's provider payments. The match rate was increased under the American Recovery and Reinvestment Act (ARRA) for Medicaid coverage beginning in October 2008. The increase in federal share is based on economic criteria, including the state's unemployment experience. Due to Idaho's significant increase in unemployment, its Medicaid program qualified for the highest Federal Medical Assistance Percentage (FMAP) tier allowed under ARRA. The FMAP was set to return to the normal calculation in January 2011. However, Congress approved a revised methodology which allowed for a higher, but moderated FMAP rate to continue until June 2011.

### Medicaid SFY 2011 Funding Sources



Authorized FTP: 283; Original Appropriation for SFY 2011: General Funds \$298.2 million, Total Funds \$1.55 billion; 77.7% of Health and Welfare funding.

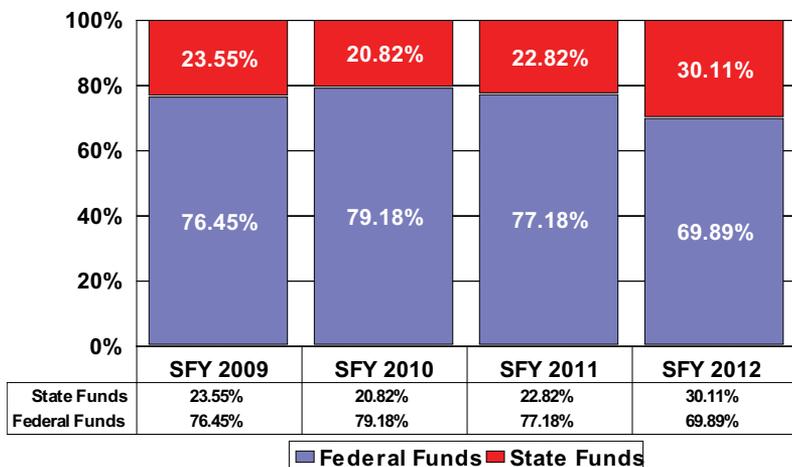
### Medicaid SFY 2011 Expenditure Categories



The effect of this adjusted FMAP on Idaho for SFY 2011 is 77.18 percent, down from 79.18 percent during SFY 2010. This reduced federal funding increases the state's share by approximately \$30 million. Medicaid will request supplemental funds to cover this SFY 2011 shortfall. The change in the FMAP also will increase general fund payments that are based on this figure. This will serve to increase Medicare Part D payments (the "clawback") by an estimated \$2.2 million in general fund dollars for SFY 2011.

Enhanced federal FMAP funding expires at the end of SFY 2011. At this time, the FMAP is projected to dip below 70 percent, similar to Idaho's rate before October 2008. The reduced federal funding will have an annualized impact on state general funds of approximately \$150 million in SFY 2012.

### Idaho Federal Medical Assistance Percentage (FMAP)



### SFYs 2010-2011 Budget Analysis

The Idaho Medicaid program's SFY 2010 experience reflected the economic challenges that began in SFY 2009. Additional spending reductions were necessary to align with budget constraints. While budget holdbacks are immediate, it is especially difficult to make rapid Medicaid policy changes, which require state and federal approvals, and must weigh the negative impacts on businesses. SFY 2010 was further challenged because Medicaid also experienced substantial caseload growth during this time, growing nine percent during the fiscal year. With the Governor's holdbacks initiated prior to the legislative session and Medicaid's supplemental budget request not being approved during the session, a serious shortfall developed.

Medicaid's budget impacts in SFY 2010 included:

- **Personnel budget:** Reduced by \$885,000. Furloughs were initiated resulting in a reduction of employees' pay by 5.2 percent. In the final three months of the fiscal year, the Division of Medicaid laid-off and froze a total of 33.5 positions, 12 percent of its workforce.
- **Operating budget:** Reduced by \$436,000. Contracts were renegotiated and administrative services were reduced.
- **Trustee and Benefits:** Forecasted general fund spending was expected to exceed appropriations by \$25 million in 2010. Coupled with a 2011 budget shortfall of \$44 million in general funds, this fueled significant efforts to reduce Medicaid costs. Rather than cut optional benefits such as developmental disability services, personal care, and mental health services, legislators approved delaying year-end payments. For most providers, this resulted in a three-week delay of payments in June. However, because of the size of the shortfall, larger institutional providers such as hospitals and nursing homes had their payments delayed beginning in early May. Those institutional payments for the month of May were paid at the end of June after an analysis of year-end spending showed that funds were sufficient to release six weeks of delayed payments.

Legislators approved two bills during the 2010 session that are expected to yield \$28.4 million general fund savings in SFY 2011. Idaho hospitals collaborated with the department on a Medicaid provider assessment that yielded \$25 million of this total. The balance of the projected savings includes continued provider payment freezes, the loss of incentive payments for nursing homes and intermediate care facilities, and pharmacy pricing.

Legislators gave further direction regarding their intent to reduce costs through Medicaid's appropriations bill, House Bill 701. Relying on legislative intent, the division initiated communications with providers and other stakeholders to obtain their input about how to reduce Medicaid costs while maintaining a viable program.

Thirty meetings were held over a two-month timeframe to share budget information and to get feedback. The meetings' agenda packets included:

- 1) The Medicaid Division budget status in 2010 and 2011;
- 2) A spreadsheet showing total spending by provider type, percent of overall trustee and benefit costs, and the corresponding share of expected cost reductions; and
- 3) Specific questions from legislative intent about how to reduce prices and benefits, while maintaining access and quality.

In addition, surveys for providers and non-providers were posted to the department's website for those Idahoans not able to participate in the meetings. These surveys, "Medicaid Needs Your Ideas," were announced

in press releases to encourage maximum participation, with the program receiving over 600 responses. Medicaid program management and policy staff have analyzed the opportunities presented in the meetings and surveys, and initiated temporary rules as directed by the legislature.

**Medicaid Budgeting 101:** There are two primary challenges to achieve significant Medicaid savings: timing and the relatively small portion of state general fund match.

- **Timing:** The timing issue relates to the length of time it often takes to get policy changes approved and implemented. Policy changes are not only contingent upon state direction and approval, but also must be approved by the federal government. Policy changes also must be implemented into the automated claims processing system, the Medicaid Management Information System (MMIS). The approvals and automation changes can delay savings from being realized for months.
- **General Fund Savings:** Typically when a state Medicaid budget reduces its state general funds, matching federal funds are lost. Some state Medicaid programs in the country have match rates of 50 percent; Idaho's match rate has historically been at 70 percent and in 2010 averaged closer to 80 percent. During 2010, if Idaho Medicaid cut \$100 in state funds, it also forfeited \$400 in federal matching funds. This is all money paid to Idaho Medicaid providers. The exception is when certain eligible Medicaid providers agree to an assessment and provide the equivalent of the state match in order to keep the corresponding federal dollars.

Idaho's hospitals and nursing homes both pursued the provider assessment approach that yielded state general fund savings while maintaining federal funding. These two efforts are expected to produce the only significant general fund cost reductions in SFY 2011. Other provider types, such as home and community-based services, are not eligible under federal law to pursue a similar assessment. For these providers, when the general fund is reduced, they lose the corresponding federal share.

With legislative intent to maintain a viable program while ensuring access and quality for the existing Medicaid population, it is not feasible to obtain further reductions without significant benefit changes in the current program. Long-term strategies are being pursued to contain costs, but even with outsourcing and managed care strategies, it is not possible to realize the necessary short-term savings.

The upcoming 2011 legislative session is expected to be one of the most challenging given the projected decrease in the federal matching funds and the continued growing caseloads and their related costs.

## Enrollment and Expenditures Comparison

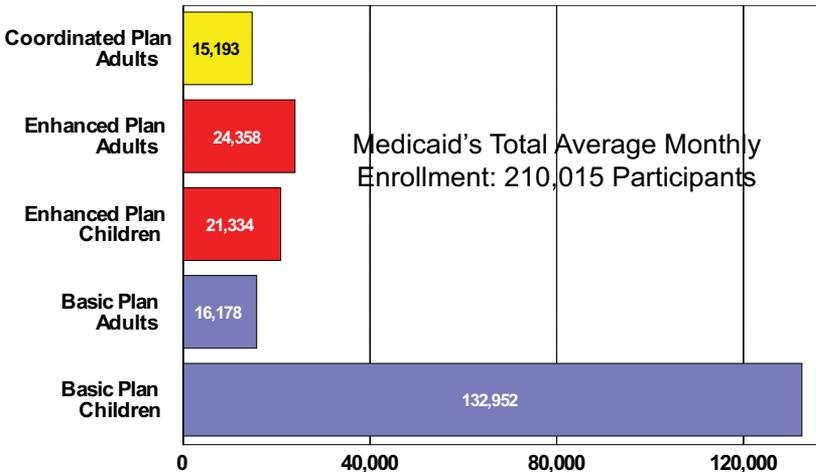
Medicaid enrollment averaged 210,015 participants per month in SFY 2010, an increase of nine percent from SFY 2009's enrollment of 192,006. This is the largest increase Medicaid has experienced in eight years. Much of the increase can be attributed to enrollment of children due to economic conditions in which parents have suffered a job loss that affected their family's health insurance coverage. Although parents are not usually eligible, their children may be if the family income is less than 185 percent of the federal poverty limit.

Idaho offers three health plans for Medicaid participants. They are:

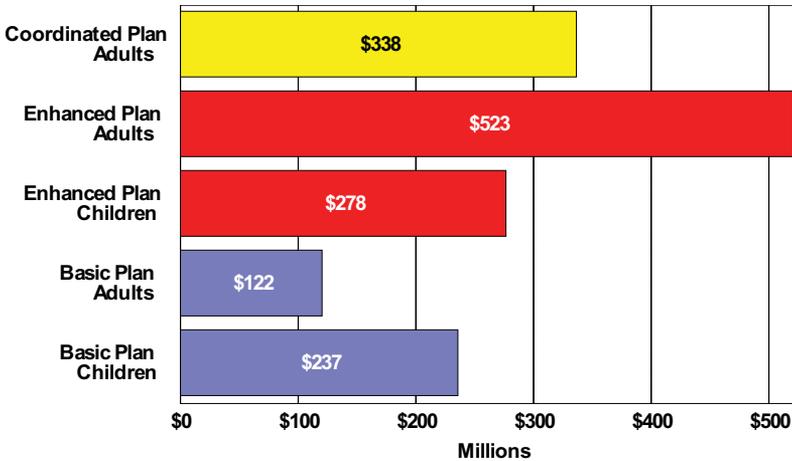
- 1. Basic Plan:** This plan is for low-income children and adults with eligible children who have average healthcare needs. Basic Plan participants reflect 71 per cent of Medicaid's total enrollment, but only 24 percent of the program's costs.
- 2. Enhanced Plan:** Participants often have disabilities or special health needs. Enhanced Plan participants make up 22 percent of Medicaid's enrollment, accounting for 53 percent of expenses.
- 3. Coordinated Plan:** For participants who are enrolled in both Medicare and Medicaid. Participants receive their Medicaid coverage through their Medicare Advantage Plan. Participants make up seven percent of Medicaid's enrollment and 23 percent of its expenditures.

### SFY 2010 Enrollees

Average Monthly Eligibles

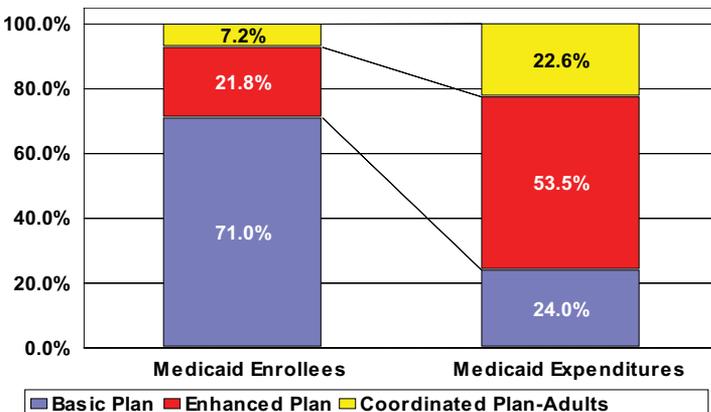


### SFY 2010 Expenditures



### SFY 2010 Enrollment and Expenditure Comparison

Children in the Basic Plan average less than \$150/month for coverage, while children in the Enhanced Plan average almost \$1,100/month. By comparison, an adult in the Basic Plan costs \$630/month, while an adult in the Enhanced Plan averages almost \$1,800/month. Most participants on the Enhanced Plan have more intense needs, both for behavioral health and medical services. Most participants on the Coordinated Plan are elderly and also have greater needs for medical services, along with services providing long term care such as assisted living facilities or nursing homes. A participant in the Coordinated Plan costs an average of \$1,850/month.

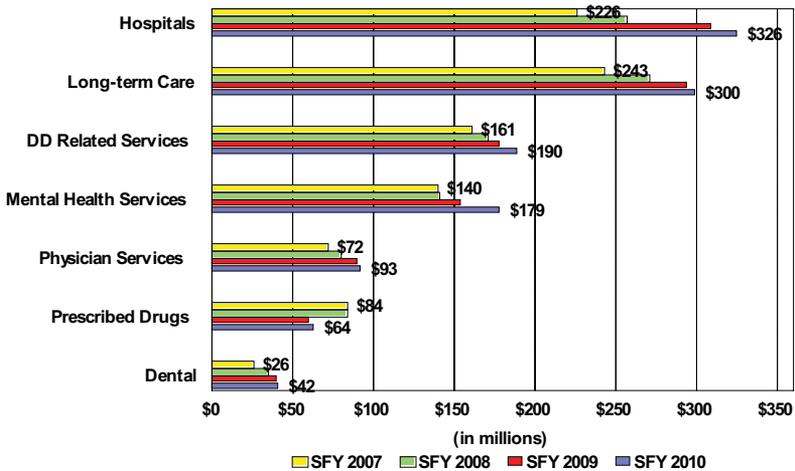


## Medicaid Expenditures for Services

Hospital expenditures were the most costly service in Medicaid, with \$326 million spent in SFY 2010, up five percent from \$310 million in hospital expenses in SFY 2009. Long-term care expenditures were the second highest cost at \$300 million, with costs increasing less than two percent for the year. Developmental disabilities expenses increased six percent to \$190 million, while mental health services increased 15 percent to \$179 million in SFY 2010.

### Top Medicaid Spending Categories

In Millions



## Medicaid Initiatives

### Medicaid Management Information System (MMIS)

#### New Pharmacy Vendor: Magellan Health Services

The new pharmacy benefits management system was implemented January 2010. Call center operations went live on January 4, followed by payment for pharmacy claims on February 4 and e-prescribing and rebates in early March. The implementation went smoothly and the vendor has been successfully processing payments for Medicaid pharmacy claims.

**New Base System Vendor: Molina Medicaid Solutions**

The new MMIS vendor paid its first claims in early June after a two-year project including: project initiation; requirements validation; system design, construction and testing; data conversion; integration and system testing; user acceptance testing; and pilot operations. Overall project costs exceeded \$50 million, with the majority of those costs covered by federal funds. Certification is the final phase of the project and is anticipated to be completed within the first nine months after implementation.

Implementing this new MMIS was especially challenging given the claims payment holdbacks during the last three weeks in June due to lack of funding. Most providers had prepared for the delays, but expected payments to flow beginning in July. While the new MMIS and state financial management systems had made solid plans to handle the increased volume of claims payments, the new MMIS experienced a number of significant challenges that resulted in denied and pended claims. Providers that primarily rely on Medicaid payments to support their business operations were the most impacted by these system issues.

For the majority of the project, Unisys had been the vendor responsible for the MMIS. In May, one month before the go-live date, Molina Medicaid Solutions purchased this Unisys line of business. Neither the project team nor its system changed with the business ownership change. Molina supported the project team leadership's decision that they were ready to go forward with the June implementation date. The performance metrics showed that in their test environment, claims were processing accurately.

However, after implementation many problems were identified. Of serious concern were provider enrollment, credentialing, and contract configuration problems. The more complex the provider organization, the more likely they would experience enrollment issues that made it difficult to get set up in the system and receive payment. Other issues surfaced regarding pricing, prior authorization, and coordination of benefit requirements.

The State, under leadership from the Governor and the Director of Health & Welfare, demanded Molina's executives to fully engage and make the necessary corrections to get the MMIS on track. Eighteen significant system and operational issues were identified and put into a Corrective Action Plan. Performance metrics were established to evaluate weekly performance. State staff, along with Molina, initiated weekly calls with provider associations in order to provide updates and respond to system issues. Molina identified resolution timeframes to the system and operational problems that reflected the urgency of Medicaid businesses.

While it is not unexpected to experience new MMIS challenges, the magnitude of the issues was more serious than had been projected. The

state sought to reduce the negative impacts by issuing payouts of more than \$100 million outside of the normal claims system process. These payments kept many providers afloat, but this also created reconciliation issues that added to provider challenges.

The division, with the support of the Director's office and the Governor, is committed to ensuring that the MMIS pays claims accurately and completely.

## **Medicaid Incentive Payments for Electronic Health Records**

The American Recovery and Reinvestment Act provides funding to support the adoption and meaningful use of certified electronic health records (EHRs) through a Medicaid EHR incentive program. Idaho Medicaid is moving forward in developing this incentive program for eligible Medicaid professionals and hospitals. The first step was to submit a Planning -Advance Planning Document (P-APD) to the Centers for Medicare and Medicaid Services (CMS). Idaho's P-APD was submitted and approved by the CMS in November 2009.

Next, the project team launched a statewide survey for all potentially eligible providers and hospitals to assess the state's current EHR/health information technology landscape. This survey was completed in July 2010 and provided an estimate of how many providers and hospitals are currently using or plan to use an EHR. We received completed surveys from over half of all hospitals in the state and from 330 provider agencies. These provider agencies represent 1,181 Medicaid providers in Idaho.

In addition to the survey, the team created a web page for the public that contains information about the incentive program as well as an 'Ask the Program' feature so individuals can send questions to the Idaho Medicaid EHR incentive program staff. That web address is [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov).

Final rules for the program were published by CMS on July 28, 2010, and CMS provided further guidance to states on August 17, 2010. The next step toward implementation is to complete a State Medicaid Health Information Technology Plan and submit it to CMS for approval. A clear strategy for developing Idaho's State Medicaid Health Information Technology Plan and Implementation Plan is now in place, with work proceeding.

## Children's Developmental Disabilities Benefit Re-design

The Children's System Redesign is a joint effort between the divisions of Medicaid and Family and Community Services. The project's goal is to design an improved array of Medicaid benefits for children who have developmental disabilities. The department gathered information from families and stakeholders about how current Medicaid benefits offered to children with developmental disabilities can be improved. Suggested improvements included:

- Having service options that include supports in addition to therapy;
- Improving the coordination of services and collaboration between various service providers; and
- Increasing opportunities for family involvement.

The department gathered input from hundreds of stakeholders across the state. This work included redesign project committees and work group meetings, online surveys, open houses, and formal negotiated rulemaking. The project team has created a web page for the public that contains information about the Children's System Redesign, [www.RedesignForChildren.Medicaid.Idaho.gov](http://www.RedesignForChildren.Medicaid.Idaho.gov)

Proposed rules for the redesigned services were published in September 2010. The next step toward implementation is to incorporate feedback from the public hearings and comments on rules that will be presented to the Legislature in January 2011. Ongoing work on operational processes and policies continues in order to begin a phased implementation of new benefits in July 2011.

## Transportation Brokerage

In accordance with the Deficit Reduction Act (DRA) of 2006, which was initiated by the HCR 51 and HB 776 passed in the 2006 legislative session, DHW sent a Request for Proposal for a non-emergent medical transportation (NEMT) broker. The goal was to establish a Medicaid NEMT brokerage system to increase the quality, efficiency, and safety of Medicaid participant transportation. The contract was awarded to American Medical Response, with services beginning September 2010.

The brokerage program is a method to provide coordinated transportation that matches riders with appropriate transportation providers through a central trip request. American Medical Response provides the call center for intake and processing of transportation requests, verifications of eligibility, and determination of the most appropriate and cost-effective transportation mode to meet Medicaid participants' needs. American Medical Response provides vehicle

dispatch, record-keeping, vehicle maintenance, driver training, subcontracting, and payment to transportation providers. The brokerage model will increase efficiency through coordination, improve access to medical care, and hold providers to higher standards of training and safety requirements.

American Medical Response is responsible for all non-emergent medical travel, which includes out-of-state trips. This contract does not affect ambulance transportation or non-medical transportation.

## **Dental Outsourcing Continues**

In 2007, Idaho Medicaid contracted with Blue Cross of Idaho to provide a dental insurance plan (Idaho Smiles) for children and adults who are eligible for Medicaid's Basic Plan. In 2010, Medicaid released another Request for Proposal (RFP) for a new dental plan to cover both Basic and Enhanced Plan participants (children and adults who have special needs or disabilities).

Blue Cross of Idaho was the winning proposer in 2010; they subcontracted again with DentaQuest (formerly Doral Dental) for claims administration and provider enrollment. The new Idaho Smiles program began November 2010.

The goals of Idaho Smiles are to improve the dental health of participants by providing basic dental care, improving access to providers throughout the state, and remaining cost-effective. The Idaho Smiles program increased access for its members to an unexpected high of 61 percent, comparable to private dental insurance access rates. This is the highest access rate of any other dental plan administered by DentaQuest. Medicaid participants do not pay any out-of-pocket expense for Idaho Smiles dental insurance. There are approximately 195,000 Medicaid eligible participants on the Basic and Enhanced Plans. The benefits in the new plan will remain very similar to the current Idaho Smiles program.

## **Children's Healthcare Improvement Collaboration**

Idaho and Utah successfully collaborated to obtain funding from the Centers for Medicare and Medicaid Services (CMS) through a Quality Demonstration grant. The grant covers five years of activities. The vision expresses the intent to:

- 1) Promote the use of health information technology in children's healthcare delivery;
- 2) Evaluate provider-based models to improve the delivery of children's health care; and
- 3) Develop state and regional models for a national quality system.

The Governance Committee includes the Chief Medical Officer of Primary Children's Medical Center, the Executive Director of Utah Department of Health, the Director of Utah Medicaid and Health Finance, the Idaho Medicaid Administrator, the Chief Information Officer from Intermountain Healthcare, and the President and Chief Executive Officer of HealthInsight.

Key stakeholders in Idaho include the Idaho Health Quality Planning Commission, Division of Family and Community Services for Health and Welfare, Idaho Parents Unlimited, the Governor's Early Childhood Coordinating Council, the Idaho Health Data Exchange, the Idaho Chapter of the American Academy of Pediatrics, Idaho's Children's Special Health Program, and Idaho Primary Care Association.

## Snapshot of Health Reform for Medicaid Program

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act, more commonly known as federal health reform. The new law affects many areas of Medicaid and will:

- Change how drug rebates are calculated with a projected impact of decreasing Idaho's supplemental rebates, negatively impacting Medicaid's budget (effective 2010);
- Prohibit federal payments to states for Medicaid services related to healthcare acquired conditions (effective 2010);
- Extend Money Follows the Person rebalancing demonstration projects (effective 2010);
- Increase Medicaid payments for primary care services provided by primary care doctors (effective 2011);
- Reduce states' Medicaid Disproportionate Share Hospital (DSH) allotments (effective 2013);
- Expand Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 133 percent of the federal poverty guidelines (effective 2014);
- Require temporary maintenance-of-effort on existing Medicaid coverage (effective 2014);
- Extend Medicaid coverage for former foster care children up to age 26 (effective 2014);
- Increase federal match for the Children's Health Insurance Program (CHIP) (effective 2015).

## **Licensing and Certification – Federal Programs**

Medicaid, through the Facility Standards Bureau, contracts with the Centers for Medicare and Medicaid Services (CMS) to provide survey and certification services for certain federal and state programs. Skilled nursing facilities, Intermediate Care Facilities for Mental Retardation (ICFMR), hospitals, home health care agencies, end stage renal dialysis centers, ambulatory surgical centers, and hospice providers are among the provider types surveyed by Facility Standards. The bureau also is the single focal point for fire, life safety, and health care construction standards in the state.

## **Licensing and Certification – State Programs**

### **Residential Assisted Living Facilities (RALF)**

The mission of the RALF program is to ensure residents of Idaho RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected. There are 340 RALFs in Idaho, with 8,708 licensed beds. Facilities range in size from six to 148 beds. Individuals residing in RALFs are both private pay (61 percent) and Medicaid funded (39 percent). Their primary reasons for living in a RALF include:

- Elderly (56 percent);
- Alzheimer's/dementia (26 percent);
- Mental illness (10 percent); and
- Developmental disabilities/other (eight percent).

Eight statewide survey staff conduct licensure surveys, provide technical assistance, and investigate complaints. During SFY 2010, the survey team completed 23 initial surveys, 99 licensure (standard) surveys, 32 follow-up surveys, and 159 complaint investigations. The number of RALF licensed beds increased 8.6 percent during the past year.

### **Mental Health Credentialing Program**

The mission of the mental health credentialing program is to ensure that Medicaid participants experiencing mental health issues receive quality mental health services and therapies reflecting national standards and industry best practices. In the past year, the department increased the number of credentialed providers by 98 entities. In July 2010, the department had 159 mental health clinics credentialed and 166 psychosocial rehabilitation (PSR) providers credentialed. Future plans include partnering with mental health providers to promote more national accreditation among the provider community.

**Developmental Disability/Residential Habilitation Agency Certification**

The mission of the DDA/ResHab survey and certification team is to ensure developmental therapies are provided in accordance with state law and state rules, reflecting national best practices. There are currently 76 developmental disability agencies in the state with 81 separate operating locations providing services to over 5,400 participants.

Each agency and operating site must be surveyed every three years. This team also has survey/certification oversight responsibilities for residential habilitation agencies. Residential habilitation services are designed to promote individual choice and independence while enhancing quality of life, community involvement, and self sufficiency. There are presently 67 ResHab agencies operating from 93 locations. Future plans are to partner with agencies to promote more national accreditation among the provider community.

**Certified Family Homes**

The Certified Family Home Program supports the department's mission to promote and protect the health and safety of Idahoans by ensuring a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. There are over 2,000 certified family homes in Idaho providing a safe, stable residence for over 3,200 participants. Over the past year, the department has experienced a 7.3 percent growth in the number of Certified Family Homes.

**Financial Operations**

During SFY 2010, the Bureau of Financial Operations recovered over \$7.2 million through the Estate Recovery Program. The Health Insurance Premium Program saved the Medicaid Program an estimated \$2.6 million by helping 372 individuals acquire or retain health insurance that paid primary to Medicaid. The Medicare Savings Program saved an estimated \$112.8 million by ensuring that Medicare was the primary payer for the 28,000 Medicaid participants who have Medicare. The Third Party Liability contract recovered approximately \$10.9 million from primary insurance, casualty and liability claims, and provider overpayments.

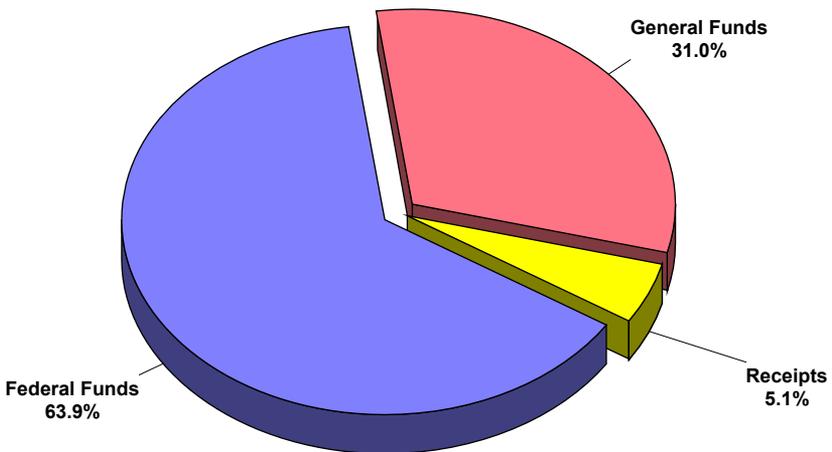
## Division of Family and Community Services

**Rob Luce, Administrator, 334-5680**

The Division of Family and Community Services directs many of the department's social service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers. Family and Community Services also provides navigation services, which connects individuals and families in crisis situations with services to stabilize their lives. Family and Community Services' programs work together to provide services that focus on the entire family, building on family strengths, while supporting and empowering families.

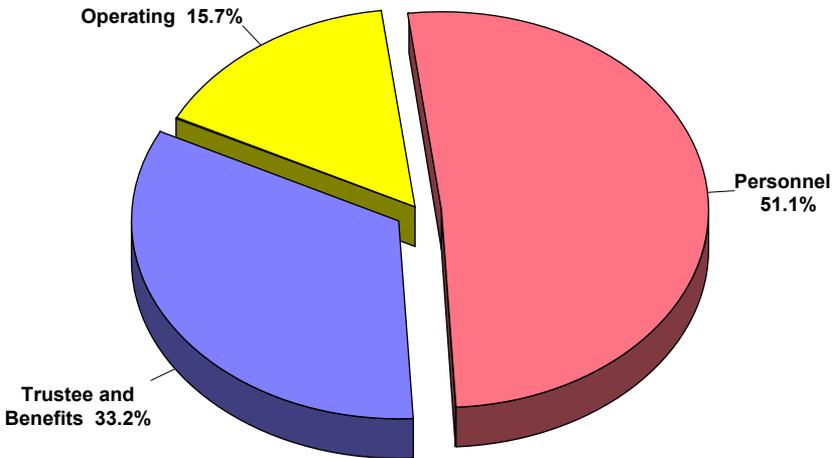
Idaho State School and Hospital in Nampa also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

### FACS SFY 2011 Funding Sources



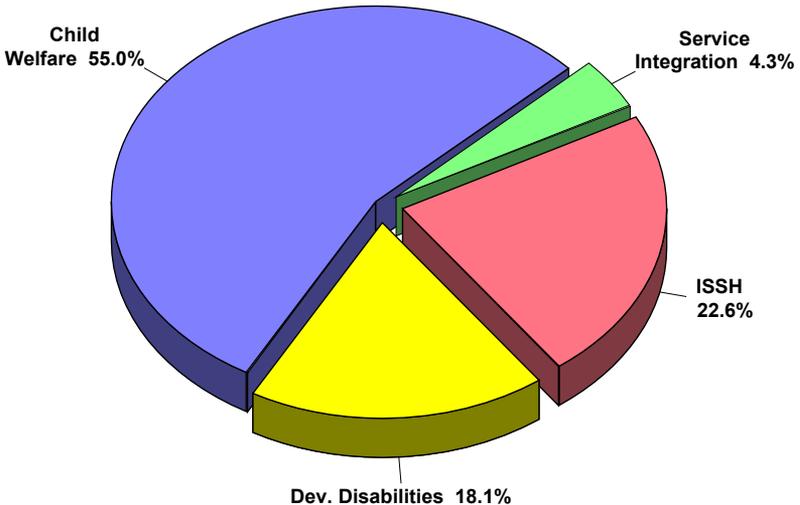
*Authorized FTP: 969.6; Original Appropriation for 2011: General Funds \$30.7 million, Total Funds \$99 million; 5% of Health and Welfare funding.*

### FACS SFY 2011 Expenditure Categories



*Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24-7 staffing levels required at Idaho State School and Hospital.*

### FACS Spending by Program



*Note: Child Welfare includes Child Protection, Foster Care, and Adoption. Almost half of Child Welfare expenses are for Foster Care/Adoptive assistance payments to families and providers.*

## SFY 2010 FACS Division Highlights

- The Child Welfare program responded to the 2009 federal Child and Family Service Review with significant improvements for Idaho families. They include a reduction in the number of moves foster children experience; increased in-home services to prevent placement of children in foster care; increased utilization of relatives for child placement; and more frequent and consistent visits with parents and children in the child welfare system. In response to the review, Idaho continues to follow a federally approved Program Improvement Plan that includes federal oversight and technical assistance. It is critical to improve the child welfare system not only for children in Idaho, but also to avoid financial penalties that may be assessed if expected improvements are not demonstrated.
- Fiscal year 2010 was a busy year for the Service Integration program. Navigation Services experienced a 44 percent overall increase in referrals and a 75 percent increase in Emergency Assistance cases. A portion of these services were provided to 202 kinship care families across the state. Kinship care families are grandparents, aunts, uncles or other relatives who care for relative children without foster care payments. Through the generous support of Casey Family Programs, Navigators distributed over \$60,000 in direct cash assistance to these families to help with education, medical and other incidental expenses. This partnership helps children stay with their extended families and out of foster care.
- In April of 2010 Idaho passed its federal Title IV-E Foster Care Review. The purpose of this extensive federal audit is to determine the extent that Idaho conforms to the requirements of federal foster care funding. The team of federal reviewers specifically pointed out Idaho's strong and improved relationships with Idaho's court system. This is the fourth consecutive review (12 years running) Idaho has been found to be in substantial compliance with the federal foster care program requirements.
- A reorganization of the Developmental Disabilities Program has been one of the major efforts of the division this year. The program has moved from a seven-region organization to a centralized program of three state hubs with a renewed focus on assuring safe community placements, crisis capacity, and quality of services. The centralization of the program also assures consistent implementation of policy and the program's ability to implement upcoming service changes with the redesign of children's Developmental Disabilities Services.

- The Developmental Disabilities Program collaborated this past year with the Division of Medicaid, service providers and stakeholders to redesign children's services paid through the Division of Medicaid. The redesign focuses on an improved array of services and supports developed to meet the individualized needs of the participants and their families. Rules pertaining to the redesign will be addressed at the 2011 legislative session.
- The census at the Idaho State School and Hospital (ISSH) continues to decrease. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care. The census at ISSH was 93 on July 1, 2007 and was reduced to 63 as of July 1, 2010. The institution will continue to monitor admissions and discharges very carefully as community services and supports develop.
- The Infant Toddler Program is implementing evidence based practices such as coaching, teaming and natural learning to help parents teach and coach their children with developmental disabilities and delays. American Recovery and Reinvestment Act (ARRA) funds were used to bring state-of-the-art trainers and practices to Idaho. Families, therapists and educators are embracing these proven approaches in every region of the state.
- ARRA funds also were instrumental in creating ITP-Web, a much needed web-based data system for the Infant Toddler Program. ITP-Web's secure access to children's records will improve developmental outcomes as well as save time and money. In the upcoming year, ARRA funds will enhance this system by building an interface for an integrated billing system.
- The division has made significant strides in improving the licensing of day care centers in the state in SFY 2010. Legislation passed in 2009 improved safety measures related to water features, gun storage, and criminal background check processes. The law also established child-staff ratios and group size limits for the care of children of various ages. With these changes, the division has consolidated all licensing functions into one organizational unit to standardize the department's response to complaints as well to assure consistency in the licensing process. Centralized oversight will assure better safety for young children in child care. The division is positioned to provide uniform information about child safety, complaint resolution, accessibility and affordability of child care. The current efforts were coordinated with the standards in the Idaho Child Care Program, which is the state's subsidized child care program for low-income, working parents under the Division of Welfare.

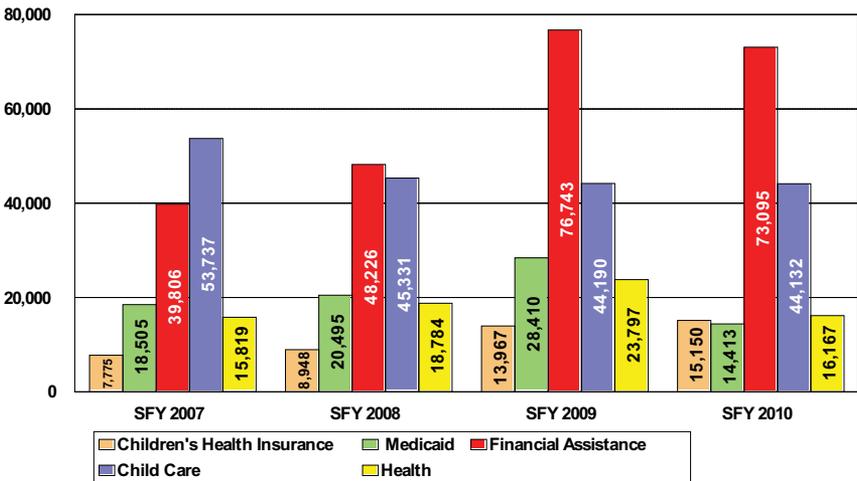
## 2-1-1 Idaho CareLine

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human resources. 2-1-1 was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for callers to obtain health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho to connect those in need with local community resources.

The 2-1-1 Idaho CareLine experienced a 3.8% decrease in the number of calls during SFY 2010, dropping from a record high 213,730 calls in SFY2009, to 205,447 in SFY2010. This decrease in call volumes is the result of state worker furloughs instituted in SFY 2010 to help offset State budget shortfalls. Had furloughs not been instituted, it is estimated that CareLine calls would have increased by 5% in SFY 2010.

2-1-1 agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST. Resources are available 24/7 on-line at: [www.211.idaho.gov](http://www.211.idaho.gov) or [www.idahocareline.org](http://www.idahocareline.org). Emergency and crisis referral services are available through an after-hours, on-call service. The 2-1-1 Idaho CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

### Number of Calls Received by Idaho CareLine



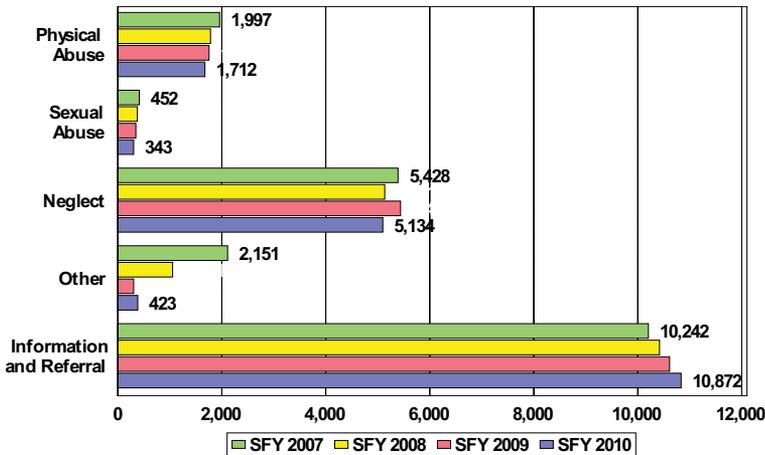
## Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses homes and facilities that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding source, and manages the Interstate Compact on the Placement of Children.

### Child Protection

Children and Family Services screens or assesses each report or referral it receives about possible child abuse or neglect to determine if there are safety issues for a child. Social workers and families strive to develop a plan to enable children to remain safely in their home. If safety cannot be assured with a safety plan, children are removed from their home by law enforcement or court order. When children are removed, Children and Family Services works with families to reduce the threats of safety so the children can return home.

### Child Protection and Prevention Referrals



*Note: In SFY 2010, there were 7,612 child protection referrals from concerned citizens, down from 7,998 in SFY 2009. There were an additional 10,872 calls from people seeking information about child protection. Frequently, these 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

Foster care is a critical component of the state's Child Welfare Program. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or are experiencing other serious problems within their families. Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as foster parents. Relatives can be important supports to the child, the child's parents, and the foster family.

Children and Family Services structures out-of-home placements to:

- Minimize harm to the child and their family;
- Assure the child will be safe;
- Provide services to the family and the child to reduce long-term, negative effects of the separation; and
- Allow for continued connection between the child, their family, and the community.

Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family home. Licensing processes and requirements are designed to assess the suitability of families to safely care for children.

Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When birth families are unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

Treatment foster care is available to children who have complex needs that go beyond what general foster parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with special needs. Working in collaboration with a treatment team, treatment foster parents provide interventions specific to each child in order to develop skills and prepare them to be successful in a less restrictive setting.

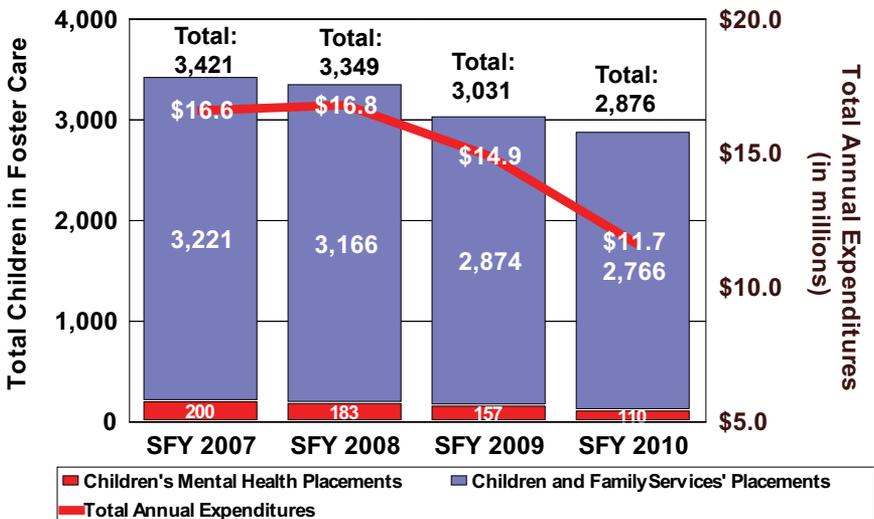
The need to recruit and retain resource families is critical. A total of 2,876 children were placed in foster care during SFY 2010. There continues to be a need for resource homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. Additionally, more resource parents of Hispanic and Native American ethnicity also are needed.

In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in every region. Idaho has implemented a Recruiter Peer Mentor Program which uses seasoned foster parents to recruit and mentor interested families.

Regional recruitment efforts through the Peer Mentor Program also focus on developing and publicizing the need for foster parents through multicultural events, fairs, and with community organizations.

Children and Family Services, in partnership with local universities, utilizes the PRIDE program throughout Idaho to train and evaluate potential foster or adoptive families in parenting skills and techniques to care for children who have been abused or neglected. PRIDE classes show interested families what they can expect as foster parents. These classes are offered on a regular basis in each region. PRIDE has been shown to help families meet the needs of foster and adoptive children.

### Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30 of each year, a count of children in foster and residential care is taken. On June 30, 2010 there were 1,476 children in state care, of which 20 were from the Children's Mental Health Program. On June 30, 2009 there were 1,575 children in care.

### Independent Living

Idaho's Independent Living Program assists foster youth in the transition to adult responsibilities. Independent Living funding accesses supports and services for employment, education, housing, daily living skills and personal needs.

In SFY 2010, 726 youth between the ages of 15 to 21 were served by the Independent Living Program. This number includes 198 youth who reached the legal age of adulthood (18 years) while in foster care.

To help foster youth transition to adulthood and provide educational opportunities, the Education and Training Voucher Program provides up to \$5,000 per year. The voucher is available to youth who have been in foster care after the age of 15 and have received a high school diploma or GED. During the past year, Idaho's Independent Living Program worked closely with the Idaho State Board of Education to assist youth to access free federal aid for post-secondary education. During SFY 2010, 73 youth participated in the program at colleges, universities, technical schools and other institutions of higher education. Compared to the 47 youth who participated in SFY 2009, this represents a 57% increase from the previous year.

Older youth often experience barriers to success after leaving foster care. Currently, in partnership with the federal Administration for Children and Families, Idaho will collect service and outcome information for youth for several years after they leave foster care. This data will assist in determining what services result in the most positive outcomes for youth.

### **Adoption**

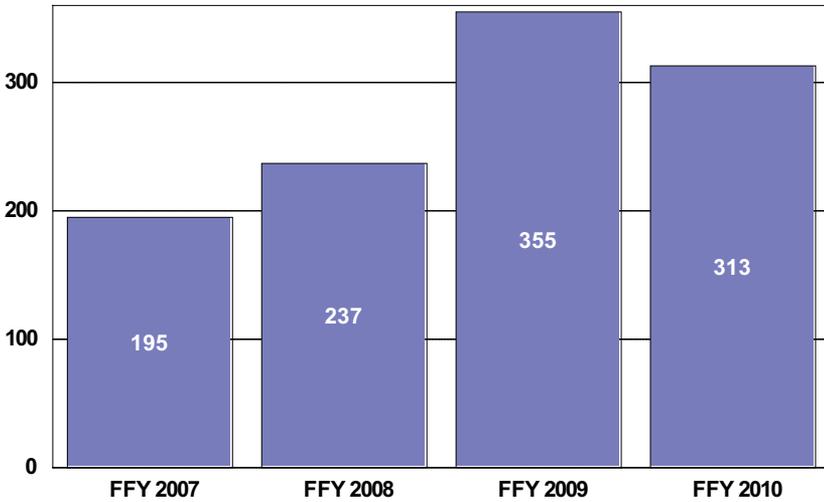
Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together, or are children who have physical, mental, emotional, or medical disabilities. Some children may be older but still need a permanent home through adoption.

The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. To help meet this goal, the department has revised the process by which families are approved for adoption, making it easier for current foster families to adopt. A new process for the selection of adoptive placements for children in foster care also is being developed.

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

The number of children adopted in FFY 2010 was 313, down from the record of 355 adoptions in FFY 2009. At the State and local levels, the department and judicial systems worked closely to improve monitoring and system processes to reduce delays and help children join safe, caring and stable families.

## Adoptions Finalized



## Monthly Adoption Assistance SFY 2010

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,541	\$314
State	<u>257</u>	\$291
<b>Total</b>	<b>1,798</b>	

## Developmental Disabilities Services

The Developmental Disabilities 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 has service choices available for consumers and their families, allowing them to strive for self-direction and fully participate in their communities.

### Children's Benefit Redesign

Children's Benefit Redesign began during SFY 2008, with the Medicaid and FACS divisions convening workgroups with families, advocacy groups, providers and other stakeholders to develop a new system of services for children with developmental disabilities. Suggested improvements to the current system include support as a service option, increased coordination of services, increased opportunities for family involvement including family directed services, and a higher quality therapy service. In

response to the workgroups' feedback, the department and stakeholders are redesigning benefits for children with developmental disabilities. A new model of services has been created, with rules being presented at the 2011 legislative session. If approved, the new system of services is scheduled to begin in July 2011.

### **Idaho Infant Toddler Program**

The Idaho Infant Toddler Program coordinates early intervention services for families and children with developmental delays or disabilities from birth to three years of age. The Department of Health and Welfare serves as the lead agency and partners with public agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The four most frequently provided services are:

- Developmental Therapy (special instruction);
- Speech/Language Therapy;
- Occupational Therapy; and
- Physical Therapy.

Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services during the family's normal routines and 99 percent of services are delivered in the child's home or other setting for typically developing children. In two regions of the State, four teams piloted a model of evidence-based practices including teaming, natural environment learning practices and coaching families. Early results are very favorable in positively engaging families in promoting their children's learning.

Eight percent of children served by the Infant Toddler Program have been involved in substantiated cases of neglect or abuse and were referred for assessment under provisions of the Child Abuse Protection and Treatment Act.

The federal oversight of Infant Toddler Program requires an ongoing review of services and a rating based on how these services are provided. Facing continuing service demands with reductions in force and the need to manage budget through personnel vacancies, the division's performance in the Infant Toddler Program slipped from a rating of "Meets Requirements" to a status of "Needs Assistance." Individual programs failed to demonstrate full correction of non-compliance related to the rigorous federal timeline standards for Individualized Family Service Plans and timely service delivery. The program is developing regional plans to improve performance.

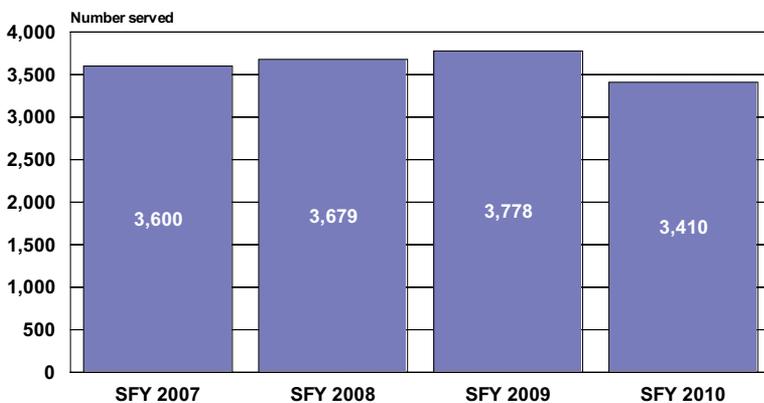
During the legislative session rules were developed that require the Infant Toddler Program to charge families for services. The mechanisms for charging fees are being developed and will be implemented utilizing a

sliding fee schedule to assure fairness in the fee process. Families receiving Medicaid or with incomes of less than 200% of poverty are exempted from these charges.

The Infant Toddler Program used American Recovery and Reinvestment Act funds to develop a new web-based data system: ITP-Web. ITP-Web allows HIPAA-compliant, ready access to client records by all staff and contractors and provides a state-of-the-art data system. The new data system replaces a time consuming antiquated system that had become a barrier to efficient service delivery and program assessment.

During SFY 2010, a total of 3,410 infants and toddlers with developmental delays or disabilities and their families were served by the Infant Toddler Program, down from 3,778 children served in SFY 2009. The decline was due to staff furloughs and budget reductions to Child Find activities.

### Children Served in the Infant Toddler Program



### Family Support

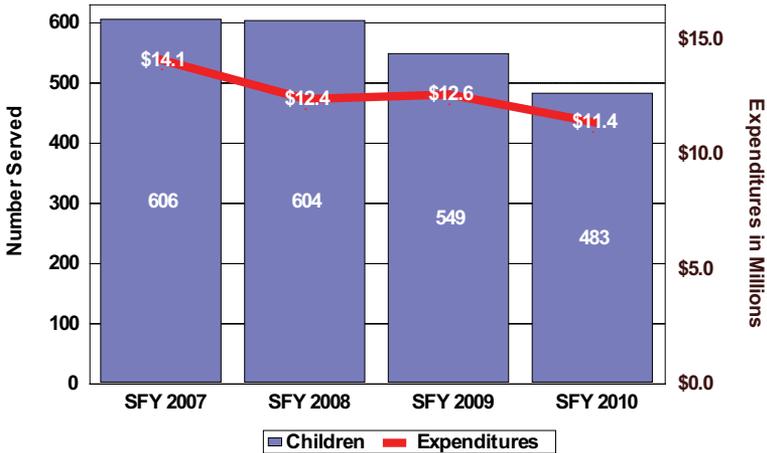
Family Support services were not available over the past year due to budget reductions. The division continues to explore options for funding in the future.

### Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disability agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by department-certified IBI professionals and paraprofessionals. All IBI services are reviewed and

prior-authorized by Developmental Disabilities Program clinicians every six months. In SFY 2010, 483 children were served, with annual costs totaling \$11.4 million, an 11 percent funding decrease from the previous year.

### Intensive Behavioral Intervention



### Court-Related Services

The department conducts court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that 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 orders from Idaho's district courts, the Developmental Disabilities Program provided evaluations for 152 guardianships during SFY 2010.

### Navigation Services

Navigation is a short-term (120 days or less), solution-focused service intended to help people who are experiencing temporary instability find services and resources to stabilize their situations and keep families together. The primary purpose of this service is to aid participants in achieving health, stability and safety. It is a voluntary program intended to augment existing department programs and services, along with community partnerships. Over the last year, Navigation Services assisted a total of 7,618 families, with 2,817 seeking Emergency Assistance.

Navigation Services distributed nearly \$1.5 million in Emergency Assistance

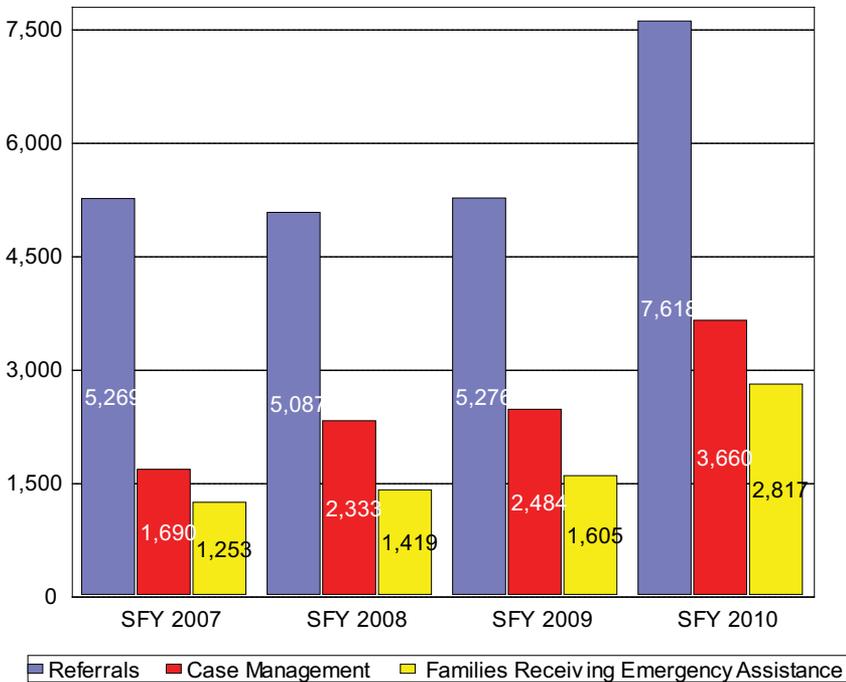
while leveraging community funds on behalf of families and individuals. In fiscal year 2010 for every Emergency Assistance dollar spent, 36 cents was secured from community partners. Navigation Services leveraged a total of \$518,000 in community funds.

A new partnership formed with the Idaho Department of Correction focused on assisting individuals who are transitioning from prison to the community. Navigators are currently working in secure facilities in several locations across the state.

Navigation Services also were provided to 202 kinship care families across the state. Through the generous support of Casey Family Programs, Navigators distributed over \$60,000 in direct cash assistance to these families to help with education, medical and other incidental expenses. This partnership helps children stay with their families and out of foster care when their parents are not able to support their needs.

Five VISTA service members have been recruited to work in the second year of a project that focuses specifically on kinship care issues. The participating VISTA service members are located in Grangeville, Nampa, Boise, and Pocatello.

### Navigation Services Referrals, Cases and Families



## **Idaho State School and Hospital**

***Susan Broetje, Administrator, 442-2812***

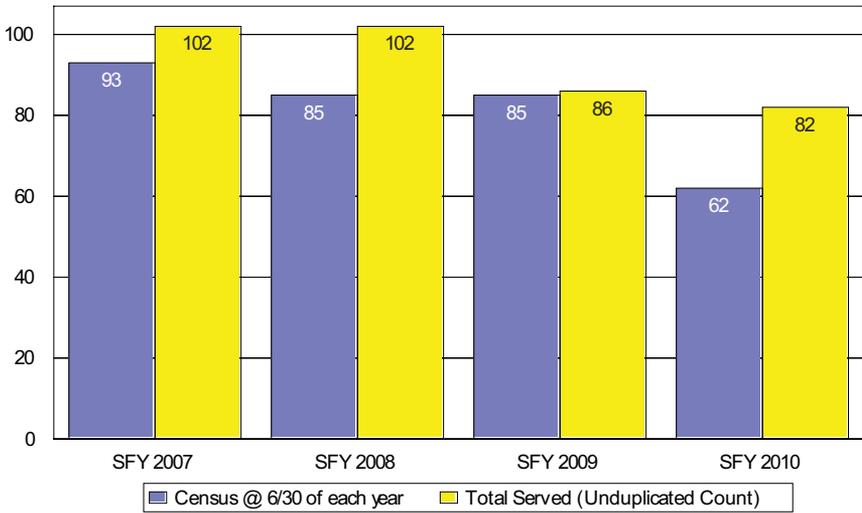
As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for people with developmental disabilities. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training methods to teach clients the skills they need for independent living including improved social skills and learning to control their behaviors. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care. The census at ISSH was 93 residents on July 1, 2007 and was reduced to 62 as of July 1, 2010. During that time period there were 59 discharges and 28 admissions.

ISSH is a safety net that provides services to individuals with developmental disabilities who have exhausted all other resources, or who are not successful in other settings. People are referred to ISSH when private providers no longer can provide services to them.

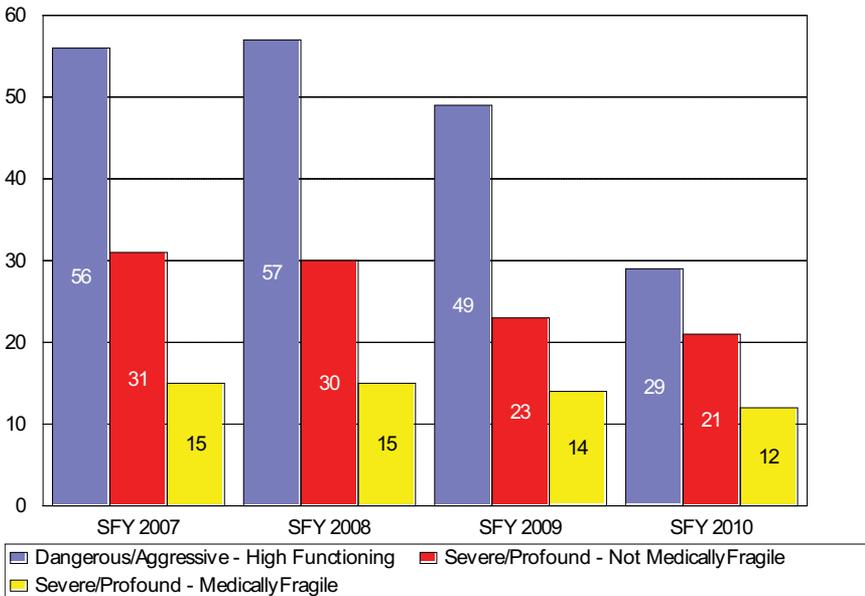
In the 2009 Legislative session, the Joint Finance and Appropriation Committee developed legislative intent language that directed the department to determine what resources would be needed to transition ISSH clients into the community. Focus groups were held to provide input on barriers and opportunities for successful transitions. A review team, which included members of the Legislature, families and advocates developed a report for the 2010 legislature based on the information provided by these groups.

This report outlines the necessary steps to transition current residents safely into community treatment, while maintaining and building capacity at key locations in the state to handle crisis response and stabilization services. The plan recommends reducing ISSH campus beds and developing on site response units in Boise, Blackfoot and Coeur d'Alene for short-term stabilization, which is intended to prevent long-term admissions.

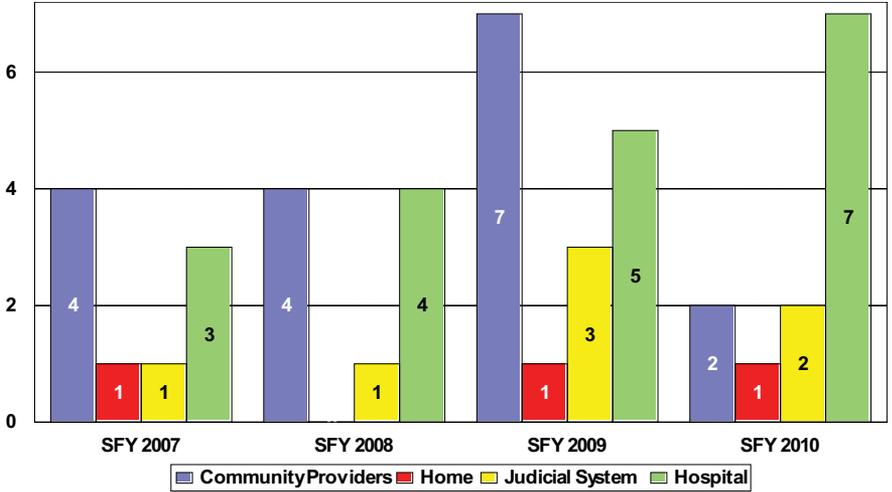
### Historical Look at Census and Clients Served



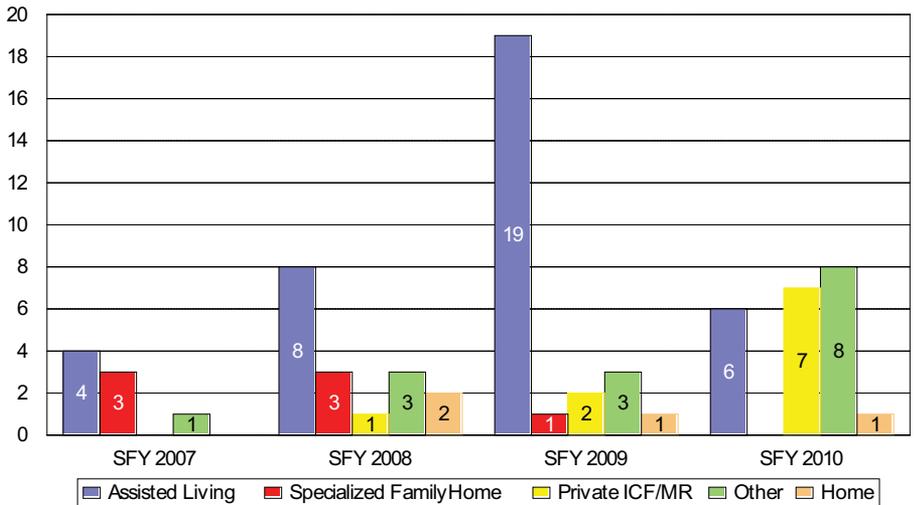
### Demographics of Clients Served



### Types of Admissions



### Discharge Placements



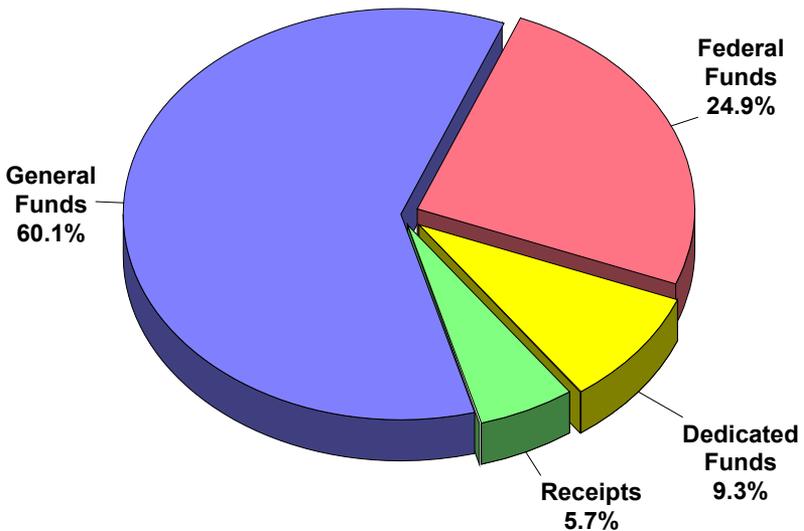
## Division of Behavioral Health

**Kathleen Allyn, Administrator, Phone 334-6997**

The Division of Behavioral Health helps children, adults, and families address and manage personal challenges resulting from mental illnesses and/or substance use disorders. The division recognizes that many people suffer from both a mental illness and substance use addiction, and is integrating services for these co-occurring disorders to improve outcomes. Services accessed through the division are consumer driven and prevention oriented.

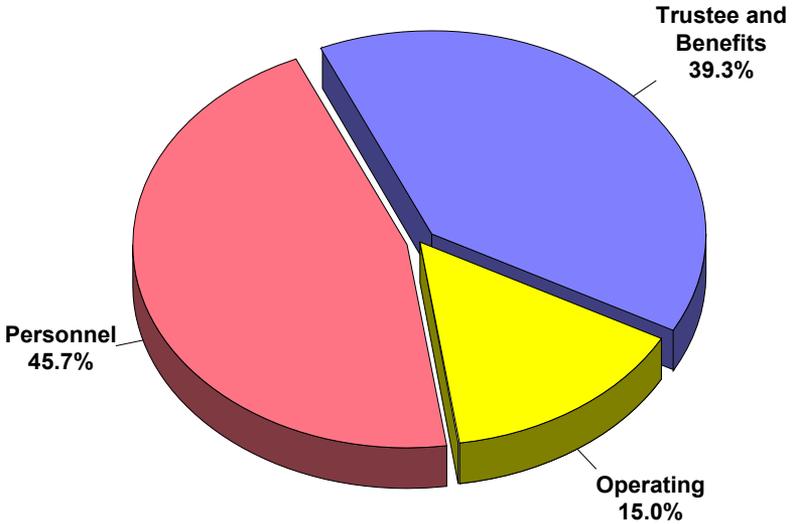
The division is comprised of the Children and Adult Mental Health Programs, and Substance Use Disorders. The division also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

**Behavioral Health SFY 2011 Funding Sources**

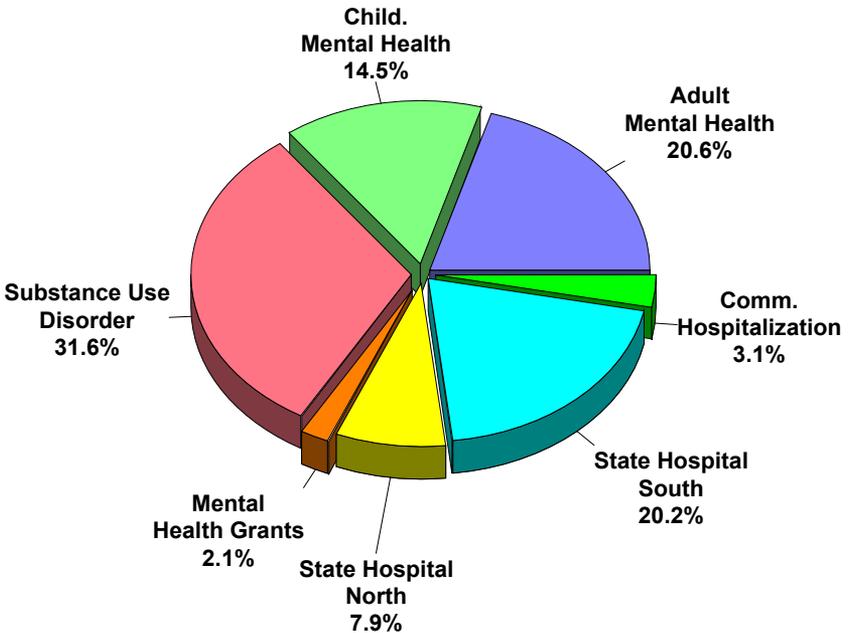


*Authorized FTP: 714; Original Appropriation for SFY 2011: General Funds \$54.7 million, Total Funds \$91.1 million; 4.6% of Health and Welfare funding.*

### Behavioral Health SFY 2011 Expenditure Categories



### Behavioral Health Funding by Program



## SFY 2010: Division of Behavioral Health Program Highlights

- Assertive Community Treatment (ACT) teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. They are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. During SFY 2010, 561 clients received ACT team services from the division's regionally-based ACT teams, the majority of whom are engaged in the Mental Health Court system.
- The Substance Use Disorders program, through private treatment providers, served 9,931 clients, 33 percent fewer than the 14,905 clients served in 2009. The fewer number of people treated is directly related to reduced funding in SFY 2010. The people receiving treatment included:
  - 6,710 adults involved in the criminal justice system – misdemeanants and felons;
  - 2,547 adults not involved with the criminal justice system;
  - 1,099 adolescents involved in the criminal justice system; and
  - 218 adolescents not involved with the criminal justice system.

*Note: These numbers do not add up to 9,931. Some people received treatment in more than one category. As an example, an adolescent could turn 18-years-old during the year and receive treatment in both adolescent and adult categories.*

- The percentage of participants completing substance use disorder treatment was an impressive 43 percent in SFY 2010. On a uniform intensity treatment basis (measuring the length of stay in treatment rather than the length of time over which treatment occurs), the average length of stay for persons completing treatment was 105 days, down from 154 days in SFY 2009.
- A new data management system was implemented. The WITS (Web Infrastructure for Treatment Services) is a web-based application designed to capture client treatment data and provide mandatory government reporting requirements for the planning, administration, and monitoring of Substance Use Disorder /Mental Health programs.

Although originally designed as a Substance Use Disorder data collection and management system, WITS has evolved as an advanced Electronic Health Record System (EHR). As an EHR system, WITS is capable of handling multiple simultaneous users and thousands of patient records. WITS can assist in creating and managing clients, staff, facilities, and agencies collecting treatment data.

## Children's Mental Health Services

The Children's Mental Health Program is a partner in the development of a community-based System of Care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their communities.

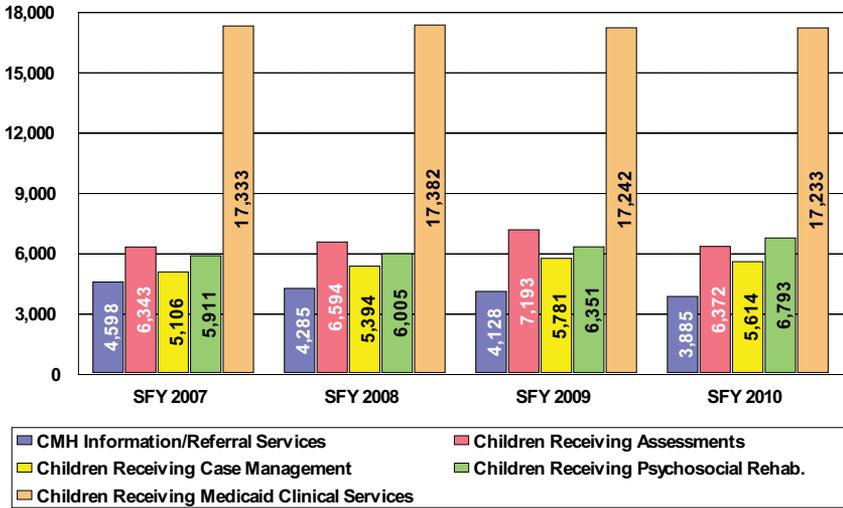
Parents and family members play an essential role in developing the System of Care. They are involved in all levels of development, from their own service plans to policies and laws. Without parent involvement and the support to sustain their involvement, the System of Care would not be able to achieve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

The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) program in all seven regions. PLL is a research-based program that has been shown to be effective in treating youth with disruptive behaviors. The annual evaluation demonstrates positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time the youth and family receive services from the Children's Mental Health program. Slightly more than half the cases opened for PLL services were closed within three months compared to an average length of service of 12 months for non-PLL cases.

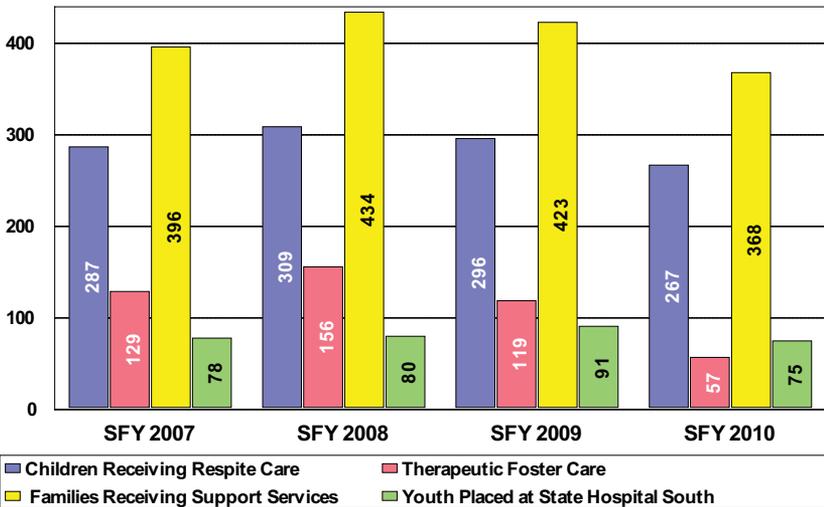
PLL youth showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. The negative behaviors that declined included: aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. The rate of graduation from PLL this past year was 75% which continues to exceed the 70% goal set by the department.

The department continues to work with county juvenile justice, magistrate courts, Department of Juvenile Corrections and parents in situations involving youth with mental health issues and the courts. Idaho Code Section 20-511A of the Juvenile Corrections Act allows the court to order mental health assessments and plans of treatment if the youth under court jurisdiction is believed to have a serious emotional disturbance. Data tracked over the last three fiscal years show an increase from 66 youth served in SFY 2008, 135 in SFY 2009, and 173 youth in SFY 2010.

### Children Receiving Mental Health Services



### Children and Families Receiving Support Services



## **Suicide Prevention Services**

The Department of Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, the Idaho Commission on Aging, NAMI Idaho, the Idaho Legislature, and Idaho State University to develop Idaho's first Suicide Prevention Plan in 2003. Idaho's plan outlined goals, objectives, and strategies to reduce the rate of suicide in Idaho. (For more information on the Idaho Suicide Prevention Plan, visit the department's website at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov).)

During the past year, department representatives from the Division of Behavioral Health and the Division of Public Health continued to serve as members of the Idaho Council on Suicide Prevention. In addition, the department maintained a contract with Benchmark Research & Safety, Inc. to gather Idaho-specific data about the prevalence, circumstances and impact of suicide. Idaho data is available for at-risk populations that include teen males, Native American males, working age males and elderly males. All project data and reports are accessible through a website dedicated to suicide research and data in Idaho, [www.IdahoSuicide.info](http://www.IdahoSuicide.info).

Even though Idaho consistently has one of the highest suicide rates in the nation, Idaho is the only state that does not have a suicide hotline. In 2010, Idaho State University Institute of Rural Health completed an analysis of options related to the establishment and operation of a suicide hotline. The analysis was sponsored, in part, through a Community Collaboration Grant administered by the Department of Health and Welfare.

## **Suicide Rates**

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2005 to 2009, 1,221 Idahoans died from suicide. In 2007, the latest year for comparable state data, Idaho had the 11th highest suicide rate, 28% higher than the national average. Among Idaho's 10 to 44-year olds, suicide was the 2nd leading cause of death in 2009, with 307 people completing suicide in Idaho. This is a 22% increase over 2008, and a 40% increase over 2007. From a 2009 survey of high school students, 14.2% reported seriously considering suicide and 6.9% reported making at least one suicide attempt. Between 2005 and 2009, 74 Idaho adolescents under the age of 18 years died by suicide.

**Completed Suicide Rate by Age\***

	<b>10-14</b>	<b>15-19</b>	<b>20-64</b>	<b>65+</b>	<b>Total</b>
<b>CY 2006</b>	3.7	11.7	19.5	19.5	14.9
<b>CY 2007</b>	0.9	18.9	21.3	19.2	14.7
CY 2008	3.7	15.3	20.1	28.5	16.5
CY 2009	3.6	8.7	28.3	21.9	19.9

\*Rate per 100,000 population.

**Completed Suicides by Age**

	<b>10-14</b>	<b>15-19</b>	<b>20-64</b>	<b>65+</b>	<b>Total</b>
<b>CY 2006</b>	4	13	168	33	218
<b>CY 2007</b>	1	21	168	30	220
CY 2008	4	17	178	52	251
CY 2009	4	10	252	41	307

## Adult Mental Health Services

Adult mental health services are provided through seven regional Community Mental Health Centers, which includes 18 field offices across the state. The Regional Mental Health Centers (RMHC) work closely with the two state psychiatric hospitals, State Hospital South in Blackfoot and State Hospital North in Orofino. Additionally, RMHCs work with corrections and the courts to address the needs of clients referred through mental health courts.

Each region has a Regional Mental Health Board. Membership, as stipulated by Idaho Code Section 39-3130, consists of county commissioners; law enforcement; consumer representatives; advocates or family members; DHW employees representing the mental health system within the region; a physician or other licensed professional of the healing arts; a mental health service provider; a representative of a hospital within the region; parents of children with a serious emotional disturbance; and a member of the regional substance abuse advisory committee. A representative from each of the seven Regional Mental Health Boards is appointed to the State Planning Council on Mental Health. The Regional Mental Health Boards advise the Division of Behavioral Health on local needs within the region, and regularly provide input and recommendations regarding system improvements.

Many adults in Idaho suffer from mental illnesses. Nationally, the Federal government estimates 5.4% of the population will have a serious mental illness and 2.6% of the population may be diagnosed with a serious and persistent mental illness. Applying these estimates to 2010 Idaho census data, 40,757 Idaho citizens could be expected to have a serious and persistent mental illness diagnosis, with an estimated 84,649 having a serious mental illness.

### Prioritization of Services

Over the past three years, budget and staff reductions required the division to re-prioritize mental health services provided through the RMHCs. The priorities, in order, are:

1. Crisis intervention services for individuals who are at imminent risk of self-harm, or pose an immediate danger to others;
2. People involuntarily committed to the department by the courts;
3. People ordered by the courts for assessment and treatment pursuant to Idaho Code Sections 19-2524 or 20-511A;
4. Participants in mental health courts; and
5. Uninsured indigent people with severe and persistent mental illness.

The mental health program for qualifying adults provides a comprehensive array of services. Treatment plans are developed according to the needs of the individual. Service options include crisis screening and intervention; counseling; psychosocial rehabilitation; case management; medication therapy; and Assertive Community Treatment (ACT).

<b>Adult Mental Health Services</b>				
	<b>SFY 2007</b>	<b>SFY 2008</b>	<b>SFY 2009</b>	<b>SFY 2010</b>
<b>Adults Receiving Services</b>	<b>18,893</b>	<b>10,356</b>	<b>8,209</b>	<b>9,443</b>
<b>ACT Team Clients</b> (includes Mental Health Court)	<b>547</b>	<b>525</b>	<b>587</b>	<b>561</b>

### Outcomes and Data Infrastructure Efforts

The Division of Behavioral Health and stakeholders identified the lack of a single, comprehensive data system for the Community Mental Health Centers as the main challenge to transition to a data and outcome driven system. Thanks to an appropriation from the Idaho Legislature for a comprehensive data system, the Web Infrastructure for Treatment Services (WITS) system was selected. WITS is a versatile system that can also be used as an electronic medical record.

Other notable outcomes in SFY 2010 include:

- Mental health court utilization increased;
- A patient assistance software program that was purchased in SFY 2009 continues to provide great savings to the state. Staff can use the software to apply for free medications from drug companies for participants. In SFY 2010, Idaho mental health clients received approximately \$13 million worth of free medications, based on calculations of average wholesale price. The software cost \$50,000;
- Both State hospitals implemented an Electronic Medical Record system, VistA, that allows patient records to be accessed from any building on campus. It also features bar code scanning for administering medications.

## State Hospital North

**Gary Moore, Administrator, 476-4511**

State Hospital North in Orofino is a 60-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, and the referring Regional Mental Health Centers to develop goals for hospitalization and to arrange follow-up care after an inpatient stay.

Hospitalization at State Hospital North is intended to be of short to intermediate duration with the objective of stabilizing presenting symptoms and returning the patient to community living in the shortest reasonable period of time. Length of stay is variable based on patient need and prevailing best practices within the mental health field. The median length of stay is approximately 41 days.

At present, admissions to State Hospital North require commitment through the court system. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, masters level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian and support personnel.

Staff deliver a number of specialized services that include: assessments and evaluations, medication management, a variety of therapies, opportunities for community integration, involvement in recreational and educational activities, and discharge planning. The facility uses the Recovery Approach in treatment and promotes alignment with the patient in developing a self-directed care plan to assist them in working towards their own recovery goals.

During SFY 2010, State Hospital North maintained an average census of 47 patients.

### Inpatient Psychiatric Services

	SFY 07	SFY 08	SFY 09	SFY 10
Psychiatric Patient Days	17,513	18,712	19,175	17,048
Number of Admissions	231	220	249	331
Average Daily Census	48	51	53	47
Daily Occupancy Rate	89%	93%	89%	78%

#### Readmission Rates

30 Day	1.7%	0%	3.6%	2.7%
180 Day	10%	5.4%	7.2%	6.6%

<b>Cost Per Patient Day</b>	\$438	\$468	\$467	\$452
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# State Hospital South

## Tracey Sessions, Administrator, 785-8402

State Hospital South provides psychiatric inpatient treatment and skilled nursing care for Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital, located in Blackfoot, works in partnership with the Regional Mental Health Centers, family members and community providers to enable clients to receive treatment and return to community living. The facility includes 90 psychiatric adult beds, 29 skilled nursing beds, and 16 beds for adolescents. The hospital also has a specialized criminal justice program to help restore competency for people who are charged with a serious crime, but are mentally unfit to proceed in the criminal justice process.

The 29 skilled nursing beds in the Syringa Chalet nursing facility offers services to residents with a history of behavioral or psychiatric illness. The average age of a resident is 69. Adolescents between the ages of 11 and 17 are treated in an adolescent psychiatric unit that is geographically separate from adult treatment. The average age for adolescents in treatment is 14.5 years, and adults is 41.5 years. Treatment is provided through an interdisciplinary team, including psychiatrists and other 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. State Hospital South is accredited by the Joint Commission, which is considered the gold standard for healthcare accreditation.

### Inpatient Psychiatric/Skilled Nursing Services

	SFY 07	SFY 08	SFY 09	SFY 10
<b>Adult Psychiatric Patient Days</b>	26,534	25,507	26,906	25,585
Number of Admissions	344	253*	363	384
Avg. Daily Census	72.7	69.7	73.7	70.1
Daily Occupancy Rate	80.8%	77.4%	81.9%	77.9%
30-Day Readmission	1.7%	0.4%	1.4%	2.1%
180-Day Readmission	6.4%	6.3%	7.7%	10.9%
Cost Per Patient Day	\$492	\$573**	\$508	\$512
<b>Syringa Skilled Nursing Patient Days</b>	9,788	9,667	9,970	8,787
Daily Occupancy Rate	92.5%	91.1%	81.6%	83.0%
Cost Per Patient Day	\$444	\$517**	\$472	\$528
<b>Adolescent Unit Admissions</b>	68	70	91	75
Daily Occupancy Rate	75.2%	67.7%	68%	64.8%
30-Day Readmission	0%	0%	0%	2.7%
180-day Readmission	5.9%	5.7%	6.6%	6.7%
Cost Per Patient Day	\$691	\$829**	\$795	\$800

*\*During SFY 08, SHS was required by the Joint Commission and the Centers for Medicaid and Medicare Services to reduce admissions due to a shortage of psychiatrists at the hospital. This negatively impacted the census in SFY 2008.*

*\*\*A federal audit required SHS to submit \$1.6 million in SFY 2008 for the state's share of Medicare payments from previous years' expenses. This settlement increased cost per patient day.*

## Bureau of Substance Use Disorders Services

The Bureau of Substance Use Disorders Services includes:

- Prevention and treatment services;
- Private prevention and treatment staff training;
- Program certification;
- DUI evaluator licensing; and
- Tobacco inspections.

Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs.

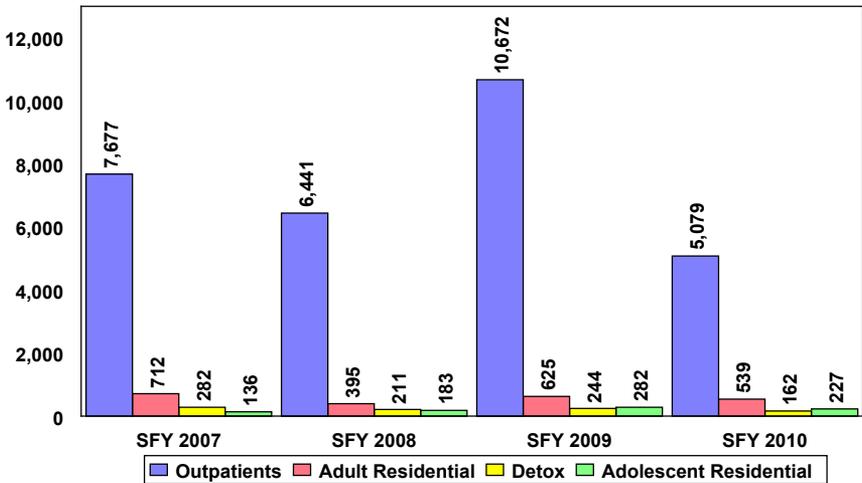
Prevention services use an array of strategies to target populations, ranging from early childhood to adults, and are designed to foster development of anti-use attitudes and beliefs to enable youth to lead drug-free lives. Services include education of youth and parents, intervention programs, mentoring and after-school programs, life skills programs, and community coalition building. Currently, Idaho has 62 prevention programs funded by Health and Welfare.

The goal of treatment services is to help clients referred into the private provider-based system control their addiction to alcohol and other drugs. Idaho's 62 state-approved treatment providers staff 96 sites; while there are 49 stand-alone Recovery Support Service providers with 123 sites. Services include detoxification, outpatient therapy, residential treatment, and recovery support services. Recovery support services includes those services that help clients return to being full-functioning, self-supporting members of their communities. These can include services such as childcare, transportation and drug testing. Specialized treatment services are available for pregnant women, women with dependent children, and adolescents.

The department partners with Regional Advisory Committees (RACs) to assess regional needs and assets for prevention and treatment services. The RACs are composed of department staff and representatives of other appropriate public and private agencies. The RACs provide local coordination and exchange of information on all programs relating to the prevention and treatment of substance use disorders.

The department also partners with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) to help coordinate statewide activities and programming relating to the prevention and treatment of substance use disorders. The purpose of ICSA is to assess statewide needs, develop a statewide plan, and coordinate and direct efforts of all state entities that use public funds to address substance abuse.

### Adult and Adolescent Substance Use Disorder Clients per Service



Note: SFY 2010 does not include 3,972 people who received Intensive Outpatient services. Data for prior years of Intensive Outpatient treatment is not available. In the future, this data will be presented to provide the most comprehensive report. The number of people served in SFY 2010 in the chart above declined because of reduced funding.

Since 2005, the Bureau of Substance Abuse Services has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2010 data showed the following:

- Over the past three state fiscal years, the rate of adolescents who successfully completed treatment increased 49%;
- Despite a slowing economy, unemployment of people receiving treatment was reduced by 53% in SFY 2010; and
- 81% of people who were homeless when beginning services found homes at the time they discharged from the program.

### Substance Use Disorder Prevention Services

In 2010, the prevention programs served 35,587 adolescents and adults in one-time and recurring activities and programs through 62 State prevention program providers. Programs were provided in 42 of the 44 counties and included best practice parenting classes, in-school education classes and after-school education and activity programs.

## The Idaho Tobacco Project

The Department of Health and Welfare and the Idaho State Police partner in the Idaho Tobacco Project. This collaborative effort blends merchant education, retailer permitting, and inspections for a comprehensive program to reduce sales of tobacco products to youth under age 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 percent 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.

	<b>CY05</b>	<b>CY06</b>	<b>CY07</b>	<b>CY08</b>	<b>CY09</b>
Permittees	1,752	1,692	1,739	1,756	1,399
Inspections	1,955	1,826	1,548	1,873	1,659
Violations	221	220	161	177	239
Non-Compliance Rate	12.3%	12.4%	13.0%	12.5%	14.4%

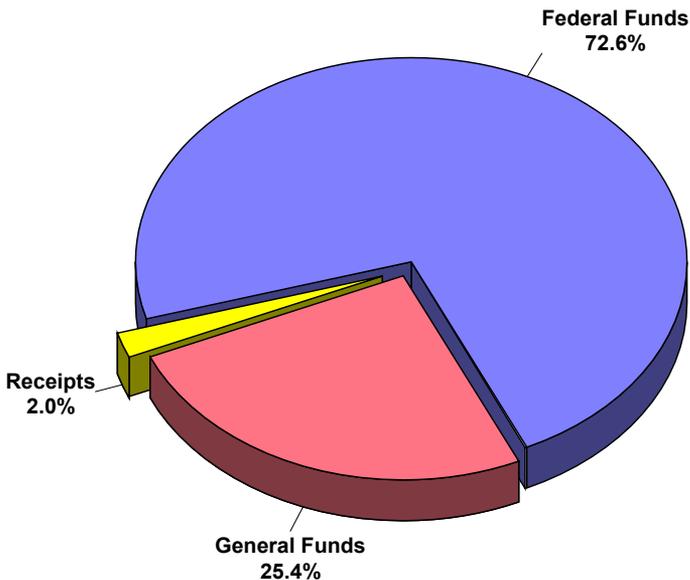
## Division of Welfare

**Russell Barron, Administrator, Phone 334-5696**

The Division of Welfare/Self Reliance promotes stable, healthy families through assistance and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind, and Disabled (AABD). These programs, also called Self Reliance Programs, provide critical aid and support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant.

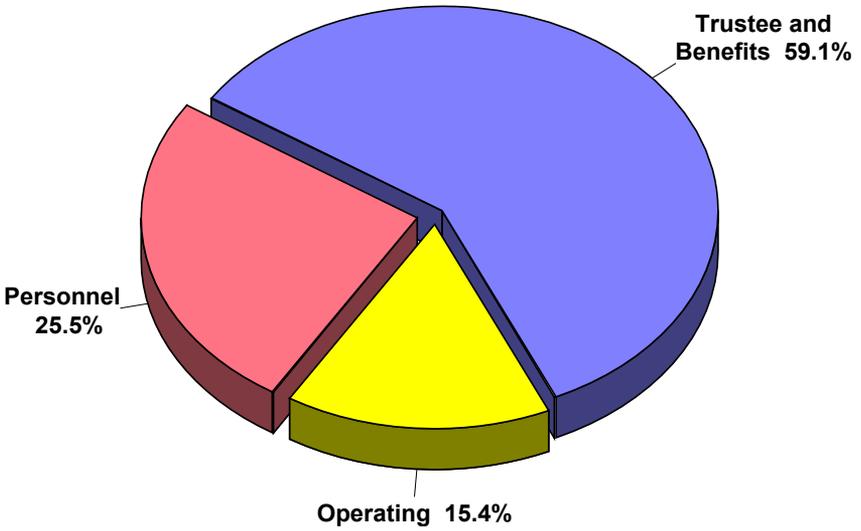
The division administers several additional programs through contracts with local partner organizations that provide food, energy assistance, telephone assistance, and weatherization assistance. The division does not manage the Medicaid Program, but does determine Medicaid eligibility.

**Welfare SFY 2011 Funding Sources**

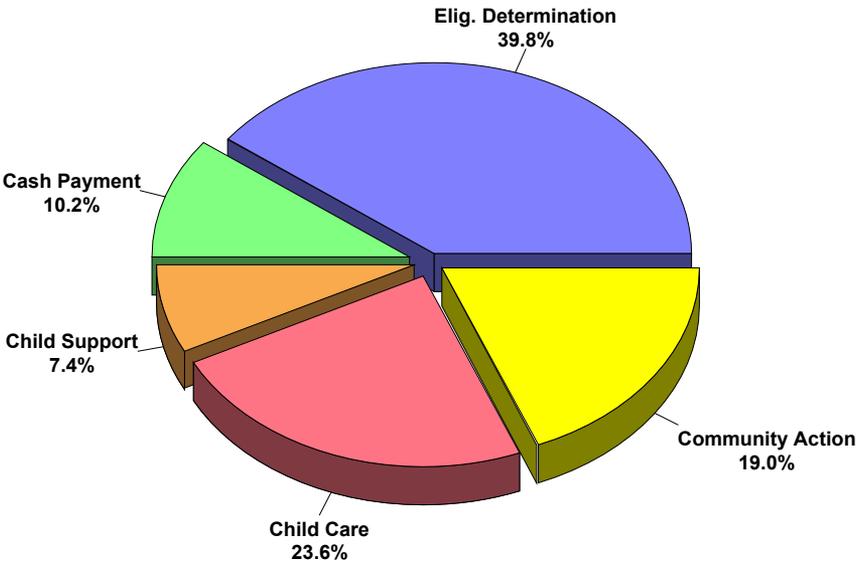


*Authorized FTP: 622.7 Original Appropriation for SFY 2011: General Funds \$31.6 million, Total Funds \$124.7 million; 6.2% of Health and Welfare funding.*

### Welfare SFY 2011 Expenditure Categories



### Welfare Spending by Program



## 2010 Self-Reliance Overview

SFY 2010 was a busy and productive year for Self Reliance programs. A new automated case management system, the Idaho Benefit Eligibility System (IBES), was implemented in November 2009, marking the culmination of a three-year project funded by the Legislature to replace the 20-year-old EPICS system.

Over the course of the project, the benefits programs re-engineered business practices through a new service delivery model, created an electronic document management system, implemented real-time verification of eligibility criteria, and successfully converted from the EPICS system to IBES. Efficiencies gained through business process changes, streamlining policy, and automation development supported benefit program staff in keeping pace with record-breaking participant counts.

The Child Support Program also implemented business process and automation improvements, identifying opportunities to manage the caseload more effectively and provide quality customer service.

### **Economic Impacts**

Poor economic conditions continued to increase participation in benefit programs. The number of Idaho residents receiving assistance during June 2010 rose by almost 60,000 people from June 2009. This represents a 25 percent increase. The largest participation increase occurred in the Supplemental Nutrition Assistance Program (SNAP, or Food Stamps). At the end of SFY 2009, 146,516 individuals were receiving SNAP assistance. By the end of SFY 2010, that number grew to 204,994, which represents an increase of 40 percent. On November 1, 2010, there were 216,349 Idaho residents receiving SNAP benefits.

The increase in participation over the past several years is a reflection of the depth and persistence of the economic downturn. Traditionally, the majority of Self Reliance benefit program applicants were the working poor; individuals or households whose income is near or below the poverty threshold. That trend may be shifting. The Idaho Department of Labor reports that the number of unemployed Idahoans increased by 22,897 from 2008-2009; a 62 percent increase. While the rate of increase in the number of individuals looking for work slowed between July 2009 and July 2010 (to an increase of 5,264, or 9 percent), the unemployment rate still grew. People receiving public assistance also appear to be having difficulty finding work and are staying on benefit programs longer than in the past. With high unemployment and a sluggish economic recovery, the need for continued assistance is likely to persist for many people. As a result, the growing workload for staff is expected to continue to present challenges.

For the Child Support Program, the economy causes challenges in collecting payments from non-custodial parents. Due to the downturn in the economy and the rise in unemployment, unless the non-custodial parent is receiving unemployment benefits, there is no money for the program to collect. During the past year, the Child Support Program has seen a dramatic increase in unemployment collections but, in the majority of cases, unemployment collections do not meet monthly support obligations, which adds to the arrears balance. Many non-custodial parents continue to add arrears to their case balance, which has the potential to put them in contempt of court. During the past year the program has seen a significant increase in non-custodial parents requesting modifications in their support orders.

### **Case Management Strategies**

In the Benefit Programs, the strategy for case management integrates automation with program policy requirements and front-line business processes to minimize the time required to process applications and complete case maintenance activities. Workflow and performance management tools, including real-time work queues and daily reports, provide information needed for decision-making and support a business model where work can be managed statewide, with flexibility to move work to available division resources. From the time IBES went live in November 2009 through the end of the fiscal year, application processing timeliness for Food Stamps (non-expedited) was nearly 98 percent; for Medicaid it was over 93 percent. Maintaining performance through the implementation period for the new IBES system, while managing continued caseload growth, was possible by identifying opportunities for process improvements and making changes accordingly.

During SFY 2010, the Child Support Program simplified policies and business processes to eliminate waste, gain efficiencies, and improve performance. The Child Support Program completed the conversion and storage of paper case files for electronic viewing. Over one million documents were successfully scanned into an electronic case filing system, ahead of schedule and under budget. The completion of this project enables staff to access information and serve customers more efficiently and effectively. It also eliminates the cost of shipping paper files and enhances the program's ability to improve case management and quality assurance efforts.

In addition, the Child Support Program unveiled the employer portal of the Child Support website in 2010. This portal allows employers to create online accounts for employees with child support cases to manage employee information and employment status. The program continues to improve the website to streamline processes so that employers can work interactively with Child Support Services, particularly in the areas of child support and medical support. Finally, Child Support staff adopted a "Phone over forms" approach to managing Child Support cases, regularly

calling customers to gather information quickly, rather than sending forms in the mail.

### **Overlapping Objectives & Mutual Priorities**

A major highlight for SFY 2010 was the successful administration of a large infusion of American Recovery and Reinvestment Act (ARRA) funds into the Weatherization Assistance Program. The program, which usually receives about \$5 million in annual funding, received an additional \$18 million through ARRA. With this enhanced funding, the division was able to meet the federal objectives of job creation and increased energy efficiency while enhancing living conditions and helping Idahoans across the State save money on utility expenses. Local members of the Community Action Partnership Association of Idaho partnered in providing this assistance throughout the State. With help from both federal and local partners, the State efficiently provided an increased level of Weatherization Assistance and administered ARRA funds within aggressive federal timelines. This is a prime example of the department's efforts to capitalize on opportunities that align mutual priorities with partners to meet Idahoans needs wherever possible.

### **Challenges**

As a result of productivity gains found in new technology and service delivery solutions, the division was able to continue providing critical services and even improve service delivery to Self Reliance Program participants despite staff reductions and the closure of nine offices in the State. Continued improvement, however, will be increasingly difficult to attain as caseloads continue to rise, spreading available resources ever thinner. Though IBES and other automated tools have played a large part in the division's success over the past year, it will be an ongoing challenge to maintain and update these systems in a way that continues to support workflow efficiencies, customer service improvements, and revisions to State and Federal rules that require automation changes. The ability to maintain IBES is essential to that effort.

## **Self-Reliance Services**

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:
  - Food assistance (SNAP, or Food Stamps);
  - Child care assistance (Idaho Child Care Program);
  - Eligibility determination for medical assistance under a variety of programs for low-income children, adults, and pregnant women; disabled individuals; nursing home care; and help with health insurance costs or Medicare premiums; and

- Cash assistance in the form of Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD) programs.

Applications are available in field offices around the state, as well as by phone, mail and the Internet. These services have strict eligibility requirements, as identified in State and Federal rules. Benefit Program Services are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

## 2. **Child Support** services help families by:

- Locating an absent parent, conducting paternity testing, and creating a new and/or enforcing an existing child support order, or modifying a support order;
- Providing medical support enforcement to ensure children are covered by health insurance; and
- Helping other states enforce and collect child support for parents living in Idaho, which accounts for about one-fifth of Idaho's child support cases.

The Child Support Program uses secure electronic transfer of collected funds to distribute child support to families.

## 3. **Partnership Programs**

The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the State can benefit from a single entity overseeing administrative and fiscal management, rather than duplicating this function in each locale.

To realize greater efficiency, the division works with community-based service providers to administer federal, state, and local funds in implementing Partnership Programs. The division maintains administrative and fiscal oversight of the funds, allowing local organizations to focus on day-to-day service provision and program implementation. These contractors, such as the Community Action Partnership Association of Idaho, are essential partners to the division in meeting the needs of citizens throughout the State.

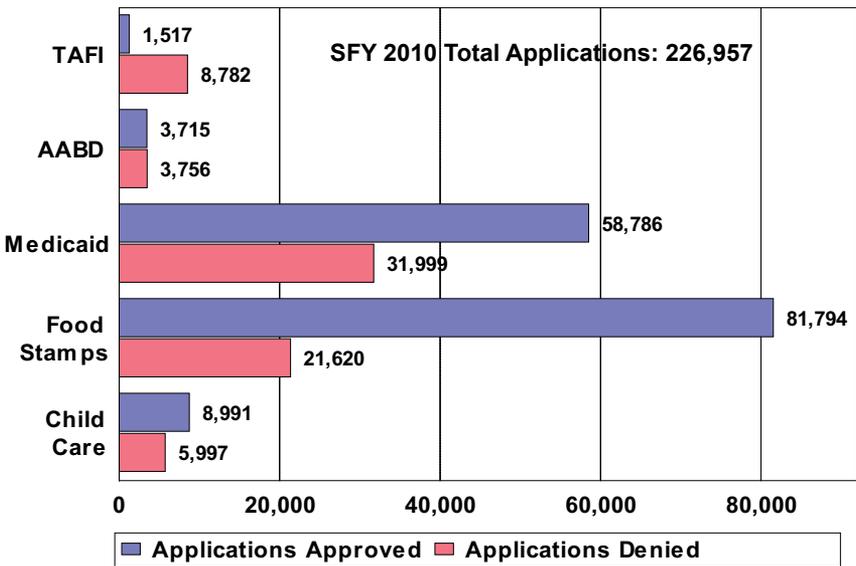
Partnership Programs are supported by pass-through funds that the division directs to local non-profit and community-based service providers. Partnership Programs include:

- Community Service Block Grants, which help eliminate the causes of poverty and enable families and individuals to become self-reliant;
- Nutrition-related services and food commodities;
- Low-income home energy assistance;
- Weatherization assistance to help low-income households conserve energy and save money; and
- Telephone assistance for low-income people.

### Program Participation

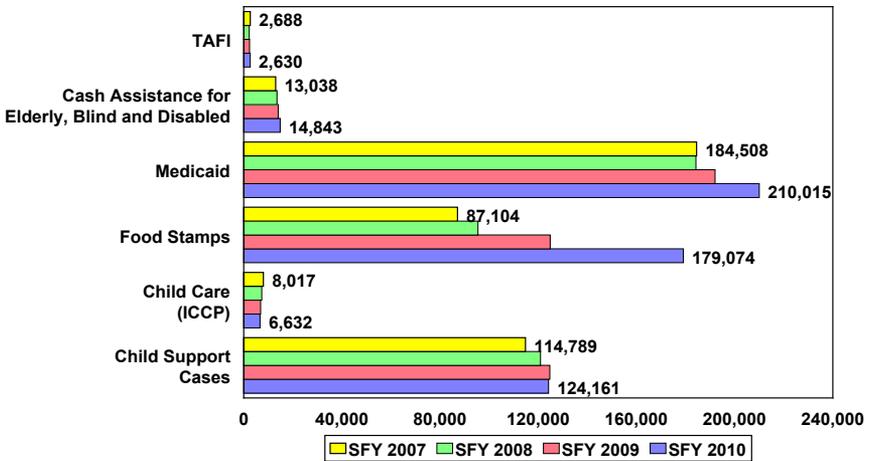
Participation in benefit programs, Child Support, and Partnership Programs is traditionally measured by the average monthly caseload or individuals served each month. However, reporting these numbers does not give a complete picture of the number of people served during the year. It also does not give an accurate picture of Self Reliance staff workload. Welfare/Self Reliance staff processes all applications for services, but not all applications are approved. People who are denied services aren't reflected on program participation and caseload counts, even though significant time and effort may have been expended in the application process.

#### SFY 2010 Applications Approved and Denied



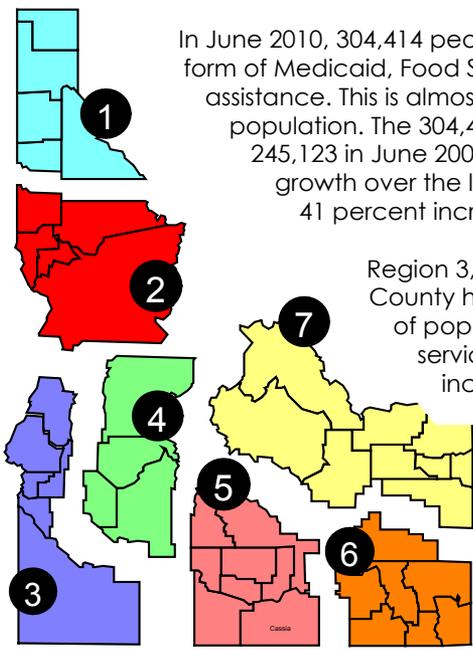
Benefit Programs services are designed to provide temporary assistance and promote long-term self-reliance. Food and cash assistance programs have work participation requirements to help people achieve self-sufficiency. As program participants become more self-reliant, they no longer need state and federal services. Due to the current high levels of unemployment, self-reliance can be difficult to attain. Many individuals receiving assistance are unable to find employment and are continuing participation in Self Reliance programs for longer durations of time than in the past.

### Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes some duplicates. All programs are reported by SFY except Child Support, which reports by FFY. Medicaid data is provided by the Division of Medicaid.

### Numbers Served by Region



In June 2010, 304,414 people received assistance in the form of Medicaid, Food Stamps, child care and cash assistance. This is almost 20 percent of the State's total population. The 304,414 individuals compares to 245,123 in June 2009 and 215,317 in June 2008. The growth over the last two fiscal years represents a 41 percent increase.

Region 3, which includes Canyon County has the greatest percentage of population receiving assistance services, while Region 4, which includes Ada County, has the lowest percentage of population receiving assistance. Regions 3, 5, 6 and 7 all have over 20 percent of their populations receiving one of the four main assistance services.

## Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance During June 2010

Region	Estimated Population	Receiving Cash Payments	Medicaid	Food Stamps	Child Care Assistance	Totals
1	213,662 13.8%	2,968 1.4%	27,753 13.0%	27,137 12.7%	743 0.3%	40,157 18.8%
2	104,496 6.8%	1,634 1.6%	12,229 11.7%	10,337 9.9%	258 0.2%	16,540 15.8%
3	251,013 16.2%	3,966 1.6%	47,129 18.8%	48,856 19.5%	1,238 0.5%	67,181 26.8%
4	429,647 27.8%	3,855 0.9%	44,449 10.3%	45,137 10.5%	1,437 0.3%	64,990 15.1%
5	179,994 11.6%	1,837 1.0%	29,605 16.4%	23,715 13.2%	799 0.4%	38,992 21.7%
6	164,526 10.6%	2,207 1.3%	26,011 15.8%	23,922 14.5%	639 0.4%	36,028 21.9%
7	202,463 13.1%	1,640 0.8%	30,364 15.0%	25,890 12.8%	698 0.3%	40,526 20.0%
<b>Totals</b>	<b>1,545,801</b> <b>100%</b>	<b>18,107</b> <b>1.2%</b>	<b>217,539</b> <b>14.1%</b>	<b>204,994</b> <b>13.3%</b>	<b>5,812</b> <b>0.4%</b>	<b>304,414</b> <b>19.7%</b>

*Note: Estimated population percentage (in column 2) represents regional share of the state's total population. Percentages under each program are the percentage of each region's population participating in that program. Many participants receive services through more than one program. The total (in the last column) is an unduplicated count of these four self-reliance programs.*

Use of benefit programs increased in all parts of the state during SFY 2010. Region 3, where 67,181 individuals participated in a Self Reliance benefit program, experienced the greatest growth (27 percent of total population, up from 22 percent the previous year). Region 3 also had the highest service usage, leading the state in enrollment in all benefit programs. Idaho's most populous area, Region 4, which contains over one-quarter of the State's population, had the lowest use of benefit programs, with 15 percent of Region 4's population receiving benefits.

## Benefit Program Services

The Division of Welfare manages benefit payments in four major programs:

1. Supplemental Nutrition Assistance Program (SNAP, or Food Stamps);
2. Child care;
3. Medicaid eligibility; and
4. Cash assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled).

## Supplemental Nutrition Assistance Program (Food Stamps)

The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, helps low-income families maintain good health and nutrition. SNAP benefits are federally funded while the State shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

In April 2010, SNAP beneficiaries received an increase in benefit amounts of approximately 14 percent as part of the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA also eased eligibility for certain jobless adults without dependent children and provided states with extra funding to administer the program. The FY 2010 Department of Defense (DOD) Appropriations Acts also provided states with additional SNAP administrative funds.

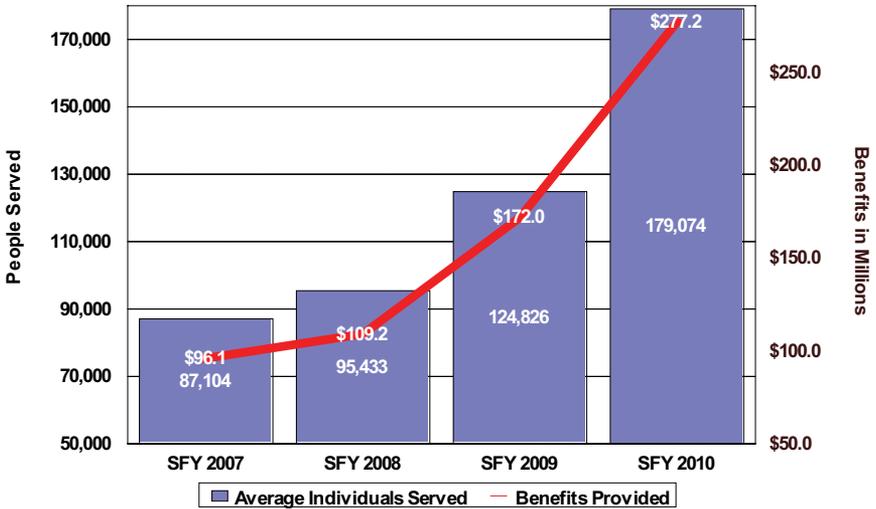
SNAP responds automatically to economic conditions, expanding during recessions and contracting during improved economic times. Idaho has experienced this expansion, realizing unprecedented participation growth since the fall of 2007. Even with the rapid expansion in number of households and individuals receiving assistance, the Division of Welfare/Self Reliance continues to meet client needs at a high level of performance.

SNAP recipients are required to participate in Enhanced Work Services (EWS), including the Job Search Assistance Program, which assists individuals in gaining, sustaining, and expanding employment opportunities. Adults receiving services through TAFI (cash assistance) and non-custodial parents in child support cases also are candidates for assistance. Work Services is managed by a single statewide contractor, Easter Seals Goodwill Northern Rocky Mountain, in order to realize greater efficiency and enhance service delivery to participants.

### Caseload Growth:

The unprecedented SNAP participation growth continued throughout SFY 2010. The average number of monthly participants in the program jumped 31 percent from 2008 to 2009, followed by a staggering increase of 43 percent from 2009 to 2010. Historically, SNAP experiences a temporary lull or decrease in program participants during summer months. In the summer of 2010, however, the number of households receiving assistance continued to increase. While the rate of increase slowed during April and May, it began escalating again in June, which is earlier than most years. In June 2010, almost 205,000 Idaho citizens received SNAP benefits.

### SNAP: Average Monthly Individuals Served Monthly and Total Benefits Provided



#### Program Performance

In spite of record participation growth, Idaho's SNAP program continues to perform at a high level. Idaho's payment error rate, which tracks the allocation of an incorrect level of assistance, remains low at 2.69 percent. This ranked 11th best in the nation last fiscal year. In addition, from November 2009 through the end of June 2010, processing timeliness for SNAP applications (non-expedited) was nearly 98 percent. The division strives to serve clients the same day they contact a Self Reliance field office and is highly successful in meeting that goal.

#### Idaho Child Care Program

The Idaho Child Care Program (ICCP) provides subsidies to low-income families for child care expenses so they can maintain employment. Child care assistance is calculated on a sliding fee scale, dependent on the parents' income. Because of the high costs of child care, many parents earning near minimum wage could not afford to work and pay for child care without ICCP assistance. On average, ICCP provided services for 6,632 families per month during SFY 2010, with total annual payments of nearly \$20 million.

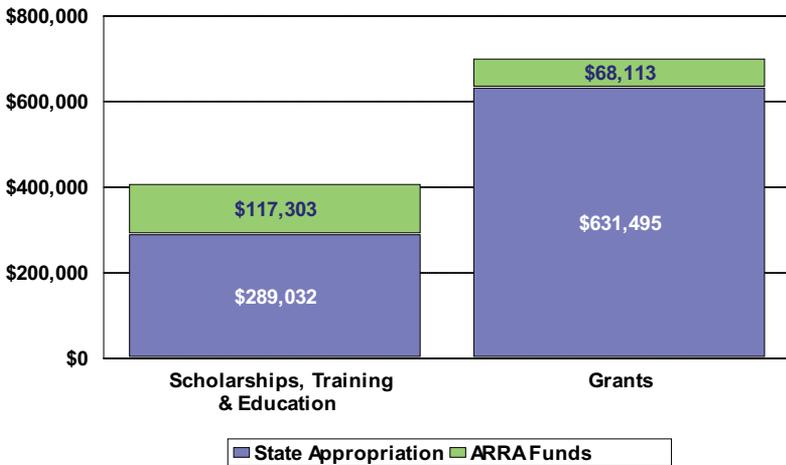
ICCP facilitates the IdahoSTARS program to improve the quality of child care in Idaho. IdahoSTARS is contracted through the University of Idaho and the Idaho Association for the Education of Young Children, which handle day-to-day operations of the program while the State provides

general administrative and financial oversight assistance.

The program offers:

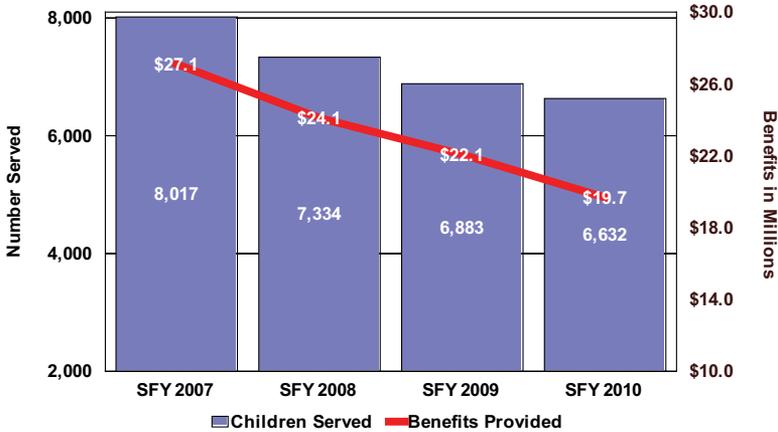
- A consistent, statewide Child Care Resource and Referral System which provides referral information for parents seeking child care services. During SFY 2010, ICCP provided 2,365 child care referrals to parents to assist them in making the right decisions for their families.
- A newly established Quality Rating and Improvement System, using nationally established benchmarks to measure quality of child care services at the program level. Over 110 programs have enrolled in the improvement system since it began in January 2010.
- A Professional Development System that provides resources, training, education, scholarships, and incentives to improve early care and educate teachers, directors, and providers in Idaho. In SFY 2010, IdahoSTARS conducted 1,198 trainings statewide and provided over \$268,000 in academic scholarships, \$273,000 in program improvement grants, and \$58,000 in achievement grants this year. The program disbursed over \$1.1 million in grants, provider support, and other academic and training scholarships in SFY 2010.

### SFY 2010 ICCP Fund Distribution: Total \$1.1 Million



The average number of child care participants per month declined from 6,883 in SFY 2009 to 6,632 in SFY 2010, continuing the trend from previous years. The decline is likely due to job losses by parents. When parents become unemployed and cannot find work, they do not need or qualify for child care assistance. Despite declining enrollment, child care assistance remains a critical element in allowing many low income families to maintain employment. One of the core values of the program is the importance of a working parent role model for children in the family.

### ICCP Average Monthly Children Served and Total Annual Benefits Provided



### Health Coverage (Medicaid)

The Division of Welfare determines financial and personal eligibility for Medicaid services, while the Division of Medicaid determines health care services or “coverage” that enrollees receive, depending on the Medicaid program approved or the type of care a person requires. Average monthly Medicaid enrollment increased by nine percent in SFY 2010.

Idaho Medicaid includes a number of eligibility categories and corresponding differences in benefits. Groups such as pregnant women, low-income children, and individuals with disabilities have different eligibility requirements and slightly different coverage. Medicaid also provides a program that helps eligible families pay premiums for private or employer sponsored health insurance. A number of Medicaid programs also serve the aged, blind, and disabled, including individuals who require nursing facility or in-home care. In order to gain additional efficiencies and enhance customer service, the Division of Welfare’s Medicaid eligibility staff no longer require separate, sub-category applications for Medicaid applicants. Instead, applicants submit a single application for Medicaid, with program specialists working with applicants to determine sub-category eligibility based on individual circumstances.

For Family Medicaid, a simplified Application for Children’s Health Coverage is now available to parents who want health care for their children. This special application is shorter and helps families to apply for health coverage for their children only. The application also contains questions that are specific only to Family Medicaid, which helps speed up the eligibility determination process.

## Cash Assistance

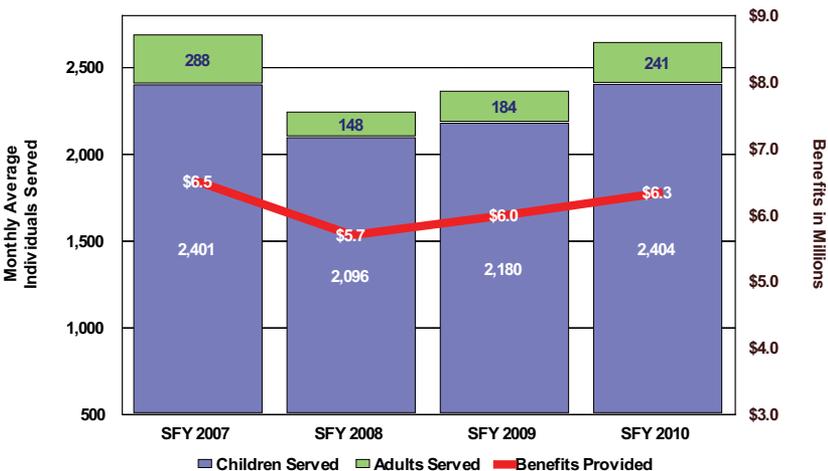
### 1. Temporary Assistance for Families in Idaho (TAFI)

TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults.

Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant. The division provides work services through a single statewide contractor, Easter Seals Goodwill Northern Rocky Mountain, who administers similar services for SNAP/Food Stamp participants. The work participation rate of families receiving TAFI met or exceeded the federally required rate of 50 percent for SFY 2010. Child-only cases, which comprise over 90 percent of the TAFI caseload, are not subject to work participation requirements. These are typically children who are being cared for by a relative, often because their birth parents are incarcerated or have substance abuse problems. The relative providing care is most often a grandparent on a fixed income who would receive limited benefit from the service.

During SFY 2010, the average number of individuals served per month grew to 2,630, an 11 percent increase over the previous year.

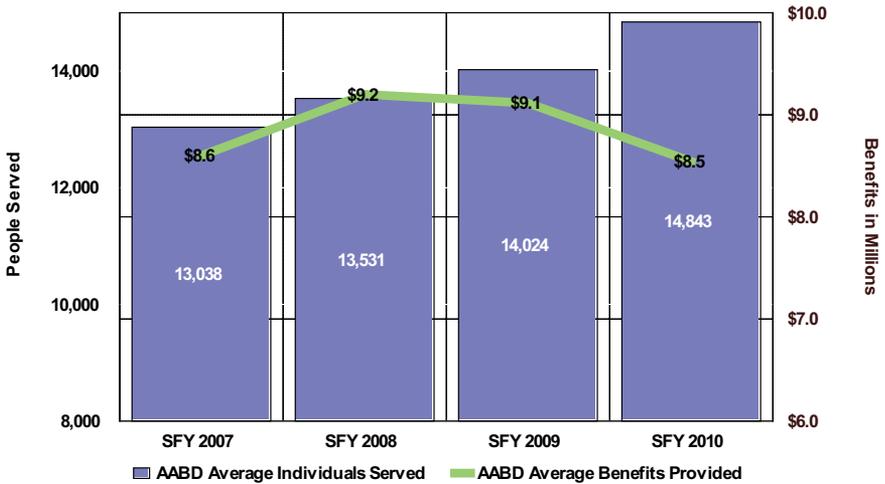
### TAFI Monthly Enrollment and Total Annual Benefits



## 2. Aid to the Aged, Blind, and Disabled (AABD)

AABD provides cash assistance to certain low-income individuals who also receive medical assistance because they are blind, disabled, or age 65 or older. On average, 14,843 individuals received AABD cash payments each month in SFY 2010. AABD cash assistance is intended to supplement the individual's income to help them meet the needs of everyday living. Cash assistance payments are based on a person's living arrangement. Individuals living in facilities that provide specialized care or supervision generally receive a higher payment.

**AABD Average Monthly Enrollment and Total Annual Benefits Provided**



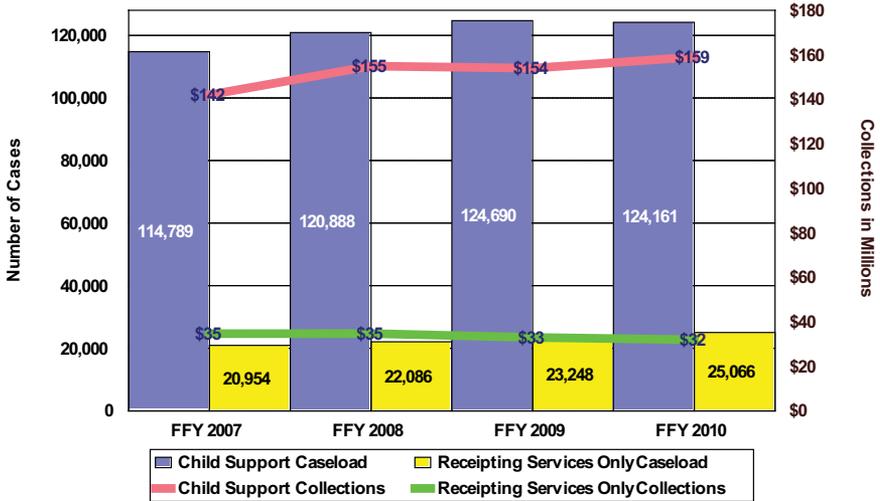
## Child Support Services

The Child Support Program promotes the economic health of families by helping to ensure that non-custodial parents are financially and medically responsible for their children. Services include paternity testing and establishment, locating non-custodial parents, establishing or modifying court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

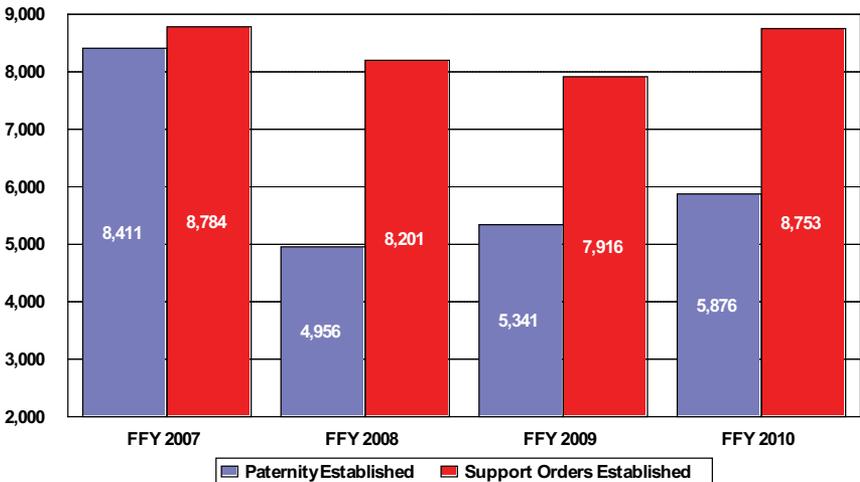
In FFY 2010, the Child Support Program administered approximately 149,000 child support cases, collecting and distributing \$191 million. These cases and support dollars include Receiving Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Legislature chose DHW to administer the state's child support program, including county RSO cases. In FFY 2010 the RSO caseload amounted to more than 25,000 cases, collecting

and distributing \$32 million. During SFY 2010, the Child Support Program received 558,038 transactions, completed 328,457 customer service calls, and 1.2 million interactive voice response calls.

### Monthly Average Child Support Caseload and Total Dollars Collected



### Paternity and Support Orders Established

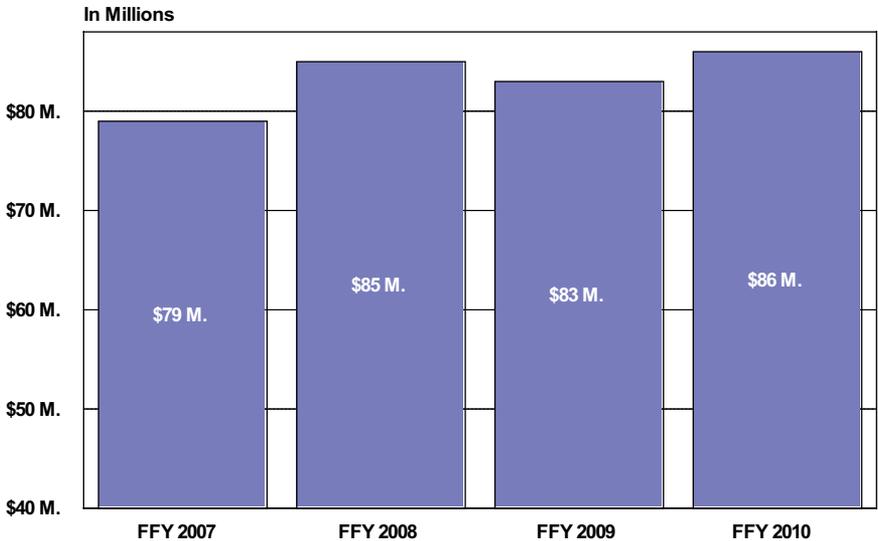


## Child Support Enforcement Methods

The Idaho Child Support Program 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, federal and state tax offsets, and direct collection methods.

**Wage Withholding:** The most important tool 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 improved accuracy, ease of paternity testing, and the new hire reporting system. In FFY 2010, \$86 million was collected using this tool.

### Child Support Collected Through Wage Withholding



**New Hire Reporting-Electronic Data Matching:** The department electronically matches parents responsible for paying child support with those taking new jobs by cross-referencing information from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who begin new jobs. The department matched an average of 1,193 people per month in FFY 2010.

**License Suspension:** Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include driver's licenses, fishing and hunting licenses, and professional licenses. Approximately one-half of all people with existing obligations

who were notified their licenses were about to be suspended are meeting their payment obligations. There were 3,023 licenses suspended during FFY 2010.

**Federal and State Tax Offset:** Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2010, households who receive child support enforcement services received \$17 million in tax offset dollars for Idaho children.

**Direct Collections:** When appropriate, the state can collect past due child support payments directly from several sources, including lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching.

### 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	\$ 450
If case goes to trial	\$ 525
Income Tax Refund-Attachment-State	\$ 25
Income Tax Refund-Attachment-Federal	\$ 25
Annual Non-Custodial Parent Collection Fee	\$ 25

### Partnership Programs

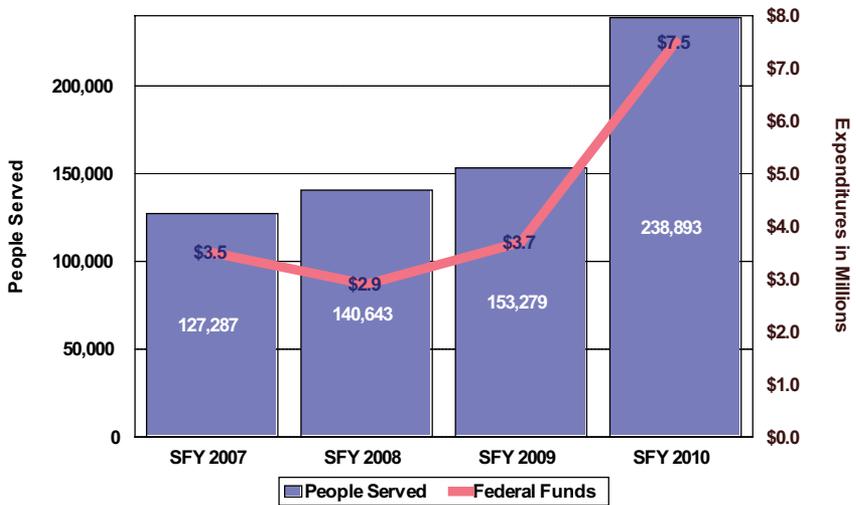
Partnership Programs include a variety of services delivered by local organizations, both public and private, across the State. Partner organizations providing these services on the division's behalf operate under contracts with the Department of Administration. Partnership Programs provide clients with emergency support, transportation, employment, home utility expenses and weatherization, and food/nutrition services. Much of the funding for these services comes from federal grants. The services provided widen the 'safety net' for low-income families and often meets their needs so they do not have to access DHW programs. Partnership Programs also can bridge the gap for individuals and households transitioning from other DHW programs and services to full self-reliance.

Members of the Community Action Partnership Association of Idaho are the division's primary partners in providing these programs. Action Agency

members assist eligible community members in their regions through the following programs:

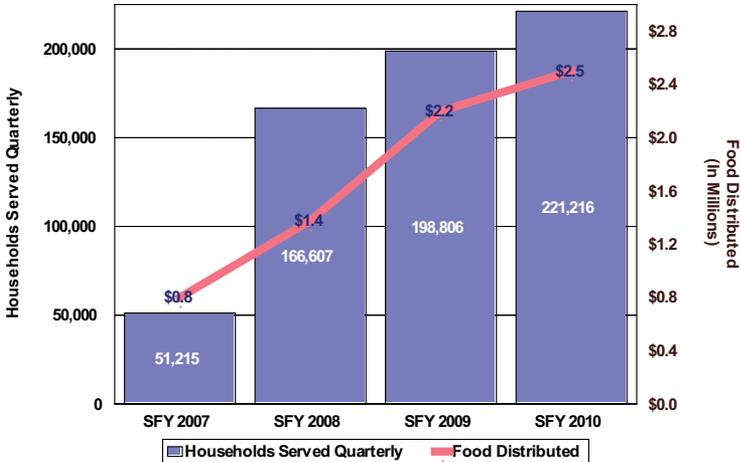
**Community Services Block Grant (CSBG):** CSBG funds programs that help eliminate the causes of poverty and enable families and individuals to become self-reliant. Services are delivered through locally operated and managed Community Action Agencies and the Community Council of Idaho (formerly known as the Idaho Migrant Council). Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 238,893 individuals and spent approximately \$7.5 million in SFY 2010.

### Community Services Block Grant Total People Served and Annual Expenses



**The Emergency Food Assistance Program (TEFAP):** TEFAP helps supplement the diets of Idaho’s low-income households. Food for TEFAP is purchased from production surpluses and distributed to the State. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2010, TEFAP distributed over 1.9 million units of food valued at over \$2.5 million to 221,216 households.

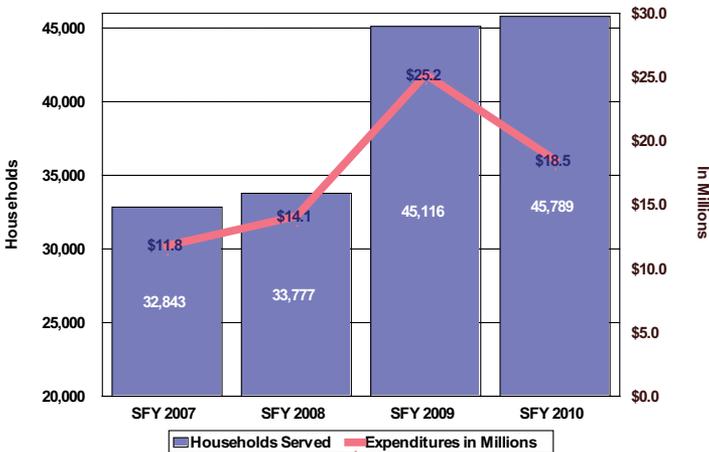
### The Emergency Food Assistance Program (TEFAP): Households Served Quarterly and Value of Food Distributed



Note: Until recently, Idaho's foodbanks and soup kitchens did not have a data collection system to record TEFAP participation. A new data system is now collecting this information and is responsible for the large increase in SFY 2008.

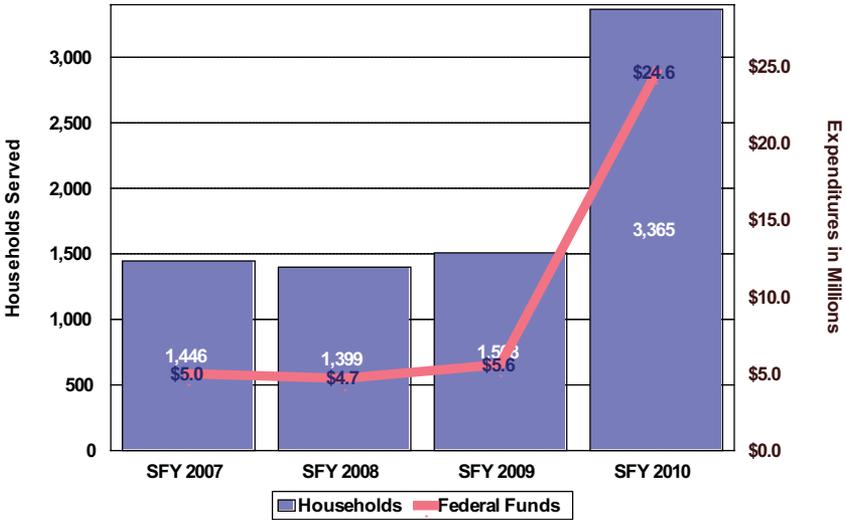
**Low-Income Home Energy Assistance Program (LIHEAP):** LIHEAP supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local Community Action Agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 45,789 households pay \$18.5 million in energy costs in SFY 2010.

### Low-Income Home Energy Assistance Program/LIHEAP Annual Participants and Expenses



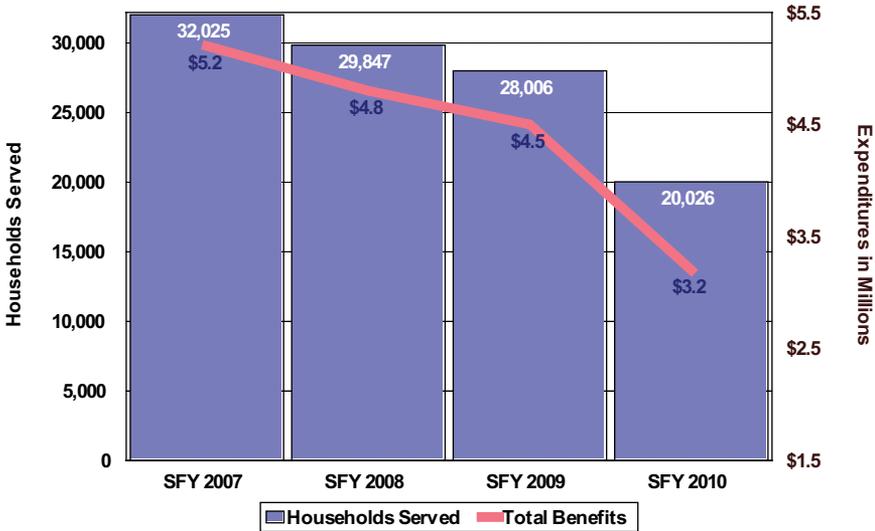
**Weatherization Assistance Program:** The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve living conditions by upgrading homes. Idaho's weatherization program is funded by utility companies, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. Eligible efficiency measures include air sealing (weather-stripping, caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and appliance replacement. The Weatherization Assistance Program provided nearly \$25 million for efficiency improvements to 3,365 Idaho households in SFY 2010. The dramatic increase in funding during SFY 2010 was the result of American Recovery and Reinvestment Act (ARRA) funding of an additional \$18 million.

### Weatherization Assistance Program Total People Served and Annual Expenditures (Federal)



**The Telephone Service Assistance Program** pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by 21 telephone companies using monthly fees collected from service customers. During SFY 2010, the program served an average of 20,026 households per month, with a monthly benefit of approximately \$13.50. Benefits for the state fiscal year totaled approximately \$3.2 million.

### Telephone Service Assistance Program Avg. Monthly Households and Annual Expenses



*Note: Benefits cannot be used to pay for wireless (cell phone) service. Participation is expected to decline around 6% each year as more people replace their landline phones with wireless.*

## Division of Public Health

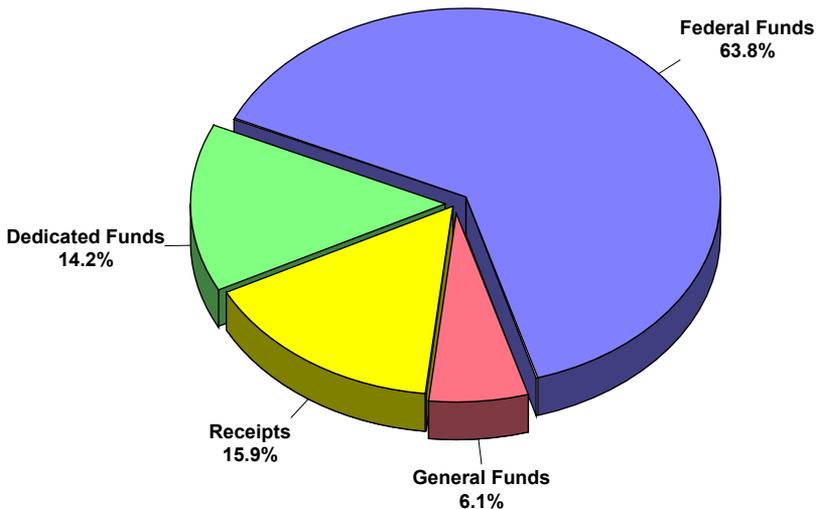
**Jane Smith, Administrator, 334-5932**

The Division of Public Health provides a wide range of services that include immunizations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital records administration, compilation of health statistics, and preparedness for health or safety emergencies. The division's programs and services actively promote healthy lifestyles and prevention activities, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with local public health districts and other providers 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 districts.

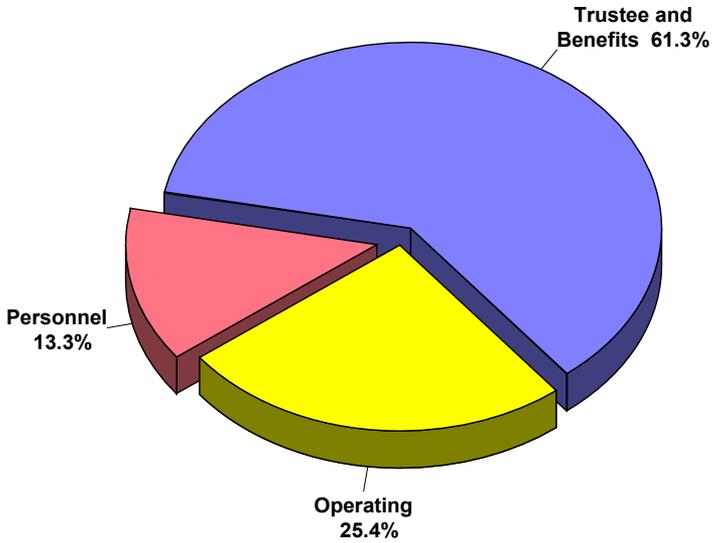
The division includes the Bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services; Laboratories; Health Planning and Resource Development; Vital Records and Health Statistics; and Epidemiology, Food Protection and Immunizations.

### Public Health SFY 2011 Funding Sources

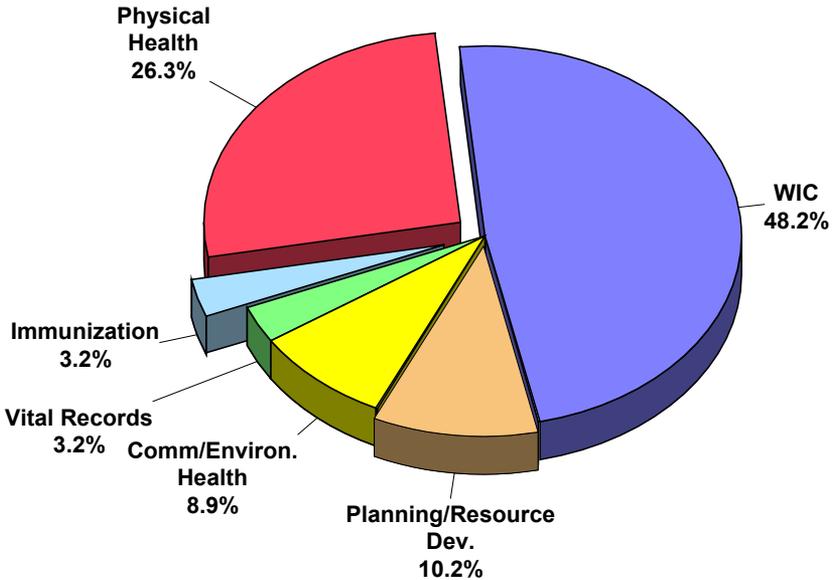


*Authorized FTP: 205.2; Original SFY 2011 Appropriation: General Funds \$5.6 million, Total funds \$92 million; 4.6% of Health and Welfare funding.*

### Public Health SFY 2011 Expenditure Categories



### Public Health Spending by Program



## 2010: Protecting the Health of Idaho Citizens

- The division's successful public health response to pandemic H1N1 influenza provided the opportunity to test and implement influenza plans developed over the last five years. During the H1N1 response efforts, we redefined roles and responsibilities to strengthen public and private partnerships with public health districts, hospitals, tribes, community health centers, pharmacies, and other regional partners. Several successful strategies that helped the state's response include:
  1. Novel influenza infections and hospitalization became reportable, improving the ability to count reported cases and evaluate flu severity in a timely fashion.
  2. Tracking of deaths by the new electronic death registry dramatically shortened the time between the occurrence of a death and the filing of the death certificate from weeks to days.
  3. Established a new hospital-based surveillance system, allowing for the ability to track numbers of influenza-associated hospitalizations.
  4. The electronic resource tracking program, EMSYSTEMS, was modified to specifically capture instances of hospital emergency department usage for influenza-like illness.
- The immunization program implemented three new statutes impacting funding and tracking of immunizations in Idaho, and stakeholder input for improvement. The first statute established a funding mechanism for vaccines for children not covered under the federal vaccine program (VFC); the second changed the immunization registry to an opt-out registry; and the third statute established a Childhood Immunization Policy Commission which will advise the Board of Health and Welfare on policy and advise lawmakers on legislative action to improve immunization rates.
- The Refugee Health Screening Program was established to ensure that refugees arriving in Idaho receive timely and thorough health screenings.
- The Office of Rural Health and Primary Care was awarded a \$17,000 demonstration project grant (annually for 3 years) from the Association of State and Territorial Health Officials to conduct a Community Apgar Questionnaire project with three Federally Qualified Health Centers to evaluate physician recruitment and retention in Idaho.
- The Women's Infant and Children (WIC) food package changes were implemented October 2009. Fresh fruits and vegetables were added. This was the first significant change to the WIC food package in 30 years.
- The Bureau of Vital Records and Health Statistics continues to enjoy great success with the voluntary Electronic Death Registration System (EDRS). Going into its second year of production, 100 percent of Idaho county coroner's offices and 78 of 81 Idaho funeral homes are using the EDRS. In July 2010, 94 percent of death certificates in Idaho were filed electronically by funeral home staff, with 89 percent of all deaths being

filed within six days after death. Currently, 624 medical professionals representing 157 separate medical practices also participate with EDRS, with a total participation rate of 56 percent electronic submissions through July 2010.

- The Idaho Bureau of Laboratories information management system has successfully worked on a pilot project with the Association of Public Health Laboratories and the Centers for Disease Control and Prevention to develop real-time electronic reporting of results for Laboratory Response Network bioterrorism (LRN-B) agents. This work will lead to IBL becoming the first state in the nation to become Public Health Information Network certified for the electronic reporting of LRN-B results.
- Emergency Medical Services worked closely with the Centers for Disease Control and Prevention (CDC), Idaho Transportation Department, and OnStar to develop a new information technology module called "MayDay." The telematics data received from OnStar equipped vehicles, along with the urgency algorithm developed by the CDC, will produce a probability of injury score which can be used to make efficient and safe emergency response deployment decisions and early notifications to hospitals.

## Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Sexual and Reproductive Health, Children's Special Health, Women's Health Check, and Women, Infants and Children (WIC) nutritional program.

### Family Planning, STD and HIV Programs

The Family Planning, STD and HIV Programs administers funding to seven local public health agencies that provide comprehensive family planning services for Idaho residents at 42 clinic sites, including services offered at juvenile detention centers and migrant farm locations. During CY 2009 the Family Planning Program saw 26,571 clients (46,182 visits); 9.7 percent of those clients (2,578) were 15-17 years of age.

The national target for Healthy People 2010 is to reduce the pregnancy rates of teens 15-17 years old to 43 pregnancies per 1,000 females. Idaho's teen pregnancy rate has historically remained well below the national rate and the Healthy People 2010 goal. Ten years ago, the Idaho teen pregnancy rate was 25.1 per 1,000 females aged 15-17. During the past ten years, the rate reached a low of 20.8 in 2005, but has since increased to 21.2 per 1,000 females aged 15-17 in CY 2009. Overall, the number of pregnancies among 15-17 year olds decreased 13.9 percent and the rate declined 15.5 percent from 2000 to 2009.

**Idaho Teen pregnancy number and rate, females aged 15-17**

<b>Year</b>	<b>Number</b>	<b>Rate per 1,000 females aged 15-17</b>
2009	690	21.2
2008	781	23.8
2007	788	23.9
2006	762	22.9
2005	659	20.8
2004	655	20.9
2003	653	20.9
2002	714	22.6
2001	736	23.2
2000	801	25.1
1999	926	29.3

*Note: Idaho teen pregnancy numbers and rates are based on live births, induced abortions, and reportable stillbirths (only those fetal deaths with a gestational period of 20+ weeks or which weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1 percent) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable.*

The Family Planning, STD and HIV Programs also operate the sexually transmitted disease (STD), HIV Prevention, HIV Care, and Adult Viral Hepatitis Prevention projects. The projects work in partnership with local public health districts and community-based organizations to prevent the transmission of Chlamydia, gonorrhea, syphilis, HIV, and adult viral hepatitis through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

There were 3,834 cases of Chlamydia, 110 cases of gonorrhea and 31 cases of syphilis reported in Idaho in CY 2009 (2009 statistics are provisional) Over the last five years, Chlamydia rates increased 28.4 percent; however, gonorrhea and syphilis rates decreased. The number of syphilis cases has decreased since CY 2005 due to additional training of health care providers, increased epidemiologic surveillance, and aggressive investigation of infected partners.

**Rate of Sexually Transmitted Diseases**

	<b>Chlamydia</b>	<b>Gonorrhea</b>	<b>Syphilis</b>
<b>2009</b>	251.6	7.2	2.0
<b>2008</b>	275.2	12.3	1.7
<b>2007</b>	248.2	17.9	0.9
<b>2006</b>	234.1	14.1	0.8
<b>2005</b>	195.9	8.3	3.8

*Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 87.*

## Women, Infants and Children (WIC) Program

WIC 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 \$49 per month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The program also provides counseling in nutrition and breastfeeding to more than 79,000 participants annually. WIC services are delivered through the seven Idaho Public Health Districts, Benewah Health and Nimiipuu Health.

### Clients Served Monthly and Average Monthly Voucher Value

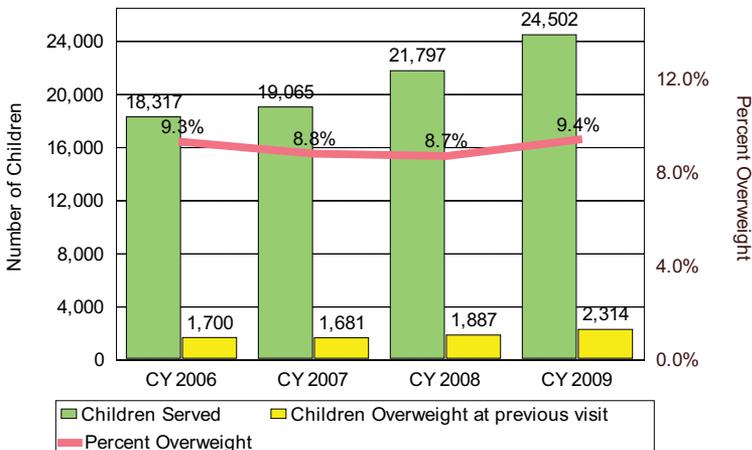
Year	SFY 2007	SFY 2008	SFY 2009	SFY 2010
<b>Clients Served</b>	<b>37,593</b>	<b>40,539</b>	<b>45,415</b>	<b>47,257</b>
<b>Average Voucher</b>	<b>\$48</b>	<b>\$55</b>	<b>\$54</b>	<b>\$49</b>

WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

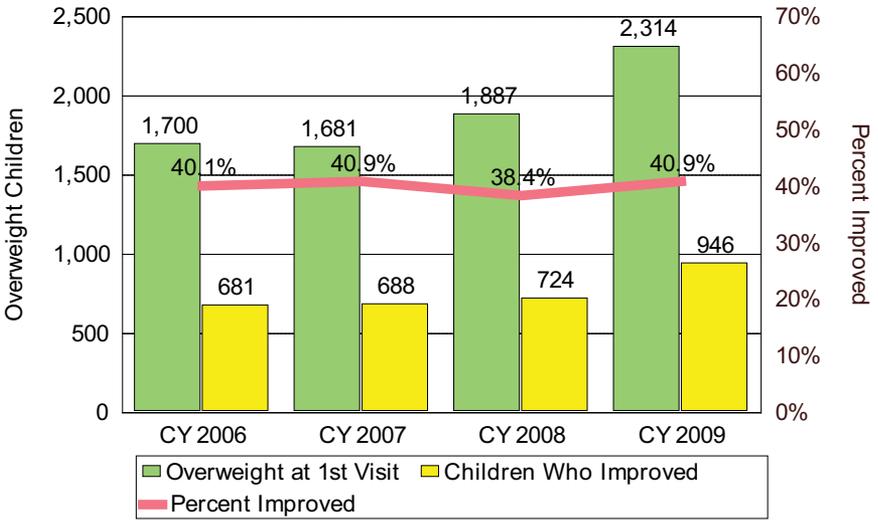
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure the status of their weight and height to obtain their Body Mass Index (BMI).

In 2009, 2,314 children served by WIC ages 2 to 5 years (9.4 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 40.9 percent improved their weight status at their recertification visit.

### Children Served and Those Overweight, Ages 2-5



### Overweight Children (age 2-5 years) with Improved Status



### Women's Health Check

Women's Health Check offers free mammography to women 50-64 years of age, and Pap tests to women 40-64 years of age, who have incomes 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, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990. The Idaho Millennium Fund supports limited diagnostic tests for women aged 19-29 who have screening test results suspicious for cancer. This project may end when funds are exhausted, or if the project is not funded in the future.

"Every Woman Matters" is a law passed by the 2001 Legislature which provides cancer treatment coverage by 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 screened women in Idaho since 1997. The number of active providers has increased from year-to-year, allowing more women to be referred to the program and screened statewide. The average age at screening is 52.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
SFY 2010	4,680	85	3	62
SFY 2009	4,270	62	2	56
SFY 2008	4,409	62	2	51
SFY 2007	3,813	43	3	31

## Office of Epidemiology, Food Protection and Immunization

The Office of Epidemiology, Food Protection, and Immunization encompasses programs that monitor disease trends and epidemics, helps safeguard Idaho's food supply, and prevents diseases through vaccinations.

The Immunization Program became part of the Office in September 2009. In 2010, the Refugee Health Screening Program also was added.

### Epidemiology

The Office works with the Centers for Disease Control and Prevention (CDC) and local public health districts to respond and report outbreaks. The Epidemiology Program:

- Tracks trends in reportable diseases that impact Idahoans, including whooping cough, Salmonellosis, tuberculosis, and influenza;
- Offers consultation and direction to public health districts on the investigation and intervention of diseases, and develops interventions to control outbreaks and prevent future infections;
- Delivers tuberculosis consultation and treatment services; and
- Provides medical direction for programs in the Division of Public Health.

Legislation was passed in the 2010 session that made novel influenza A viruses reportable in Idaho.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. In the last five years, the Epidemiology Program has grown from a completely paper-based disease reporting system to full implementation of a web-based electronic disease reporting system (CDC-supported NEDSS Base System). Electronic laboratory reporting capability has enabled receipt of 75% of reports from laboratories to be handled electronically, significantly reducing the length of time it takes to receive disease reports.

### Bloodborne Diseases

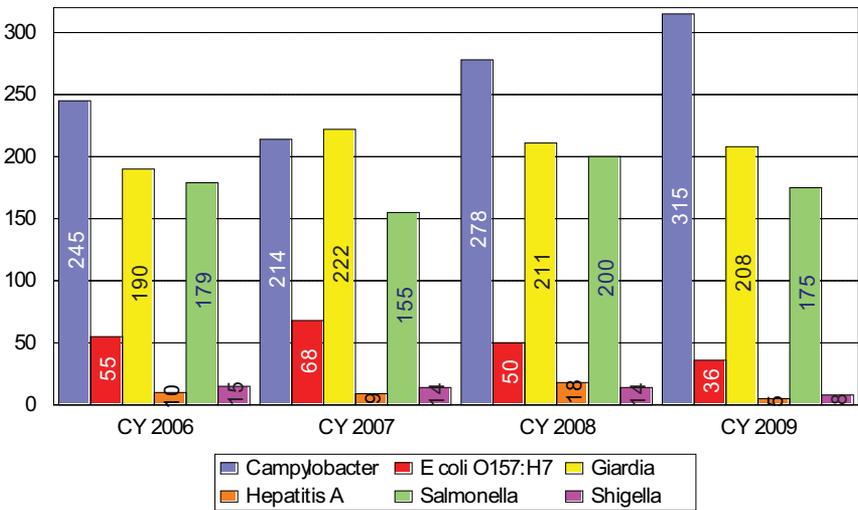
Bloodborne diseases, such as hepatitis B and C, along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or the exchange of bodily fluids during sexual contact.

Bloodborne Diseases	CY 06	CY 07	CY 08	CY 09
<b>New HIV Reports</b>	27	28	38	41
<b>New AIDS Reports</b>	31	14	31	34
<b>Idaho Residents Living with HIV/AIDS*</b>	921	992	1,095	1,217
<b>Acute Hepatitis B</b>	16	17	16	12
<b>Acute Hepatitis C</b>	1	7	6	8

*\*HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.*

### Enteric Diseases (Diseases of the Intestine)

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.



### Food Protection

The Food Protection Program works to protect the public from illnesses associated with the consumption of food. The program provides oversight, training, and guidance to environmental health specialists in local public health districts in Idaho. These environmental health specialists perform inspections of food facilities, conduct investigations of alleged complaints,

and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts investigate foodborne illness and outbreaks. They work closely with the food protection program and public health district environmental health specialists to investigate suspected and confirmed foodborne illnesses arising from both licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks. With foodborne diseases, the contaminated food item is often difficult to identify because it may take several days for illness to occur, and samples from suspect food items may no longer be available for testing.

	SFY 07	SFY 08	SFY 09	SFY 10
<b>Foodborne outbreaks</b>	10	10	10	7
<b>From licensed food est.</b>	4	4	4	5
<b>From home, church, picnics</b>	6	6	6	2
<b>People ill</b>	52	103	55	57

*NOTE: Only confirmed and probable outbreaks and cases are counted.*

### 2009 H1N1 Pandemic Influenza

A new influenza A H1N1 virus was identified in April 2009 in Mexico, and quickly evolved into a nationwide outbreak. On June 11, 2009, the World Health Organization declared it a pandemic virus due to widespread transmission throughout the world.

During the initial outbreak, from April 26 through August 31, 2009, 342 lab-confirmed cases of 2009 H1N1 influenza A infections were reported in Idaho. Unlike typical seasonal influenza A, which tends to affect more older individuals, the median age of those with 2009 H1N1 influenza A was 20 years, with over half (55%) of Idaho cases among people ages 5-24; only one percent was reported among people 65 or older. While a few cases had risk factors such as asthma or other chronic conditions, most illness occurred among otherwise healthy people. Of those initial cases reported in the spring and summer of 2009, 15 were hospitalized and no deaths were reported. The last case of 2009 H1N1 influenza A reported during the 2009-2010 influenza season occurred in March 2010.

On September 1, 2009, the State mandated laboratory-based reporting of any isolation of a novel influenza A virus, including H1N1. The reporting rule also required providers to report hospitalized cases of probable or confirmed novel influenza A. By the start of the 2009-2010 influenza season, the H1N1 virus was the dominant circulating influenza strain, resulting in widespread illness throughout the state, with increased hospitalizations and deaths being reported.

Influenza viruses are unpredictable and often infect communities in 'waves' of illnesses. Influenza viruses often experience genetic shifts, which

can make them cause more severe illnesses. Idaho public health workers are prepared for long-term influenza infections and continue diligent surveillance activities to protect Idaho residents.

### **Refugee Health Screening Program**

The department has supported resettlement of refugees in Boise and Twin Falls areas since the 1980s through partnerships with the federal government, local district health departments and the private sector. The Refugee Health Screening Program's primary responsibility is to ensure that newly arriving refugees receive a complete health screening and necessary follow-up care upon their arrival in Idaho.

Program goals are to:

- 1) Ensure early identification and management of refugees infected with, or at risk for, communicable diseases of potential public health importance;
- 2) Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life; and
- 3) Introduce refugees to the Idaho health care system.

Since April, DHW has had a full-time staff member managing the program. In addition, DHW has other staff with expertise in tuberculosis, immunizations, infectious diseases, and epidemiology who support the program when necessary. The Division of Public Health has revised and updated Idaho's refugee health screening guidelines based on the Office of Refugee Resettlement and CDC newest refugee health screening requirements and recommendations. The new guidelines will take effect in FFY 2011 and should improve a health screening provider's ability to identify illnesses and refer refugees for follow-up care and treatment.

### **Immunization Program**

The Idaho Immunization Program (IIP) is a multifaceted program which strives to increase immunization rates and awareness of childhood vaccine preventable diseases. The IIP provides educational resources to the general public and healthcare providers. The IIP also oversees the national Vaccines For Children (VFC) program, which provides vaccine for children who might not otherwise be vaccinated.

Using both federal and state funds, the IIP distributes vaccines to private and public healthcare providers free of charge for all Idaho children 0-18 years of age. Healthcare providers can charge a fee for administering a state-supplied vaccine, but cannot charge for the vaccine itself. This practice ensures all Idaho children have access to recommended vaccines, regardless of their ability to pay.

The IIP also conducts quality assurance site visits with enrolled VFC

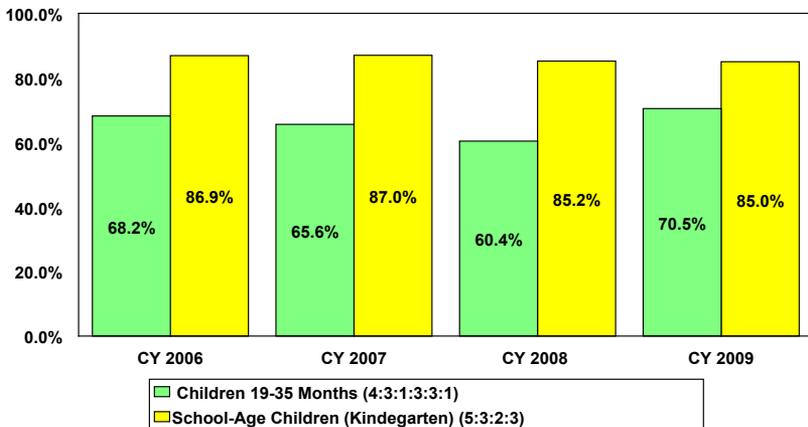
providers. Site visits are important opportunities to provide information on vaccine efficacy, updates regarding state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices.

The IIP works with schools in an effort to focus on increasing the number of school-aged children who receive all recommended childhood immunizations. School and child care activities include site visits and educational opportunities for school nurses, school staff, and child care staff. During these visits, the IIP staff reviews immunization records and provides trainings to increase the knowledge of school nurses and staff regarding the immunization schedule, school immunization rules, and protocols for vaccine preventable disease outbreaks among students.

#### Number of Childhood Vaccine Preventable Diseases

Disease	CY 06	CY 07	CY 08	CY 09
Hemophilus influenzae B (HIB, invasive)	1	8	12	5
Measles	0	0	0	0
Mumps	7	7	2	3
Pertussis (whooping cough)	88	45	40	99
Rubella	0	0	0	0
<b>Total</b>	<b>96</b>	<b>60</b>	<b>54</b>	<b>107</b>

#### Percent of Children Fully Immunized



Note: For CYs' 2006-2008, the 4:3:1:3:3:1 series was used and includes 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, one or more doses of MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more dose of varicella vaccine. In 2009, the Immunization series added 4 or more doses of pneumococcal conjugate (PCV) vaccine to the series. Due to a national Hib vaccine shortage, the vaccination series reported for 2009 excludes the Hib vaccine. Idaho is currently at the national average of 70.5% for children 19-35 months in CY 2009. For school aged children, the vaccine series used is: 5:3:2:3. This vaccination series includes 5 doses of DTaP, 3 doses of poliovirus vaccine, two doses of MMR and 3 doses of HepB.

## Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system that allows healthcare providers, schools and childcare facilities access to vaccine records for people of all ages residing in Idaho. Through SFY 2010, IRIS was an 'opt-in' registry, meaning people had to provide consent prior to their records being stored in IRIS. Beginning July 2010, Idaho's registry became 'opt-out.' This means all babies born in Idaho are entered into IRIS via their electronic birth certificate. This does not change the fact IRIS remains a voluntary registry; parents and/or legal guardians can have their children's records removed at any time.

The number of Idahoans enrolled in IRIS increased 85% during SFY 2010. One of the primary reasons for this growth was the H1N1 pandemic influenza vaccination effort in which all of the H1N1 vaccine was ordered and accounted for through the IRIS system.

Continued growth in the registry is expected in SFY 2011 with adoption of the Vaccine Assessment Board. This effort requires providers wishing to administer publicly supplied vaccine to also order and account for the vaccine through IRIS.

Idahoans Enrolled in Registry				
	SFY 2007	SFY 2008	SFY 2009	SFY 2010
Ages 0-35 Months	61,219	64,059	47,669	68,505
Ages 3-5 Years	56,341	62,859	68,096	75,163
Ages 6-18 Years	122,765	150,893	195,857	238,367
Ages > 18 Years	99,781	112,222	136,380	448,895
Total	340,106	390,033	448,002	830,930

### Vaccine Distribution

The IIP provides vaccines for VFC-eligible children through the VFC Program, sponsored by the federal Centers for Disease Control and Prevention (CDC), and purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 500,000 vaccine doses statewide to approximately 330 providers, local public health districts, clinics, and private physicians.

## Vaccine Adverse Event Reporting System (VAERS)

In SFY 2010, Idaho submitted 42 reports to the Vaccine Adverse Events Reporting System. 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 trends in adverse reactions for any given vaccine.

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.

#### Number of Adverse Reactions and Rate per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2010	42	523,351*	0.8
SFY 2009	32	572,451	0.6
SFY 2008	38	612,100	0.6
SFY 2007	38	521,897	0.7

*\*Note: The number for SFY 2010 is an estimate and will increase as health-care provider reports are received.*

## Laboratory Services

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs within the department, those delegated to the district health departments, and those of other state agencies. The bureau offers a broad range of services in four categories:

### 1. Testing

- Communicable disease agents in clinical specimens: Enteric, respiratory, vaccine preventable, zoonotic, and sexually transmitted diseases;
- Contaminants in environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts; and
- Biological and chemical threats: Agents of biological or chemical terrorism.

### 2. Inspection

- Clinical and environmental laboratories;
- X-ray and mammography units; and
- Air quality monitoring stations.

### 3. Training

- Multi-agency technical consultation and work-force development;
- Continuing education seminars and tele-lectures; and
- Formal presentations at local, regional, and national conferences, meetings, workshops, and universities.

### 4. Outreach

- Maintenance of a public-private Idaho Laboratory Response Network;
- Development and validation of new analytical methods; and
- Publication and presentation of applied public health research.

IBL employs 40 highly trained scientific, administrative, and support staff in a central facility in Boise. The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the primary laboratory for the Department of Environmental Quality's Drinking Water Program. IBL also is accredited by Centers for Medicaid and Medicare

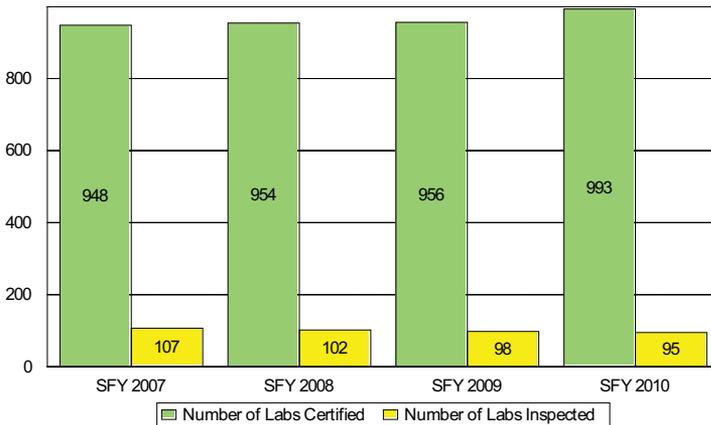
Services as a high complexity clinical laboratory. The bureau is the Idaho Laboratory Response Network (LRN) Reference laboratory for biological threat agents and operates an LRN Level 2 laboratory for chemical threat agents.

Examples of public health testing services performed at the Bureau of Laboratories includes tests for: sexually transmitted diseases such as HIV, Chlamydia, and gonorrhea; foodborne diseases such as Salmonella, E. coli O157:H7, and Norovirus; vaccine preventable diseases such as Pertussis, Measles, Mumps, and Chicken Pox; respiratory diseases such as Influenza, SARS, and Hantavirus; animal associated (zoonotic) diseases like rabies and West Nile virus; environmental tests for air pollutants like ozone and particulate matter; mercury content in fish; and a full suite of public drinking water tests that includes total coliforms, E. coli, and regulated chemicals such as pesticides, nitrates, arsenic and cyanide.

The bureau's laboratory improvement services provide registration and inspection of clinical laboratories and environmental lab certification. The number of inspected clinical laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 63 JCAHO, CAP, and COLA laboratories in Idaho.\*

\*CLIA: Clinical Laboratory Improvement Amendments.  
 JCAHO: Joint Commission on Accreditation of Healthcare Organizations.  
 CAP: College of American Pathologists.  
 COLA: Commission of Laboratory Accreditation

### 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 requiring on-site inspections. The department has increased the number of labs in Idaho certified by CLIA.*

## Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of people by providing:

- Technical assistance and analysis for injury prevention activities;
- Strategies to reduce risk behaviors;
- Programs to prevent and control chronic diseases;
- Policies and strategies to prevent and reduce exposure to contaminants; and
- Leadership, education and outreach programs.

The Bureau is comprised of the following programs:

- Comprehensive Cancer Control;
- Respiratory Health (tobacco and asthma);
- Physical Activity and Nutrition, which includes the Idaho Physical Activity and Nutrition Program, Project LIFE, Fit & Fall Proof, and Coordinated School Health;
- Oral Health;
- Diabetes Prevention and Control;
- Heart Disease and Stroke Prevention; and
- Environmental Health and Injury Prevention, which includes Sexual Violence Prevention, Adolescent Pregnancy Prevention, Indoor Environment, Environmental Health Education and Assessment, Injury Prevention and Surveillance, and Toxicology.

### **Tobacco Prevention and Control**

The Tobacco Prevention and Control (TPC) Program works to create a state free from tobacco-related death and disease. Called “Project Filter,” the comprehensive program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The TPC program fosters statewide coordination for successful tobacco control with these program goals:

- Prevent initiation of tobacco use among youth;
- Promote tobacco cessation among users;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

Idaho ranks 13th in the nation for the lowest percentage of adults who smoked in 2009, at 16.3%. The national percentage of adults who smoked was 18.4%.

Idaho Adults aged 18+	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009
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**Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)**      17.9%      16.8%      19.1%      16.9%      16.3%

*Note: According to the 2009 Youth Risk Behavior Survey, 14.5 percent of Idaho high school students smoked one or more cigarettes in the 30 days prior to the survey.*

### Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. IPAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2009 was 63 percent based on the median of all states and U.S. territories.

Idaho Adults 18 and Over	CY 2006	CY 2007	CY 2008	CY 2009
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**Overweight Adults (Body Mass Index >25)**      59.7%      63.1%      62.2%      61.3%

*Note: According to the 2009 Youth Risk Behavior Survey, 8.8 percent of Idaho high school students are obese and an additional 12 percent are at risk for becoming overweight.*

Definition of Standardized Weight Status Categories (Percentile Range):  
 Underweight.....Less than the 5th percentile  
 Healthy Weight.....5th percentile to less than 85th percentile  
 At Risk for Overweight.....85th to less than the 95th percentile  
 Overweight.....Equal to or greater than the 95th percentile

### Coordinated School Health

Through a partnership with the State Department of Education, the Coordinated School Health (CSH) Program provides funding opportunities, training, guidance, technical assistance and resources to schools that develop coordinated school health programs. Twelve Idaho schools are currently funded by the CSH Program to implement policies and interventions that address health education; physical education; health services; nutrition services; counseling/psychological services; a healthy, safe environment; parent and community involvement; and staff wellness.

The CSH Program further supports these efforts by administrating programs such as the Healthy Schools Program that funds 14 school nurses in low-income and rural schools across the state. The CSH Program also conducts ongoing school-based data collection by administering the Youth Risk Behavior Surveillance Survey and School Profiles Survey. In 2008, the CSH program coordinated a comprehensive statewide Body Mass Index (BMI) study and a Physical Education Teacher Survey.

## Fit and Fall Proof

The Idaho Physical Activity and Nutrition Program contracts with local public health districts to implement a fall prevention exercise program for older adults called Fit and Fall Proof™. Fit and Fall Proof focuses on improving balance, strength, flexibility and mobility to reduce the risk of falling, in addition to increasing participants' emotional and social well-being.

From 2007-2009, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time period, 85% of all unintentional deaths by falls were among individuals 65 years of age and older. In 2008, Idaho Emergency Medical Services responded to 6,684 fall-related calls for individuals 65 years and older. 63% of those who fell were transported to a hospital. A greater proportion of females (56%) fell than males (44%). It is estimated the costs associated with fall-related calls in Idaho is as high as \$35 million.

Fit and Fall Proof™ continues to expand in Idaho's local public health districts. During FFY 2009, more than 4,700 visits to Fit and Fall Proof classes were made by Idaho seniors. In October 2009 and April 2010, six new Master Trainers were added to increase the fidelity of the program throughout Idaho. Refresher workshops for Fit and Fall Proof master trainers were conducted in September 2009 and August 2010. Eighty-eight active class sites will be maintained during FFYs 2010 and 2011. Terry-Ann Spitzer-Gibson, PhD, Associate Professor at Boise State University has concluded a controlled research study of the Fit and Fall Proof program. A final report of her research has been submitted to several peer-reviewed journals for publication. Dr. Spitzer-Gibson's findings indicate that a low-cost, multifaceted exercise program can be effective for improving aspects of physical function and for reducing fall risk factors.

### Injury Death Rate, Death Due to Accidental Falls\*

	<65	65+	Total
<b>CY 2009</b>	<b>1.7</b>	<b>69.4</b>	<b>9.9</b>
<b>CY 2008</b>	2.1	59.3	8.9
<b>CY 2007</b>	2.2	60.6	9.0
<b>CY 2006</b>	1.6	70.9	9.6

\*Rate per 100,000 population in age group.

### Number of Deaths Due to Accidental Falls

	<65	65+	Total
<b>CY 2009</b>	<b>23</b>	<b>130</b>	<b>153</b>
<b>CY 2008</b>	28	108	136
<b>CY 2007</b>	29	106	135
<b>CY 2006</b>	21	120	141
<b>CY 2005</b>	14	87	101

## Idaho Comprehensive Cancer Control Program

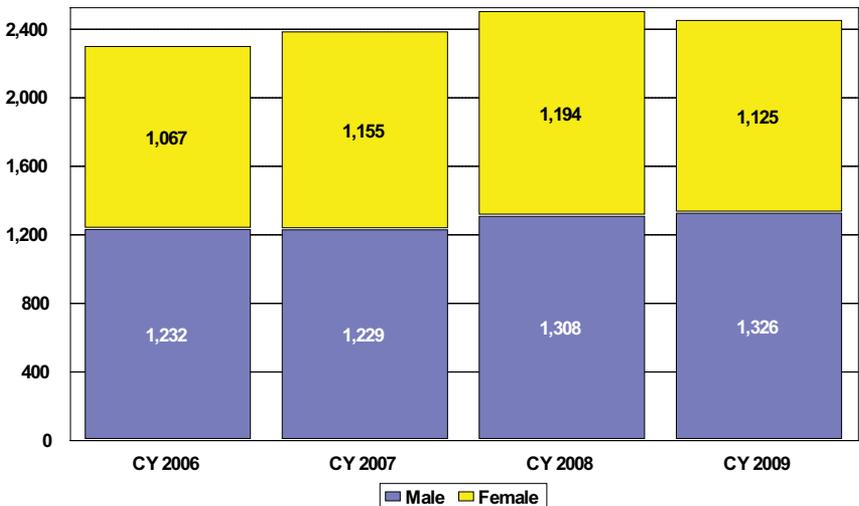
In 2008, cancer surpassed diseases of the heart as the leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal cancer, skin (specifically melanoma), prostate, oral, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer. Idaho has some of the lowest screening rates in the U.S. for these cancers, with the Comprehensive Cancer Control Program working to improve screening rates.

The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

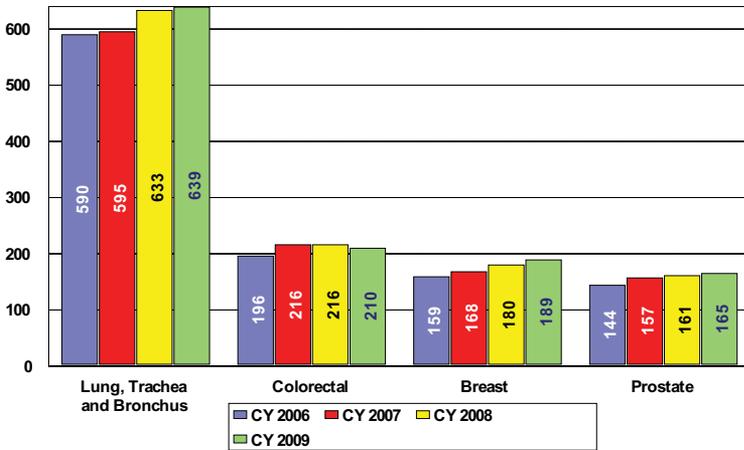
- Defines and raises awareness of the burden of cancer and cancer issues in Idaho;
- Develops new, and networks with existing, resources statewide;
- Implements strategies to reduce the burden of cancer and improve the quality of life for people with, or in recovery from, cancer; and
- Increases awareness of the importance of early detection and diagnosis which leads to the improvement of cancer screening rates according to current science and recommendations.

In 2009, Idaho reported 2,451 cancer deaths, down from 2,502 during 2008.

### Cancer Deaths of Idahoans



## Idaho Cancer Deaths by Primary Site of Malignancy



*\*Note: Colorectal cancer includes deaths caused by cancer of the colon and rectum; it does not include deaths caused by cancer of the anus. The numbers for breast cancer deaths include deaths to both men and women.*

## Diabetes Prevention and Control

The Diabetes Prevention and Control Program, funded by the Centers for Disease Control and Prevention, aims to address the following National Diabetes Program goals:

- Prevent diabetes;
- Prevent complications, disabilities, and the burden of disease associated with diabetes; and
- Eliminate health-related disparities.

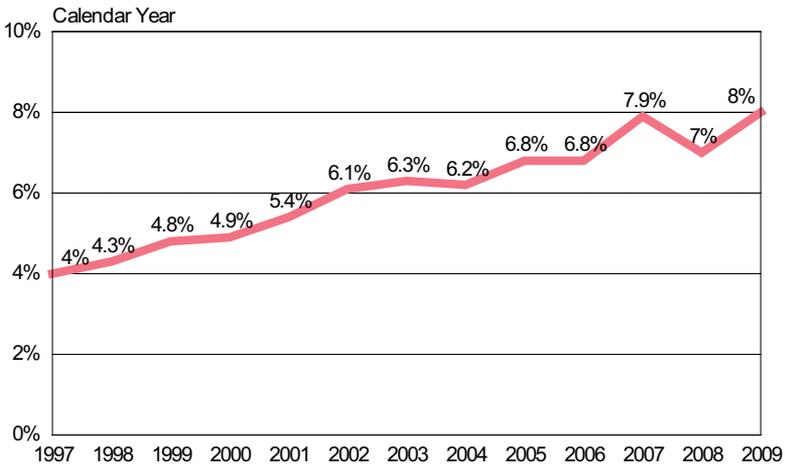
A statewide network of contractors, including the local public health districts, federally qualified community health centers and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that address the National Diabetes Program Goals. Projects are focused on improving diabetes care in the clinical setting and providing community level outreach linking people to resources that help them manage their diabetes. The main goal is to support the national effort to improve A1c, blood pressure and cholesterol levels. The Diabetes Prevention and Control Program also strives to reduce health disparities in high risk populations. The program partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

The Diabetes Prevention and Control Program and the Diabetes Alliance are guided by the Idaho Diabetes 5-Year State Plan 2008-2013. The plan serves as a framework for conducting activities related to four goals:

1. Improve quality of care;
2. Improve access to care;
3. Prevent diabetes and diabetes complications; and
4. Develop and implement effective and sustainable policy.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the increasing rate of people who are overweight and obese, the aging population, and the increasing number of minorities who are a high risk for developing diabetes.

### Percent of Idaho Adults who have been Diagnosed with Diabetes 1997-2009



### Oral Health

The Idaho Oral Health Program, funded by the Maternal and Child Health Block Grant, focuses on improving dental care for children and pregnant women, especially those at high risk for poor oral health because of socioeconomic status. The Oral Health Program participates in educating the public and health professionals about oral health care throughout the life span. Public-private partnerships and contracts with the local public health districts maximize the outreach and influence of the Oral Health Program.

Functions of the program include:

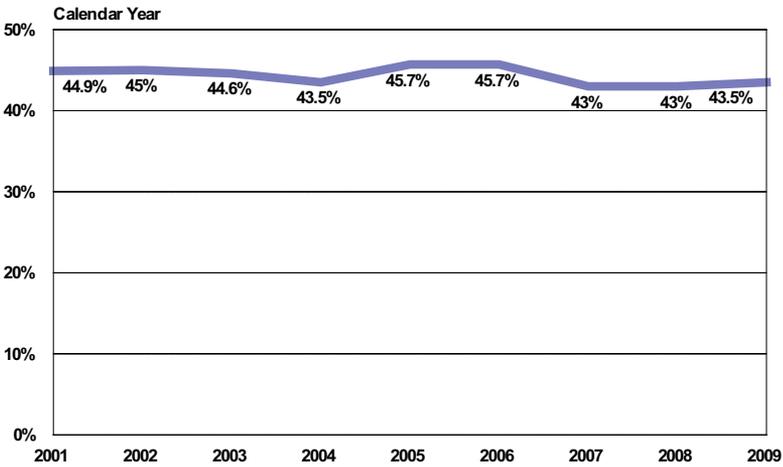
- Prevent early childhood caries through schools with programs focused on fluoride mouth rinse, dental sealants, fluoride varnish, and school-based education programs;
- Monitor the burden of oral health in Idaho;
- Work with Women Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to

deliver dental programs; and

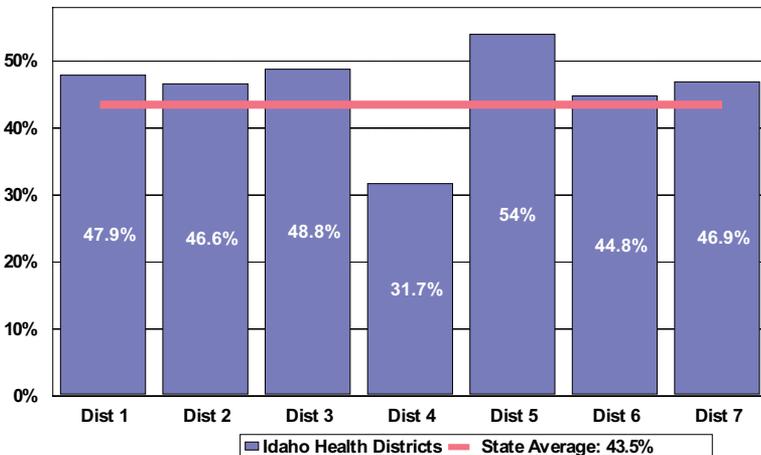
- Participate as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

The program partnered with the Oral Health Alliance to develop the Idaho Oral Health Action Plan 2010-2015. The goals of the Plan include prevention, improving access to care, and improving policy.

### Percent of Idaho Adults Without Dental Insurance 2002-2009



### Percent of Idaho Adults Without Dental Insurance by Health District 2009



## Heart Disease and Stroke Prevention

In 2008, Idaho became the 41st state with a CDC funded Heart Disease and Stroke Prevention Program. Idaho is currently a “capacity building” state, meaning the state is focused on building infrastructure and expanding expertise within the state to support interventions.

The Idaho Heart Disease and Stroke Prevention Program is working to address the following priority areas:

- Controlling high blood pressure;
- Controlling high cholesterol;
- Increasing the knowledge of signs and symptoms of heart attack and stroke, and the importance of calling 911;
- Improving emergency response;
- Improving the quality of care; and
- Eliminating health disparities.

The program works collaboratively with other private and public organizations and agencies to impact these priority areas. In partnership with the Idaho Heart Disease and Stroke Prevention Advisory Committee, a Heart Disease and Stroke State Plan was developed in 2009.

Additionally in 2009, the Heart Disease and Stroke Program updated the Burden of Cardiovascular Disease in Idaho report, which provides a synopsis of the impact of heart disease and stroke in Idaho.

Currently, the Heart Disease and Stroke program is working with hospitals across Idaho to improve on the program priorities. Specifically, the partnership is focusing on increasing awareness about the importance of controlling blood pressure and cholesterol, along with recognizing the signs and symptoms of heart attack and stroke, and the importance of calling 911.

One of the major risk factors for heart attack and stroke is high blood pressure. The Centers for Disease Control and Prevention's data shows that of people 18-44 years of age, 12 percent reported being diagnosed with high blood pressure, 32.1 percent of those 45-64 reported being diagnosed with high blood pressure and of those aged 65 and older, 56 percent reported being diagnosed with high blood pressure.

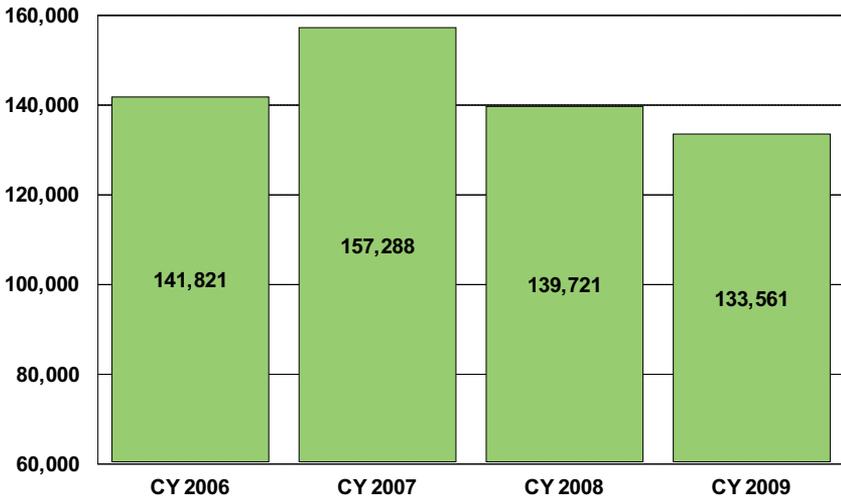
The Heart Disease and Stroke Prevention program also works with other public and private agencies and organizations to improve emergency response and the quality of care for heart attack and stroke.

According to CDC data for Idaho, 3.6 percent of adults surveyed were told by a doctor, nurse or other health professional they ever had a heart attack, also called a myocardial infarction. Of adults surveyed, 2.5 percent reported a doctor, nurse or other health professional told them they had a stroke.

## Bureau of Vital Records and Health Statistics

The Bureau of Vital Records and Health Statistics is responsible for the registration, documentation, correction, and amendment of vital events that includes birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends which can be used to develop and shape future health interventions and programs. The bureau issues vital record certificates and produces numerous statistical reports and publications.

### Birth, Death, Marriage and Divorce Certificates Issued



## Bureau of Health Planning and Resource Development

The Bureau of Health Planning and Resource Development includes the Health Preparedness Program and the Office of Rural Health and Primary Care. Both programs work closely with hospitals, federally qualified health centers, emergency medical service providers, local public health districts, associations, universities and other key entities in the health system.

### Health Preparedness Program

The Health Preparedness Program is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

- Upgrade infectious disease surveillance and investigation;
- Improve Idaho's surge capacity to adequately care for large numbers of patients during a public health emergency by working with public health districts, hospitals, emergency medical services and clinics;
- Expand public health laboratory and communication capacities;
- Develop influenza pandemic response capabilities; and
- Provide for the distribution of medications, vaccines, and personal protective equipment.

The Health Preparedness Program works with many stakeholders to develop effective plans, mutual aid agreements, trainings and exercises to provide coordinated and comprehensive all-hazards approaches to emergency health preparedness, response and recovery measures. The Health Preparedness Program is funded by the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response (ASPR). During SFY 2010, over \$12 million was distributed to community partners that included local public health districts, hospitals, community health centers, tribal entities, EMS providers, key state and private stakeholders to sustain and improve Idaho's ability to respond to a public health emergency.

During the recent H1N1 outbreak, the Health Preparedness Program implemented successful strategies in response to the pandemic threat that included:

- Novel influenza infections became reportable, including hospitalizations, improving the ability to count reported cases and evaluate flu severity in a timely fashion;
- Tracking deaths was greatly aided by the newly implemented electronic death registry (EDR), which dramatically shortened the time between the occurrence of a death and the filing of a death certificate with the State from weeks to days;
- Idaho established a new hospital-based surveillance system that tracked the numbers of influenza-associated hospitalizations; and
- The electronic resource tracking program (EMSYSTEMS) was modified to specifically capture instances of emergency department usage for influenza-like illness.

Idaho H1N1 vaccination highlights:

- Idaho distributed 574,600 doses of 2009 H1N1 vaccine;
- 541 healthcare providers (e.g., local public health districts, community health centers, hospitals, private physicians, pharmacies) signed vaccine provider agreements with DHW to administer H1N1 vaccine;
- 318,310 doses of H1N1 vaccine were administered based on the Idaho Immunization Reminder Information System (IRIS) registration and anonymous vaccine tracking records, which included 128,516 children;
- 56 VAERS (vaccine adverse event reporting system) reports were received for persons who received H1N1 vaccine in Idaho. Two reports were categorized as serious adverse events.

- Idaho participated in the H1N1 Influenza Vaccine Recovery Program which afforded participating providers a venue for returning expired and/or un-used vaccine at no cost.

### Office of Rural Health and Primary Care

Rural Health and Primary Care administers programs to improve access to health care in rural and underserved areas of Idaho. To accomplish this, Rural Health collects data that identifies health professional shortages, provides technical assistance, administers grants, and promotes partnerships to improve rural healthcare.

Three types of health professional shortage areas are measured in Idaho: primary care, dental, and mental health. These are designated by a federal formula to have a shortage of health professionals if:

- An area is rational for the delivery of health services;
- A area has a population group such as low-income persons and migrant farm workers; or
- A public or nonprofit private medical facility has a shortage of health professionals.

Medical doctors in a primary care shortage area provide direct patient and out-patient care in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not counted.

#### Idaho Geographic Area with Health Professional Shortage Designation

	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>CY2009</u>
Primary Care	90.0%	95.3%	96.7%	96.7%
Dental Health	92.4%	92.4%	93.9%	93.9%
Mental Health	100.0%	100.0%	100.0%	100.0%

The Office of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities. The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, purchase computer hardware or software, and provide staff training on computer information systems. Twenty-seven Idaho hospitals are eligible for improvement grants; 26 hospitals completed the terms of participation and received federal funds in FFY 2009 totaling \$227,240.

State grants also are available through the Rural Health Care Access Program. These grants are targeted for government and non-profit entities to improve access to primary care and dental health services in Health Professional Shortage Areas and Medically Underserved Areas.

State Grants for Rural Health Care Access Program				
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	<u>SFY 2007</u>	<u>SFY 2008</u>	<u>SFY 2009</u>	<u>SFY 2010</u>
<b>Grant Requests</b>	\$1,537,436	\$1,141,898	\$1,685,415	\$237,630
<b>Amount award</b>	\$ 272,900	\$ 220,000	\$ 252,156	\$ 43,325
<b>Applicants</b>	19	14	22	10
<b>Awarded</b>	7	5	6	3

## Emergency Medical Services

The Emergency Medical Services (EMS) Bureau supports the statewide system that responds to critical illness and injury situations. Services include:

- Licensing ambulance and non-transport EMS services;
- Licensing of EMS personnel;
- Operation of the statewide EMS Communications Center;
- Providing technical assistance and grants to community EMS agencies; and
- Assessing EMS system performance.

### EMS Personnel Licensure

The EMS Bureau licenses EMS personnel when minimum standards of proficiency are met. All personnel licensed in Idaho must be trained in courses that meet or exceed the national standard curriculum published by the National Highway Traffic Safety Administration.

To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS educators.

**Personnel are licensed at one of four levels:**

#### 1. Emergency Medical Responder (EMR)

The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.

## 2. Emergency Medical Technician (EMT)

The primary focus of the EMT is to provide basic emergency medical care and transportation for critical and emergent patients. The EMT is licensed to provide basic non-invasive interventions focused on the management and transportation of out-of-hospital patients with acute medical and traumatic emergencies. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

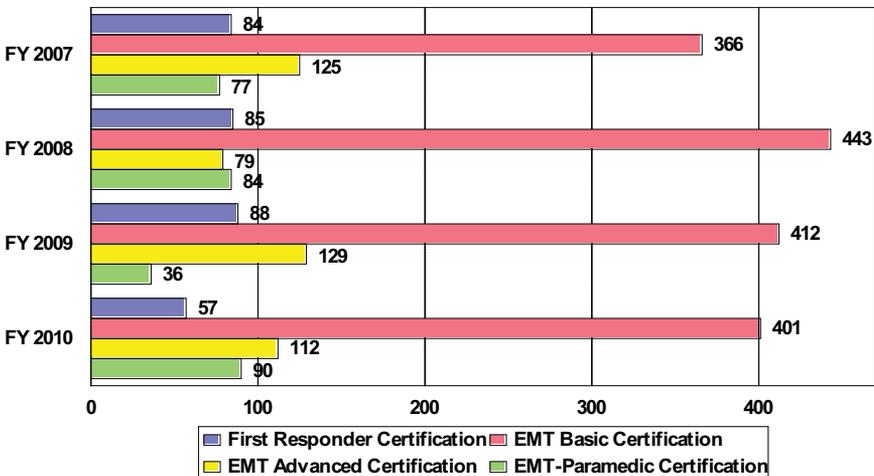
## 3. Advanced EMT (AEMT)

The AEMT provides basic and limited advanced emergency medical care and transportation for critical and emergent patients. The AEMT is licensed to provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training. The major difference between the AEMT and the EMT is the ability to perform limited advanced skills for emergency patients.

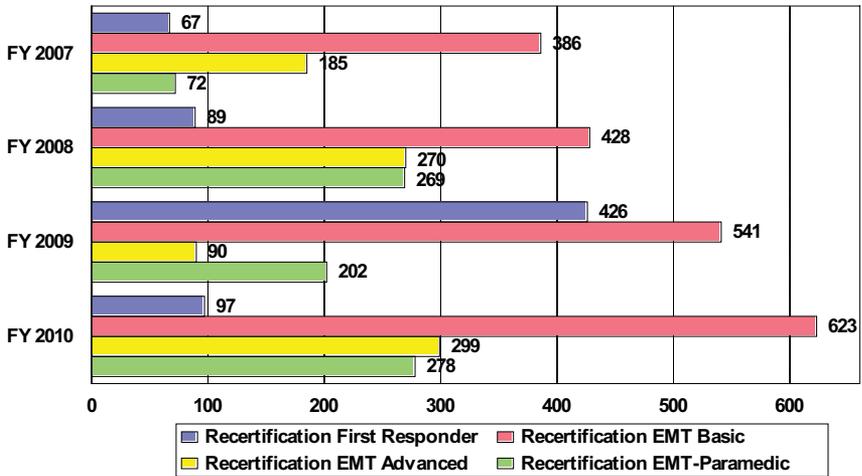
## 4. Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. The paramedic is licensed to provide basic and advanced skills including invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. The major difference between the Paramedic and the AEMT is the ability to perform a broader range of advanced skills and use of controlled substances.

### EMS Personnel Licensure



### EMS Personnel Licensure Renewal



### EMS Dedicated Grants

The EMS Dedicated Grant program has operated since 2001, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 199 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 lifting and moving, rescue, safety, spinal immobilization, fracture management and vital signs monitoring.

Year	SFY 07	SFY 08	SFY 09	SFY 10
Grant Requests	\$3.0 mil.	\$2.7 mil.	\$3.2 mil.	\$2.5 mil.
Grants Awarded	\$860,000	\$1.1 mil.	\$1.3 mil.	\$1.4 mil.
Vehicle Requests	31	29	30	24
Vehicles Awarded	11	12	12	13
<b>Patient Care Equipment</b>				
Agencies Applying	57	58	62	56
Agencies Awarded	47	41	50	45

## Medically Indigent Services

*Cynthia York, Administrator, 334-5574*

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

Medically Indigent Services works with a steering committee comprised of the Idaho Association of Counties, Idaho Hospital Association, Idaho Medical Association and the state's Catastrophic Health Care Cost Program.

For SFY 2011, Medically Indigent Services had one FTE, with a total appropriation of \$128,800, all state general funds.

### Initiatives

**Combined Application:** Developed a combined application for county and state indigent funds that automatically reviews the applicant for Medicaid eligibility. If a person is eligible for Medicaid, federal funds for medical expenses can be leveraged to help pay for the costs. The common application was implemented in July 2010. During the first quarter of operation, 2,050 applications were processed with a Medicaid eligibility approval of 127 applicants, six percent of all applications.

**Utilization Management:** To manage the health care costs through review and individual case assessments, the Legislature directed Medically Indigent Services to explore a utilization management tool. An analysis was conducted during SFY 2010 to identify options and costs for a utilization management contract, with initial estimates ranging from \$1.5 to \$3.5 million.

Upon review, the department developed an alternative solution for the State to perform utilization management services in-house at a cost of approximately \$560,000 and a staff of 3.25 FTEs. The Idaho Legislature will consider the options for a utilization management program during the 2011 session.

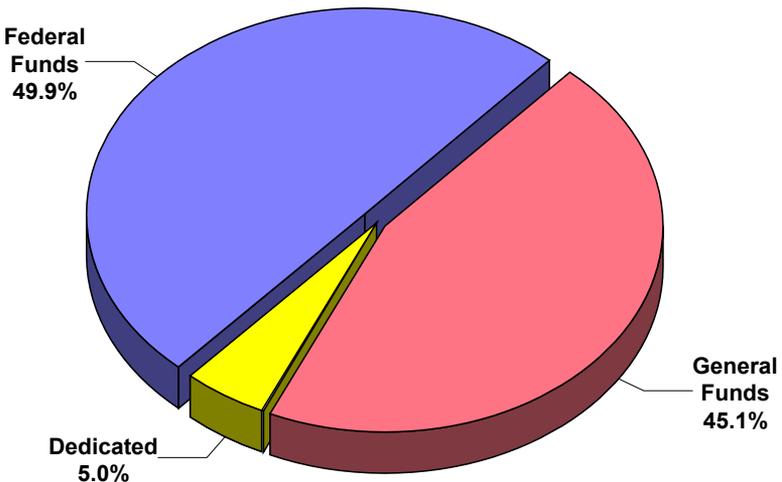
## Indirect Support Services

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, Legal Services, Financial Services, Operational Services, Information and Technology, Audits and Investigations, and Public Information and Communications.

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.

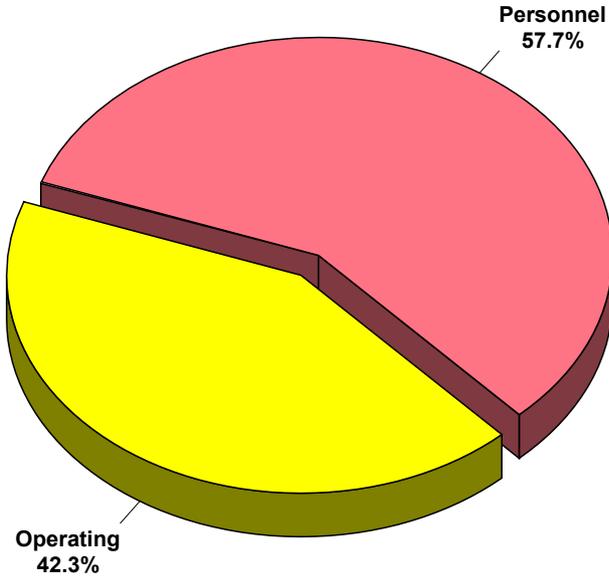
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Audits and Investigations conducts internal audits and external fraud investigations for department benefit programs. Operational Services provides the human resource services to manage the department's workforce of 3,000 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

### Indirect Support SFY 2011 Funding Sources

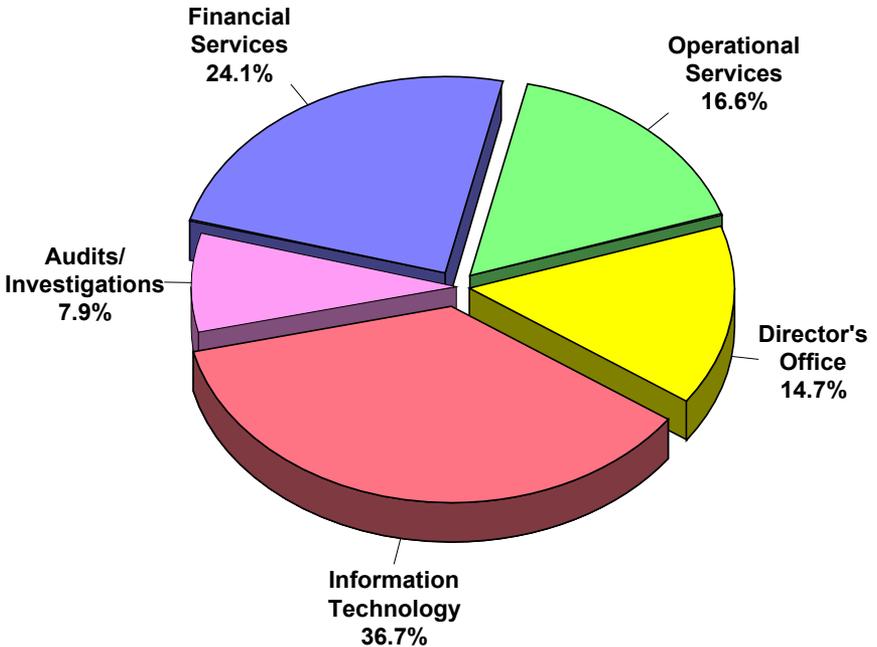


*Authorized FTP: 295; Original SFY 2011 Appropriation: General Funds \$15.2 million, Total Funds \$33.8 million; 1.7% of Health and Welfare funding.*

### Indirect Support SFY 2011 Expenditure Categories



### Indirect Support Spending



## Office of the Director

***Richard M. Armstrong, Director, 334-5500***

The Director's Office sets policy and direction 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 to help formulate policy. The executive team 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 Health Services;
- A Deputy Director responsible for Family and Welfare services; and
- A Deputy Director responsible for Support Services.

## Support Services

***Dave Taylor, Deputy Director, 334-5500***

The Division of Support 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 financial reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other divisions, Support Services provides guidance and support to ensure resources are managed responsibly.

## Bureau of Financial Services

Financial Services consists of Financial Management, Financial Systems Support, Accounts Payable, Accounts Receivable, Employee Services, and Electronic Benefits.

### **Financial Management**

Financial Management ensures adequate cash is available for the department to meet its financial obligations, functioning 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;
- Preparing expenditure reports for more than 100 federal grants that fund department programs. The largest of these federal grants is Medicaid,

for which the SFY 2010 award was \$1.2 billion;

- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing four Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Child Welfare, Children's Mental Health, and Adult Mental Health;
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributing appropriated funding to more than 2,500 operating budgets within the department;
- Monitoring program expenditure trends to allocated funding;
- Preparing financial analysis and reporting for division and executive management;
- Monitoring established FTE positions; and
- Researching and compiling historical expenditure and revenue information.

### **Financial Systems Support**

This unit supports the automated accounting systems used by the department. It also provides system support including design, testing, troubleshooting, interfaces with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. It also is responsible for reports and maintenance of Financial Services' data warehouse, and provides administrative support for interagency systems, such as the P-Card. 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;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- Navision — Front-end to department's budget, purchasing and vendor payment activities;
- Contraxx -- Electronic contract operation and management system;
- Fixed Assets-- Department's inventory system; and
- Accounts Payable-- Child care, child support and job search payment system.

## **Accounts Payable**

This unit performs all statewide accounts payable interactions 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 technical assistance;
- EBT support; and
- Invoice/payment audit.

## **Accounts Receivable**

This unit is responsible for billing and collection activity. Accounts Receivable pursues debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

Accounts Receivable is located in Twin Falls, and its primary responsibilities are:

- Statewide collection of 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.

## **Employee Services**

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

- 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, central office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Distributes biweekly payroll warrants and pay stubs;
- Provides validation and entry of information for new hires, terminations, transfers, etc., and payroll deductions such as health

insurance and pension to ensure data integrity; and maintains and safeguards employee personnel records.

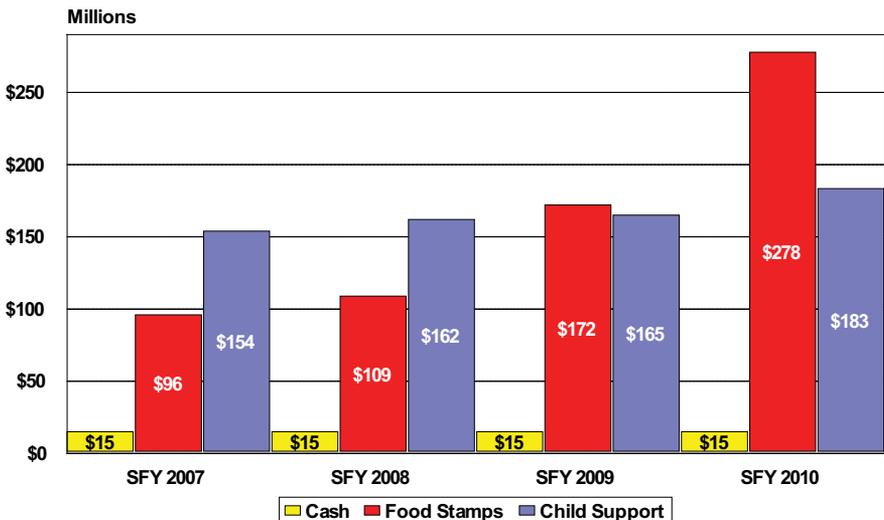
### Electronic Benefit Transfers (EBT)

The Electronic Benefits Transfer Program is responsible for implementation, development, and daily operations of the department's electronic food benefits and cash payments activities. During SFY 2010, there were more than 9.7 million transactions paid electronically, a 45 percent increase from SFY 2009. For payments, the Food Stamp benefit payments increased over 60 percent, primarily due to the record caseload growth.

The department contracts with a vendor to set up and maintain accounts for Food Stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF) and Aid to the Aged, Blind, and Disabled (State Supplement); and Child Support payments. Participants access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with a Visa debit card, an EBT debit Quest Card, or the funds can be deposited directly into their personal bank account.

The areas of responsibility of the EBT program includes: Administration, Customer Support, Systems Management, Field Operations, and Contract Monitoring/Management.

### Electronic Payments Distributed



# Bureau of Audits and Investigations

The Bureau of Audits and Investigations provides support to the following units:

- Criminal History;
- Internal Audit;
- Fraud Analysis;
- Medicaid Program Integrity; and
- Welfare Fraud Investigations.

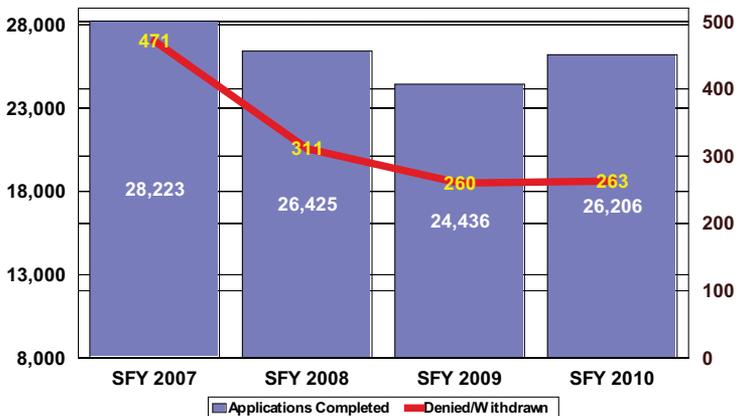
## Criminal History Unit

In following the department's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts and maintains the central repository of required background checks received from the FBI and the Idaho State Police Bureau of Criminal Identification. The background check also includes a search of specific registries that include: National Sex offenders; Medicaid Provider Exclusions; Child and Adult Protection Registries; Nurse Aid Registry and Driving Records.

The department requires a fingerprint based background check on provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long term care settings who work in approximately 40 different service areas. These include direct care and services for program participants who are disabled, elderly or children.

The average turnaround time from fingerprinting to background check completion is five days. The criminal history web site is <https://chu.dhw.idaho.gov>.

### Criminal History Checks by Year



**Internal Audit** acts as an independent appraiser of the department's various operations and systems of control.

The unit helps the department accomplish its objectives by bringing a systematic, disciplined approach to evaluation and improves the effectiveness of risk management, control and governance processes. Internal auditing assists department staff in the effective discharge of their responsibilities by furnishing them with analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed and by promoting effective control at reasonable costs.

Internal Audit's methods includes three steps:

1. Identify potential performance problems and performance opportunities;
2. Pro-actively identify solutions to improve performance; and
3. Track and monitor the implementation and ultimate success of actions to improve performance.

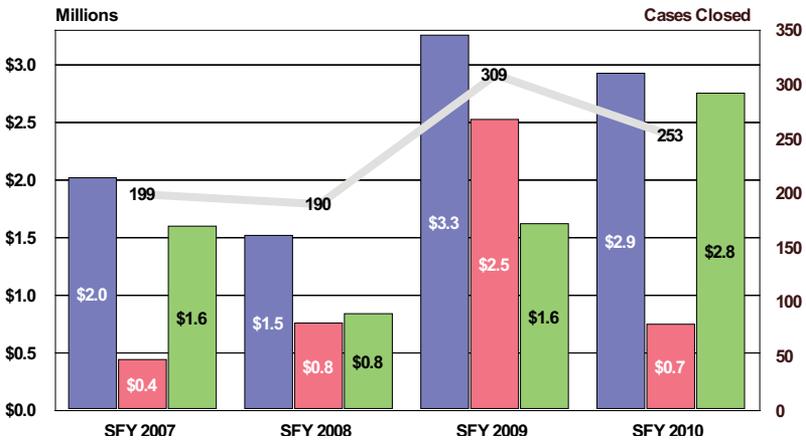
**Fraud Analysis** provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

Data analysis also is used to assess the adequacy of internal control systems designed to prevent fraud, and to develop reporting systems designed to detect and periodically report occurrences of fraud on a regular and timely basis. By identifying areas of vulnerability, procedures can then be developed to prevent or minimize future occurrences of fraud.

**Medicaid Program Integrity** investigates allegations of Medicaid fraud and abuse, and conducts federally mandated program reviews by monitoring and reviewing provider billing practices, as well as reviewing provider records to support services billed to Medicaid. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, and through proactive targeting and review 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, provider agreement termination or program exclusion, or referral for prosecution. The Medicaid Program Integrity Unit concentrates on cases which have the greatest potential for investigation and recovery of funds.

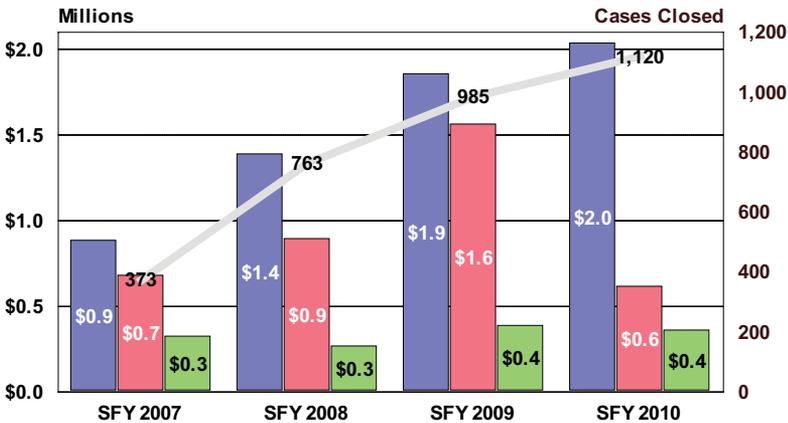
### Medicaid Program Integrity Unit



**The Welfare Fraud Unit** investigates allegations of welfare program fraud that includes Food Stamps, cash assistance, Medicaid, child care assistance, or other benefits. In every region of the state, investigators work with program staff, local law enforcement, and county prosecutors to investigate welfare fraud.

During SFY 2010 the department received 2,101 complaints alleging welfare benefit fraud and closed 1,982 investigations. Of the closed investigations, 783 were confirmed program violations that resulted in program sanctions, confirmed overpayments, or closed benefits. In 28 cases, the violations resulted in criminal prosecution. In the prior year, there were 702 program sanctions, confirmed overpayments, or closed benefits and 19 convictions.

### Welfare Fraud



## Division of Operational Services

**Paul J. Spanknebel, Administrator, 334-0632**

The Division of Operational Services oversees contract management and purchasing, building maintenance for DHW hospitals and offices, strategic planning and business support, and human resource management of the department's 3,000 workers.

### Contracts and Purchasing

- Purchases products that cost between \$5,000 and \$75,000, coordinating with the Department of Administration's Division of Purchasing for items greater than \$75,000;
- Provides technical expertise and administration of all department competitive bidding, contract and sub-grant creation, implementation and product purchase. There were approximately 1,140 active contracts and sub-grants department-wide during SFY 2010, with a total value of over \$700 million;
- Manages training, and daily operations of the electronic CONTRAXX management system; and
- Develops and maintains the department contract and purchasing manual, policy, and procedures, provides staff training, and collaborates with the Department of Administration to ensure compliance with purchasing rules and regulations.

### Facilities Management

Bureau responsibilities for facility management and motor pool operations includes:

- Plans space for relocations and new facilities;
- Coordinates and oversees office relocations statewide;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to department standards and cost controls;
- Ensures the maintenance and care of DHW leased and owned facilities;
- Compiles project listings to maintain facilities in a manner that meet code requirements, ADA compliance, and program needs;
- Prepares and submits the department's annual "Capital and Alterations and Repair" budget request to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Coordinates and monitors construction of the department's buildings and major maintenance projects in collaboration with the Department of Administration;

- Monitors, negotiates, and coordinates leases, for more than 600,000 square feet of space, in collaboration with the Department of Administration; and
- Ensures proper regional allocation, maintenance, and use of department motor pool vehicles.

### **HUB Units**

HUB units have field staff in seven locations throughout the state to provide administrative, financial, motor pool, and facilities support for field program staff:

- North HUB — Coeur d'Alene and Lewiston;
- West HUB — Boise and Caldwell; and
- East HUB — Twin Falls, Pocatello, and Idaho Falls

### **Human Resources**

Human Resources supports hiring, developing, and retaining the right people with the right skills to achieve the department's mission, vision, and goals. Specific services include:

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

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

#### **Staff Development and Learning Resources**

- Promotes, coordinates, and provides leadership and management development, succession planning, supervisory development, organizational development, and skills and knowledge development; and
- Facilitates development and implementation of online learning opportunities for department staff.

#### **Talent Acquisition and Management**

- Provides management consultation on effective recruitment and selection strategies for filling current and future needs;
- Develops and implements recruitment campaigns to fill department openings, to include partnerships with Idaho and regional universities for awareness of department career opportunities, internships, and scholarships leading to hiring; and

- Partners with department supervisors to efficiently orient and train new employees.

### **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 contributions through the performance management process;
- Consults with management and supervisors to consistently resolve employee issues;
- Provides consultation to employees and supervisors in the Problem-Solving process;
- Develops and maintains the department's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state laws and rules;
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees; and
- Manages the department's Drug and Alcohol Free Workplace program.

### **Employee Benefits**

- Provides employees with information and resources to promote healthy and safe lifestyles; and
- Provides timely information to employees about benefit opportunities and changes.

### **Office of Privacy and Confidentiality**

The department's programs offer services ranging from medical care at the state hospitals to child protection and self-reliance services. The privacy of individuals receiving these services is a top priority of the department. The Office Privacy and Confidentiality:

- Develops, implements and maintains policies and procedures protecting privacy/confidentiality and access to information in department records;
- Oversees all privacy/confidentiality activities statewide; and
- Assures that department actions are in compliance with federal and state laws, and that the department's information privacy practices are closely followed.

## **Business Support and Strategic Planning**

The Office of Business Support and Strategic Planning supports the department's operations through the management of rule promulgation and legislation, administrative hearings and public record requests, resolution of concerns reported to the Governor's and Director's offices, strategic and operational planning, and continuity of business operations/disaster recovery.

### **Administrative Procedures Section**

The Administrative Procedures Section (APS) consists of a Rules Unit, Hearings Coordinator, and the Custodian of the Record for the department. APS primary functions are to assist in the processing and writing of the department's rules, coordination of records retention requirements, and the processing of appeals and public records requests.

### **Continuity of Business Operations**

The Continuity of Business Operations (COOP) manages the development and maintenance of emergency and evacuation plans, continuity of operations plans, and disaster recovery plans.

### **Strategic and Operational Planning**

Strategic Planning coordinates the development and maintenance of the department's Strategic Plan and annual Performance Measurement Report, and assists other programs with operational planning.

### **Director's Office Support**

The Director's Office Support includes telephone support for the Director's office and facilitating the resolution of inquiries and concerns sent to the Governor's office or the Director's office.

## Division of Information and Technology

**Michael Farley, Administrator, 334-6598**

The Information Technology Services Division (ITSD) provides office automation, information processing, video conferencing, and Internet connectivity for the department statewide. The division provides IT leadership and services by working in partnership with our internal customers to determine and develop the most effective and efficient use of technology to support our mission - to protect and promote the health and safety of all Idahoans.

The Information Technology Services Division:

- Provides direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Provides review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies;
- Maintains all department information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Secures information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Oversees development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications for staff and external stakeholders;
- Provides direction for development and management of department-wide information architecture standards;
- Participates in the Information Technology Executive Advisory Committee (ITEAC), a subcommittee of the Information Technology Resource Management Council (ITRMC), to provide guidance and solutions for statewide business decisions; and
- Implements ITRMC directives, strategic planning and compliance.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required services. The division is divided into four distinct areas; Operations, Infrastructure, Application Development and Support, and Programs and Systems Support.

### Bureau of Operations

The IT Operations Bureau provides technical support services and coordinates resources to promote the efficient use of technology throughout the department. The bureau consists of:

- ITSD Service Desk — Provides department staff with technical support

services for all computer-related issues including hardware, software, and network connectivity;

- Printer Support — Primary point of contact for all network and multifunction printing services;
- Remedy application support -- Development and support for department Help Desks including development and maintenance of the Remedy Knowledge Management Systems;
- Coordination of desktop support for special IT-related projects, hardware/software testing, and image creation;
- Statewide Technical Support — IT support staff located throughout the state provides on-site Information Technology services; and
- Technology Reviews (Research and Development) - Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.

## **Bureau of IT Infrastructure**

The IT Infrastructure Bureau is responsible for designing, deploying, and maintaining network hardware and software infrastructure, system security procedures and practices, and database security. The IT Infrastructure Bureau consists of:

- Wide area and local area network design, deployment and support statewide;
- Data telecommunications infrastructure support;
- Data Center operations;
- User and data security, and forensics support;
- Database security;
- Video conferencing infrastructure deployment and support;
- Voice over IP (VoIP) deployment and support;
- Network server deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server vulnerability patching;
- Network infrastructure support of enterprise projects;
- Disaster Recovery and COOP exercise support;
- Remote access support (SSL VPN, site-to-site VPN);
- Data Center Operations — Provides support for data center facilities and associated computer systems;
- Firewall administration and support; and
- Support for Bureau of IT Operations and Bureau of IT Applications Development and Support, and department business units.

## Bureau of Application Development and Support

The IT Application Development and Support (ADS) bureau's primary responsibility is the design, development, operation, maintenance, and support of the department's business applications. ADS also is responsible for the design, development, operation, maintenance and support of all enterprise software (middleware) needed to support the movement of information between computing platforms.

The bureau's functional areas include:

- Application WEB Support is responsible for the operation, maintenance, and support of department web-based applications;
- Application Development is responsible for the enhancement of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the department's application framework;
- Application Delivery includes quality assurance, application testing, system production support, time period emulation qualification, and technical documentation;
- Application Support Helpdesk - Provides department staff with support for applications such as WEB and SharePoint; Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System; Idaho Benefit Eligibility Systems (IBES); modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications;
- Application Architecture provides a multi-level view of how major applications, utilities, and support software fit into the enterprise framework: inputs, outputs, conversion points, data flow, technical dependencies, data security, business dependencies, middleware, and system structure. Enables developers and support staff to address issues and enhancements while protecting the long term health and structure of the enterprise;
- Provide software architectural design and design standards which enable, enhance, and sustain the department's business objectives;
- Production Services schedules nightly processing for all department divisions to ensure successful completion or recovery and distributes batch output;
- Mainframe (HOST) Data Operations — Coordinates printing and distribution of all HOST-related data, including restricted federal IRS information;
- Production Services schedules nightly processing for all department divisions to ensure successful completion of a variety of business critical and sequence sensitive operations. This group also provides recovery services for failed overnight processes. In addition, Production Services distributes batch output to requesting businesses; and
- Enterprise Data Warehouse design, operation and maintenance. EDW provides a common data repository for all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

## IT Enterprise Services

Within the IT Enterprise Services unit, the Enterprise Architect provides support and services to align business needs with IT solutions; to ensure IT systems deliver business value; and maximize the business value delivered by IT investments. The IT Resource Managers partner with IT bureaus and DHW business units to achieve a common understanding of enterprise goals. They act as intermediaries and communication links to align the IT efforts used to achieve business needs.

### ITSD Highlights

ITSD has completed a number of initiatives to support the department's growing and evolving needs for information technology and to improve efficiency in automation as a result of budget reductions. Some of these initiatives include:

- Technological improvements include Voice over Internet Protocol (VoIP) telephone systems deployed in State Hospital South, the Child Protection call center and to support the Electronic Benefit Transfer (EBT) program; implementation of LANDesk which allows upgrades, fixes and security patches to be pushed out to the appropriate users; implementation of a program to support network authentication across department and disparate vendor networks eliminating the need to log on multiple times in order to access information from different systems.
- Accomplishments directly associated with protecting the health and safety of Idahoans include Emergency Responder 911 established to support statewide VoIP deployments, which allows emergency personnel to respond to the exact location of the incident regardless of the size of the facility; department-wide encryption of e-mail when it contains personal health, identification, or HIPAA information; and wireless networks at the State hospitals, central office and Medicaid buildings so information can be accessed from anywhere in the facility.
- Initiatives to "Go Green" includes upgrading network software that allows staff to work remotely; implementing a virtual server environment which reduces the physical IT footprint; moving toward on-line reporting for all department programs and Federal partners; eliminating paper Child Support records; and using technology to electronically apply upgrades and security patches to department computers.

#### **Completed Projects and Initiatives:**

- Idaho Benefits Eligibility System (IBES) has been enhanced with added features and functionality that streamline the processing of welfare benefits.
- Modernization of Child Support (MOCS) - Web: Provides a web-based employer portal to process form responses and to update employee data to expedite child support collections.
- Emergency Medical Services I-Wise, Phase 1 – Modernization of the

Emergency Medical Services (EMS) automated systems. Implemented a fully web-enabled, integrated solution for licensing ambulance and non-transport EMS services, licensure of EMS personnel, and tracking grants to community EMS agencies.

- Infant Toddler Program Web (ITPWeb), Phase 1 – Replacement of an obsolete Access database with fully web-enabled capability for the Infant Toddler Program. This automation supports the coordination of early intervention services for families and children with developmental delays or disabilities from birth to three years of age.
- Children's Special Health Program (CSHP) –The CSHP automation was enhanced with added features and functionality that supports the program in providing consultation, information, technical assistance and referral services for the families of children who have chronic illnesses and disabilities.
- Wide Area Network migration from Asynchronous Transfer Mode to Multi Protocol Layer Switching to enhance wide area network connectivity between offices and to allow for enhanced disaster recovery options.

### **Current Projects and Initiatives:**

ITSD has additional initiatives and projects in progress to support the ever evolving technology needs of the department:

- Fraud Information Tracking System (FITS) Enhancements – Added features and functionality to track Medicaid fraud and abuse cases.
- Medicaid Child Service Assessment Tool – Development of a web-enabled system to assess the needs of children. This will eliminate labor-intensive paper-based assessments.
- Emergency Medical Services (I-Wise), Phase 2 – Enhance the system to include sophisticated web-based survey capabilities that integrates with the existing database.
- Infant Toddler Program (ITPWeb), Phase 2 – The system is being enhanced to automatically transmit billing information to the Billing and Receipting System (BARS).
- Health Alert Network (HAN) – Enhance the system to include newer communication methods like Twitter and support for mobile devices;
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS) – Enhances the systems to support additional electronic lab reporting capabilities, additional reporting capability, and electronic health record extensions.
- Refresh of the Family Oriented Community User System will move all data processing off of the mainframe system to a locally managed server based system. This will provide cost savings, as well as enable FOCUS to take advantage of current and upcoming industry standard technologies and web-enabled solutions.
- Enterprise Data Warehouse (EDW) – Integrates data marts into the Data Warehouse for State Hospitals North and South, the Substance Use Disorders Program, and Adult and Children's Mental Health programs. Develop the Electronic Payment System data mart and enhance the FISCAL data mart. Add additional data marts for

the Idaho Child Support Enforcement System (ICSES). Implement advanced tools for data mining and trend analysis.

- Nurses Call System – Establishes a call system in State Hospital South so patients can notify the nurse if they need immediate assistance.
- Server Room Cooling System – installation of an additional 30-ton cooling system for the department Data Center located in the central office building in Boise.
- Complete Disaster Recovery Solution – Establish a back-up location for department systems.
- Secure Web Gateway & Web Application Firewalls – Infrastructure to provide secure, high performance access to external partners and to necessary public information, while utilizing existing hardware resources more efficiently.

### **Major Projects in Progress**

#### **Veterans Health Info. System and Tech. Architecture (vxVistA)**

**Function:** State Hospitals North and South currently utilize the Behavioral Health Information System (BHIS), FlexiMed pharmacy system and multiple home grown Access databases. BHIS interfaces to FlexiMed, as well as linking to most of these home grown databases. These multiple systems provide patient care tracking, medication management and dispensing, and significant event reporting for 115 patients each day. Managing care of Idahoans with mental health challenges is very complex and requires technology support that will improve outcomes for these vulnerable citizens.

**Status:** FlexiMed and BHIS are proprietary third party software and required upgrading. The expenses to upgrade these systems have directed the department to find a less expensive and more scalable solution. In addition, the hospital information and pharmacy systems used at the two State hospitals are disparate and unstable. Multiple software solutions have precluded hospital operations from being efficient and effective. Replacing these systems provides stability and a platform that the hospitals can build on with a single electronic hospital information system. The implementation of the Electronic Health Record, vxVistA, system is providing the efficient and effective solution that was needed. The core functionalities have been implemented.

Three deliverables are ongoing: (1) Fine tuning for the vxPAMS modules; (2) An interface between the department's pharmacy vendor and vxVistA is being tested; and (3) A data extract is being created by the vendor which will be used by the department to upload into a data warehouse.

**Replacement strategy:** The Veterans Health Information System and Technology Architecture (vxVistA) is an integrated, all-inclusive electronic hospital information system developed by the Veteran's Administration for

VA hospitals across the country. VistA will replace the existing information system, pharmacy system and Access databases used at the State hospitals. The department implemented the core functions of VistA in SFY 2008. During SFY 2009, additional functionality was implemented into VistA including, Computerized Patient Record System (CPRS), Bar Code Medicine Administration (BCMA), electronic document management and Patient Administration Management System (PAMS). The State hospitals also were configured for wireless capability to access this application. Electronic Document Management and was the significant module added to the system this year. Work continued "fine-tuning" the entire system throughout the year, with special emphasis placed on business continuity and contingency reporting in the event of a system failure.

### **Web Infrastructure for Treatment Services System (WITS)**

**Function:** The Adult Mental Health and Substance Abuse Disorder automation solutions (DAR, IMHP & SUBA) provide data capture for client demographic data, service delivery data, episode data and billing data. The data is spread across several systems which are not integrated and requires duplicate entry. The Adult Mental Health and Substance Use Disorder programs each serve almost 10,000 participants. Automation to support these programs must focus on outcomes, support an integrated electronic information system and be single point of entry. These requirements mandated a replacement strategy for these programs.

A needs analysis was performed by the Children's Mental Health (CMH) Bureau and it was determined that WITS, with minimal enhancements, would provide an improved automated solution for CMH, as well as continuing to unify the division's technology. This unification allows for better use of funding by the reduction of the number of systems that must be supported, updated and maintained. Additionally, the department was awarded an Access to Recovery (ATR) grant that will be used to provide substance abuse treatment to special populations. WITS will be modified to meet the grant technology requirements.

**Status:** The Adult Mental Health (AMH) and Substance Use Disorder (SUD) automated systems are inefficient and unstable. The technology used to support these programs was developed in the early 90s and is obsolete. No integration strategies existed between systems causing duplication of effort. Staff reductions due to budget holdbacks make it critical that staff time is spent meeting the needs of clients rather than duplicating data collection. The implementation of the WITS is providing the efficient and effective solution that was needed. Core functionality for both AMH and SUD have been implemented and in use. Enhancements for ATR are expected to be implemented by end of third quarter of SFY 2011 and CMH implementation to follow closely.

**Replacement strategy:** The Web Infrastructure for Treatment Services System (WITS) will be implemented statewide and used by external

Substance Abuse Disorder providers and Adult Mental Health internal staff. The WITS solution was chosen by the Office of Drug Policy as part of the 'Common Assessment tool' legislation. Using this same solution will offer additional benefit for data consistency and integrity. The WITS implementation will consist of client demographics, clinical treatment, dispensary, billing, client alert system, Federal reporting data collection and extraction, bi-lateral data transfer between WITS and Global Appraisal of Individual Needs (GAIN) in addition to standard and ad hoc reporting. The WITS system went live in SFY 2009 with the majority of functionality available.

### **WIC Information System Program (WISPr)**

**Function:** The Women's, Infants and Childrens program (WIC) is 100% federally funded providing services to over 79,000 participants annually, with demand for services increasing due to the economic conditions. WIC supports: 1.) The collection of data required to determine eligibility; 2.) Issuance of vouchers for healthy foods for participants; and 3.) Assessment of nutritional risk.

**Status:** The current automated system for WIC was implemented in 1995 and is based on aging technology that is time intensive and costly to modify. The project to develop the replacement began in December 2009 and is targeted for completion in September 2011. Idaho received nearly \$3 million for the project through the American Recovery and Investment Act (ARRA). The scope of the project includes replacement of existing functionality with new technologies in addition to adding appointment scheduling, grid growth charting, and a business rules engine to provide a more effective means of managing changing business rules.

**Replacement Strategy:** The WISPr project began in December 2009, with an estimated cost of \$3 million. The project's funding continues through September 2012. Added functionality will include Caseload Management, Operations Management, Financial Management, Food Instrument Payment and Reconciliation, Food Instrument Production, Vendor Management, Nutrition Services, Participant Enrollment, Appointment Scheduling and System Administration.

### **Immunization Reminder Information System (IRIS)**

**Function:** Idaho's Immunization Reminder Information System (IRIS) is a statewide system that aids Idaho families and their health care providers in keeping track of immunization records. For SFY 2010, over 800,000 Idahoans were enrolled in IRIS. Additionally, IRIS is utilized by approximately 90 percent of all Vaccine For Children providers in Idaho, with one third of those providers submitting data to the registry electronically. It also is used by Idaho schools to complete their school Immunization reports.

**Status:** IRIS was created in 1999 to help raise the immunization rates in Idaho. There is no age limit for records submitted to IRIS; it is a birth to death registry.

**Replacement Strategy:** A combination of grants in addition to funding from American Recovery and Investment Act provide Idaho the opportunity to implement an enhanced, web-based Immunization Registry. ARRA funding will provide electronic HL7 or flat file interfaces to department providers and partners in an effort to reduce manual data entry and improve the percentage of providers submitting data electronically. Work is currently in process to identify a vendor solution to meet the Idaho IRIS requirements.

# Council on Developmental Disabilities

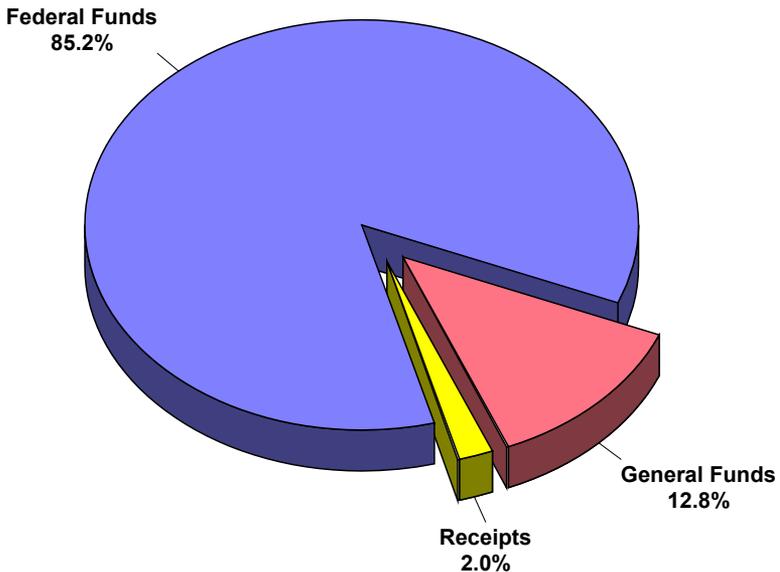
**Marilyn Sword, Executive Director, 334-2178**

The Idaho Council on Developmental Disabilities is the planning and advocacy body for programs impacting people with developmental disabilities. The Council pursues systems changes that promote positive and meaningful lives for people with developmental disabilities and works to build the capacity of systems to meet people's needs.

**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.

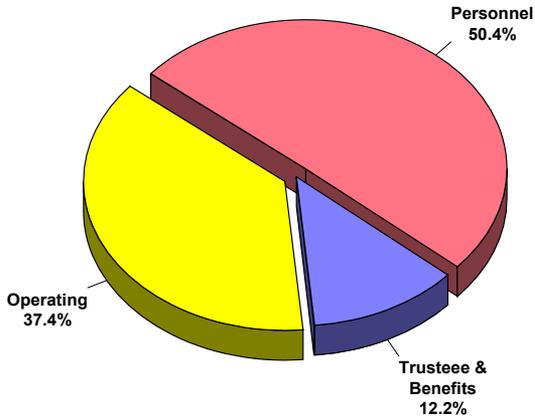
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

## Council on Developmental Disabilities SFY 2011 Funding Sources



*Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 6; General Funds \$97,200; Total Funds \$758,500, which includes a time-limited federal grant from the Centers on Medicaid and Medicare Services.*

## SFY 2011 Expenditure Categories



## Council Initiatives

### Education

The Council provided staff support, workshops and funding for the annual Tools for Life conference attended by 521 people, including 222 students. The Council also served on the Interagency Council on Secondary Transition and partnered with the State Department of Education and others on rules regarding the use of seclusion and restraints in schools and alternative paths to high school graduation for students with disabilities. The Council continued to disseminate Moving On! transition kits for students and other transition information in a variety of venues, and provided intensive training in leadership development to 24 students with disabilities through the annual Statewide Youth Leadership Forum.

### Public Awareness

The Council published two editions of its newsletter, reprinted and distributed several successful publications, issued press releases on a variety of topics, printed and mailed the 2009 Annual Report, disseminated a wide range of information via the Council web site, and provided funding for parents and self advocates to attend conferences. The Council partnered with other disability advocacy organizations statewide in recognition of the 20th anniversary of the Americans with Disabilities Act.

### Self-Determination

Partners in Policymaking, the Council's leadership development and training program for adults with developmental disabilities and parents of children with developmental disabilities, was offered to 13 participants in Regions 1, 2 and 3. The Idaho Self Advocate Leadership Network (SALN) has continued to strengthen and grow with Council support; there are now four chapters. The Council, in collaboration with others, coordinated

and held Idaho's first self advocacy conference, It's All About WE!, which was attended by 170 self-advocates from across the state. The Determined to Vote! Project – a partnership with the Secretary of State and Disability Rights Idaho – provided training on the electoral process and voting rights to high school students and residents of Idaho's three public institutions in preparation for the 2010 general election. The project was expanded this year to include the Commission on Aging, the Council for the Deaf and Hard of Hearing and the State Independent Living Council.

### **Transportation**

The Council serves on the Interagency Work Group on Public Transportation and participated in a meeting with the Governor and a presentation to the Senate and House Transportation Committees regarding mobility in Idaho. The Council continued its support for the AmeriCorps Accessible Transportation Network project of the State Independent Living Council, and has encouraged the participation of people with disabilities in the new I-Way public transportation structure.

### **Employment**

The Council partnered with the Department of Labor on Disability Mentoring Day, providing job mentoring opportunities to 107 young adults in Boise and Idaho Falls. The Council continued to work with the Idaho ADA Task Force in support of a Business Leadership Network; there are now 17 members of this business-to-business approach to encourage the employment of people with disabilities.

### **Housing**

The Council is developing plain language information for potential home buyers with disabilities and partnered with Community Partnerships of Idaho in a workshop on pooled trusts as a resource for providing housing and other supports to individuals with developmental disabilities.

### **Community Supports**

Through a grant from the Centers on Medicaid and Medicare Services, the Council continued its work with the Center on Disabilities and Human Development to support and provide technical assistance to 13 Person-Centered Planning Specialists statewide. These specialists, originally trained through the grant, have provided consultation and planning to individuals with disabilities and their circles of support across Idaho. This grant also is funding the expansion and enhancement of Idahohelp.info, a web-based resource directory. A no-cost extension of the grant will allow a fourth year of activities aimed at sustainability. The Council also provided funding to improve the quality of direct support staff through the annual Human Partnerships conference and continued to work with the Idaho Bureau of Homeland Security to monitor county plans dealing with disaster preparedness for people with disabilities.

*For more information, please visit: [www.icdd.idaho.gov](http://www.icdd.idaho.gov).*

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# Council on Domestic Violence and Victim Assistance

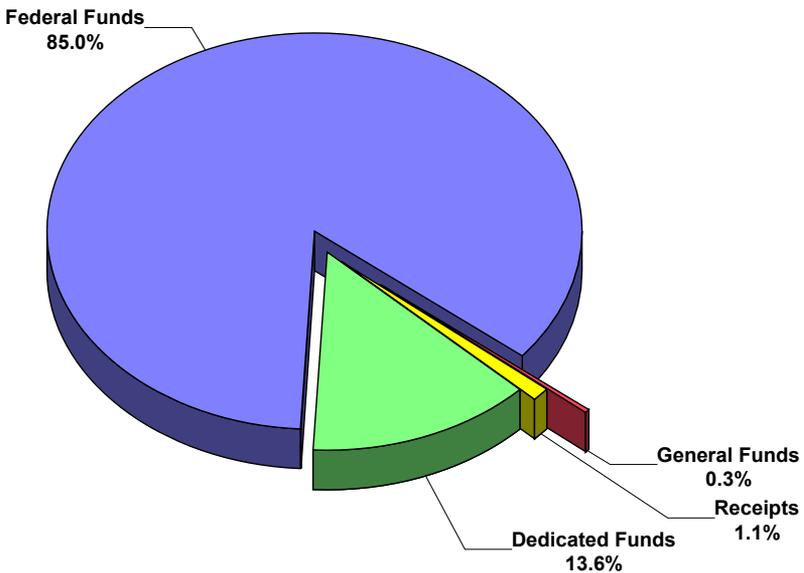
**Luann Dettman, Executive Director, 334-5609**

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;
- Providing standards for domestic violence programs, sexual assault programs, and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

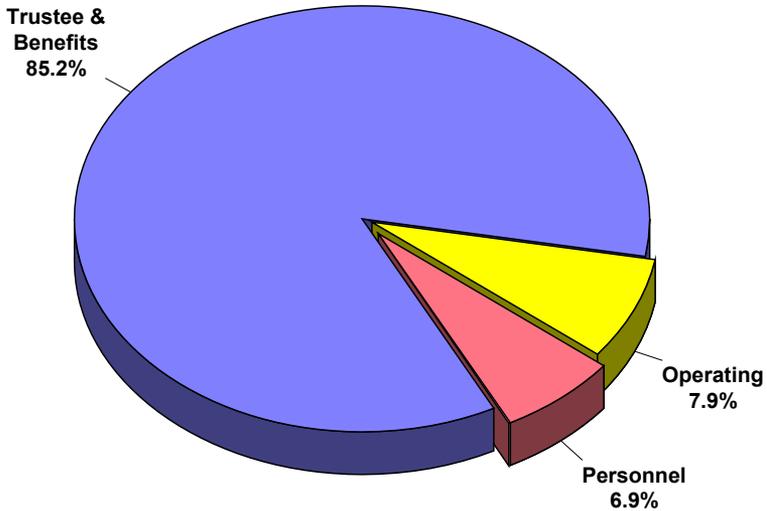
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

## Council on Domestic Violence and Victim Assistance SFY 2011 Funding Sources



*Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 4; General Funds \$12,500, Total Funds \$3.6 million.*

### Council on Domestic Violence and Victim Assistance SFY 2011 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho. The members are: Susan Welch (Region 1); Mia Vowels (Region 2); Maggie Stroud (Region 3); Susan Hazelton (Region 4); Dan Bristol (Region 5); Dr. Karen Neill (Region 6); and Len Humphries (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 45 programs throughout the state that provide direct victim services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. The Council also serves as the oversight for all approved Batterer Treatment Programs throughout the state.

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

*For more information, visit [www.icdv.idaho.gov](http://www.icdv.idaho.gov).*

## Glossary of Terms and Acronyms

ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACIP	Advisory Committee on Immunization Practices
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
AIDS	Auto Immune Deficiency Syndrome
AMH	Adult Mental Health
APS	Administrative Procedures Section
APSE	Association for Persons in Supportive Employment
BRFSS	Behavioral Risk Factor Surveillance System
CAP	College of American Pathologists
CAP	Community Action Partnerships
CCAI	Comprehensive Cancer Alliance of Idaho
CHC	Criminal History Check
CDC	Centers for Disease Control and Prevention
CDHD	Center for Disabilities and Human Development
CFH	Certified Family Home
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CSBG	Community Services Block Grant
CQI	Continuous Quality Improvement
CSCC	Child Support Customer Service
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DDI	Design, Development and Implementation
DIT	Division of Information and Technology
DRA	Deficit Reduction Act
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
EMT-P	Emergency Medical Technician - Paramedic
EPICS	Eligibility Programs Integrated Computer System
ELT	Executive Leadership Team
ETV	Education and Training Voucher Program

EWS.....	Enhanced Work Services
FACS.....	Division of Family and Community Services
FFY.....	Federal Fiscal Year
FIDM.....	Financial Institution Data Matching
FNS.....	Food and Nutrition Services at USDA
FTP.....	Full-time Positions
FYI.....	Foster Youth Alumni of Idaho
GAIN.....	Global Appraisal of Individual Needs
GED.....	General Education Degree
HPP.....	Health Preparedness Program
HIFA.....	Health Insurance Flexibility Act
HIPAA.....	Health Insurance Portability and Accountability Act
HIV.....	Human Immunodeficiency Virus
HPV.....	Human Papilloma Virus
HPSA.....	Health Professional Shortage Area
IBI.....	Intensive Behavioral Intervention
IBIS.....	Idaho Benefits Information System
ICCMH.....	Idaho Council on Children's Mental Health
ICCP.....	Idaho Child Care Program
ICCCP.....	Idaho Comprehensive Cancer Control Program
ICF/MR.....	Intermediate Care Facility for People with Mental Retardation
ICSA.....	Interagency Committee on Substance Abuse
IDHW.....	Idaho Department of Health and Welfare
IIP.....	Idaho Immunization Program
IRIS.....	Immunization Reminder Information System
ISSH.....	Idaho State School and Hospital in Nampa
ITSAP.....	Idaho Telephone Service Assistance Program
JCAHO.....	Joint Commission on Accreditation of Hospital Organizations
JET.....	Job Education and Training
LIHEAP.....	Low Income Home Energy Assistance Program
MITA.....	Medical Information Technology Architecture
MMIS.....	Medicaid Management Information System
MMRV.....	Mumps, Measles, Rubella and Varicella
MST.....	Mountain Standard Time
OPE.....	Office of Performance
PHA.....	Premium Health Assistance
PAN.....	Physical Activity and Nutrition Program
PH.....	Public Health
PMO.....	Project Management Office
PSR.....	Psychosocial Rehabilitation Services
PWC.....	Pregnant Women and Children
RAC.....	Regional Advisory Committee

RALF.....	Residential Care and Assisted Living Facilities
RFP.....	Request for Proposal
RMHB.....	Regional Mental Health Board
RMHC.....	Regional Mental Health Centers
RSO.....	Receiving Services Only
SA.....	Substance Abuse
SALN.....	Self Advocate Leadership Network
SED.....	Serious Emotional Disturbance
SFY.....	State Fiscal Year
SHIP.....	Small Hospital Improvement Program
SHN.....	State Hospital North
SHS.....	State Hospital South
SPAN.....	Suicide Prevention Action Network
STD.....	Sexually Transmitted Diseases
SUR.....	Surveillance & Utilization Review
TAFI.....	Temporary Assistance for Families in Idaho
TANF.....	Temporary Assistance for Needy Families
TBI.....	Traumatic Brain Injury
TEFAP.....	The Emergency Food Assistance Program
TPC.....	Tobacco Prevention and Control Program
VAERS.....	Vaccine Adverse Event Reporting System
VFC.....	Vaccines for Children
WAP.....	Weatherization Assistance Program
WHC.....	Women's Health Check
WIC.....	Women, Infants and Children

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450 W. State Street  
Boise, Idaho 83720-0036  
(208) 334-5500

**[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)**