

Facts, Figures and Trends 2018-2019



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from Director Dave Jeppesen

Welcome to an annual snapshot of the work the Idaho Department of Health and Welfare did in SFY 2018 to promote and protect the health and safety of all Idahoans.

This report illustrates the work this agency does in all eight of its divisions as well as the tremendous impact we have on the lives of all Idahoans. We work with struggling families to make sure they have a safe place to raise their children. We assist people in crisis – whether that’s a mental or physical health crisis, or the need for public assistance.



The Behavioral Health community crisis centers continue to assist thousands of Idahoans who suffer from a behavioral health crisis. Idaho had four operating crisis centers in SFY 2018, in Idaho Falls, Coeur d’Alene, Twin Falls, and Boise. Additional crisis centers are being implemented in regions 3 and 6 and at hospitals throughout region 2 as part of an innovative collaboration to meet rural needs. Learn more on page 19.

The Youth Empowerment Services (YES) project has made significant progress in 2018, moving from a lawsuit (Jeff D. v Otter) toward a new system of care for children with Serious Emotional Disturbance (SED). A phased rollout began in January 2018, with full implementation of the transformed children’s mental health system of care targeted for mid-2019. Once the new system is fully operational, it will be monitored for three more years to ensure sustainability. Learn more on page 26.

Child and Family Services (CFS) finalized planning for a Three-Year Transformation Project that launched in July 2018. This project’s goal is to modernize business practices to allow CFS staff to focus on protecting children and supporting families, rather than unnecessary work and documentation. Learn more on page 40.

The Healthy Connections Value Care Program in Medicaid supports the department’s strategic objective to transform Idaho’s healthcare delivery system to promote healthier Idahoans while increasing healthcare quality and reducing costs. Starting in 2019, Medicaid will offer financial incentives to providers who control their health care costs and achieve benchmarks related to patient care. Learn more on page 90.

The Division of Public Health was awarded 5-year accreditation status on June 6, 2017, through the national Public Health Accreditation Board (PHAB). IDHW is one of 31 state public health departments to be accredited and has been featured on PHAB’s “Accreditation Works” news report. Learn more on page 105.

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 details strategic initiatives designed to address gaps in delivering on 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 promote and build a healthier Idaho.

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Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Gov. Brad Little. 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 run multiple 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 a mental health crisis. 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 for 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 so we can ensure we 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 service provided to Idaho residents in the Medicaid program. In SFY 2019, the federal government will contribute about 62.5 percent of DHW's total appropriation.

On the following pages you will find more information about our diverse organization and the amazing work our dedicated employees perform to protect the health and safety of Idaho citizens.

Strategic Plan

Strategic Plan Overview

2019-2023

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

<p>OUR MISSION</p> <p>Promote and protect the health and safety of Idahoans.</p>	<p>OUR VISION</p> <p>Provide leadership for a sustainable, integrated health and human services system.</p>
<p>OUR VALUES</p> <p>Integrity, high quality customer service, and compassion are the foundation for all Department activities. A focus on these values will lead to success.</p>	<p>OUR STRATEGIC GOAL</p> <p>Ensure the delivery of services that promote healthier, safer, self-sufficient Idahoans.</p>

STRATEGIC OBJECTIVES

Objective 1:
 Transform Idaho's healthcare delivery system to promote healthier Idahoans while increasing healthcare quality and reducing costs

Objective 2:
 Protect children and vulnerable adults

Objective 3:
 Promote stable and healthy Idahoans through medical coverage, program access, support services, and policy

Support System
 Strategic Initiatives

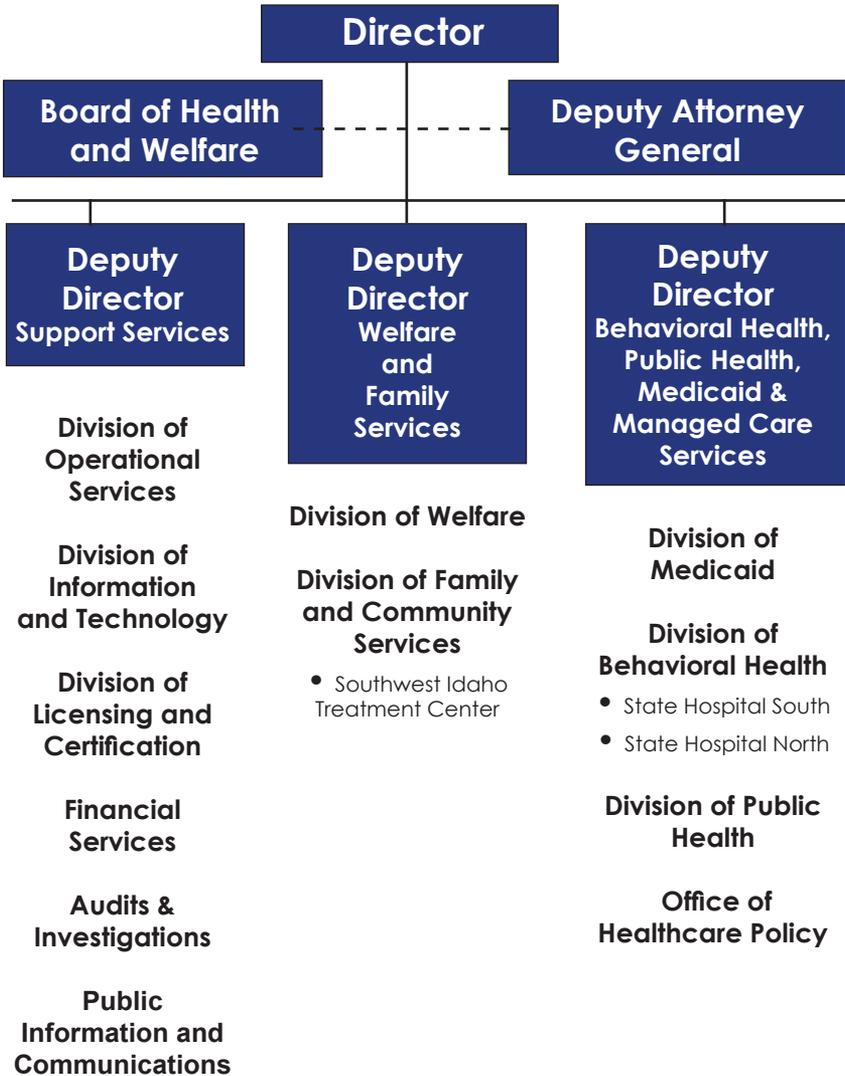
STRATEGIC INITIATIVES

- Advance Idaho's healthcare delivery system to enable Idahoans to live healthier lives, to improve healthcare services, and to reduce the cost of healthcare
 - Control Medicaid costs by financially rewarding providers and organizations that deliver measurably better care to our participants
 - Improve the children's mental health system in Idaho for children with serious emotional and behavioral disorders
-
- Ensure children who have experienced abuse or neglect have safe, permanent homes
 - Develop and implement effective residential care for adult Idahoans with severe, chronic mental illness
-
- Reduce suicide attempts and deaths in Idaho by collaborating with multi-sector stakeholders
 - Improve access to residential care settings for residents with Alzheimer's or dementia
 - Reduce opioid addiction and overdose deaths in Idaho
 - Provide job training and education to low-income adults receiving state assistance, to help them gain stable, full time employment and eventually move to self-sufficiency
-
- Empower Idahoans to make informed decisions to improve their lives by connecting them to community services through the "Live Better Idaho" website
 - Deliver services to our customers in a safe environment by providing employees with tools and resources for preventing or responding to potentially violent situations
 - Protect our network and sensitive data by enhancing cybersecurity; and improve the efficiency of department operations by integrating information systems



Read the entire strategic plan at <https://healthandwelfare.idaho.gov/AboutUs/StrategicPlan/tabid/134/Default.aspx>

Organizational Chart



Office of the Director

Dave Jeppesen, Director, (208) 334-5500

The Office of the Director oversees and sets the vision for the entire department, working with the Governor's office and the Idaho Legislature to provide policy direction for services and programs that are effective and economically sound.

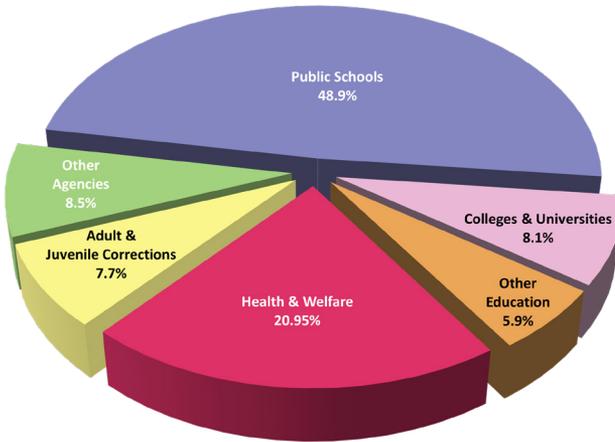
The Director's Office sets a high standard for customer service and ensures implementation of DHW's Strategic Plan.

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:

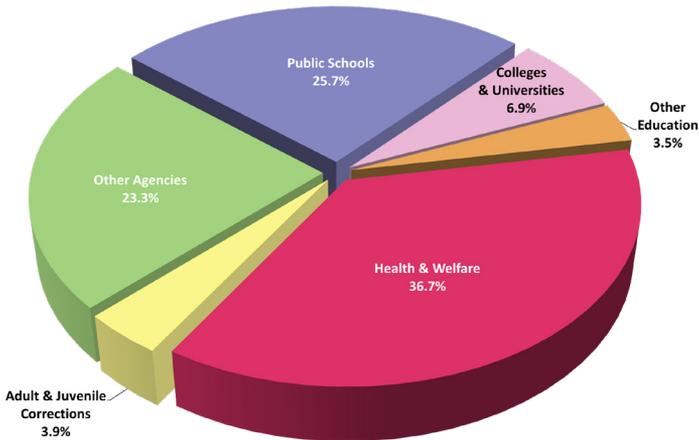
- The director.
- A deputy director responsible for Behavioral Health, Medicaid and Managed Care Services, Public Health, and Office of Healthcare Policy Initiatives. (Lisa Hettinger, (208) 334-5500)
- A deputy director responsible for Family and Community Services, Welfare, and the regional directors. (Lori Wolff, (208) 334-5500)
- A deputy director responsible for Support Services, Information and Technology, and Licensing and Certification. (David Taylor, (208) 334-5500)

Total State SFY 2019 Appropriations

State General Fund Appropriations for all State Agencies



Total Appropriations for all State Agencies



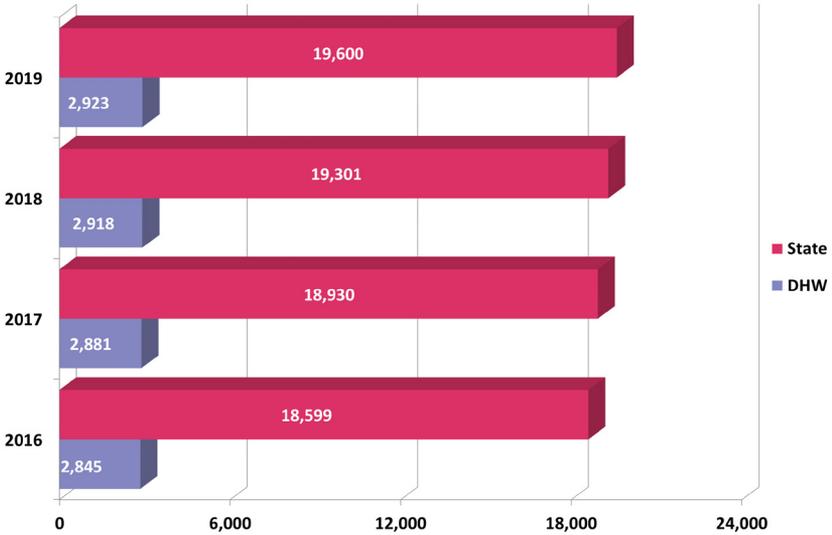
SFY 2019 Financial Data Summary

In Millions

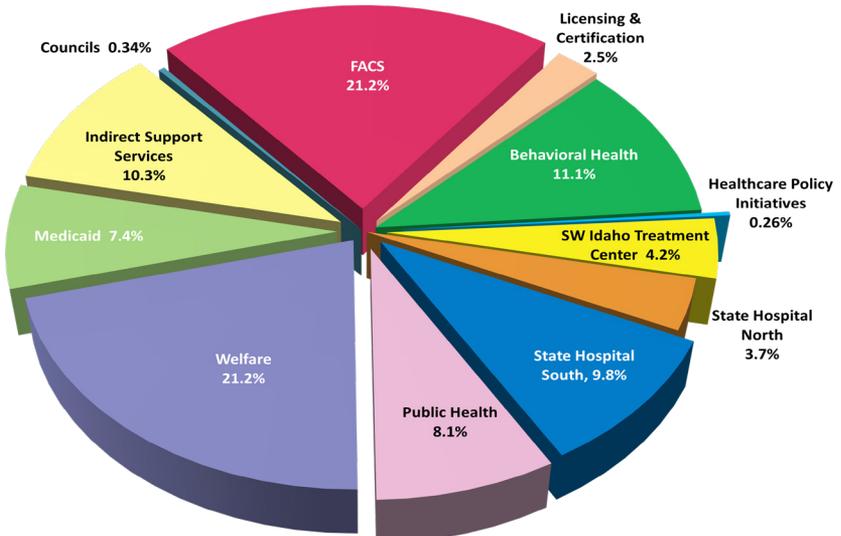
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,785.27	48.9%	\$2,140.62	25.7%
Colleges, Universities	295.76	8.1%	576.79	6.9%
Other Education	214.31	5.9%	290.00	3.5%
Health & Welfare	765.24	20.9%	3,053.28	36.7%
Adult & Juvenile Corrections	282.51	7.7%	327.76	3.9%
All Other Agencies	<u>309.64</u>	<u>8.5%</u>	<u>1,936.07</u>	<u>23.3%</u>
Total	\$3,652.72	100.0%	\$8,324.51	100.0%

Appropriated Full-Time Positions

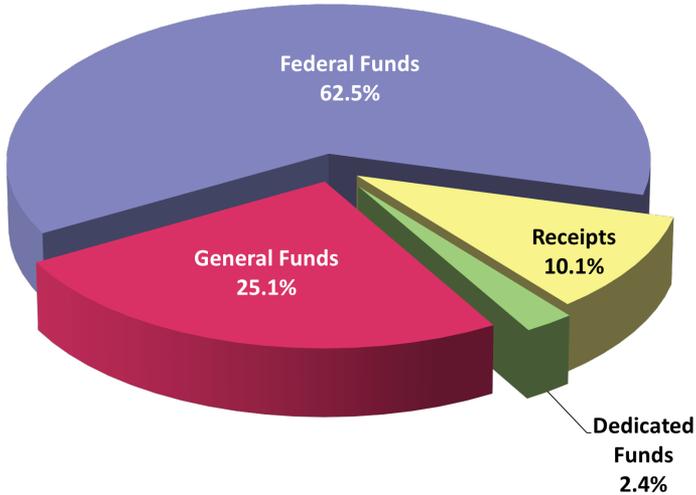
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing 10.9 percent.



SFY 2019 FTP Distribution - Department of Health & Welfare



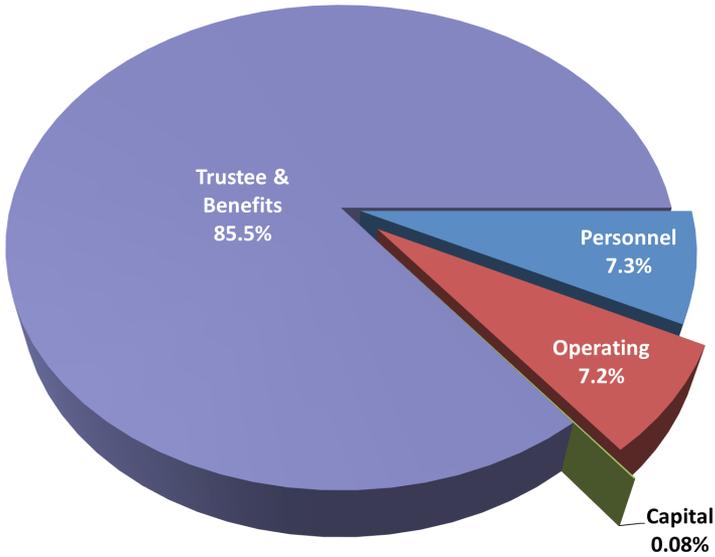
SFY 2019 DHW Appropriation Fund Source



Financial Data Summary

Fund Source	Amount
General Funds	\$ 765.2 Million
Federal Funds	1,907.1 Million
Receipts	307.9 Million
Dedicated Funds	
Access to Health Insurance	\$ 0
Domestic Violence	520,800
Cancer Control	344,200
Central Tumor Registry	120,000
Liquor Control	650,000
State Hospital South Endowment	5,061,800
State Hospital North Endowment	1,549,500
Prevention of Minors' Access to Tobacco	43,800
Millennium Fund	2,866,700
EMS	2,894,200
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	426,000
Technology Infrastructure Fund	8,222,200
Total Dedicated Funds	<u>\$73.1 Million</u>
Total	\$3,053.3 Million

SFY 2019 DHW Appropriation by Expenditure Category

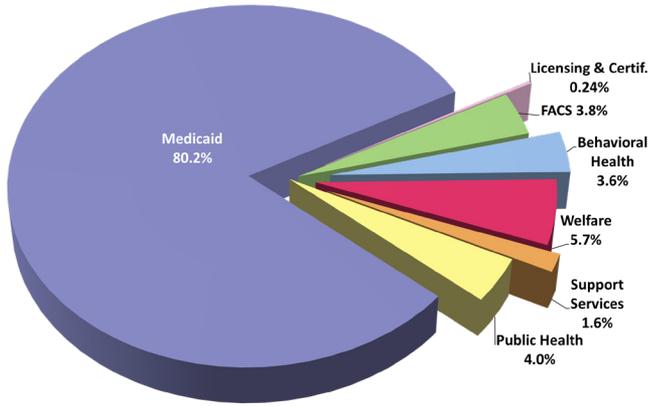


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,609.2 Million
Personnel Costs	223.0 Million
Operating Expenditures	218.7 Million
Capital	<u>2.4 Million</u>
Total	\$3,053.3 Million

- The appropriation for benefits to Idaho citizens increased \$163.4 million from SFY 2018 appropriation levels, while personnel costs, operating and capital expenses increased by \$29.1 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 11,538 companies, agencies or contractors, and more than 41,482 active Medicaid service providers.

Original SFY 2019 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	619.50	\$ 43,445,400	\$ 175,037,800
Medicaid			
Low-income children/ working age adults		182,089,800	731,165,100
Individuals w/Disabilities		217,736,500	1,051,186,300
Dual Eligible		170,904,400	588,094,800
Administration	216.00	14,490,700	79,004,300
Total Medicaid	216.00	\$ 585,221,400	\$ 2,449,450,500
Licensing & Certification	71.90	\$ 1,964,000	\$ 7,321,500
Family and Community Services			
Child Welfare	404.80	12,121,900	46,834,000
Foster/Assistance Payments		11,338,200	30,091,500
Service Integration	35.00	736,500	6,067,500
Developmental Disabilities	180.96	11,013,500	21,852,200
SW Idaho Treatment Center	123.75	2,603,200	10,930,900
Total FACS	744.51	\$ 37,813,300	\$ 115,776,100
Behavioral Health			
Adult Mental Health	210.56	33,771,600	38,350,600
Children's Mental Health	97.67	8,300,600	14,786,700
Substance Abuse	16.00	2,733,200	17,206,300
Community Hospitalization		3,069,000	3,069,000
State Hospital South	285.25	12,193,700	26,181,200
State Hospital North	107.10	7,857,400	9,565,400
Total Behavioral Health	716.58	\$ 67,925,500	\$ 109,159,200
Public Health			
Physical Health	151.18	5,142,100	102,570,100
EMS & Preparedness	42.84	277,400	11,997,500
Suicide Prevention	4.00	1,233,200	1,323,200
Laboratory Services	39.00	2,259,900	4,896,500
Total Health	237.02	\$ 8,912,600	\$ 120,787,300
Support Services	299.60	\$ 19,508,700	\$ 48,720,200
Healthcare Policy	7.60	\$ 251,500	\$ 17,945,400
Councils	10.00	\$ 195,700	\$ 9,082,000
Department Totals	2,922.71	\$ 765,238,100	\$ 3,053,280,000

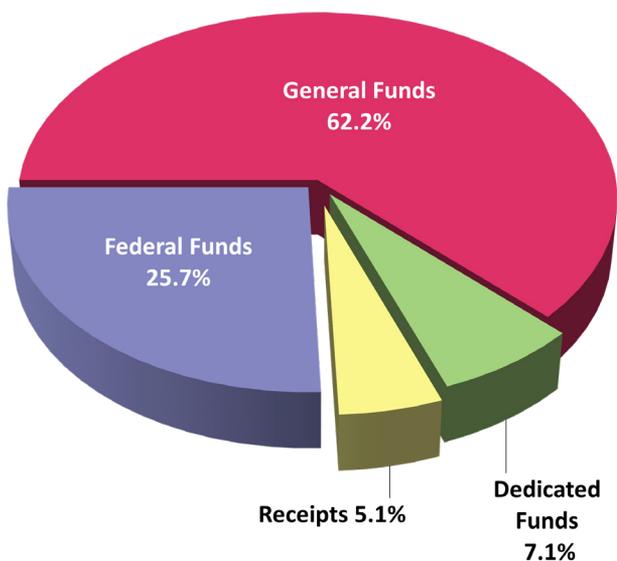
Division of Behavioral Health

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.

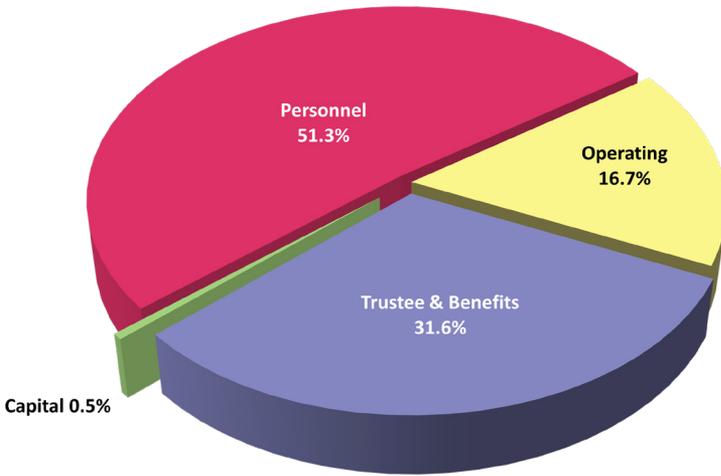
The division includes Children's Mental Health Services, Adult Mental Health Services, Substance Use Disorders Program, and the Idaho Tobacco Project. The division also administers the state's two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered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

Behavioral Health SFY 2019 Funding Sources

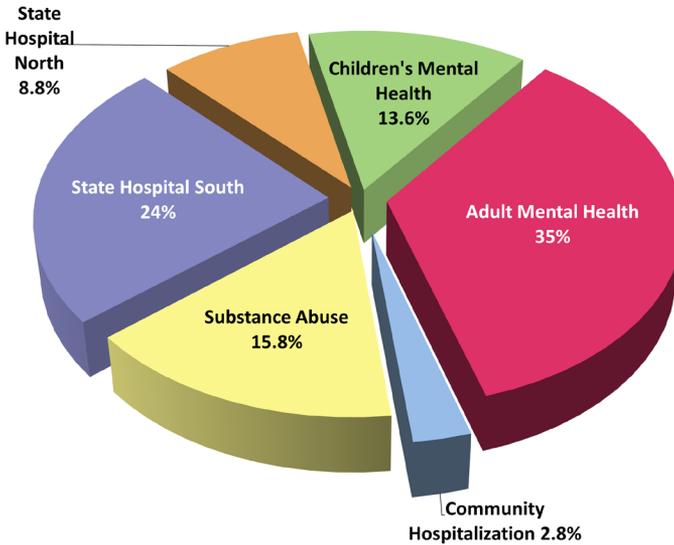


Authorized FTP: 716.58; Original Appropriation for SFY 2019: General Funds \$67.9 million, Total Funds \$109.2 million; 3.6% of Health and Welfare funding.

Behavioral Health SFY 2019 Expenditure Categories



Behavioral Health SFY 2019 Appropriation by Program



SFY 2018 Program Highlights

Recovery Community Centers

The division has entered into a contract with Recovery Idaho that provides social support services for individuals with Opioid Use Disorder through Idaho's nine Recovery Community Centers located throughout the state. Services provided under this contract include support groups, recreational activities, and recovery coaching. The recovery centers are also tasked with meeting individuals in hospital emergency departments who have overdosed on opioids to help them access treatment and recovery support services that will help them achieve a life of sobriety. The final component of this contract is for the centers to make this similar type of connection with individuals who have been discharged from a local jail. In the first year of this contract, the Recovery Community Centers provided more than 5,000 recovery support opportunities for individuals seeking assistance from them.

Partnerships with Public Health Districts

The Division of Behavioral Health continues to contract with each of the seven public health districts for administrative assistance and support for the regionally-based Behavioral Health Boards (BHBs). These partnerships have created a venue in which local boards identify community strengths and needs and work collaboratively to capitalize on the strengths while addressing the needs of the local communities. This collaborative approach has resulted in the funding and support of a variety of activities, including community events that promote behavioral health awareness, scholarships for conferences and training, transitional housing needs for individuals with co-occurring disorders, as well as providing recovery coaching services. In addition to working collaboratively with the BHBs, the division and the Division of Public Health have partnered in the area of "prescriber education" in light of the opioid epidemic. Through a contract with DHW, the health districts are educating prescribers on best and safest practices for opioid prescriptions. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose.

Felony probation and parole population

The division entered into a contract with the Community Health Center Network of Idaho (CHCNI), the umbrella organization for the Federally Qualified Health Care (FQHC) clinic network. The purpose of this contract is to provide mental health services for Idaho's felony parole and probation population. All regions have at least one FQHC providing these services. We continue to work with CHCNI to increase the number of FQHCs participating in the contract to improve access to services.

The following mental health services are provided under this contract:

psychiatric diagnostic evaluation, mental health treatment planning, pharmacological evaluation, pharmacological management, individual counseling, group counseling, family counseling, and care coordination.

By providing these services, we anticipate probation and parole clients will be more successful in their reintegration into the community and less likely to re-offend and face subsequent reincarceration. Data collected from CHCNI will be cross-referenced with Idaho Department of Correction data to determine impacts to the recidivism rates for this population because of these services.

Homes with Adult Residential Treatment (HART)

The Division of Behavioral Health budgeted \$2 million to continue the safe and stable housing supplemental payments to assisted living facilities that provide care for adults with serious and persistent mental illnesses as well as to pilot the Homes with Adult Residential Treatment (HART) model.

Supplemental Safe and Stable payments were continued to support approximately 35 assisted living facilities with the provision of critical residential services. The HART demonstration project was initiated to pilot an intensive, treatment-oriented, residential living program for individuals with a serious and persistent mental illness. Contracts have been implemented with four HART facilities across the state.

The HART provides a safe and therapeutic homelike environment that includes meals, living space, assistance with daily living, and clinical treatment services. Each HART provider is required to be an Optum-approved Idaho Behavioral Health Plan provider and able to deliver an array of treatment services including assessment, treatment planning, psychotherapy, community/peer supports, Community Based Rehabilitation Services (CBRS), group therapy, case management, and medication services. It is hoped the HART model will allow for the provision of clinical treatment interventions to better address behavioral health-related issues that have not been able to be addressed without evicting the resident or escalating the resident to a crisis or emergency facility. The division will gather outcome data to determine whether the HART model is a more effective approach to the care of Idahoans with serious and persistent mental illness.

Psychiatric Hospitalization/High Risk Adult Unit

The Department of Health and Welfare was appropriated funding to construct a new adolescent state psychiatric hospital in the Treasure Valley. The adolescent hospital is expected to be complete in July 2020. There are a couple primary reasons for this project: 1) Over 70% of the adolescents who go to the state hospital are from the Treasure Valley; and 2) The state needs to free up space at State Hospital South in Blackfoot for a high-risk unit. In addition to the funding for the construction of the adolescent hospital, the Legislature appropriated funding to remodel and retrofit the current adolescent hospital at State Hospital South so it can be used

to care for a higher-risk, more violent adult population.

Overall, this will not increase the number of adolescent beds in the state, but it will add adult psychiatric beds to the state system. These beds are highly needed and will match the needs of the more acute, dangerous, and violent population DHW is trying to serve today.

Adult Mental Health Transformation

The adult mental health system in Idaho has improved significantly in the past five years. There are far more services, programs, and resources than in the past. However, these enhancements to the current system of care continue to struggle with meeting the needs of a growing population with increases in the diagnosis of mental illness in Idaho.

The department contracted with the Western Interstate Commission for Higher Education (WICHE) to update and make recommendations to a decade-old gap and resource analysis that WICHE completed under commission from the Legislature. The updated report explains the progress made since the original report in 2008. However, there is still a need for more effective use of the current resources provided for mental health care in Idaho as well as for additional resources. It is clear there needs to be a strategic path forward in Idaho, with broad stakeholder input. The department is leading the collaborative WICHE Steering Committee to ensure the entire system has input on the strategic path forward.

Behavioral Health Crisis Centers

The Behavioral Health community crisis centers continue to meet the needs of thousands of Idahoans who suffer from a behavioral health crisis. Idaho currently has four crisis centers, operating in Idaho Falls, Coeur d'Alene, Twin Falls, and Boise. Additional crisis centers are being implemented in regions 3 and 6, and at hospitals throughout region 2 as part of an innovative collaboration to meet rural needs.

The crisis centers continue to see a wide variety of patients with very challenging needs. They 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 centers in Idaho Falls and Coeur d'Alene have reached the full two years and submitted their plans. The plan for Twin Falls will be presented to the 2019 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. The crisis centers in Regions 2, 3, and 6 are expected to open in early 2019.

Behavioral Health Crisis Center of Eastern Idaho				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Crisis center visits	735	1,950	2,481	2,439
Clients served (unduplicated)	377	689	707	824
Average length of stay (hours)	11.51	16.66	19.28	21.67
Diagnosis type				
• Substance use only	82	157	362	275
• No significant mental health or substance use	22	37	63	49
• Mental health only	264	876	814	764
• Mental health and substance use	298	835	1,224	1,289
• Inadequate information	34	19	10	29

Northern Idaho Crisis Center				
		SFY 2016	SFY 2017	SFY 2018
Crisis center visits		615	1,118	1,621
Clients served (unduplicated)		414	699	999
Average length of stay (hours)		7.05	7.56	8.46
Diagnosis type				
• Substance use only		25	54	87
• No significant mental health or substance use		29	17	77
• Mental health only		214	543	760
• Mental health and substance use		146	288	533
• Inadequate information		72	45	63

Behavioral Health Crisis Center of South Central Idaho			
		SFY 2017	FY 2018
Crisis center visits		1,031	2,104
Clients served (unduplicated)		297	527
Average length of stay (hours)		19.60	19.88
Diagnosis type			
• Substance use only		126	175
• No significant mental health or substance use		18	7
• Mental health only		240	429
• Mental health and substance use		528	1460
• Inadequate information		32	14

Pathways Behavioral Health Community Crisis Center			
			FY 2018
Crisis center visits			742
Clients served (unduplicated)			469
Average length of stay (hours)			11.89
Diagnosis type			
• Substance use only			50
• No significant mental health or substance use			16
• Mental health only			302
• Mental health and substance use			235
• Inadequate information			87

NOTE: Pathways Behavioral Health Community Crisis Center opened in December 2017 in Boise, resulting in only a partial year of data.

Children’s Mental Health Services

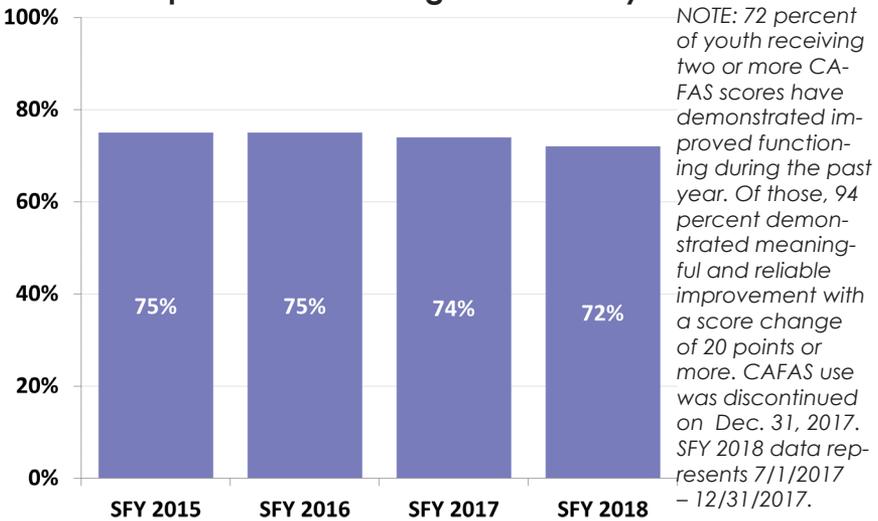
The Children’s Mental Health program is a partner in the development of a community-based system of care for children with a serious emotional disturbance (SED) and their families. The program provides crisis intervention, case management, and other supports that increase the capacity for children with 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 regional behavioral health centers operated by the Division of Behavioral Health.

Parents and family members play an essential role in developing a system of care. They are involved at all levels of development, including the making of policies, administrative rules, and laws, as well as their own service plans. Without family member involvement and the support to sustain their involvement, the system of care would be unable to achieve positive outcomes for children and their families.

Functional Assessment Tool

The Child and Adolescent Needs and Strengths (CANS) is Idaho’s new tool for measuring the functional impairment of children and youth seeking to participate in the Youth Empowerment Services (YES) system of care. It replaces the division’s Child and Adolescent Functional Assessment Scale (CAFAS) as the eligibility and outcome measure for children and youth. Both the CANS and the CAFAS are backed by extensive research supporting their validity and sensitivity to measure change and progress. The division’s regional behavioral health centers used the CAFAS for the first half of SFY 2018 before transitioning to the CANS.

Improved Functioning Measured by CAFAS



Collecting data on the most common CANS treatment needs and useful strengths can inform the system of the direction that will best support those it is serving. Identifying the most prevalent system-wide needs could indicate the addition of services and supports to address these needs should be explored, or help determine which evidence-based practices may be a valuable investment. Strengths describe the assets of the child or youth and family that can be used in treatment planning to support and advance healthy development. As staff begins to collect more CANS data, they will be able to monitor statewide outcomes progress by analyzing needs and strengths from reassessment and discharge CANS.

The following figures show the most prevalent actionable needs and useful strengths of the 1,084 youth who were administered an initial Children's Mental Health CANS between January and June 2018.

Strengths		
	Number of CANS with strengths identified	Percentage of total
Legal permanency	1027	95%
Relationship permanence	967	89%
Family	873	81%
Cultural identity	860	79%
Talents / interests	777	72%
Needs		
	Number of CANS with needs identified	Percentage of total
Family	701	65%
Emotional/Physical Regulation	699	64%
Anger Control	682	63%
Oppositional Behavior	640	59%
Impulsivity	630	58%

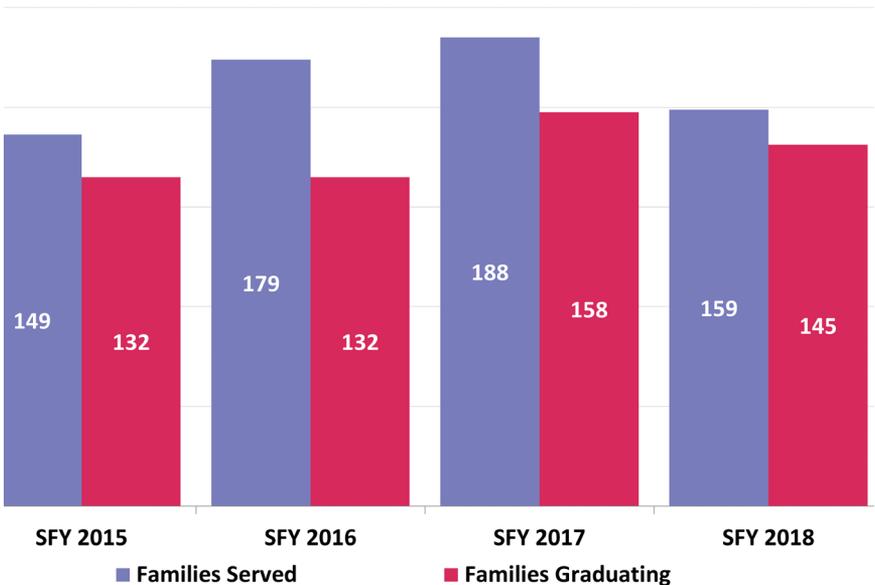
NOTE: Data is system wide and includes CANS assessments completed between Jan. 1, 2018, and June 30, 2018, by the Division of Behavioral Health, community providers, and independent assessor agencies.

Parenting with Love and Limits

The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) statewide. This 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. Thirty-one 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.

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 aggression, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. Of the 159 new families served, 145 families graduated. Since its start in 2008, PLL has served a total of 1,701 families in all seven regions statewide.



Respite Care

As a result of the Youth Empowerment Services (YES) project, in January 2018 agency respite became a Medicaid 1915(i) service available through the Idaho Behavioral Health Plan (IBHP) to Medicaid-eligible members who meet SED qualifications. In an effort to maintain an effective respite system that meets the needs of all Idaho families that have children with SED, the division has continued to issue vouchers through regional behavioral centers for respite services that are provided by a member of the family's natural support. This allows the family caregiver to hire someone from their natural support system who is familiar with the family and may already be equipped to handle the specific situation. Respite is available to all qualified children and youth who are residents of Idaho, under the age of 18, and are voluntarily seeking this service. Respite services can be furnished in the child or youth's home, another home, a foster family home, or another community-based setting.

Behavioral Health and Juvenile Justice

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	SFY 2018
Total Children Served	2,554	2,487	2,320	2,332	2,394
Court-ordered 20-511A	600	583	603	509	466
Parenting with Love and Limits	187	149	179	188	159
Case Management	1,494	1,464	1,411	1,360	1,292
Alternate Care	38	46	65	52	47

Youth Empowerment Services

More detailed information, including a glossary, fact sheets, and work updates, is available on the website devoted to this work: www.yes.idaho.gov.

The Youth Empowerment Services (YES) project has made significant progress in 2018, moving from a lawsuit (Jeff D. v Otter) toward a new system of care for children with Serious Emotional Disturbance (SED). The phased rollout began in January 2018, with full implementation of the transformed children's mental health system targeted for mid-2019. 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 the strategies and tasks being 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 effectively navigate the system and participate in the 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, family driven manner.

The following are accomplishments related to the Youth Empowerment Services project for SFY 2018:

- 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 May 2018. It is available on the YES website: yes.idaho.gov.
- Children with SED whose families' income amounts up to 300% of the Federal Poverty Level (FPL) are now eligible for Medicaid.
- A contract was developed with Liberty Healthcare to administer independent assessments and determine eligibility for YES services. The Independent Assessment process was initiated on Jan. 1, 2018.
- A person-centered service planning process was designed for Med-

icaid participants. Division of Behavioral Health staff were trained in person-centered service planning.

- Collaborative workgroups focused on the various objectives outlined in the implementation plan continue to meet on a regular basis to accomplish the work. Stakeholder interest remains high and participation in the workgroups is good. Expert consultants continue to offer technical assistance for the implementation of the improved system of care.
- The Interagency Governance Team (IGT) operates 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 currently chaired by a provider member.
- The cross-system Quality Management, Improvement and Accountability (QMIA) Council published its sixth quarterly QMIA report in July 2018. The QMIA reports are available on the YES website.
- The Idaho CANS web-based tool was implemented across Idaho. All applicable Optum Network providers are anticipated to be delivering services to children once they are certified and trained in the CANS by July 2019.
- CANS training to Optum network providers began in April of 2018. Providers who were certified and met the CANS/ICANS training and setup requirements could begin billing for the CANS effective July 1, 2018.
- Staff from Liberty Healthcare, Optum Healthcare, the Division of Behavioral Health, Division of Family and Community Services, and the Department of Juvenile Corrections have been certified and trained in the CANS.
- The ICANS website (icans.dhw.idaho.gov) was launched in March 2018 to meet the needs of agency staff and providers using the ICANS/CANS. Resources and user guides as well as information on available training are on the ICANS website and are referenced on the YES website.
- The YES website continues to be updated and includes collaborative materials and references for each of the audiences identified: parents, youth, providers, and community. The "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 implementation, reports, fact sheets, training, and other communications.
- Ongoing training and outreach to families and community stakeholder groups is being conducted.

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. The division determines eligibility for adult mental health services through screening and assessment. Adult mental health services may be accessed through the division either through an application for services or through a court order for services.

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, peer support specialists, and other mental health workers). Each center offers crisis services and ongoing mental health services.

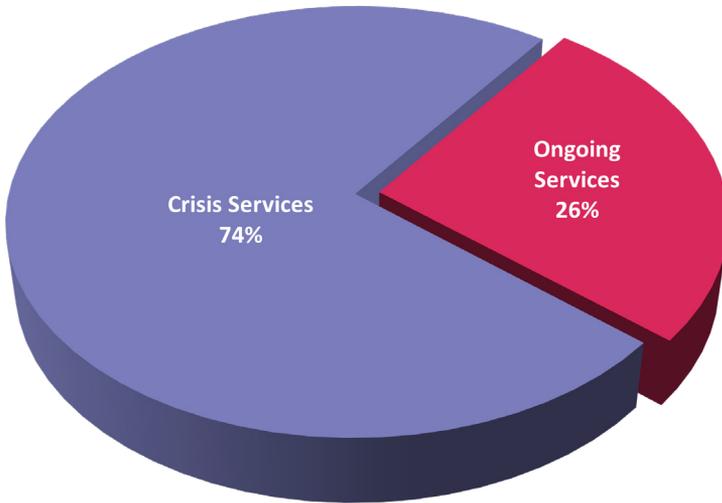
Crisis Intervention

Crisis intervention services are provided statewide through the adult mental health crisis units. Crisis intervention services include evaluation, assessment, intervention, stabilization, and follow-up planning. Crisis units provide phone and consultation services 24 hours a day, seven days a week.

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 2018, 74 percent of the participants receiving services from the division received crisis services. The remaining 26 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 2018



Adults Served

The division's regional behavioral health centers provide services to adults determined eligible through a voluntary application process. Eligibility includes service to those who are:

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

The division's regional behavioral health centers also 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, skill-building services, community-based rehabilitation services, benefits assistance, 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, 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 & Substance Use Disorders Services

According to the National Survey on Drug Use and Health, in 2016 an estimated 43.3 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 to or collaborate with a private agency to provide additional services.

Adult Mental Health Services				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Adults Served	13,503	13,940	14,358	13,122
Supportive Services (meds, housing and employment)	1,713	2,031	2,107	2,107
Assertive Community Treatment	560	587	573	585
Co-occurring Services	1,777	1,914	2,114	2,097

State Hospital South

Jim Price, Administrator, (208) 785-8402

State Hospital South (SHS) 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 patients who are 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, the hospital extended the height of the fencing that encloses the outside courtyards and added fencing around exterior doors located at the ends of the adult unit hallways. To improve patient safety, alterations were made to patient bathroom doors, and the hospital added padding to seclusion/safe area rooms. Security cameras were also installed in common areas to promote staff and patient safety.

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. The hospital 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.

The Idaho Division of Veterans Services is pursuing plans to develop an Idaho State Veterans Cemetery near the hospital's cemetery. Construc-

tion of the new cemetery could begin in 2019.

During the 2017 legislative session, the Idaho Legislature supported a plan to build a new adolescent hospital in the Treasure Valley. That project is moving forward, with construction expected to be completed in July 2020. 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 to 25 adult beds.

The 2018 Legislature approved a concurrent resolution permitting the Department of Health and Welfare to enter into an agreement with the Idaho State Building Authority to obtain financing for a new nursing home to be built on the hospital's campus. That project is moving forward quickly. Construction is expected to be completed by July 2020. Syringa Chalet, now 80 years old, will be demolished as part of that project. The new nursing home will expand the number of beds available to elderly residents with mental illnesses who require a skilled nursing level of care.

SHS Adult Inpatient Psychiatric Services				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Adults Patient Days	26,005	28,112	27,734	28,753
Admissions	547	640	582	575
Avg Daily Census	71	76.8	76	78.8
Median Length of Stay (Days)	30	32	34	35
Daily Occupancy Rate	79.2%	85.3%	84.4	87.5%
30-Day Readmission Rate	2.56%	3.75%	1.55%	1.57%
180-Day Readmission Rate	14.26%	15.16%	9.97%	13.04%
Cost/Patient Day	\$600	\$589	\$636	\$612

Syringa Skilled Nursing				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Patient Days	8,837	9,355	9,989	10,294
Admissions	14	17	16	8
Occupancy Rate	83.5%	88.1%	94.4%	97.3%
Cost/Patient Day	\$621	\$604	\$623	\$604

Adolescent Unit				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Patient Days	4,562	4,574	3,997	4,088
Admissions	149	131	116	124
Occupancy Rate	78.1%	78.1%	68.4%	70.0%
Median Length of Stay (Days)	29.0	31	29	31
30-Day Readmission Rate	2.7%	0%	0%	0%
180-Day Readmission Rate	8.1%	4.6%	7.8%	5.6%
Cost/Patient Day	\$724	\$747	\$848	\$837

State Hospital North

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

State Hospital North (SHN) in Orofino, Idaho, is a licensed 60-bed psychiatric hospital providing primarily involuntary inpatient treatment for adults in psychiatric crisis who are committed to the Department of Health and Welfare. State Hospital North collaborates with patients, their families, and the referring Regional Behavioral Health Centers to develop targeted goals and objectives for the individual's treatment episode while simultaneously focusing on critical supports and arrangements for follow-up care after discharge.

Hospitalization at State Hospital North is intended to be of a short to intermediate duration with the key objective of stabilizing presenting psychiatric symptoms and assisting patients to return to 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 44 days.

Admissions to State Hospital North are initiated by 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 a therapeutic alignment with the person as we develop a self-directed care plan with key recovery goals.

SHN Adult Inpatient Psychiatric Services				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Adults Patient Days	16,834	18,026	17,644	18,070
Admissions	243	233	206	278
Avg Daily Census	46	49	48	44
Daily Occupancy Rate	77%	82%	81%	74%
Median Length of Stay (Days)	48	55	55	44
30-Day Readmission Rate	2.1%	<1% (.009%)	1.5%	< 1 %
180-Day Readmission Rate	13.6%	7.7%	6.3%	7.2 %
Cost Per Patient Day	\$509	\$492	\$558	\$619

Substance Use Disorders Program

The Substance Use Disorders (SUD) Program includes:

- Treatment and recovery support services, including Medication Assisted Treatment (MAT) for opioid use disorder.
- Management of the SUD provider network.
- Training for treatment staff.
- Behavioral health program approval.
- Tobacco inspections.

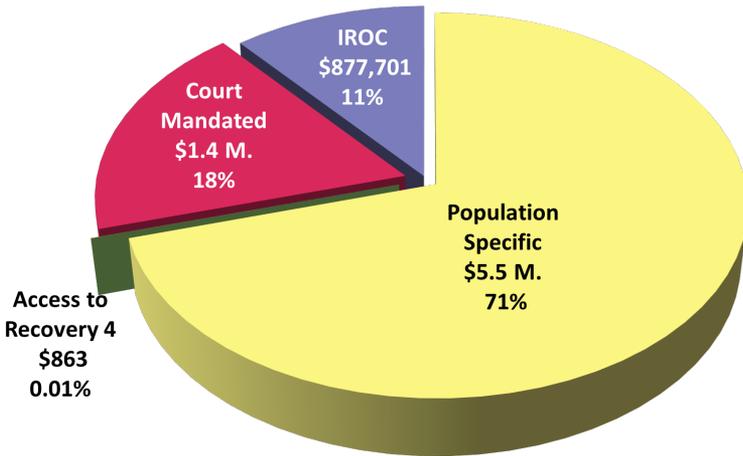
Services for SUDs are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of treatment is to help participants live their lives in recovery. The division served 3,444 unduplicated Substance Use Disorder clients in SFY 2018.

Idaho currently has a provider network developed and managed by BPA Health. The network contains 78 state-approved treatment providers at 132 locations. Treatment services include, but are not limited to, detoxification, outpatient therapy, residential treatment and Medication Assisted Treatment (MAT).

The network also includes 26 stand-alone recovery support service providers at 65 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.

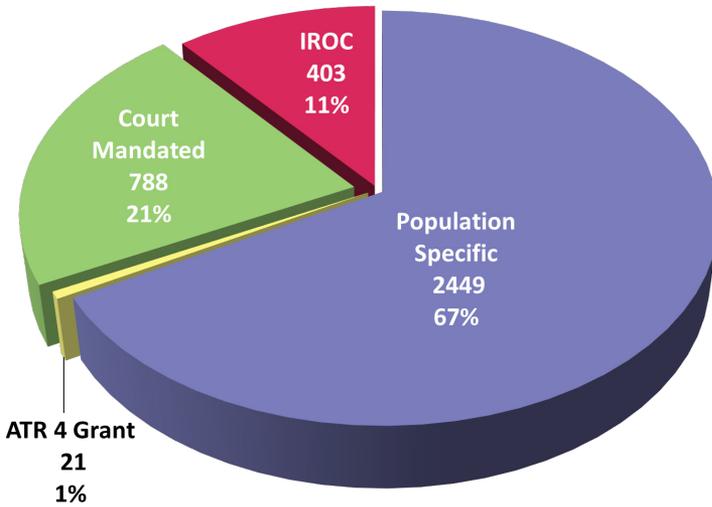
In 2017, Idaho received a \$2 million federal grant to help fight the opioid epidemic. With that funding, the division created the IROC (Idaho's Response to the Opioid Crisis) program, serving Idahoans suffering from Opioid Use Disorder (OUD). That funding was renewed for another year in May 2018. From May 2017 to July 2018, the program provided treatment services to 729 individuals with OUD and provided recovery support services on nearly 9,000 occasions.

SFY 2018 Substance Use Disorders Expenditures by Priority Population



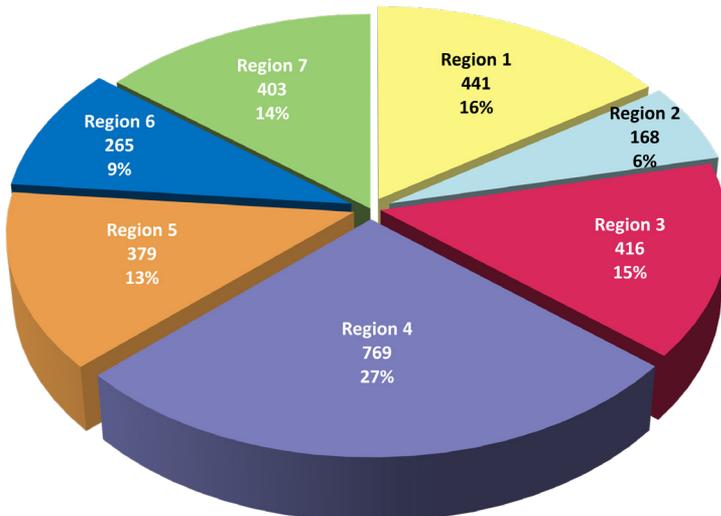
NOTE: Population Specific includes adolescents, adults, IV drug use, women with children, child protection, Idaho Youth Treatment Program clients, and patients at state hospitals.

SFY 2018 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.

SFY 2018 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, 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) to help retailers educate their staff.

To encourage retailers to be vigilant against selling tobacco to minors, youth-purchase inspections are conducted annually at every retailer site where youth can legally enter. In 1998, the first year that statewide youth-purchase tobacco inspections were conducted, the violation rate was 56.2 percent. In 2017, the survey of inspections resulted in a violation rate of 8.54 percent. The chart below summarizes the outcome of the inspections conducted for the past five years.

Inspections					
	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Permittees	1,654	1,663	1,639	1,581	1,398
Inspections	1,976	1,798	1,768	1,755	1,709
Violations	154	135	157	118	146
Non-Compliance Rate	9.1%	7.51%	8.88%	6.72%	8.54%

Division of Family and Community Services

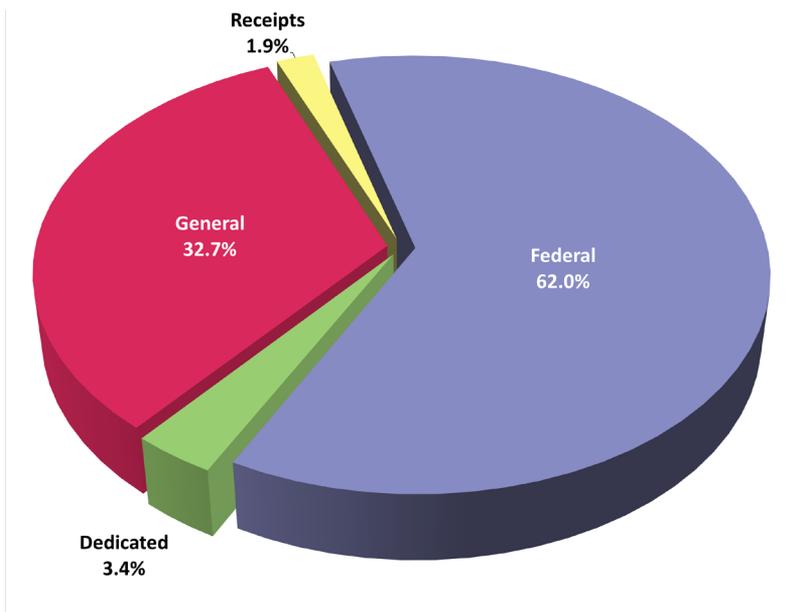
Miren Unsworth, Administrator, (208) 334-0641

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 help stabilize their lives. FACS programs work together to focus on the entire family, building on strengths while supporting and empowering them.

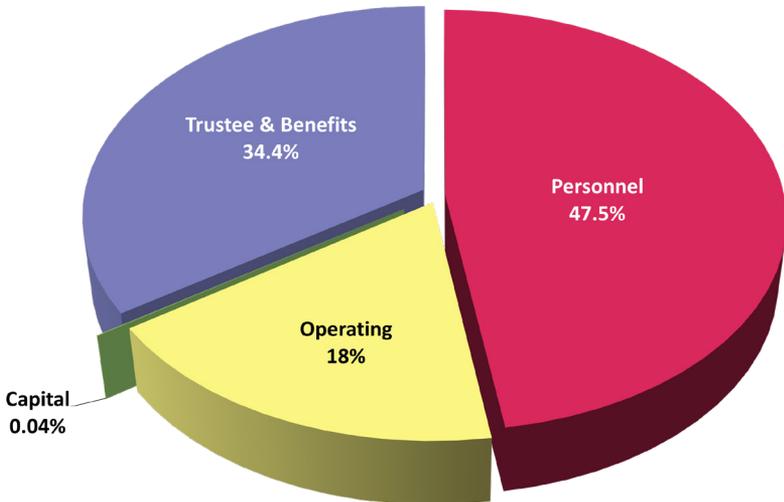
The division also administers Southwest Idaho Treatment Center. This facility provides residential care for people with developmental disabilities who face severe behavioral challenges or significant medical complications.

FACS SFY 2019 Funding Sources



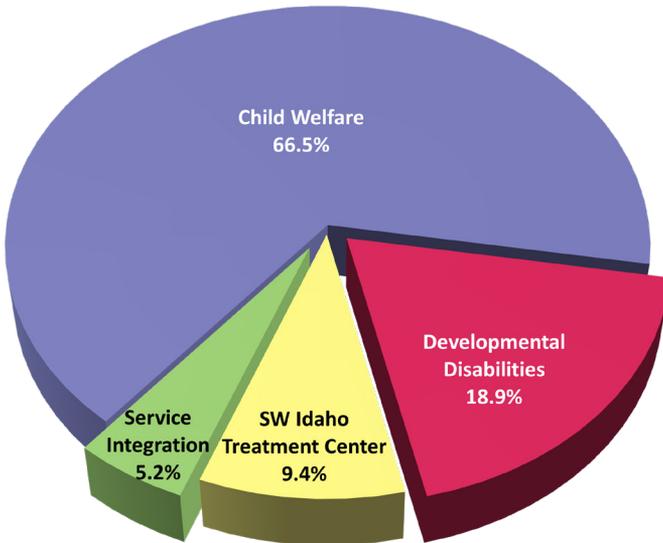
Authorized FTP: 744.51; Original Appropriation for SFY 2019: General Funds \$37.8 million, Total Funds \$115.8 million; 3.8% of Health and Welfare funding.

FACS SFY 2019 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 2019 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 2018 FACS Division Highlights

During SFY 2018, Child and Family Services (CFS) finalized planning efforts for a Three-Year Transformation Project that launched in July 2018. This project is aimed at addressing long-standing pain points within the program. The goal of the project is to ensure Child and Family Services modernizes its business practices, allowing staff to focus on the critical goal of protecting children and supporting families while removing unnecessary work and documentation that currently takes up the majority of their time and effort.

The Three-Year Transformation Project involves:

1. Organizational Restructuring

A new bureau in FACS will focus on business design and process improvement, areas in CFS identified as pain points. These organizational changes are crucial to improving consistency in statewide practice and providing continuity of child protection services for families, children, and foster parents. This bureau will provide process engineering, training, implementation supports, and data gathering and reporting. Redesigning business practices and processes with a focus on decision-making will allow the program to better serve Idaho families, effectively use its resources, and create lasting improvements.

2. A Systemic Focus on Business Priorities

The current child welfare environment is reactive to many inputs and pressures, but often the efforts to change are singular. When reacting to each passing challenge or creating one-time solutions, long-term and sustainable solutions are not implemented. The transformation project is a deliberate staging of priorities over a three-year cycle to ensure improvements in all critical areas we have identified. These include:

- Improving the safety assessment process and timeliness of safety decisions.
- Improving in-home safety plans and prevention activities to keep children from coming into the state's care.
- Improving concurrent planning processes to make permanency placement decisions as quickly as possible.
- Improving the permanency placement process for children under the age of 3 years.
- Creating improved case management and workflow standards across the child welfare workload.
- Redesigning foster care recruitment and licensing processes, as well as training supports.
- Improving performance visibility and data accessibility across all units of work.
- Designing and implementing a new Child Welfare Automated System.

- Determining strategies and an implementation schedule to ensure compliance with the federal Family First Prevention Services Act.

3. Stabilizing Current Workforce

Turnover within the program continues to be a challenge in getting ahead of workload problems across the state. Although some regions have stability in their workforce, some do not. Trends show that we have better outcomes in areas where positions remain filled and we have longer tenure. Our goal during this project is to improve stability in our statewide workforce by investing in pay increases for social workers, reducing stress and overload in case assignment and workload, providing better tools and training to help staff be successful in their everyday work, and providing data and case management tools to improve decision-making and manage performance.

4. Aligning Business and Technology

FACS will replace its outdated Child Welfare Automated Information System. Idaho's 2018 Legislature approved \$ 3.9 million in state general funds for the first year of this three-year plan to begin our efforts to implement a new Comprehensive Child Welfare Information System (CCWIS). CCWIS is a federal classification for a new generation of automated systems with improved case management functionality. FACS will contract with a technical integrator to configure and customize case management software on the Microsoft Dynamics Platform and a business engineering firm to define new business designs and streamline existing processes.

Service Integration

2-1-1 Idaho CareLine

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho's residents to health and human services. 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 local community health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho.

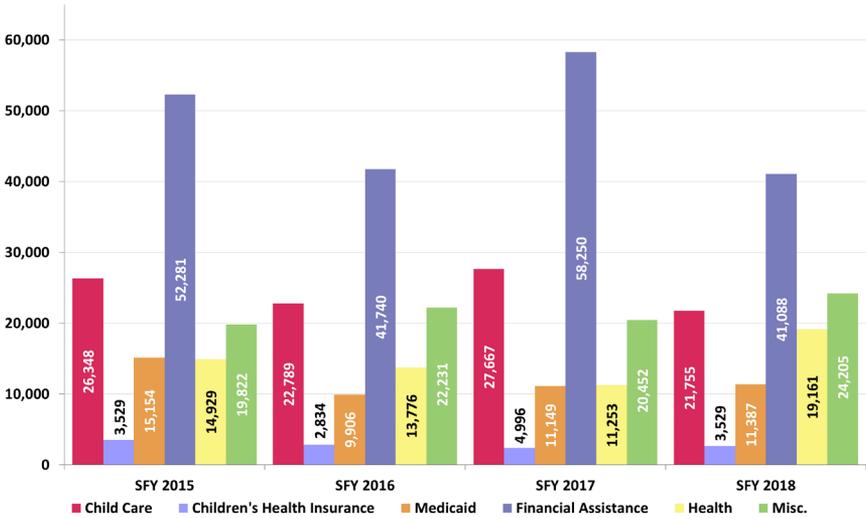
In SFY 2018, CareLine participated in 54 community outreach events and promoted various IDHW and community campaigns designed to increase the health, stability, and safety of Idahoans.

Idaho CareLine facilitated 98,362 information contacts during SFY 2018; however, staff provided 122,361 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 11,382 active services relating to 3,558 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; 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, and health and safety.

During SFY 2018, Navigation received 8,369 referrals. Navigation provided case management to 3,088 households, made up of 9,037 individuals. Of those, Navigation provided monetary assistance to 1,685 households, made up of 6,189 adults, children, and youth. Navigation provided career enhancement to 75 households, made up of 254 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 33 cents in SFY 2015; 46 cents in SFY 2016; 38 cents in SFY 2017; and 44 cents in 2018. This demonstrates the program's continued efforts to focus 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 26,600 children in Idaho are being raised by relatives. Navigators served 98 KinCare households, made up of 321 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 20, 2018, through a proclamation from Gov. C.L. "Butch" Otter, Idaho celebrated its eighth annual Idaho KinCare Family Day.

Child and Family Services

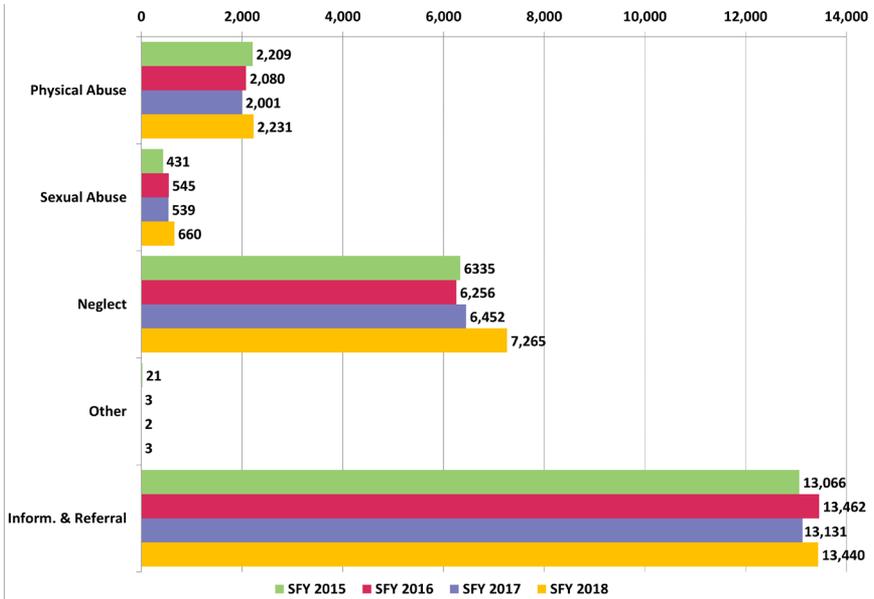
Child and Family Services (CFS) is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses families to care for foster children, monitors and assures 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 operates a Centralized Intake Unit to process all child protection referrals. The primary responsibility of this unit is to answer calls and document child welfare concerns from the public (called referrals), make priority determinations related to the referral, and assign safety assessments to field social workers based on the priority of the referral. Field social workers conduct safety assessments to determine if the child is safe. 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 from their homes, social workers continue to work with the families to return the children to the home as soon as it is safe to do so.

Child Protection and Prevention Referrals



Note: In SFY 2018, there were 23,599 referrals from concerned citizens, slightly up from 22,125 in SFY 2017. Of these referrals, 10,159 were assigned for safety assessment. An additional 13,440 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) provide care for children who have been abused, neglected, or abandoned, and who cannot be maintained safely in their own homes.

During SFY 2018, 2,936 children were served through the foster care program. In the same year, 1,241 children left foster care. Of these children, 66% were reunified with their parents/caregivers.

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:

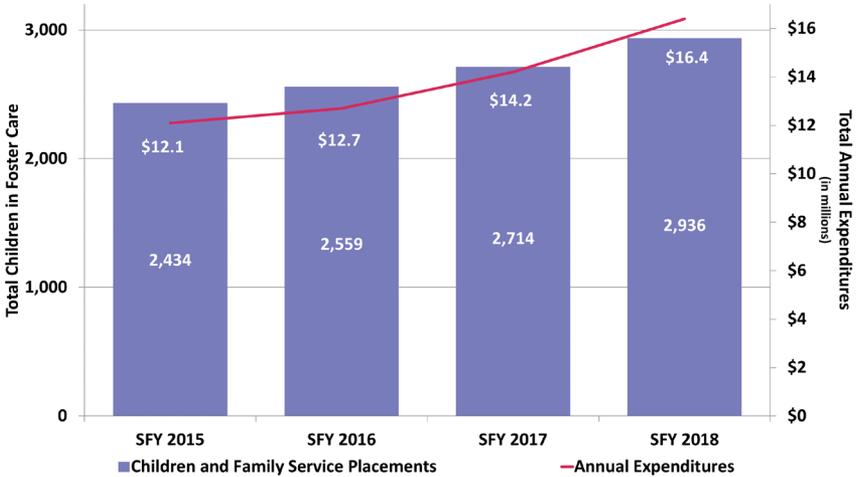
- Assure the child will be safe.
- Provide services to the family and the child to promote reunification

- 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 are resolved that required placement outside the home. 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



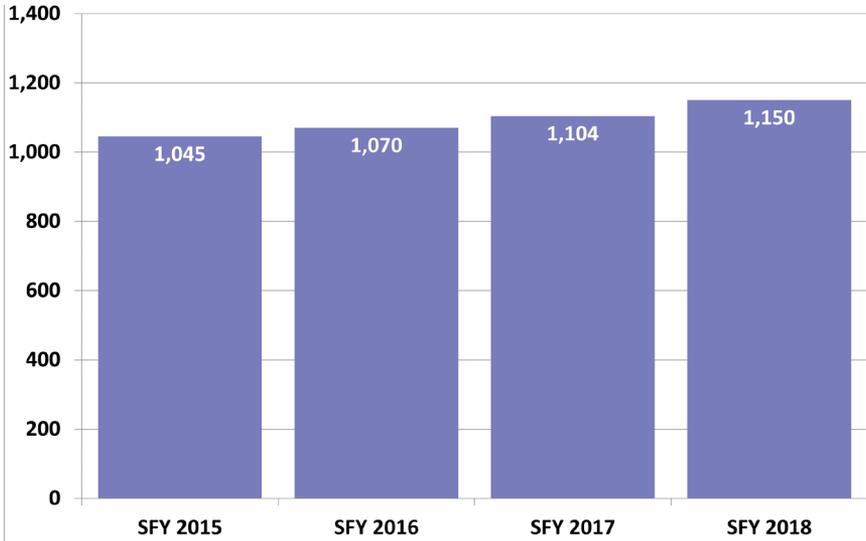
Note: This chart shows total number of children served annually. On June 30, 2018, there were 1,726 children in state care. On June 30, 2017, there were 1,597 children in care.

Treatment foster care is available to children who have complex needs that go beyond what general resource parents are able to 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 less restrictive settings.

There is a critical need to recruit and retain resource families for all children in foster care. On June 30, 2018, there were a total of 1,150 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 an increase of about 50 families since SFY 2017, but there is an ongoing need to recruit 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. Foster care recruitment and retention is an area of concentrated focus with the CFS Three-Year Transformation Project.

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 2018, the Independent Living Program served 507 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 23 youth participated in the program at colleges,

universities, technical schools, and other institutions of higher education during SFY 2018.

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 helps determine the services that are 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 have physical, mental, emotional, or medical disabilities, or they may be part of a group of siblings who must stay together. 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 a child's needs within 24 months of when the child entered foster care. To help meet this goal, the department looks for relatives who are interested and able to adopt the child. When no relatives are available or if it has been determined that placement with a relative is not in the child's best interest, non-relative foster families often adopt.

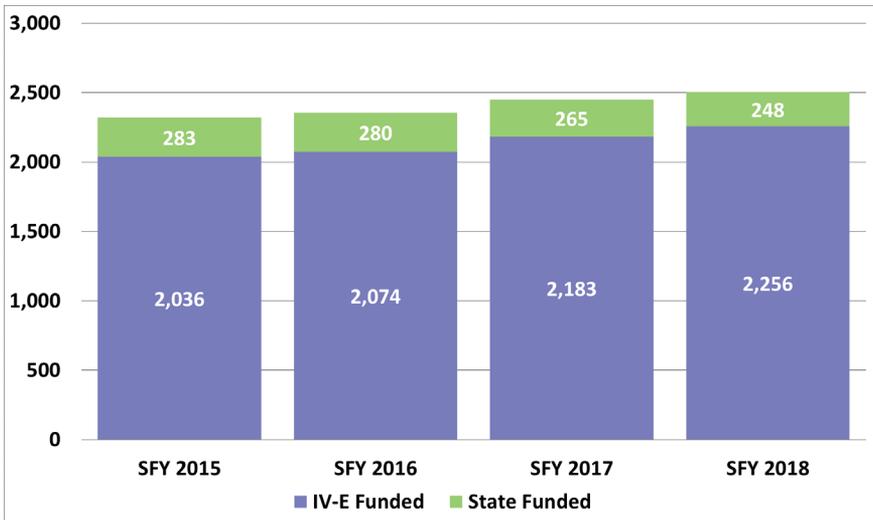
Families who adopt children with special needs are eligible to apply for federal or state adoption assistance benefits. These benefits help subsidize the expenses associated with finalizing an adoption and the cost of parenting a child who has special needs.

In SFY 2018, 257 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 2015	SFY 2016	SFY 2017	SFY 2018
215	195	236	257

Average Monthly Adoption Assistance Payments			
SFY 2015	SFY 2016	SFY 2017	SFY 2018
\$359	\$359	\$363	\$369

Children Receiving Adoption Subsidies



Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for infants, children, and adults who have developmental disabilities. 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 Infant Toddler Program

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 provide evidence-based services, including teaming, natural environment learning practices, and family coaching across the state. Teams build the capacity of families to promote children's learning. Family feed-

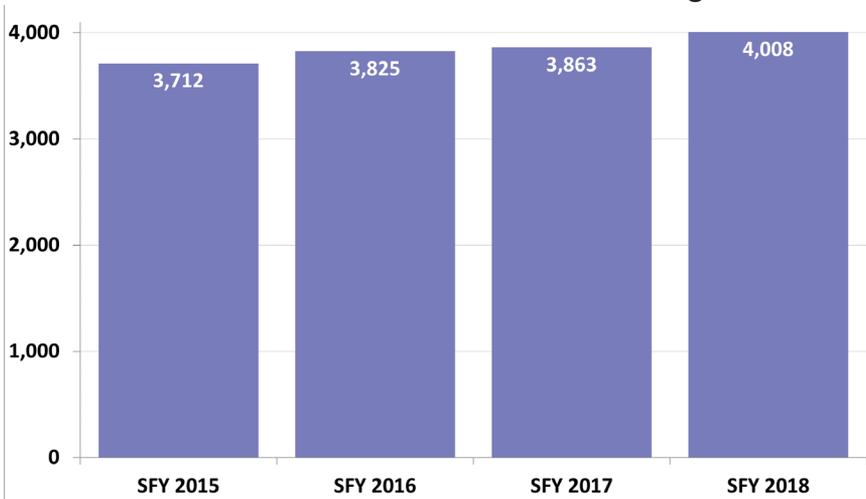
back about the team approach and coaching continues to be favorable and produce positive outcomes.

The Infant Toddler Program received the full SFY 2018 grant approval. It also received the highest federal rating of "Meets Requirements."

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-six 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 program priority. In SFY 2018, the Infant Toddler Program received 4,210 referrals. Region-specific outreach strategies and online screening by parents has resulted in a steady increase in the number of referrals for five 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 2018, the program served 4,088 children and their families.

Children Served in the Infant Toddler Program



Children's Developmental Disability Program

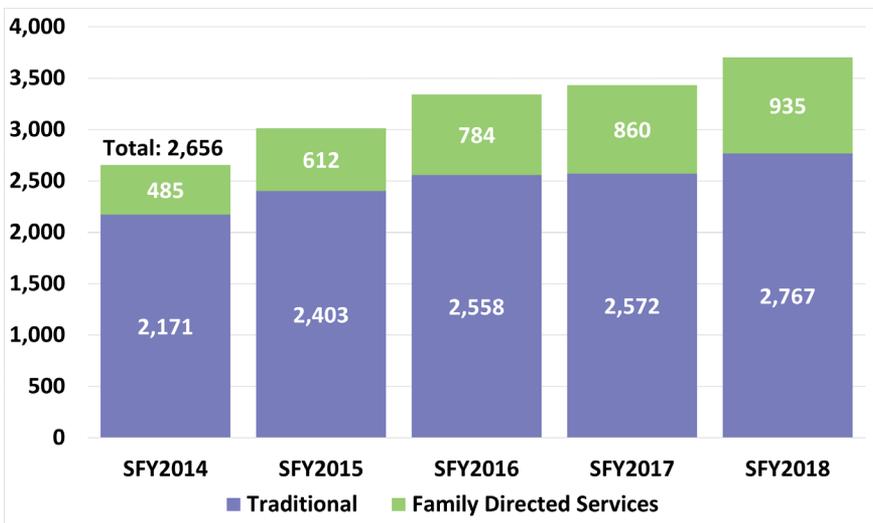
The Children's Developmental Disabilities Program oversees services for children with developmental disabilities up to age 18. Services are delivered through two pathways: traditional and family directed services. Traditional services are delivered by community providers using evi-

dence-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 3,700 children. Over 25% of these children receive services under the family directed program. A parent satisfaction survey in SFY 2018 indicated that 88% 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

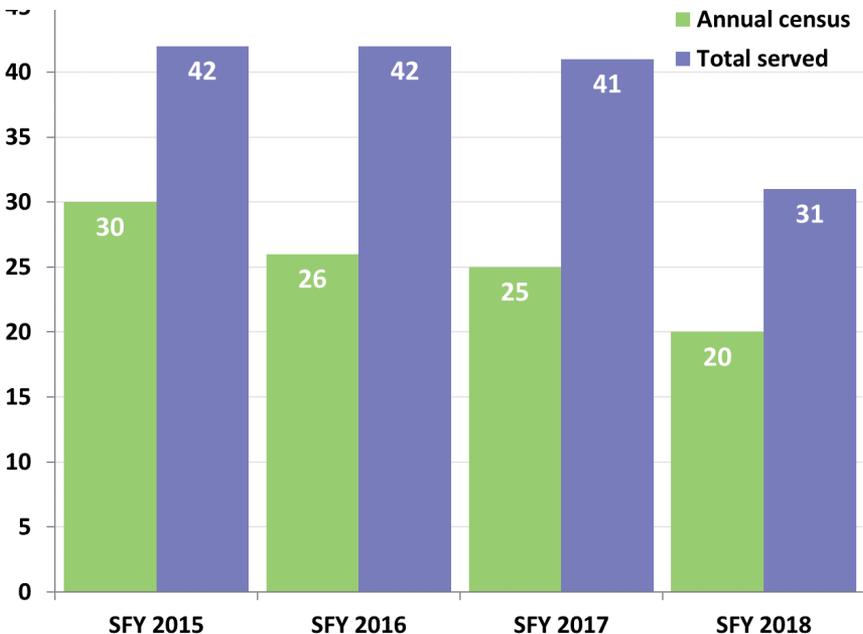
Jamie Newton, Administrator, (208) 475-2434

The mission of SWITC, located in Nampa, is to provide services as a short-term therapeutic stabilization and transition center for clients, focused mostly on those who have been committed to the department because of criminal activity or severe behaviors. SWITC has become a stabilization center for individuals with intricate and challenging needs, with the goal of transitioning them to effective community placements for long-term services as quickly 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 continued decline in the number of clients at the center over the past decade to between 20 and 25.

The 2017 Idaho Legislature passed a bill allowing the creation of a secure treatment facility. Rules governing the Secure Treatment Facility for People with Intellectual Disabilities have been approved by the Board of Health and Welfare. A wing of SWITC is being 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

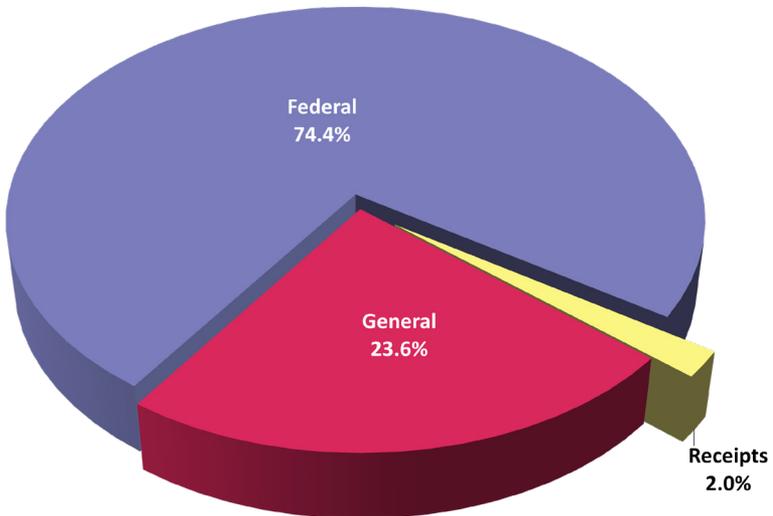
Christine Pisani, Executive Director, (208) 334-2178

The Idaho Council on Developmental Disabilities (ICDD) promotes a participant and family-centered system of comprehensive, coordinated community services by engaging in advocacy, capacity building, and systemic change activities. 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.

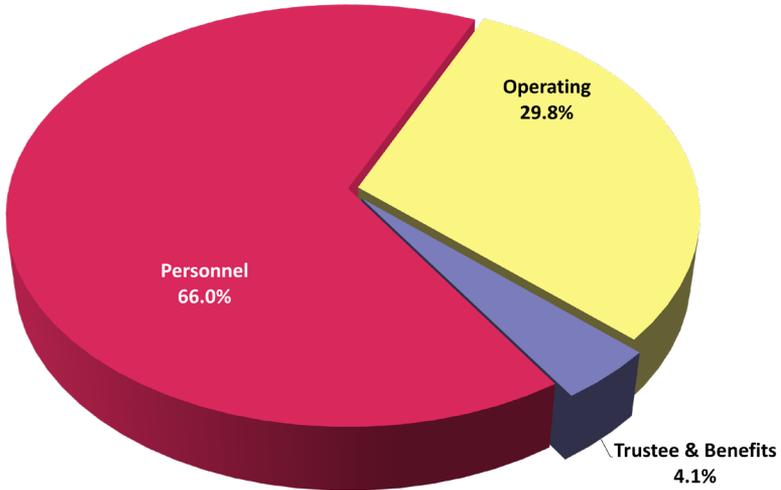
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

SFY 2019 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by DHW. FTP: 6; General Funds \$180,700; Total Funds \$765,600.

SFY 2019 Expenditure Categories



Council Initiatives

The council has completed the second 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 2018 include:

Adults with intellectual/developmental disabilities experience improved quality in Home and Community Based Services. The Idaho Council on Developmental Disabilities continued to work collaboratively with the Department of Health and 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 services provided under Idaho's Medicaid DD Waiver program.

The workgroup was made possible through the shared resources of the department and the Idaho Council on Developmental Disabilities. Community NOW! meetings and discussions took place as part of implementation of the K.W. v. Armstrong settlement agreement. The workgroup brought together more than 60 people, including: adults with I/DD; family members who support and advocate for adults with I/DD; department managers and administrators; advocacy groups such as ICDD, Disability Rights Idaho, Medicaid service providers; and representatives from the

Idaho Attorney General's Office, the American Civil Liberties Union, and Human Services Research Institute.

Intentional work has been done this past year to address Recommendation #1 identified in the 2017 Community NOW! Report: **Establish a quality person-centered planning process based on best practices.**

Outcomes include:

- Stakeholders educated about proposed Idaho person-centered planning model
- An advisory committee of adults with I/DD and families is supported through the council to review and approve all proposals for a person-centered planning approach for the adults in the developmental disability service system.
- Self-advocates and council staff reviewed content and format of the new Department of Health and Welfare's My Choice Matters website and provided suggested language. This new website was created for adults in the DD program and will soon have audio availability in order to have text read to the reader. <http://www.mychoicematters.idaho.gov/>

People who experience intellectual or developmental disability with a co-occurring mental illness have access to mental health services from skilled service providers.

The council received updated information from the Independent Assessment Provider in March 2018. There are 4,510 adults on the Developmental Disability Waiver and 2,773 of those adults experience a co-occurring mental health diagnosis. The council invested \$25,000 and collaborated with the Department of Health and Welfare to host two three-day workshops for mental health clinicians in 2018. Julie Brown, Ph.D., presented in Pocatello at Idaho State University in June and in Coeur d'Alene at North Idaho College in September.

The council supported a parent of an adult with dual diagnosis to speak to the mental health clinicians about the family's experience and lack of mental health services. The current council chair spoke to the clinicians about his experience as a person with a dual diagnosis, the lack of recognition of mental health diagnosis until later in life, and the impact that has had on him personally.

Outcomes Include:

- 81 clinicians received Skills System training to improve their ability to serve adults with a dual diagnosis (I/DD and mental health diagnosis)
- 97% who completed the survey after the training said they were planning to serve more people with a dual diagnosis.

Build the capacity of individuals and parents to lead, mentor, and advocate for others by increasing their leadership and advocacy skills.

In May 2018, 27 participants graduated from the council's leadership development program, Idaho Partners in Policymaking. The council has been providing this leadership development program since 1997, with over 200 graduates statewide.

Outcomes include:

- 14 adults with intellectual or developmental disabilities, and 13 parents, including five individuals from the Spanish-speaking community, graduated from this intensive eight month leadership program.

Learn more: <https://icdd.idaho.gov/>

Council on Domestic Violence and Victim Assistance

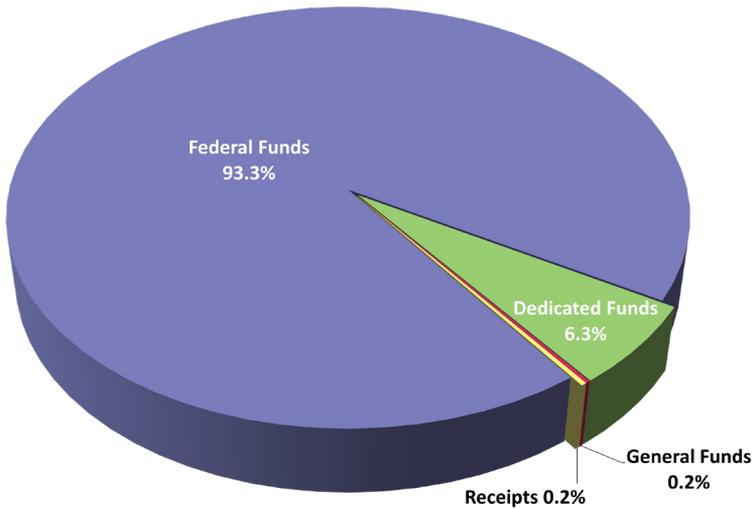
Nicole Fitzgerald, Executive Director, (208) 334-1540

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.

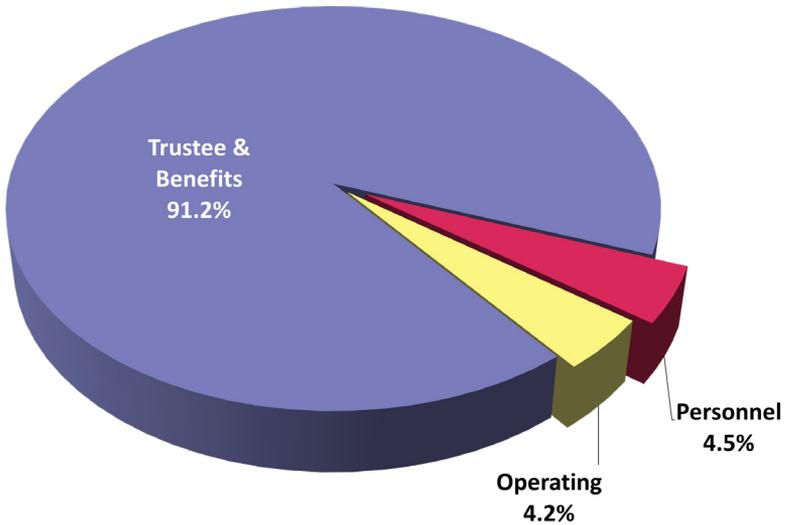
In addition, the council serves as a statutory advisory body for programs affecting victims of crime and acts as a coordinating agency for the state on victim assistance issues.

SFY 2019 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 2019 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, medical and legal advocacy, juvenile services, counseling, support groups, and victim family assistance.

The council serves as the oversight for all state-approved offender intervention programs throughout the state.

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

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

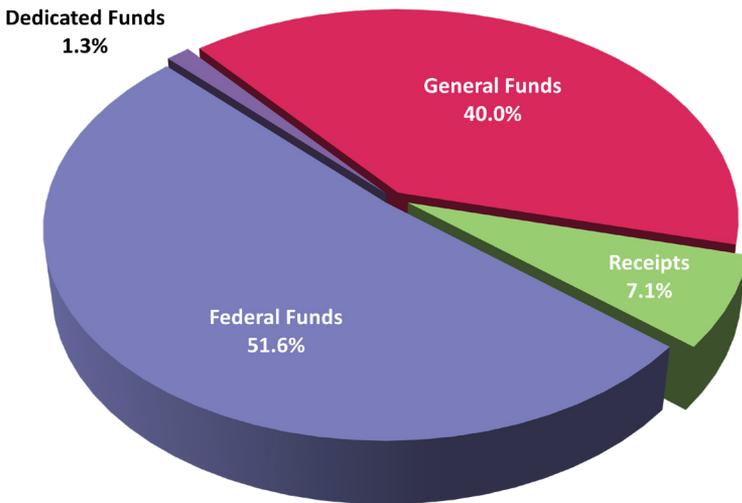
Indirect Support Services

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 (details on page 9), 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.

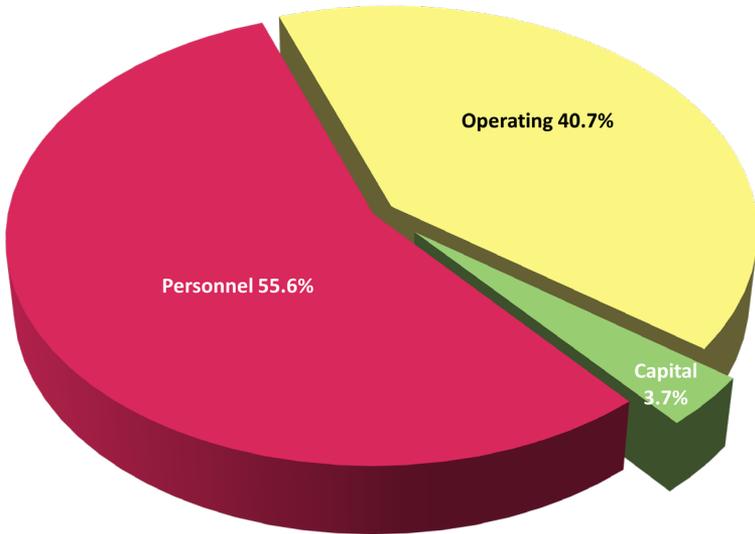
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, 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 2,923 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

SFY 2019 Funding Sources

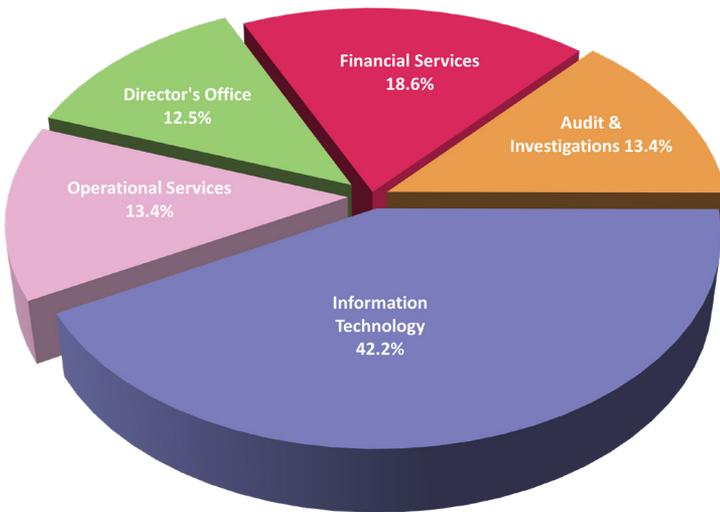


Authorized FTP: 299.6; Original SFY 2019 Appropriation: General Funds \$19.5 million, Total Funds \$48.7 million; 1.6% of Health and Welfare funding.

SFY 2019 Expenditure Categories



SFY 2019 Spending by Program



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.
- Payables Interfaces: Medicaid, child care, energy assistance, job services payment systems, and vendor management support.

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)

- P-card 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 SFY 2018 expenditures were \$1.46 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 System (EPS) activities. Although overall, electronic payments associated with the Child Support program and cash assistance programs have 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.

After the recession, SFY 2012 saw the highest peak of disbursed food stamp benefits in the State's history, totaling \$366 million. Since then, DHW has seen a steady decline in food stamp benefit payments year-over-year. In SFY 2018 food stamp payments totaled \$209 million – down 13% when compared to the previous year, and down 20% compared to SFY 2016.

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 all types of electronic payments; and provide necessary and appropriate information to management regarding electronic payment capabilities and mandated requirements.

DHW contracts with Fidelity Information Services to set up and maintain accounts for food stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF or TAFI) and Aid to the Aged, Blind, and Disabled (state supplement or AABD).

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 receiving the funds by direct deposit into a personal bank account.

DHW has a separate contract with US BANK for Child Support clients who choose to have their payments go to a Direct Payment Card (DPC). Child support payments can be accessed with a US BANK ReliaCard, or they can be deposited directly into a personal bank account.

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:

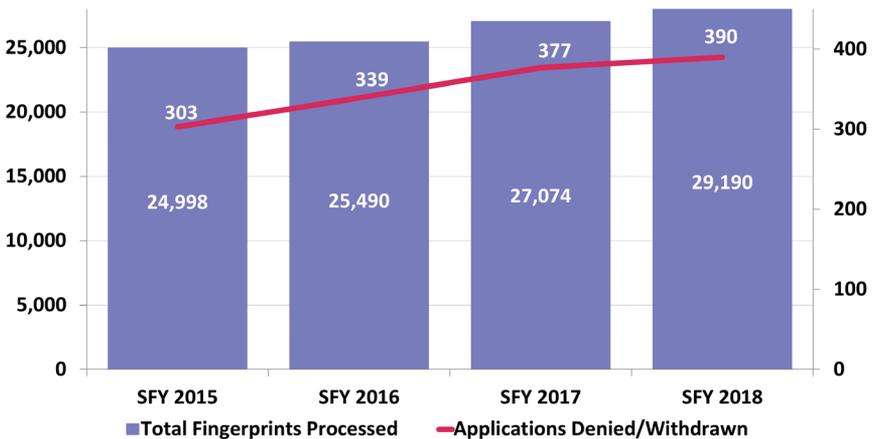
- Criminal History
- Internal Audit
- Fraud Analysis
- Medicaid Program Integrity
- Welfare Fraud Investigations

Criminal History Unit

The Criminal History Unit conducts department-required background checks. The background check is fingerprint-based and includes a search of national and state criminal databases and jurisdictions. It also includes checks of specific registries including 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 work in over 40 programs to provide direct care for participants who are children or 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 hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

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 it improves the effectiveness of risk management, control, and governance processes. Internal auditing assists department staff by furnishing them with analyses, appraisals, recommendations, counsel, information, 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 department's sensitive data.

Internal Audit				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Audits completed	5	3	2	3
Audit recommendations made	11	13	2	16
External reports reviewed	63	60	83	93
Grant risk assessment	NA	NA	209	257

The Medicaid Program Integrity Unit

This unit investigates allegations of Medicaid fraud, waste, and abuse, and conducts federally mandated program reviews and investigations by reviewing provider billing practices and records.

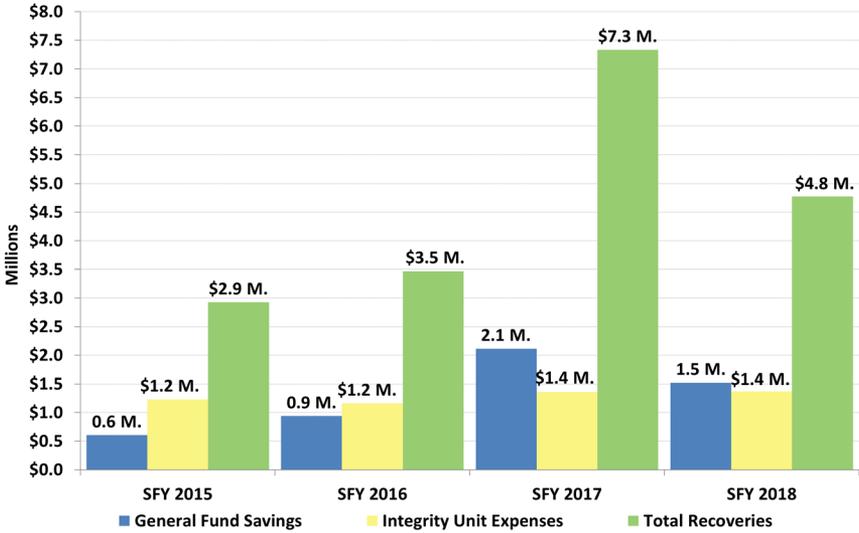
Medicaid investigations are initiated from:

- Data mining and other proactive reviews
- Referrals from other agencies
- Provider self-reporting
- Provider, client, and anonymous complaints

Issues are resolved through:

- Education
- Policy recommendations
- Recoupment of overpayments
- Assessment of civil monetary penalties
- Termination of provider agreements
- Exclusion from the Medicaid program
- Referral for prosecution

Total Recoveries

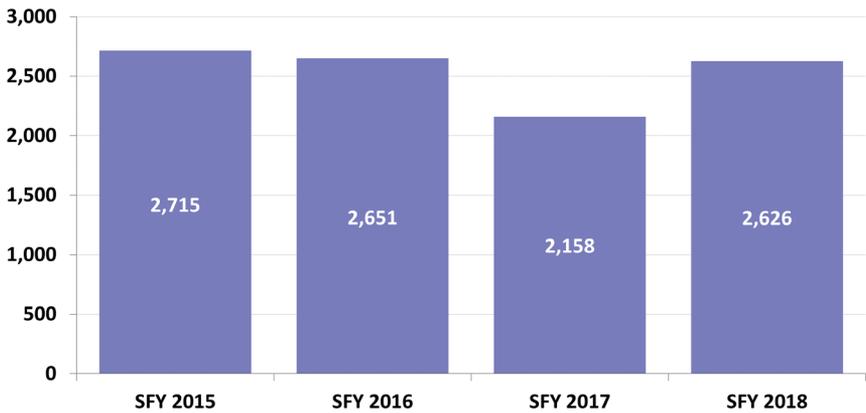


The Welfare Fraud Unit

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.

Welfare Fraud Cases Investigated



Overpayments and cost savings



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 health and safety of Idahoans.

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 to 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 IT resources, ensuring availability, backup, and disaster recovery for all systems.
- Secures IT 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 IT-related 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 (ITLC) to provide guidance and solutions for statewide business decisions.
- Implements the state's Information Technology Authority (ITA) directives, strategic planning, and compliance.
- Collaborates with the Office of Information Technology Services (ITS) in statewide messaging, communications, video conferencing, networking, strategic planning, and ITA initiatives or 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 ser-

vices. The division is divided into three distinct areas:

1. Operations.
2. Infrastructure.
3. Application Development and Support.

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:** Provides DHW staff with Level 1, 2, and 3 technical support services for all desktop and mobile computer-related issues, including hardware, software, and network connectivity. State-wide technicians work from a shared queue, which enables faster service to all our customers who can be supported remotely, freeing up local techs' time to support our customers with issues that require hands-on support.
- **Printer support:** The bureau is the 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.
- **Service Management:** Responsible for design and maintenance of service desk support software used by many agency divisions.
- **Endpoint Management:** Responsible for design and maintenance of desktop and laptop images, security patching and software updates. Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency. Provides mobile device security management.
- **Technology training and development:** Introduces new products to DHW staff; offers training classes (both live and online); and maintains SharePoint knowledge sites for IT Technicians and DHW staff.
- **Enterprise Content Management:** works with other divisions to establish document management practices. Maintains software utilized in the process and provides training and support to divisions utilizing the software.

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 also provides development and support for all agency business offices and associated partnerships, including the Office of Drug Policy, Community Action Agency, Health Data Exchange, and the Commission for the Deaf, Blind and Hard of Hearing. Finally, the bu-

reau is responsible for disaster recovery planning, and conducts exercises and testing of recoverability of technology.

The bureau's functions include:

- **Wide Area Network:** Provides wide area, local area, and wireless network design, deployment, and statewide support, as well as data telecommunications infrastructure support.
- **IT Security:** Responsible for user and data security management and standards; database and data warehouse security; enterprise antivirus/HIPS administration; remote access support (Secure Socket Layer Virtual Private Network); and firewall administration and support.
- **UCC:** Designs, deploys and supports unified communications including Voice over IP (VoIP), Fax over IP (FoIP), and video. Also provides support for data center facilities and associated computer systems, including power, cooling, and backup generator for emergencies.
- **Server 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; server virtualization; VM provisioning and support; and server security patching.
- **Security and Compliance Audit:** responsible for DHW and ITSD information policies and procedures to maintain compliance with state and federal rules, regulations and guidelines regarding Personally Identifiable Information (PII), Personal Health Information (PHI), the Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Office of Inspector General (OIG), FNS Food and Nutrition Services, and CMS Center for Medicaid Services. Also, provides computer forensics support and internal security posture assessments (vulnerability scanning).

Bureau of Application Development and Support

The primary responsibility of the Bureau of Application Development and Support is the design, development, operational maintenance, and support of all business applications, which provide necessary health and human services for the citizens of Idaho. The bureau provides the design and support for the applications necessary to accommodate the entire agency's eight extremely diverse divisions and the programs they administer.

The bureau is also responsible for ongoing enhancements of existing applications; development of new business applications; integration of commercial off-the-shelf products into the agency's application framework; development, maintenance, and support of databases; and creation

and maintenance of departmental reports for all software (middleware) necessary to support the movement of information between computing platforms.

The bureau's functions include:

- **Web Application Operation & Support group:** Responsible for the operation, maintenance, and support of web-based applications for the entire agency. The team supports over 150 applications, including custom-developed, commercial, and commercial off-the-shelf, as well as commercial off-the-shelf products that have been customized for specific business needs. The team is responsible for the day-to-day operations of each of the applications, in addition to all patching, upgrades, and other routine maintenance. All monitoring of server connections and services are part of the team's duties 24 hours per day, 7 days a week.
- **The Application Development group:** Responsible for gathering requirements, designing (including the architectural flow of the application), and coding the enhancement of existing applications; developing new business applications; and integrating commercial and commercial off-the-shelf applications 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. Previously, the group focused on the design, development, and support of the mainframe application; the group has now broadened their scope of work and skill set to include supporting and developing in Java, Natural, and other programming languages. The team continues to provide the ongoing enhancements and maintenance of the applications remaining on the mainframe system.
 - Provides leadership and guidance of complex integrated systems. Responsible for overseeing the applications that support the Welfare division for all benefits programs, including SNAP, TANF, Child Care, LIHEAP, Supportive Services, and Education & Training programs, and the entire Child Support Enforcement program application.
 - 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 technology and automation of process. The group works with all teams to design the most effective, efficient, and maintainable systems possible and incorporate microservices, reusable APIs, and other relevant technologies for ongoing sustainability.
- **The Business Analyst & Application Support team:** Provides DHW staff

with support for applications such as WISPr, Vital Statistics, Criminal History, Audits & Investigations, The Knowledge Center, VistA (Veterans Administration) Hospital Management System, and the e-Case file document management system, as well as many other ongoing enhancement and modernization efforts for various business-related applications.

- **The Production Services group:** Supports multi-platforms (Mainframe, Windows, Oracle and Linux) by working with cross functional teams and technology partners both inside and outside of the agency, such as banking partners, the federal government, and other state entities.
 - This group contributes to improving processes, increasing automation, and improving the daily interactions between the many platforms and applications.
 - The group develops scripts to execute automated processes, including defining requirements, testing, and documentation.
 - They work with senior IT resources in supporting testing and implementations of upgrades and new infrastructure technology, the various .NET and JAVA applications, mainframe systems, and data transmissions.
 - The group identifies processing areas needed for optimizations, and works with IT analysts in improving production and non-production processing.
 - They also monitor data transmissions and job processing per pre-defined requirements and communications.
 - They also support the production environment by applying a disciplined, logical, and comprehensive approach to problem resolution.
 - The group focuses on clear, concise communications for all internal and external interfaces.
- **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.
- **The Database Administration (DBA) team:** Responsible for the installation, configuration, upgrade, and migration for all databases utilized by all the applications throughout the agency. The DBA team is responsible for the hardware, operating system, and database software. All upgrades, patching, and changes to the database are managed by this team. The DBA team also creates the structure, views, and, most importantly, the data quality and data integrity of the systems they support.
- **Enterprise architecture:** Designs, develops, and maintains an enterprise model framework, and develops enterprise standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology, and their interrelationships.
- **Licensing and Procurement Management:** Specializes in IT contracts, software, and hardware licensing in partnership with DHW's senior buyers in purchasing, leading the process for the procurement of

computer software and hardware. Tracks all compliance of licensing and renewal dates for the agency.

- **SharePoint Administration and Support:** Oversees SharePoint upgrades and administration for the enterprise. It also conducts training and aids in SharePoint development for the agency's business units. They design, administer, maintain, and support SharePoint for all department users.
- **DHW External Websites and Social Media team:** In conjunction with the Public Information Office, this group oversees the agency's social media, public service campaign sites, and the external DHW website. The team designs, codes, and maintains all public facing sites, ensuring the content and information presented is relevant and timely.

ITSD Highlights

ITSD has completed multiple ongoing 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 that attest to the adoption of standard-compliant EHR technology.
- The department's Self Reliance team was provided with a feasibility study along with a cost analysis for the EHR Incentive Management System.
- Established Cisco Enterprise License Agreement to enhance the agency's cybersecurity posture for federal and state security controls and compliance.
- Implemented Cisco Identity Service Engine to meet security compliance requirements.
- Continued migration of DHW online Office products including Office 365, Exchange Online, and OneDrive.
- Vital Statistics Event System Re-Write. To modernize, innovate business processes, and increase efficiency, the current mainframe system being used to record vital events was re-written in a modern language that will allow for increased supportability and the elimination of mainframe processing costs.
- Criminal History Unit Application Enhancements for Child Care. We will issue two different types of clearances for applicants, depending on the services they provide to the vulnerable population that we seek to protect. A federal auditor finding questioned whether federal criminal information was accessible to non-DHW users, and is being addressed by enhancing the security mode to limit who can access the information.
- 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 converted Child Support Enforcement System application with a more customer-facing, maintainable, and supportable solution that better serves the citizens of Idaho.
- DHW Mainframe Application Decommissioning Initiative. For approximately 40 years, DHW has been using the State Controller's Office (SCO) mainframe processor for computer processing in support of the DHW business needs. During this year, functional processes were removed and redesigned, except for the department's Financial System, which will be replaced by the SCO's Statewide Financial System Initiative (Luma). Current technology methodologies were utilized during the decommissioning project to eliminate excessive mainframe processing costs.

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. Incorporated user-requested features and updated the documentation to reflect the system enhancements
- Year 6 of the Idaho Electronic Health Record Incentive Management System, which provides users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers that attest to the adoption of standard-compliant Electronic Health Record Technology.

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 the 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 due to options for real-time video conferencing, document sharing, and shared virtual workspaces.
- 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 document storage space, resulting in a reduced cost to the agency and the environment.

- Completed Projects and 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.
- DHW Mainframe Systems Decommissioning Initiative, to remove and replace department applications with modern technology, except for the department's financial system. To include: Child Support, Energy Assistance, Enhanced Work Services, Vital Statistics Events System, etc.
- Replacement of the department's mainframe job scheduling software with a Windows-based software solution.

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 that attest to the adoption of standard compliant Electronic Health Record (EHR) technology.
- Core Security (formerly Courion) Access Management: Implementing an automated identification access process to enable more secure, efficient services to DHW 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).
- Fraud and Investigation Tracking System (FITS) Medicaid Rewrite, which will allow expansion for business process modernization and reporting needs for fraud investigative tracking. The new rewrite will be more maintainable, and easier to upgrade within the agency's infrastructure.
- Women, Infants, and Children (WIC) Mainframe Check printing. Moving this process into a Windows environment using VPSX.
- External Partner Portal project, which is a SharePoint site used in conjunction with DHW's external partners. This project will allow DHW business units to safely and securely share data and collaborate with external partners.

- Currently evaluating and testing enhanced mobile device management products to address the federal and state required critical cybersecurity controls.
- Implementing AppDynamics application performance manager to monitor and manage application and network performance, and to gain end-to-end visibility across the enterprise.

Major Projects in Progress

Child Welfare Modernization

- **Function:** Re-platform the iCARE product onto a Microsoft Dynamics 365 /.NET architecture (from Natural for Window). Enhancing the access and usability of the system and reformatting the database for additional data collection, data quality, 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:** Purchasing the Microsoft Dynamics 365 platform and providing experienced integration teams to move the functionality into the new platform. Additionally, the purchase and integration of LaserFiche, a document management system, will provide storage and retrieval capabilities to enhance the efficiencies of the iCARE system and case management for the Child Welfare division. Moving to the new 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. The project will continue through 2021.

Child Support Modernization: Modernization of the Child Support System from the migrated code and data which successfully took place in 2017. Modernization efforts include new user interfaces, streamlined processes and additional information allowing the CS staff to provide information more effectively to the citizens of Idaho.

- **Status:** After the successful ITSD initiative to migrate the mainframe applications off the State Controller's Office mainframe, Phase II of the project was to modernize the system and enhance many of the capabilities to provide more information and to streamline many of the processes previously utilized in the Child Support program. Modernization continues for the Child Support system, and includes key components such as IBES referral, case open, "Do Not Enforce" task management, employment, paternity, income, and financial views.
- **Replacement strategy:** Phase II will be to re-write the user interface, and to increase functionality and enhancements to accommodate

process improvements in support of the critical business needs.

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 and CSC Top 5 controls).

DHW 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 safeguard.

Assessment and Certification Tool:

The ACT system marries three separate systems – the Children's Personal Care Services Assessment Tool, the Regional Medicaid Services Tool, and the Uniform Assessment Instrument – together into a fully integrated, cohesive environment, which allows the collection and the maintenance of data for assessing a client's actual functioning level, social skills, and physical and cognitive abilities from age one through adulthood. This information is used to help provide Medicaid assistance for clients who need additional resources.

- **Status:** With two of the systems (Regional Medicaid Services Tool and Uniform Assessment Instrument) incorporated into ACT, work is being done to include the final system (Children's Personal Care Services

Assessment Tool.

Women, Infants, and Children (WIC) Electronic Benefits System (eWIC):

eWIC is a project that will implement the use of Electronic Benefits Transfer (EBT) cards for WIC food benefits. Magnetically encoded payment cards (like credit cards), will be issued to WIC participants. Participants will use the cards to redeem benefits. The cards are replacing WIC checks. This project is federally-mandated to be completed no later than October 2020.

- Status: This project will continue through 2019.
- Replacement strategy: Working with third party vendors (CDP/FIS, CQuest and Maximus) to enhance the WIC food benefit delivery process, and adding the EBTI (eWIC) functionality enhancement. The existing check functionality will continue while rolling out the eWIC cards via a rollout schedule.

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 licensing and certification activities for the following types of health care providers:

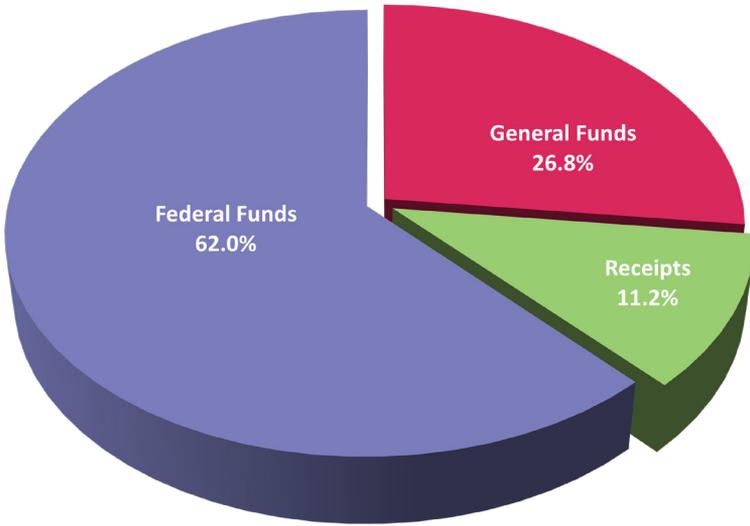
- Ambulatory surgery centers
- Certified family homes
- Developmental disability agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Portable x-ray providers
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech 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:

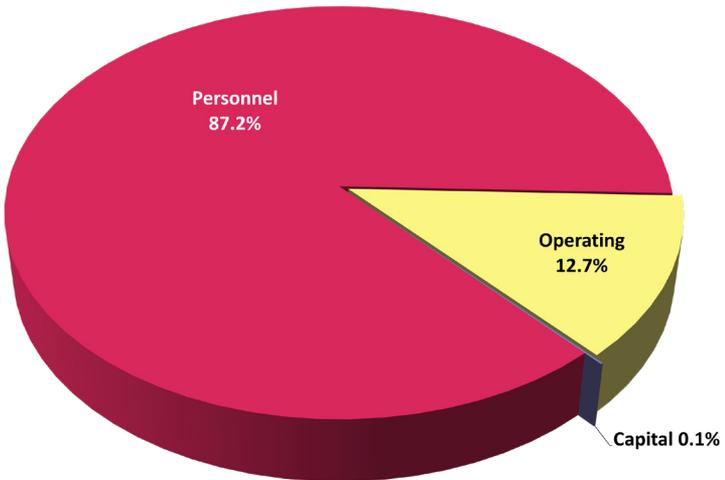
- We continue to work with nursing facilities and the Department of Labor to address shortages of certified nurse aids (CNAs) and registered nurses (RNs).
- We offer extensive training to facility administrators on how to investigate incidents, accidents, and complaints in facilities.
- We provide regular "Administrator Boot Camps" for new assisted living facility administrators, as well as specialized training for nurses who work in assisted living facilities.
- We continue to work with Idaho's Division of Professional and Technical Education to develop and deliver training in medication assistance to certified family home providers.
- We developed specialized, on-line training for certified family home providers on how to care for individuals with mental illness who present difficult behaviors.
- We present training to nursing facility management on the federal certification survey process.

SFY 2019 Funding Sources



Authorized FTP: 71.9; Original appropriation for SFY 2019: General Funds \$1.96 million, Total Funds \$7.3 million; 0.24% of Health and Welfare funding.

SFY 2019 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 81 long-term care facilities, which have 6,233 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 51 hospitals; 62 home-health agencies with 24 branch locations; 31 end stage renal dialysis centers; 55 hospice agencies with 33 branch locations; 51 ambulatory surgery centers; 64 intermediate care facilities for the intellectually disabled; 49 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, home-like 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 that they 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 in 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.

Children's Agency Licensing Program

This program licenses children's residential care facilities, outdoor therapeutic programs, foster care agencies, adoption agencies, and private non-accredited schools operating in Idaho, to ensure services and care is provided to children in accordance with state licensing rule requirements.

Children's agencies are privately-owned and are funded through private pay arrangements and/or state contracts. There are 29 residential care facilities, one outdoor therapeutic program, four foster care agencies, four adoption agencies, and one private non-accredited school operating in Idaho.

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 377 facilities in Idaho, operating under 286 licenses, and representing 10,393 beds. Facilities range in size from six to 160 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. Information on assisted living facilities in Idaho is easily accessible to the public via the FLARES public portal:

<https://www.flareslive.com/portal/SearchFacility.aspx>

The survey teams provide consultation, technical assistance, and education to improve compliance and promote better health outcomes. Education is accomplished through regular training sessions for the industry, quarterly newsletters, a website with multiple best practice tools and resources, on-line courses, and by coordinating training for the industry by local and national experts.

Workload

The division completed 4,581 surveys (including complaint investigations) in calendar year 2018, which was 401 more surveys than the 4,180 surveys (also including complaint investigations) completed in calendar year 2017. Also, during 2018, 309 new health care entities were licensed/certified to operate in Idaho.

New Entities Licensed / Certified in 2018		
Facility Type	Number	Number of beds
Nursing Facilities	4	293
Hospitals	2	95
Assisted Living	6	367
Hospice Agencies	11	N/A*
Home Health Agencies	2	N/A*
Renal Dialysis Centers	2	N/A*
Rural Health Clinics	1	N/A*
Developmental Disabilities Agencies	2	N/A*
Residential Habilitation Agencies	3	N/A*
Children's Agencies	2	N/A*
Certified Family Homes	274	412
Total	309	1,167

*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

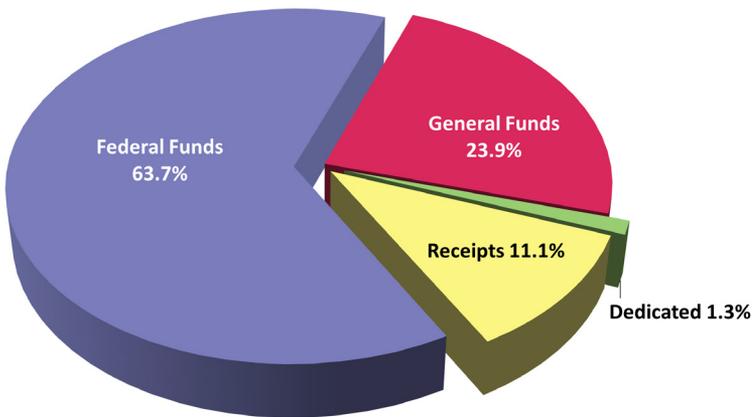
Matt Wimmer, Administrator, (208) 334-5747

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 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 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.

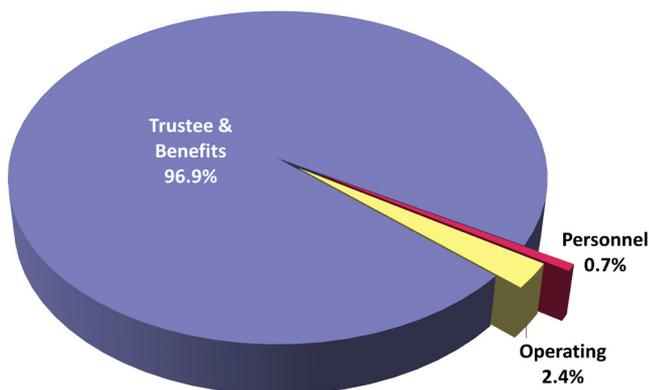
SFY 2019 Funding Sources



Authorized FTP: 216; Original Appropriation for SFY 2019: General Funds \$585.2 million, Total Funds \$2.5 billion; 80.2% of Health and Welfare funding.

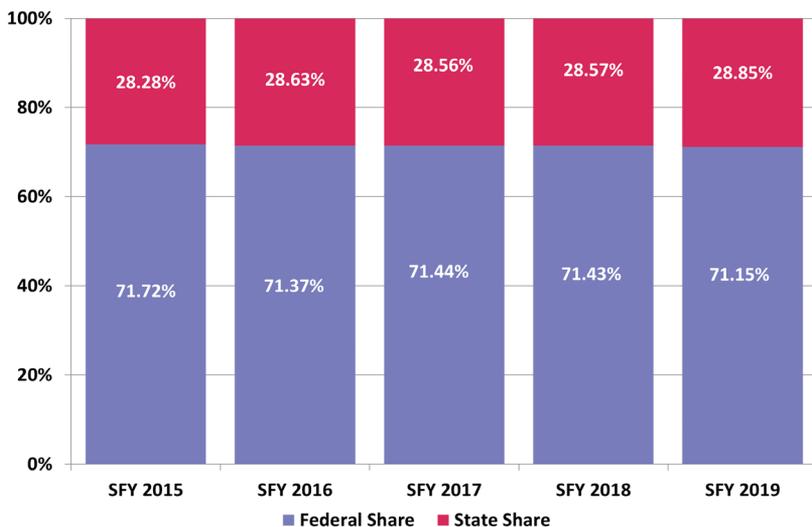
Just over 3 percent of Medicaid's budget is spent on administration, while about 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.22 that is paid mostly to private healthcare providers who are part of the Idaho healthcare delivery system.

SFY 2019 Expenditure Categories



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

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 2018 Budget Analysis

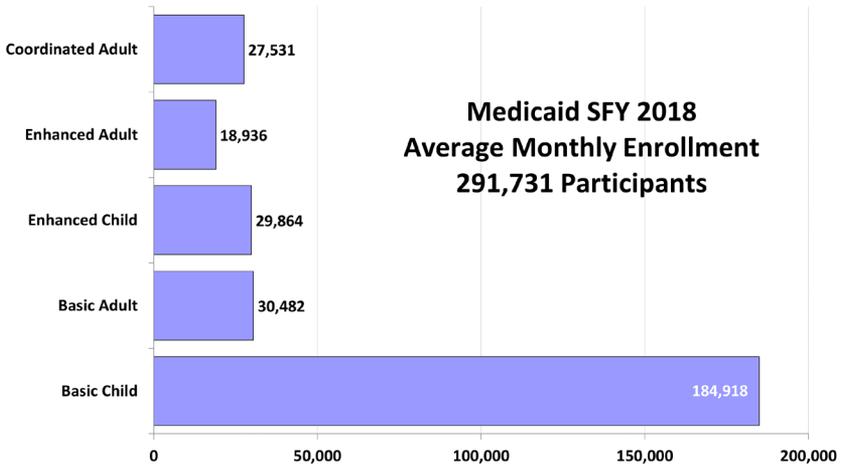
After years of increased Medicaid eligibility, the average number of monthly eligible members dropped in 2018. This was due to a couple of factors. First, Self-Reliance's (SR) federal partners reduced the allowed time for participants to submit their annual re-enrollment information from 30 days to 10 days. Second, SR conducted a statewide re-evaluation process that resulted in an additional decrease of eligible members.

Enrollment and Expenditures Comparison

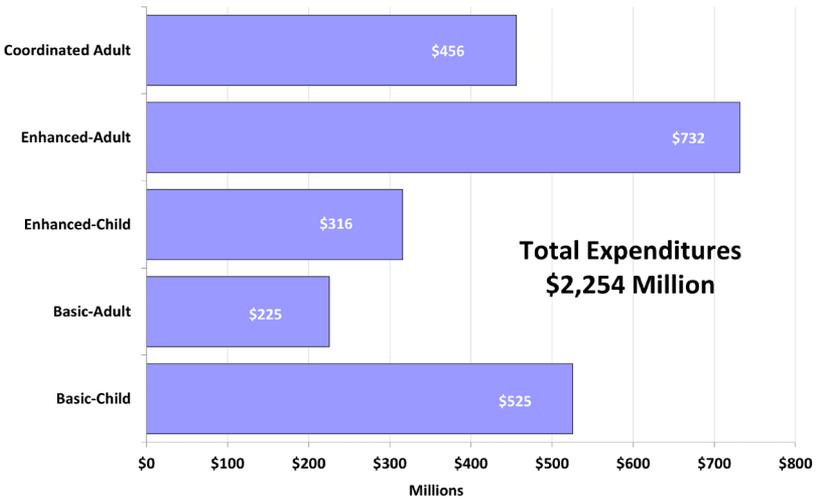
Medicaid enrollment averaged 291,731 participants per month in SFY 2018, a 3 percent decrease from the SFY 2017 enrollment of 300,838. The projected growth rate is forecast to decline overall in SFY 2019, and then increase slightly for SFY 2020. Medicaid growth should begin to more closely match historical average growth before the recession.

SFY 2018 Enrollees

Average Monthly Participants



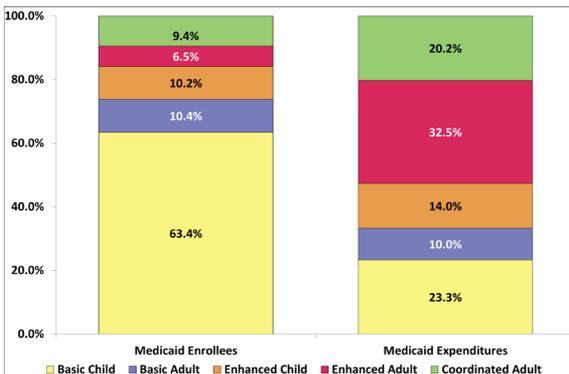
SFY 2018 Expenditures



SFY 2018 Enrollment and Expenditure Comparison

Coverage costs for children enrolled in the Basic Plan average less than \$240 a month, while children enrolled in the Enhanced Plan average approximately \$880 a month. By comparison, an adult enrolled in the Basic Plan costs \$616 a month, while an adult enrolled in the Enhanced Plan averages almost \$3,219 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 \$1,380 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): Medicaid implemented the Healthy Connections PCMH tier incentive program in 2016 as the initial phase to support primary care providers to transition to the upcoming Medicaid value-based payment reform. Under this model of care, patient treatment is coordinated through the primary care provider to ensure patients receive the necessary care when and where they need it, in a manner they can understand. Over the past two years, 260 of 480 Healthy Connections Primary Care Clinics have advanced PCMH tiers and 53 percent of all Healthy Connections participants are enrolled with an advanced PCMH clinic.

Healthy Connections is expanding and currently collaborating with Healthy Connections providers, network providers, and stakeholders throughout the state in the development of three value-based programs, with roll-out expected in 2019 and 2020. Under the Medicaid payment reform effort, participating providers will have the opportunity to earn a share of the savings by improving quality and reducing costs. These programs will be voluntary and will not affect the current Medicaid payment arrangements.

Healthy Connections Value Care Programs: Medicaid is launching three value-based programs through the Healthy Connections Value Care (HCVC) transformation program.

- Healthy Connections Accountable Care Organizations: Expect to implement at least two accountable care organizations in southwest Idaho in 2019 and roll-out statewide in 2020 and 2021.
- Healthy Connections Accountable Primary Care Program: Expect to implement statewide in 2019.
- Healthy Connections Episodes of Care: Expect to implement in 2020.

The Healthy Connections Value Care Program supports the Department of Health and Welfare's strategic objective to transform Idaho's healthcare delivery system to promote healthier Idahoans while increasing healthcare quality and reducing 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. Participation is voluntary. Each region of the state will have:

- **Regional Care Collaborative (RCC):** The RCC will be established by the department and accountable for identifying healthcare needs across the region and seeking collaborations to improve cost, quality, utilization and data sharing.
- **Community Health Outcome Improvement Coalition (CHOICE):** The CHOICE will be established by the department and will be accountable for identifying opportunities to improve health and wellness, create health equity, and address the social determinants of health in their communities. CHOICE 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.

Outpatient Behavioral Health Managed Care: The Idaho Behavioral Health Plan (IBHP) is in its fifth year of operation. The contract with Optum Idaho to administer IBHP services has been extended through June 30, 2019. Primary focus areas continue to be access improvement and supporting the network in providing evidence-based, outcome-driven services.

The divisions of Medicaid and Behavioral Health and Optum Idaho continue working toward the implementation of the Youth Empowerment Services (YES) project for children and youth diagnosed with a severe emotional disturbance. In January 2018 Optum Idaho began the Person-Centered Plan review and approval process for members meeting Medicaid SED eligibility, which requires the development and approval of a Person-Centered Plan. Optum launched the first group of new services on July 1, 2018, and additional services are in development for implementation throughout the following year.

Implementation for the new services requires a tremendous amount of communication, training, and support for the IBHP provider network, which is led by Optum. For more information about YES, please visit www.youthempowermentservices.idaho.gov. For information about Optum, visit www.Optumidaho.com.

Nursing Facility Quality Payment Program: Nursing facilities annually contribute to an assessment fund. These funds are matched with federal monies and distributed to each contributing nursing facility based on Medicaid bed days, which are counted as overnight stays in the facility. Changes made to the "Assessment Fund" statute during the 2018 session of the Idaho Legislature will allow the department to distribute the monies, in part, based on quality performance starting in 2021.

The Nursing Facility Quality Payment Program was developed by a workgroup of nursing facility stakeholders and the department, with the overarching goal of improving the care and lives of nursing facility residents throughout Idaho. Each nursing facility currently reports data on 10 quality

measures. The measures include performance areas such as reports of moderate to severe pain, falls, and urinary tract infections.

Before full implementation of the Nursing Facility Quality Payment Program in 2021, each nursing facility will receive quarterly reports of their quality scores so they can track their progress through the year and potentially improve their performance prior to full implementation. The work group will continue its collaborative efforts to further enhance the program and promote quality care in Idaho's nursing facility community.

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 participants in both Medicare and Medicaid. Covered benefits include: hospital and medical services, prescription drugs, behavioral health services, Aged and Disabled waiver benefits, community-based rehabilitative services, personal care services, and nursing home care. The purpose of the MMCP is to coordinate benefits to ensure that people who are eligible for both programs receive the most integrated care possible.

Molina Healthcare of Idaho joined Blue Cross of Idaho to administer the MMCP. Dually eligible participants who live in counties where both plans administer the MMCP will be able to select from Blue Cross of Idaho or Molina Healthcare to participate in the program.

Idaho Medicaid is currently in the implementation phase of a new program called Idaho Medicaid Plus, which is designed for dually eligible participants who do not elect to enroll into the MMCP. Idaho Medicaid Plus is offers an improved service delivery system of Medicaid benefits for dually eligible members. This program was piloted in Twin Falls County in the fall of 2018. Enrollment in Idaho Medicaid Plus will be mandatory for dually eligible members who are not enrolled in the MMCP and who also are not tribal members, pregnant women, or participating in the Adult Developmental Disabilities waiver program. Idaho Medicaid Plus will be phased in in additional counties during 2019.

Managed Care for Dental Services: Managed Care of North America (MCNA) Dental continues to administrator the Idaho Smiles Medicaid Dental Program for the department. Since MCNA began managing the Idaho Smiles program, there has been a substantial increase in utilization – 32 percent of the Medicaid population is accessing their dental benefits. Utilization continues to increase with the adult Medicaid population. MCNA continues its outreach efforts to increase the provider network, which has grown to over 550 providers. MCNA has reinstated enhanced dental benefits for all Medicaid eligible adults on the Basic Plan and the Pregnant Women's Program as of July 1, 2018 at the direction of the 2018 Idaho Legislature.

The department is also working closely with Medicaid stakeholders to propose an increase to the fee schedule reimbursement rates for the Idaho Smiles provider network.

Non-Emergent Medical Transportation: The Non-Emergent Medical Transportation (NEMT) program helps ensure that Idaho Medicaid participants have access to health care services. On March 6, 2018, MTM began providing NEMT services in Idaho. MTM and the department have worked closely to implement a nationally recognized statewide NEMT driver training program to improve safety and services for Medicaid participants. The department continues to work with MTM and other stakeholders to create efficiencies and improvements for the NEMT program. For more information about MTM, visit www.mtm-inc.net/idaho/.

Youth Empowerment Services (YES)

With Legislative approval, Idaho Medicaid implemented a new eligibility group for youth in support of Youth Empowerment Services (YES) on Jan. 1, 2018. This eligibility group is for youth younger than 18 who are over income for traditional Medicaid but have been determined to have a serious emotional disturbance. The income limit for this eligibility group is 300% of the federal poverty guidelines.

Medicaid also implemented an independent assessment process, which is being administered by Liberty Healthcare. This assessment includes the completion of a comprehensive diagnostic assessment and the state-approved functional assessment tool called the Child and Adolescent Needs and Strengths (CANS) to determine whether the youth has a serious emotional disturbance and is eligible to access Idaho Medicaid at the higher income limit.

New and modified services began implementation on January 1, 2018. All services have been designed to meet the terms of the settlement agreement to the extent that Medicaid funds can be used. For more information about YES, please see pages 26-27 or visit www.YES.Idaho.gov.

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 was originally awarded a five-year grant but is now in its eighth year of operation and has been extended through calendar year 2020. Idaho Home Choice has helped 530 participants transition from institutions into their communities.

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 benefits beyond the end of the grant.

Developmental Disabilities

Children's Developmental Disability Services Enhancement: New federal regulations state that services that prevent, correct, or ameliorate a condition for children with developmental disabilities must be provided in the state plan benefit package. In 2016, the department launched the children's benefit project in collaboration with providers, parents, and other advocates. The new regulations were used as an opportunity to further develop and enhance Idaho's services to ensure children's needs are being addressed through evidence-based and evidence-informed practices. The rules around these service enhancements will be presented to the 2020 legislature.

Community NOW! Service Recommendations: In January 2017, the Department of Health and Welfare, in collaboration with the Idaho Council on Developmental Disabilities (ICDD), launched the Community NOW! collaborative workgroup. It was created in part to help implement the settlement agreement in the KW v. Armstrong lawsuit, but more importantly to hear the voices of adults with intellectual and developmental disabilities. Community NOW! is made up of individuals with intellectual and developmental disabilities, family members representing those who cannot represent themselves, DHW staff, IDCC, service providers, the American Civil Liberties Union, (the attorneys representing people with intellectual and developmental disabilities), Deputy Attorneys General, Disability Rights Idaho, and other advocates. From January to June 2017 Community NOW! conducted 21 meetings in Boise and 14 meetings around the state. Based on the information gathered at these meetings, Community NOW! produced the Service and Support Recommendations report and presented it to DHW leadership. The current focus of Community NOW! is person-centered planning, the group's number one recommendation. DHW has committed to continued collaboration to explore, respond to, and implement the report's recommendations whenever possible. Learn more about Community NOW! at <http://mychoicematters.idaho.gov/>.

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:

- Medicaid support for connecting Idaho Medicaid primary care clinics to the Idaho Health Data Exchange (IHDE). This gives Medicaid primary care providers the ability to send and receive information through IHDE to support clinical quality measures and care coordination. Currently, 91 of Idaho's Medicaid primary care clinics can send and receive information through IHDE, and 92 organizations have access to view the IHDE portal. Medicaid will continue to work with IHDE this year to connect additional clinics and hospitals which will help provide greater support and value across the state.

Technology Performance

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

- Molina Medicaid Solutions handles provider enrollment and processing fee-for-service medical claims. The weekly payout from the Molina system averaged \$36 million in SFY 2018. This represents payments for fee-for-service claims and managed care fees.
- Magellan Medicaid Administration manages pharmacy benefits. The weekly payout was approximately \$4.1 million.
- Truven Health Analytics is a data warehouse and decision support system. The Truven system continues to serve as the Medicaid data warehouse and to support the needs for reporting and information analytics for the Division of Medicaid.
- MMIS contractors 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.
- MMIS contractors ensured that Medicare was the primary payer for the 45,652 Medicaid participants who have Medicare through the Medicare Savings Program.

Financial Operations

During SFY 2018, the Bureau of Financial Operations:

- Recovered more than \$10 million through the Estate Recovery Program.
- Saved Idaho Medicaid almost \$60,000 through the Health Insurance Premium Payment Program by helping 141 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 46,893 Medicaid participants who have Medicare through the Medicare Savings Program.
- Recovered more than \$4.8 million from primary insurance, casualty and liability claims, and provider overpayments.

Office of Healthcare Policy Initiatives

Casey Moyer, Administrator, (208) 334-0600

The Office of Healthcare Policy Initiatives (OHPI) was established in 2015 and manages a four-year model test 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 and has oversight responsibility for the day-to-day operations of \$39.6 million in grant funds and over 40 vendor contracts.

SHIP was developed to transform Idaho's healthcare system and improve the health of Idahoans. Efforts focused on moving delivery of primary care services to a team-based, care-coordinated patient-centered medical home (PCMH) model, exchanging electronic health data and implementing value-based payment (VBP) models that reward cost-effective quality care.

During 2018-2019, OHPI released and monitored the appropriate use of grant funds, convened stakeholder and staff workgroups, coordinated all activities across SHIP, assessed and mitigated risks, assisted in establishing transformation milestones and monitored progress. This centralized system for supporting, monitoring and tracking progress has been an important component of the model and has remained stable throughout the implementation of the model test.

Activities have focused on seven project goals organized around the triple aim e.g. to improve health outcomes, to improve quality and patient experience of care and to reduce healthcare costs. The model was completely unique to Idaho; it was built on a comprehensive statewide assessment of Idaho's strengths, barriers and gaps, and was designed by Idaho stakeholders to leverage elements of the healthcare system that were working well and to address barriers that were impeding progress.

Goals to Transform Idaho's Healthcare Delivery System

- **Goal 1:** Transform primary care practices across the state into PCMHs.
- **Goal 2:** Improve care coordination through electronic health records (EHRs) and health data connections among PCMHs and across the medical-health neighborhood.
- **Goal 3:** Establish seven regional collaboratives to support the integration of each PCMH with the broader medical-health neighborhood.
- **Goal 4:** Improve patient access to PCMHs in rural areas by developing virtual PCMHs.
- **Goal 5:** Build a statewide data analytics system.

- **Goal 6:** Align payment mechanisms across payers to transfer payment methodology from volume to value.
- **Goal 7:** Reduce healthcare costs.

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. Experience with the SHIP program has demonstrated the benefit of public/private collaborations to address clinical and economic changes needed to achieve effective healthcare transformation.

OHPI's experience with SHIP demonstrates the value of public/private collaborations, the effectiveness of program design and engaged stakeholders as well as the clinical and economic changes needed for effective transformation. The OHPI operations team works with multiple contractors to support healthcare system transformation and the implementation of SHIP's seven goals.

Technical Assistance Offered to Support Idaho's Healthcare Delivery Transformation

Contractors hired by IDHW to perform technical assistance operations for the model test are:

- Mercer, LLC: provides project management and financial analysis. A detailed Project Implementation Plan is prepared annually, and a financial analysis with actuarial certification is prepared for all four years of the grant. This analysis measures reduction in health care costs (or reduced growth in costs).
- 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): establishes connections with Electronic Medical Records (EMRs) at clinics to improve care coordination and information sharing among providers.
- HealthTech Solutions, LLC (HTS): SHIP's data analytics contractor, responsible for establishing a connection with IHDE and developing best practices for reporting clinical quality measures. At the state level, data analysis will inform policy development and program monitoring

for the entire healthcare system transformation.

- Subgrants with the seven public health districts were executed to hire SHIP staff to assist in the support of regional collaboratives, medical health neighborhoods, and PCMH transformation. The seven public health districts convened regional collaboratives in 2015 that support provider practices as they transform to PCMHs.
- Statewide project evaluation is being conducted in partnership with University of Idaho and Boise State University. This state-level evaluation is required by Center for Medicare and Medicaid Innovation and utilizes a mixed methodology of data collection including patient interviews, provider surveys, and focus groups to evaluate the success of specific goals.
- Several 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, community health emergency medical services, and telehealth. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically-underserved communities.

Our PCMH transformation model recognizes the challenges that many primary care practices face in converting to a value-based healthcare environment. Support is provided with on-site training and coaching, virtual training and coaching, and a web-based quality improvement portal. All types of primary care practices are represented in the three cohorts of clinics, ranging from rural single-practitioner offices to large practice networks and federally-qualified health centers. A goal has been established by stakeholders, that over the next five years the number of primary care practices who are organized under the PCMH model will double.

During this year, OHPI continued to emphasize and focus on incorporating the full universe of statewide transformational solutions that further advance healthcare delivery reform. Idaho's healthcare stakeholders and residents have received invaluable benefits from the transformation efforts to improve the way Idahoans receive healthcare and build the necessary infrastructure to maintain and advance these changes. OHPI has continually assessed the state's healthcare performance, identified programmatic and policy gaps and developed recommendations for improvement.

Milestones

The following milestones were accomplished during 2018-2019:

- The IHC's seven workgroups and two advisory groups regularly met for discussion and to develop actionable strategies and plans that assist in achieving Idaho's seven goals. The value of stakeholder engagement has been reinforced as the complexities of changing the state's healthcare system were addressed.
- Fifty-three clinics were selected to participate in PCMH Cohort Three.

The number of clinics participating in SHIP totals 163.

- About 98% of the clinics of the 166 clinics enrolled in SHIP continue to be engaged in PCMH transformation. Adoption of the PCMH model of care requires significant work to build PCMH capacity. Adoption of the PCMH model has been accelerated statewide with provision of PCMH transformation support at the regional level and through national experts.
- 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 are evolving their payment models from paying for volume of services to paying for improved health outcomes.
- The increase in value-based payment coupled with new care delivery models such as PCMH have bent the cost curve in Idaho. Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs were reduced by \$213 million over the life of the grant 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.
- Clinics continue to evolve their business models and adapt new strategies to adjust to the changing landscape of payment reform initiatives.
- Innovative workforce development strategies were developed and implemented to address the state's critical health professional workforce shortages, including the training of community health workers, the establishment of community health emergency medical services programs, and the establishment of 13 telehealth grants to expand medical services in rural, under-served communities.
- Idaho's plan included significant investment to connect patient-centered medical homes to the Idaho Health Data Exchange and enhance care coordination. More resources were invested in the health information exchange infrastructure. The health information technology environment in Idaho continues to shift, with increased electronic health records conversions at the practice level that require changes in workflows and policies.
- Project ECHO launched a practice model on opioid addiction and treatment through a multi-point videoconferencing to conduct virtual clinics with community providers, particularly those in geographically isolated areas lacking access to specialists.

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 in support of department needs, coordinating with the Department of Administration's Division of Purchasing for purchases valued at \$5 million and above.
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and subgrant development and implementation, and product purchases from state wide contracts. There were approximately 1,580 active contracts and subgrants department-wide during SFY 2018, with a total value of approximately \$2.3 billion. Additionally, there were approximately 130 contracts for commodities and goods in place and over 1,200 direct purchase orders produced in SFY 2018.
- Develops and maintains DHW's contract and purchasing repositories.
- Develops and maintains contracts and purchasing policy, procedure, and guidance documentation.
- Provides contract management, monitoring, and purchasing training for department staff, 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 statewide remodeling and alteration construction projects funded through the Permanent Building Fund Advisory Council or agency funds.
- Assists and provides consultation to the two state hospitals, Southwest Idaho Treatment Center, and the state laboratory on facility issues.
- Evaluates existing facility use, and prepares space reports and plans for future facility needs.
- Oversees new construction of buildings, 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 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 at department work sites.
- Manages the department's asset inventory and disposal of surplus items.
- 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, 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.
- Provides consultation in support of system-wide approaches and recommendations for compensation, position utilization, and classification.
- 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, employee relations, and agency audits or site reviews.
- Identifies, 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.

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

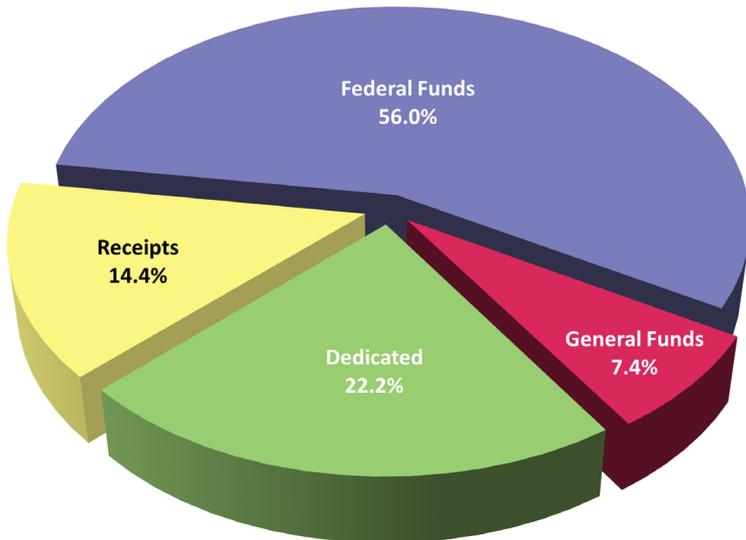
Elke Shaw-Tulloch, Administrator, (208) 334-5950

The Division of Public Health, nationally accredited through the Public Health Accreditation Board, protects the health and safety 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.

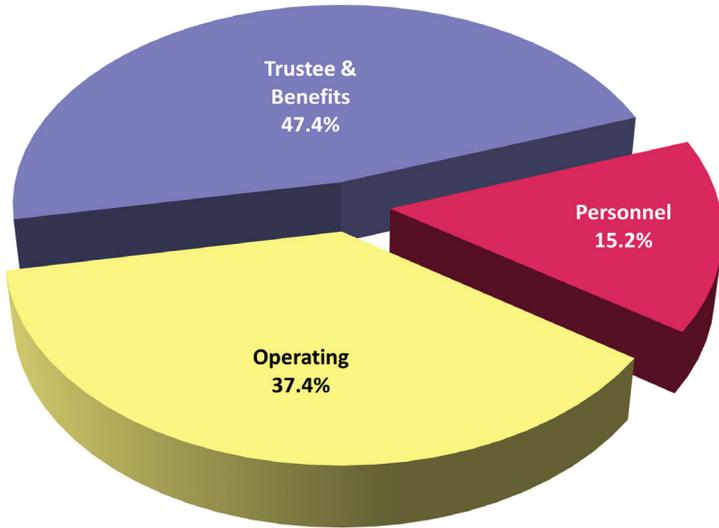
The division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services and Preparedness, Vital Records and Health Statistics, Laboratories, Rural Health and Primary Care, Communicable Disease Prevention, Public Health Business Operations,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

SFY 2019 Funding Sources

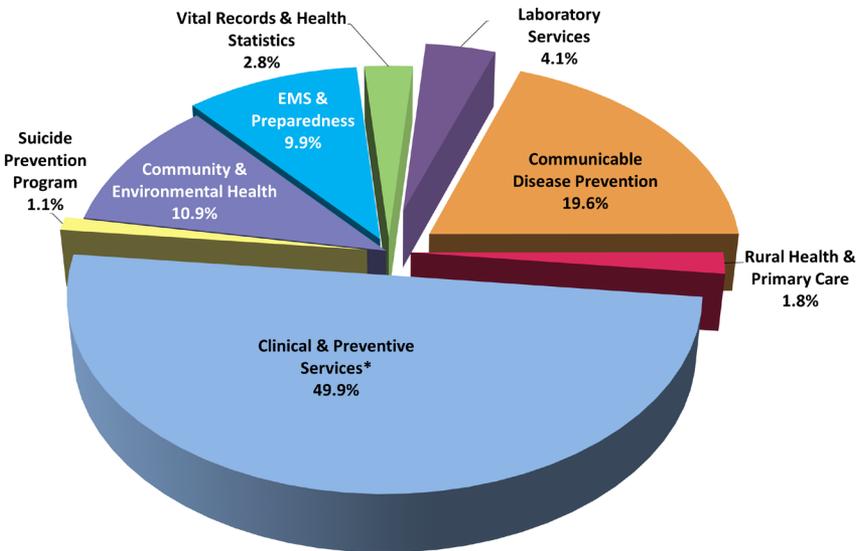


Authorized FTP: 237.02; Original SFY 2019 Appropriation: General Funds \$8.9 million, Total funds \$120.8 million; 4% of Health and Welfare funding.

SFY 2019 Expenditure Categories



SFY 2019 Spending by Bureau or Program



*The Bureau of Preventive Services include WIC and its associated food costs. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

2018: 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 national Public Health Accreditation Board (PHAB). As part of this accreditation status, PHAB requires annual reporting to document continuous quality improvement efforts made on standards identified during the PHAB site visit as opportunities for improvement. The division was required to report on only 9 of the 108 measures assessed. At review of the report, PHAB was satisfied at the division's effort and no longer requires reporting on those nine measures. Annual reporting will continue, but the focus will be more about the changing culture of the division, as opposed to conformity to the standards. IDHW is one of 31 state public health departments to be accredited and has been featured on PHAB's "Accreditation Works" news report.

Bureau of Clinical and Preventive Services: During the 2017 legislative session, a law was passed that directed the Idaho Department of Health and Welfare to create a public education program about a common virus called Cytomegalovirus or CMV 105. CMV is a virus that rarely causes problems for healthy people. However, when a pregnant woman is infected with CMV, it may cause serious health problems for her unborn baby. The virus is common in settings with young children, such as child care centers, schools, and church nurseries. The Idaho Maternal and Child Health Program worked with partners to create educational products and launch a website with information and resources about CMV: www.CMV.dhw.idaho.gov. Resources have been shared with health care providers who care for pregnant women and children, child care facilities, schools, churches, WIC clinics, and the general public. The Maternal and Child Health Program will continue to work with partners to enhance educational tools and resources to build awareness about reducing CMV transmission among pregnant women or women who may become pregnant.

During the 2018 legislative session, the Idaho Newborn Screening Program was successful in passing rule changes to require screening for Critical Congenital Heart Disease (CCHD). As of July 1st, 2018, all babies born in Idaho must be screened for CCHD. Babies with CCHD can look and act healthy at first but can have serious complications within hours to weeks after birth. If caught early, these heart defects are typically treatable through surgery or some other procedure. In Idaho, it is estimated that approximately 55 babies are born each year with CCHD. The Newborn Screening Program can provide training and technical assistance to facilities and is monitoring screening data collected on the birth certificate to ensure babies receive appropriate follow-up care.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) continues the process of moving from paper to electronic benefits (WIC EBT or eWIC). Work has begun with the Management Infor-

mation System contractor CQuest and the quality assurance contractor MAXIMUS. Idaho WIC joined the Department's (SNAP/TANF/Cash) contract with Fidelity Information Systems (FIS) and Custom Data Processing (CDP) for EBT processing. The program goal is to make the transition by 2019. It is federally required by 2020.

WIC is also in the process of implementing an online nutrition education option for participants called WICSmart. WICSmart is a free smartphone app that allows WIC participants to complete nutrition lessons related to their family's interests and needs. Once a participant completes a lesson, the information may be accessed by their WIC clinic.

The HIV, STD, and Hepatitis Section coordinated with community-based partners in northern and south-central Idaho to initiate HIV mobile testing activities. Mobile testing services will help broaden access to HIV/STD testing in geographic areas experiencing provider gaps and underserved rural populations.

Bureau of Communicable Disease Prevention: The Healthcare-Associated Infection Program partnered with the Bureau of Rural Health and Primary Care, the Idaho Bureau of Laboratories, and Qualis Health to hold Regional Antibiotic Stewardship and Antibiotic Resistance Town Hall meetings across Idaho. Participants identified successes and challenges in promoting appropriate antibiotic use in healthcare settings. The meetings provided stakeholder and community input for future statewide activities and education campaigns that will focus on encouraging appropriate antibiotic use to reduce the development of antibiotic resistance.

The Epidemiology Program has integrated the use of whole genome sequencing (WGS) into disease cluster and outbreak detection in Idaho. Whole genome sequencing is a laboratory method that can identify the "DNA fingerprint" of organisms and allows epidemiologists to identify disease transmission patterns. The program leveraged whole genome sequencing to respond to a cluster of people infected with HIV, to confirm transmission of tuberculosis and intervene. The program also used it to aid in response to a multi-state outbreak of severe E. coli O157:H7 infections that disproportionately impacted Idaho residents.

The Idaho Immunization Program (IIP) enhanced Idaho's immunization registry, the Immunization Reminder Information System (IRIS). The first enhancement makes it easier for Idaho providers enrolled in the Vaccines for Children program to perform annual re-enrollment electronically rather than with paper forms. Enhancements also enabled the system to more efficiently exchange immunization data with provider medical record systems. Users can now query patient immunization records via a secure "real-time" web service to ensure immunization information is current and accurate.

Idaho Bureau of Laboratories: The Idaho Bureau of Laboratories (IBL) provides testing, inspection, training and outreach laboratory services for stakeholders throughout Idaho. In SFY 2018, IBL worked to enhance biosafety, hazard risk management, and dangerous goods packaging and shipping capability throughout the Idaho Sentinel Laboratory Network (ISLN). The ISLN is a collaboration between IBL and 48 clinical laboratories throughout Idaho with the goal of enabling clinical lab staff to rapidly recognize and refer potential biothreat or high consequence pathogens to IBL for confirmatory testing.

IBL staff developed an eight-hour short course focusing on biosafety, risk management, biothreat agents, and proper shipping requirements and provided this training in seven regional locations from the panhandle to eastern Idaho. ISLN labs that couldn't attend one of the regional workshops received an onsite visit where IBL staff provided safety items and information to help improve lab awareness. Thankfully, high consequence pathogens are rarely encountered, but lab staff always need to be on the lookout for them and must be able to safely handle and ship them to IBL. The 2018 emergence of human plague and tularemia cases in Idaho helped to reinforce this and demonstrate the important role that the Idaho Sentinel Laboratories play in protecting public safety.

Bureau of Community and Environmental Health: The Bureau of Community and Environmental Health (BCEH) staff is passionate about collaborating, connecting, and partnering to address cross-cutting, populations-based health issues. BCEH facilitated the second Collaborating for Health Conference (C4H) that brought statewide partners together to discuss disease prevention and management and to foster community-clinical linkages. National speakers engaged attendees in topics including: health equity and health disparities; adverse childhood experiences (ACEs) influence on health outcomes; the value of prevention and built environments; and transforming interventions to advance public health. Through rich discussions, partnerships and engagement, C4H provides a platform to build on successes, strengthen partnerships, and develop a healthier Idaho.

Bureau of Vital Records and Health Statistics: The National Center for Health Statistics (NCHS) has recognized Idaho for meeting all requirements of the Vital Statistics Cooperative Program. Areas of excellence include the bureau's quick transmission time (measured from the date an event was filed with our office versus when the event is provided to NCHS). The bureau provides all events within one business day. The bureau maintains stringent data standards to ensure quality of data on its records.

Bureau of Rural Health and Primary Care: The 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 programs, community health worker programs, expanding telehealth in patient-centered medical homes and supporting Project ECHO (Extension for Community Health Outcomes). These innovative projects continue to grow. Partnership efforts are focused on transitioning these initiatives after the SHIP grant ends in 2019.

The bureau is successfully expanding medical education loan repayment opportunities for clinicians serving in designated health professional shortage areas (HPSAs). An HPSA designation is required to qualify for loan repayment opportunities. The bureau conducts ongoing analysis of provider shortages in Idaho.

Bureau of Emergency Medical Services and Preparedness: The Business Operations and Support section is working on the updated Prehospital Electronic Record Collection System (PERCS) Elite. The section is concluding the beta testing phase and beginning the rollout for general use. The updated system (NEMESIS 3.4.0) will interface with IGEMS (Idaho Gateway for EMS) and allow for a seamless push of information from an agency's licensure file to PERCS Elite. This capability permits users to use a single set of login credentials for Idaho's Emergency Management Services (EMS) system (PERCS Elite and IGEMS). The new system will include interfaces to improve timeliness, accuracy, and customer satisfaction. The interfaces currently being developed and implemented are for the licensure system and Time Sensitive Emergency (TSE) Data Registry. In addition to the above, the section is working with the EMS Section on quality improvement projects, the bureau's strategic plan, and the Community Health EMS pilot.

The EMS section worked on identifying critical care definitions and standards. These were added to the Emergency Medical Services Physician Commission's Standards Manual. Efforts continue in fostering partnerships with critical access hospitals and EMS agencies throughout the state to provide safe and appropriate patient transfers.

Senate Concurrent Resolution 135 allowed the bureau to conduct town hall meetings as a follow up to the meetings conducted in 2012. All the comments, suggestions and data will be compiled, and a report will be created for presentation to the Legislature. While addressing the barriers with recruitment and retention in our rural volunteer areas, a temporary rule was approved. The Emergency Medical Responder ambulance certification will allow EMR providers to be the attendant in an ambulance with a patient. The temporary rule went into effect on July 1, 2018. Additional education has been finalized and is available to all EMS agencies.

The State Communications Center (StateComm) continues the effort of becoming an Emergency Medical Dispatch Accredited Center of Excellence, with emphasis on training and quality improvement. The National Academies of Emergency Dispatch, through its College of Fellows, has es-

tablished 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. Once successful, StateComm will be the only Emergency Medical Dispatch Accredited Center of Excellence in Idaho. StateComm 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. StateComm also is working in Idaho Public Safety Answering Points to streamline the organ donor notification process and increase the number of prehospital death notifications reported to StateComm.

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 2018, the status of designations is as follows:

- 40 applications have been received for designation.
- 31 have been approved and designated by the TSE Council.
- 7 are in various stages of completion.
- 21 hospitals have one or more TSE designations.

Bureau of Public Health Business Operations: The Public Health Business Operations bureau leads the public health accreditation work for the Division of Public Health. Over the past year the bureau has focused on strengthening data use and access for staff and outside partners. The division's data website: www.gethealthy.dhw.idaho.gov continues to expand with the development of interactive dashboards for population health measures.

The bureau has also spent considerable time in the past year working to dial in subrecipient monitoring for the 400+ subgrants the division has with partners statewide. The bureau is increasing accountability and requiring more transparency in this area.

The bureau also launched a new internal process for identifying quality improvement needs. The Quality Improvement Reporting System, built in SharePoint, allows staff members to log business processes that are not working efficiently or that consistently conflict with policy. Items entered into this system are reviewed regularly and projects are initiated if a trend is identified.

Suicide Prevention Program: The Suicide Prevention Program continued to provide a comprehensive approach to suicide prevention in Idaho through public awareness, education, consultation, training, and support using evidence-based and evidence-informed programs and messaging

during SFY 2018. Some of the highlights include:

- Implementing a statewide marketing plan based on the idea that everyone has a role in preventing suicide. "Rock Your Role" television spots aired statewide for three months and collateral materials were produced and distributed in every county across Idaho.
- Providing funding and support for the Idaho Suicide Prevention Hotline.
- Providing funding and support for youth suicide prevention through the State Department of Education, including two-day trainings for 10 new schools and booster trainings in 12 schools that had already had initial training in Sources of Strength for youth, and suicide prevention training for all staff at 20 schools. Technical assistance, consultations and/or site visits were provided to over 60 schools.
- Developing and distributing statewide educational brochures and tools on suicide prevention and intervention tailored for specific populations including older people, parents, youth, school personnel, gun owners, and behavioral health providers.
- Providing administrative support to the Idaho Governor's Council on Suicide Prevention and regularly convening a group of suicide prevention stakeholders.
- Submitting a federal grant application to implement the Zero Suicide model, which is an approach used by health systems to close all gaps through which suicidal people may fall when accessing health care.
- Facilitating a task force dedicated to limiting access to lethal means for those who are suicidal, and developing packets of materials for use by gun shops. Packets were distributed in one Idaho region.
- Providing 78 suicide prevention trainings to nearly 4,000 professional groups, including behavioral health providers, medical staff, school personnel, detention officers, law enforcement, call center staff, and many others.

All program 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 pre-

vention, and prevention services related to viral hepatitis in Idaho.

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

The primary HIV prevention services include HIV testing, counseling, and referral services for pre-exposure prophylaxis (PrEP) and linkage to HIV medical care; 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, which is aimed at increasing screening and detection of Hepatitis C in 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 2017 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 also continue to increase at unprecedented rates.

Rate of Sexually Transmitted Diseases			
CY	Chlamydia	Gonorrhea	Syphilis
2017	360.8	56.3	7.8
2016	351.5	37.7	7.5
2015	340.2	28.5	4.9
2014	333.1	27.1	2.8

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on pages 117-118.

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 \$51 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, Marimn Health, and Nimiipuu Health.

Clients Served Monthly and Average Monthly Voucher Value				
Year (SFY)	2015	2016	2017	2018
Clients served	40,951	39,473	37,209	34,422
Average voucher	\$58	\$52	\$50	\$51

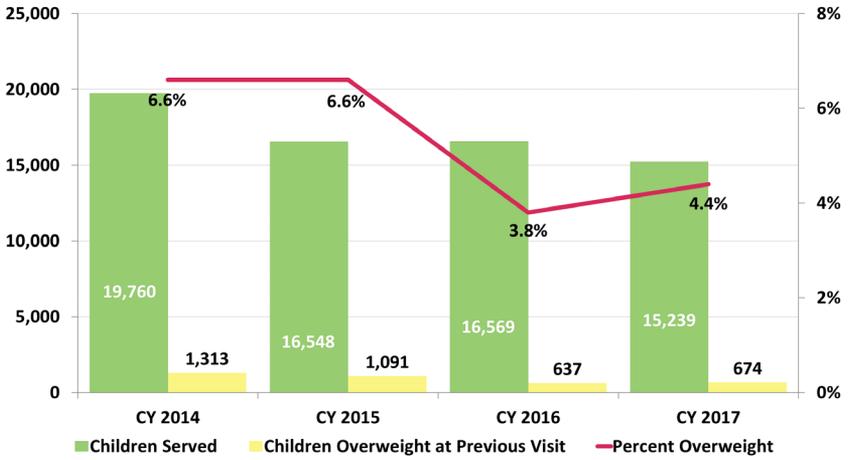
The vouchers WIC provides to parents and caretakers can be used to purchase specific foods based on a child's or pregnant woman's nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit juice intake, avoid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

Participants typically receive nutrition education 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).

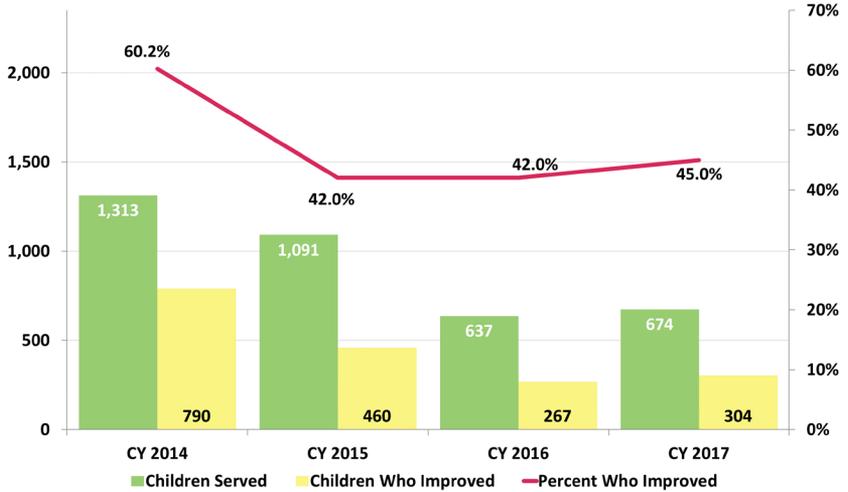
WIC provides early intervention through nutritional counseling to caretakers of nearly half of all infants (up to 12 months of age) born in Idaho. In 2017, the program served 15,239 children ages 2 to 5 years. Of those children, 674 were identified as overweight based on their BMI and having two valid measures for comparison. Through WIC nutritional counseling, 304 children (45%) 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 time frame to allow for making a comparison of two valid BMI measurements. For more information, please visit 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 four local public health districts and two federally-qualified health centers to provide comprehensive family planning services for Idahoans at 43 clinic sites, including services at one juvenile detention center and one women’s correctional facility.

During CY 2017, the Family Planning Program served 9,360 clients in 14,885 visits. Of those clients, 10.5% (988) were 15-17 years old and both male and female. Seventy-eight percent of participants had household incomes at or below 150% 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
2017	275	7.4
2016	346	9.5
2015	374	10.6
2014	369	10.7

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 48 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, and congenital hypothyroidism. As of July 2018, all babies also must be screened for critical congenital heart disease (CCHD) using pulse oximetry.

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. For conditions detected using the blood spot, 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. When a screening is positive the Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider to ensure timely diagnosis and treatment. For CCHD screenings, providers ensure babies are linked with appropriate diagnostic services and follow-up care.

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 1,000 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho. For more information, please visit www.NBS.dhw.idaho.gov.

Number of Diagnosed Conditions by Type and Calendar Year				
Condition	2014	2015	2016	2017
Biotinidase Deficiency	0	0	1	1
Congenital Hypothyroidism	6	8	8	5
Cystic Fibrosis	5	8	6	4
Galactosemia	1	0	0	0
Maple Syrup Urine Disease	0	1	0	0
Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	2	2	4	5
Phenylketonuria	0	1	5	3
Other	5	7	2	4

Number of Babies Screened, Presumptive Positives, and Diagnosed Conditions by Year			
CY	Babies Screened	Presumptive Positives	Diagnosed Conditions
2017	21,604	1,359	22
2016	21,998	1,141	24
2015	22,276	1,063	27
2014	22,263	989	20
2013	21,769	1,067	19

Data are based on babies receiving first newborn screen.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides funding to the seven public health districts across the state to deliver evidence-based, voluntary home visiting services to expectant parents and families with young children. Participating families gain knowledge and skills to support their children's health and well-being, ensuring a great start to life. Using MIECHV funding, the local public health districts provide home visiting services to 12 Idaho counties using two evidence-based home visiting models: Parents as Teachers and Nurse Family Partnership.

The Parents as Teachers (PAT) home visiting model serves pregnant women and families with children from birth to 5 years old. Families may enroll at any point, from pregnancy until the child is 5. PAT parent educators offer 12 to 24 visits annually, depending on the needs of the family. The PAT curriculum offers services to families for at least two years between pregnancy and kindergarten. Program target outcomes include:

- Increase parent knowledge of early childhood development and improve parenting practices.
- Provide early detection of developmental delays, health issues.
- Prevent child abuse and neglect.
- Increase children's school readiness and school success.

The Nurse Family Partnership (NFP) home visiting model serves first-time, low-income pregnant mothers and their babies. An NFP home visitor must have at least a bachelor's degree in nursing and in most cases maintain registered nursing (RN) credentials. NFP clients receive their first nurse home visit prior to the 29th week of pregnancy, and visits continue happening weekly or bi-weekly until the child is 20 months and then monthly until the child is 2 years old. Program target outcomes include:

- Improve prenatal health and outcomes.
- Improve child health and development.
- Improve families' economic self-sufficiency and maternal life course development.

Families Served Through Home Visiting Services in Idaho		
FFY	Number of Families Enrolled	Number of Home Visits
2017	641	6,487
2016*	639	6,504
2015	310	2,433
2014	140	1,507
2013	n/a	n/a

* Received expansion funds

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 immunizations.

Epidemiology

Epidemiology staff track reportable disease trends that impact Idahoans, including whooping cough, salmonellosis, and tuberculosis. They offer consultation and direction to public health districts about the investigation and prevention of communicable and infectious 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 97% 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 to monitor data for all reportable diseases. The program now can receive case reports for reportable diseases electronically from clinical electronic health record systems, increasing the ability to rapidly exchange information and respond to reports of disease to prevent further transmission.

Bloodborne Diseases

Bloodborne diseases such as HIV and hepatitis B and C are usually trans-

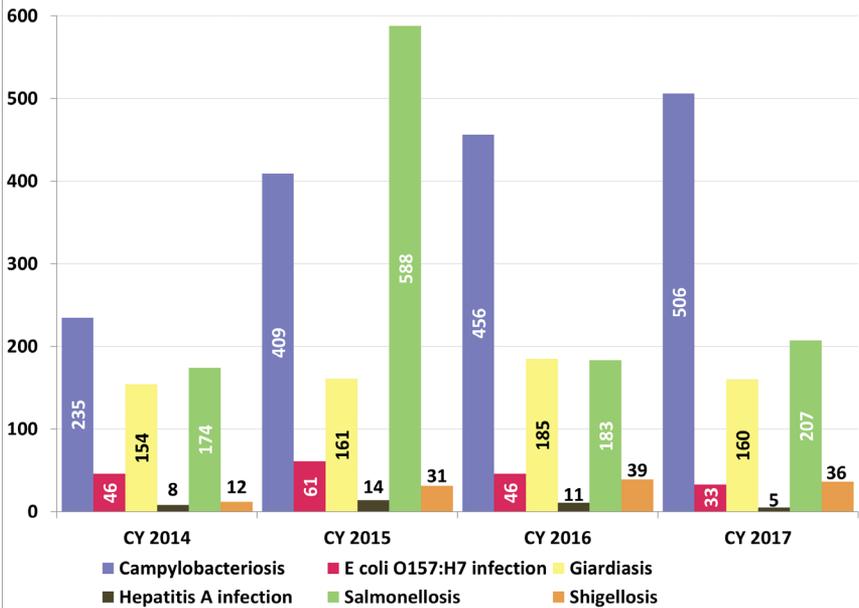
mitted through infected blood when people share contaminated needles, during blood transfusions, or in the exchange of bodily fluids during sexual contact.

Bloodborne Diseases by Calendar Year				
	2014	2015	2016	2017
Bloodborne diseases	43	60	64	71
New HIV/AIDS	21	43	47	53
Idaho residents living with HIV/AIDS	1,544	1,648	1,738	1,842
Acute Hepatitis B	11	12	7	6
Acute Hepatitis C	11	4	10	12

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 protects 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 is also responsible for laws regulating food safety.

Idaho's public health districts issue licenses and perform regulatory inspections of food establishments such as restaurants and delis; investigate complaints from the public; and educate food establishment owners and staff about food safety and how to prevent foodborne outbreaks. The Food Protection Program and environmental health specialists at the public health districts work closely with epidemiologists to investigate foodborne illnesses suspected to be associated with licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

Food Protection				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018*
Foodborne outbreaks	13	16	10	10
Licensed food establishments	5	4	4	2
Other sources/venues	8	12	6	8
People Ill	348	81	77	29

* 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 who resettle in Idaho receive a timely health screening and necessary follow-up care. The program works with providers and resettlement agencies in the state to ensure a timely and complete health assessment is performed, referrals are made for follow-up care when health conditions are identified, and education about the Idaho healthcare system is provided.

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 the rate of immunized children in Idaho as well as awareness of vaccine-preventable diseases. IIP provides educational resources to the public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho that 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.

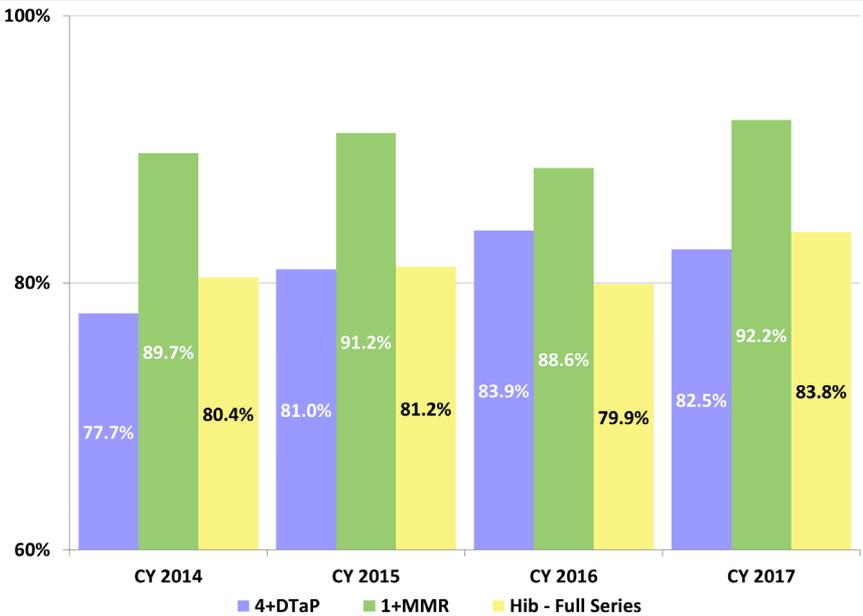
Using federal and state funds, IIP distributes vaccines to private and public healthcare providers for free for all Idaho children from birth through age 17. Healthcare providers can charge a fee for administering a state-supplied vaccine but they cannot charge for the vaccine itself. This ensures that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

The IIP also conducts quality assurance site visits with providers who are enrolled in the VFC program. 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 2017 to 2018 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.

Number of Childhood Vaccine Preventable Diseases by Calendar Year				
	2014	2015	2016	2017
<i>Haemophilus influenzae b (Hib,)</i> invasive	0	1	0	1
Measles	0	0	0	0
Mumps	26	8	1	5
Pertussis (whooping cough)	367	194	83	89
Rubella	0	0	0	0
Total	393	203	84	95

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.

See chart on next page.

Idahoans Enrolled in Registry				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ages 0-35 months	79,096	79,599	78,442	74,245
Ages 3-5 years	85,949	84,967	85,872	84,729
Ages 6-18 years	392,079	407,195	420,740	412,239
Ages > 18 years	845,722	940,347	1,044,899	1,081,537
Total	1,402,846	1,512,108	1,629,953	1,652,750

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 2018, Idaho submitted 3 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physicians and public health districts.

This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine. Most 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.

Number of Adverse Reactions and Rate per 10,000 Vaccinations			
SFY	Adverse Reactions	Vaccines Administered	Rate/10,000
2018	3	873,951	<0.1 (0.03)
2017	11	940,659	0.1
2016	15	1,075,786	0.1
2015	10	897,605	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 role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services that support DHW programs, the public health districts, other state agencies, and Idaho residents. The bureau offers core services in four areas:

Testing

- Communicable disease agents: 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.

Inspection

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

Training

- On-site, hands-on analytical, biosafety, dangerous-good shipping and compliance training
- Continuing education workshops, webinars and online courses

- Student internships for college credit

Outreach

- Coordination of the Idaho Sentinel Laboratory Network for the rapid detection and referral of possible biothreat agents
- Clinical laboratory biosafety and security risk assessment
- Participation in public safety drills, exercises, and events with Regional Response HazMat Teams and the 101st Civil Support Team
- Publication of applied public health research

Effective quality management is critical to ensure that the services provided by the laboratory meet regulatory requirements. The bureau is regulated by four different regulatory agencies or programs. As part of an accredited health department, IBL public health and safety surveillance work adheres to the standards of the Public Health Accreditation Board (PHAB).

IBL environmental health testing is regulated by the Environmental Protection Agency (EPA). The lab is an EPA-certified drinking water laboratory and serves as the Principal State Laboratory for the Idaho Department of Environmental Quality and the Alaska Division of Environmental Health (via an interstate partnership agreement). The laboratory bureau chief serves as the drinking water certification authority for Idaho, ensuring that commercial laboratories throughout the United States that test Idaho drinking water comply with both state and federal laboratory certification requirements.

IBL performs limited clinical diagnostic testing for the assessment of patient health and is certified as a high-complexity clinical laboratory by the Centers for Medicare and Medicaid Services (CMS). IBL houses the only full-service tuberculosis laboratory in Idaho, provides analytical support for the Division of Public Health's Refugee Health Screening program, and serves as a reference laboratory for the detection of antibiotic resistant bacteria and other esoteric or emerging pathogens.

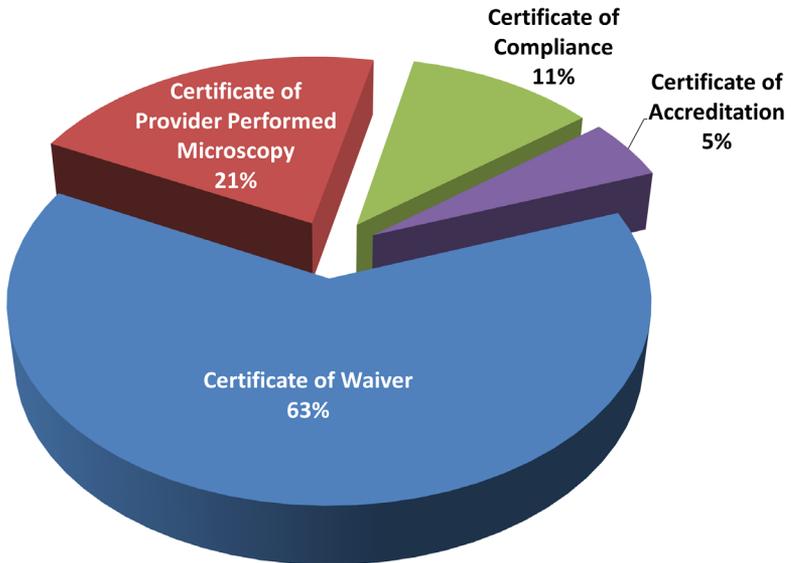
IBL is a registered entity through the Centers for Disease Control and Prevention Division of Select Agents and Toxins (DSAT). IBL must comply with all DSAT biosafety, biosecurity, and incident response regulations as the only Laboratory Response Network (LRN) reference laboratory for biological and chemical threat agents in Idaho.

The bureau operates the Idaho Radiation Control Program, which licenses all devices that produce x-rays in Idaho and inspects licensed facilities to ensure they are meeting state radiation safety and training requirements. In SFY 2018, there were 1,430 licensed facilities using x-ray devices across a variety of health care, academic, and industrial settings.

The bureau also registers all clinical laboratories performing patient testing

in Idaho. In SFY 2018, there were 1,394 registered clinical laboratories in Idaho. CMS certifies laboratories based on the complexity of testing offered. The certificate designation for each lab indicates the type of the testing they are qualified to do. For example, 62% of Idaho registered labs performed only simple waived testing and hold a Certificate of Waiver (COW). Many physicians' offices perform more complex microscopy testing and have a Provider Performed Microscopy (PPM) certificate. Larger moderate and high complexity laboratories receive either a Certificate of Compliance (COC) if they are inspected by the Idaho Clinical Laboratory Inspector or a Certificate of Accreditation (COA) if their labs are regulated under a CMS approved accreditation agency like the College of American Pathologists or The Joint Commission.

SFY 2018 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.

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; and policies and strategies to prevent and reduce exposure to contaminants.

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
- Drug Overdose Prevention
- Environmental Health Education and Assessment
- Toxicology

Tobacco Prevention and Control

The Tobacco Prevention and Control Program, referred to as "Project Filter" works to create a state free from tobacco-related death and disease. Project Filter 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 11th best in the nation for its low percentage of adults who smoked in 2016, which was 14.5 percent. The national rate of adults who smoked was 17.1 percent.

Despite a continued focus on eliminating tobacco-related health disparities, the prevalence of tobacco use and subsequent health consequences continue to disproportionately impact specific populations. American Indians/Alaskan Natives, Hispanics and Latinos, members of the Lesbian, Gay, Bi-Sexual, Transgender (LGBT) community, those of low socio-economic status (Low SES), those living with mental illness, Medicaid participants, and veterans represent Idaho population groups that experience

tobacco-related health disparities. In 2016, smoking rates were highest in populations with low SES, at 33.8 percent, followed by those who reported 14 or more mentally unhealthy days at 30.5 percent, American Indian/Alaskan Natives at 29.4 percent, LGBT at 22.7 percent, and veterans with 18.4 percent.

Project Filter targets programmatic efforts and funds toward the support and promotion of the Idaho QuitLine. The Idaho QuitLine provides barrier-free tobacco cessation benefits to all Idaho residents regardless of income or insurance status. These benefits include free telephonic counseling as well as free nicotine replacement therapy such as patches, gum, and lozenges.

Project Filter conducts state-wide, multi-media efforts to promote Idaho Quitline cessation services. Media efforts include TV and radio ads; digital media including banner ads for news outlets, YouTube, and pre-roll ads on video; Facebook, Twitter and Instagram; and event sponsorship and advertising.

Project Filter also performs outreach on the local level, partnering with each of the seven public health districts in Idaho to support efforts to eliminate tobacco use at the community level. These efforts include technical assistance in the development of tobacco-free policies, free signage to reflect these policies as well as promotion of cessation classes and the Idaho QuitLine at community events.

In an effort to consistently improve and measure its efforts, Project Filter has an evaluator on staff and manages several third-party evaluations and surveys throughout the year. These activities include a third-party evaluation of the services provided by the Idaho QuitLine, an evaluation of the effectiveness of its media efforts, as well as the Adult Tobacco Survey, which measures Idaho residents' attitudes regarding tobacco use and policies.

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, Idaho now has the 36th highest obesity rate in the nation, at 27.4 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 2017, Idaho high school students had an obesity rate of 11.4 percent, also

ranking Idaho 36th nationally.

In 2016, 82.5% of Idaho adults reported not having consumed the recommended five servings of fruits and vegetables per day. In 2016, 20.2% of Idaho adults reported not participating in any physical activity over the past month. For Idaho youths, only 12.5% of high school students consumed vegetables three or more times during the past week. For activity, only slightly more than half (50.4%) of Idaho's high school students reported being active for at least 60 minutes on five or more days over the past week.

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.

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.

Idaho's fall mortality rate is higher than the national rate. The three-year average fall mortality rate in Idaho for 2014-2016 (the most recent available data) was 12.3 per 100,000 (age adjusted) versus 8.9 per 100,000 for the U.S. during that same time period. Also, 87.4 percent of all unintentional deaths by falls were among people ages 65 and older. During 2016, there were 62 more unintentional fall deaths among Idahoans 65 years of age or older. This represents a 40.5 percent increase in deaths from 2015.

In 2017, Idaho Emergency Medical Services responded to 9,153 fall-related calls for individuals ages 65 and older; nearly 6 percent more calls than were reported in 2015. More than 51 percent of those who fell were ages 85 or older. Eighty percent of those who fell were transported to a hospital. Females in this age group were twice as likely to report a fall injury and have a higher death rate for falls than males. 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 129 sites offer the class to Idaho seniors. From July 2017 to June 2018, there were nearly 9,300 visits to FFP classes. The program consistently has a high retention rate, with 81 percent of participants returning for subsequent class sessions. Many FFP participants (35 percent) are from communities with a population of less than 10,000 residents, demonstrating the impor-

tance 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. Connections with physicians and physical therapists also 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 grow, the need for effective community-based programs that promote "aging in place" also will increase. 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.

Age-Specific Injury Death Rates Because of Accidental Falls 2014-2016 (per 100,000 population)			
	<65-84 years	85+	Age-Adjusted Rate
Idaho	36.4	397.8	12.3
United States	30.7	249.8	8.9

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

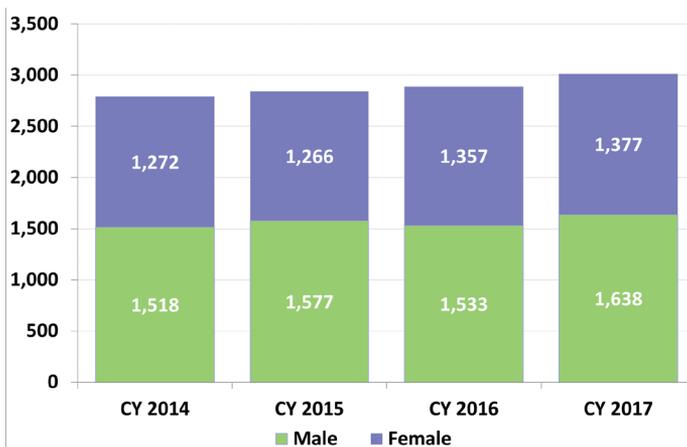
Cancer has been the leading cause of death in Idaho since 2008. An estimated 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include colorectal, breast, and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancerous.

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:

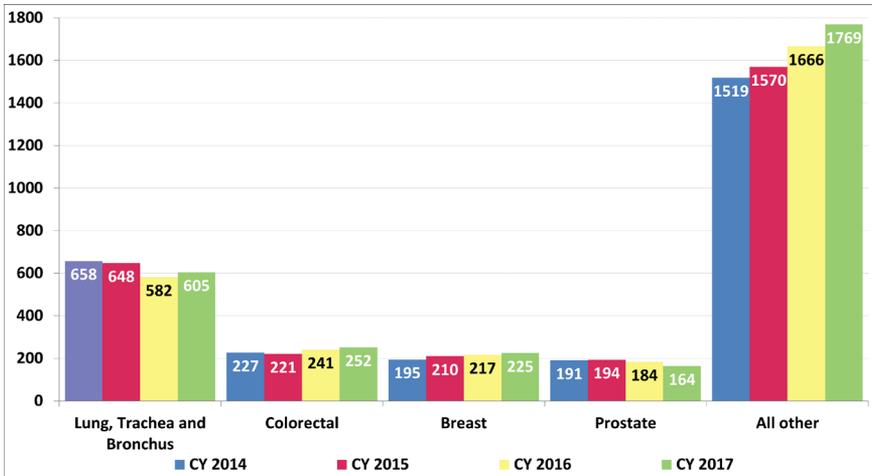
- Defines and raises awareness of the burden of cancer and related issues in Idaho.
- Develops new resources and networks with existing resources state-wide.
- Implements evidence-based strategies to reduce the burden of cancer and improve the quality of life for people who have cancer or are in recovery.
- Increases awareness of preventive behaviors to decrease likelihood of Idahoans experiencing a cancer diagnosis according to current science and recommendations.
- 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 2017, Idaho reported 3,015 cancer deaths, which was an increase from 2016, when 2,890 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 2017.

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 level 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 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 400 individual providers and clinics across the state that provide screenings. After more than 20 years serving the women of Idaho, Women's Health Check has screened more than 35,000 women and funded almost 324,000 Pap tests, and almost 50,000 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 longterm outcomes:

- Decrease proportion of people with diabetes with an A1C of less than 9.
- Increase number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss.

A statewide network of contractors, including local public health districts, health systems, evidence-based programs, and other partners works with the DPCP to:

- Increase access and coverage for diabetes self-management education and support programs for people with diabetes that are recognized by the American Diabetes Association and accredited by the American Association of Diabetes Educators.
- Increase use of pharmacist patient care processes that promote medication management for people with diabetes.
- Increase access to and coverage for the National Diabetes Prevention Program (DPP) lifestyle change program for people with prediabetes.
- Increase community clinical links that facilitate referrals and provide support to enroll and retain participants in the National Diabetes Prevention Program lifestyle change program.

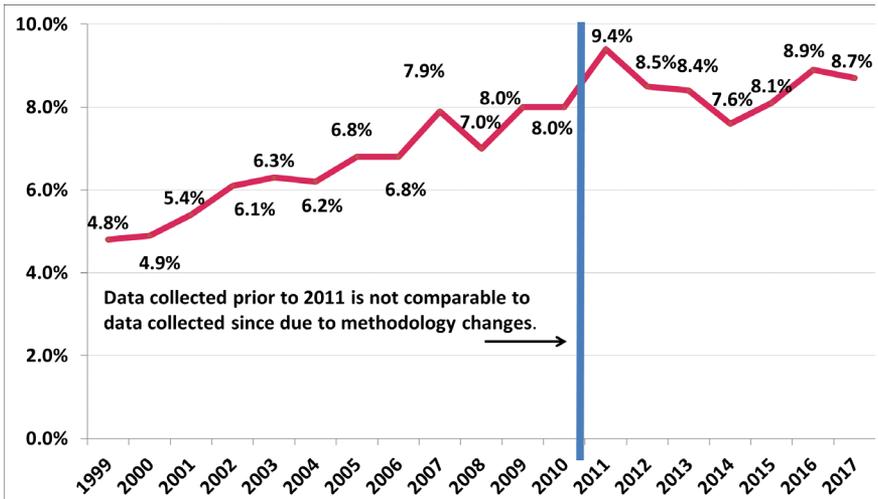
The Diabetes Prevention and Control Program provides community-level outreach to link people with several resources, including:

- The National Diabetes Prevention Program, an evidence-based lifestyle change program, can help participants with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58%.
- Diabetes self-management education and support programs, which are supported by a large body of evidence, are designed to improve health outcomes, lower medication use, decrease hospitalizations, and decrease other healthcare costs for people with diabetes.
- The Diabetes Alliance of Idaho (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 alliance includes representatives from the public, local health districts, universities, insurance, 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 management.

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

Oral health is a serious public health issue in Idaho. 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, Health Resources & Services Administration, 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 roadmaps 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, especially in counties considered to be a Dental Health Professional Shortage Area.
- 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.
- Promote and educate on the benefits of population-based services including school dental sealant clinics, fluoride varnish programs, community water fluoridation, and oral health education for at risk populations.

In addition to performing the essential public health functions, the IOHP provides funding to the local public health districts in the form of sub-grants. Activities conducted by the local public health districts include fluoride varnish clinics at: WIC, Head Start, and Early Head Start programs; and school-based dental sealant clinics in schools with more than 50% 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 oral health findings for Idaho include the following:

- More than two-thirds (67.2%) of Idaho third-grade students had dental sealants on at least one tooth recommended for sealants. The Healthy People 2020 goal for children aged 6 to 9 years is a rate of 28.1% or better on one or more of their permanent first molar teeth.
- Nearly two-thirds of Idaho third graders (65.6%) had primary or permanent teeth with decay or filled caries or missing permanent teeth because of tooth decay. The Healthy People 2020 goal for children aged 6 to 9 years is a rate of 49% or less.
- In 2016, 57% of children enrolled in Medicaid had a dental visit.
- Of Idaho adults 18 years and older, 37% did not have a dental visit in 2016.

Heart Disease and Stroke Prevention

The Idaho Heart Disease and Stroke Prevention Program (HDSP), funded by the Centers for Disease Control and Prevention, works to increase control among adults with known high blood pressure and high blood cholesterol.

A statewide network of contractors, including local public health districts, health systems, evidence-based programs, and other partners, including health associations, works with the HDSP to:

- Increase reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol.
- Increase use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol.
- Increase community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol.

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.vitalrecords.dhw.idaho.gov. For statistical reports and publications, visit www.healthstatistics.dhw.idaho.gov.

Births, Deaths, Marriages and Divorces				
CY	Births	Deaths	Marriages	Divorces
2017	22,159	14,007	13,691	6,674
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

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.

Idaho Geographic Area with Health Professional Shortage Designation				
	CY 2014	CY 2015	CY 2016	CY 2017
Primary Care	96.4%	97.7%	97.7%	97.7%
Dental Care	97.0%	95.7%	95.7%	95.7%
Mental Health	100%	100%	100%	100%

Rural Health Care Access Program Grants for Primary Care and Dental Health Shortage Areas				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Grant Requests	\$516,265	\$419,727	\$391,931	\$317,025
Amount Awarded	\$184,200	\$180,200	\$179,450	\$179,350
Applicants	17	14	14	10
Awarded	8	7	9	7

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 and state general funds.

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 2018, 19 applications were received and eight new physician applicants were awarded RPIP grants. In total, 23 Idaho physicians received medical education loan repayment through this program in SFY 2018.

State Loan Repayment Program

The State Loan Repayment Program (SLRP) provides loan repayment for clinicians serving designated Health Professional Shortage Areas. SLRP began in September 2014 and 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. Thirty-seven clinicians and physicians are currently receiving loan repayment through this program.

For more information regarding the Bureau of Rural Health and Primary Care, please visit: www.ruralhealth.dhw.idaho.gov .

Bureau of Emergency Medical Services and Preparedness

The Bureau of Emergency Medical Services and Preparedness supports the statewide system of responding to critical illness and injury situations. Services include:

- Licensing Emergency Medical Services (EMS) personnel and services.
- Operation of the statewide EMS Communications Center (StateComms).
- 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. The renewal process includes a site visit from the bureau to ensure compliance with licensure requirements. Annual site visits also provide 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.

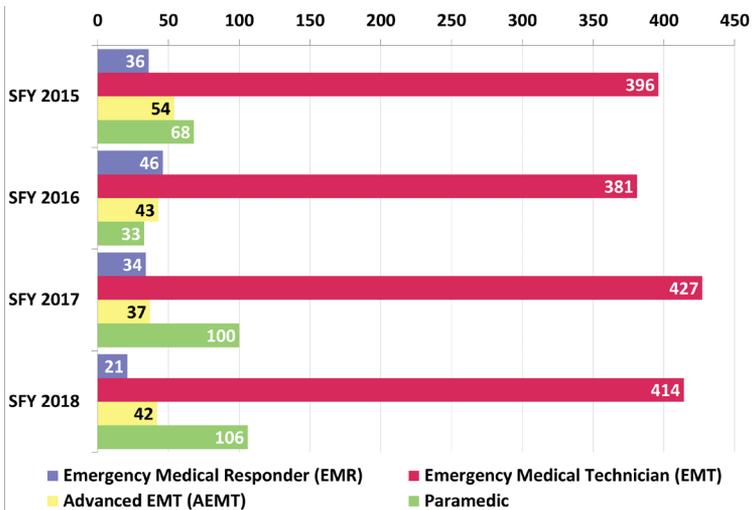
To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewals. In addition, the bureau conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies, and EMS educators.

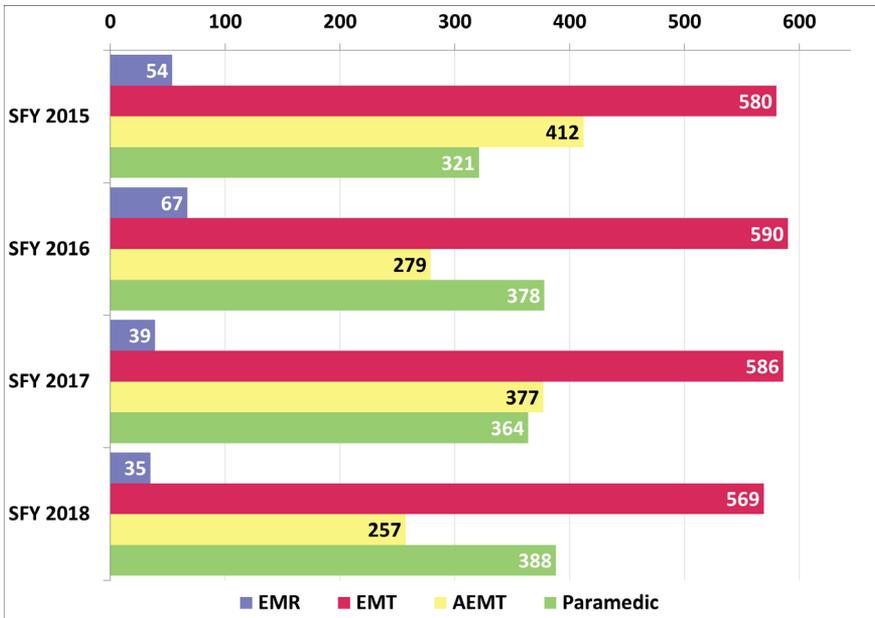
Personnel are licensed at one of four levels:

- 1. Emergency Medical Responder (EMR):** The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.
- 2. Emergency Medical Technician (EMT):** The EMT provides basic emergency medical care and transportation for critical and emergency 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 paramedic and 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 equipment for use by emergency medical personnel in the performance of their duties which include highway safety and emergency response to motor vehicle accidents. Funds are collected from the purchase of Idaho driver's 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 to 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.

See chart on next page.

EMS Dedicated Grants				
	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Grant Requests	\$3 M	\$2.8 M	\$2.9M	\$3.1 M
Grants Awarded	\$1.3 M	\$1.4 M	\$1.4M	\$1.4 M
Vehicle Requests	25	23	17	19
Patient Care Equipment			113	119
Agencies Applying	48	49	64	72
Agencies Awarded	43	49	59	63

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 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.
- Point of contact for prehospital deaths; to notify the organ procurement centers

Learn more about StateComm here: <https://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 policy development, performance management, business process alignment, and infrastructure building. Business Operations leads the divisions efforts in public health accreditation, strategic planning, and workforce development. The bureau also houses the Public Health Institutional Review Board. The bureau includes five staff with expertise in cross-cutting areas of health data analytics, performance management, communication, legislative affairs, and federal grant compliance.

- **Health Data Analytics:** The Division of Public Health collects, manages, and maintains large amounts of population health data. The Health Data Analytics program manager works to improve data sharing and use across the division and with partners, including the public.
- **Performance Management:** Key elements of public health accreditation are performance management and continuous quality improvement. The division has a Performance Management and Quality Improvement plan that guides staff in their efforts to consistently apply the Plan-Do-Study-Act process as they assess their programs and work to achieve their targeted goals. The Performance Improvement Manager provides staff training and technical assistance to build the quality improvement skills of our workforce.
- **Communication:** The division recognizes the importance of communicating clearly and often with internal and external stakeholders. The Community Resources Coordinator serves as a focal point in the division, crafting and distributing communications to the division. This position also serves as legislative support for the division, managing how legislation is tracked and monitored, and ensuring division leadership is informed about legislative activity that could potentially impact public health programs.
- **Federal Grant Compliance:** Over 50% of the division's funding comes from federal public health agencies. Most of these funds are then distributed to partners across the state to implement public health programs in local communities. Ensuring these funds are spent appropriately and in alignment with the grant's intent is the role of the Federal Compliance Officer. This work is vast and requires constant communication and collaboration with division programs, the department's internal control, financial services, and contracts and procurement staff.

Suicide Prevention Program

Idaho and other mountain west states historically have some of the highest suicide rates in the nation. A total of 1,733 Idahoans completed suicide from 2013 to 2017. In 2016, the latest year for comparable state data, Idaho had the eighth highest suicide rate, after Alaska, Montana, Wyoming, New Mexico, Colorado, Nevada and Oklahoma. In 2017, Idaho's rate of 22.9 suicide deaths per 100,000 was 65% higher than the 2016 national rate of 13.9 per 100,000.

In 2017, 393 Idahoans completed suicide, which was a 10% increase from 350 suicides in 2016. Among Idaho's 10- to 34-year-olds, suicide was the second leading cause of death in 2017, with 103 suicide deaths in this age group.

From the 2017 Idaho Youth Risk Behavior Survey of high school students grades 9 - 12, a total of 20% reported seriously considering suicide, and 10% reported making at least one suicide attempt. Between 2013 and 2017, a total of 131 Idaho youth ages 19 and younger completed suicide.

Number of Completed Suicides by Age					
	10-14	15-19	20-64	65+	Total
CY 2013*	3	21	227	57	308
CY 2014	9	16	248	47	320
CY 2015	7	18	283	54	362
CY 2016	3	23	254	70	350
CY 2017	3	28	299	63	393

Rate of Completed Suicides by Age (per 100,000 population)					
	10-14	15-19	20-64	65+	Total
CY 2013*	2.5	18.5	24.7	25.5	19.1
CY 2014	7.3	13.9	26.8	20.1	19.6
CY 2015	5.7	15.4	30.3	22.2	21.9
CY 2016	2.4	19.4	26.8	27.5	20.8
CY 2017	2.3	23	31.1	23.8	22.9

*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.

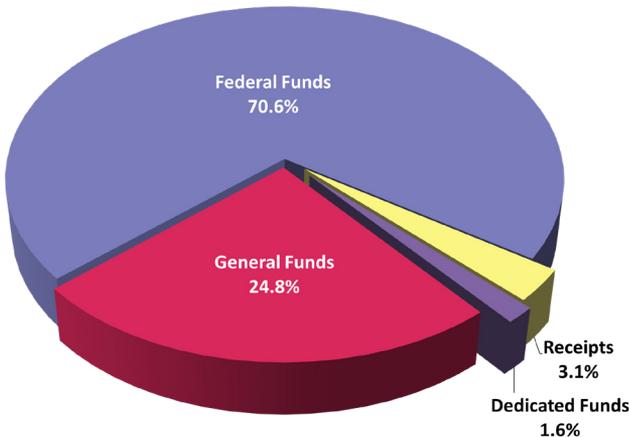
Programs administered by the division include:

- 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.

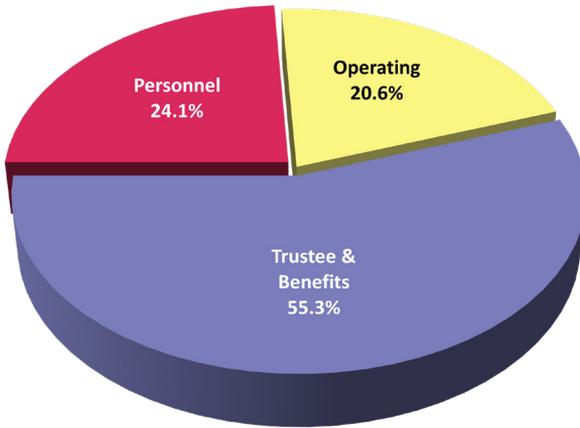
Self Reliance focuses on helping Idaho families live better through nutrition education, work and training programs, access to quality child care and early learning programs, and support services that help them be successful in the workforce. The division also administers additional programs through contracts with local partner organizations that provide food and assistance for home energy costs and home weatherization.

SFY 2019 Funding Sources

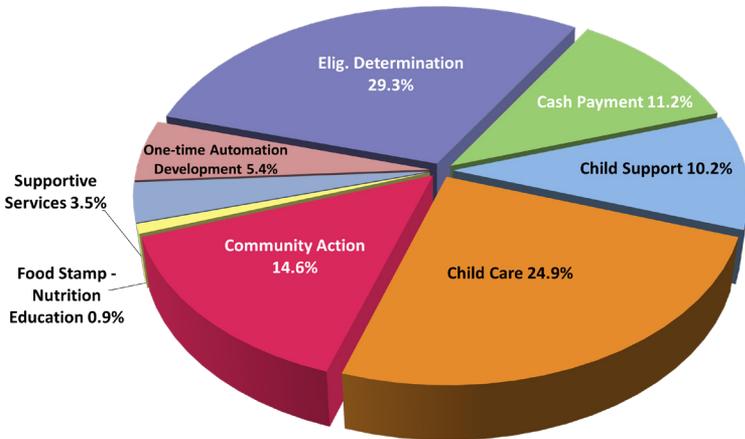


Authorized FTP: 619.5 Original Appropriation for SFY 2019 General Funds \$43.5 million, Total Funds \$175 million; 5.7% of Health and Welfare funding.

SFY 2019 Expenditure Categories



SFY 2019 Appropriation by Program



2018 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 2018, 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 has stabilized. Application and re-certification activities continue to be the division's focus as staff ensure eligibility determinations are accurate, and service delivery systems are effective.

The division currently serves about 164,000 families, who receive services from benefit programs in the following groups:

Families with children	Disabled adults	Seniors over 65	Non-disabled adults under 65
57%	21%	15%	7%

Approximately one in four participant families have at least one elderly or disabled member living in the household. About 325,000 individuals receive services 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 48% of families with a current child support case also participate in a benefit program.

Health Coverage for Idaho Families

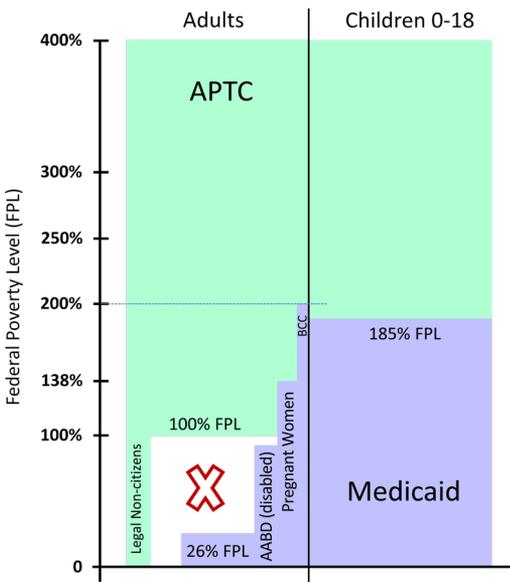
A major focus over the past several years has been to ensure that Idaho families have access to health insurance, either through Medicaid services when they are eligible or through eligibility for a tax credit to help pay for private insurance purchased on the state-based exchange. The division determines 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.

In 2018, DHW determined tax credit eligibility for approximately 96,000 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 ~80 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), which 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.

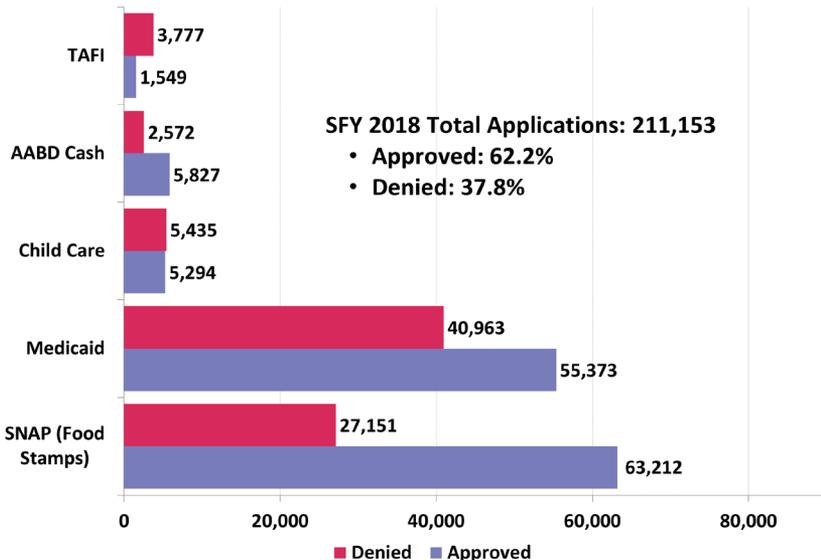
Partnership programs are supported by pass-through funds the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the state can benefit from a single 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, the Child Support Program, 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.

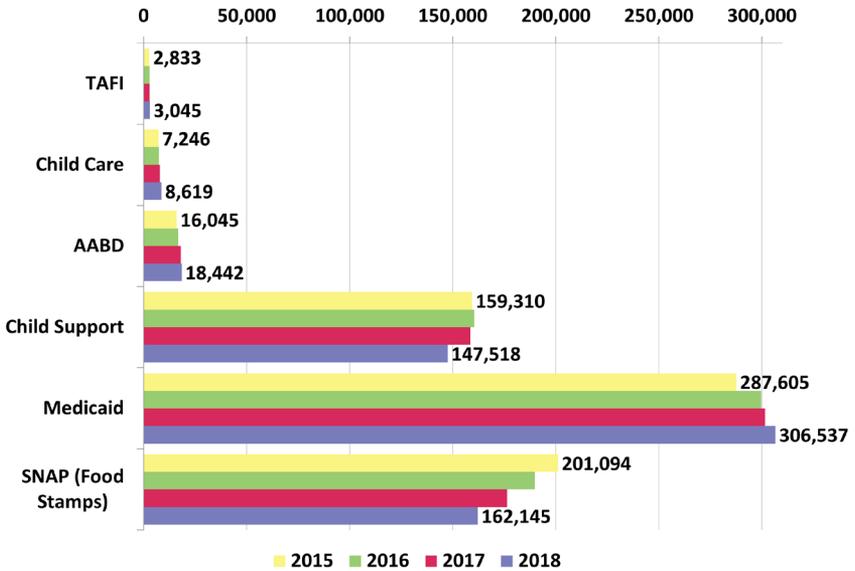
Processing applications for citizens seeking services is labor intensive. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant time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

SFY 2018 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. The Idaho Child Care Program requires eligible families to have a qualifying activity, such as working, attending school or participating in training. As low-income families find success in the workplace, long-term outcomes for families and children improve.

Average Monthly Individuals Served

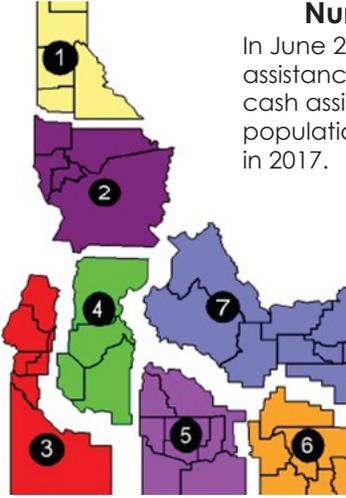


Note: Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes duplicates. Child support data is a case count and does not reflect the number of individuals served. In 2018, 247,836 individuals were served in the Child Support Program. All programs are reported by State Fiscal Year except the Child Support Program, which reports by Federal Fiscal Year.

Numbers Served by Region

In June 2018, a total of 325,393 people received assistance in Medicaid, food stamps, child care, and cash assistance. This is 19 percent of the state's total population. More than 351,000 Idahoans were served in 2017.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 4 has the lowest. Four 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	234,845 13.7%	3,276 1.4%	1,109 0.5%	20,776 8.8%	36,472 15.5%	42,995 18.3%
2	108,520 6.3%	1,573 1.4%	279 0.3%	7,864 7.2%	13,631 12.6%	16,012 14.8%
3	283,189 16.5%	4,638 1.6%	1,935 0.7%	35,111 12.4%	59,833 21.1%	70,022 24.7%
4	501,649 29.2%	5,431 1.1%	2,347 0.5%	35,042 7.0%	59,399 11.8%	70,457 14.0%
5	196,712 11.5%	2,255 1.1%	1,028 0.5%	18,517 9.4%	37,087 18.9%	42,815 21.8%
6	169,849 9.9%	2,548 1.5%	915 0.5%	17,946 10.6%	30,873 18.2%	36,217 21.3%
7	222,179 12.9%	1,958 0.9%	1,248 0.6%	20,238 9.1%	40,431 18.2%	46,875 21.1%
Totals	1,716,943 100.0%	21,679 1.3%	8,861 0.5%	155,494 9.1%	277,726 16.2%	325,393 19.0%

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 2018. Region 3, where 70,022 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 14 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 2018, the average SNAP allotment per person in Idaho was \$105, or about \$1.17 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.

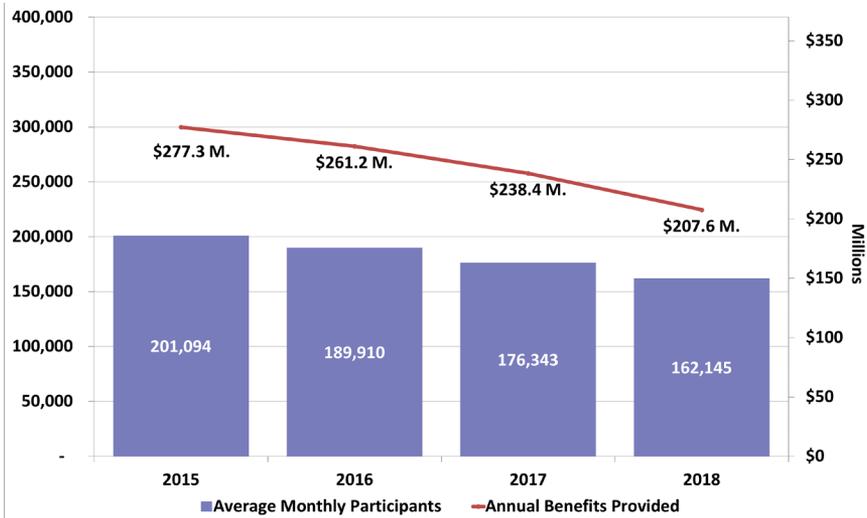
Caseload Growth:

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. Over the past seven years, 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.

During SFY 2018, Idaho's SNAP caseload decreased, showing a reduction in the number of individuals receiving SNAP benefits from 168,500 in June 2017 to 155,500 in June 2018.

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 six 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 2018, three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within two days of applying.

Idaho Child Care Program

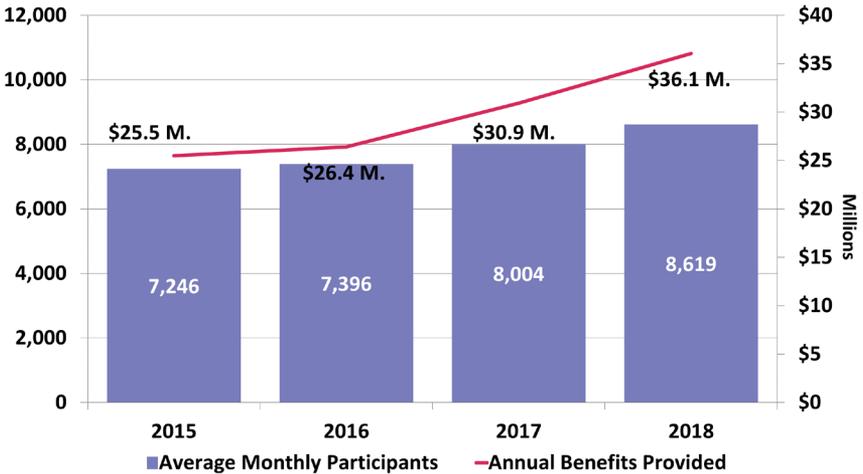
The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to low-income families, to assist with child care expenses so parents can maintain employment or complete their higher education. Child care assistance also plays a critical role in the development of the child by focusing on ensuring children have access to high quality child care.

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 8,619 children per month during SFY 2018, with total annual payments of \$36 million.

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

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

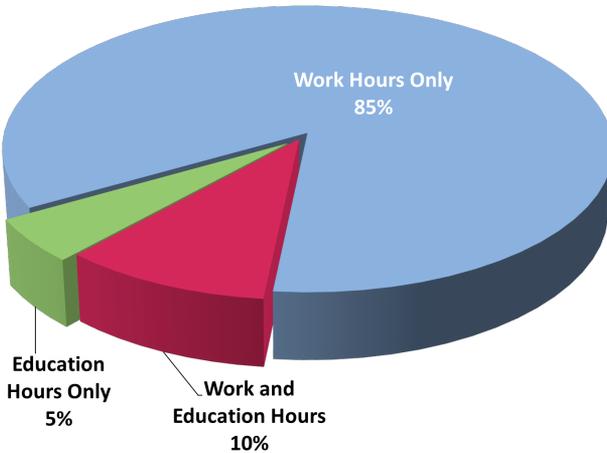
ICCP Average Monthly Children Served and Total Annual Benefits Provided



Eighty-five percent of parents are working. About 10% are attending school and working, while about 5% are only attending school. The ICCP supports these parents on their path to self-sufficiency.

The Idaho Child Care Program also helps families find child care providers in their area through the department's referral system. Last year, 1,308 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.

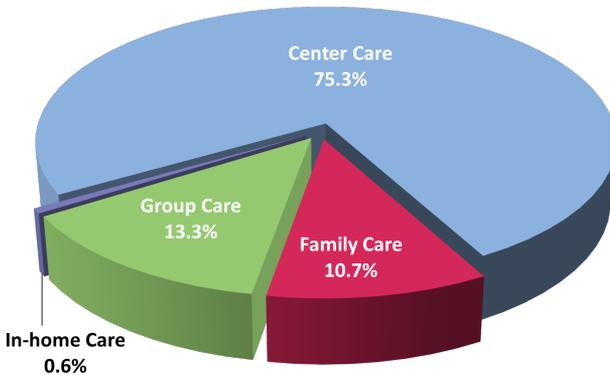
Qualified Activity Types



A provider is eligible to receive ICCP payments if they meet health and safety standards, which include annual CPR/first-aid certification, cleared background checks for all adults who have direct contact with children, and a health and safety inspection every year. Providers also must have ongoing health and safety trainings and professional development. 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 2018.

Types of Child Care Providers



In SFY 2018, the ICCP program provided resources, training, education, scholarships, and incentives to child care providers who sought to improve the quality of their child care programs. IdahoSTARS conducted 7,099 training sessions and provided 2,510 training scholarships and 41 academic scholarships statewide, at an annual cost of \$260,386 in SFY 2018. IdahoSTARS also supported providers with \$512,803 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

\$3,975 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.

The average monthly Medicaid enrollment increased by 2 percent during SFY 2018. As of June 2018, nearly 278,000 people were receiving Medicaid services in Idaho. The Division of Welfare receives approximately 8,000 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 2018, the department reviewed about 96,000 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 re-determines 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 children under the age of 18. The program serves an average of nearly 2,000 households and about 3,000 individuals.

Approximately 94% of households in the program are child-only cases. The remaining 6% 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:

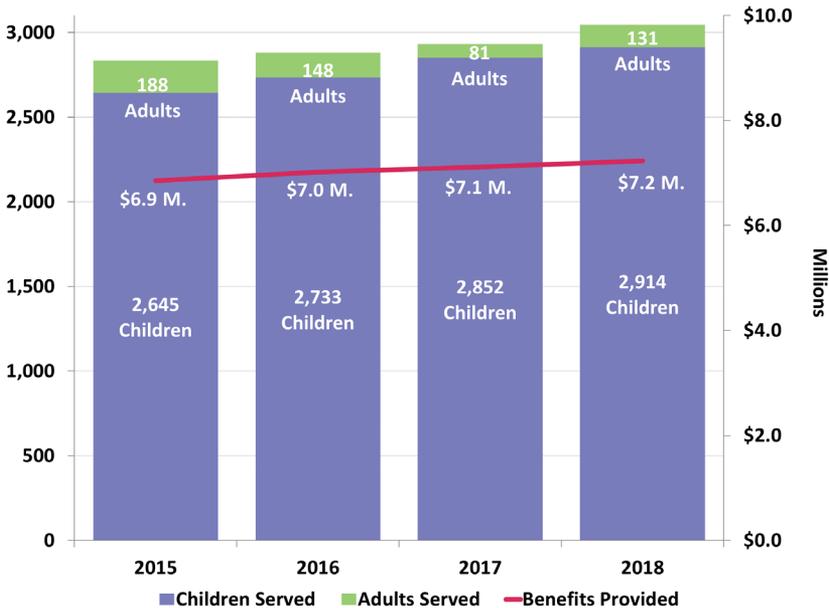
- Be an Idaho resident who is either a U.S. citizen or meets criteria for

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.

Idaho's TAFI cash assistance program requires participation in work and education 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) in 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.

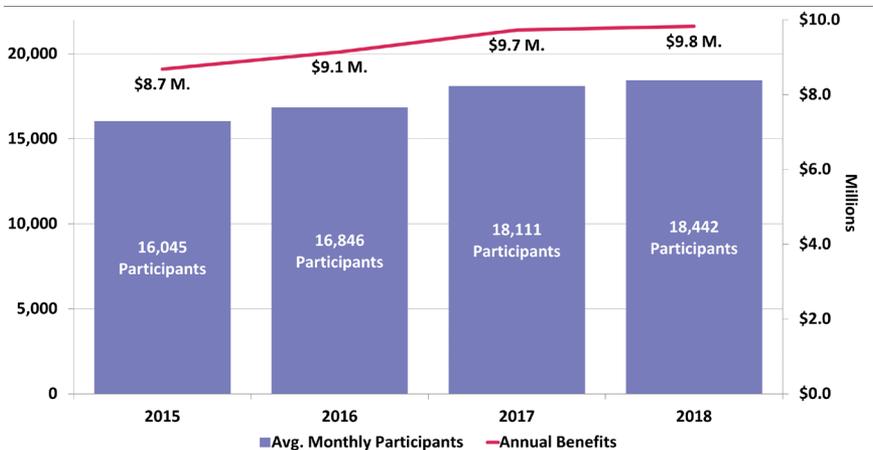
The state of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current MOE provides a monthly average cash benefit amount of \$53 per enrollee. AABD cash payments are paid with 100% 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 \$803 per month, or \$1,145 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, 18,442 people received AABD cash payments each month during SFY 2018.

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.

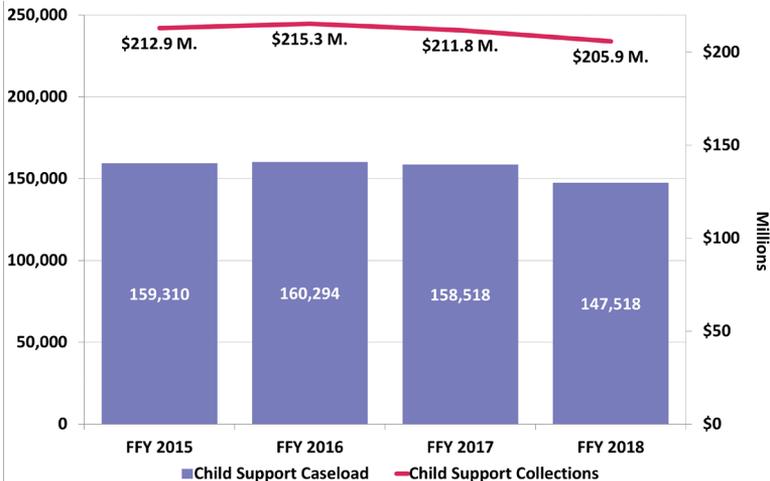
All child support orders that require payments to be made through the State Disbursement Unit qualify for receipting-only services at no cost. Any parent or guardian may apply for enforcement services for a \$25 application fee. Enforcement services are required if a custodial parent is receiving cash 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 2018, the Child Support Program administered 147,518 child support cases. This includes 45,098 Receipting Services Only cases. The program collected and distributed more than \$205.8 million. About 86% (or \$176 million) of that is for enforced cases, and the remaining 14% (or \$29 million) is from Receipting Services Only cases.

Monthly Average Caseload and Total Dollars Collected



About 48% 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 educational opportunities. DHW strives to support families in making this possible by obtaining and enforcing support orders and getting payments to custodial parents quickly for the care of the child. Idaho serves about 248,000 individuals through the Child Support Program every year.

Child Support Program Participation for FFY 2018

Parents and children	248,000 individuals*
Non-custodial parents	79,900
Custodial parents	78,700
Children receiving services	100,000

*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 half (50%) 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, Social Security and Unemployment benefit income withholding, 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 \$6.13 for every dollar it spends. Idaho ranks 14th 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 disburse current and arrears support on behalf of the noncustodial parent. Wage withholding collections account for 53 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 2018, Idaho had 21,746 interstate cases, where one parent lived in another state. Idaho has 69 international cases, where one parent lives in another country with reciprocity in Idaho:

Australia	10	Canada	38	Sweden	1
England	5	Germany	11	Poland	1
Netherlands	1	Norway	1	Slovakia	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.

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

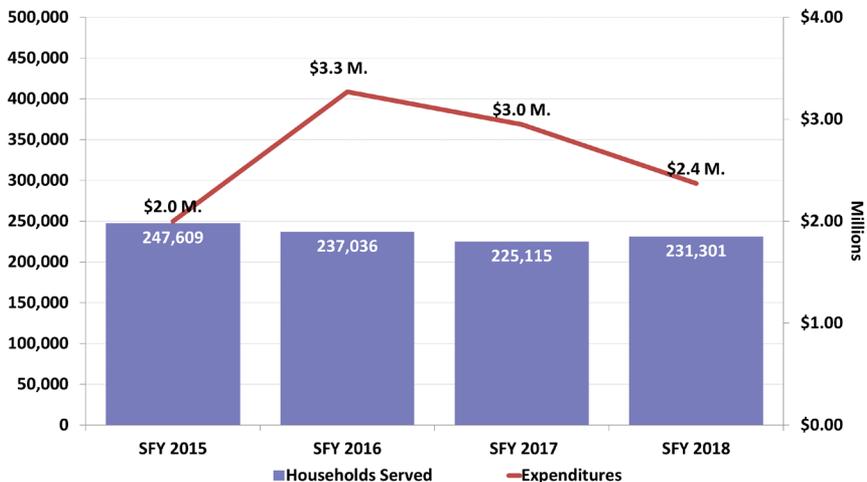
Partnership programs include a variety of services delivered across the state by local organizations, both public and private. Partner organizations providing these services on the division's behalf operate under contracts with DHW. Partner programs provide participants with emergency support, transportation, 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 in 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 2018, TEFAP distributed 2.5 million units of food valued at \$2.4 million to 231,301 households.

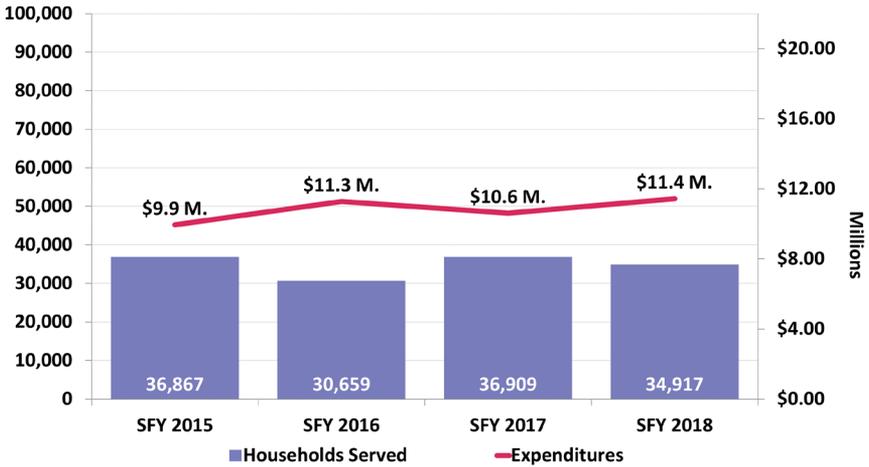
TEFAP: Households Served and Annual Value of Distributed Food



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 77,950 individuals and spent approximately \$3.6 million in SFY 2018.

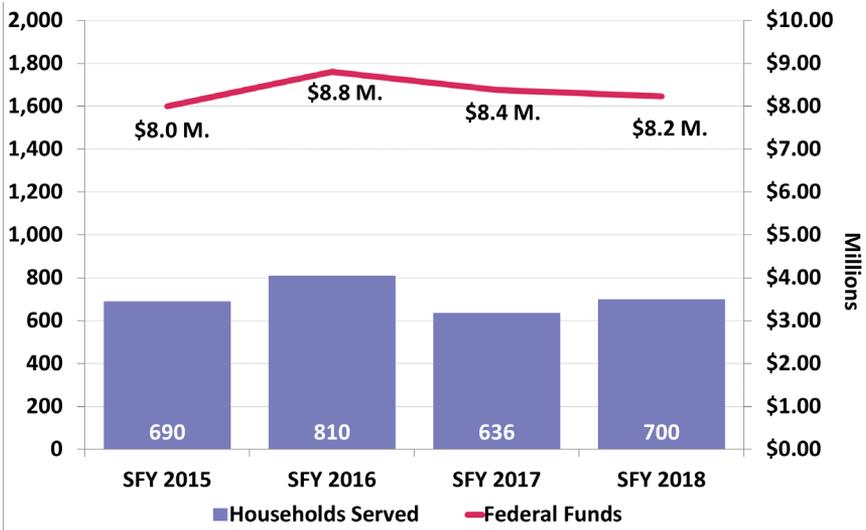
Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 34,917 households pay \$11.4 million in energy costs in SFY 2018. 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 \$8.2 million for efficiency improvements to 700 Idaho households in SFY 2018.

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
APTC.....	Advanced Payment of Tax Credit
BOCAPS.....	Bureau of Clinical and Preventative Services in Public Health
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
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
FMAP	Federal Medical Assistance Percentage
FNS	Food and Nutrition Services at USDA
FPL	Federal Poverty Limit
FTP	Full-time Positions
FYI	Foster Youth Alumni of Idaho
GED	General Education Degree
HART	Homes with Adult Residential Treatment
HCA	Health Coverage Assistance
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
MAGI	Modified Adjusted Gross Income
MMIS	Medicaid Management Information System
MMRV	Mumps, Measles, Rubella and Varicella
MOE	Maintenance of Effort
MST	Mountain Standard Time
OPE	Office of Performance Evaluation
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.....	Receipting 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
WICHE.....	Western Interstate Commission for Higher Education
YHI.....	Your Health Idaho

(Please contact Niki Forbing-Orr at Niki.Forbing-Orr@dhw.idaho.gov to suggest additions to the acronyms glossary.)

Notes

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