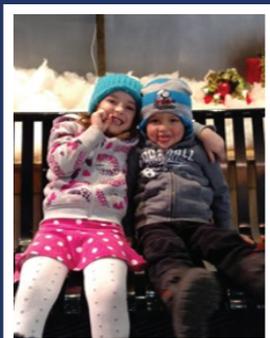


# Facts, Figures and Trends: 2017-2018



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## A Message from Director Russell S. Barron



The challenging work of promoting and protecting the health and safety of all Idahoans continued in SFY 2017 even as the economy kept improving and the unemployment rate fell.

Our work doesn't stop because fewer Idahoans need public assistance. Food stamps cases may have decreased, but the need for other programs such as Medicaid and Child Care is increasing. That work continues, along with a renewed focus on improving Idahoans' access to physical and mental healthcare.

The Behavioral Health community crisis centers continue to meet the needs of thousands of Idahoans suffering from a behavioral health crisis. The third crisis center opened in Twin Falls in SFY 2017. As of this printing in SFY 2018, the fourth opened in Boise in December 2017. The centers are seeing a variety of patients with challenging needs. They have been effective in reducing unnecessary hospitalization and incarceration, and they have quickly become a significant and important part of each community for people suffering from a behavioral health crisis.

We also continue to work on improvements in our Child Welfare Program, specifically in how we communicate with foster parents who may have a grievance. We have listened to the feedback offered from foster parents and other stakeholders, and Child and Family Services modified the grievance process to make sure we have open communication, especially when there is potential conflict.

As part of our efforts to improve health care for all Idahoans, Medicaid in SFY 2017 set the groundwork for Regional Care Organizations, which are provider-based, locally-governed healthcare delivery networks that lower costs, offer incentives for delivering quality care, and improve health outcomes for Medicaid participants, and eventually all Idahoans. Division leadership hopes to implement the first RCO in 2018 in Southwestern Idaho and is working toward that goal with partner provider groups.

And finally, the newly established Suicide Prevention Program has created a statewide marketing plan based on the idea that everyone has a role to play in preventing suicide. "Rock Your Role" television spots and other materials were distributed across Idaho. The program, housed in our nationally accredited Division of Public Health also provided funding and support for the Idaho Suicide Prevention Hotline, and for youth resilience and well-being training through the Department of Education.

I'd like to thank the Governor and the Idaho Legislature for their support and the much-needed funding for these initiatives. None of this work would be possible without it.

## 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 Idaho 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 agency'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 and to give a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, healthcare, job training, and cash assistance to get families back on their feet so they can become self-reliant members of Idaho communities. Staff in all our divisions depend on each other to do their jobs as they help families solve their problems so we can build a healthier Idaho.

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## Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Gov. 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.

DHW deals with complex social, economic, and health issues. To do that effectively, our agency is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Licensing and Certification, Operational Services, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. For example, the Division of Family and Community Services will provide direct services for child protection, but it 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, and oversight of Emergency Medical Services and Preparedness.

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. The Division of Licensing and Certification licenses assisted living facilities and skilled nursing facilities, among others. The EMS and Preparedness 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 funding 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 are held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. For example, the federal government pays about 70 percent of each medical claim for Idaho residents in the Medicaid program. Overall, in SFY 2017, the federal government will contribute about 62 percent of DHW's total appropriation.

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

# Strategic Plan

**2018 – 2022**

**Governor's Priorities:**  
*Enhancing Economic Opportunity  
 Empowering Idahoans  
 Promoting Responsible Government*

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

**DHW Mission:**  
*Promote and protect the health and safety of Idahoans.*

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

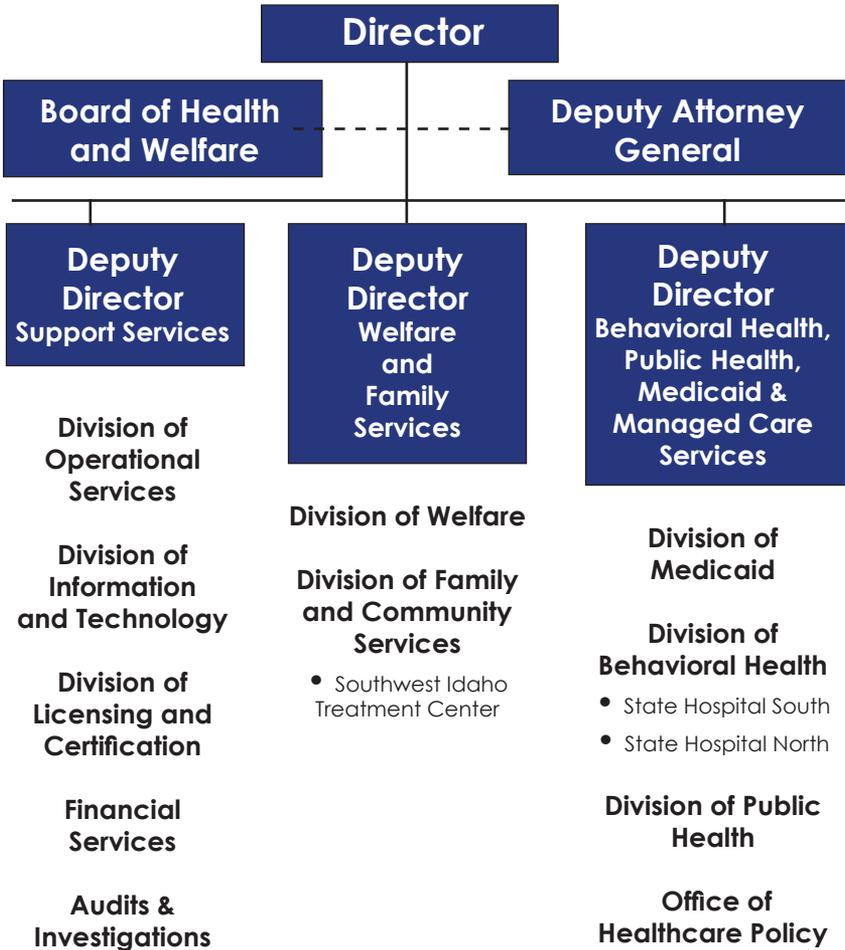
**DHW Strategic Goals:**  
**Goal #1:** *Improve the health status of Idahoans.*  
**Goal #2:** *Increase the safety and self-sufficiency of individuals and families.*  
**Goal #3:** *Enhance the delivery of health and human services.*

Strategic Objectives			
	Objective #1	Objective #2	Objective #3
	<i>Transform Idaho's health care delivery system to improve Idaho's health and increase value</i>	<i>Protect children and vulnerable adults</i>	<i>Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy</i>
DELIVERY SYSTEM STRATEGIC INITIATIVES	<i>Transform Idaho's Healthcare Delivery and Reimbursement Systems</i>	<i>Ensure Long-term Residential Care for Individuals with Chronic Mental Illness</i>	<i>Implement Comprehensive Suicide Prevention Strategies</i>
	<i>Address Gap Population Health Care and Access Needs</i>	<i>Transform Child Welfare Systems to Improve Outcomes for Children</i>	<i>Develop System for Comprehensive Oversight of Delivery of Services to Individuals with Developmental Disabilities</i>
	<i>Implement Youth Empowerment Services System of Care</i>	<i>Develop a Therapeutic Stabilization and Transition Center for Clients with Developmental Disabilities</i>	
SUPPORT SYSTEM STRATEGIC INITIATIVES	<i>Integrate Information Systems and Enhance System Security</i>		
	<i>Be a Catalyst for Implementation of a New Statewide Accounting System</i>		
	<i>"Live Better Idaho" Initiative</i>		

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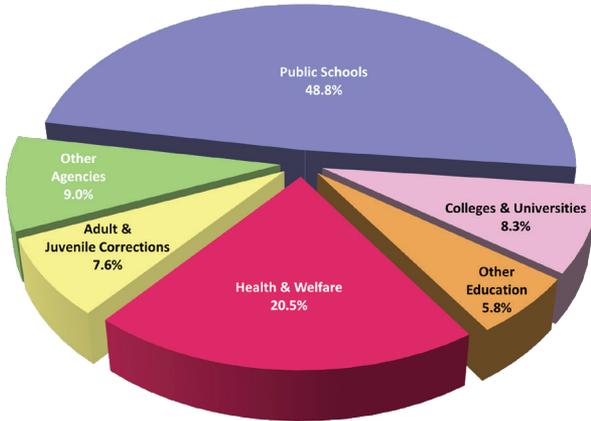
Read the entire strategic plan at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov).

# Organizational Chart

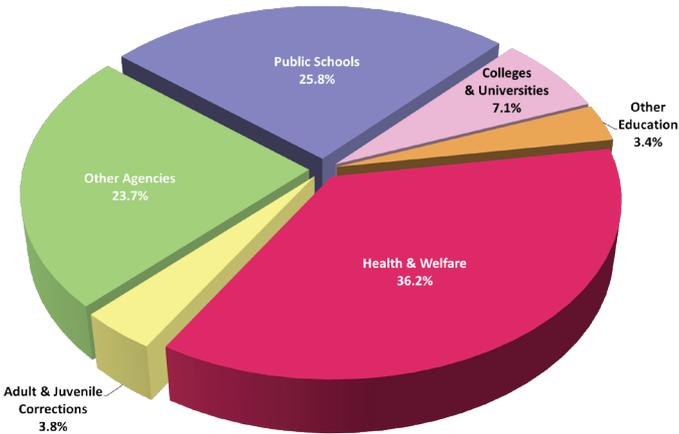


# Total State SFY 2018 Appropriations

## State General Fund Appropriations for all State Agencies



## Total Appropriations for all State Agencies



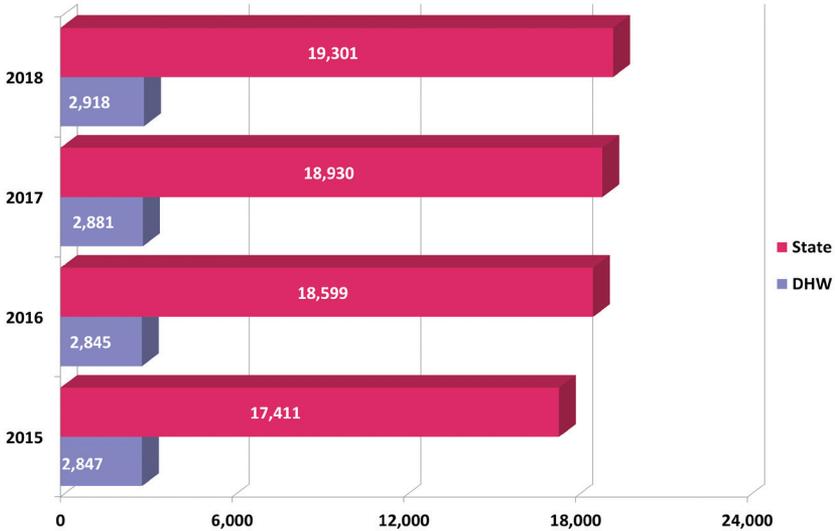
## SFY 2018 Financial Data Summary

In Millions

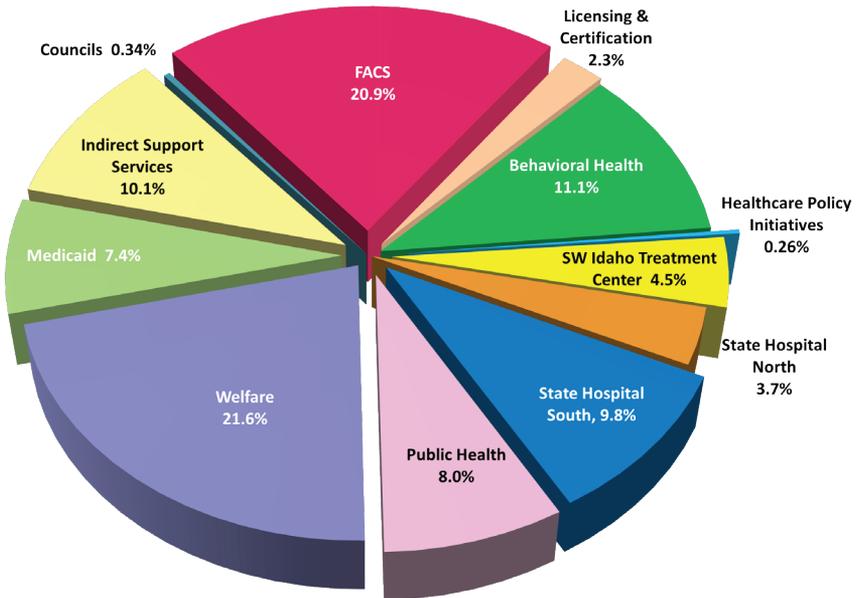
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,685.26	48.8%	\$2,041.24	25.8%
Colleges, Universities	287.05	8.3%	564.96	7.1%
Other Education	198.88	5.8%	267.30	3.4%
Health & Welfare	706.11	20.5%	2,860.80	36.2%
Adult & Juvenile Corrections	262.15	7.6%	299.90	3.8%
All Other Agencies	<u>311.12</u>	<u>9.0%</u>	<u>1,873.00</u>	<u>23.7%</u>
<b>Total</b>	<b>\$3,450.58</b>	<b>100.0%</b>	<b>\$7,907.20</b>	<b>100.0%</b>

# Appropriated Full-Time Positions

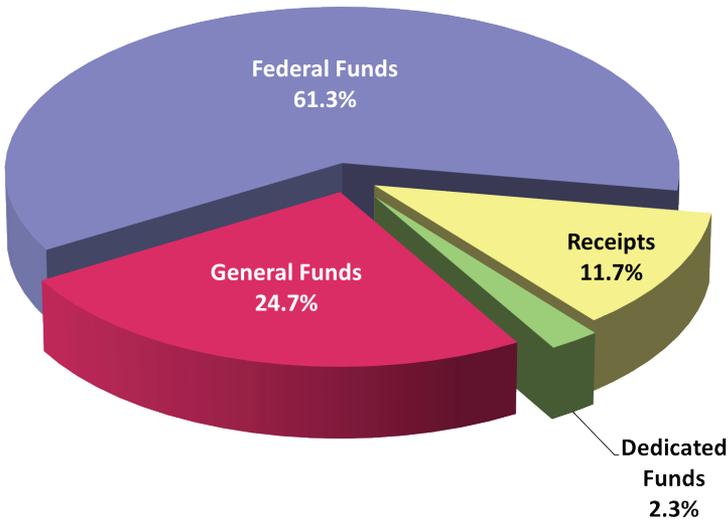
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing 10.9 percent.



SFY 2018 FTP Distribution - Department of Health & Welfare



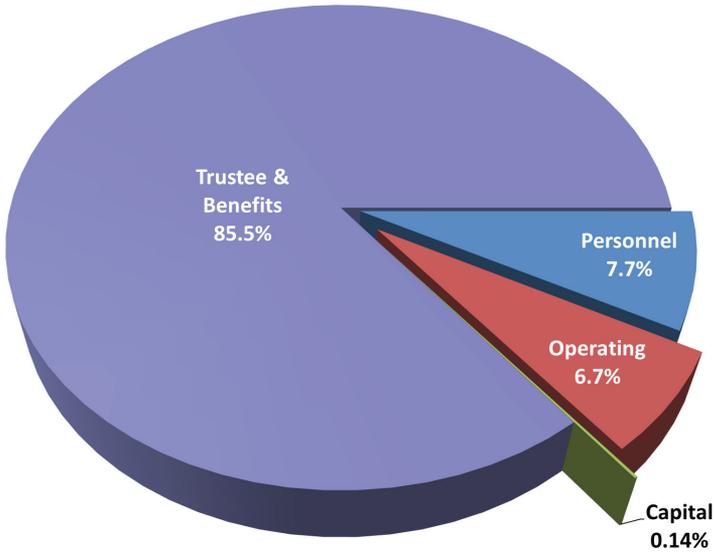
## SFY 2018 DHW Appropriation Fund Source



### Financial Data Summary

Fund Source	Amount
General Funds	\$ 706.1 Million
Federal Funds	1,754.2 Million
Receipts	334.2 Million
Dedicated Funds	
Access to Health Insurance	\$ 2,273,700
Domestic Violence	516,600
Cancer Control	344,500
Central Tumor Registry	120,000
Liquor Control	650,000
State Hospital South Endowment	4,614,000
State Hospital North Endowment	1,576,300
Prevention of Minors' Access to Tobacco	43,800
Millennium Fund	2,706,700
EMS	2,886,200
EMS Grants	1,400,000
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000
Immunization Assessment Fund	18,970,000
Time Sensitive Emergency Fund	225,800
Total Dedicated Funds	<u>\$66.3 Million</u>
<b>Total</b>	<b>\$2,860.8 Million</b>

## SFY 2018 DHW Appropriation by Expenditure Category

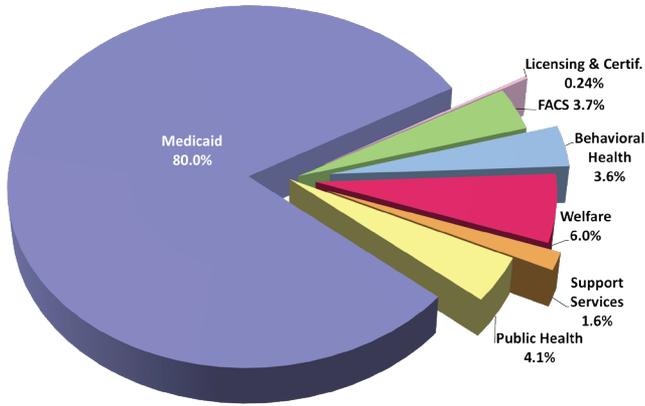


## Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,445.8 Million
Personnel Costs	220.6 Million
Operating Expenditures	190.5 Million
Capital	<u>3.9 Million</u>
<b>Total</b>	<b>\$2,860.8 Million</b>

- The appropriation for benefits to Idaho citizens increased \$63.7 million from SFY 2017 expenditures, while personnel costs, operating and capital expenses increased by \$10.5 million.
- Payments for services to Idaho citizens make up 85.5 percent of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, nonprofits, hospitals, etc.
- The department purchases services or products from more than 12,200 companies, agencies or contractors, and more than 36,800 active Medicaid service providers.

# Original SFY 2018 DHW Appropriation



By Division	FTP	General	Total
<b>Welfare/ Self-Reliance</b>	<b>630.55</b>	<b>\$ 43,270,700</b>	<b>\$ 172,320,100</b>
<b>Medicaid</b>			
Low-income children/ working age adults		169,875,000	688,691,600
Individuals w/Disabilities		183,068,100	958,648,700
Dual Eligible		164,519,500	565,879,400
Administration	<u>216.00</u>	<u>14,441,300</u>	<u>72,088,900</u>
<b>Total Medicaid</b>	<b>216.00</b>	<b>\$531,903,900</b>	<b>\$2,285,308,600</b>
<b>Licensing &amp; Certification</b>	<b>67.90</b>	<b>\$ 1,827,900</b>	<b>\$ 6,895,700</b>
<b>Family and Community Services</b>			
Child Welfare	396.75	12,088,100	39,413,400
Foster/Assistance Payments		11,320,000	30,091,500
Service Integration	35.00	735,900	6,062,100
Developmental Disabilities	176.96	10,573,300	20,492,300
SW Idaho Treatment Center	<u>130.75</u>	<u>2,658,500</u>	<u>11,053,900</u>
<b>Total FACS</b>	<b>739.46</b>	<b>\$ 37,375,800</b>	<b>\$ 107,113,200</b>
<b>Behavioral Health</b>			
Adult Mental Health	210.56	31,108,000	35,670,900
Children's Mental Health	97.67	9,119,000	14,758,500
Substance Abuse	16.00	2,475,200	14,825,700
Community Hospitalization		3,364,700	3,364,700
State Hospital South	285.25	10,472,600	25,895,100
State Hospital North	<u>107.10</u>	<u>7,673,200</u>	<u>9,403,600</u>
<b>Total Behavioral Health</b>	<b>716.58</b>	<b>\$ 64,212,700</b>	<b>\$ 103,918,500</b>
<b>Public Health</b>			
Physical Health	148.85	4,957,100	99,157,400
EMS & Preparedness	42.84	276,400	11,776,600
Suicide Prevention	4.00	975,700	1,065,700
Laboratory Services	<u>39.00</u>	<u>2,207,300</u>	<u>4,832,000</u>
<b>Total Health</b>	<b>234.69</b>	<b>\$ 8,416,500</b>	<b>\$ 116,831,700</b>
<b>Support Services</b>	<b>295.60</b>	<b>\$ 18,640,700</b>	<b>\$ 46,381,700</b>
<b>Healthcare Policy</b>	<b>7.60</b>	<b>\$ 255,700</b>	<b>\$ 12,942,700</b>
<b>Councils</b>	<b>10.00</b>	<b>\$ 203,600</b>	<b>\$ 9,083,100</b>
<b>Department Totals</b>	<b>2,918.38</b>	<b>\$706,107,500</b>	<b>\$2,860,795,300</b>

2018 APPROPRIATIONS

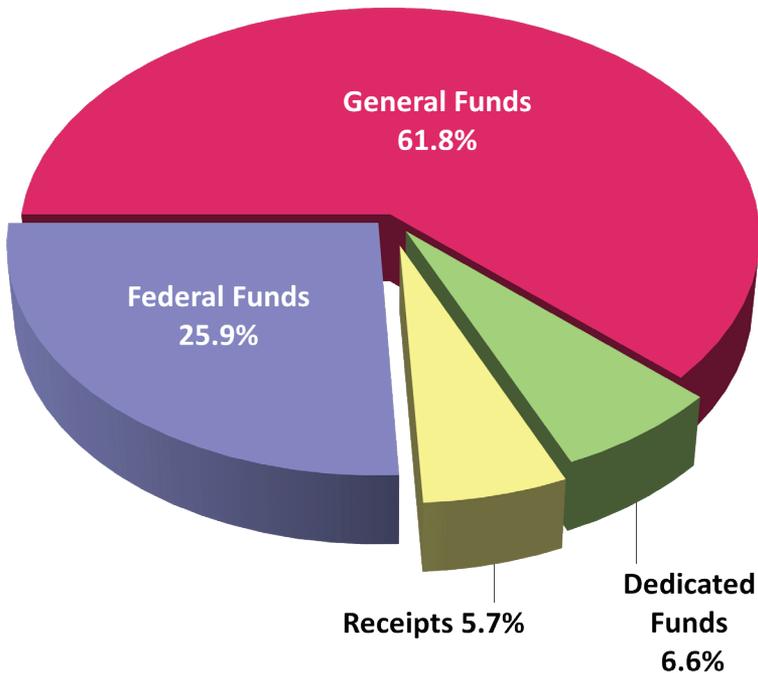
## Division of Behavioral Health

**Ross Edmunds, Administrator, (208) 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 disorder and is integrating services for these co-occurring disorders to improve outcomes.

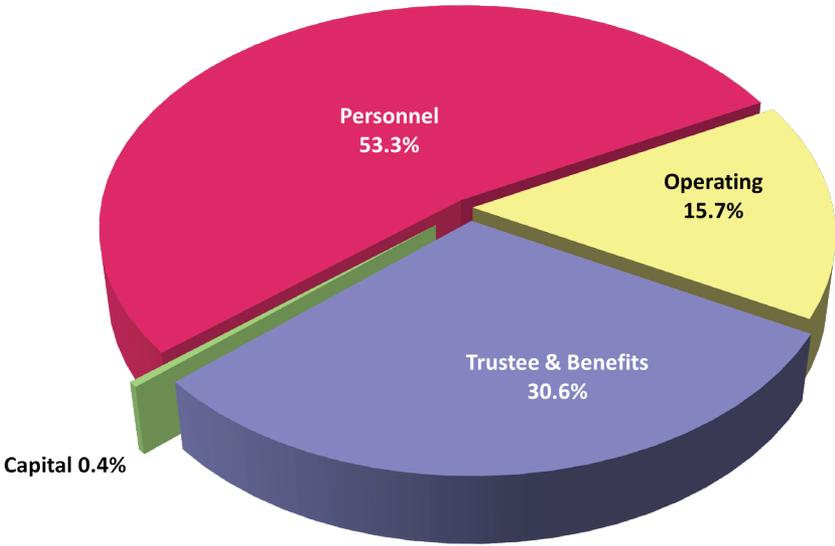
The division includes Children Mental Health Services, Adult Mental Health Services, Substance Use Disorders Program, and the Idaho Tobacco Project. The division also administers the state's two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody.

### Behavioral Health SFY 2018 Funding Sources

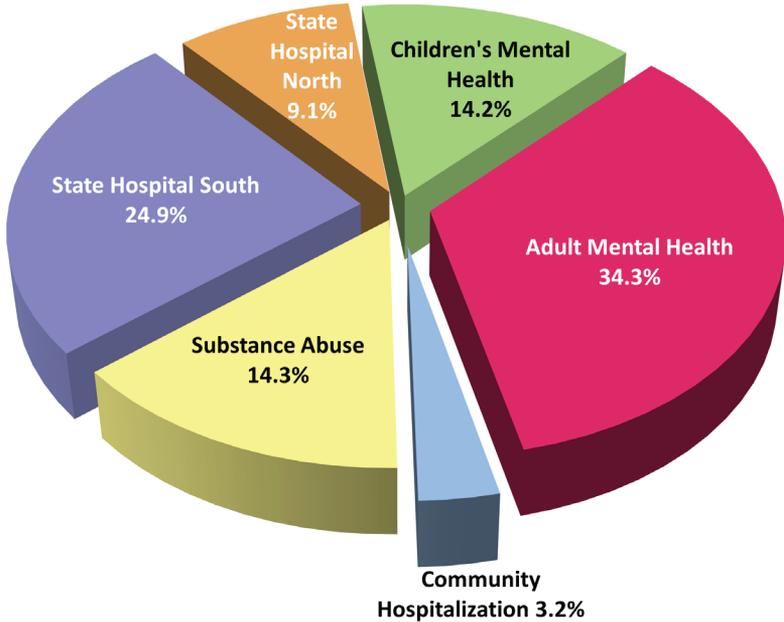


Authorized FTP: 716.58; Original Appropriation for SFY 2018: General Funds \$64.2 million, Total Funds \$103.9 million; 3.6% of Health and Welfare funding.

### Behavioral Health SFY 2018 Expenditure Categories



### Behavioral Health SFY 2018 Appropriation by Program



## SFY 2018 Program Highlights

### **Behavioral health and primary health integration**

The Behavioral Health Integration subcommittee, created under the Idaho Healthcare Coalition and supported by the division, continues to support the work of behavioral health and primary health integration. Through a collaboration with the National Academy for State Health Policy (NASHP), technical assistance and training was provided to the state and the regional collaboratives, as well as to Statewide Healthcare Innovation Plan (SHIP)-sponsored Patient Centered Medical Homes (PCMH).

Work over the next year will focus on statewide strategic planning for behavioral health integration and creating a sustainable support and training network for behavioral health consultants working in primary care settings. Additionally, statewide progress in integration efforts will be evaluated and measured to benchmark integration initiatives. The primary goal of the subcommittee is to support the SHIP managers in the public health districts and the regional collaboratives as they integrate behavioral health into the PCMH.

### **Recovery Community Centers**

Recovery Community Centers are peer-operated centers that serve as resources of community-based recovery support. They can help individuals build recovery capital at the community level by providing advocacy training, recovery information and resource mobilization, mutual-help or peer-support organization meetings, social activities, and other community-based services. They may also help facilitate supportive relationships among individuals in recovery, as well as community and family members. Idaho currently has eight Recovery Community Centers located in Coeur d'Alene, Moscow, Lewiston, Emmett, Caldwell, Boise, Pocatello, and Idaho Falls. The first center opened in 2014. Since that time, the centers have provided thousands of hours of volunteer services and helped hundreds of Idahoans find recovery in their lives.

### **Behavioral Health Boards partner with public health districts**

All seven Regional Behavioral Health Boards are in the third state fiscal year of contracting with their local health districts. Each board receives administrative assistance and general support from the local health district. The partnerships have created a collaborative process that allows the Regional Behavioral Health Boards to be more effective in providing necessary resources to the community. The collaboration has provided opportunities for members of the community to receive scholarships to attend statewide conferences and trainings, apply for grants to address items from gaps and needs assessments, and organize community events that help to promote mental health and substance use disorder awareness.

**Felony probation and parole population**

During the 2017 Legislative Session, the division was awarded \$5.4 million to provide mental health services to members of the felony parole and probation population who have been diagnosed with a serious mental illness and found to be at moderate to high risk of recidivism. The division has entered into contracts with mental health providers across the state to serve approximately 4,300 individuals annually.

The division has also contracted with Federally Qualified Health Centers from across the state to provide medication management for this population. Services began in August 2017. No data was available at the time of this writing.

**Homes with Adult Residential Treatment**

The 2017 Idaho Legislature appropriated \$2 million to continue the safe and stable housing supplemental payments to assisted living facilities caring for adults with serious and persistent mental illnesses and to pilot the Homes with Adult Residential Treatment (HART) model. The payment for safe and stable housing has been maintained and assisted living facility providers continue to provide these critical services.

The challenge has been that the assisted living facility model doesn't work for the more severely mentally ill population. This population is often unpredictable and impulsive. It is common for law enforcement to be called to assist in managing these individuals, which often means removing them from the facility.

The HART model provides a more educated staffing structure, embedded treatment, and allows the patient to work toward recovery. The existing assisted living model focuses on doing everything for the patient, rather than teaching them how to complete tasks of daily living for themselves. Not all patients will be able to eventually live independently, but many will achieve recovery.

The HART pilot project began early in the fall of 2017. The division will gather outcome data to determine whether the HART model is indeed a more treatment- and cost-effective approach to the care of Idahoans with serious and persistent mental illness.

**Psychiatric Hospitalization**

Idaho state psychiatric hospitals have not been able to increase the number of beds in several decades, yet the needs of Idaho residents continue to grow. The severity of patients' needs continues to become more complex.

The 2017 Idaho Legislature approved a multi-step process to dealing with both of these challenges:

- Step 1: The first step is to expand the number of beds available at the prison from three to nine for the dangerously mentally ill. Plans are under way in partnership with the Idaho Department of Correction and are expected to be completed in fall 2017.
- Step 2: The next step is to build a state adolescent psychiatric hospital in the Treasure Valley. A contract has been awarded to an architecture and design firm. The new Idaho State Adolescent Psychiatric Hospital will be on the grounds of the Southwest Idaho Treatment Center, but it will be free-standing and self-contained. It is expected that the adolescent hospital will be completed by the end of 2019.
- Step 3: The final phase is a remodel of the current adolescent unit at State Hospital South into a high-risk adult unit. This will add 20 beds to the state hospital's capacity and develop a unit that is more capable of managing the dangerous and challenging patients being seen today. It is expected the high-risk adult unit at State Hospital South will be complete by the summer of 2020.

### **Behavioral Health Crisis Centers**

The Behavioral Health community crisis centers continue to meet the needs of thousands of Idahoans suffering from a behavioral health crisis. The State of Idaho currently has four crisis centers operating in Idaho Falls, Coeur d'Alene, Twin Falls, and Boise.

The crisis centers continue to see a wide variety of patients with very challenging needs and have been highly effective in reducing unnecessary hospitalization and incarceration. As each of the centers have opened their doors, they have quickly become a significant and important part of each communities' continuum of care and services for people suffering from a behavioral health crisis.

The primary challenge with the crisis center model for each community is the requirement for each center to submit a plan to become 50 percent self-sustaining. The plan is due to the state by the end of the center's second year of operation. As of this writing, the center in Idaho Falls is the only one that has reached the full two years. They have a five-year plan on how to get to the 50%, but recognize it is very difficult. The plan for Coeur d'Alene is due in December 2017 and will be presented to the 2018 Idaho Legislature as intent language indicates.

The Behavioral Health Crisis Center of Eastern Idaho in Idaho Falls opened in December 2014. The Northern Idaho Crisis Center in Coeur d'Alene opened in December 2015. The Crisis Center of South Central Idaho in Twin Falls, opened in October 2016. The Pathways Community Crisis Center in Boise opened in December 2017.

Usage data for each follows, except for Pathways. Data was not available at the time of printing.

Behavioral Health Crisis Center of Eastern Idaho			
--	--	--	--

	SFY 2015	SFY 2016	SFY 2017
Crisis center visits	735	1,950	2,481
Clients served (unduplicated)	377	689	707
Average length of stay (hours)	11.51	16.66	19.28
Diagnosis type			
• Substance use only	82	157	362
• No significant mental health or substance use	22	37	63
• Mental health only	264	876	814
• Mental health and substance use	298	835	1,224
• Inadequate information	34	19	10

Northern Idaho Crisis Center			
------------------------------	--	--	--

		SFY 2016	SFY 2017
Crisis center visits		615	1,118
Clients served (unduplicated)		414	699
Average length of stay (hours)		7.05	7.56
Diagnosis type			
• Substance use only		25	54
• No significant mental health or substance use		29	17
• Mental health only		214	543
• Mental health and substance use		146	288
• Inadequate information		72	45

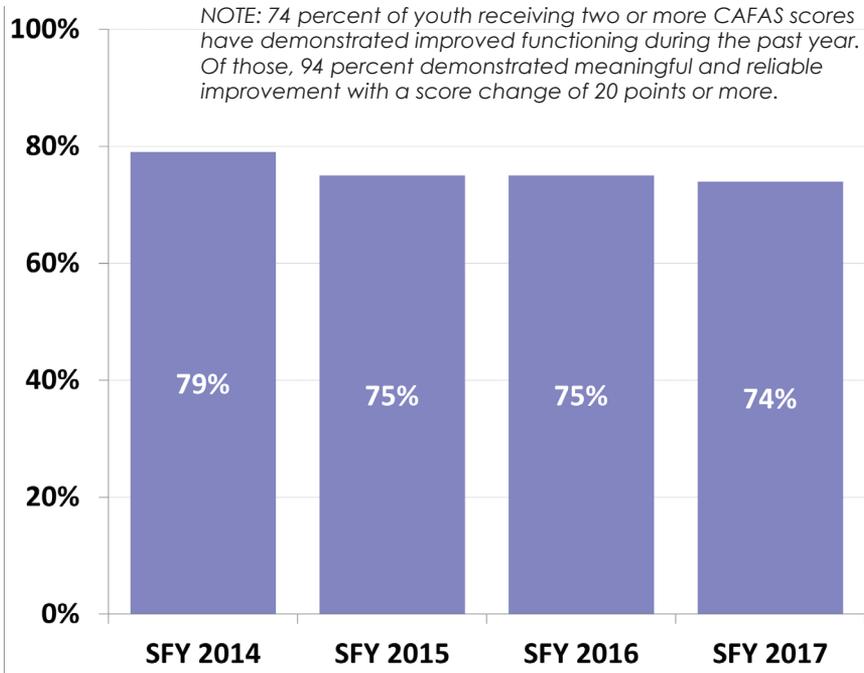
<b>Behavioral Health Crisis Center of South Central Idaho</b>			
			<b>SFY 2017</b>
<b>Crisis center visits</b>			1,031
<b>Clients served (unduplicated)</b>			297
<b>Average length of stay (hours)</b>			19.60
<b>Diagnosis type</b>			
<ul style="list-style-type: none"> <li>• <b>Substance use only</b></li> </ul>			126
<ul style="list-style-type: none"> <li>• <b>No significant mental health or substance use</b></li> </ul>			18
<ul style="list-style-type: none"> <li>• <b>Mental health only</b></li> </ul>			240
<ul style="list-style-type: none"> <li>• <b>Mental health and substance use</b></li> </ul>			528
<ul style="list-style-type: none"> <li>• <b>Inadequate information</b></li> </ul>			32

## **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. The program provides crisis intervention, case management, and other supports that increase the capacity for children with SED and their families to live, work, learn, and participate fully in their communities. Most treatment services are delivered by private sector providers in the community through referrals from the division. Parents and family members play an essential role in developing the system of care. They are involved in all levels of development, including policies, administrative rules, laws, and their own service plans. Without parental involvement and the support to sustain their involvement, the system of care would not be able to achieve positive outcomes for the children and their families.

The Child and Adolescent Functional Assessment Scale (CAFAS) is used as an eligibility and outcome measure for children and youth qualifying for and receiving services from the Children’s Mental Health program. This behaviorally based instrument is backed by extensive research supporting its validity and sensitivity to measure change.

## Improved Functioning Measured by CAFAS



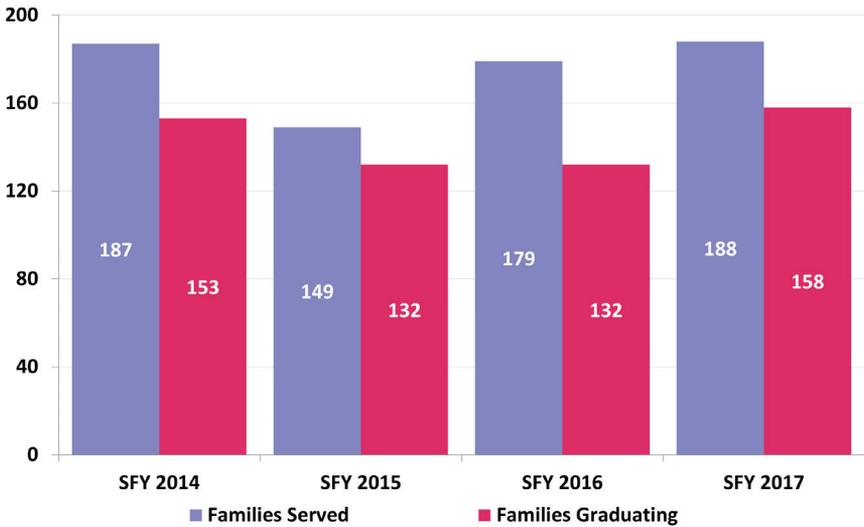
The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) statewide. The evidence-based program is effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs.

Idaho's program showed improvement in functioning and reduced the amount of time a youth and his or her family receives services from the Children's Mental Health program. Forty-two percent of families have their cases closed within three months of completing PLL services, compared to an average length of service of 12 months for families who do not participate in PLL.

### Parenting with Love and Limits

Youth receiving Parenting with Love and Limits showed significant reductions in negative behaviors as measured by an instrument called the Child Behavior Checklist. A multi-year evaluation indicates negative behaviors declined in the areas of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. Of the 188 families served, 158 of the 172 families that

left the program graduated. The rate of graduation from PLL this past year was 92 percent, which continues to exceed the 70 percent goal. Since its start in 2008, PLL has served a total of 1,542 families in all seven regions statewide.



State-funded respite care is on the rise in Idaho, in part due to the beginning of contracted services and to the creation of a pilot project in Region 4. Respite care can provide families with a temporary break from caregiving responsibilities. Those projects began in May and June of 2016. Respite services have increased statewide, providing assistance to families in all seven regions of the state.

The division continues to work with county juvenile justice, magistrate courts, the Idaho 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 a youth under court jurisdiction is diagnosed with a serious emotional disturbance.

Children Receiving Mental Health Services				
	SFY 2014	SFY 2015	SFY 2016	SFY 2017
<b>Total Children Served</b>	2,554	2,487	2,320	2,332
<b>Court-ordered 20-511A</b>	600	583	603	509
<b>Parenting with Love and Limits</b>	187	149	179	188
<b>Case Management</b>	1,494	1,464	1,411	1,360
<b>Alternate Care</b>	38	46	65	52

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<b>Total Children Served</b>	2,554	2,487	2,320	2,332
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### Youth Empowerment Services

More detailed information, including a glossary, fact sheets, and work updates, is available on the website devoted to this work: [youthempowermentservices.idaho.gov](http://youthempowermentservices.idaho.gov) or [yes.idaho.gov](http://yes.idaho.gov).

The Youth Empowerment Services (YES) project has made significant progress in 2017, moving from a lawsuit (Jeff D. v Otter) toward a new system of care for children with Serious Emotional Disturbance (SED). The phased rollout begins in January 2018, with full implementation of the transformed children's mental health system of care by May 2020. Once the new system is fully operational, it will then be monitored for an additional three years to ensure sustainability.

This project is a collaborative effort among Department of Health and Welfare, Department of Education, Department of Juvenile Corrections, and parents, providers, and other community stakeholders. The framework for the project, as described in the court-approved Idaho Implementation Plan, identifies some of the strategies and tasks to be used in developing the services and supports outlined in the Jeff D. Settlement Agreement.

Of greatest significance is the change in the approach to service delivery for children, youth, and their families. The YES system of care relies on a model of service delivery in which all child-serving systems operate in a coordinated manner to support parents and caretakers as the main drivers of the care and treatment they are seeking. Families will receive information, education, coaching, and other supports so they will be able to competently navigate the system and participate in all decision points along the way.

This system of care approach has demonstrated across the country that collaborative coordinated care, driven by the youth who use it and their families, results in greater positive outcomes for the youth than those systems that do not operate in a coordinated manner.

The following are accomplishments related to the Youth Empowerment Services project for SFY 2017:

- The Idaho Legislature approved increasing the Medicaid eligibility of children with SED and family income up to 300% of the federal poverty guidelines through a 1915(i) state plan amendment – effective Jan. 1, 2018.
- The division obtained funding to add 18 staff members to implement the statewide project plan.
- An annual progress report detailing each of the implementation plan objectives was completed and submitted to the district court and plaintiff's counsel as per the settlement agreement in March 2017. It is available on the YES website.
- Collaborative workgroups focused on the various objectives outlined in the implementation plan have been formed and meet on a regular basis to accomplish the work. Stakeholder interest is high and participation in the workgroups is good. Expert consultants are offering technical assistance for the implementation of the improved system of care.
- The Interagency Governance Team (IGT) has been formed as an advisory body for the implementation efforts. This 17-member team includes representatives from the three agency partners, parents, youth, advocates, and providers. The team is chaired by a parent member.
- The cross-system Quality Management, Improvement and Accountability (QMIA) Council published its fourth quarterly QMIA Quarterly Report in July 2017. The QMIA reports are available on the YES website.
- A newly designed and updated YES website was launched in May 2017: <http://yes.idaho.gov> or <http://youthempowermentservices.idaho.gov>. A brochure focusing on parents' interests in the project, "YES 101," provides an overview of the YES System of Care and is being used in outreach efforts. An electronic version is available on the YES website. The website serves as a public access site for project development, reports, fact sheets, and other communications.
- A contract is in place with the Praed Foundation for consultation and training on the tool called Child and Adolescent Needs & Strengths (CANS) that Idaho has adopted for communicating about children and youth who receive services.
- Requirements for the Idaho CANS web-based tool have been completed and development is under way.
- A CANS training plan is in development. It is anticipated that community providers will be certified and capable of using CANS by July 1,

2018.

- Fact sheets on the CANS implementation and certification are available on the YES website under the Project tab.
- Staff from the Division of Behavioral Health and the Department of Juvenile Corrections are participating in a CANS pilot beginning in September 2017.

## Adult Mental Health Services

The needs of Idaho adults who have a mental health diagnosis are diverse and complex. The division works to ensure that programs and services including community-based supports, outpatient services, and inpatient hospitalization services are available to eligible Idaho residents. Eligibility includes service to those who are:

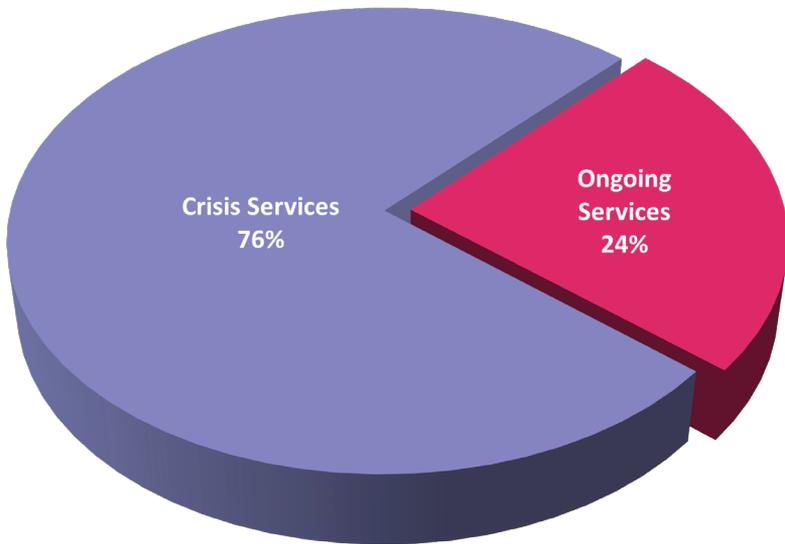
1. Experiencing psychiatric crisis.
2. Receiving treatment by court order.
3. Diagnosed with a serious mental illness or a serious and persistent mental illness with no other resources available to meet their needs.

The provision of state-funded mental health treatment to Idaho residents is distributed between seven community-based regional behavioral health centers serving all 44 counties in the state. Each regional behavioral health center is staffed with a variety of licensed treatment professionals (psychiatrists, nurse practitioners, social workers, clinicians, and other mental health workers). Each center offers crisis services and ongoing mental health services.

Emergency services are provided statewide through the adult mental health crisis units. Crisis units provide phone and consultation services 24/7. Crisis units also screen all adults who are being petitioned for court-ordered commitment. The court-ordered commitment process is followed when the court determines that someone is likely to injure themselves or others. People who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care for acute needs.

During SFY 2017, 76 percent of the participants receiving services from the division received crisis services. The remaining 24 percent received ongoing mental health treatment. The primary goal of ongoing mental health services is to promote recovery and improve the quality of life for Idaho adults with mental health diagnoses.

## Adults receiving Mental Health Services SFY 2017



### Adults Served

The division's regional behavioral health centers provide court-ordered evaluation, treatment recommendations, and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, 66-329, and/or Mental Health Court. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services. ACT staff is integrally involved in collaborative mental health court meetings.

Eligible individuals can also receive case management services through regional behavioral health centers. Case managers use person-centered planning to identify mental health needs. Once treatment needs are identified, case managers link the participant to available community resources, coordinate referrals, advocate for the participant, and monitor service effectiveness and participant satisfaction. Short- and long-term, non-intensive services are available on a limited basis.

### Supportive Services

Community support services are available on a limited basis. These services include outreach, medication monitoring, benefits assistance, community-based rehabilitation services, employability, and housing support.

### Assertive Community Treatment (ACT)

ACT services provide a full array of community-based services as an

alternative to hospitalization for adults with serious and persistent mental illnesses who have the most intense service needs. ACT services are provided by a team of professional staff and certified peer support specialists and recovery coaches.

Services include individualized treatment planning, crisis intervention, peer support services, community-based rehabilitation services, medication management, case management, individual and group therapy, co-occurring treatment and coordination of other community support services.

### **Co-occurring Mental Health and Substance Use Disorders Services**

According to the National Survey on Drug Use and Health, in 2015 an estimated 41.2 percent of adults with a substance use disorder within the past year also had a co-occurring mental illness. The division's regional behavioral health centers provide integrated treatment for those diagnosed with co-occurring mental health and substance use disorders. If regional behavioral health centers are unable to provide a full range of co-occurring treatment for participants, they may refer or collaborate with a private agency to provide additional services

<b>Adult Mental Health Services</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Adults Served</b>	13,207	13,503	13,940	14,358
<b>Supportive Services (meds, housing and employment)</b>	3,718	1,713	2,031	2,107
<b>Assertive Community Treatment</b>	611	560	587	573
<b>Co-occurring Services</b>	1,680	1,777	1,914	2,114

## **State Hospital North**

**Todd Hurt, Administrative Director, (208) 476-4511**

State Hospital North (SHN) in Orofino, Idaho, is licensed as a 60-bed psychiatric hospital and provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, and the referring regional behavioral health center to develop goals for the inpatient treatment episode while also focusing on arrangements for follow-up care.

Hospitalization at State Hospital North is intended to be of a short-to-intermediate duration with the objective of stabilizing presenting symptoms

and assisting patients to return to living in their communities in the shortest reasonable period of time. The length of stay for inpatient care is variable based on patient needs and prevailing best practices within the mental health field. The median length of stay for the recent year is about 55 days.

Admissions to State Hospital North are initiated in the local community and referred through the regional behavioral health centers. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, nurse practitioners, medical doctors, licensed nurses, psychiatric technicians, master's level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, dietitians, and support personnel.

Employees at the hospital deliver many specialized services that include assessments and evaluations, medication management, individual and group therapies, opportunities for community integration, involvement in recreational and educational activities, nutrition, fitness, and discharge planning. The facility uses the Recovery Approach in treatment, retains a trauma informed culture and promotes alignment with the patient in developing a self-directed care plan to assist them as they work toward their recovery goals.

<b>SHN Adult Inpatient Psychiatric Services</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Adults Patient Days</b>	16,153	16,834	18,026	17,644
<b>Admissions</b>	217	243	233	206
<b>Avg Daily Census</b>	44	46	49	48
<b>Daily Occupancy Rate</b>	74%	77%	82%	81%
<b>Median Length of Stay (Days)</b>	44	48	55	55
<b>30-Day Readmission Rate</b>	2.3%	2.1%	<1% (.009%)	1.5%
<b>180-Day Readmission Rate</b>	10.6%	13.6%	7.7%	6.3%
<b>Cost Per Patient Day</b>	\$506	\$509	\$492	\$558

## State Hospital South

*Jim Price, Administrator, (208) 785-8402*

State Hospital South was established in 1886 in Blackfoot, Idaho. The hospital is currently licensed by the state to serve 90 adult patients, 16 adolescent patients, and 29 residents in the Syringa Chalet skilled nursing home. The hospital is accredited by the Joint Commission, which is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting established performance standards.

Adult patients are referred to the hospital by the regional behavioral health centers after civil or competency restoration commitment from the legal system. Civilly committed patients have been found to be a danger to themselves, a danger to others, or gravely disabled. Competency restoration patients have been found unfit to proceed in the criminal justice system due to mental defect. Restoration patients require the need to modify treatment plans more frequently, and the legal reporting requirements for these patients require considerably more psychologist time for testing and writing reports than for the hospital's civil commitments.

Patients with increased aggression, substance use disorders, and criminal thinking and behavior require additional staff to maintain safety, and they often require a single room as well as the use of more seclusion and restraints. The requirement for single rooms affects the hospital's occupancy rate and waiting list. This past year, to manage the risk of elopements from the facility, we extended the fencing that encloses the outside courtyards.

Patient-centered treatment for all the hospital residents is provided by an interdisciplinary team of benefits specialists, dental professionals, dietitians, nursing staff, psychiatric, and general practice physicians, physician assistants, physical therapists, psychologists and counselors, recreational therapists, social workers, treatment coordinators, and other support staff. This past year, national trainer Raul Almazar visited the facility to provide trauma informed care training. Staff also developed a wellness yoga room for patients. Staff also received specific training for treating elders from geriatric psychiatrist Dr. Abhilash Desai.

Each adult unit also has a peer specialist who promotes recovery by offering hope and encouragement to patients as well as modeling personal success in managing a mental health disorder. During treatment, patients are assisted by a multidisciplinary team in developing a personalized Wellness Recovery Action Plan for when they return to community living.

Over the past two years, we have worked with the City of Blackfoot to establish a plan to place a fire station adjoining to our property. This past year, Gov. C.L. "Butch" Otter announced that an Idaho Veterans Cemetery would be built in Bingham County on land adjoining the SHS cem-

etry. SHS administrators are excited for the hospital's future relationship with the Idaho State Veterans Cemetery.

During the 2017 legislative session, the Idaho Legislature supported the plan to build a new adolescent unit in the Treasure Valley. Within three years, it is expected the new adolescent facility will be built. The space once used for the adolescent unit at SHS will be converted to adult beds, expanding the facility's capacity with an additional 20 adult beds.

<b>SHS Adult Inpatient Psychiatric Services</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Adults Patient Days</b>	27,375	26,005	28,112	27,734
<b>Admissions</b>	608	547	640	582
<b>Avg Daily Census</b>	75	71	76.8	76
<b>Median Length of Stay (Days)</b>	29	30	32	34
<b>Daily Occupancy Rate</b>	83.3%	79.2%	85.3%	84.4
<b>30-Day Readmission Rate</b>	1.64%	2.56%	3.75%	1.55%
<b>180-Day Readmission Rate</b>	14.14%	14.26%	15.16%	9.97%
<b>Cost/Patient Day</b>	\$533	\$600	\$589	\$636

<b>Adolescent Unit</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Patient Days</b>	4,181	4,562	4,574	3,997
<b>Admissions</b>	122	149	131	116
<b>Occupancy Rate</b>	71.6%	78.1%	78.1%	68.4%
<b>Median Length of Stay (Days)</b>	31	29.0	31	29
<b>30-Day Readmission Rate</b>	0.8%	2.7%	0%	0%
<b>180-Day Readmission Rate</b>	3.3%	8.1%	4.6%	7.8%
<b>Cost/Patient Day</b>	\$643	\$724	\$747	\$848

Syringa Skilled Nursing				
	SFY 2014	SFY 2015	SFY 2016	SFY 2017
<b>Patient Days</b>	8,856	8,837	9,355	9,989
<b>Admissions</b>	11	14	17	16
<b>Occupancy Rate</b>	83.7%	83.5%	88.1%	94.4%
<b>Cost/Patient Day</b>	\$588	\$621	\$604	\$623

## Substance Use Disorders Program

The Substance Use Disorders Program includes:

- Treatment and recovery support services.
- Management of the substance use disorders provider network.
- Training for treatment staff.
- Behavioral health program approval.
- Tobacco inspections.

Services for substance use disorders are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of treatment is to help participants live their lives in recovery. The division served 4,995 unduplicated Substance Use Disorder clients in SFY 2017.

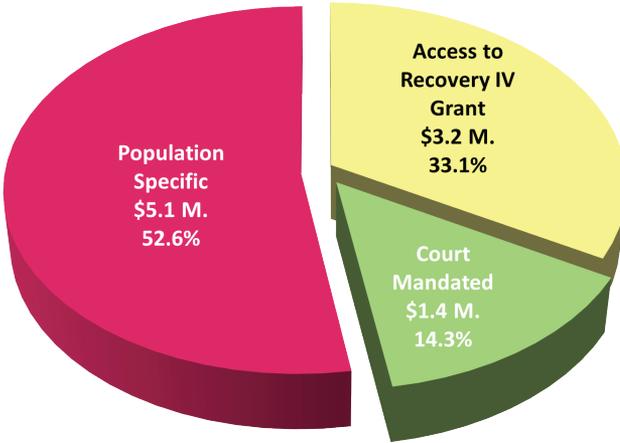
Idaho currently has a provider network developed and managed by BPA Health. The network contains 83 state-approved treatment providers at 148 locations. Treatment services include, but are not limited to, detoxification, outpatient therapy and residential treatment.

The network also includes 29 stand-alone recovery support service providers at 68 locations. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Recovery support services include case management, family life skills, recovery coaching, safe and sober housing for adults, childcare, transportation, and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

Idaho was one of only five states awarded the Access to Recovery 4 (ATR) grant in October 2014. It was a three-year grant program that provided substance use disorders services to veterans, the homeless and families involved with child protection services. This funding allowed the division to provide treatment and recovery support services to people who could not previously be served. The grant ended in the fall of 2017.

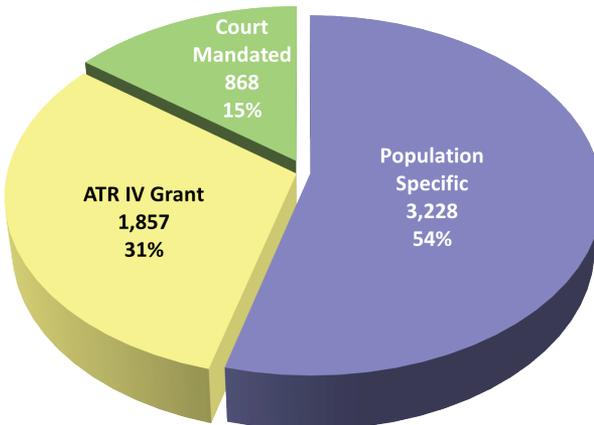
In May 2017, Idaho received \$2 million from a federal grant to combat the opioid and heroin epidemic. Idaho's program, called Idaho's Response to the Opioid Crisis (IROC), includes prevention, treatment, and community based services. The project entered its early implementation phases during SFY 2017, and service data should be available in SFY 2018.

### SFY 2017 Substance Use Disorders Expenditures by Priority Population



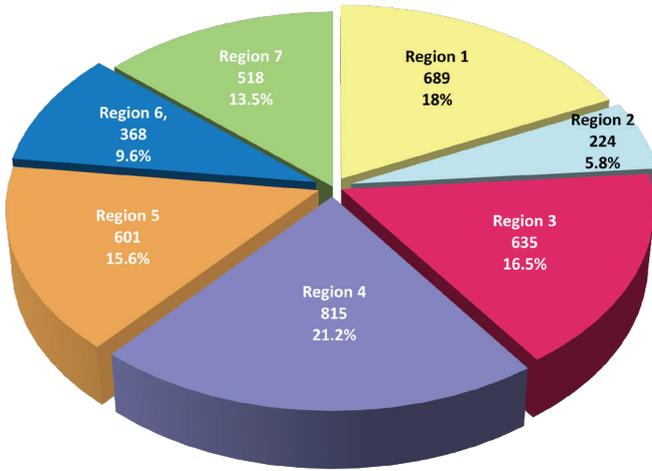
\*Population Specific includes adolescents, adults, IV drug use, women with children, child protection, Idaho Youth Treatment Program clients, and patients at state hospitals.

### Substance Use Disorders Treatment by Priority Population



NOTE: The Idaho Department of Health and Welfare collaboratively funded treatment for some clients in the Population Specific priority populations. Participants may be served in more than one priority population.

## Substance Use Disorders Client Intakes by Region



## The Idaho Tobacco Project

The Idaho Tobacco Project works with retailers to prevent youth access to tobacco products. The Tobacco Project provides retailers with educational materials and no-cost permits and supports inspections to evaluate compliance with the state statute that prevents minors' access to tobacco. Educational materials include a monthly newsletter, a training CD, point-of-sale resources (posters near cash registers or in staff areas), and online training resources ([preventthesale.com/Idaho](http://preventthesale.com/Idaho)) to help retailers educate their staffs.

To encourage retailers to be vigilant against selling tobacco to minors, youth-purchase inspections are conducted annually at every retailer site where youths can legally enter. In 1998, the first year statewide youth-purchase tobacco inspections were done, the violation rate was 56.2 percent. In 2016, the survey of inspections resulted in a violation rate of 6.72 percent. The chart below summarized the outcome of the inspections conducted for the past five years.

Adolescent Unit					
	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
<b>Permittees</b>	1,730	1,654	1,663	1,639	1,581
<b>Inspections</b>	1,741	1,976	1,798	1,768	1,755
<b>Violations</b>	113	154	135	157	118
<b>Non-Compliance Rate</b>	6.5%	9.1%	7.51%	8.88%	6.72%

## Division of Family and Community Services

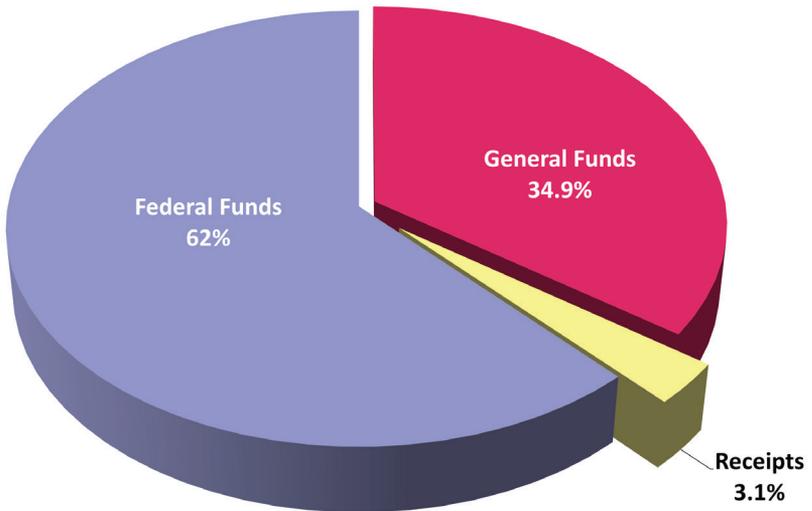
**Miren Unsworth, Administrator, (208) 334-0641**

The Division of Family and Community Services (FACS) directs many of the department's social and human service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers with developmental delays or disabilities.

FACS also provides navigation services that connect individuals and families in crisis with services that will help stabilize their lives. FACS programs work together to provide services that focus on the entire family, building on strengths while supporting and empowering them.

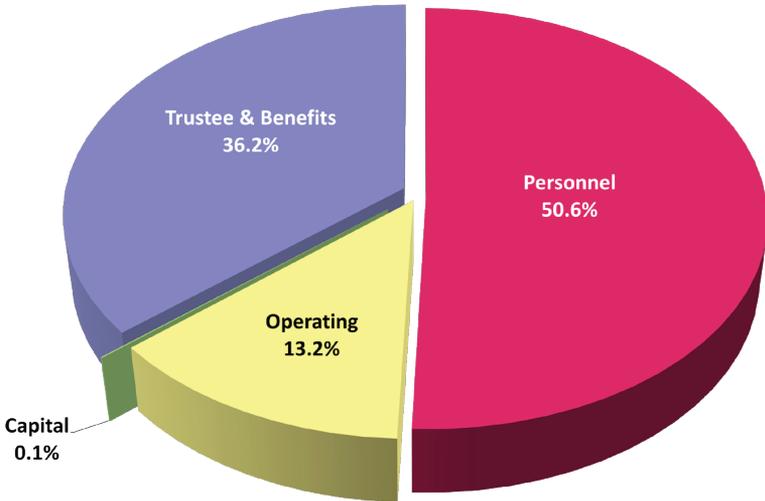
The divisions also administers Southwest Idaho Treatment Center. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

### FACS SFY 2018 Funding Sources



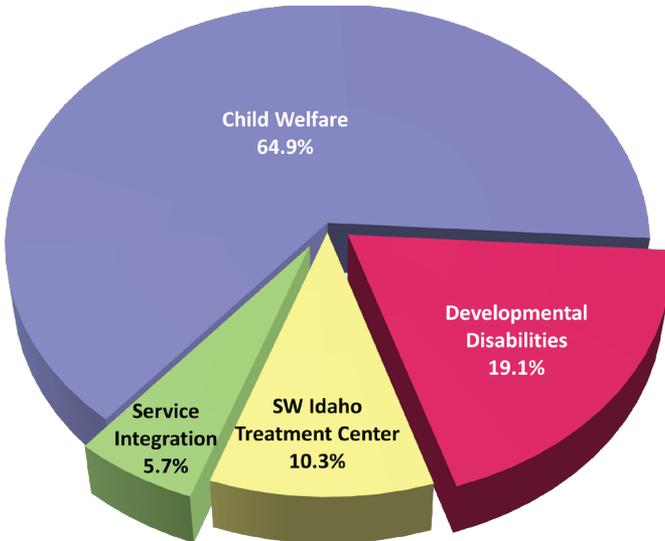
Authorized FTP: 739.46; Original Appropriation for SFY 2018: General Funds \$37.4 million, Total Funds \$107.1 million; 3.7% of Health and Welfare funding.

### FACS SFY 2018 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 Southwest Idaho Treatment Center.*

### FACS SFY 2018 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 2017 FACS Division Highlights

**Child and Family Services Reviews:** The Idaho Child and Family Services (CFS) program completed the third Child and Family Services Reviews conducted in partnership with the federal Administration for Children and Families Children's Bureau. Every state is required to complete a review of their program based on federal indicators every six to seven years. The focus of the third review was on demonstrating the effectiveness of the entire child welfare system.

Idaho continues to show strength in areas related to safety and permanency and has identified opportunities to increase overall program effectiveness through continuous quality improvement. The full review is available on the department's website. As part of the continuous quality improvement system, CFS has used research conducted by the Office of Performance Evaluations as well as community and legislative feedback to implement several system improvements. These include the implementation of an Executive Steering Committee made up of key internal and external stakeholders, including a foster parent, a legislative representative, and a CASA guardian ad-litem representative.

**Resource Parent Grievance Process:** Child and Family Services made modifications to the resource parent grievance process in October 2016 to simplify, clarify, and implement additional structure and data elements. The process is centered on an open, systematic process of expression and examination, resulting in collaborative problem-solving at the local level to assure accountability and responsibility. This process is designed for resource parents caring for children in the department's custody who may have a grievance. It is not for providers of congregate care settings or group homes.

**2017 Legislative Changes:** There were two main changes enacted after the 2017 legislative session.

1. The Idaho Child Protective Act was revised to expand the definition of "sex abuse" to include "sex trafficking." The change reflects program requirements to screen, assess, and provide services to child victims of sex trafficking.
2. The Idaho Administrative Rule related to eligibility for independent living services for older youth in foster care was modified to reduce the minimum age to access services from 15 years to 14 years. The change expands the program's ability to utilize Independent Living funds to meet the needs of older youth in foster care.

**Child Adolescent Needs and Strengths (CANS) Tool:** The CANS tool was developed to help facilitate the linkage between the assessment process

and the design of individualized service plans that include the application of evidence-based practices. The primary objectives of the CANS tool are strengthening and enhancing permanency, safety, and providing an improved quality of well-being for children.

The implementation of the CANS tool started in October 2015 and is being phased-in. Currently, 50 percent of case-carrying staff in Child and Family Services are certified users of the CANS tool. The CANS tool is for families with unsafe children and is used to gather information, guide service planning, identify needs, and initiate appropriate referrals.

Child and Family Services is working closely with other divisions in the department, as well as other child-serving agencies and stakeholders to collaborate on the CANS tool. This coordination across child- and family-serving systems will provide streamlined supports and resources to meet the individualized needs of children and youth, ultimately resulting in enhanced safety, permanency, and well-being outcomes.

**National Core Indicators Survey:** The Developmental Disabilities Program conducted Idaho's first National Core Indicators Survey for adults who have developmental disabilities. Idaho joins 46 other states in participating in the survey, which provides an objective view of the lives and the impact of state services in Idaho. A total of 400 people were interviewed in the survey. This survey follows a previous survey of over 900 families with children in SFY 2016. Together, the surveys provide Idaho with a baseline for reviewing developmental disability services and the quality of life for individuals who have developmental disabilities.

**Facility Closure:** The Developmental Disabilities Services closed the six-bed Kyler House in northern Idaho in the spring of 2017. Residents of the facility were transitioned to community placements in the Coeur d'Alene area. Closure of Kyler House will allow more independence and community involvement for former residents. Closure of the facility reaffirms the role of state-delivered services as stabilization and transitional for individuals who have developmental disabilities.

## Service Integration

### 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 service 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. In SFY 2017, CareLine participated in 36 community outreach events and

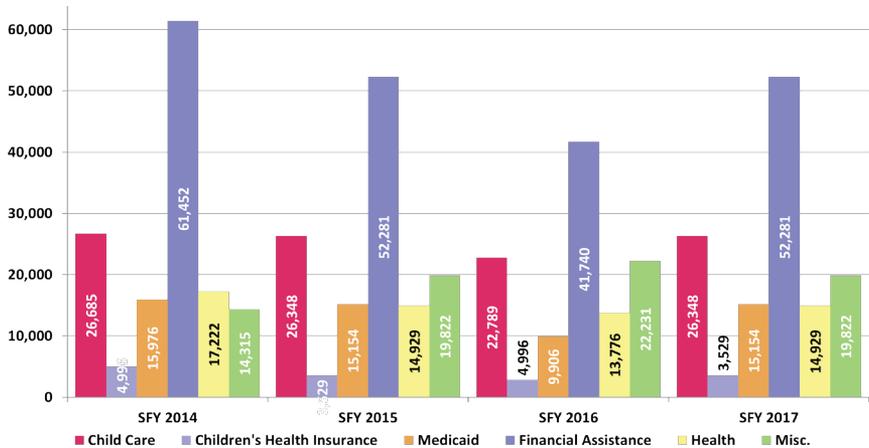
promoted various IDHW and community campaigns designed to increase the health, stability, and safety of Idahoans.

Idaho CareLine facilitated 103,881 information contacts during SFY 2017; however, staff provided 126,457 individual referrals. The variance between the two figures is a direct result of CareLine's software, which counts individual calls or contacts, rather than the number of referrals provided to a customer during an individual call or contact. CareLine's referral database currently has 11,767 active services relating to 3,471 programs. This promoted various department and community campaigns designed to increase the health, stability, and safety of Idahoans.

CareLine's resources can be accessed by dialing 2-1-1 or 1-800-926- 2588. Agents assist callers 8 a.m. to 6 p.m. MST Monday through Friday. Resources also can be found by visiting [www.211.idaho.gov](http://www.211.idaho.gov) or [www.idahocareline.org](http://www.idahocareline.org); or by texting a zip code to CareLine at TXT211.

Additional information can be found by visiting 2-1-1 on Facebook and Twitter. Emergency and crisis referral services are available after hours.

### Number of Calls Received by Idaho CareLine



### Resource and Service Navigation

Resource and Service Navigation identifies and develops resources to support struggling families so they can achieve long-term stability using customized service plans focused on family strengths and community supports. Navigators work with individuals, children, and families for up to 120 days to help them achieve their goals for long-term stability, well-being, health and safety.

During SFY 2017, Navigation received 8,363 referrals. Navigation provided case management to 2,960 households, made up of 8,932 individuals. Of those, Navigation provided monetary assistance to 1,429 households, made up of 5,315 adults, children, and youth. Navigation provided career enhancement to 41 households, made up of 151 adults, children, and youth. Navigation services distributed \$1.3 million in emergency assistance and career enhancement support, while leveraging community funds on behalf of families in Idaho.

The past three years have shown a significant increase in Navigation's ability to leverage community funds. For every Navigation dollar spent, the community donated funds or provided in goods the amount of 21 cents in SFY 2014; 33 cents in SFY 2015; 46 cents in SFY 2016; and 38 cents in SFY 2017. This demonstrates the program's continued efforts to focusing on the health, safety, and stability of Idahoans, while also maintaining close and collaborative community ties.

In addition to Emergency Assistance and Career Enhancement, Navigation also received \$60,000 from Casey Family Programs to serve Idaho KinCare families. More than 29,000 children in Idaho are being raised by relatives. Navigators served 89 KinCare households, made up of 323 family members. Navigators continued to work in communities across the state on behalf of about 10,000 kinship families for the Idaho KinCare Project. On July 21, 2017, through a proclamation from Gov. C.L. "Butch" Otter, Idaho celebrated its seventh annual Idaho KinCare Family Day.

## Child and Family Services

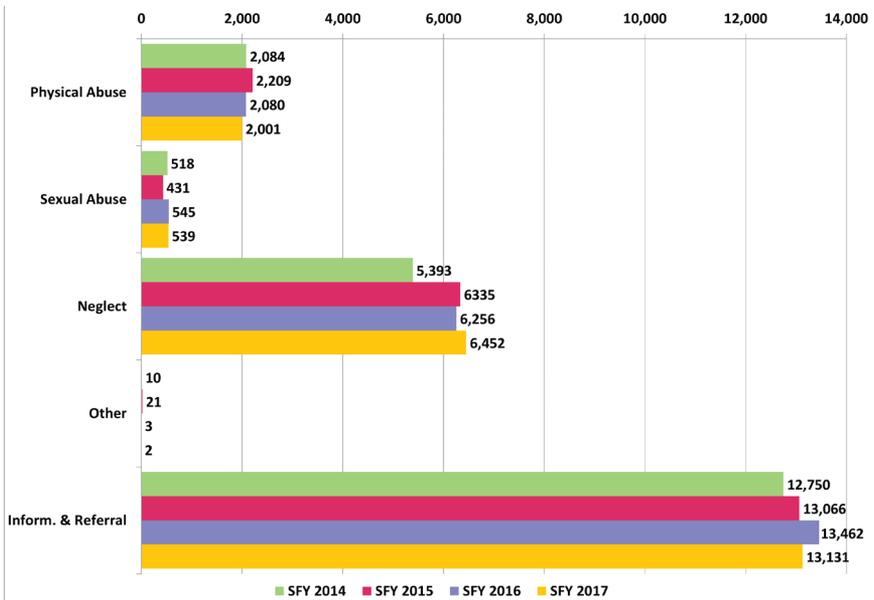
Child and Family Services (CFS) is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses homes that care for foster children, monitors and assures compliance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

### Child Protection

Child and Family Services screens each report it receives about possible child abuse, neglect, or abandonment to determine if there are any threats to the safety of a child. Social workers and families work together to ensure the child's safety can be maintained in their homes.

If the child's safety cannot be managed with the child at home, the child may be removed by law enforcement or a court order. When children are removed, social workers continue to work with the family to return the children to the home as soon as it is safe to do so.

## Child Protection and Prevention Referrals



Note: In SFY 2017, there were 22,125 referrals from concerned citizens, down slightly from 22,346 in SFY 2016. Of these referrals, 8,994 were assigned for safety assessment. An additional 13,131 referrals were categorized as Information and Referral. These are circumstances that don't meet criteria for assignment of a safety assessment and are frequently referred to other programs or agencies.

## Foster Care

Foster care is a critical component of the state's child welfare services. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected, or abandoned, and who cannot be maintained safely in their own homes.

During SFY 2017, 2,714 children spent 549,818 days in foster care. Of the total days, 92.2% of involved children spent time in a family setting. Of the days spent in a family setting, 51.1% involved children were placed on an extended home visit, placed with a relative, or placed with a person with a significant relationship with the child.

Compared to other states, Idaho has about half the rate of children placed in non-family settings, referred to as residential care, such as a group or children's home. Some children may require residential treatment for a period of time to address significant mental health or other behavioral issues. These children may require intensive therapeutic support.

Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as resource parents. Relatives can be important supports to the child, the child's parents, and the resource family.

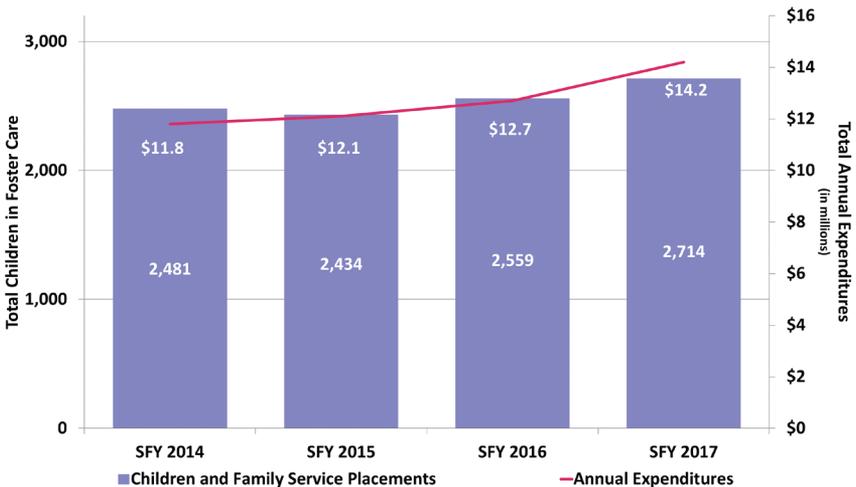
Child and Family Services manages out-of-home placements to:

- Assure the child will be safe.
- Minimize harm to the child and his or her family.
- Provide services to the family and the child to promote reunification and reduce long-term negative effects of the separation.
- Allow for continued connection between the child, his or her 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 homes. 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 safety issues that required placement outside the home are resolved. When a child's family is unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

### Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30, 2017, there were 1,597 children in state care. On June 30, 2016, there were 1,365 children in care.

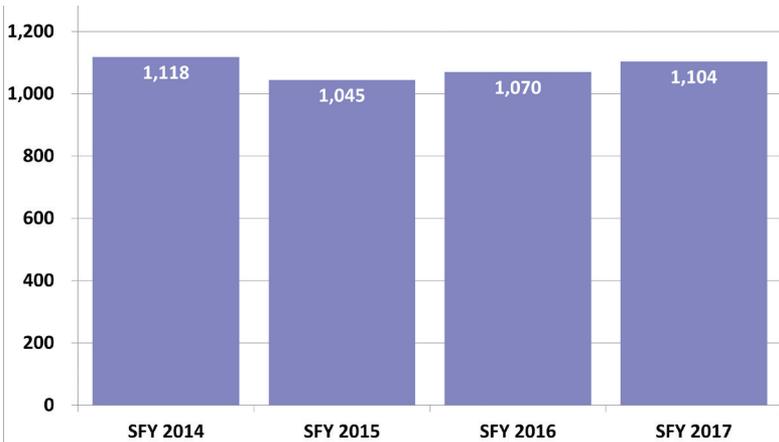
Treatment foster care is available to children who have complex needs that go beyond what general resource parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with significant specialized needs. Working in collaboration with a treatment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

The need to recruit and retain resource families for all children in foster care is critical. During SFY 2017, there were a total of 1,070 licensed resource families. These include resource families in Idaho and resource families out-of-state where children were placed through the Interstate Compact on the Placement of Children (ICPC). This is a slight increase since SFY 2016, but there is an ongoing need to recruit resource families who can provide care to sibling groups, adolescents, and those with emotional, behavioral, and special needs. Resource parents of Hispanic, African American, and Native American heritage also are needed.

Idaho has expanded the Resource Peer Mentor Program, which uses experienced resource parents to recruit and mentor prospective resource families through the licensure process, at initial placement, and during times of crisis or transition. Local recruitment efforts focus on publicizing the need for resource parents through social media, newspapers, multi-cultural events, fairs, faith-based communities, and community organizations.

In partnership with local universities, Child and Family Services uses the Parent Resources for Information, Development, and Education (PRIDE) program to train and evaluate potential resource families' parenting skills and techniques to care for children who have been abused or neglected. These classes, regularly offered across the state, have been shown to help families meet the needs of foster and adoptive children.

### Licensed Foster Homes



## Independent Living

Idaho's Independent Living Program assists foster youth in their transition to adult responsibilities. Supports and services for cultural and personal identity formation, supportive relationships and community connections, physical and mental health, life skills and personal needs, education, employment, housing, transition planning, and establishing permanent connections are funded through this program.

During SFY 2017, the Independent Living Program served 471 youth ages 14 to 21. This includes 62 youth who turned 18, the legal age of adulthood, while they were 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 14 and have received a high school diploma or GED. A total of 25 youth participated in the program at colleges, universities, technical schools, and other institutions of higher education during SFY 2017.

Older youth often experience barriers to success after leaving foster care. In partnership with the federal Administration for Children and Families, Idaho collects service and outcome information about and from youth for several years after they leave foster care through the National Youth in Transition Database. This data helps determine the services that are more successful in achieving positive outcomes.

## Adoption

Child and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In most cases, Idaho children adopted from foster care have special needs. These children may be part of a sibling group who 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 when the child entered foster care. To help meet this goal, the department looks for relatives interested and able to adopt the child. When no relatives are available, or if it has been determined that relative placement is not in the child's best interest, foster families often adopt.

Families who adopt children with special needs are eligible to apply for either federal or state adoption assistance benefits. These benefits help

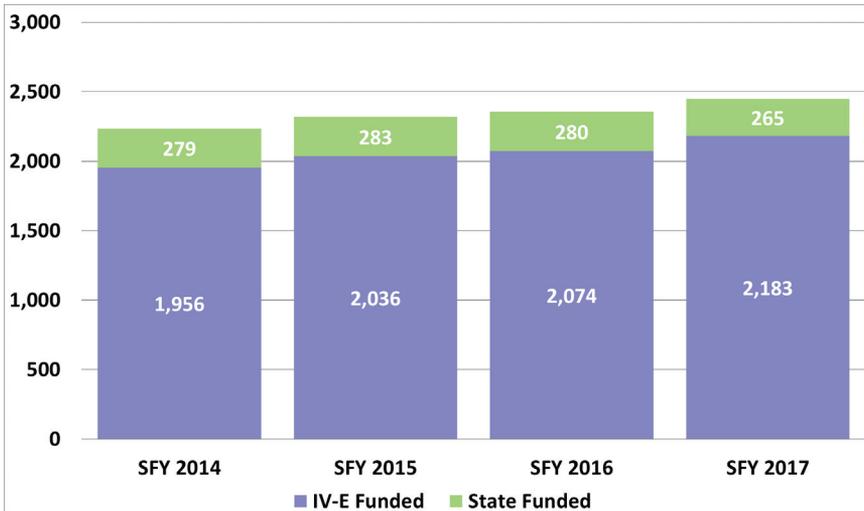
subsidize the expenses associated with finalizing an adoption and the cost of parenting a child who has special needs.

In SFY 2017, 236 children were adopted from foster care. At the state and local levels, the department and the courts work closely to improve monitoring and processes to reduce delays and help children have safe, caring, stable, and permanent families.

Adoptions Finalized SFY 2017			
SFY 2014	SFY 2015	SFY 2016	SFY 2017
203	215	195	236

Average Monthly Adoption Assistance Payments			
SFY 2014	SFY 2015	SFY 2016	SFY 2017
\$354	\$359	\$359	\$363

### Children Receiving Adoption Subsidies



## Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for people who have developmental disabilities, 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 full participation in their communities.

### Idaho

The Idaho Infant Toddler Program (ITP) coordinates early intervention services for children with developmental delays or disabilities from birth to 3 years of age. The Infant Toddler Program partners with public agencies and private contractors and works closely with parents to enhance each child's developmental potential. Services are provided through a team approach with a primary professional coaching the family.

The four most frequently provided services are:

1. Speech and language therapy
2. Family education (special instruction)
3. Occupational therapy
4. Physical therapy

Services are delivered according to an Individualized Family Service Plan. Teams statewide provide evidence-based services, including teaming, natural environment learning practices, and family coaching. Teams build the capacity of families to promote children's learning. Family feedback about the team approach and coaching continues to be favorable and produce positive outcomes.

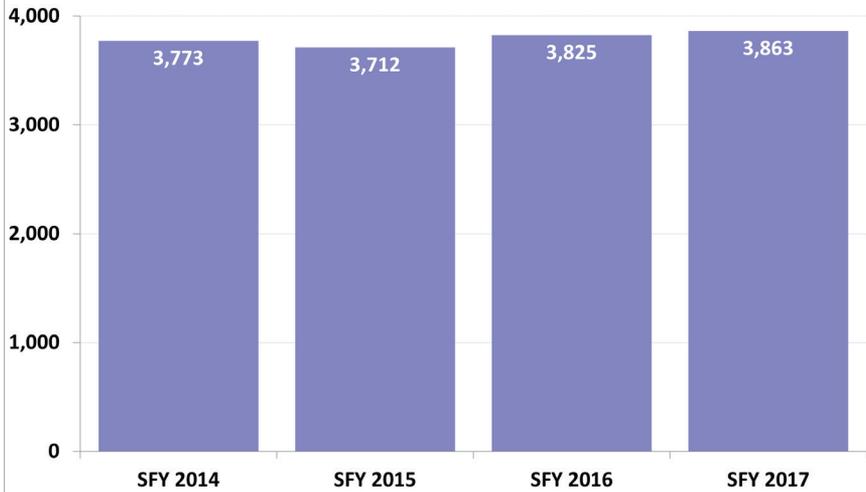
The Infant Toddler Program received the full SFY 2017 grant approval.

Children served by the program are referred for a variety of reasons, including diagnosable conditions that result in delays or disabilities. Nine percent of children referred for evaluation have been involved in substantiated cases of neglect or abuse. Twenty-nine percent of children found eligible for services were born prematurely.

Efforts to identify children who have delays or disabilities through outreach and screening services are a priority for the program. In SFY 2017, the Infant Toddler Program received 3,691 referrals. Region-specific outreach strategies and online screening by parents has resulted in a steady increase in the number of referrals for four consecutive years. The increase in referrals provides the program with the opportunity to provide services to young children who need them the most. These early intervention services provide a life-long impact for children.

During SFY 2017, the program served 3,863 children and their families.

## Children Served in the Infant Toddler Program



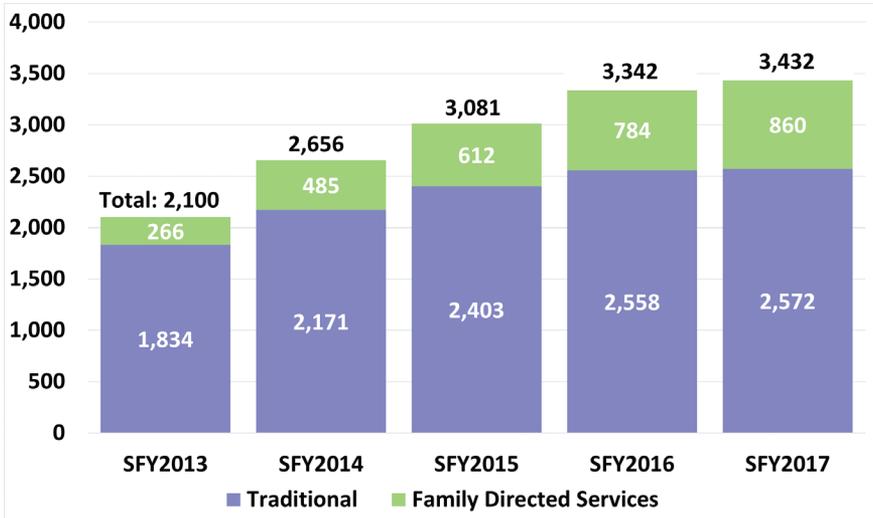
## Children's Developmental Disability Program

The Children's Developmental Disabilities Program oversees services for children with developmental disabilities up to age 18. Services are delivered through two pathways: traditional and family directed services. Traditional services are delivered by community providers using evidence-based practices to meet the goals identified on a service plan written as part of the family-centered planning process. The family directed pathway allows parents to have a more hands-on and flexible approach in determining the types of services and supports their children receive. It also allows more control over who provides those services and supports.

The program continues to grow, with enrollment increasing to more than 3,400 children. Almost 25% of these children receive services under the family directed program. A parent satisfaction survey in SFY 2017 indicated that 88 percent of parents and guardians are satisfied with the services their children are receiving.

The program continues to increase the quality of services by focusing on evidence-based practices, family centered planning, and ensuring services are delivered consistent with Home and Community Based Rules.

## Traditional and Family Directed Services



## Crisis Prevention and Court Services Team

The FACS Crisis Prevention and Court Services Team provides training, technical assistance, and consultation to families and agencies that support individuals with disabilities who are at risk of a community placement disruption because of a behavioral, mental health, or medical crisis. The team's priority is to help the person remain in their community. If that is not possible, the team helps to locate another community placement option that can meet the person's needs. As a last resort, a placement referral may be made to Southwest Idaho Treatment Center.

# Southwest Idaho Treatment Center

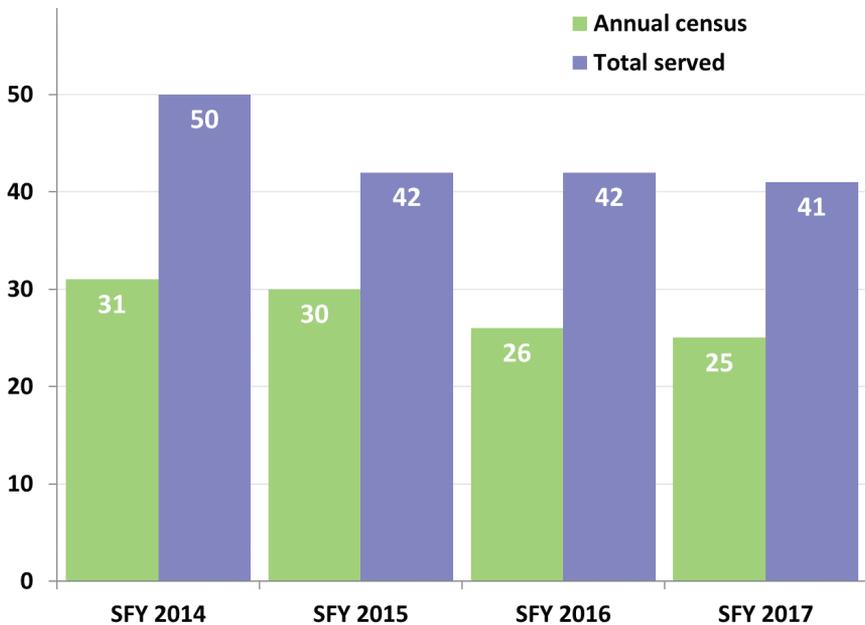
**Jamie Newton, Administrator, (208) 475-2434**

The mission of Southwest Idaho Treatment Center (SWITC) is to provide assessment, training, and treatment to people with developmental and intellectual disabilities until they can be transitioned back into their communities. Located in Nampa, SWITC collaborates with community partners to ensure individuals can be integrated back into their communities as soon as possible.

The combined efforts of the Crisis Prevention and Court Services Team in maintaining community placements, and SWITC in systematically supporting people as they move back into their communities, has resulted in a continual decline in the number of residents at the center over the past decade to between 25 and 30.

The 2017 Idaho Legislature passed a bill allowing the creation of a secure treatment facility. During the next year, rules will be developed and a wing of SWITC will be refurbished to provide for secure services for up to four clients.

## SWITC Census



*Annual census is a point-in-time count on June 30 each year. Total served is the total number of unique clients served during the year.*

# Council on Developmental Disabilities

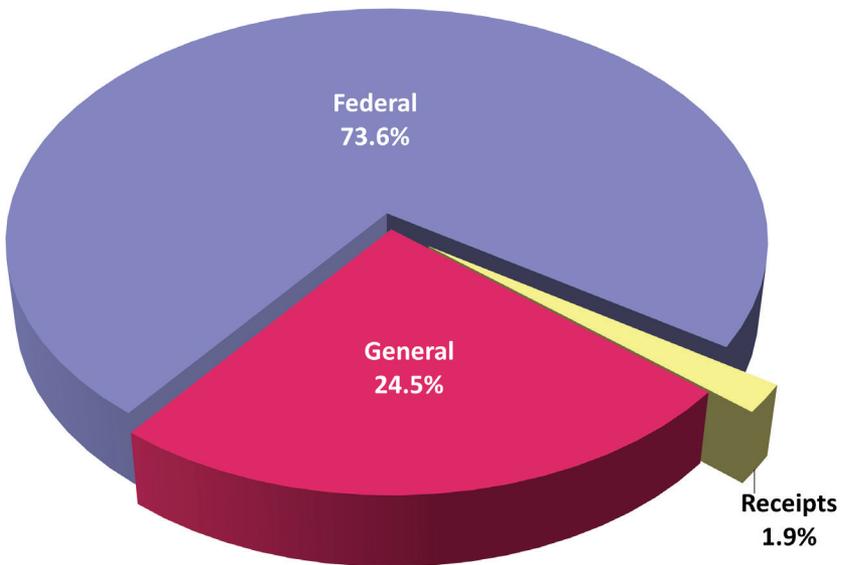
*Christine Pisani, Executive Director, (208) 334-2178*

The Idaho Council on Developmental Disabilities (ICDD) engages in advocacy, capacity building, and systemic change activities to promote a coordinated participant and family-centered comprehensive system of community services. The council also works to build the capacity of communities to recognize the gifts and talents of all community members so that people with developmental disabilities are living meaningful and included lives. The work of the council is directed by 23 governor-appointed stakeholders who determine the council's priorities.

**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.

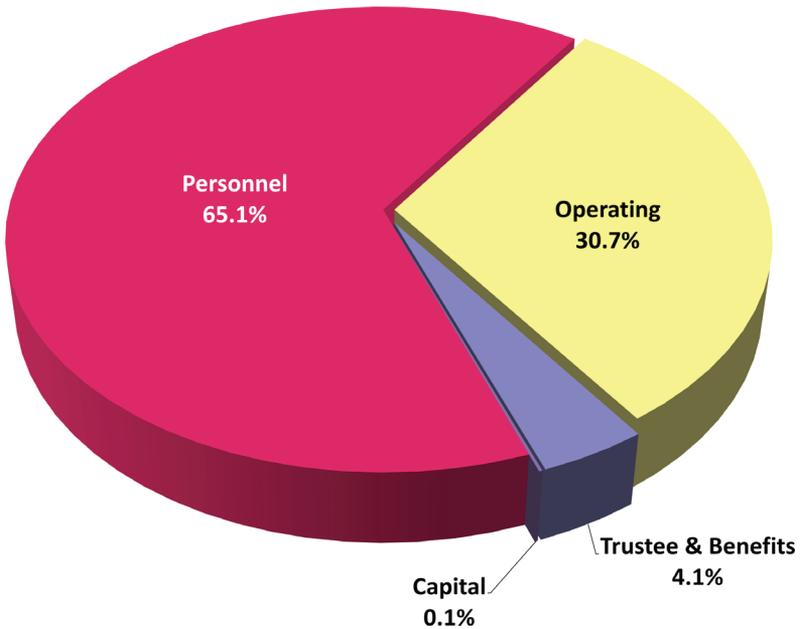
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

## SFY 2018 Funding Sources



*Funding is channeled through the DHW budget, but councils are independent and not administered by DHW. FTP: 6; General Funds \$188,600; Total Funds \$771,000.*

## SFY 2018 Expenditure Categories



## Council Initiatives

The council has completed the first year of its (2017-2021) five-year plan. Many council projects are multi-year efforts involving systems change initiatives. A snapshot of council initiatives and outcomes for 2017 include:

**Adults with intellectual/developmental disabilities experience improved quality in Home and Community Based Services.** The Idaho Council on Developmental Disabilities (ICDD) worked collaboratively with the Department of Health & Welfare to facilitate Community NOW!, a statewide collaborative Workgroup led by adults with intellectual and developmental disabilities (I/DD) and families who participate in Medicaid home and community-based services. The workgroup was created so adults with I/DD and their family members can lead discussions about their experiences with adult developmental disability (DD) services provided under Idaho's Medicaid DD Waiver program.

### Outcomes include:

- The workgroup brought together more than 60 people, including adults with I/DD; family members who support and spoke on behalf of adults with I/DD; managers and administrators from the Idaho Department of Health and Welfare; advocacy groups such as ICDD, Disabil-

ity Rights Idaho, Center on Disabilities and Human Development at University of Idaho, Medicaid service providers; and representatives from the Idaho Attorney General's Office (OAG), the American Civil Liberties Union (ACLU), and Human Services Research Institute (HSRI).

- Representatives from IDHW, ICDD, the OAG, HSRI and the ACLU completed an in-person Community NOW! statewide listening tour in Idaho Falls, Pocatello, Twin Falls, Emmett, Caldwell, Boise, Grangeville, Lewiston, Coeur d'Alene, and Ponderay. The listening tour met with and learned from 94 adults with intellectual and developmental disabilities, 128 families, and 31 service providers.
- Community NOW! attendees developed 16 service and support recommendations and presented them to IDHW in a final report and a formal presentation to IDHW leadership.

**Youth and young adults with intellectual/developmental disabilities transition from school into an adult life that includes competitive integrated employment, community engagement, and full citizenship.** DD councils are

mandated to test innovative approaches in the field of developmental disability. Core Gift Assessment is a promising practice to help youth identify the most important contributions they can make to their communities. Gifts can be used to help a young person decide on a vocational path that is meaningful to them and relies on their primary strength; decide on learning interests in school and other community places; increase self-esteem, and be more motivated to re-engage in life. Gifts can be used to welcome a person who is stigmatized into a group, helping them to be seen for what they have to contribute rather than for the source of their stigma.

**Outcomes include:**

- ICDD has contracted with Bruce Anderson of Community Activators to implement training with individuals who will facilitate Core Gift Assessment with youth and young adults to identify their gifts and talents and create a strong link to strength information in transition plans.
- Training in Core Gift Assessment is provided to 26 people including teachers, Department of Labor staff, IDHW staff, ICDD staff, and the Council's Cultural Broker on contract.
- All participants will continue to use tools with youth and young adults and receive technical assistance over the next 8-10 months.

**Leaders with intellectual/developmental disabilities are engaged with other people with disabilities and families in a statewide coalition that has a strong, collective voice on policy issues and systems change.**

ICDD contracted with Connexus, LLC, to assist the council in the development of a statewide advocacy coalition made up of adults with I/DD and parents who have children with I/DD. The statewide advocacy coalition is designed to inform key policy leaders at the local, state and national

level.

**Outcomes include:**

- Idaho Falls group advocacy assisted in the passage of House Bill 41, which adds to existing law to provide that accounts established under the federal Achieving a Better Life Experience Act will be disregarded when determining an applicant's eligibility for certain programs or grants and to provide for certain assistance subject to appropriation.
- Core members hosted events in Idaho Falls, Twin Falls, and Boise and met with the staffs of U.S. Sen. Mike Crapo and U.S. Rep. Mike Simpson to provide an education about the necessity of Medicaid's Home and Community-Based Services.
- 22 Core members were selected to participate in the statewide coalition and met for three days in the summer of 2017 to build on their current leadership skills.
- The council is hosting its 10th class of Idaho Partners in Policymaking, a leadership development program for adults with intellectual and developmental disabilities and parents who have children with developmental disabilities. Twenty-eight participants have been selected from around the state. The class graduates in May 2018.

# Council on Domestic Violence and Victim Assistance

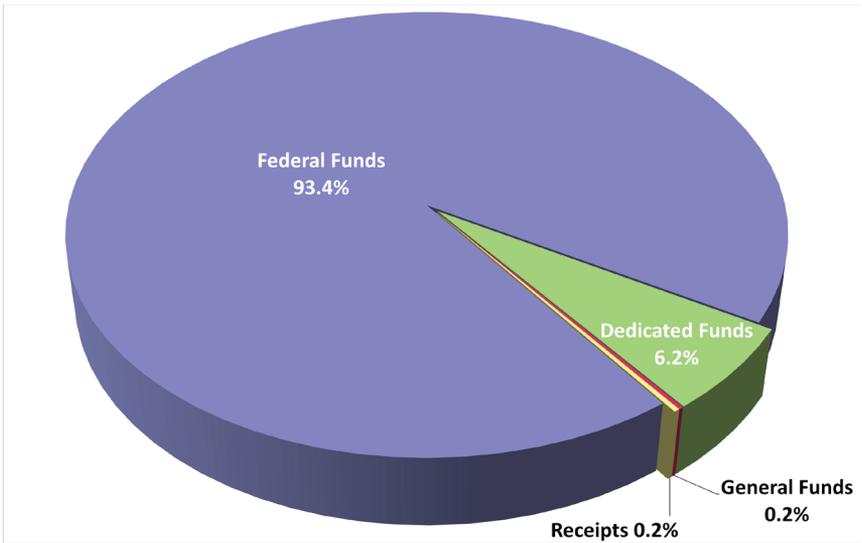
**Luann Dettman, Executive Director, (208) 332-1540**

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, sexual assault, and offender intervention programs.
- Training and public awareness about violence and victim assistance.

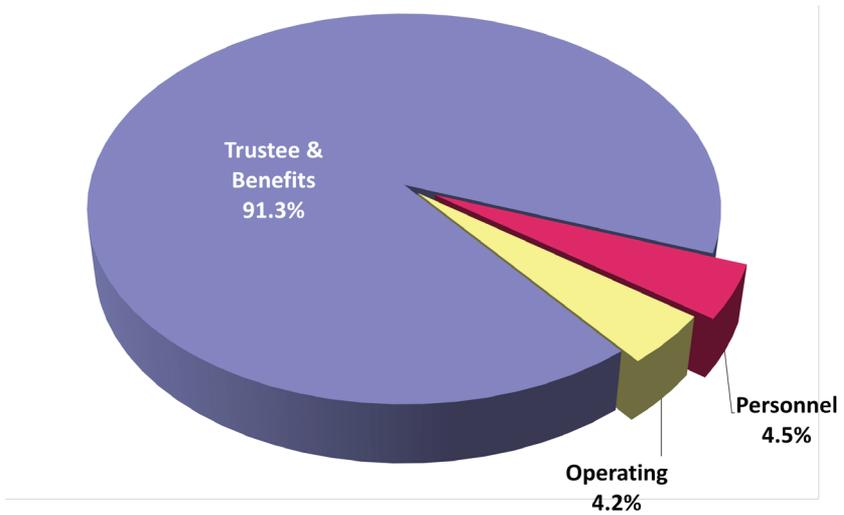
In addition, the council serves as a statutory advisory body for programs affecting victims of crime and acts as a coordinating agency for the state on victim assistance issues.

## SFY 2018 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 4; General Funds \$15,000; Total Funds \$8.3 million.

### SFY 2018 Expenditure Categories



The council consists of seven members, one from each of the seven judicial districts in Idaho.

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 40 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 offender intervention programs throughout the state.

The council also provides statewide training for service providers about crime victim issues as well as additional resources, including publications and educational materials.

For more information, visit <https://icdv.idaho.gov/>.

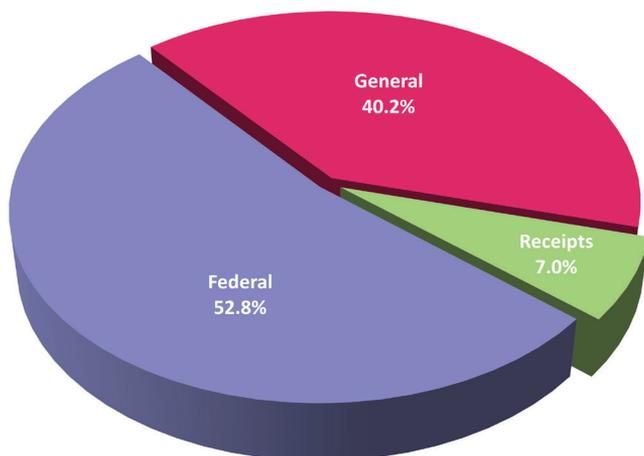
## Indirect Support Services

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.

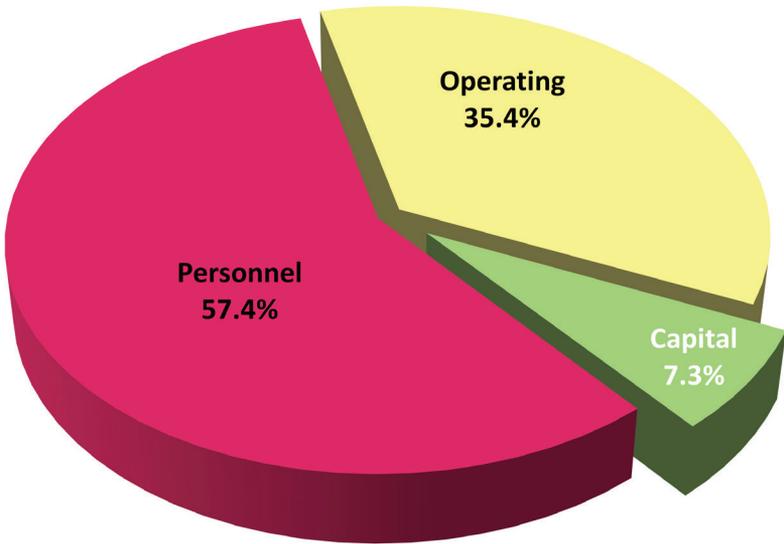
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, 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 2,881 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

### SFY 2018 Funding Sources

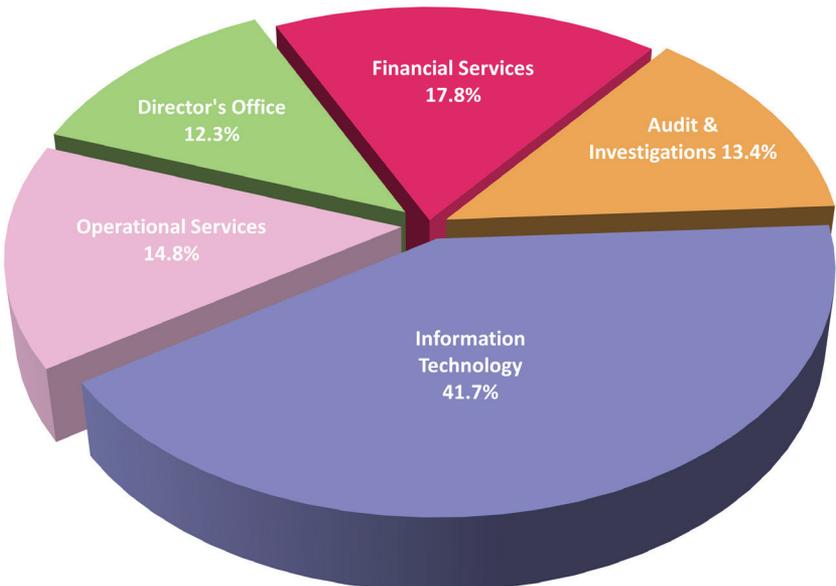


Authorized FTP: 295.6; Original SFY 2018 Appropriation: General Funds \$18.6 million, Total Funds \$46.4 million; 1.6% of Health and Welfare funding.

### SFY 2018 Expenditure Categories



### SFY 2018 Spending by Program



## Office of the Director

**Russell S. Barron, Director, (208) 334-5500**

The Director's Office sets policy and direction while providing the vision for improving department services and programs. The Director's Office sets the tone for customer service and ensures implementation of the DHW'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 Southwest Idaho Treatment Center. The Director's Office includes:

- The director.
- A deputy director responsible for Behavioral Health, Medicaid and Managed Care Services, Public Health, and Office of Healthcare Policy.
- A deputy director responsible for Family and Community Services, Welfare, and the regional directors.
- A deputy director responsible for Support Services, Information and Technology, and Licensing and Certification.

## Support Services

**David N. Taylor, Deputy Director, (208) 334-5500**

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 Policy, Reporting and Reconciliation; Financial Systems Support; Accounts Payable; Revenue Operations; Grant Reporting; Cash Management; Employee Services; and Electronic Benefits.

### Financial Management

Financial Management responsibilities include, but are not limited to:

- 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 Office.
- 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 full-time equivalency positions.
- Researching and compiling historical expenditure and revenue information.

## **Financial Policy, Reporting & Reconciliation**

Financial Policy, Reporting and Reconciliation (FPRR) is a critical oversight, monitoring, and control function supporting agency financial operations. FPRR responsibilities include, but are not limited to:

- DHW Comprehensive Annual Financial Report (CAFR)
- Financial reconciliation activities
- Financial policy
- Report development and analysis
- Training, documentation, and communication strategies for financial operations

Daily, monthly, quarterly, and annual financial reconciliations are performed in this unit. It is also responsible for reports and maintenance of Financial Services' data warehouse, and provides support for interagency systems, such as the P-Card. The priority for this unit is the methodical, continuous evaluation and intervention in financial operations to maintain compliance with GAAP/GASB standards and ensure adherence to applicable rules, laws, regulations and best practices.

## **Financial Systems Support**

This unit supports the automated accounting systems used by DHW. It provides system support including design, testing, troubleshooting, monitoring program systems, interfaces, and help desk support for related accounting functions. The unit supports these systems:

- FISCAL: Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting, as well as coordination and reconciliations with the state-wide STARS system.
- BARS: Primary accounts receivable, receipting, and collections system.

- TRUST: Client-level trust management and reporting system to account for funds held as fiduciary trustee.
- Navision: Front-end to DHW's budget, purchasing and vendor payment activities. Navision is also the primary fixed asset inventory and depreciation system of record.
- Contraxx: Electronic contract operation and management system.
- Accounts Payable: Routes child care payments, energy assistance payments, and job search payment systems and vendor registration.

## Accounts Payable

This unit supports statewide DHW accounts payable activities, primarily through the Navision accounting system. This unit is responsible for:

- Vendor invoice audit/payments
- Vendor edits
- Warrant issues such as stop payments, forgery, cancellations, and re-issue
- Rotary fund payments
- Interagency payments
- Payables Help Desk phone support
- Navision research assistance
- Electronic Benefit Transfer (EBT) support
- Direct FISCAL entries (Trust payments, adjustments, CRU refunds)
- Pcard filing / maintenance

## Revenue Operations

This unit is responsible for department-wide billing, collection, recovery, and receipt posting activities. The Revenue Operations Unit pursues collection of outstanding debts, including DHW fee-for-service, third-party recovery, benefit overpayment, and any other monies receivable as negotiated through repayment agreements. Statewide billing and collection activities include, but are not limited to:

### 1. DHW's fee-for-service programs, including:

- Designated exams, Department of Correction's evaluations, court testimony billings.
- Medicaid's certified family home licensing fees.
- Criminal History Unit billing (including Adam Walsh background checks).
- Bureau of Laboratories and public health district services.
- Disability determination records requests.

### 2. Medical billing for services that are reimbursable through third-party insurers and/or Medicaid for:

- Developmental disabilities.
- Infant Toddler Program.

- Adult and children's mental health.

**3. Overpayments, civil monetary penalties, and miscellaneous recoveries include:**

- Provider and individual fraud (Welfare and Medicaid).
- Foster care overpayments.
- Educational stipend defaults.

**4. Interagency billings.**

**5. Receipting and posting for all centrally processed receipts.**

## **Grant Reporting**

This unit ensures compliance with federal funding requirements by:

- Tracking reporting requirements and completing expenditure reports for more than 100 federal grants that fund DHW programs. The largest of these federal grants is Medicaid, for which the SFY2017 award was \$1.36 billion.
- Managing the department's Medicaid School Based Services Program.

## **Cash Management**

Cash 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.

## **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.
- Provides validation and entry of information for new hires, terminations, transfers, and payroll deductions such as health insurance and pension to ensure data integrity.

- Maintains and safeguards employee personnel records.

## **Electronic Benefit Transfer (EBT)**

The Electronic Benefits Transfer unit is responsible for implementation, development, and daily operation of the Electronic Benefits Transfer (EBT), Direct Payment Card (DPC) and Electronic Payment Systems (EPS) activities. Although electronic payments associated with the Child Support program and cash assistance programs has stayed relatively static with slight increases over the past year, there has been a steady decrease in electronic benefit payments associated with food stamp benefits.

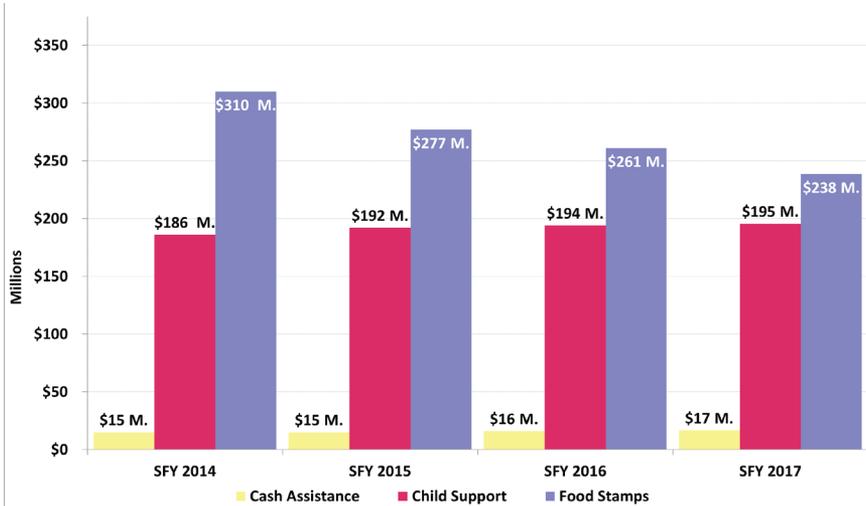
The food stamp benefit payments more than tripled during recession years, increasing from \$109 million in SFY 2008 to \$366 million in SFY 2012. The department continues to see a continuing decline in food stamp benefit payments each year. In SFY 2017 food stamp payments are down an additional 8.7% when compared to the previous year, and totaled \$238 million.

The EBT Group coordinates information and resources to meet the electronic payment needs of the department. Group members perform related contract monitoring activities; monitor federal, state and department laws, rules, and policies; assess governmental and industry changes for impacts to services related to EBT, DPC, and EPS; and provide necessary and appropriate information to management regarding EBT/DPC/EPS capabilities and mandated requirements.

DHW 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 Quest Card. Participants receiving cash benefit payments have the option of accessing their cash on an EBT Quest Card, or the funds can be deposited directly into their personal bank account. Child support payments can be accessed with a Visa debit card, or the funds can be deposited directly into a personal bank account.

See chart on next page.

## Electronic Payments Distributed



## Bureau of Audits and Investigations

The Bureau of Audits and Investigations provides support to DHW's public assistance programs through the following units:

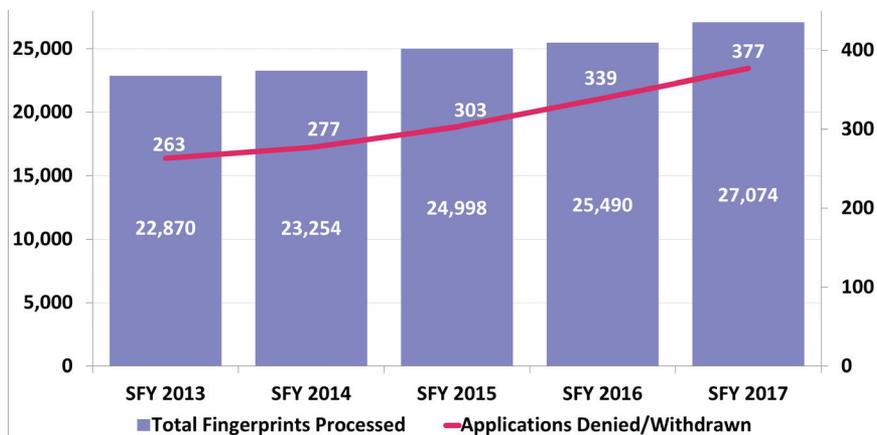
- Criminal History
- Internal Audit
- Fraud Analysis
- Medicaid Program Integrity
- Welfare Fraud Investigations

### Criminal History Unit

The Criminal History Unit conducts and maintains the central repository of background checks required by the department. The background check is fingerprint-based and includes a search of national and state criminal databases and jurisdictions. It also includes a check of specific registries that include the National Sex Offender Registry; Medicaid and Medicare Excluded Provider listings; Child and Adult Protection registries; Idaho Nurse Assistant Registry; and Idaho driving records.

The department's background check is completed on people who provide services in 40 different programs that include direct care for participants who are children or who are disabled or elderly. Learn more at the Criminal History Unit's web site, <https://chu.dhw.idaho.gov/>.

## Criminal History Checks by Year



## Fraud Analysis

This unit provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find 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.

## Internal Audit

This unit provides independent appraisals of the department's various operations and systems of control. It 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 by providing them with analyses, appraisals, recommendations, counsel, information,

Internal Audit				
	SFY 2014	SFY 2015	SFY 2016	SFY 2017
<b>Audits completed</b>	7	5	3	2
<b>Audit recommendations made</b>	31	11	13	2
<b>External reports reviewed</b>	47	63	60	83
<b>Grant risk assessment</b>	NA	NA	NA	209

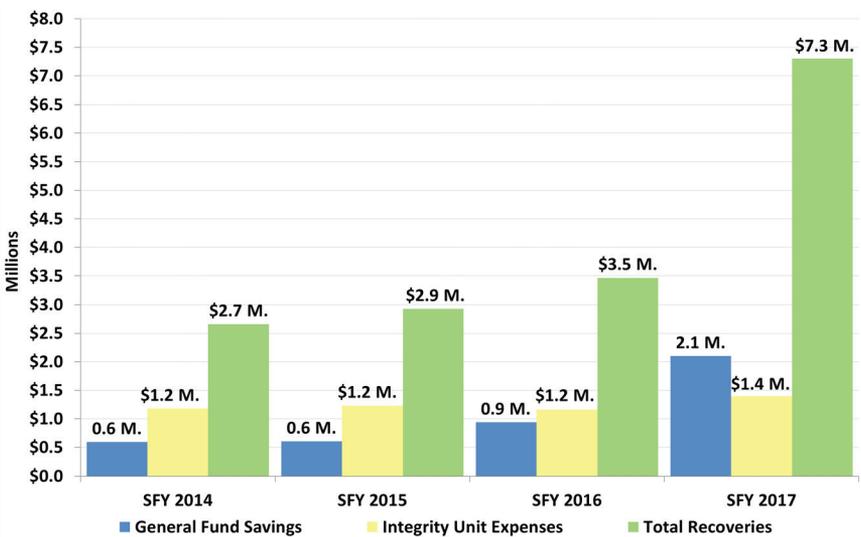
and by promoting effective control at reasonable costs.

Internal Audit is also responsible for initiating a data governance program that will identify, classify, and protect the departments sensitive data.

### The Medicaid Program Integrity Unit

This unit investigates allegations of Medicaid fraud, waste, and abuse and conducts federally mandated program reviews by monitoring and reviewing provider billing practices and records to support services billed to Medicaid. Medicaid investigations are initiated by complaints from providers or clients, referrals from other agencies, provider self-reports, and through proactive targeting and review of claims to identify improper billing.

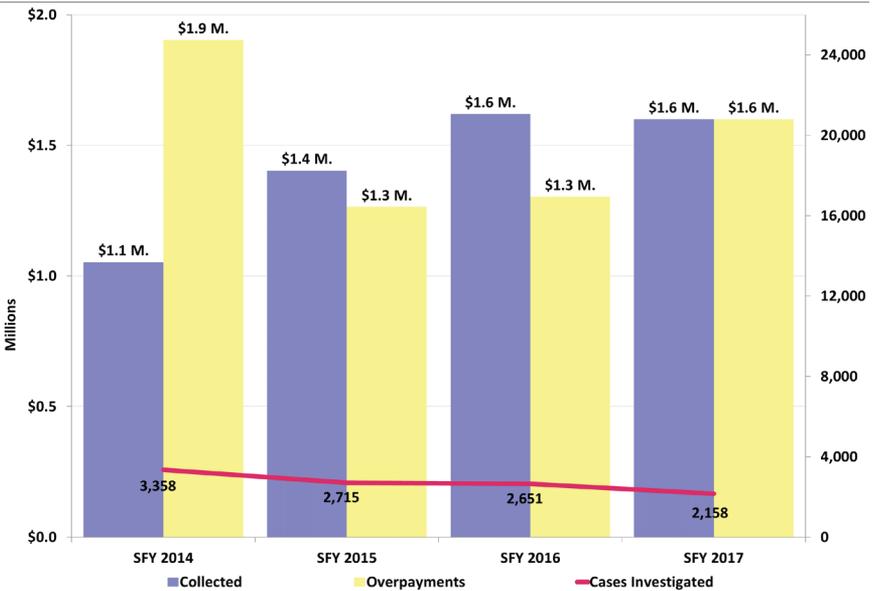
Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties, provider agreement termination, program exclusion, and/or referral for prosecution. The Medicaid Program Integrity Unit concentrates on cases that have the greatest potential for investigation that protect the Medicaid program.



## The Welfare Fraud Unit

This unit investigates allegations of welfare program waste, abuse, and fraud that include Supplemental Nutrition Assistance program (Food Stamps), cash assistance, Medicaid, child care assistance, and others.

Investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors in every region of the state to investigate allegations. Each year the unit receives about 4,000 complaints from the public and 20,000 leads through data analysis.



## Division of Information and Technology

**Michael R. Farley, Administrator, (208) 334-5625**

The Information Technology Services Division (ITSD) provides office automation, information processing, and local and wide area networking, including unified communications and Internet connectivity, for the department statewide. The division uses best practices and sound business processes to provide information technology solutions to improve the efficiency and effectiveness in providing services to the residents of Idaho. The division also provides leadership and direction in support of DHW's mission to promote and protect the social, economic, mental health and physical health and safety of all Idaho residents.

The Information and 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.
- Oversees the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho policies, rules, standards, and associated guidelines.
- Maintains all DHW 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 area networks, and data communications internally and with external stakeholders.
- Provides enterprise services to strategically align business processes and needs with IT solutions.
- Provides project management, support, and direction in the planning, development, implementation, and evaluation of large-scale IT Projects.
- Provides direction for development and management of department-wide information architecture standards.
- Participates in the Information Technology Leadership Council to provide guidance and solution for statewide business decisions.
- Implements the state's Information Technology Authority (ITA) directives, strategic planning, and compliance.
- Collaborates with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning, and ITA initiatives directives.

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:

1. Operations.
2. Infrastructure.
3. Application Development and Support.
4. Enterprise Services.

## Bureau of IT Operations

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

- Statewide Technical Support/ITSD Consolidated Service Desk: Provides DHW staff with Level 1, 2, and 3 technical support services for all desktop or mobile computer-related issues, including hardware, software, and network connectivity.
- Operates as a virtual service desk: Technicians in all areas of the state answer phone calls from staff, and work queues are shared so that a technician in an area with a high technician-to-staff ratio can assist with support in other areas of the state.
- Printer support: The bureau is a primary point of contact for all network and multi-function printing services. Technicians work with Operational Services and local management staff to assure the most cost-efficient and effective selections are made for printing and faxing.
- Assisting other DHW service desks with service desk design and software utilization.
- Special project support: Coordinates desktop support for special IT-related projects, hardware/software testing, and image creation.
- Technology reviews (research and development): Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.
- System management: Using software tools to ensure current patch management, running system health checks for preventive maintenance, providing mobile device security management, assisting in computer inventory management, and providing support to staff working outside the DHW network.
- Service Desk application support: Development and support for department help desks, including development and maintenance of Knowledge Management Systems.
- Project Team – Tier 3 desktop support: LANDesk and Office 365 management, mobile device security management, research, evaluation, testing, and recommending technologies to enhance technical productivity throughout the agency.

## Bureau of IT Infrastructure

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

The bureau's functions include:

- Wide area and local area network design, deployment, and support statewide.
- Enterprise wireless network design, deployment, and support.
- Data telecommunications infrastructure support.
- User and data security management and standards.
- Computer forensics support.
- Internal Security Posture Assessments (vulnerability scanning).
- Database and data warehouse security.
- Unified communications such as Voice over IP (VoIP) and Fax over IP (FoIP), video conferencing, deployment, and support.
- Windows and CentOS Linux server build, deployment, and maintenance.
- Server infrastructure and application delivery integration and automation.
- Storage area network support.
- Enterprise electronic messaging support.
- Data backups and restoration.
- Enterprise Antivirus/HIPS Administration.
- Server integration and support (integration of application middleware and application delivery infrastructure).
- Server virtualization, VM provisioning, and support.
- Server security vulnerability and updates patching.
- Network infrastructure support of enterprise projects.
- Remote access support (Secure Socket Layer Virtual Private Network, site-to-site Virtual Private Network).
- Provides support for data center facilities and associated computer systems, including power, cooling, and backup generator for emergencies.
- Firewall administration and support (Perimeter and Web Application Firewalls).
- Support for IT Information systems compliance audits.
- Support for Bureau of IT Operations and Bureau of IT Applications Development and support of all agency business offices and associated partnerships, including the Office of Drug Policy, Community Action Agency, Health Data Exchange, Commission for the Deaf, Blind and Hard of Hearing.
- Support for DHW disaster recovery.

## Bureau of Application Development and Support

The primary responsibility of the Bureau of Application Development and Support is the operation, maintenance, and support of the department's business applications. The bureau also is responsible for ongoing enhancements of existing applications; development of new business applications; integration of commercial off-the-shelf (COTS) products into the department's application framework; and support of software (middleware) necessary to support the movement of information between computing platforms.

The bureau's functions include:

- Application WEB Support group is responsible for the operation, maintenance, and support of web-based applications for the department.
- The Application Development group is responsible for the enhancement of existing applications; development of new business applications; and integration of commercial, off-the-shelf products (COTS) into DHW's application framework.
- Provides support for all applications and movement of information between computing platforms.
- Provides software architectural design and design standards which enable, enhance, and sustain DHW's business objectives.
- Promotes application delivery including quality assurance, application testing, system production support, time period emulation qualification, and technical documentation.
- Application support helpdesks provides DHW staff with support for applications such as The Learning Hub; VistA (Veterans Administration) Hospital Management System, e-case file document management system as well as modernization of the Idaho Child Support Enforcement System (ICSES) and several other business-related applications.
- Oversees mainframe development and support providing leadership and guidance in the design, development, and support of complex integrated systems. It also provides research, design, and capacity planning for setting new systems and/or technology direction and works with business partners to define system requirements for potential uses of information technologies.
- The Production Services group supports multi-platforms (Mainframe, Windows, Sun/ Solaris) and complex applications by monitoring production processing, identifying areas for automation, documenting production procedures, and ensuring successful completion of business-critical processing. This group also provides recovery services for failed production processes, and coordination with various internal and/or external partners as necessary.
- The enterprise data warehouse group provides a common data repository, data warehouse design, operation, and maintenance for

all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

## Bureau of IT Enterprise Services

The primary responsibility of the Bureau of IT Enterprise Services team is to provide support and services to align business needs with IT solutions and to ensure IT systems maximize the business value delivered by IT investments.

- Enterprise architecture: designs, develops, and maintains an enterprise model framework as well as develops enterprise standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology, and their interrelationships.
- Project management is responsible for managing large or enterprise-wide projects. This includes developing plans, managing project resources, assessing risk, collaborating with business units and external entities and developing and managing project contracts.
- Relationship management works directly with DHW divisional business units with project identification, definition, and priority. Manages business processes, requirements analysis and coordinates work with other IT bureaus to meet technology and automated system needs.
- Disaster Recovery Planning conducts exercises and testing of recoverability of technology.
- Audits, Policies & Procedures is responsible for DHW and ITSD information policies and procedures to maintain compliance with federal laws regarding Personally Identifiable Information (PII), Personal Health Information (PHI), as well as information security related to Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), Social Security Administration (SSA), Office of Inspector General (OIG), including state rules, regulations and guidelines. FNS Food and Nutrition Services, CMS Center for Medicaid Services
- Social media and DHW external web sites and DHW SharePoint oversee DHW's social media sites in conjunction with the department's Public Information Office. Design code and maintain all public facing web sites and content. Administer, design, maintain and support SharePoint for all department users.
- SharePoint administration and support: This group oversees SharePoint upgrades and administration for the enterprise. It also conducts training and aid in SharePoint development for the department's business units.
- Licensing and procurement management specializes in IT contracts, software and hardware licensing in partnership with DHW's senior buyer in purchasing, leading the process for the procurement of computer software and hardware.

## ITSD Highlights

ITSD has completed a number of initiatives to support DHW's growing and evolving needs for information technology while improving efficiency in automation with limited resources.

### Technological Improvements

- Idaho Electronic Health Record (EHR) Incentive Management System. This system will provide users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant EHR technology.
- Upgraded all DHW network switches to support Cisco Identity
- Service Engine to meet security compliance requirements.
- The Child Support Enforcement System (CSES) Code and Data migration. As part of the ITSD initiative to migrate all mainframe application off the mainframe system, this project is the second assessment phase for preparing to modernize our CSES program.
- Completed the conversion of the agency to Office 365 and Exchange Online.
- Vital Statistics Event System Re-Write. To modernize, innovate business processes and increase efficiency, the current mainframe system being used to record vital events will be written in a modern language that will allow for increased supportability as well as a reduction and eventual elimination of mainframe processing costs.
- Criminal History Unit Application Enhancements for Child Care.
- We will be able to issue two different types of clearances for applicants depending on the services they provide to the vulnerable population that we seek to protect.
- Continued progress in deployment and implementation of network infrastructure at a department co-location site to provide critical information systems fail-over as part of disaster recovery and business continuity.
- Child Support Modernization. We are working to replace the existing mainframe CSES application with a more customer facing, maintainable and supportable solution that better serves the citizens of Idaho.

Accomplishments directly associated with protecting the health and safety of Idahoans:

- Completed Phase VI of the Health Alert Network (HAN), providing an updated user interface for an improved user experience and simpler, more intuitive workflows. Incorporate user requested features and update the documentation to reflect the system enhancements.
- Year 6 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.

- Implemented an automated medication pharmacy dispensing system at State Hospital South. The system increased dispensing efficiency, accuracy, and patient safety using the security features and pharmacist review process built into the system.

### **Initiatives to “Go Green”**

- Continued virtualization of our servers to reduce the number of physical devices on the network to reduce power and cooling requirements.
- All newly purchased computers are Energy Star rated and configured with policies that put all computers into sleep mode after a period of inactivity, resulting in less power used within the entire agency and a smaller energy footprint.
- The migration to Office 365 and cloud data on OneDrive, equating to less physical storage hardware. With OneDrive, we will continue to reduce the server footprint and need for additional expansion of hardware storage space.
- Implementation of collaboration technologies to enhance the remote meetings experience, online participation in training sessions, and remote collaboration for business meetings and project planning sessions. Implementation of these technologies will reduce the need for travel while having real-time video conferencing, document sharing, and shared virtual workspace.
- An enterprise-wide electronic document management solution is in the planning phase. The agency will be able to track, manage, and store all types of electronic documents, drastically reducing the agency’s paper consumption, printer consumables, and physical documents storage space and resulting in a reduced cost to the agency and the environment.

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

- As part of the ITSD initiative to migrate mainframe applications into a current and sustainable infrastructure, the existing Child Care application was migrated off the mainframe to a hosted solution in the IBES application.
- Designed and implemented new initiatives to the state-based health insurance exchange, including adding the annual auto re-evaluation process, new forms and notices, and programs for Idaho’s Self Reliance initiatives.
- Completed Phase VI of the Health Alert Network (HAN) Modernization. This phase included an updated user interface, more intuitive workflows, and user-requested features.
- Criminal History Unit (CHU) enhancements for child care. Security was updated to limit who can view criminal history data, the unit gained the ability to charge various fees, and the rules engine was updated.
- Successfully transitioned all benefit payments from JP Morgan to Fidelity National Information Services.
- Medicaid Uniform Assessment Instrument Rewrite (UAI): Replaced the

old Visual Basic application with a solution that includes streamlined functionality that is based on current mobile computing technologies.

- State and Territorial Exchange of Vital Events (STEVE2): Migrated the STEVE process from the current contractor to UberOps using the Amazon Web Services (AWS) option. This resulted in the exchange of vital records more quickly with critical data partners, including the National Center for Health Statistics, other vital records jurisdictions, and authorized public health and administrative programs.

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

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

- Idaho Electronic Health Record (EHR) Incentive Management System: Modifications and enhancements will provide users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record (EHR) technology.
- Courion Identity Access Management: Implementing an automated identify access process to enable more secure, efficient services to IDHW staff and improve audit trails while reducing compliance and operational risk.
- Vital Statistics Event System Rewrite: Modernize the current Vital Statistics Event application by rewriting it in a supportable language and removing it from the State Controller's mainframe.
- Assessment and Certification Tool Enhancements: Changes to security will ensure that designated staff have the minimum permissions they need to perform their job functions. Additional changes will be made to support additional participating vendors that offer Medicare/Medicaid supported plans. (MMCP).
- FITS Medicaid Rewrite will allow expansion for business process modernization and reporting needs for fraud investigative tracking. The new rewrite will be more maintainable, easier to upgrade within the agency's infrastructure.
- WIC Mainframe Check printing. Moving this process into a Windows environment using VPSX.
- External Partner Portal project is a SharePoint site used in conjunction with IDHW's external partners. This project will allow IDHW business units to safely and securely share data and collaborate with external partners.
- Rewrite the Electronic Payment System that supports current business processes. The mainframe Electronic Payment System is 18 years old. The replacement system will streamline functionality to support the business processes and modernized interfaces for food stamp, cash benefits, and Child Support payments.
- LANdesk Total User Management System will provide increased functionality and will save \$50,000 annually in maintenance costs.

## Major Projects in Progress

### Child Welfare Modernization

**Function:** Re-platform the iCARE product onto a .Net architecture (from Natural for Window) and reformat the database to enhance data collection and reporting functionality.

**Status:** The iCARE system is past the end of its serviceable life cycle. iCARE remains functional but is expensive to modify. Many modern tools cannot be effectively incorporated into the product without considerable cost. These conditions result in unsustainable support and maintenance costs, lost opportunities for improvements, and unnecessary delays in responding to the needs of children and staff.

**Replacement strategy:** Moving to a .Net architecture will facilitate the use of modern development methodologies, as well as the contemporary technologies that aid in effective and efficient work cycles. Funding comes from a mix of SACWIS/CCWIS federal funding and state general funds. The percent cost share will change from a (roughly) 70/30 federal to state allocation to a 50/50 arrangement in FY 2019. Project will continue through 2021.

**Child Support Enforcement System CSES Code & Data Migration Function:** Migrate the existing data and the code off the mainframe and re-host on the Self-Reliance Enterprise platform.

**Status:** As part of the ITSD initiative to migrate all mainframe applications off the mainframe and onto maintainable, upgradable, sustainable, and supportable DWH infrastructure, this project is the first phase of setting the stage for modernizing our CSES program.

**Replacement strategy:** This project will convert the code to Java and migrate the data from the ADABAS structure to a DHW supported database.

### Health Alert Network (HAN) Modernization, Phase VII

**Function:** The Idaho HAN system is an automated system designed to rapidly deliver time-critical, health-related information to designated health partners. Redesign the HAN system to leverage newer application architectures, allowing for increased supportability of current functionality and ease of implementing future enhancements. Provide an updated user interface for an improved user experience and simpler, more intuitive workflows. Incorporate user requested features and update the documentation to reflect the system enhancements.

**Status:** This initiative is continuing to move forward through 2018.

**Replacement strategy:** Phase VII will continue through June 2018 and is

funded through a federal grant. This project is part of a multi-phased project to modernize the Health Alert Network throughout the state.

### **Security Implementation**

The department has acquired several robust IT security solutions including hardware, software, and maintenance services through an enterprise license agreement with a premiere vendor. This cost-effective solution is to enhance the department's IT security posture and to maintain the DHW network and cybersecurity infrastructure to meet DHW's strict cyber requirements. It also aligns with the Idaho Governor's Cybersecurity Executive Order No. 2017-02 requiring all executive branch agencies to implement the first five Center for Internet Security Critical Security Controls (CIS Controls) (CSC Top 5 controls).

IDHW is also required to implement the complete Top 20 Critical Security Controls (CSC Top 20) to meet security compliance that is audited annually by the Internal Revenue Service and Centers for Medicare and Medicaid Services, and every three years by the Social Security Administration and other federal agencies. These audits are based on the National Institute of Standards and Technology (NIST) Special Publication 800-53, IRS (IRS Publication 1075 Tax Information Security Guidelines), and CMS MARS-E standards to meet HIPAA privacy and security safeguards.

## Division of Licensing and Certification

*Tamara Prisock, Administrator, (208) 364-1959*

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. The division oversees regulatory licensing and certification activities for:

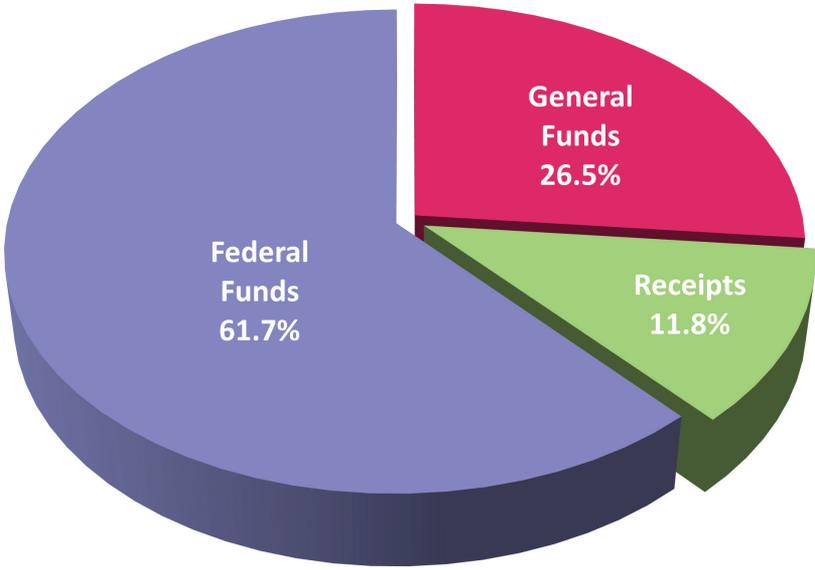
- Ambulatory surgery centers
- Certified family homes
- Developmental disability agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech pathology
- Renal dialysis centers
- Residential care or assisted living facilities
- Residential habilitation agencies
- Rural health clinics

Each unit within the division conducts its responsibilities in ways that promote individuals' rights, well-being, safety, dignity, and the highest level of functional independence.

The division also works closely with health care providers, offering training, technical assistance, and resources aimed at improving the quality of care as well as compliance with licensing or certification requirements. Below are a few examples of the work we are doing with Idaho health care providers:

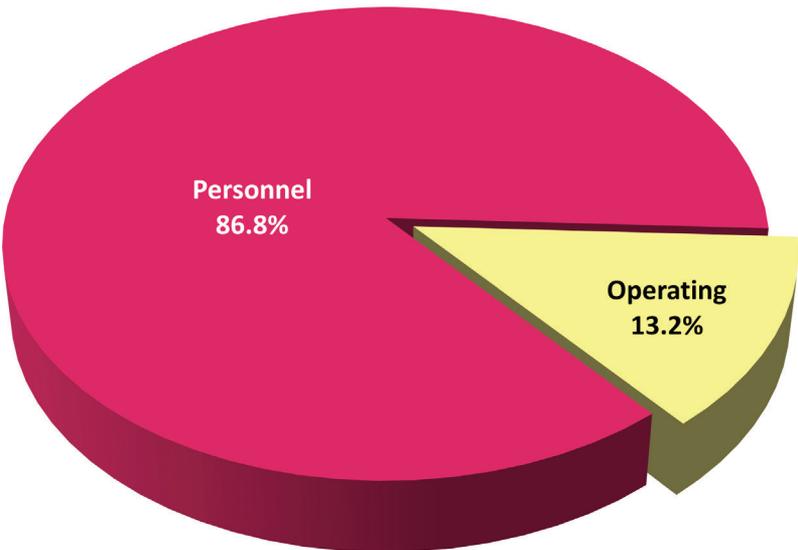
- Working with nursing facilities and the Department of Labor to address shortages of certified nurse aids (CNAs) and registered nurses (RNs).
- Offering extensive training to facility administrators on how to investigate incidents, accidents, and complaints in facilities.
- Working with the Idaho Commission on Aging to offer training to direct care staff on how to better care for residents who have Alzheimer's or dementia.
- Providing regular "Administrator Boot Camps" for new assisted living facility administrators.
- Working with Idaho's Division of Professional and Technical Education to develop and deliver training in medication assistance to certified family home providers.

### SFY 2018 Funding Sources



Authorized FTP: 67.9; Original appropriation for SFY 2018: General Funds \$1.8 million, Total Funds \$6.9 million; 0.24% of Health and Welfare funding.

### SFY 2018 Expenditure Categories



## Bureau of Facility Standards

The Bureau of Facility Standards, in cooperation with the Centers for Medicare and Medicaid Services (CMS), serves and protects Idahoans requiring health-related services, supports, and supervision in care. The bureau licenses and certifies a variety of healthcare providers and suppliers, such as skilled nursing facilities, intermediate care facilities for the intellectually disabled, hospitals, home health agencies, end-stage renal dialysis centers, ambulatory surgical centers and hospice providers. The bureau also is the single focal point for fire, life safety, and healthcare construction standards in the state.

The Bureau of Facility Standards administers three programs:

1. Long-Term Care
2. Non-Long-Term Care
3. Facility Fire Safety and Construction

**The Long-Term Care Program** conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have 5,940 beds, are in compliance with federal regulations and state rules.

These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

**The Non-Long-Term Care Team** is responsible for surveying, licensing, and certifying approximately 375 healthcare providers in the state, including 50 hospitals; 59 home-health agencies with 24 branch locations; 29 end stage renal dialysis centers; 44 hospice agencies with 27 branch locations; 51 ambulatory surgery centers; 64 intermediate care facilities for the intellectually disabled; 48 rural health clinics; seven occupational therapy/ physical therapy clinics with 18 extension units; and six portable X-ray providers. These facilities must comply with federal and state regulations to receive Medicare or Medicaid payments.

**The Facility Fire Safety and Construction Program** provides oversight and management of the facility fire safety and building construction requirements for all federally certified healthcare facilities or state-licensed facilities. This team performs facility plan reviews and approvals; on-site plan inspections and finalizations; consultations; and periodic facility fire and safety surveys, which include complaint and fire investigations.

### Certified Family Home Program

Certified Family Homes (CFH) provide a safe, family-style living environment for adults who need some assistance with the activities of daily living but do not require a more restrictive institutional setting. There are usually one or two adult residents in a certified family home.

The CFH Program ensures that services are provided in a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. This program provides a safe and stable residence for approximately 3,000 individuals in more than 2,400 homes across the state.

## **Developmental Disabilities Agency/Residential Habilitation Agency Certification Program**

This program ensures developmental disability services and residential habilitation supported living services are provided in accordance with state laws and rules and reflect national best practices.

Developmental disability agencies are privately owned entities certified by the state to provide services to adults and children with intellectual disabilities on an out-patient basis. There are 69 developmental disabilities agencies operating 159 locations throughout the state.

Residential habilitation agencies are privately owned entities certified by the state to provide services to adults. They consist of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in living successfully in their own homes, with their families, or in an alternate family home. There are 67 residential habilitation agencies operating 105 businesses throughout the state.

## **Residential Assisted Living Facility Program**

This program ensures that businesses that provide residential care or assisted living services to Idaho residents comply with state statute and rules. In Idaho, the residents of residential care or assisted living facilities include 60 percent private-pay residents and 40 percent Medicaid participants. The primary diagnosis of people in these facilities include 45 percent elderly, 34 percent Alzheimer's/dementia, 13 percent mental illness, 3 percent developmental disability, 1 percent traumatic brain injury and 4 percent physical disability or other need for assisted care.

There are 362 facilities in Idaho, operating under 277 licenses and representing 10,026 beds. Facilities range in size from six to 152 beds. The average building size has been increasing each year, with most of the facilities being constructed with 50 or more beds. Many small facilities, particularly those that serve people with mental illness have closed.

The program enforces compliance with state rules and works closely with residents, families, partners in the industry, advocates, other governmental agencies, and stakeholders to ensure safe and effective care to residents.

The program provides consultation, technical assistance, and education to improve compliance and promote better health outcomes. This

work is accomplished through several activities, including surveys (initial surveys, re-licensure, and follow-up surveys), complaint investigations, maintaining a web site with tools and resources for the facilities, a quarterly newsletter highlighting best practices with a focus on special concerns, online courses, and partnering with industry groups to provide in-person training sessions.

### Workload

The division completed 4,180 surveys (including complaint investigations) in calendar year 2017, which was 233 more surveys than the 3,947 surveys (also including complaint investigations) completed in calendar year 2016. Also, during 2017, 274 new health care entities were licensed/certified to operate in Idaho.

<b>New Entities Licensed / Certified in 2017</b>		
<b>Facility Type</b>	<b>Number</b>	<b>Number of beds</b>
<b>Nursing Facilities</b>	5	193
<b>Hospitals</b>	3	N/A*
<b>Assisted Living</b>	10	550
<b>Hospice Agencies</b>	3	N/A*
<b>Home Health Agencies</b>	2	N/A*
<b>Rural Health Clinics</b>	3	N/A*
<b>Ambulatory Surgery Centers</b>	3	N/A*
<b>Developmental Disabilities Agencies</b>	3	N/A*
<b>Residential Habilitation Agencies</b>	7	N/A*
<b>Certified Family Homes</b>	235	412
<b>Total</b>	<b>274</b>	<b>1155</b>

\*Note: State surveyors do not count the number of beds in entities that deliver health and medical services and are not residential settings.

## Division of Medicaid

**Matt Wimmer, Administrator, (208) 334-5747**

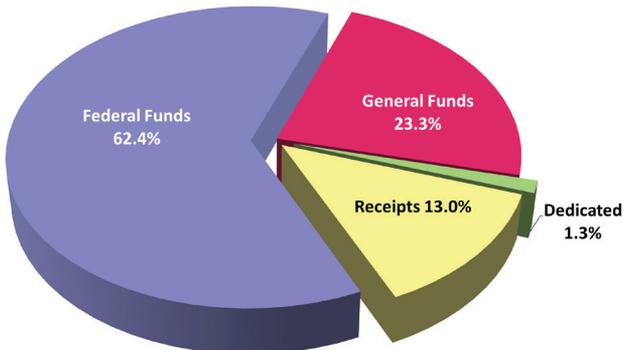
The Division of Medicaid administers comprehensive healthcare coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division contracts with individual healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income families including children, pregnant women, the elderly, and people with disabilities.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs:

1. The **Basic Plan** is primarily designed to meet the health needs of those in generally good health and those without disabilities.
2. For individuals with more complex needs and medical conditions, the **Enhanced Plan** adds developmental disability, children's service coordination, and long-term care services and supports.
3. Individuals who are dually enrolled in both Medicare and Medicaid have access to the **Coordinated Plan**. This plan affords them the same services as the Enhanced Plan and allows them to enroll in managed care designed to streamline the Medicare and Medicaid benefits. There are many advantages to enrolling in managed care, but one of the most popular value-add services is access to a care coordinator who assists people with complex medical conditions as they navigate the system.

Receipts have become an increasingly important part of Medicaid's annual budget, providing over \$298 million in the SFY 2018 budget. Receipts include over \$132.6 million in rebates from pharmaceutical companies, \$74.3 million from cost-based audit settlements with various health-

### SFY 2018 Funding Sources

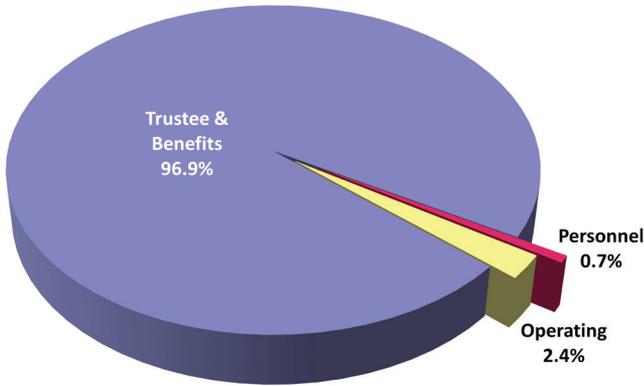


Authorized FTP: 216; Original Appropriation for SFY 2018: General Funds \$ 531.9 million, Total Funds \$ 2.3 billion; 80% of Health and Welfare funding.

care provider agencies and companies, and nearly \$12.1 million from estate recovery.

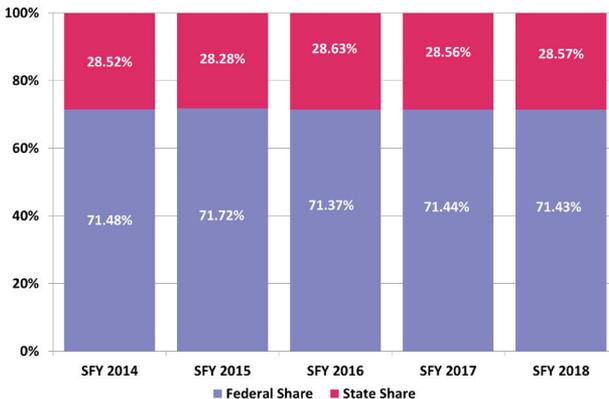
The division has the largest appropriation in the department, with an original SFY 2018 total appropriation of \$2.285 billion. Just over 3 percent of Medicaid's budget is spent on administration, while about 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.23 that is paid mostly to private healthcare providers who are part of the Idaho healthcare delivery system.

### SFY 2018 Expenditure Categories



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

While the Federal Medicaid Assistance Percentage continued to rise slightly over the last four state fiscal years, it decline slightly in SFY 2016. The FMAP is the percentage the federal government shares of the costs associated with all services provided to Medicaid recipients. The FMAP represents how Idaho's per-capita income compares to the national average.



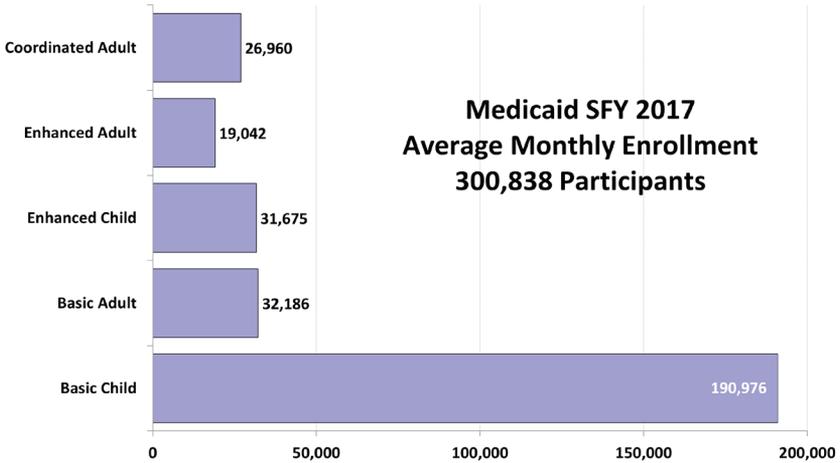
## SFY 2017 Budget Analysis

In 2017, Medicaid saw a slightly higher than normal increase in the number of eligible members. Many of these new members were seeking insurance to avoid tax penalties imposed by the Affordable Care Act. The surge is expected to lessen over the coming fiscal year and return to a 2-3 percent growth rate.

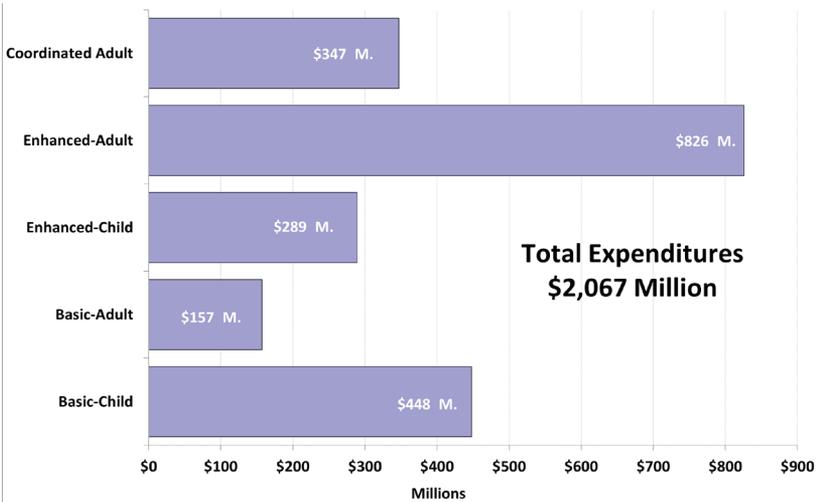
### Enrollment and Expenditures Comparison

Medicaid enrollment averaged 300,838 participants per month in SFY 2017, a 4.6 percent increase from the SFY 2016 enrollment of 288,384. The projected growth rate is forecast to decline as compared to the Medicaid growth experienced during the peak of the recession and will more closely approach our historical average growth.

**SFY 2017 Enrollees**  
Average Monthly Participants



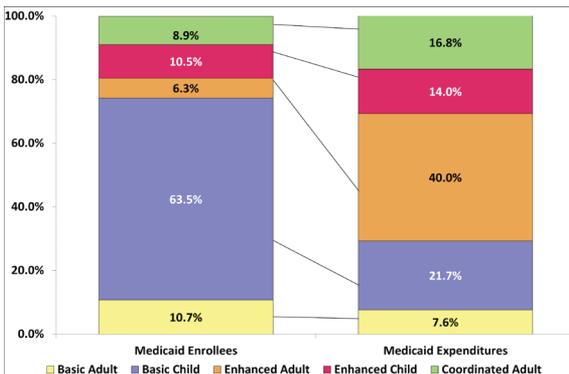
### SFY 2017 Expenditures



### SFY 2017 Enrollment and Expenditure Comparison

Coverage costs for children enrolled in the Basic Plan average less than \$200 a month, while children enrolled in the Enhanced Plan average almost \$780 a month. By comparison, an adult enrolled in the Basic Plan costs \$417 a month, while an adult enrolled in the Enhanced Plan averages almost \$3,734 a month. Participants enrolled in the Enhanced Plan have more intense healthcare needs that may be so severe that they require an institutional level of care.

Many participants enrolled in the Coordinated Plan are elderly and have greater needs for medical services, including long-term care services such as assisted living facilities or nursing homes. A participant enrolled in the Coordinated Plan costs an average of \$1,104 a month because Medicare pays the majority of their medical expenses.



## Medicaid Initiatives

### Medicaid Managed Care

Medicaid currently has managed care programs for dental services, non-emergent medical transportation, outpatient behavioral health, and comprehensive managed care for those who are eligible for both Medicare and Medicaid. Medicaid also provides a Patient-Centered Medical Home care management program through its Healthy Connections primary care benefits.

**Patient-Centered Medical Home (PCMH):** As a result of the implementation of the 2016 Medicaid Healthy Connections PCMH Tier Incentive Program, 180 clinics have advanced tiers, resulting in 50 percent, or approximately 140,000 Medicaid participants, now being served in primary care clinics offering care coordination. The next steps in Medicaid's payment reform efforts to shift from volume-based care (fee for service) to a value-based reimbursement structure (fee for value) is to provide the option for Healthy Connections clinics to participate in a shared savings program where they can earn a share of the savings by improving quality and reducing costs. This program will be voluntary for primary care providers and will not affect the Medicaid payment arrangements that providers currently receive. The strategy is anticipated to improve care, improve health, and lower healthcare costs.

**Regional Care Organizations:** In 2017, Medicaid set the groundwork for Regional Care Organizations (RCOs), which are provider-based, locally-governed, healthcare delivery networks that:

- Help providers better manage health outcomes for participants.
- Provide incentives for delivering quality care.
- Improve the overall health of Medicaid participants.
- Lower costs.

Medicaid will offer financial incentives to providers who control their health care costs and achieve benchmarks for selected national quality measures related to patient care. Each region of the state will have a Community Health Outcome Improvement Coalition (CHOICE) to act as an advisor to the RCO. The CHOICE advisory groups will be tasked with improving whole-person health and wellness in the region by helping to align services and resources. These advisory groups may be eligible to receive a portion of shared savings, which will be based on regional performance and will be distributed back to the community through a granting process. These shared savings will be used to fund community initiatives that advance population health.

Division leadership hopes to implement the first RCO in 2018 in Southwestern Idaho and is working toward that goal with partner provider groups.

**Outpatient Behavioral Health Managed Care:** The Idaho Behavioral Health Plan (IBHP) has been in operation for nearly four years, and the contract with Optum Idaho to administer IBHP services has been extended through June 30, 2019. In the last year, Medicaid and Optum have worked closely to improve access to services proven to meet the needs of individuals with behavioral health concerns. Since January 2017, Optum has added two new services to their fee schedule, intensive outpatient services, and additional transportation compensation for providers who offer services in the community.

The divisions of Medicaid and Behavioral Health along with Optum Idaho are collaboratively working toward the implementation of the Youth Empowerment Services (YES) Project for children and youth who struggle with severe emotional disturbances. Additional services will be added to the IBHP service array during the implementation period focusing on services and supports for those children and their families. For more information about the YES Project go to [youthempowermentservices.idaho.gov](http://youthempowermentservices.idaho.gov).

**Managed Care for Dual Eligibles:** The Medicare Medicaid Coordinated Plan (MMCP), which was expanded in 2014, is designed to coordinate all health-related services for Medicare and Medicaid. Covered benefits include: hospital and medical services, prescription drugs, behavioral health services, Aged and Disabled waiver benefits, targeted service coordination for participants with developmental disabilities, community-based rehabilitative services, personal care services, and nursing home care and services for people living in intermediate care facilities for the intellectually disabled. The purpose of the MMCP is to coordinate these benefits to ensure that people who are dually eligible receive the most integrated care possible.

Currently, Blue Cross of Idaho administers the program under contract with Idaho Medicaid and offers the program to dually eligible participants in half of Idaho's counties. As of Jan. 1, 2018, Molina Healthcare will be joining the market in nine counties: Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls. Dually eligible participants who live in those counties will be able to select from Blue Cross of Idaho or Molina Healthcare to participate in the MMCP.

**Managed Care for Dental Services:** The Idaho Department of Health & Welfare has selected Managed Care of North America (MCNA) Dental as the sole dental benefits administrator for the Idaho Smiles Medicaid Dental Program as of Feb. 1, 2017. DHW continues to collaborate with MCNA to expand the array of dental services offered to Medicaid participants based on evidence-based practices. MCNA has currently enrolled more than 500 dental providers in the Idaho Smiles network and has increased access to dental care. MCNA continues to focus on building the Idaho Smiles provider network and ensuring that each member receives the right dental care at the right time.

**Non-Emergent Medical Transportation:** The Non-Emergent Medical Transportation (NEMT) program helps ensure that Idaho Medicaid participants have access to health care services. On July 1, 2016, Veyo began providing NEMT services for the state of Idaho. As of the time of this writing in early September 2017, Veyo had completed over 1.25 million trips for Idaho Medicaid participants. The average trip for a participant is 11.6 miles. A total of 14,381,355 miles had been traveled since the beginning of the contract. The division worked diligently with Veyo and their network of transportation providers to find efficiencies and improve the NEMT program. To learn more about Veyo's services, please visit their website at [www.idahotransport.com](http://www.idahotransport.com).

## Idaho Home Choice

The Idaho Home Choice Program, implemented in October 2011, rebalances long-term care spending from institutionalized care to home and community-based care. The program is now in its seventh year of operation and has been extended through calendar year 2020. Idaho Home Choice has helped 469 participants transition into the community.

At the end of the 10-year grant period, the program expects to have diverted \$3,531,977 of Medicaid state general fund spending from institutionalized care to home and community-based care to support the transition of 600 individuals into their communities. The Division of Medicaid, Idaho Commission on Aging, State Independent Living Council, and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure to support Idaho Home Choice.

## Health Information Technology for Economic and Clinical Health (HITECH)

The Health Information Technology for Economic and Clinical Health (HITECH) Act was signed into law in 2009 for the promotion, adaption, and meaningful use of health information technology. Medicaid has initiated two programs under HITECH to reach the goal of statewide care coordination and overall improvement of care in Idaho:

- Idaho began the Electronic Health Record (EHR) Incentive program and has paid out more than \$51.4 million to eligible professionals and eligible hospitals that meet requirements for meaningful use of health information technology.
- Medicaid support for connecting Idaho Medicaid primary care clinics to the Idaho Health Data Exchange (IHDE). This is leading to new abilities for Medicaid primary care providers to send and receive information through IHDE to support clinical quality measures and care coordination. Currently, more than 250 of Idaho's Medicaid primary care clinics have some interaction with IHDE, including viewing the

portal, completing connections with data transferring, or being in the process of building a connection.

## Technology Performance

The Division of Medicaid continues to work closely with Idaho's Medicaid Management Information System (MMIS) contractors to make system enhancements, improve services to stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. MMIS contractors include:

- Molina Medicaid Solutions: handles processing for fee-for-service medical claims. The weekly payout from the Molina system averaged \$34 million. This represents total payments, including fee-for-service claims and managed care fees.
- Magellan Medicaid Administration: handles pharmacy benefits management. The weekly payout was approximately \$3.9 million.
- Truven Health Analytics: a data warehouse and decision support system. The Truven system continues to serve as the Medicaid data warehouse and to support the reporting and information analytics needs of the Division of Medicaid.

## Financial Operations

During SFY 2017, the Bureau of Financial Operations:

- Recovered more than \$12 million through the Estate Recovery Program.
- Saved Idaho Medicaid almost \$4.5 million through the Health Insurance Premium Payment Program by helping 406 people acquire and/or retain health insurance that was the primary payer for Medicaid eligible participants.
- Ensured that Medicare was the primary payer for the 45,652 Medicaid participants who have Medicare through the Medicare Savings Program.
- Recovered more than \$4.7 million from primary insurance, casualty and liability claims, and provider overpayments.

## Office of Healthcare Policy Initiatives

*Cynthia York, Administrator, (208) 334-5574*

The Office of Healthcare Policy Initiatives (OHPI) was created Feb. 1, 2015, to manage a grant the Idaho Department of Health and Welfare (IDHW) received from the Center for Medicare and Medicaid Innovation (CMMI) to implement Idaho's Statewide Healthcare Innovation Plan (SHIP). OHPI is housed within the Director's Office.

SHIP was developed to transform Idaho's healthcare system and improve the health of Idahoans by strengthening primary and preventive care through the Patient-Centered Medical Home (PCMH) model and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The OHPI has eight employees for the implementation of this initiative and is funded with federal dollars only.

### Highlights

**Work on SHIP began in 2013** when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The six-month planning process involved hundreds of Idahoans across the state working together to develop a new model of care. In early 2014 Gov. C.L. "Butch" Otter established the Idaho Healthcare Coalition (IHC), which serves as the advisory group for SHIP. The coalition has continued to build on earlier stakeholder work and momentum.

IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, and representatives of healthcare associations and the community.

**IDHW received the \$39,683,813 CMMI grant** in December 2014. The grant funds a four-year model test that began on Feb. 1, 2015, to implement SHIP. Now in the second year of the grant, Idaho has been working to demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and broader Medical Health Neighborhoods (MHNs) made up of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services.

The SHIP operations team works with multiple contractors to support healthcare system transformation and the implementation of SHIP's goals. Contractors hired by IDHW in 2015-2016 to perform technical assistance operations are:

- Mercer, LLC: provides project management and financial analysis. A

detailed Project Implementation Plan is prepared annually. Additionally, a financial analysis with actuarial certification is prepared for all four years of the grant.

- Brilljent, LLC: provides subject matter expertise to assist in transformation efforts, quality improvement, and PCMH training for primary care clinics participating in SHIP.
- Idaho Health Data Exchange (IHDE): is responsible for establishing connections with clinic Electronic Medical Records (EMRs) at clinics and storing data in its clinical data warehouse. This will improve care coordination through increased sharing of patient information among providers. As of Jan. 31, 2017, IHDE had established bi-directional connections with 11 Cohort One clinics and had many more connection builds in progress.
- HealthTech Solutions, LLC (HTS): is SHIP's data analytics contractor and is responsible for establishing a connection with IHDE and developing or providing clinical quality measure reporting. SHIP clinic users will be able to view the reports at the clinic level and drill down to specific patients. HTS also provides aggregate reports at the county, regional, and statewide levels. As of Jan. 31, 2017, HTS had developed the calculation engine and released reports for four of 16 total clinical quality measures for the SHIP project. They developed reports displaying clinic level data as well as county, region, and state aggregate reports.
- Contracts with the seven Public Health Districts (PHDs) were executed to hire three SHIP staff per district to assist in the formation of regional collaboratives (RCs), MHNs, and PCMH transformation support.
- In the second year of the grant, the IHC determined that regional collaboratives needed additional funds (in the form of grants) to help operationalize goals laid out in their strategic plans. Seven RC grant applications were submitted by six of the public health districts. The four selected grant programs to be implemented in the third year of the grant are:
  - RC One's grant program will focus on developing medical health neighborhood linkages among Community Health Emergency Medical Services (CHEMS) agencies, hospital discharge planners, and SHIP patient-centered medical home clinics.
  - The RC Three program will support the development of care coordination and care management professional networks.
  - The RC Four program is designed to support the role of the caregiver in the patient-centered medical home and CHEMS settings and enhance resource connectivity in four counties.
  - The RC Six program proposes a suicide prevention effort.
  - The contract for the state-level evaluation is led by the University of Idaho. Their team is comprised of nine faculty members from UI and Boise State University. The primary focus of the state-level evaluation is documenting the patient experience using both qualitative and quantitative methods.
- A number of smaller contracts are in place to assist in the planning, design, and operation of the virtual patient-centered medical home

components of community health workers (CHWs), community health emergency medical services, and telehealth, as well as the operations of the RCs.

**The third year of the grant started Feb. 1, 2017**, and will go through Jan. 31, 2018. Fifty-five clinics were selected to participate in PCMH Cohort Two this year. The number of clinics now participating in SHIP totals 110. A total of 165 clinics will be participating when the grant period ends.

**Our PCMH transformation model recognizes the challenges** that many primary care practices face in converting to a value-based healthcare environment. Support is being provided with onsite training and coaching, virtual training and coaching, and a web-based quality improvement portal. All types of primary care practices are represented in the first two cohorts of clinics, ranging from rural single-practitioner offices to large practice networks and federally-qualified health centers.

The following milestones were accomplished during 2016-2017:

- The IHC's eight workgroups and three advisory groups regularly come together for discussion and to develop actionable strategies and plans that assist in achieving Idaho's seven goals.
- Idaho began implementing its communication plan by developing communication materials specific to each stakeholder audience by developing a matrix of platforms for each stakeholder audience. Using the matrix, the IHC identified the priority materials to be developed for each group.
- The Idaho SHIP website, [www.ship.idaho.gov](http://www.ship.idaho.gov), is continually updated to 1) create unity out of diverse interests, and 2) convey the range of solutions needed to achieve the Triple Aim.

## SHIP's Goals

Idaho's plan identifies seven goals that together transform Idaho's healthcare system:

- **Goal 1: Transform primary care practices across the state into PCMHs:** Idaho is testing the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH focuses on preventive care, keeping patients healthy, and stabilizing patients with chronic conditions. Grant funding is used to provide training, technical assistance, and coaching to assist practices in this transformation.
- **Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical-health neighborhood:** Idaho's plan includes significant investment to connect PCMHs to the Idaho Health Data Exchange and enhance care coordination through improved sharing of patient information among providers.

- **Goal 3: Establish seven RCs to support the integration of each PCMH with the broader medical health neighborhood:** At the local level, Idaho's seven public health districts convened regional collaboratives that support provider practices as they transform to PCMHs.
- **Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs:** This goal includes training community health workers and integrating telehealth services and community health emergency medical services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically-underserved communities.
- **Goal 5: Build a statewide data analytics system:** Grant funds also support the development of a statewide data analytics system to track, analyze, and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.
- **Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:** Idaho's four largest commercial insurers, Blue Cross of Idaho, Regence Blue Shield, PacificSource, and Select Health, along with Medicare and Medicaid are participating in the model test. Payers have agreed to evolve their payment models from paying for volume of services to paying for improved health outcomes.
- **Goal 7: Reduce healthcare costs:** Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89 million over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care, and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.

## Division of Operational Services

*Catherine Libby, Administrator, (208) 334-0632*

The Division of Operational Services provides contracting and purchasing services, facility management, business operations support services, human resource management, and coordination of administrative hearings and public records requests.

### Contracts and Purchasing

- Purchases services and products with values up to \$25 million, coordinating with the Department of Administration's Division of Purchasing for purchases valued at \$15 million-\$25 million.
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and sub-contract development, implementation, and product purchases. There were more than 1,100 active contracts and subgrants department-wide during SFY 2017, with a total value of more than \$1.8 billion.
- Manages training and daily operations of the electronic CONTRAXX management system.
- Develops and maintains DHW's contract and purchasing manual; policy, procedures and guidance documents; provides staff contract management and monitoring training; and collaborates with the Department of Administration to ensure compliance with purchasing rules and regulations.

### Facilities and Business Operations

- Monitors, negotiates, and coordinates leases for 32 buildings totaling more than 640,000 square feet in collaboration with the Department of Administration.
- Manages the operation, care and repair of eight DHW-owned buildings that total about 80,000 square feet.
- Prepares and submits DHW's annual Capital, Alterations, and Repair budget request to the Permanent Building Fund Advisory Council and prepares agency project requests for legislative funding.
- Coordinates and manages all remodeling and alteration construction projects funded through the Permanent Building Fund Advisory Council or agency funds statewide.
- Assists and counsels the two state hospitals, Southwest Idaho Treatment Center and the state laboratory on facility issues.
- Evaluates existing facility use through facility space reports and plans of future facility space requirements.
- Oversees building land sales, acquisitions and disputes.
- Coordinates and manages interoffice moves and relocations.
- Contracts telephone, power, and data cable installations to ensure

uniformity, adherence to DHW standards and cost controls.

- Manages regional purchases of all paper products, office supplies and postage.
- Administers purchases, statewide allocation, repair, maintenance, and use of some 400 motor pool vehicles.
- Contracts with independent contractors and coordinates with the Department of Administration to provide security for various DHW buildings.
- Assists with assessing and managing security threats and safety concerns.
- Manages department inventory and disposal of surplus items statewide.
- Administers special projects as assigned in a variety of disciplines.
- Provides facility and operational support for regional staff in all regional offices. These include:
  - **North HUB:** Ponderay, Kellogg, Coeur d'Alene, Moscow, Lewiston and Grangeville
  - **West HUB:** Payette, Caldwell, Nampa, Boise-Westgate, Elder St. and Bridger locations, McCall and Mountain Home
  - **East HUB:** Twin Falls, Burley, Pocatello, Idaho Falls, Preston, Blackfoot, Rexburg and Salmon.

### Human Resources

- Develops, implements, oversees, and maintains policies and procedures to protect privacy and confidentiality and limit access to information in DHW records based on business need
- Ensures DHW personnel actions comply with federal and state laws and that DHW's information privacy practices are closely followed.
- Supports the department's 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.
- Consults and manages resolution of civil rights complaints, compliance, and agency audits or site reviews.
- Identifies employee training needs.
- Partners with department supervisors to efficiently orient and train new employees.
- Promotes, coordinates, develops, and provides training to employees on topics including leadership, management, supervision, communication, and program-specific topics.
- Administers DHW's Learning Management System and facilitates development and implementation of online learning opportunities for DHW staff.
- Provides management and consultation on effective recruitment and selection strategies for filling current and future needs.
- Develops and implements recruitment campaigns to fill department openings. Campaigns include partnerships with Idaho and regional universities for awareness of DHW career opportunities, internships,

and scholarships that may lead to hiring.

- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification.
- Researches, develops, and implements human resource system enhancements.
- 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 DHW's human resource policies and procedures, ensuring they meet the department's business needs while complying with state and federal laws and rules.
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees.
- Manages DHW's Drug and Alcohol Free Workplace program.
- Provides timely information to employees about benefit opportunities and changes.

### **Administrative Support**

- Coordinates DHW activities related to administrative hearings and public records requests.
- Develops, implements, and maintains policies, procedures, and educational resources related to administrative hearings and public records.

## Division of Public Health

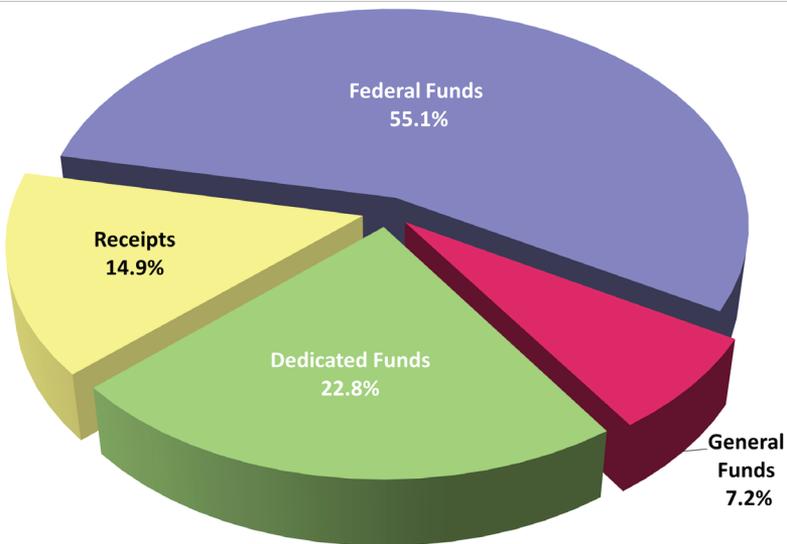
**Elke Shaw-Tulloch, Administrator, (208) 334-5950**

The Division of Public Health protects the health of Idahoans through a range of services, including immunizations, nutrition services, chronic and communicable diseases surveillance and intervention, food safety regulation, emergency medical personnel licensing, vital records administration, health statistics compilation, rural healthcare provider recruitment, laboratory services and bioterrorism preparedness.

The division's programs and services promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idahoans. The division contracts and coordinates with local public health districts and other local providers to deliver many of these services throughout the state.

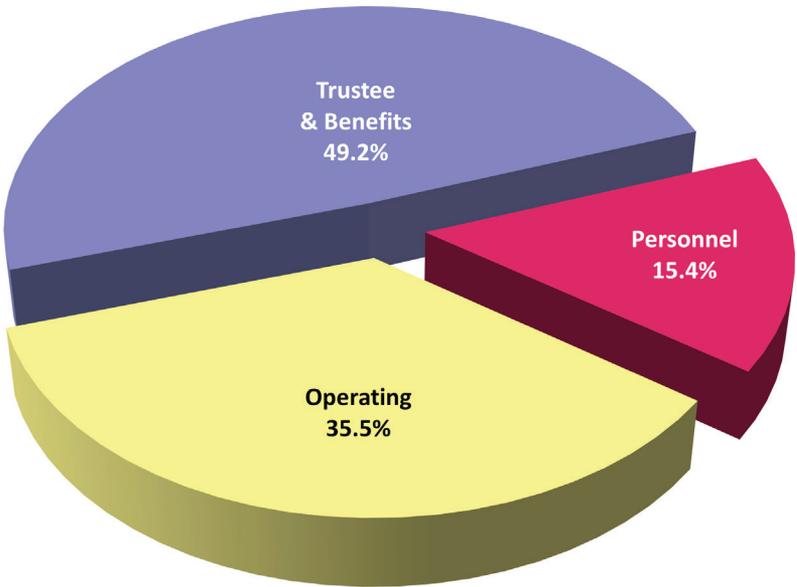
The division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services and Preparedness, Vital Records and Health Statistics, Laboratories, Rural Health and Primary Care, Communicable Disease Prevention, and Public Health Business Operations, and the newly created Suicide Prevention Program.

### SFY 2018 Funding Sources

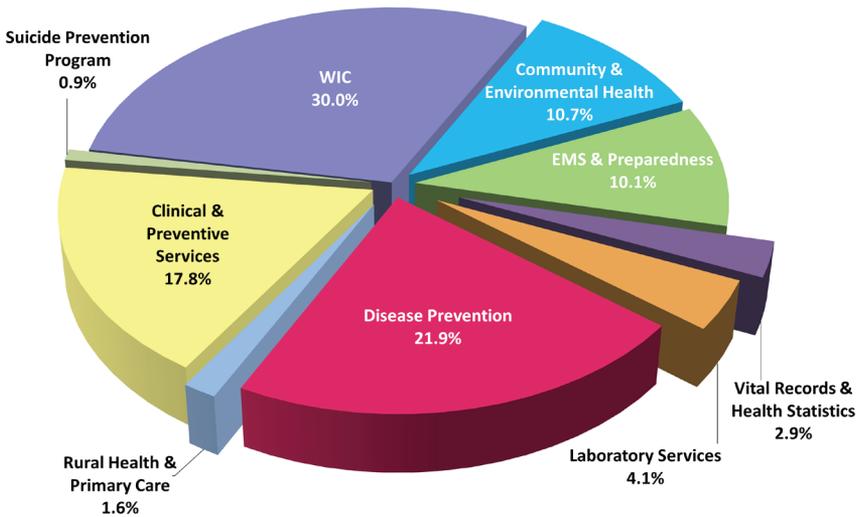


Authorized FTP: 234.69; Original SFY 2018 Appropriation: General Funds \$8.4 million, Total funds \$116.8 million; 4.1% of Health and Welfare funding.

### SFY 2018 Expenditure Categories



### SFY 2018 Spending by Bureau or Program



## 2017: Protecting Public Health in Idaho

**Division of Public Health:** The Division of Public Health was awarded 5-year accreditation status on June 6, 2017, through the Public Health Accreditation Board (PHAB). PHAB identified 108 measures for high functioning health departments. The division demonstrated conformity on 99 of those measures. IDHW is now one of 28 state public health departments to be accredited.

**Bureau of Clinical and Preventive Services:** After the passage of legislation in 2017, the Maternal and Child Health Program began working with partners to develop information on Cytomegalovirus (CMV), including incidence of CMV cases in Idaho, transmission, birth defects caused by CMV, and ways to reduce risk. The information will be made available to health care providers, day care providers, schools, and religious organizations.

MCH also continued to work with state, local and community partners to address safe sleep for infants and tobacco cessation for women of reproductive age. MCH partnered with Ada County Paramedics to create window clings for the backs of ambulances displaying the "ABCs (Alone, Back, Crib) of Safe Sleep" and a picture of an infant safely sleeping in a crib. In addition, the MCH Program became a Cribs for Kids National Infant Safe Sleep Initiative partner with the goal of providing uniform safe sleep brochures, guidelines, presentations, and discounted cribs and safe sleep sacks to community partners delivering safe sleep education. MCH is working with the Tobacco Prevention and Control Program to implement a smoking cessation program for pregnant and postpartum women that will be piloted in some public health districts.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has continued the process to move from paper benefits to electronic benefits. The Implementation Advanced Planning Document has been reviewed and approved by Food and Nutrition Services. Quality assurance contractor Maximus has started a review of Idaho's documents and current project status. The program goal is to make the transition by 2019; it is required federally by 2020.

**Bureau of Communicable Disease Prevention:** The bureau expanded staffing capacity in the Food Protection Program by winning a multi-year competitive funding award to support implementation of the Voluntary National Retail Food Regulatory Program Standards. These standards, developed by food protection professionals, serve as a guide to regulatory retail food programs in reducing risk factors known to cause or contribute to foodborne illness. With additional staffing the program can work with public health districts to enhance the services they provide to the public and protection of the food system.

The Immunization Program received funding through a competitive application process and implemented upgrades to the Immunization Reminder Information System (IRIS) to track pediatric vaccine wastage and return. The new electronic process eliminates the need for clinics in Idaho to track inventory losses on paper and has reduced the time spent at clinics tracking and reporting inventory losses. It has also reduced the errors in reporting those losses.

Several Idaho epidemiologists assisted with the planning and coordination of the 2017 Council of State and Territorial Epidemiologists (CSTE) annual meeting. The June 2017 event drew nearly 1,600 attendees to Boise from across the United States and broke all previous attendance records. In addition to setting national policy on the surveillance of certain diseases and conditions, the meeting provides professionals and practitioners the opportunity to enhance their knowledge, improve their skills, and exchange information on best practices and strategies in applied epidemiology.

The Idaho Refugee Health Screening Community Health Worker (CHW) program was identified as a Program of Excellence by the Public Health Accreditation Board. The CHW program is now self-sustaining in the Boise area. There are now nearly 20 refugee community health workers in Boise helping more than 110 refugees access needed healthcare services and navigate the healthcare system.

**Idaho Bureau of Laboratories:** The Idaho Bureau of Laboratories (IBL) provides laboratory services for stakeholders throughout Idaho. With support from the Association of Public Health Laboratories (APHL), IBL conducted a Laboratory System Improvement Program (L-SIP) assessment in May 2017. The L-SIP assessment is a day-long evaluation of how the Idaho Public Health Laboratory System (anyone statewide that uses laboratory services) supports the Ten Essential Public Health Services at the state and local levels. APHL facilitators led the 53 participants through the assessment, which showed that the Idaho Public Health Laboratory System is performing at a very high level. Through the L-SIP assessment, IBL received comprehensive information to help build and continue to define the Idaho Public Health Laboratory System. The L-SIP assessment enabled IBL to foster new conversations with current system partners, identify new environmental health stakeholders, and target priorities for future quality improvement efforts.

**Bureau of Community and Environmental Health:** The Bureau of Community and Environmental Health (BCEH) is working to improve and enhance efforts with partners and the public through technology, as well as to help Idahoans find and access resources to improve and maintain health.

BCEH has fully operationalized the Idaho Wellness Guide at <http://wellness.idaho.gov/>. This online guide connects providers and people with evidenced-based resources and programs to help man-

age chronic conditions such as diabetes, heart disease, and cancer. It also provides vetted resources for a variety of topics, including diabetes prevention, tobacco cessation, behavioral health, and oral health. The search tool is easy to use and can help providers and the public find local resources and classes to help them in their health journey.

BCEH also makes it easy for agencies and individuals to order resources and tools through the Health Tools website at <https://healthtools.dhw.idaho.gov/>. Health Tools provides free publications related to diabetes, heart disease/stroke, suicide, cancer, tobacco and oral health. Publications can be ordered or downloaded and some are available in Spanish. Other resources will be available as programs produce them.

Project Filter, Idaho's Tobacco Prevention and Control Program, is continuing to work with health systems to assist providers in referring patients to tobacco cessation services. Through the Project Filter website, BCEH offers three simple ways (fax, online, and E-referrals) for providers to link patients with services. Resources on how to access free cessation counseling and nicotine replacement therapies are for providers and patients.

**Bureau of Vital Records and Health Statistics:** Beginning July 1, 2016, the bureau began filing records of miscarriages because of legislation passed in the 2016 session. The process must be requested by the parents, and the miscarriage must be certified by a medical professional. According to the bureau's records, 21 miscarriages were filed between July 21, 2016, and June 30, 2017. Of the records filed, seven certificates were requested and issued.

The National Center for Health Statistics (NCHS) has recognized Idaho for meeting all requirements of the Vital Statistics Cooperative Program (VSCP). Areas of excellence noted included the bureau's very low transmission lag time (measured from the date an event was filed with our office versus when the event is provided to NCHS). The VSCP contract allows for this lag to be 20 days for births and 35 days for deaths. Idaho Vital Statistics has submitted every event to NCHS within one day of being filed with the office.

**Bureau of Rural Health and Primary Care:** This bureau is a key partner in the Statewide Healthcare Innovation Plan (SHIP), with a focus on efforts to improve access to health care services in rural and underserved communities. These efforts include establishing Community Health Emergency Medical Service (CHEMS) programs, Community Health Worker (CHW) programs, expanding telehealth in Patient-Centered Medical Homes (PCMH), and developing seven Regional Health Collaboratives through partnerships with local public health districts.

These innovative projects are successfully under way and continuing to expand through the statewide initiative.

**Bureau of Emergency Medical Services and Preparedness:** The Business Operations and Support section is working closely with the EMS section on the IGEMS (Idaho's Gateway for EMS) project, which has been blueprinted to provide a new and robust online licensure system for agencies and providers. This new system will include several interfaces to improve timeliness, accuracy, and customer satisfaction. The interfaces being developed and implemented are for the patient care reporting system, Criminal History Unit, National Registry of EMTs, National Provider Database, and the Access Idaho payment portal.

The Public Health Preparedness and Response section led the department's participation in the Region 10 Cascadia Rising Functional Exercise the week of June 6-10, 2017. Planning efforts were under way for nearly a year and proved to be an incredible opportunity for public health officials at all levels of government to interact and respond to a scenario in which a catastrophic 9.0 magnitude earthquake affected the Pacific Northwest. During the exercise, the State Public Health Emergency Operations Center was activated for the first time and supported local health districts by sharing information and providing resources. Local efforts were focused on mutual aid and medical sheltering. Lessons learned are being documented in an After-Action Report that will be used to update the department's Emergency Response Plan.

The State Communications Center (StateComm) continues the effort of becoming an Emergency Medical Dispatch Accredited Center of Excellence, with much emphasis on training and Quality Improvement. The National Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency medical dispatch, providing the tools to achieve it at both the dispatcher level through certification and at the communication center level through the accreditation program. If successful, StateComm will be the only Emergency Medical Dispatch Accredited Center of Excellence in Idaho and will join a growing number of accredited centers of excellence across the U.S. and in other countries that provide superior, up-to-date public care and efficient use of resources to achieve maximum results.

The Time Sensitive Emergency (TSE) Program has been busy implementing Idaho's TSE System. Each of the six regional TSE committees have been formed and include local critical access hospitals, larger tertiary facilities, and many different EMS agencies. The program began accepting facility applications for designations for trauma, stroke, and cardiac centers in January 2016. As of August 2017, 34 applications had been received for designation, 22 have been approved and designated by the TSE Council, seven are pending site surveys, and five are awaiting approval. Within the next few years, it is expected that most hospitals in Idaho will be designated under the Idaho TSE System.

**Bureau of Public Health Business Operations:** The bureau launched a

new website in 2016 at [www.gethealthy.dhw.idaho.gov](http://www.gethealthy.dhw.idaho.gov). It displays data about Idaho's Leading Health Indicators, which are identified to assess the health of Idahoans. It also contains information about the Statewide Healthcare Innovation Plan (SHIP). The site continues to grow as data are added and visualization is expanded.

The bureau continues to identify opportunities for improvement through application of performance management and quality improvement methods. Projects from 2016 include development of an online process for in-state travel and training, reducing the need to route hard copy documents and reducing approval time; and standardization of the new employee on-boarding process to ensure new employees receive accurate and timely information and access to training. Quality improvement is growing at the division level and throughout programs with a total of 12 projects initiated in the past year.

**Suicide Prevention Program:** The Suicide Prevention Program (SPP) began its work as a new program in SFY 2017 to provide a more comprehensive approach to suicide prevention in Idaho. SPP developed and initiated a statewide marketing plan based on the idea that everyone has a role in preventing suicide. "Rock Your Role" television spots and collateral materials were produced for distribution across Idaho. SPP also provided funding and support for the Idaho Suicide Prevention Hotline, and for youth resilience and well-being training through the State Department of Education.

The program also:

- Provided administrative support to the Idaho Governor's Council on Suicide Prevention and developed and regularly convened a group of suicide prevention stakeholders to increase collaboration.
- Conducted an analysis of downtown Boise parking garages that resulted in infrastructure changes to prevent people from jumping from the them.
- Wrote two federal grants for Zero Suicide, which is an approach used by health systems to close all gaps through which suicidal people may fall when accessing health care. SPP gathered 21 participating health system partners across the state through this process, including hospitals, primary care and behavioral health settings, and others.
- Helped develop a task force dedicated to limiting access to lethal means for those who are suicidal, and developed and distributed materials for use by gun shops and ranges.
- Provided numerous suicide prevention trainings to a variety of professional groups, including behavioral health providers, medical staff, school personnel, law enforcement, call center staff, and many others.
- All SPP activities support the Idaho Suicide Prevention Plan and align with the IDHW strategic plan.

## Bureau of Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through subgrants with local public health districts and contracts with community-based organizations. Bureau sections include HIV, STD and Hepatitis; Special Supplemental Nutrition for Women, Infants and Children (WIC); and Maternal and Child Health.

### HIV, STD and Hepatitis Section

The HIV, STD and Hepatitis Section (HSHS) is made up of four separate programs that manage and monitor HIV prevention, HIV care, STD prevention, and prevention services related to viral hepatitis in Idaho.

HSHS works closely with local public health districts and community-based organizations to ensure prevention and care services are available to target populations.

The primary HIV prevention services provided through HSHS include HIV testing, counseling, and referral; condom distribution; and HIV disease investigation services for newly infected people and their partners. HSHS also manages services for those infected with HIV, including medical case management, the AIDS Drug Assistance Program (ADAP), and support services to enhance access to and retention in HIV medical care and treatment.

STD prevention-related services through HSHS are mainly offered through partnerships with local public health districts. Services include STD testing and treatment; STD education and outreach; and STD disease investigation services for newly infected people and their partners.

HSHS is currently working on the implementation of the Hepatitis Care Cascade Project aimed at increasing screening and detection of Hepatitis C among the baby boomer population and linking newly diagnosed patients to medical care.

HSHS monitors HIV and STD trends throughout the state and deploys resources to partners so targeted interventions can be implemented to combat the spread of disease. Data from 2016 indicates (see chart on next page) that the rate of chlamydia in Idaho continues to increase compared to previous years. The rates of both gonorrhea and syphilis in Idaho have almost tripled since 2013.

<b>Rate of Sexually Transmitted Diseases</b>			
<b>CY</b>	<b>Chlamydia</b>	<b>Gonorrhea</b>	<b>Syphilis</b>
<b>2016</b>	351.5	37.7	7.5
<b>2015</b>	340.2	28.5	4.9
<b>2014</b>	333.1	27.1	2.8
<b>2013</b>	336.5	13.1	2.7

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 109.

### **Women, Infants and Children (WIC) Section**

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. The program is entirely federally funded. It provides an average of \$50 per participant each month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The section also provides counseling in nutrition and breastfeeding to more than 64,000 participants annually. WIC services are delivered through the seven Idaho public health districts, Benewah Health, and Nimiipuu Health.

<b>Clients Served Monthly and Average Monthly Voucher Value</b>				
<b>Year (SFY)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Clients served</b>	41,616	40,951	39,473	37,209
<b>Average voucher</b>	\$53	\$58	\$52	\$50

The vouchers WIC provides to parents and caretakers can be used to purchase specific foods based on a child's or pregnant woman's nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit juice intake, avoid sweetened beverages, increase physical activity and play, and limit sedentary screen time.

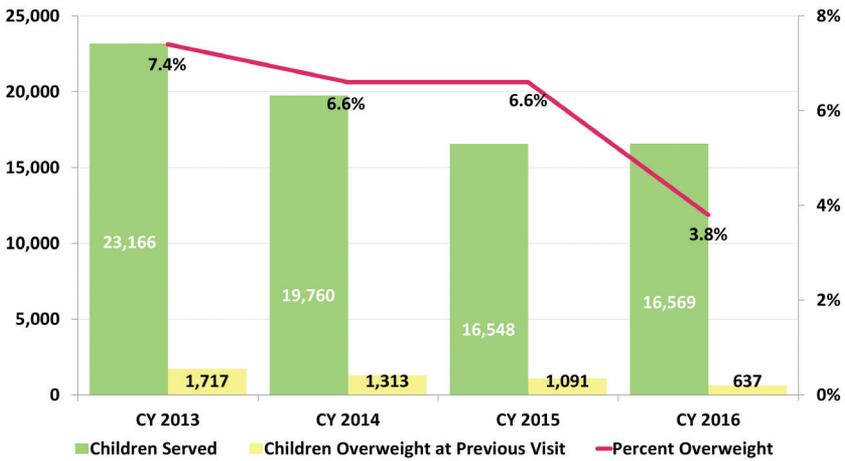
Participants typically attend nutrition education sessions four times a year. In addition to clinical assessments related to nutritional status, children are weighed and measured at certain visits to obtain Body Mass Index (BMI).

WIC provides early intervention through nutritional counseling to caretakers of nearly half of all infants (up to 12 months of age) born in Idaho. In 2016, the program served 16,569 children ages 2 to 5 years. Of those children, 637 were identified as overweight based on their BMI and having

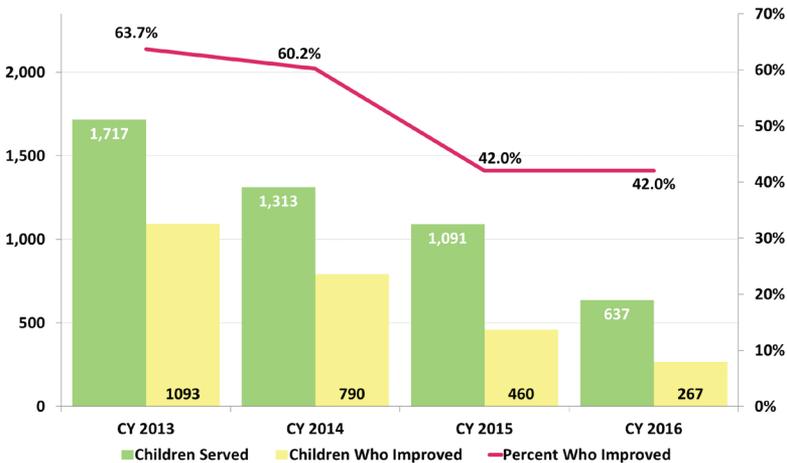
two valid measures for comparison. Through WIC nutritional counseling, 267 children (42%) improved their weight status by at least 1 percentile on the Centers for Disease Control and Prevention's BMI for Age Chart at their next WIC visit.

During 2015, the Idaho WIC section transitioned from having six-month certification periods for children participating in WIC to 12-month certification periods. Because of that change, the data collection period was extended to a 13-month timeframe to allow for making a comparison of two valid BMI measurements. For more information, please visit [www.WIC.dhw.idaho.gov](http://www.WIC.dhw.idaho.gov).

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



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



## Maternal and Child Health (MCH) Section

Family Planning, Adolescent Pregnancy Prevention, Newborn Screening, Home Visiting and Children’s Special Health programs are part of the MCH Section.

**The Family Planning Program** administers funding to five of the seven local public health districts to provide comprehensive family planning services for Idahoans at 33 clinic sites, including services at one juvenile detention center and one women’s correctional facility.

During CY 2016, the Family Planning Program served 10,688 clients in 17,225 visits. Of those clients, 10.6% (1,129) were 15-17 years old and both male and female. In CY 2016, 79.4% of participants had household incomes of 150% or less of the federal poverty level.

Idaho’s teen pregnancy rate is 9.5 pregnancies per 1,000 females ages 15-17, well below the Healthy People 2020 goal of no more than 36 pregnancies per 1,000 females. It is also below the average national rate of 22 for the same group. Idaho’s teen pregnancy rate is more than 50% lower than it was 10 years ago, when the rate was 22.9.

Idaho Teen Pregnancy Number and Rate (Ages 15-17 years)		
CY	Number	Rate per 1,000 females
2016	346	9.5
2015	374	10.6
2014	369	10.7
2013	375	11.1

*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 that 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%) 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 Newborn Screening Program** works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for 47 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, and congenital hypothyroidism.

Newborn screening provides an opportunity for diagnosis and treatment through early detection. Timely treatment allows for normal growth and development and a reduction in infant morbidity and mortality. Most infants with conditions identified through screening show no obvious signs of disease immediately after birth. It is only with time that conditions that could affect an infant's health and development become more obvious.

In Idaho, two newborn screens are conducted, one within 24 to 48 hours of birth and another when the infant is between 10 and 14 days old. Some conditions are detected on the first screen and others on the second screen. For each screen, a small amount of blood is collected from the baby's heel and placed on special filter paper. The filter paper is sent to a regional laboratory for testing. The Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider when a screening is positive to ensure timely diagnosis and treatment.

The Newborn Screening Program has been screening Idaho babies since 1963. New technology allows screening for many conditions from a small amount of blood. While each of the screened conditions is rare, collectively they affect about 1 in 900 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho. For more information, please visit [www.NBS.dhw.idaho.gov](http://www.NBS.dhw.idaho.gov).

<b>Number of Babies Screened, Presumptive Positives, and Diagnosed Conditions by Year</b>			
<b>CY</b>	<b>Babies Screened</b>	<b>Presumptive Positives</b>	<b>Diagnosed Conditions</b>
<b>2016</b>	21,998	1,141	24
<b>2015</b>	22,276	1,063	27
<b>2014</b>	22,263	989	20
<b>2013</b>	21,769	1,067	19
<b>2012</b>	22,185	875	19

*Data are based on babies receiving first newborn screen.*

Number of Diagnosed Conditions by Type and Calendar Year				
Condition	2013	2014	2015	2016
Phenylketonuria	1	0	1	5
Congenital Hypothyroidism	6	6	8	8
Galactosemia	1	1	0	0
Cystic Fibrosis	4	7	8	6
Other	7	6	10	5

## Bureau of Communicable Disease Prevention

The Bureau of Communicable Disease Prevention encompasses programs that monitor disease trends and epidemics, prevent the spread of communicable diseases, assist newly arrived refugees as they receive health screenings, help safeguard Idaho's food supply, and prevent diseases through vaccinations.

### Epidemiology

Epidemiology staff track trends in reportable diseases that impact Idahoans, including whooping cough, salmonellosis, tuberculosis, and influenza. They offer consultation and direction to public health districts about the investigation and prevention of diseases; develop interventions to control outbreaks and prevent future infections; and deliver tuberculosis consultation and treatment services.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. The use of electronic systems significantly reduces the time it takes to receive and respond to reports of disease and then intervene. Today, more than 95% of reports from laboratories are handled electronically. Idaho's version of the Idaho National Electronic Disease Surveillance System has become fully integrated and is used for all reportable diseases. The program has developed the ability to receive case reports for reportable diseases electronically from clinical electronic health record systems to increase the ability to rapidly exchange information and respond to reports of disease to prevent further transmission.

### Bloodborne Diseases

Bloodborne diseases, such as HIV and acute hepatitis B and C are usually

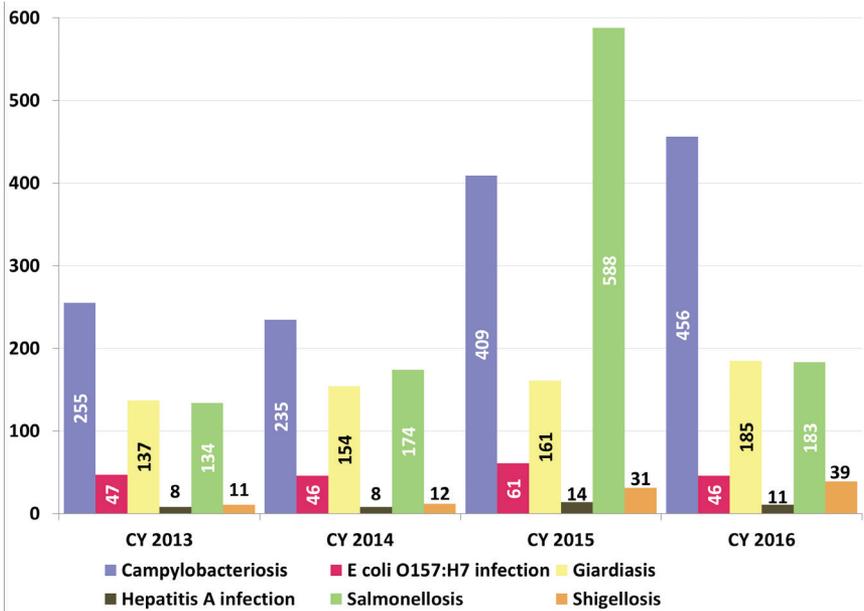
transmitted through infected blood when people share contaminated needles, in transfusions, or in the exchange of bodily fluids during sexual contact.

Bloodborne Diseases by Calendar Year				
	2013	2014	2015	2016
Bloodborne diseases	64	43	60	64
New HIV/AIDS	39	21	43	47
Idaho residents living with HIV/AIDS	1,535	1,544	1,648	1,738
Acute Hepatitis B	12	11	12	7
Acute Hepatitis C	13	11	4	10

*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 and water, or hand-to-mouth because of inadequate handwashing after 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 at local public health districts in Idaho. It also updates rules regulating food safety.

Idaho's public health districts inspect food facilities, investigate complaints, and educate food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts work closely with the Food Protection Program and environmental health specialists at the public health districts to investigate suspected and confirmed foodborne illnesses at licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

Food Protection				
	SFY 2014	SFY 2015	SFY 2016	SFY2 017*
<b>Foodborne outbreaks</b>	7	13	16	10
<b>Licensed food establishments</b>	3	5	4	4
<b>Other sources/ venues</b>	4	8	12	6
<b>People Ill</b>	60	348	81	77

\* Data are provisional. Only confirmed and probable outbreaks and cases are counted.

## Refugee Health Screening Program

The Refugee Health Screening Program's primary responsibility is to ensure that refugees receive a complete health screening and necessary follow-up care when they arrive in Idaho.

Program goals include:

- Ensure follow-up with medical issues identified from an overseas medical screening.
- Ensure early identification and management of refugees infected with or at risk for communicable diseases of potential public health importance.
- Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life.
- Introduce refugees to the Idaho healthcare system.

The Refugee Health Screening Program also works with staff with expertise

in tuberculosis, immunizations, infectious diseases, and epidemiology. The program also engages partners such as the Idaho Division of Welfare and the Idaho Office for Refugees to ensure newly arrived refugees are provided the resources and assistance necessary to become integrated and contributing members of Idaho communities.

## Immunization Program

The Idaho Immunization Program (IIP) strives to increase immunization rates and awareness of vaccine-preventable childhood diseases. IIP provides educational resources to the public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho, which provides vaccines for children who meet at least one of these criteria: 1) Medicaid eligible; 2) uninsured; 3) underinsured; or 4) American Indian or Alaskan Native.

Using federal and state funds, IIP distributes vaccines to private and public healthcare providers for free for all Idaho children from birth through age 17. Healthcare providers can charge a fee for administering a state-supplied vaccine, but they cannot charge for the vaccine itself. This ensures that all Idaho children have access to recommended vaccines, regardless of their ability to pay.

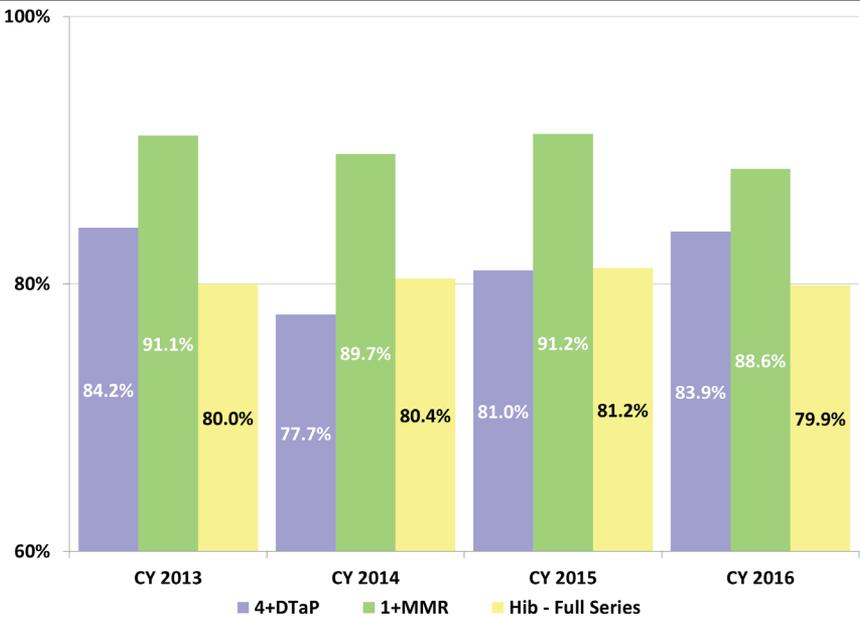
The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy as well as updates about state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices (ACIP).

IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include educational opportunities and technical assistance for school nurses and facility staff. IIP staff provide training and assistance to increase the knowledge of school nurses and staff about the immunization schedule, school or childcare immunization rules, and protocols for vaccine-preventable disease outbreaks among children in the facility. For the 2016 to 2017 school year, 86.1 percent of children enrolled as kindergartners in Idaho schools were up to date on all immunizations as required in Idaho Administrative Rules.

See charts on the next page.

Number of Childhood Vaccine Preventable Diseases by Calendar Year				
	2013	2014	2015	2016
<i>Haemophilus influenzae b</i> (Hib,) invasive	0	0	1	0
Measles	0	0	0	0
Mumps	0	26	8	1
Pertussis (whooping cough)	237	367	194	83
Rubella	0	0	0	0
<b>Total</b>	237	393	203	84

### Immunization Rates for Select Childhood Vaccines



### Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system operating since 1999 that allows healthcare providers, schools, and childcare facilities to access vaccine records for people of all ages who live in Idaho.

IRIS was an “opt-in” registry until 2010, meaning people had to provide

consent before their records could be stored in the system. Beginning in July 2010, Idaho's registry became "opt-out." This means the electronic birth certificates for all babies born in Idaho are entered into IRIS. The system remains a voluntary registry because parents and/or legal guardians can have their children's records removed at any time, if desired.

The IRIS database was migrated to a new code platform in 2012 and is now based on the open-source Wisconsin Immunization Registry (WIR). Versions of the nationally recognized WIR system are deployed in more than 20 states.

<b>Idahoans Enrolled in Registry</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Ages 0-35 months</b>	81,504	79,096	79,599	78,442
<b>Ages 3-5 years</b>	88,266	85,949	84,967	85,872
<b>Ages 6-18 years</b>	374,247	392,079	407,195	420,740
<b>Ages &gt; 18 years</b>	747,163	845,722	940,347	1,044,899
<b>Total</b>	1,291,174	1,402,846	1,512,108	1,629,953

## **Vaccine Distribution**

The IIP provides vaccines for children eligible through the Vaccines for Children (VFC) Program, sponsored by the federal Centers for Disease Control and Prevention (CDC). The IIP also purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 700,000 vaccine doses statewide to about 340 providers, including local public health districts, hospitals, clinics, and private physicians.

## **Vaccine Adverse Event Reporting System (VAERS)**

In SFY 2017, Idaho submitted 11 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 are mild and vary from pain and swelling around the vaccination site to fever and muscle aches. Serious adverse reactions to vaccines rarely occur. See chart on next page.

<b>Number of Adverse Reactions and Rate per 10,000 Vaccinations</b>			
<b>SFY</b>	<b>Adverse Reactions</b>	<b>Vaccines Administered</b>	<b>Rate/10,000</b>
<b>2017</b>	11	940,659	0.1
<b>2016</b>	15	1,075,786	0.1
<b>2015</b>	10	897,605	0.1
<b>2014</b>	18	951,841	0.1

### **Healthcare-Associated Infections Prevention Program**

Healthcare-associated infections (HAIs) are infections that develop during or soon after medical treatment for a separate medical condition. HAIs can result from patients' own bacteria; be associated with surgery or invasive medical devices; or be due to exposure to bacteria, viruses, fungi, or spores transmitted from contaminated healthcare workers' hands, environmental surfaces, or medical equipment. Bacteria found in healthcare settings are often resistant to commonly prescribed antibiotics, making HAIs more difficult to treat.

HAIs are the most common complication of hospital care. An estimated 722,000 infections and 75,000 deaths are attributable to HAIs every year in the United States. HAIs result in an estimated \$30 billion annually in excess healthcare costs nationally.

Idaho's HAI Prevention Program is actively engaged in reducing HAIs by working with Idaho healthcare facilities to provide infection prevention education and training, performing site visits to hospitals with high infection rates, convening prevention collaboratives, and providing resources to track HAIs and prevent outbreaks,

## **Idaho Bureau of Laboratories**

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs in DHW, the public health districts, other state agencies, and Idaho residents. The bureau offers a broad range of services in four areas:

### **1. Testing**

- Communicable disease agents in clinical specimens: enteric, respiratory, vaccine preventable, zoonotic, sexually transmitted, and emerging infectious diseases.
- Contaminants in drinking and environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts.

- Biological and chemical threats: Agents of biological or chemical terrorism.

## 2. Inspection

- Clinical and drinking water laboratories
- X-ray and mammography units
- Air quality monitoring stations

## 3. Training

- Technical consultation and workforce development
- Continuing education seminars and tele-lectures
- Presentations at local, regional, and national conferences, meetings, workshops, and universities

## 4. Outreach

- Maintenance of a public-private Sentinel Laboratory Network
- Development and validation of new analytical methods
- Publication of applied public health research

The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the principal state laboratory for the Idaho Department of Environmental Quality's Drinking Water Program. IBL is also certified as a high-complexity clinical laboratory by the Centers for Medicare and Medicaid Services. The bureau is the only Laboratory Response Network (LRN) reference laboratory for biological and chemical threat agents in Idaho.

Examples of services the lab performs include tests for:

- Threat agents such as Ebola, plague, anthrax, smallpox, nerve gas, ricin, and toxic metals
- 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 tuberculosis, influenza, Middle Eastern Respiratory Syndrome, and Hantavirus Pulmonary Syndrome
- Animal-associated diseases such as rabies and West Nile virus.
- Environmental tests for air pollutants such as ozone or particulate matter
- Mercury in fish

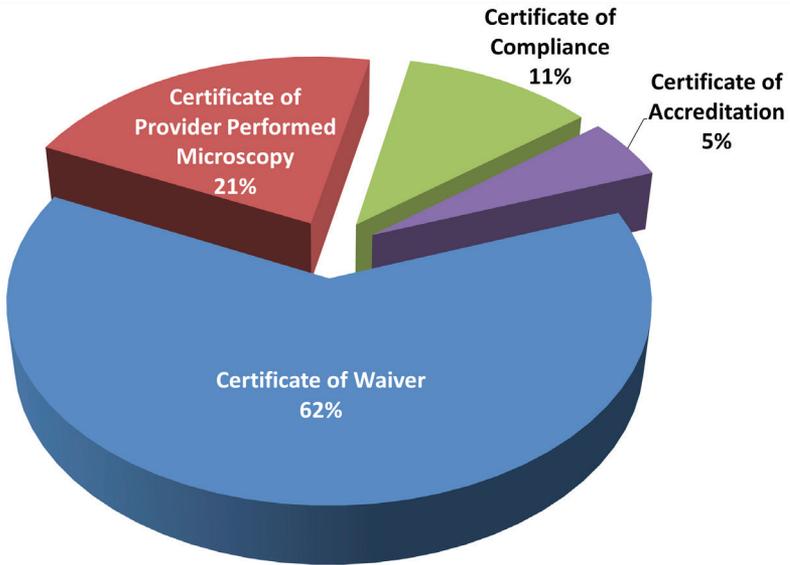
The bureau also tests public drinking water for total coliforms, E. coli, and regulated chemicals including pesticides, nitrates, arsenic and lead.

The bureau's clinical laboratory inspector, certification officers, and radiation physicists conduct on-site evaluations and records review to support the certification of clinical and drinking water laboratories and licensure of X-ray instruments in Idaho.

The bureau registers Idaho clinical laboratories by laboratory certificate

type. In 2017, there were 1,317 registered clinical laboratories in Idaho. The graph below shows the distribution of Idaho laboratories by certificate type. The certificate designation for each lab indicates the complexities of the testing they are qualified to do. For example, 62% of registered Idaho labs performed only simple waived testing and hold a Certificate of Waiver (COW).

### SFY 2017 Registered Clinical Laboratories by Certificate Type



The Clinical Lab Inspector surveys all Certificate of Compliance (COC) laboratories in Idaho every two years on behalf of the Centers for Medicare and Medicaid Services. The COW and PPM labs do not require surveys, and the COA labs are surveyed by the accreditation agency.

For more information about the Idaho Bureau of Laboratories please visit: [www.statelab.idaho.gov](http://www.statelab.idaho.gov).

## Bureau of Community and Environmental Health

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

- Strategies to reduce risk behaviors and prevent injuries
- Programs to prevent and control chronic diseases
- Policies and strategies to prevent and reduce exposure to contaminants

- Leadership, education, and outreach programs

The bureau is made up of the following programs:

- Tobacco Prevention and Control – Project Filter
- Breast and Cervical Cancer – Women’s Health Check
- Comprehensive Cancer Control
- Physical Activity and Nutrition
- Fit and Fall Prevention
- Oral Health
- Diabetes Prevention and Control
- Heart Disease and Stroke Prevention
- Sexual Violence Prevention
- Environmental Health - Indoor Environment, Environmental Health Education and Assessment
- Toxicology

## **Tobacco Prevention and Control**

The Tobacco Prevention and Control Program works to create a state free from tobacco-related death and disease. Called “Project Filter,” the program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The 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.
- Identify and eliminate tobacco-related disparities.

Idaho is 5th best in the nation for its low percentage of adults who smoked in 2015, which was 13.8 percent. The national rate of adults who smoked was 15.1 percent.

The Idaho State Department of Education conducts a survey of high school students every other year that collects data on smoking prevalence among adolescents. The most recent survey, from 2017, shows 9.1 percent of Idaho high school students smoked one or more cigarettes in the 30 days before the survey, which is down from 9.7 percent in 2015.

## **Physical Activity and Nutrition Program**

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling all Idahoans to be physically active and make healthy 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 residents’ health into account.

According to The State of Obesity: Better Policies for a Healthier America 2016 report, Idaho now has the 33rd highest obesity rate in the nation, at 28.6 percent. This is up from 18.4 percent in 2000 and 9.3 percent in 1990. Obesity is defined as having a Body Mass Index (BMI) of 30 or higher. In 2015, Idaho high school students had an obesity rate of 11 percent, also ranking Idaho 33rd nationally.

IPAN continues to work on combating the obesity epidemic through initiatives that support and facilitate physical activity and healthy eating. IPAN works in diverse settings across Idaho, such as child care centers, workplaces, farmer's markets, schools, and the design of communities to support Idahoans in making healthy choices in environments that promote good health.

In 2015, 82.5% of Idaho adults reported not having consumed the recommended five servings of fruits and vegetables per day. In 2015, 21.2% of Idaho adults reported not participating in any physical activity over the past month. For Idaho youths, only 11.3% of high school students consumed vegetables three or more times during the past week. For activity, just over half (53.1%) of Idaho's high school students reported being active for at least 60 minutes on five or more days over the past week.

### **Fit and Fall Proof™**

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

From 2007 – 2016, Idaho's age-adjusted death rate increased by 47.3% and was statistically significantly higher than the national rate from 2009 - 2014. From 2014 – 2016, 87.4% of all unintentional deaths by falls were among people ages 65 and older. In 2014, Idaho Emergency Medical Services responded to more than 7,700 fall-related calls for individuals ages 65 and older. More than 60% of those who fell were ages 80 or older. Eighty-one percent of those who fell were transported to a hospital, with more females (65%) than males being transported. Estimated costs associated with fall-related calls in Idaho are as high as \$35 million.

Participation in FFP classes continues to expand, and now more than 125 sites offer the class to seniors. From July 2016 to June 2017, there were 9,325 visits to FFP classes made by more than 2,400 Idaho seniors, a 12.6% increase compared to the previous year. The program consistently has a high retention rate, with 81% of participants returning for subsequent class sessions. Many FFP participants (35%) are from communities with a population of less than 10,000 residents, demonstrating the importance of the program in Idaho's rural areas.

Classes are led by trained volunteer peer-leaders and are offered in churches, libraries, senior centers, community rec centers, and other places where seniors gather. Public health districts promote the program by making presentations to community groups and stakeholders to generate interest, recruit new volunteer leaders, and increase the number of participants. In addition, connections with physicians and physical therapists are being made in hospitals and clinics across the state to increase the number of providers who screen for fall risks, counsel on preventive measures patients can take, and refer to local FFP classes.

Studies have shown that FFP has a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connectedness. Participants comment that “the people, the laughter, and the friendship [they] share” is a great benefit of the program. As Idaho’s aging population continues to increase, the need for effective community-based programs that promote “aging in place” also will rise. The FFP program is currently working on gaining evidence-based status to further prove its validity in design and effectiveness in improving the health and longevity of Idaho’s senior population.

#### Injury Death Rates Because of Accidental Falls

CY	<65 years	65+	Total
2016	2.0	84.3	14.4
2015	1.8	62.8	10.8
2014	2.0	86.1	14.0
2013	1.9	74.8	12.0

#### Number of Deaths Because of Accidental Falls

CY	<65	65+	Total
2016	28	215	243
2015	26	153	179
2014	28	201	229
2013	27	167	194

### Idaho Comprehensive Cancer Control Program

Cancer has been the leading cause of death in Idaho since 2008. An estimated 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include colorectal, breast, and cervical

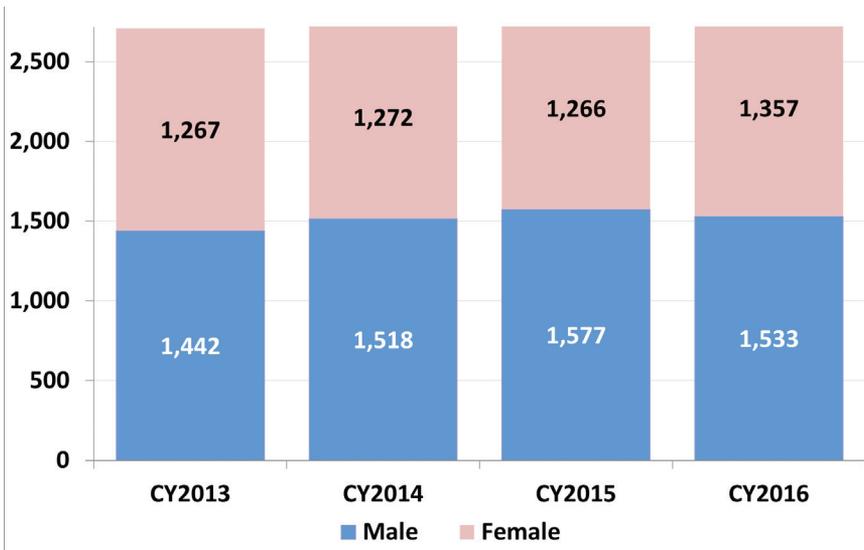
cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer.

Idaho has some of the lowest screening rates in the United States for these cancers, but the Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective, comprehensive cancer control program that:

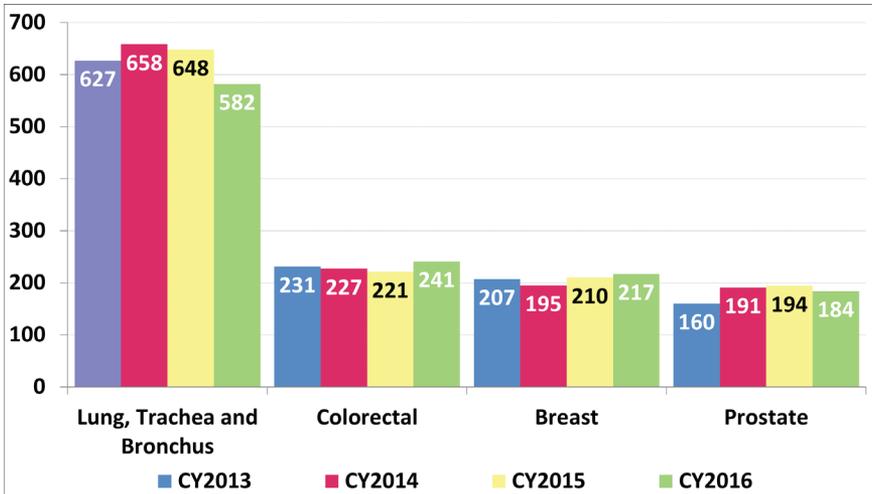
- Defines and raises awareness of the burden of cancer and related issues in Idaho.
- Develops new resources and networks with existing resources state-wide.
- Implements evidence-based strategies to reduce the burden of cancer and improve the quality of life for people who have cancer or are in recovery.
- 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 2016, Idaho reported 2,890 cancer deaths, which was an increase from 2015, when 2,843 cancer deaths were reported. Cancer was the leading cause of death for females and the second leading cause of death for males in Idaho in 2016.

### Idaho Cancer Deaths by Sex



## 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 for both men and women.

### Women's Health Check

Women's Health Check offers free breast and cervical cancer screening for low-income women. Historically, the program served women ages 30-64, but cervical cancer screening services are now available for women as young as 21 years old. Qualifying participants must have incomes below 200% of the federal poverty guidelines and must have no insurance coverage for breast and cervical cancer screenings.

The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established in response to the Breast and Cervical Cancer Mortality Prevention Act of 1990.

In 2001, the Idaho Legislature passed the Every Woman Matters law in response to the Breast and Cervical Cancer Prevention and Treatment Act of 2000. This law links women to Medicaid coverage for treatment of breast or cervical cancer if they are diagnosed through Women's Health Check. Women who are not enrolled in Women's Health Check but are diagnosed with breast or cervical cancer do not qualify for coverage under this law.

There are more than 150 providers across the state that provide screen-

ings. As Women's Health Check celebrates its 20th anniversary, the program has served more than 33,000 women and funded over 322,000 Pap tests, and more than 48,000 mammograms.

## Diabetes Prevention and Control

The Idaho Diabetes Prevention and Control Program (DPCP), funded by the Centers for Disease Control and Prevention, aims to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

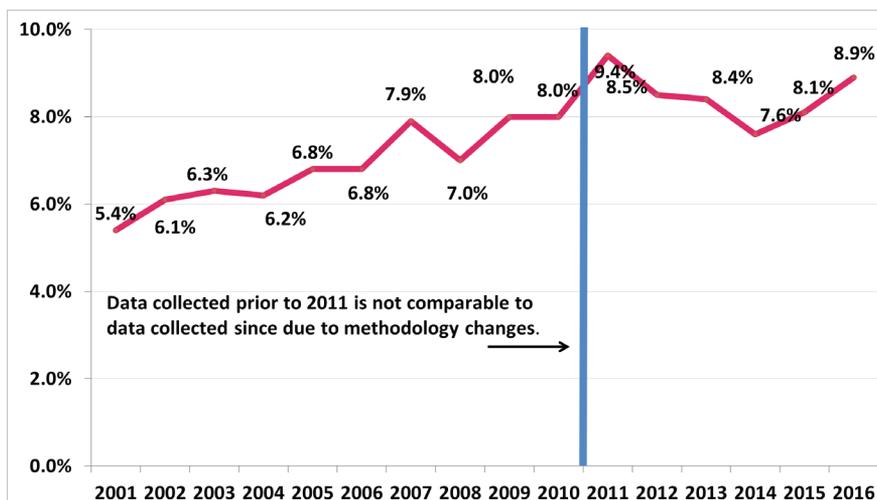
A statewide network of contractors, including local public health districts, health systems, and other partners, works with the DPCP to conduct programs and projects, and are focused to:

- Improve the public's access to affordable, high-quality diabetes care and services, especially for people at high-risk.
- Educate the public and health professionals about how to prevent and manage diabetes.
- Develop programs and projects with partners that prevent diabetes and reduce the health complications related to the disease.
- Provide community level outreach linking people to evidence-based resources. Examples of resources include:
  - The National Diabetes Prevention Program, a lifestyle change program proven to reduce the risk of developing type 2 diabetes by 58%.
  - Diabetes Self-Management Education Programs are designed to help people with diabetes achieve better metabolic control, improve lipid levels, reduce blood pressure, develop self-management skills and meet follow-up care guidelines.
  - Partner with the statewide Diabetes Alliance of Idaho (DAI). The DAI is an independent, volunteer organization made up of individuals and agencies dedicated to the prevention and reduction of the personal and public impact of diabetes in Idaho. The DAI includes representatives from the general public, local health departments, universities, insurance and pharmaceutical companies, and a variety of community-based, voluntary, health, and professional organizations. Membership is open to individuals and organizations with an interest in diabetes prevention and care.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the rate of people who are overweight and

obese, the aging population, and the number of minorities who are at high risk for developing diabetes.

## Percent of Idaho Adults Diagnosed with Diabetes



## Oral Health

In Idaho, oral health is a serious public health issue. Oral disease contributes to the impact and cost of overall healthcare and can contribute to cardiovascular disease, stroke, pre-term birth, poorly controlled diabetes, and other systemic conditions. The Idaho Oral Health Program (IOHP), funded by the Maternal and Child Health Block Grant, Centers for Disease Control and Prevention, and the DentaQuest Foundation, works with oral health champions and partners across the state to perform the essential public health functions:

- Assess and track dental disease rates.
- Create, support, and evaluate evidence-based initiatives for community disease prevention.
- Develop state and regional oral health action plans to serve as a roadmap for improving oral health in Idaho.
- Facilitate active public/private partnerships to promote and support oral health.
- Reduce barriers to care and assure use of personal and population-based oral health services.
- Conduct and review research for new insights and innovative solutions to oral health problems.
- Assess public perceptions about oral health issues and educate and empower the public to achieve and maintain optimal oral health.
- Support the statewide Idaho Oral Health Alliance.

In addition to performing the essential public health functions, the IOHP provides funding to the local public health districts with subgrants. Activities conducted by the public health districts include: WIC, Head Start, and Early Head Start fluoride varnish programs; and school-based dental sealant clinics in schools with more than 35% participation in the Free and Reduced Lunch Program. All the programs delivered by the public health districts include the provision of oral health screenings and/or assessments, oral health education, and dental home referral when necessary.

Key findings of the The Burden of Oral Disease in Idaho 2014 Report include:

- Of third graders, 62% had some caries experience, primary or permanent teeth with decay or filled caries, or were missing permanent teeth because of dental decay. The Healthy People 2020 goal for children aged 6 to 9 is a rate of caries experience of 49% or less.
- Tooth loss because of dental caries or periodontal disease among adults 65-74 years of age increased from 15% to 16%.
- Of Idaho adults, 45% did not have dental insurance in 2014.

Functions of the program include:

- Preventing early childhood caries with programs focused on dental sealants, fluoride varnish, and children's oral health education.
- Monitoring the burden of oral health in Idaho.
- Working with Women, Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to deliver dental programs.
- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

## **Heart Disease and Stroke Prevention**

The Idaho Heart Disease and Stroke Prevention Program (HDSP), funded by the Centers for Disease Control and Prevention, is working to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management, and control of diabetes, high blood pressure, and obesity.

The HDSP works with a variety of partners across the state. Partners include local public health districts, primary care healthcare systems, evidence-based community programs, and other partners such as health-care-related associations and organizations. Projects are focused on:

- Increasing reporting of blood pressure measures.
- Promoting awareness of high blood pressure among patients.

- Increasing implementation of quality improvement processes for high blood pressure prevention and control.
- Increasing the use of team-based care for patients with high blood pressure in primary care healthcare systems.
- Increasing the use of healthcare extenders to support self-management of high blood pressure.
- Increasing the use of evidence-based community programs related to preventing or managing high blood pressure.

## 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 include birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides bio-statistical research and analysis of health trends that 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.

Information for obtaining an Idaho certificate is available at [www.vital-records.dhw.idaho.gov](http://www.vital-records.dhw.idaho.gov). For statistical reports and publications, visit [www.healthstatistics.dhw.idaho.gov](http://www.healthstatistics.dhw.idaho.gov).

Births, Deaths, Marriages and Divorces				
CY	Births	Deaths	Marriages	Divorces
2016	22,462	13,370	13,595	6,786
2015	22,832	13,031	13,500	6,817
2014	22,888	12,610	13,699	6,943
2013	22,348	12,426	13,207	7,248

## Bureau of Rural Health and Primary Care

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

Health professional shortage areas (HPSAs) are federal designations that

indicate healthcare provider shortages in primary care, dental health, and mental health. The Health Resources and Services Administration scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health. Higher scores indicate greater need. HPSAs are commonly used as a qualifier for state and federal resources such as clinician loan repayment opportunities. The bureau creates and manages HPSAs in Idaho.

<b>Idaho Geographic Area with Health Professional Shortage Designation</b>				
	<b>CY 2013</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>CY 2016</b>
<b>Primary Care</b>	97.8%	96.4%	97.7%	97.7%
<b>Dental Care</b>	97.0%	97.0%	95.7%	95.7%
<b>Mental Health</b>	100%	100%	100%	100%

<b>Rural Health Care Access Program Grants for Primary Care and Dental Health Shortage Areas</b>				
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>
<b>Grant Requests</b>	\$599,824	\$516,265	\$419,727	\$391,931
<b>Amount Awarded</b>	\$183,300	\$184,200	\$180,200	\$179,450
<b>Applicants</b>	21	17	14	14
<b>Awarded</b>	10	8	7	9

### **Rural Physician Incentive Program**

The Rural Physician Incentive Program (RPIP) is a medical education loan repayment program for qualifying physicians serving in federally- designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state- supported programs at the University of Washington and University of Utah. The program began in July 2015. Physicians may receive up to \$100,000 over four years (\$25,000 per year) for medical education debt. In SFY 2017, twenty-two applications were received and eight new physician applicants were awarded RPIP grants. In total, 19 Idaho physicians received medical education loan repayment through this program in SFY 2017.

### **State Loan Repayment Program**

The State Loan Repayment Program (SLRP) provides loan repayment for clinicians serving designated Health Professional Shortage Areas. SLRP is the first multi-discipline, state-based loan repayment program for clinicians

and physicians. The loan repayment is provided through a federal grant; every award must be matched dollar-for-dollar with funds provided by the clinician's employer. Participating sites must implement a sliding-fee scale for low-income and uninsured patients. Loan repayment awards range from \$10,000-\$25,000 per year, depending on the discipline and matching contributions. Twenty-one clinicians and physicians are currently receiving loan repayment through this new program.

For more information regarding the Bureau of Rural Health and Primary Care, please visit: [www.ruralhealth.dhw.idaho.gov](http://www.ruralhealth.dhw.idaho.gov).

## Bureau of Emergency Medical Services and Preparedness

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

- Licensing EMS personnel and EMS services
- Operation of the statewide EMS Communications Center
- Providing technical assistance and resources to EMS agencies
- Supporting a statewide Time Sensitive Emergency system of care for trauma, stroke, and heart attack
- Planning and coordination of the public health response to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies

### Emergency Medical Services Program

The bureau licenses EMS agencies based on the agencies' capabilities and deployment plans. Once licensed, EMS agencies must renew their licenses every year. Part of the renewal process is a site visit from the bureau to make sure the agency is in compliance with licensure requirements. The annual site visits also give the bureau an opportunity to provide technical assistance and guidance.

The 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 EMS education standards.

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, and EMS educators.

Personnel are licensed at one of four levels:

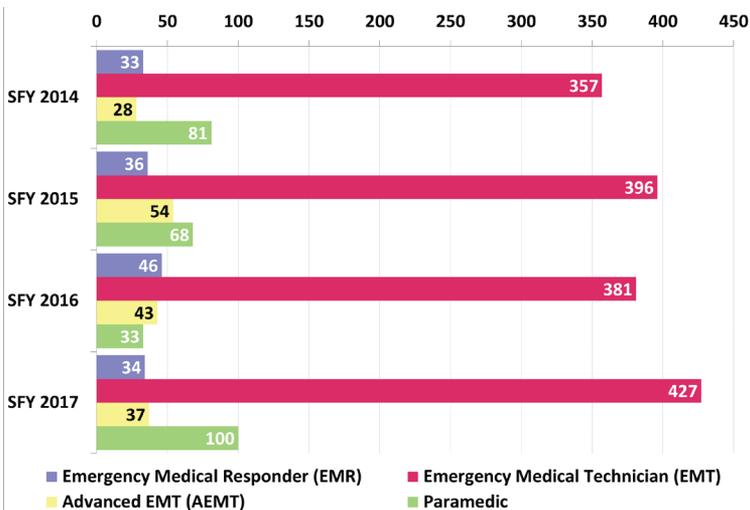
**1. Emergency Medical Responder (EMR):** The primary focus of the EMR is to initiate immediate lifesaving care to critical patients. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.

**2. Emergency Medical Technician (EMT):** The EMT provides 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 EMR and the EMT is the knowledge and skills necessary to transport emergency patients.

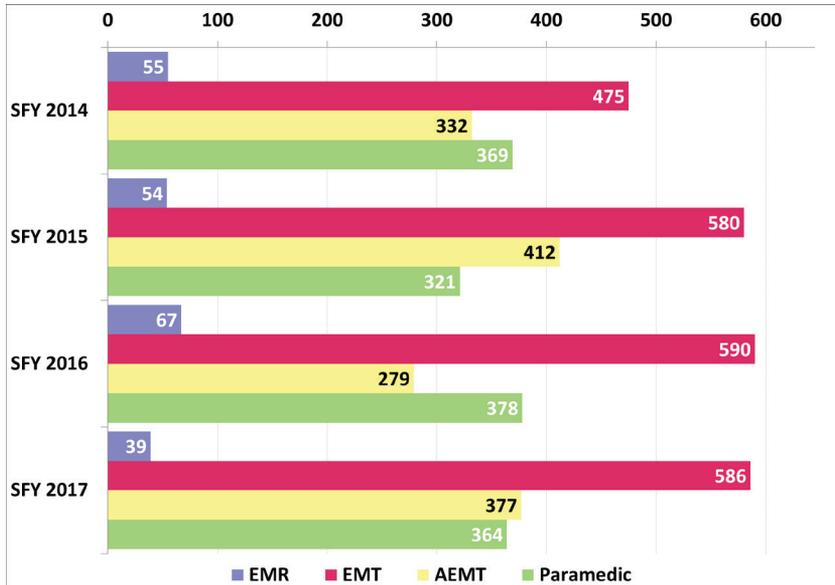
**3. Advanced EMT (AEMT):** The AEMT provides basic and limited advanced emergency medical care for patients. The AEMT is licensed to provide basic and limited advanced interventions that are effective and can be performed safely in an out-of-hospital setting. The major difference between the AEMT and the EMT is the ability to perform limited advanced interventions for emergency patients.

**4. Paramedic:** The paramedic's primary focus is to provide advanced emergency medical care for critical patients. The paramedic is licensed to provide basic and advanced care, including invasive and pharmacological interventions. 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, and provides funds for EMS vehicles and patient-care equipment. Funds are collected from the purchase of Idaho drivers' licenses and renewal fees. Transport ambulances, and vehicles for non-transport quick response, search and rescue, and extrication have been funded through this program. Patient-care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, lifting and moving of patients, rescue, safety, spinal immobilization, fracture management, and monitoring vital signs. For more information on Idaho EMS, please visit [www.IdahoEMS.org](http://www.IdahoEMS.org).

EMS Dedicated Grants				
	SFY 2014	SFY 2015	SFY 2016	SFY 2017
<b>Grant Requests</b>	\$2.5 M	\$3 M	\$2.8 M	\$2.9M
<b>Grants Awarded</b>	\$1.3 M	\$1.3 M	\$1.4 M	\$1.4M
<b>Vehicle Requests</b>	21	25	23	17
<b>Patient Care Equipment</b>				113
<b>Agencies Applying</b>	52	48	49	64
<b>Agencies Awarded</b>	46	43	49	59

## Public Health Preparedness Program

The bureau's 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:

- Support infectious disease surveillance and investigation.
- Improve Idaho's surge capacity to adequately care for large numbers of patients during a public health emergency.
- Expand public health laboratory and communication capacities.
- Develop pandemic response capabilities.
- Provide for the distribution of medications, vaccines, and personal protective equipment.

The program works with many stakeholders to develop effective plans, mutual aid agreements, training, and exercises to provide coordinated and comprehensive all-hazards approaches to emergency health preparedness, response, and recovery measures.

## Time Sensitive Emergencies Program

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) System of Care that includes three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable deaths, and improve the quality of life for patients.

A TSE system of evidence-based care addresses public education and prevention, 911 access, response coordination, pre-hospital response, transport, hospital emergency/acute care, rehabilitation, and quality improvement. The statewide TSE program will create a seamless transition between each level of care and integrate existing community resources to improve patient outcomes and reduce costs. It will get the patient to the right place in the right time with the right care.

The bureau's TSE Program provides leadership, administrative support and technical assistance to the statewide TSE system. The program designates healthcare facilities as trauma, stroke, and/or heart attack TSE centers based on the facility's capabilities. There are five levels of trauma designation, three levels of stroke designation, and two levels of heart attack designation. Learn more about Idaho's TSE system here: <http://www.tse.idaho.gov/>

## Idaho State EMS Communications Center

The Idaho State EMS Communications Center (StateComm) is a unique public health communications resource and dispatch center available 24/7/365 for many emergency response agencies throughout Idaho. Services that StateComm provides include but are not limited to:

- EMS dispatch in 16 rural communities.
- Public health threat notification to district and state public health departments.
- Coordinating medical control from EMS unit to hospital.
- Hazardous material response coordination.
- Critical Incident Stress Management coordination.
- Idaho Transportation Department dispatch (road closures, highway incidents, Dynamic Message Sign activation, Condition Acquisition Reporting System (CARS), 511 data entry).
- Aircraft tracking and flight following.
- Notifications of weather situations that could pose a threat.
- Emergency Medical Dispatch: Providing pre-arrival medical instructions to callers before EMS arrives.
- Organ donor coordination.
- Primary activation point for the Emergency Alert System (civil emergencies and AMBER Alerts).
- Primary notification point for the National Alert Warning System (NAWAS).
- Notification point for Idaho National Laboratories emergencies.
- Notification point for rail incidents.
- Notification point for logging emergencies.
- Coordination of search and rescue efforts.

StateComm celebrated its 40th Anniversary in October 2017. Learn more about StateComm here: <http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/StateCommunications/tabid/1605/Default.aspx>

## Bureau of Public Health Business Operations

Public Health Business Operations functions as a collaborating body to connect the business of public health across all bureaus and programs in the division through strategic planning, performance management, and infrastructure building. Business Operations is the lead bureau in public health accreditation and also houses the Public Health Institutional Review Board. The bureau includes four staff with expertise in cross-cutting areas.

In SFY 2017, the bureau launched a new website called <http://www.geth-healthy.dhw.idaho.gov/>. This web-based data visualization tool displays the

division's leading health Indicators and provides data in a useful manner to partners and the public. This effort supports Get Healthy Idaho: Measuring and Improving Population Health and the Statewide Healthcare Innovation Plan.

After a year-long effort, the division launched a new policy to address sub-recipient monitoring, which is a department priority. This new, comprehensive policy was accompanied by all-staff training and ongoing technical assistance. Additionally, a new repository was built for staff to upload their programmatic monitoring information. This repository provides the division assurance that monitoring is happening and proper oversight of the division's sub-recipients is maintained.

The bureau continues to identify opportunities for improvement through application of performance management and quality improvement methods. Projects from SFY 2017 included the development of an online process for in-state travel and training, reducing the need to route hard copy documents and increasing approval time. Another project focused on standardization of the new employee on-boarding process to ensure new employees receive accurate and timely information and access to training.

Quality improvement is growing at the division-level and throughout individual programs with a total of 12 projects initiated in the past year.

## Suicide Prevention Program

Idaho and other northwest states historically have some of the highest suicide rates in the nation. A total of 1,639 Idahoans completed suicide from 2012 to 2016. In 2015, the latest year for comparable state data, Idaho had the fifth highest suicide rate, after Alaska, Wyoming, Montana, and New Mexico. In 2016, Idaho's rate of 20.8 suicide deaths per 100,000 was 57% higher than the national rate of 13.9 per 100,000.

In 2016, 350 Idahoans completed suicide, which was a 3.3 percent decrease from 362 suicides in 2015. Among Idaho's 10- to 34-year-olds, suicide was the second leading cause of death in 2016, with 103 suicide deaths in this age group.

From the 2015 Idaho Youth Risk Behavior Survey of high school students grades 9 - 12, a total of 20% reported seriously considering attempting suicide, and 10% reported making at least one suicide attempt. Between 2012 and 2016, a total of 105 Idaho youth ages 18 and younger completed suicide.

See charts on the next page.

<b>Number of Completed Suicides by Age</b>					
	<b>10-14</b>	<b>15-19</b>	<b>20-64</b>	<b>65+</b>	<b>Total</b>
<b>CY 2012</b>	5	23	229	42	299
<b>CY 2013*</b>	3	21	227	57	308
<b>CY 2014</b>	9	16	248	47	320
<b>CY 2015</b>	7	18	283	54	362
<b>CY 2016</b>	3	23	254	70	350

<b>Rate of Completed Suicides by Age (per 100,000 population)</b>					
	<b>10-14</b>	<b>15-19</b>	<b>20-64</b>	<b>65+</b>	<b>Total</b>
<b>CY 2012</b>	4.2	20.2	25.1	19.8	18.7
<b>CY 2013*</b>	2.5	18.5	24.7	25.5	19.1
<b>CY 2014</b>	7.3	13.9	26.8	20.1	19.6
<b>CY 2015</b>	5.7	15.4	30.3	22.2	21.9
<b>CY 2016</b>	2.4	19.4	26.8	27.5	20.8

\*CY 2013: 10-14 includes one death younger than 10 years of age.

## Division of Welfare

**Julie Hammon, Administrator, (208) 332-7258**

The Division of Welfare/Self Reliance promotes stable, healthy families by helping Idahoans meet their basic needs and gain financial and health stability.

Programs administered by the division include:

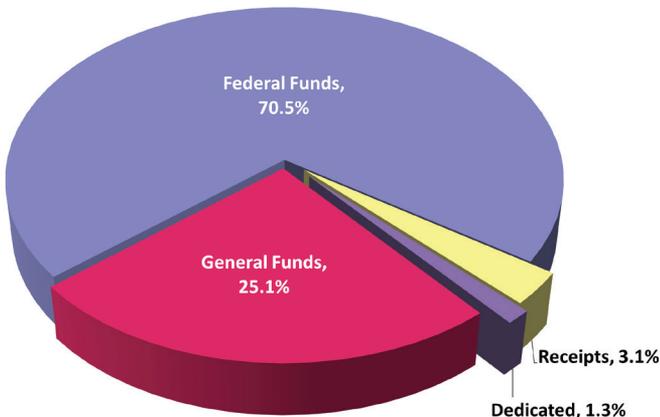
- Child Support Services
- Supplemental Nutrition Assistance Program (SNAP, or Food Stamps)
- Child Care
- Temporary Assistance for Families in Idaho (TAFI-cash assistance)
- Aid to the Aged, Blind, and Disabled (AABD-cash assistance)
- Medicaid eligibility
- Advanced Premium of Tax Credit to purchase private insurance

These programs, also called Self Reliance programs, provide critical support options for low-income families and individuals while encouraging participants to improve their financial situations and become more self-reliant.

Self Reliance also focuses on helping Idaho families live better through nutrition education, work and training programs, access to quality child care and early learning programs, and support services that help them be successful in the workforce.

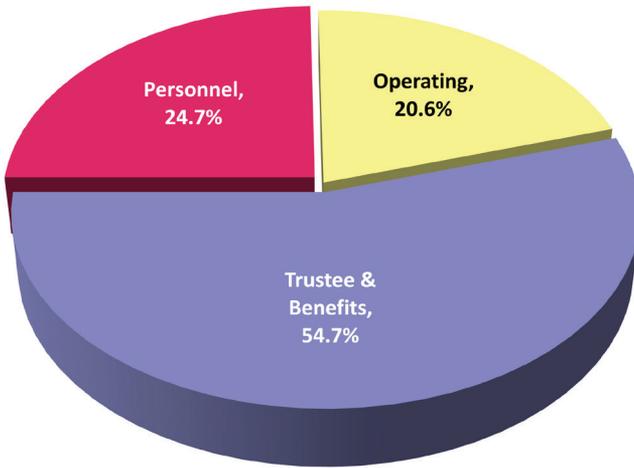
The division also administers additional programs through contracts with local partner organizations that provide food and assistance for home energy costs and home weatherization.

### SFY 2018 Funding Sources

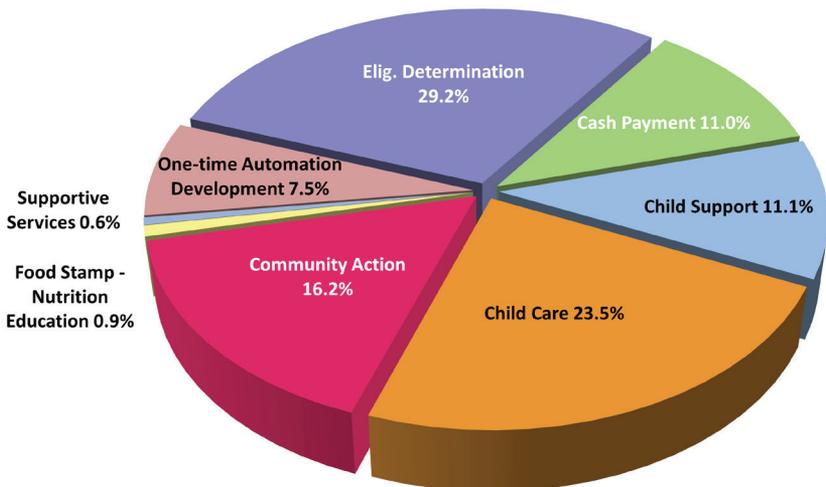


Authorized FTP: 630.55 Original Appropriation for SFY 2018 General Funds \$43.3 million, Total Funds \$172.3 million; 6% of Health and Welfare funding.

### SFY 2018 Expenditure Categories



### SFY 2018 Appropriation by Program



## 2017 Year in Review

### Self Reliance programs and services

The Self Reliance programs are intended to help low-income families in Idaho gain stability and financial independence by providing critical support services. The combination of key supports such as health coverage, food and nutrition assistance, child care, child support and job search assistance helps families obtain employment or remain in the workforce as they balance their ability to pay a mortgage and utilities, and provide for their children. Helping Idaho's low-income families find and keep employment, especially during challenging times, enables them to enhance earning potential and gain stability until they no longer need the support of public assistance.

During SFY 2017, many households continued to need support during periods of unemployment or low wages to help supplement their family income for food, healthcare, and child care needs. Overall, growth in program participation is leveling as the economy stabilizes. However, many families remain either underemployed or working for wages below the poverty level. Application and recertification activities continue to be the division's focus as staff ensure eligibility determinations are accurate and service delivery systems effective. The department continues to strengthen its focus on employment and training programs, as well as nutrition education and quality child care so investments are made in helping families live better and move to stable and long-term self-sufficiency.

The division currently serves about 175,000 families who receive services from benefit programs in the following groups:

Families with children	Disabled adults	Seniors over 65	Non-disabled adults under 65
59%	20%	14%	7%

Approximately 1 in 4 participant families have at least one elderly or disabled member living in the household. About 352,000 individuals receive service through a benefit program in Idaho sometime throughout the year, with approximately 61% participating in one program and 39% participating in two or more programs.

The Division of Welfare also administers Idaho's Child Support Program. The primary focus is to ensure that children have support they need from both their parents. About 58% of families with a current child support case also participate in a benefit program.

### Health Coverage for Idaho Families

A major focus over the past several years has been to ensure that Idaho families have access to health insurance, either through Medicaid ser-

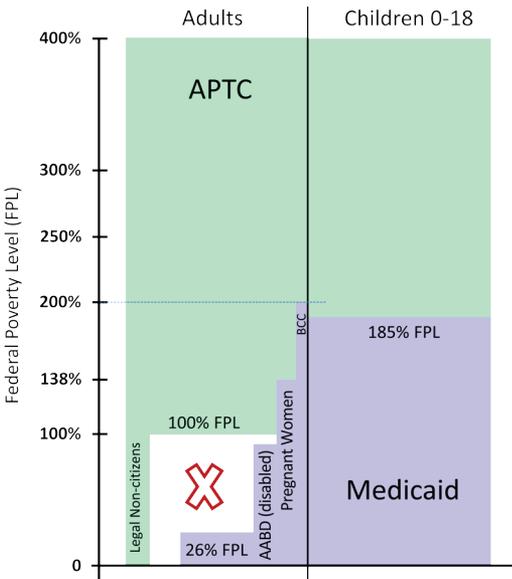
VICES when they are eligible or through eligibility for a tax credit to help pay for private insurance purchased on the state-based exchange. The division determines eligibility for all Medicaid programs and calculates the Advanced Payment of Tax Credits (APTC) which is to be used in the purchase of a private health plan.

Since the implementation of new health care policies, Idaho has seen only a small increase in Medicaid participation. The state has not changed eligibility thresholds for the Medicaid program. Participation increased by only 1% in the past year.

In 2017, DHW determined tax credit eligibility for approximately 87,000 Idahoans. Individuals eligible for the tax credit can use it to help pay for private health insurance purchased on Idaho's health insurance exchange, Your Health Idaho. The tax credit helped make health coverage affordable for many Idaho families.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective. Although the state still has a large gap in health coverage for adults who fall below 100% of the Federal Poverty Limit (FPL), Idaho has improved access to health coverage for many and has made these changes effectively, with one of the best and lowest cost systems in the nation.

### Health Coverage Assistance



**Generally Medicaid covers:**

- Children 0% to 185% FPL
- Parents to 0% to 26% FPL

**Generally APTC covers:**

- Children 185% to 400% FPL
- Adults 100% to 400%

**Other group coverage:**

- Legal non-citizens get APTC from 0% to 100% FPL (working citizens do not)
- Aged/disabled get Medicaid from 0% to ~83% FPL
- Pregnant women get Medicaid from 0% to 138%
- Breast and cervical cancer diagnoses 0% to 200% FPL

**No Medicaid/APTC coverage:**

- Non-disabled adult US citizens from 0% to 100% FPL unless they are parents

## Performance

The Division of Welfare met or exceeded federal standards for accuracy in all its self-reliance programs. Federal partners, other states, and national organizations continue to recognize program performance for exceptional innovation, service delivery redesign, and use of technology.

Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who operate these programs.

## Self-Reliance Services

The Division of Welfare provides services in three categories:

### 1. Benefit Program services include:

- Food assistance (Supplemental Nutrition Assistance Program (SNAP), or food stamps)
- Child care assistance (Idaho Child Care Program)
- Eligibility determination for Health Coverage Assistance (HCA), including Medicaid and the Advanced Payment of Tax Credits (APTC), that provides help for families to pay for private insurance purchased on the state health insurance marketplace.
- 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 online, by phone, and through the mail. These services have strict eligibility requirements as identified in state and federal rules. Benefit program services are delivered to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

### 2. Child Support services include:

- 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.
- Helping other states enforce orders 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 funds to families.

### 3. Partnership Program services 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.

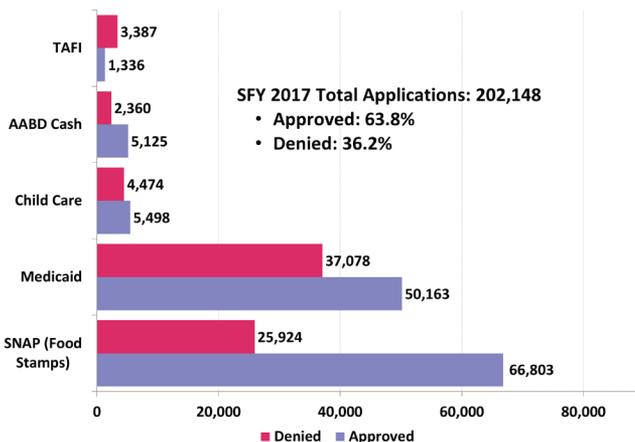
Partnership programs are supported by pass-through funds the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the state can benefit from a single entity overseeing administrative and fiscal management rather than duplicating this function in each locale. Partnerships such as the Community Action Partnership Association of Idaho are essential in meeting needs of residents throughout the state.

### Program Participation

Participation in benefit programs, Child Support, and partnership programs is measured by the average monthly caseload or individuals served each month, but these numbers do not give a complete picture of the number of people served during the year. The numbers also do not give an accurate picture of the workload for the Self Reliance staff.

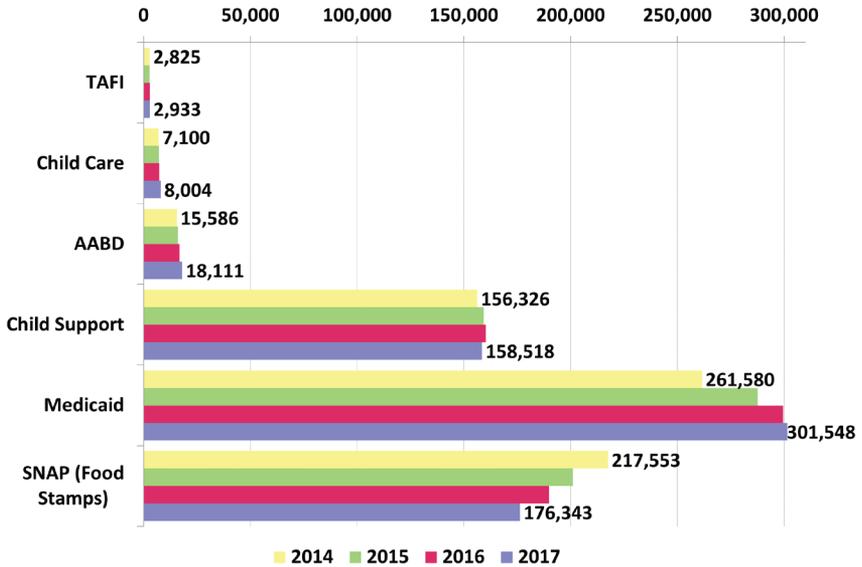
Processing applications for citizens seeking services is labor intensive. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant time and effort may have been expended in the application process.

### SFY 2017 Applications Approved and Denied



Benefit programs are designed to be work supports for low-income Idaho families. The division has designed benefit programs to encourage families to find and keep employment, and move on to higher wages and self-sufficiency. The SNAP (food stamps) and TAFI programs have work participation requirements to help individuals find employment. As low-income families find success in the workplace, long-term outcomes for families and children improve.

### Average Monthly Individuals Served

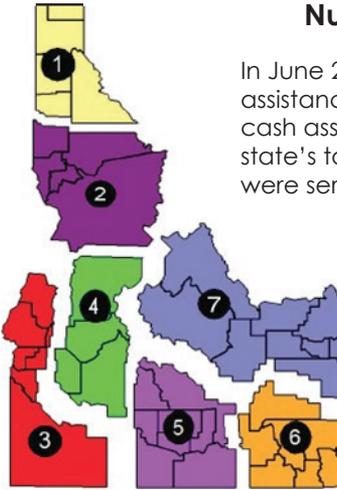


*Note: Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes duplicates. Child Support data is a case count and does not reflect the number of individuals served. In 2017, 385,160 individuals were served in the Child Support Program. All programs are reported by State Fiscal Year except Child Support, which reports by Federal Fiscal Year.*

## Numbers Served by Region

In June 2017, a total of 351,828 people received assistance in Medicaid, food stamps, child care, and cash assistance. This is more than 20 percent of the state's total population. More than 352,000 Idahoans were served in 2016.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 4 has the lowest. Five of the seven regions have more than 20 percent of their populations receiving one of the four main assistance services.



Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	SNAP (Food Stamps)	Medicaid	Totals
1	230,072 13.7%	3,369 1.5%	1,053 0.5%	22,973 10.0%	40,334 17.5%	47,063 20.5%
2	108,071 6.4%	1,533 1.4%	294 0.3%	8,263 7.6%	15,119 14.0%	17,386 16.1%
3	277,369 16.5%	4,647 1.7%	1,867 0.7%	38,405 13.8%	65,730 23.7%	75,952 27.4%
4	487,666 29.0%	5,399 1.1%	2,236 0.5%	38,054 7.8%	65,156 13.4%	76,174 15.6%
5	193,947 11.5%	2,109 1.1%	1,032 0.5%	19,564 10.1%	40,696 21.0%	46,045 23.7%
6	167,813 10.0%	2,453 1.5%	916 0.5%	19,297 11.5%	33,835 20.2%	39,133 23.3%
7	218,202 13.0%	1,962 0.9%	1,202 0.6%	21,988 10.1%	43,969 20.2%	50,075 22.9%
<b>Totals</b>	<b>1,683,140</b> <b>100.0%</b>	<b>21,472</b> <b>1.3%</b>	<b>8,600</b> <b>0.5%</b>	<b>168,544</b> <b>10.0%</b>	<b>304,839</b> <b>18.1%</b>	<b>351,828</b> <b>20.9%</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 remained flat in all parts of the state during SFY 2017. Region 3, where 75,952 individuals participated in a Self Reliance benefit program, had the highest service usages and led the state in enrollment in all four of the benefit programs. Idaho's most populous area, Region 4, which contains more than one-quarter of the state's population, had the lowest use of benefit programs, with 15.6 percent of residents receiving benefits.

## Benefit Program Services

The Division of Welfare manages assistance and support services in five major programs:

1. Supplemental Nutrition Assistance Program (SNAP, or food stamps)
2. Child care
3. Medicaid eligibility
4. Eligibility for Advanced Payment of Tax Credits (APTC)
5. Cash assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled)

### Supplemental Nutrition Assistance Program (Food Stamps)

**Overview:** 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, but 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.

To qualify for SNAP, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific criteria for lawful residency.
- Provide proof of identity.
- Meet income eligibility limits of 130% or less of the Federal Poverty Limit for family size.
- Have assets of less than \$5,000.
- Meet stricter eligibility requirements if applicant is a student, legal immigrant, or convicted felon.
- Participate in a work search program, unless exempt.

All eligibility requirements are verified through electronic interfaces or documentation provided by the family. Once approved for SNAP benefits, a family must participate in a semi-annual or annual re-evaluation of their household circumstances. In the re-evaluation process, all elements of eligibility are reverified using these same methods.

SNAP recipients, unless exempt, must either be employed 30 hours per

week or participate in job search activities to help them find or improve employment opportunities to continue receiving benefits. The primary focus of the work program is to help SNAP recipients get a job, keep a job, or find a better job. Failure to participate in this program results in the individual losing his or her SNAP benefits.

**SNAP Benefit Amount:** The amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2017, the average SNAP allotment per person in Idaho was \$111, or about \$1.23 per meal.

### What is available for purchase with SNAP?

Households may use SNAP benefits to purchase food to eat, such as:

- Breads and cereals.
- Fruits and vegetables.
- Meats, fish, and poultry.
- Dairy products.
- Seeds and plants that produce food for the household to eat.

Households may not use SNAP benefits to purchase alcoholic beverages, tobacco, or any nonfood items such as:

- Soaps or paper products.
- Pet foods.
- Household supplies.
- Vitamins and medicines.

SNAP benefits also may not be used for:

- Food that will be eaten in the store.
- Hot foods.

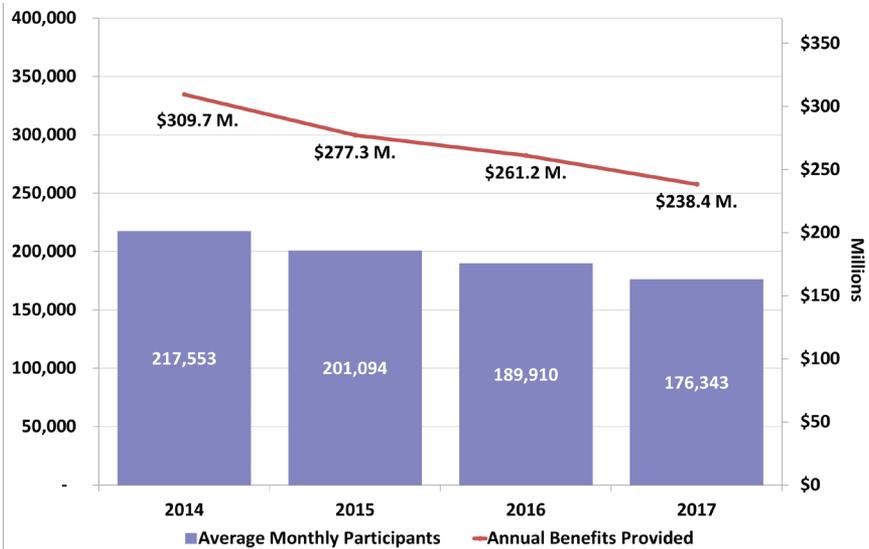
### Caseload Growth:

SNAP enrollment is responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho experienced SNAP expansion, realizing unprecedented participation growth beginning in 2007 and continuing through 2011. Beginning in SFY 2012 as the economic outlook began to improve, Idaho once again began requiring all eligible, able-bodied adults to participate in the state's work program.

During SFY 2017, Idaho's SNAP caseload decreased, showing a reduction in the number of individuals receiving SNAP benefits from 181,000 in June 2016 to 168,500 in June 2017. The state continues to see a slow, steady decline in the number of people who receive SNAP benefits as the economy improves and more jobs become available.

See chart on next page.

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



### Program Performance

Idaho's SNAP program continues to perform at a high level, without increases in staffing or administrative overhead costs. Over the past five years, Idaho has consistently remained one of the top states in the country for providing accurate benefits in a timely manner.

One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2017, nearly three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within one day of applying.

### Idaho Child Care Program

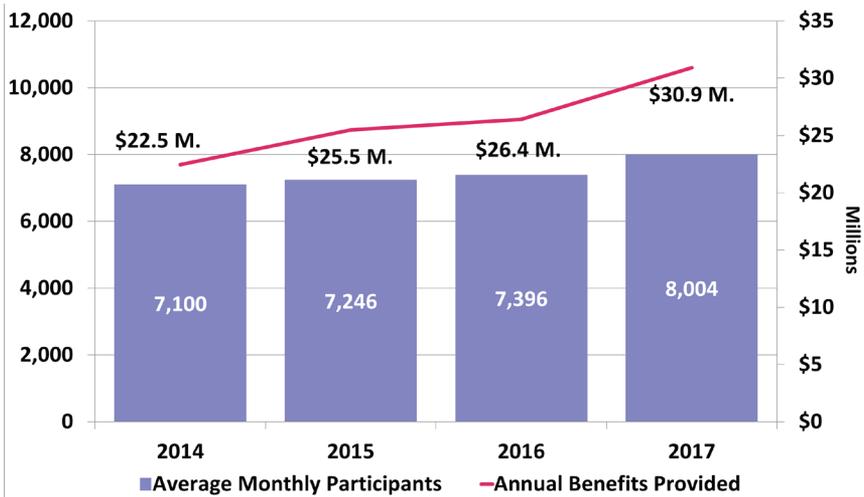
The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to low-income families to assist with child care expenses so parents can maintain employment or complete their higher education. Child care assistance is available to families in Idaho who are income eligible and have an eligible activity.

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 approximately 8,004 children per month during SFY 2017, with total annual payments of nearly \$30.9 million.

To qualify for child care assistance, a family must meet the following:

- Children must be under the age of 13.
- Parents must be working or attending college.
- They must be a U.S. citizen or meet specific criteria for lawful residence.
- Meet income eligibility limits of 130% of poverty or less for family size.

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

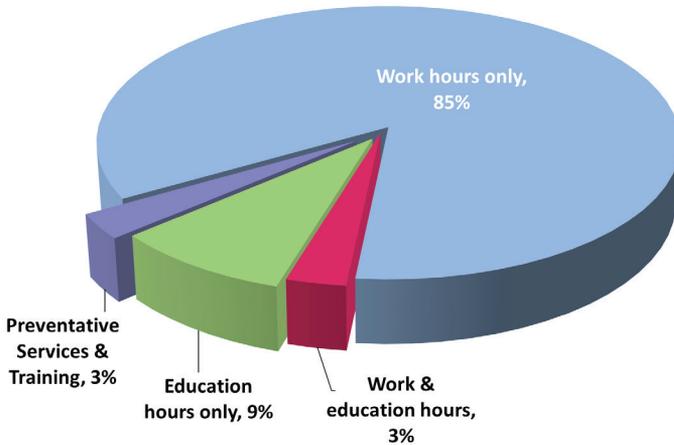


The average number of child care participants per month increased from 7,396 in SFY 2016 to 8,004 in SFY 2017. This slight increase was caused by the improved economy as people returned to work and needed child care again.

Eighty-five percent of parents are working. About 3% are attending college and working, while about 9% are attending college. The ICCP supports these parents on their path to self-sufficiency.

The Idaho Child Care Program also helps families find providers in their area through the department's referral system. Last year, 1,663 child care referrals were provided for Idaho families. The Idaho Child Care Program also invests in the quality of care to support children's healthy development and learning by supporting child care licensing, quality improvement systems to help programs meet higher standards, and support for child care workers to receive more training and education.

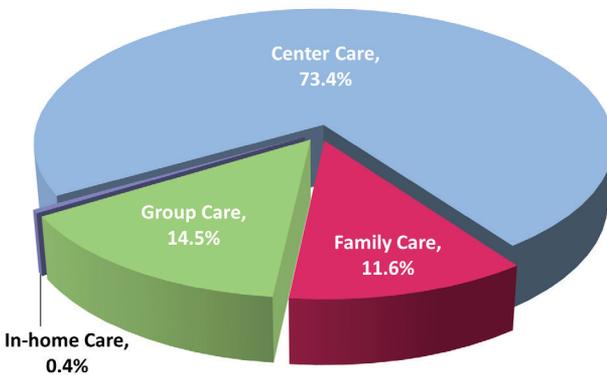
### Qualified Activity Types



A provider is eligible to receive ICCP payments if they meet minimum health and safety standards, which include annual CPR/ first-aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every year. Families may choose from the ICCP qualified providers to find the type of child care that best meets their needs.

The next chart is a breakdown of the type of child care parents receiving ICCP chose for their children in SFY 2017.

### Types of Child Care Providers



In SFY 2017 the ICCP program provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. IdahoSTARS conducted 5,281

training sessions and provided 2,941 training scholarships and 51 academic scholarships statewide at an annual cost of \$290,780 in SFY 2017. IdahoSTARS also supported providers with \$482,737 in program improvement grants and incentives.

## Medicaid Eligibility

The Division of Welfare determines financial and personal eligibility for Medicaid services. To receive health coverage from Idaho Medicaid, a person must meet certain eligibility requirements.

An individual must fit one of the following categories:

- Be a child under the age of 19.
- Be a pregnant woman.
- Be an adult with a child under the age of 19.
- Have participated in the Idaho Foster Care Program at age 18 and is currently younger than age 27.
- Be age 65 or older.
- Be blind or disabled based on Social Security Administration criteria.

If one of the categories above is met, the person must then meet the following eligibility criteria:

- Be a citizen or legal immigrant.
- Be a resident of the state of Idaho.
- Household income must be less than the program income limits for the household size.
- Resources must not exceed the program resource limits. (There is no resource limit for people eligible for the Modified Adjusted Gross Income (MAGI) Medicaid program.)

To receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces:

- For all new applications.
- For the annual eligibility re-evaluation.
- Whenever a household or income change is reported.

The MAGI Medicaid program is designed to provide Medicaid benefit programs for children, pregnant women, and parents or caretaker relatives of dependent children. This program only considers the MAGI in the eligibility calculation and does not include any resources.

Income limits are different for the different Medicaid categories. For example, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is less than \$3,793 per month. The parents in this family would be eligible for Medicaid coverage if their income was below \$439 per month. Income limits are different for individuals with disabilities and for pregnant women. Single

adults with no children and no disabilities are not eligible for Medicaid coverage. A table showing eligibility income limits for Idaho Medicaid can be found at: [www.benefitprograms.dhw.idaho.gov](http://www.benefitprograms.dhw.idaho.gov).

The average monthly Medicaid enrollment increased by 1 percent during SFY 2017. As of June 2017, nearly 305,000 people were receiving Medicaid services in Idaho. The Division of Welfare receives approximately 7,300 Medicaid applications per month. On average, an eligibility decision on a Medicaid application is made in four days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The re-evaluation period takes place each fall to coincide with the open enrollment period for the Affordable Care Act. In SFY 2017 the department reviewed about 87,000 applications for health coverage assistance, including Medicaid and the Advanced Premium Tax Credit (APTC).

The Department of Health and Welfare partners with Your Health Idaho (YHI), the state insurance marketplace, to integrate the eligibility function in determining the Advanced Payment of Tax Credit (APTC). The APTC helps families with income between 100%-400% of the Federal Poverty Limit pay a portion of the cost of health insurance that can be purchased through the state-based exchange. These families are not eligible for Medicaid coverage. DHW processes all financial applications for YHI and determines the amount of tax credit a family is eligible to receive and then redetermines that tax credit on an annual basis.

DHW allocates the costs for completing the eligibility function to YHI to ensure no state general funds or resources are used to pay for these services.

## Cash Assistance

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

The TAFI Program provides temporary cash assistance and work preparation services for families with minor children. The program serves an average of nearly 2,000 households and about 2,900 individuals.

Approximately 95% of households in the program are child-only cases. The remaining 5% are single- or two-parent households. Child-only cases are usually relatives caring for a child whose parents cannot care for them.

Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. These funds help pay for food, shelter, clothing, and other essentials. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults. To qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

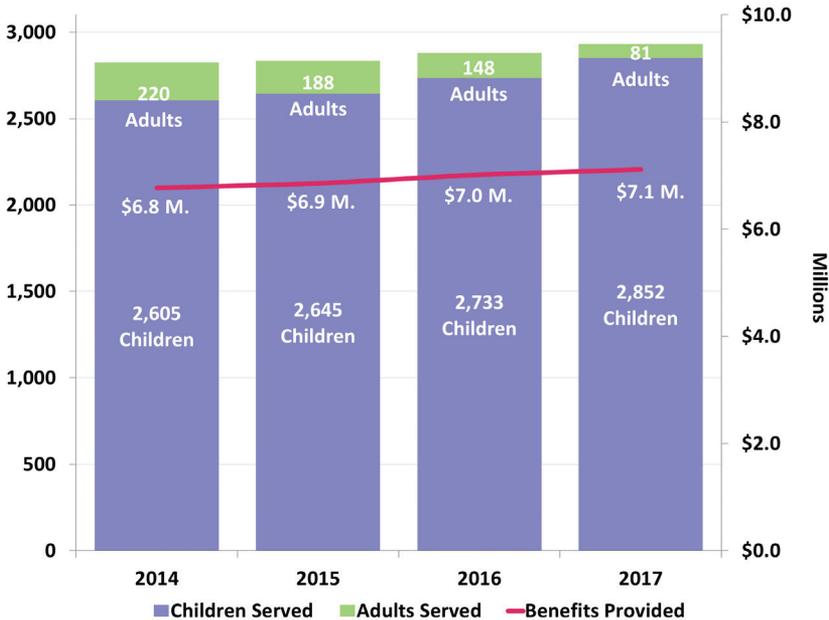
- Be an Idaho resident who is either a U.S. citizen or meets criteria for lawful residency.
- Provide proof of identity.

- Meet income eligibility limits for family size.
- Meet personal asset limits.
- Cooperate with Child Support enforcement.
- Participate in drug and alcohol abuse screening and comply with a treatment plan if determined to be in need of treatment.
- Participate in the Enhanced Work Services program and meet strict participation requirements.

All eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense job coaching and case management ensures that the state always has the most up-to-date status on the family to determine eligibility.

Idaho's TAFI cash assistance program requires participation in work preparation activities that build or enhance the skills needed to increase participants' income so they become self-sufficient. They are required to participate 20 – 40 hours per week (depending on family composition) for approved activities, including but not limited to searching for a job, education directly related to employment, work experience opportunities and treatment for substance use disorders. Failure to meet these required activities results in closure of the TAFI assistance and an additional penalty period during which the family is not eligible to receive TAFI cash. Child-only cases are not subject to work participation requirements.

### TAFI Monthly Enrollment and Total Annual Benefits



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

AABD provides cash assistance to certain low-income people who also receive medical assistance because they are blind, disabled, or age 65 or older. AABD cash assistance is intended to supplement the person's income to help them meet the needs of everyday living.

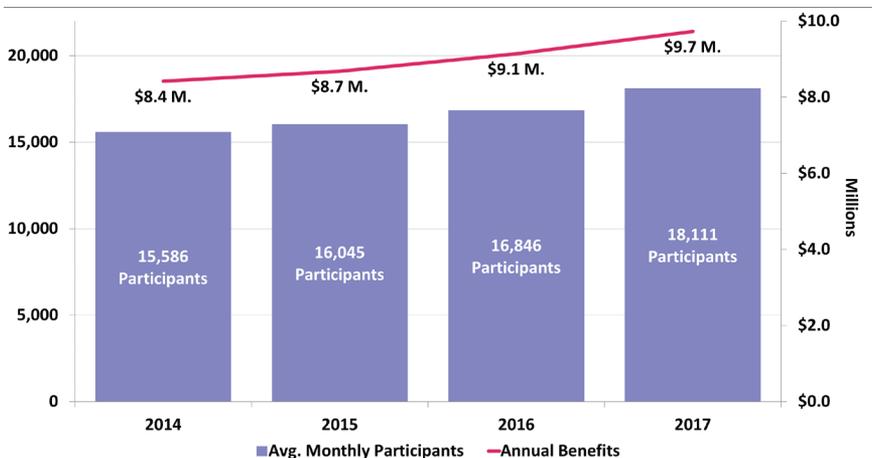
The state of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current MOE provides a monthly average cash benefit amount of \$53 per enrollee. AABD cash payments are paid with 100% state general funds and can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the person receiving the payment.

Individuals are eligible to receive AABD cash assistance if they meet the following requirements:

- The income limit for an individual receiving AABD cash assistance is \$788 per month, or \$1,123 per couple per month.
- Personal assets must not exceed \$2,000 per person per month, or \$3,000 per couple per month.
- An individual must be aged or disabled to qualify for the cash payment and must receive Social Security Income or Social Security Disability Income.
- The living arrangement of the person will determine the amount of cash assistance he or she receives. People who live in a certified family home are not eligible for AABD cash benefits.

On average, 18,111 people received AABD cash payments each month during SFY 2017.

### AABD Average Monthly Enrollment and Total Annual Benefits



## Child Support Services

The Division of Welfare manages Idaho’s Child Support Program. The program offers two types of services:

1. Receipting-only service, which records payments in the child support automated system and distributes the payment according to the court order.
2. Enforcement service, which establishes and enforces orders to ensure both parents are financially and medically responsible for their children.

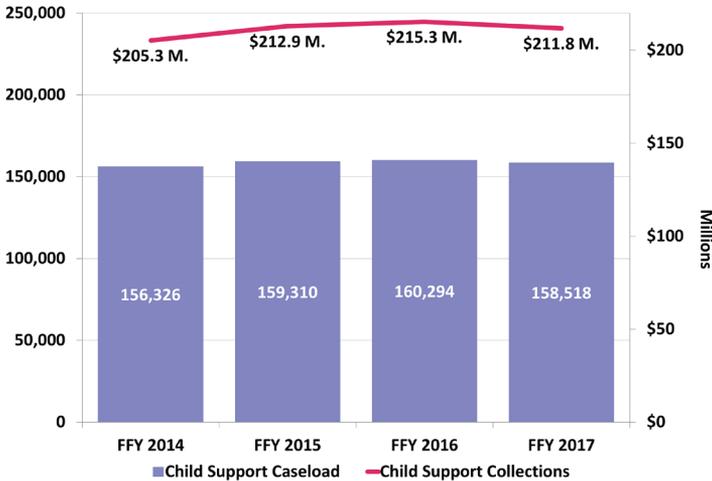
All child support orders that require payments be made through the State Disbursement Unit qualify for receipting-only services at no cost. Any parent or guardian may apply for enforcement services for a one-time \$25 fee. Enforcement services are required if a custodial parent is receiving cash assistance, food stamps, Medicaid, or child care; services are provided to the benefit recipient at no charge.

Enforcement services include:

- Paternity testing and paternity establishment to identify fathers.
- Locating non-custodial parents to pursue enforcement actions.
- Establishing and/or modifying court orders.
- Collecting and distributing child support payments.

In FFY 2017, the Child Support Program administered 158,518 child support cases. This includes 40,903 Receipting Services Only cases. The program collected and distributed more than \$211.8 million. About 86% (or \$181 million) of that is from enforcement methods, and the remaining 14% (or \$30 million) is from Receipting Services Only.

### Monthly Average Caseload and Total Dollars Collected



About 58% of families with a child support case participated in a benefit program. DHW's goal is to ensure that children have access to the support needed to help them thrive and succeed. Child support can often be the stabilizing factor in ensuring children eat healthy, have access to healthcare, and have positive learning and education opportunities. DHW strives to support families in making this possible by helping them obtain support orders, enforcing child support payments, providing information to both parents, and getting payments to children quickly. Idaho serves about 385,000 individuals through the Child Support Program every year.

### Child Support Program Participation for FFY 2017

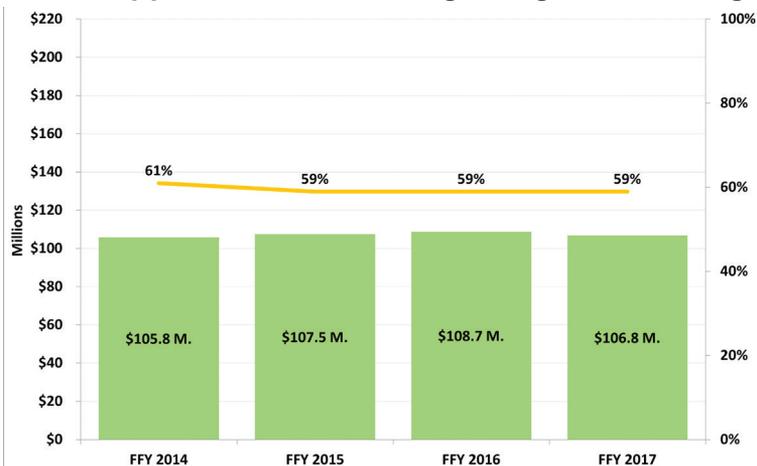
Parents and children	385,000 individuals*
Non-custodial parents	123,000
Custodial parents	120,500
Children receiving services	163,100

*\*Individuals may receive services from more than one case, making rows not additive to the total unduplicated count of individuals.*

### Child Support Enforcement Methods

The Idaho Child Support Program uses a variety of methods to enforce child support orders. Just over half (52%) of Idaho child support cases owe past-due support. The primary tool for enforcing payments is wage withholding, where wages are automatically deducted from the payee's employment check. This requires coordination with employers across the state of Idaho. Other tools include new-hire reporting through electronic data matching, federal and state tax offsets, and direct collection methods, including financial institution data matching.

### Child Support Collected Through Wage Withholding



The Idaho Child Support Program collects \$7.03 for every dollar it spends. Idaho ranks 9th nationally for cost effectiveness in child support collections.

**Wage Withholding:** Wage withholding is one tool the state uses to collect child support payments. A wage withholding request is sent to the non-custodial parent's employer to collect and disperse current and arrears support on behalf of the noncustodial parent. Wage withholding collections account for 59 percent of all the state's child support collections, as shown in the chart above.

## Intergovernmental

Idaho provides intergovernmental services to parents living in Idaho when the other parent lives in another state, a U.S. territory, on tribal land, or a foreign country. Idaho has reciprocity with all states in the U.S. and its territories. In FFY 2017, Idaho had 23,145 interstate cases, where one parent lived in another state. Idaho has 73 international cases, where one parent lives in another country with reciprocity in Idaho:

Australia	10	Canada	41	Sweden	3
England	5	Germany	11	Poland	1
Netherlands	1	Norway	1		

In 2015, Idaho passed the Uniform Interstate Family Support Act of 2008, which refined existing practices for the establishment and enforcement of support orders with foreign countries who are party to an international treaty or who have entered reciprocating agreements. This important legislation will ensure privacy, consistency, and efficiency in establishing and enforcing support orders for people living in other states as well as in certain foreign countries.

UIFSA 2008 was enacted August 30, 2016, when President Barack Obama signed the instrument of ratification. Although the UIFSA 2008 added some new countries to the list of those we have current reciprocity agreements with, Idaho has not established any new child support orders with these new countries since the legislation was passed.

## Child Support Service Fees

The Child Support Program provides services for parents who need help 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
- Income tax refund-attachment-state: \$25
- Income tax refund-attachment-federal: \$25
- Annual noncustodial parent collection fee: \$25

## Partnership Programs

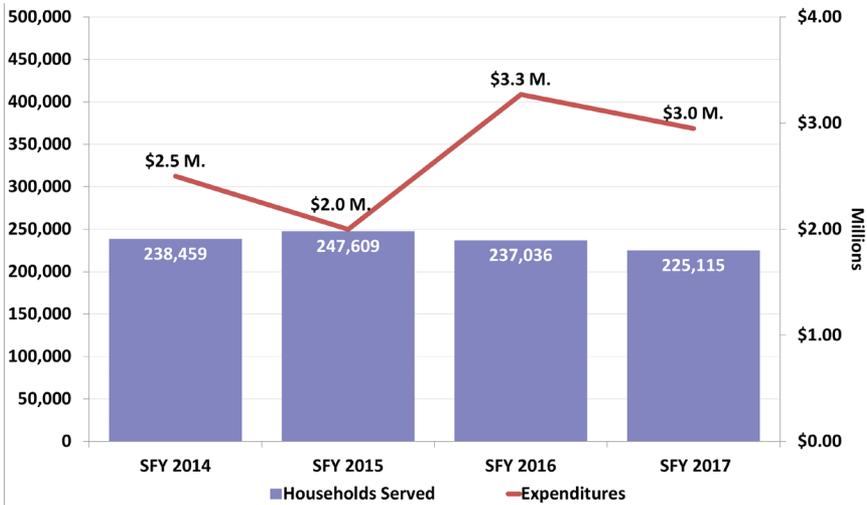
Partnership programs include a variety of services delivered across the state by local organizations, both public and private. Partner organizations providing these services on the division's behalf operate under contracts with DHW. Partner programs provide participants with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

Much of the funding for these services comes from federal grants. The services provide additional work supports for low-income families and often meet 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 help eligible community members in their regions through the following programs:

**The Emergency Food Assistance Program (TEFAP)** helps supplement the diets of people in 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. In SFY 2017, TEFAP distributed 2.7 million units of food valued at \$3 million to 225,115 households.

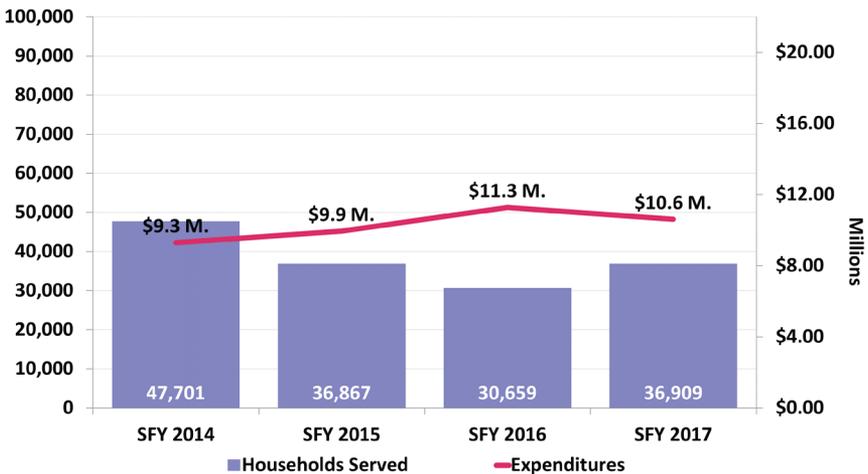
**TEFAP: Households Served and Annual Value of Distributed Food**



**Community Services Block Grant (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. Grant funds provide emergency and supportive services, employment-readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 85,965 individuals and spent approximately \$3.6 million in SFY 2017.

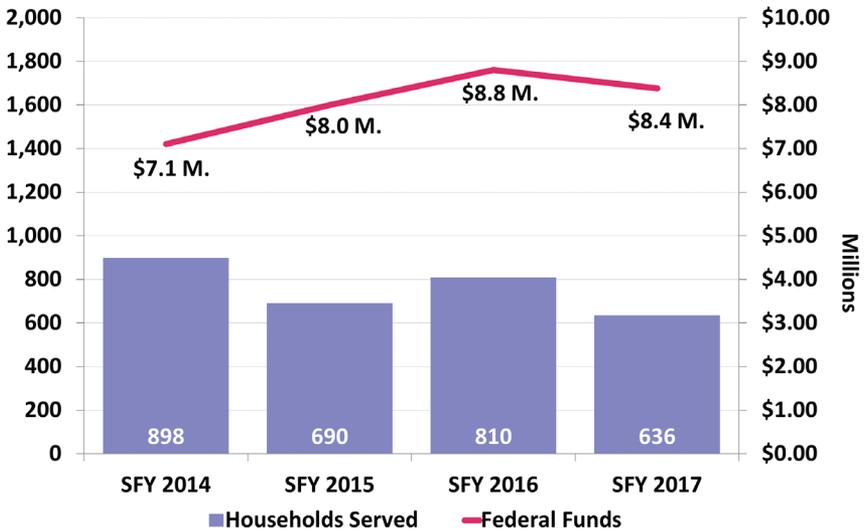
**Low-Income Home Energy Assistance Program (LIHEAP)** supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 36,909 households pay \$10.6 million in energy costs in SFY 2017. Up to \$250,000 in voluntary contributions of Idaho's Grocery Tax Credit are also used to provide some funding to Idaho's LIHEAP Program.

### LIHEAP Annual Participants and Expenses



**Weatherization Assistance Program** helps low-income families conserve energy, save money, and improve living conditions by upgrading and weatherizing their 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 and 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 \$8.4 million for efficiency improvements to 636 Idaho households in SFY 2017.

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



*Note: The total funds represented in this chart are federal funds allocated to the state for weatherization services. Weatherization agencies also receive private funds from utility companies that are not included in these charts. Agencies typically use a mixture of private and federal funds to weatherize homes. Annual decreases in households served is due to an annual increase in the cost per unit limit from DOE, resulting in additional energy efficiencies to be installed per dwelling.*

## Glossary of 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
AEMT.....	Advanced Emergency Medical Technician
AIDS.....	Auto Immune Deficiency Syndrome
AMH.....	Adult Mental Health
APS.....	Administrative Procedures Section
APSE.....	Association for Persons in Supportive Employment
ACT.....	Assertive Community Treatment
BRFSS.....	Behavioral Risk Factor Surveillance System
CAP.....	College of American Pathologists
CCAI.....	Comprehensive Cancer Alliance of Idaho
CHC .....	Criminal History Check
CDC.....	Centers for Disease Control and Prevention
CFS.....	Child and Family Services
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
CSES.....	Child Support Enforcement System
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
EMR.....	Emergency Medical Responder
EMS .....	Emergency Medical Services
EMT.....	Emergency Medical Technician
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
FMAP.....	Federal Medical Assistance Percentage
FNS.....	Food and Nutrition Services at USDA
FTP .....	Full-time Positions
FYI.....	Foster Youth Alumni of Idaho
GED.....	General Education Degree
HART.....	Homes with Adult Residential Treatment
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
IBIS.....	Idaho Benefits Information System
ICCMH .....	Idaho Council on Children's Mental Health
ICCP.....	Idaho Child Care Program
ICCCP.....	Idaho Comprehensive Cancer Control Program
ICDD.....	Idaho Council on Developmental Disabilities
ICF/ID.....	Intermediate Care Facility for People with Intellectual Disabilities
ICPC .....	Interstate Compact on the Placement of Children
ICWA .....	Indian Child Welfare Act
DHW .....	Idaho Department of Health and Welfare
EBT.....	Electronic Benefits Transfer
IIP.....	Idaho Immunization Program
IRIS .....	Immunization Reminder Information System
ITP.....	Infant Toddler Program
LIHEAP.....	Low Income Home Energy Assistance Program
LSO .....	Legislative Services Office
MMIS .....	Medicaid Management Information System
MMRV.....	Mumps, Measles, Rubella and Varicella
MST.....	Mountain Standard Time
OPE.....	Office of Performance
PCMH.....	Patient-Centered Medical Home
PHA.....	Premium Health Assistance
PIO.....	Public Information Office(r)
PAN.....	Physical Activity and Nutrition Program
PMO.....	Project Management Office
PSR.....	Psychosocial Rehabilitation Services
PWC .....	Pregnant Women and Children
RAC.....	Regional Advisory Committee
RALF.....	Residential Care and Assisted Living Facilities

RCO.....	Regional Care Organization
RFI.....	Request for Information
RFP.....	Request for Proposal
RMHB.....	Regional Mental Health Board
RMHC.....	Regional Mental Health Centers
RSO .....	Receiving Services Only
SA.....	Substance Abuse
SED.....	Serious Emotional Disturbance
SFY.....	State Fiscal Year
SHIP.....	Statewide Healthcare Innovation Plan
SHN.....	State Hospital North
SHS .....	State Hospital South
SNAP (food stamps) .....	Supplemental Nutrition Assistance Program
SPP.....	Suicide Prevention Program
SPAN.....	Suicide Prevention Action Network
SRS.....	Self-Reliance Services
STD.....	Sexually Transmitted Diseases
STI.....	Sexually Transmitted Infection
SUD.....	Substance Use Disorder
SUR .....	Surveillance & Utilization Review
SWITC.....	Southwest Idaho Treatment Center in Nampa
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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