



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Facts, Figures, & Trends

2019-2020

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 eleven-member State Board of Health and Welfare appointed by the governor.

Many people turn to DHW for help with a crisis in their lives, such as a job loss or a mental health crisis. The department strives to meet those needs while also focusing on protecting the health and safety of Idaho residents. The department 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 (which will become Management Services and include Indirect Support Services)
- Information and Technology

Each division provides services or partners with other agencies and groups to help people in our communities.

One of the guiding principles of all DHW programs is to collect and use performance data so we can ensure the department is maximizing state funding and providing 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.

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 residents on the following pages.

Read the department's Strategic Plan at <https://healthandwelfare.idaho.gov/AboutUs/StrategicPlan/tabid/134/Default.aspx>

A MESSAGE FROM DIRECTOR DAVE JEPPESEN

The Department of Health and Welfare (DHW) is dedicated to promoting and protecting the health and safety of all Idahoans. We have a tremendous impact on the lives of all those we serve. We work with struggling families to make sure they have a safe place to raise their children. We assist people in mental and physical health crises. We also help people who need public assistance, always keeping the path to self-reliance in our sight.



We provide critical and valued services to more than a third of all Idahoans, and we strive to be a vital partner to other Idaho agencies and communities, both in leadership and supportive roles. Our Strategic Plan outlines how we do that in four goals. Here are just a few highlights of what we accomplished for Idahoans in state fiscal year 2019:

- **Strategic Goal 1: Ensure affordable, available healthcare that works.** The **Youth Empowerment Services** project has made significant progress in 2019, moving from a lawsuit toward a new system of care for children with serious emotional disturbance. The phased rollout for the new system began in January 2018. Full implementation of the transformed children's mental health system is targeted for mid-2020.
- **Strategic Goal 2: Protect children, youth, and vulnerable adults.** We have a new vision for **Southwest Idaho Treatment Center (SWITC)**. The department created a SWITC Advisory Board charged with creating a new vision for services for SWITC clients. The advisory board has recommended a new model to better serve individuals with complex and challenging behaviors. Project planning for implementation of the new model is under way.
- **Strategic Goal 2: Protect children, youth, and vulnerable adults.** We are in the middle of a three-year project in **Child and Family Services**, that fulfills another part of goal 2. In SFY 2019, the program completed the first year of that transformation project. This project is aimed at addressing long-standing pain points in the program and will allow staff to focus on the critical goal of protecting children and supporting families while removing unnecessary work and documentation.

- **Strategic Goal 3: Help Idahoans become as healthy and self-sufficient as possible. The Center for Drug Overdose and Suicide Prevention** was established in the fall of 2018 and brought together two pre-existing programs – Suicide Prevention and Drug Overdose Prevention. With the understanding that the same social determinants of health impact suicide and drug overdoses, the center brings together these programs to begin developing strategies to address both issues.
- **Strategic Goal 4: Strengthen the public's trust and confidence in our agency.** Gov. Brad Little issued the executive order for the **Red Tape Reduction Act** to streamline administrative rule chapters. DHW reduced the number of restrictive words by nearly 28 percent and the total number of rule chapters by 21. DHW staff did a great job of balancing the reductions with our mission to promote and protect the health and safety of all Idahoans.

I'd like to thank the Idaho Legislature and Gov. Brad Little for supporting these and other important initiatives as we work to protect the health and safety for all Idahoans.



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 experience and ensures implementation of DHW's Strategic Plan.

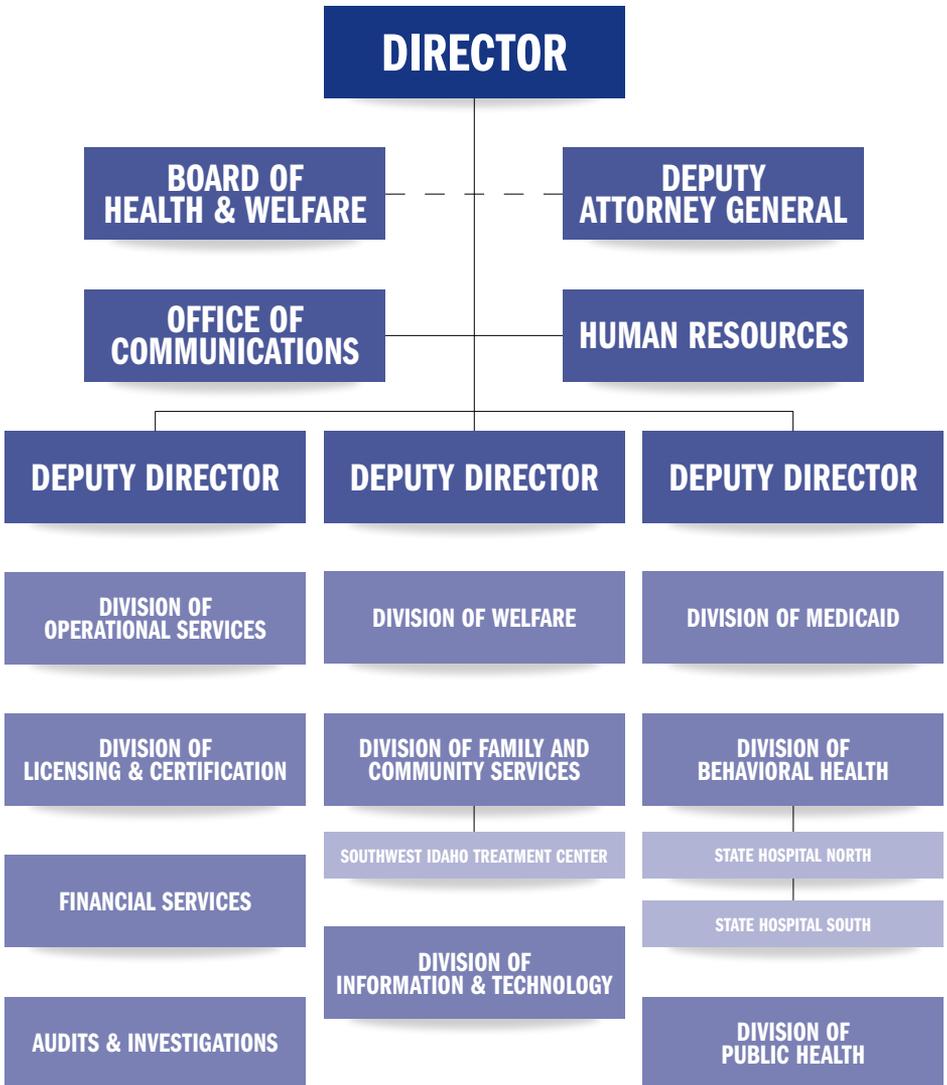
The director's office includes:

- Director Dave Jeppesen, 208-334-5500
- Deputy Director Lori Wolff, 208-334-5500
- Deputy Director Lisa Hettinger, 208-334-5500
- Deputy director, vacant as of publication of this book
- Human Resources Manager Monica Young, 208-334-5725
- Office of Communications Director Kelly Petroff, 208-334-0693

The director's office relies on the department's executive leadership team to help formulate policy. The executive team includes members of the director's office, division administrators, regional directors, and administrators of State Hospital South, State Hospital North, and Southwest Idaho Treatment Center.

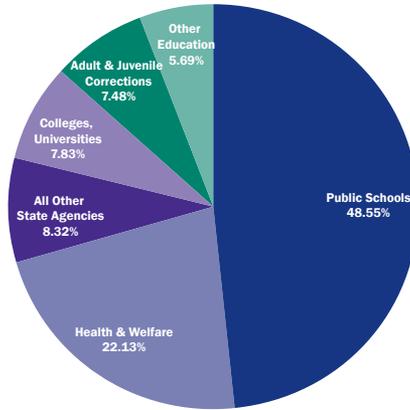
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ORGANIZATIONAL CHART

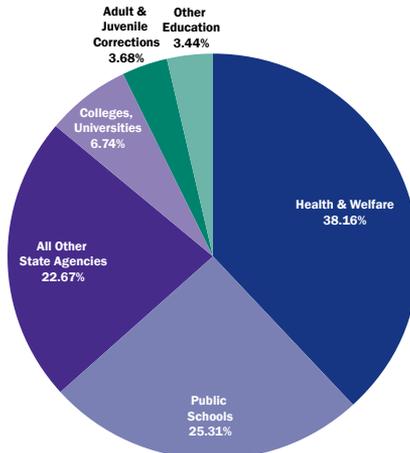


TOTAL STATE SFY 2020 APPROPRIATIONS

State general fund appropriations for all state agencies



Total Appropriations for all state agencies



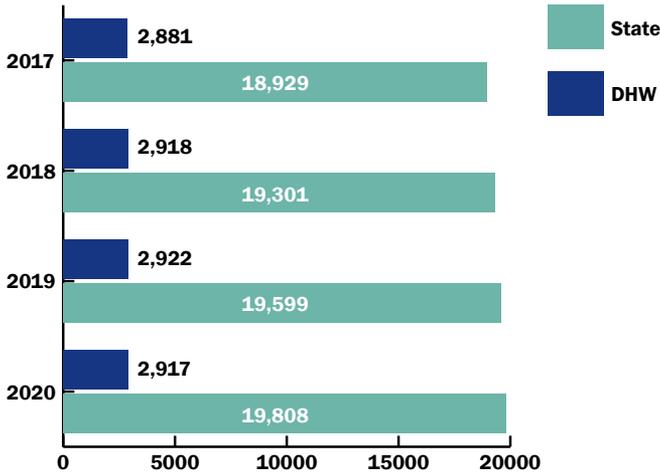
SFY 2020 Financial Data Summary

In Millions

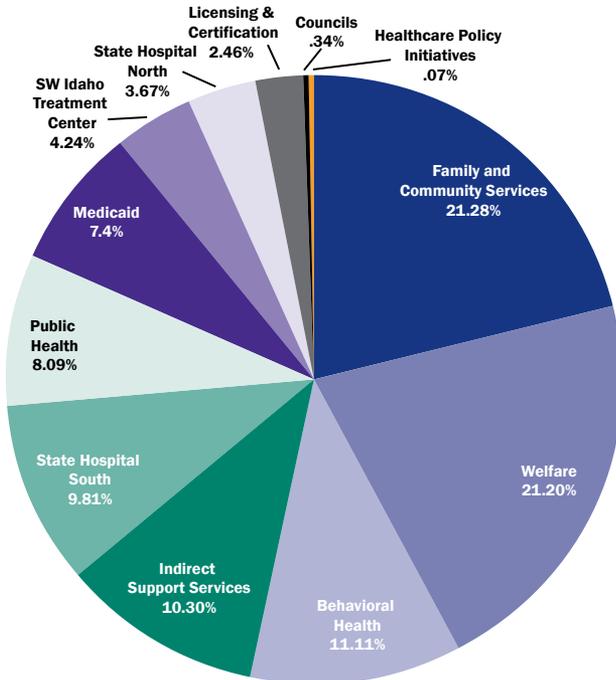
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,898.42	48.6%	\$2,267.81	25.3%
Colleges, Universities	306.03	7.8%	604.25	6.7%
Other Education	222.64	5.7%	307.98	3.4%
Health & Welfare	865.29	22.1%	3,420.10	38.2%
Adult & Juvenile Corrections	292.68	7.5%	330.02	3.7%
All Other Agencies	325.30	8.3%	2,031.65	22.7%
Total	\$3,910.35	100.0%	\$8,961.80	100.0%

APPROPRIATED FULL-TIME POSITIONS

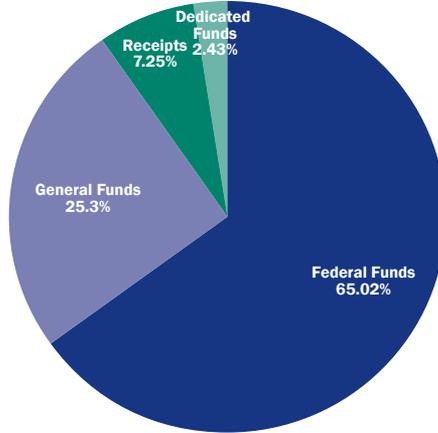
The use of full-time positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing 4.6 percent.



SFY 2020 FTP Distribution for DHW

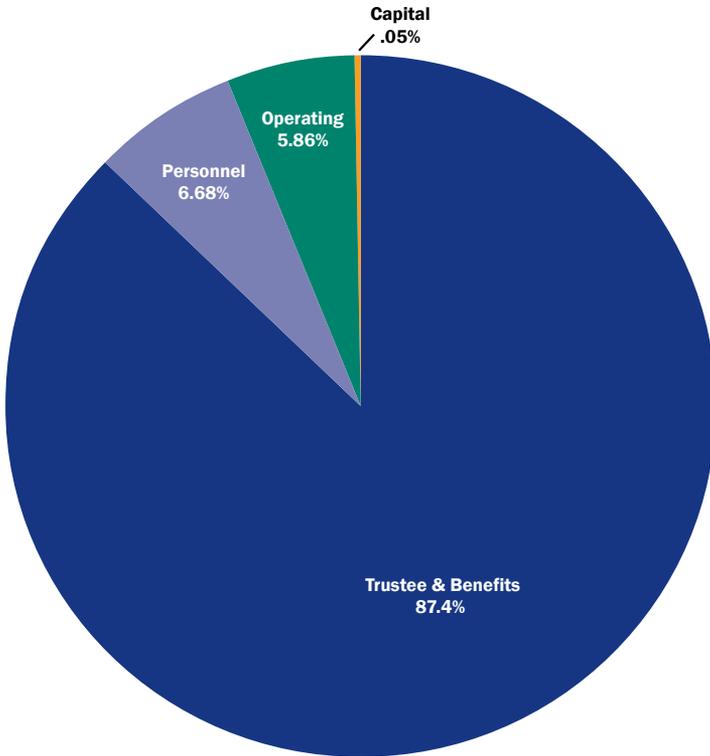


SFY 2020 DHW APPROPRIATION FUND SOURCE



Fund Source	Amount
General Funds	\$ 865.3 Million
Federal Funds	2,223.6 Million
Receipts	248.1 Million
Dedicated Funds	
Access to Health Insurance	\$0
Domestic Violence	528,800
Cancer Control	345,800
Central Tumor Registry	130,000
Liquor Control	650,000
State Hospital South Endowment	5,960,100
State Hospital North Endowment	1,558,600
Prevention of Minors' Access to Tobacco	43,800
Millennium Fund	15,510,200
EMS	2,941,800
EMS Grants	1,700,000
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000
Immunization Assessment Fund	18,970,000
Time Sensitive Emergency Fund	428,900
Technology Infrastructure Fund	4,314,000
Total Dedicated Funds	<u>\$83.1 Million</u>
Total	\$3,420.1 Million

SFY 2020 DHW APPROPRIATION BY EXPENDITURE CATEGORY

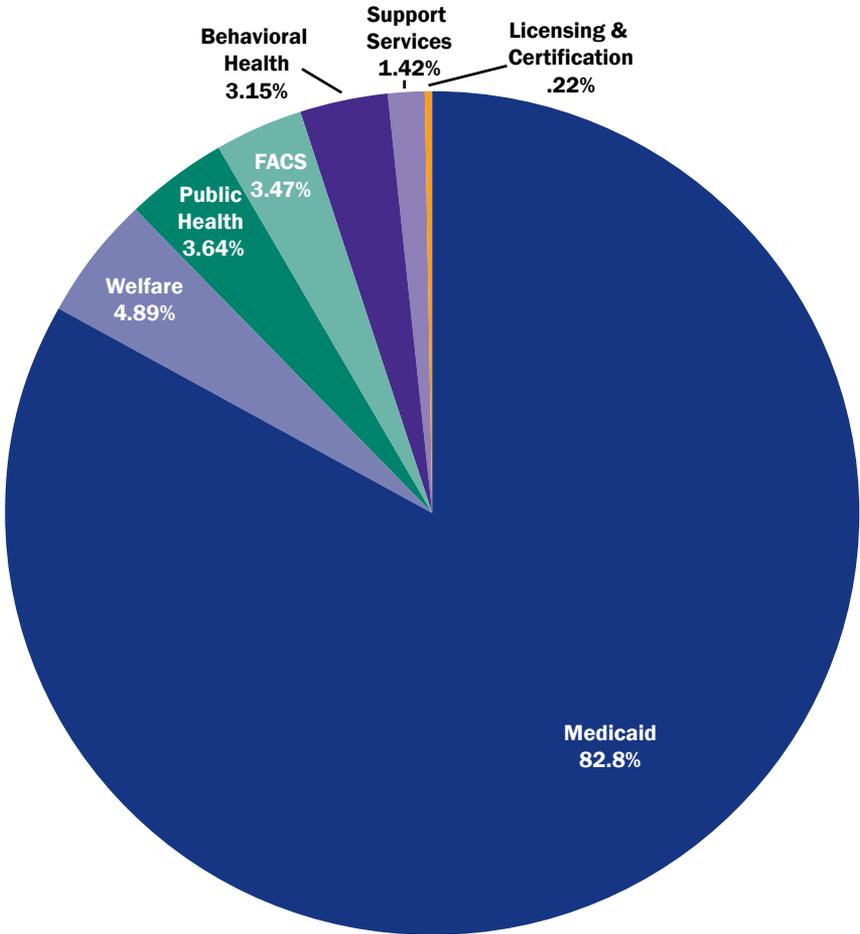


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,989.1 Million
Personnel Costs	228.6 Million
Operating Expenditures	200.6 Million
Capital	1.9 Million
Total	\$3,420.1 Million

- The appropriation for benefits to Idaho citizens increased \$379.9 million from SFY 2019 appropriation levels, while personnel costs, operating and capital expenses decreased by \$13 million.
- Payments for services to Idaho citizens make up 87.4 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 12,247 companies, agencies or contractors, and more than 44,631 active Medicaid service providers.

ORIGINAL SFY 2020 DHW APPROPRIATION



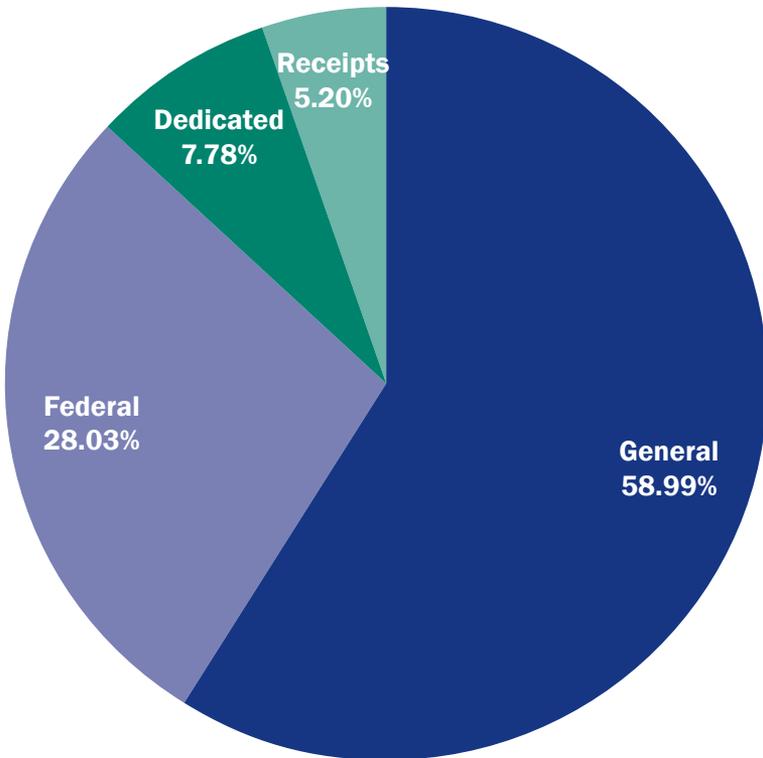
By Division	FTP	General	Total
Welfare/ Self-Reliance	618.5	\$44,143,800	\$167,296,600
Medicaid			
Low-income children/ working age adults		206,475,500	780,006,200
Individuals w/disabilities		273,341,600	1,152,488,600
Dual eligible		182,338,800	618,926,400
Medicaid expansion		9,267,000	197,636,700
Administration	<u>216</u>	<u>15,987,700</u>	<u>82,639,100</u>
Total Medicaid	216	\$687,410,600	\$2,831,697,000
Licensing & Certification	71.9	\$2,047,900	\$7,568,700
Family and Community Services			
Child Welfare	403.8	12,512,800	48,731,500
Foster/Assistance Payments		11,441,700	31,091,500
Service Integration	35	744,200	6,135,200
Developmental Disabilities	181.96	11,290,300	22,392,500
SWITC	<u>123.75</u>	<u>2,761,900</u>	<u>10,442,800</u>
Total FACS	744.51	\$38,750,900	\$118,793,500
Behavioral Health			
Adult Mental Health	210.56	32,002,200	36,655,000
Children's Mental Health	97.67	8,449,600	14,518,700
Substance Abuse	16	805,300	17,462,000
Community Hospitalization		2,069,000	2,069,000
State Hospital South	286.25	11,915,600	26,930,000
State Hospital North	<u>107.1</u>	<u>8,224,400</u>	<u>9,945,100</u>
Total Behavioral Health	717.58	\$63,466,100	\$107,579,800
Public Health			
Physical Health	150.18	4,864,600	105,798,700
EMS & Preparedness	42.84	231,300	12,036,600
Suicide Prevention	4	1,453,700	1,543,700
Laboratory Services	<u>39</u>	<u>2,276,300</u>	<u>4,952,400</u>
Total Public Health	236.02	\$8,825,900	\$124,331,400
Support Services	300.6	\$20,167,100	\$48,584,400
Healthcare Policy	2	\$283,000	\$1,125,800
Councils	10	\$202,200	\$13,118,700
Department Totals	2,917.11	\$865,297,500	\$3,420,095,900

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.

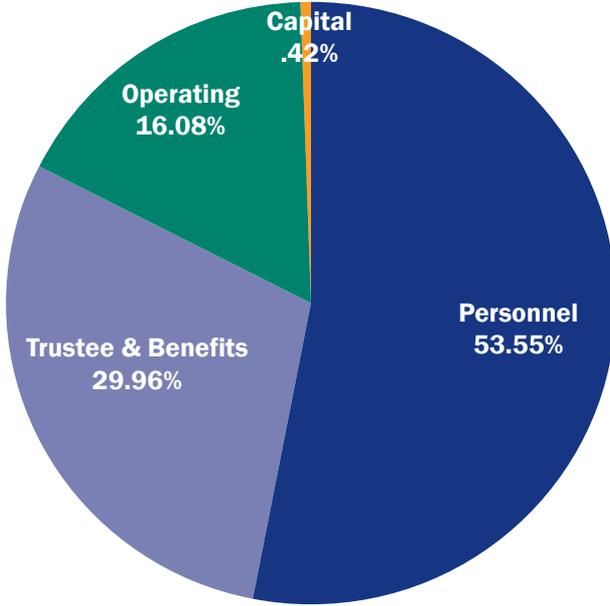
The division includes Children’s Mental Health Services, Youth Empowerment Services, Adult Mental Health Services, the Substance Use Disorders Program, and the Idaho Tobacco Project. The division also administers the state’s two psychiatric hospitals, State Hospital North and State Hospital South, for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

A new adolescent psychiatric treatment hospital, State Hospital West, is expected to open in February 2021 in Nampa.

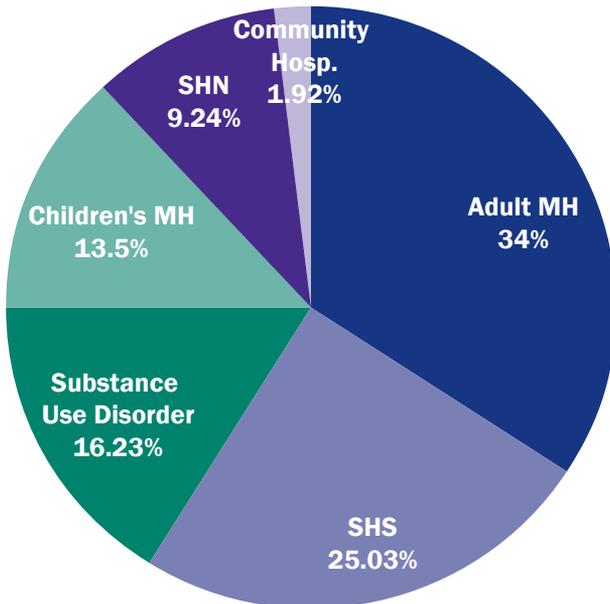


Authorized FTP: 717.58; Original appropriation for SFY 2020: General Funds \$63.5 million, Total Funds \$107.6 million; 3.15 percent of Health and Welfare funding.

Behavioral Health SFY 2020 Expenditure Categories



Behavioral Health SFY 2020 Appropriation by Program



SFY 2019: DIVISION OF BEHAVIORAL HEALTH PROGRAM HIGHLIGHTS

Psychiatric Hospitalization/High Risk Adult Unit: The Idaho Legislature appropriated funding during its 2018 session to remodel the current adolescent unit at State Hospital South so it could be used to care for a higher-risk adult population once the new adolescent hospital, State Hospital West, is completed in Nampa. The Division of Public Works is managing the remodel project. It issued a Request for Qualifications for architectural services for the project in May 2019 and selected an architectural firm in July 2019. Construction work that can be done while the unit is occupied is expected to begin in early 2020.

State Hospital West - Adolescent Psychiatric Treatment Hospital in the Treasure Valley: Construction began this fall for a new Adolescent Psychiatric Treatment Hospital, which was a directive from the Governor's Office and funded through the 2017 Idaho Legislature. The facility, expected to be completed fall of 2020 with an open date of February 2021, will offer a total of 16 psychiatric beds for adolescents between 11 and 18 years old. It will provide a comprehensive range of behavioral healthcare, in a secure setting, that will meet the current and future demands of Idaho.

The new facility will be on the Southwest Idaho Treatment Center campus at 1660 11th Ave. North, Nampa. With approximately 65 percent of the adolescents admitted coming from the Treasure Valley, locating the adolescent facility in Nampa will offer care and treatment closer to most patient families and increase family involvement.

At approximately 17,500 square feet, the facility will feature 16 patient bedrooms with single occupancy, a medical exam room, classroom space for education, occupational and recreational therapy space, a commercial kitchen, dining, an outdoor activity area, two comfort rooms, and safety rooms. The facility also will offer ample space for treatment planning meetings, consultation rooms for families, case staffing, work space, and office space. The 16 bedrooms are all private. Patients will have access to shared bathroom space. The facility will have one bathroom for two bedrooms.

The facility will employ 60-65 staff with some positions and roles filled through contracted services. It will be licensed by the state of Idaho as a 16-bed pediatric psychiatric hospital. It will seek Joint Commission accreditation and meet all necessary Centers for Medicare & Medicaid Services and other federal regulations to be a safe and therapeutic environment. It will meet all necessary requirements for public and private funding. It will operate 24 hours a day, seven days a week, 365 days a year.

Psychiatric Bed Registry: A Transformation Transfer Initiative grant awarded in January 2019 will allow the division to address the need for a centralized platform where Idaho medical professionals, mental health professionals, and first responders will be able to access information on the availability of current psychiatric beds or crisis stabilization seats. The division has started developing the Idaho Psychiatric Bed and Seat Registry with these grant funds. The initial goal in creating the registry was to allow medical professionals, mental health professionals, and first responders access to an online platform that will provide the number of open psychiatric beds and crisis seats across the state. Leveraging existing technology through a partnership with the Division of Public Health, the Behavioral Health was able to quickly establish a web-based platform for this purpose and has scheduled the launch of the registry for January 2020.

Felony Probation and Parole population: During the 2017 Legislative session, the division was allocated funding for the delivery of behavioral health services for Idaho's felony parole and probation population. At that time, the division entered into a contract with the Community Health Center Network of Idaho, the umbrella organization for the Federally Qualified Health Care clinic network. The division has continued this contract and entered into additional contracts with two private providers to better meet the needs of this population.

The purpose of these contracts is to provide mental health services for Idahoans currently on felony parole or probation who are in need of behavioral health services. These services are intended to provide a more successful reintegration into the community and provide for the behavioral needs of this high-risk population.

Mental health services provided under these contracts include: psychiatric diagnostic evaluation, mental health treatment planning, pharmacological evaluation, pharmacological management, individual counseling, group counseling, family counseling, and care coordination.

Most clients currently served under these contracts will be transitioned to Medicaid in January 2020, resulting in the termination of these contracts in the coming year.

Recovery Community Centers: The division continues to contract with Recovery Idaho to provide social support services for individuals with Opioid Use Disorder through Idaho's nine Recovery Community Centers throughout the state. Services under this contract include support groups, recreational activities, and recovery coaching.

Recovery center staff also meet people 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 contract

also requires the centers to make this similar type of connection with people who have been discharged from a local jail. During the last year, Recovery Community Centers provided services to more than 1,000 Idahoans with Opioid Use Disorder.

Homes with Adult Residential Treatment (HART): The division budgeted \$2 million to provide funding for the Homes with Adult Residential Treatment program and to continue the safe and stable housing supplemental payments to assisted living facilities that provide care for adults with serious and persistent mental illnesses.

A HART provides a safe and therapeutic homelike environment that includes residential services, assistance with daily living, milieu management, and integrates behavioral health treatment services. It is intended to be an intensive, treatment-oriented residential living program targeted to individuals with a serious and persistent mental illness who are either being discharged from a psychiatric hospitalization or have a history of disrupted residential placements. The HART model allows for the provision of integrated treatment interventions to better address behavioral health-related issues that may have otherwise resulted in evicting the resident or escalating the resident to a crisis or emergency facility.

Each HART provider is required to be an Idaho Behavioral Health Plan provider and be 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 management services. There are four HART programs across the state — two in Boise, one in Chubbuck, and one in Hayden — with a total maximum occupancy of 56.

Supplemental Safe and Stable payments were continued to support approximately 35 assisted living facilities with the provision of needed residential care services to people with serious and persistent mental illnesses.

Wraparound: The division is in its second year of implementing a high-fidelity model of intensive care coordination or Wraparound. The division began SFY 2019 with branding the model of Wraparound as Idaho WInS (Wraparound Intensive Services) with an accompanying logo. As of August 2019, Idaho WInS provided Wraparound to 110 youth and families across Idaho's seven regions.

Idaho WInS is a collaborative team-based planning process that is supportive of the family and youth voice and choice. It is made up of teams of natural, formal, and informal supports. Idaho WInS is guided by 10 principles based on the National Wraparound Initiative training and curriculum. These principles are: family-driven and youth-guided, team-based, natural supports, strengths-based, collaboration, community-based, culturally and linguistically responsive, individualized, persistence, and outcomes-based.

The Idaho WInS model is made up of three components combined to ensure quality outcomes supportive of children, youth, and families' needs. These three components are the National Wraparound Initiative training curriculum, an Idaho WInS coaching model, and Idaho WInS standards and quality monitoring.

In SFY 2020, Idaho WInS continues to scale up the program to serve a projected 200 youth and families, implement the coaching model, implement standardized fidelity measuring tools, and begin to report outcomes data from implementation.

Medicaid expansion: When implemented in January 2020, Medicaid expansion is projected to benefit a vast majority of the clients who would have otherwise received behavioral health services from the Division of Behavioral Health. Now that these individuals are eligible for Medicaid, they will have a health plan that will cover their behavioral health needs as well as their physical health needs. As a result, the division will realize a total General Fund budget reduction of \$12.8 million over the next two years. These funds will come from the appropriation the division gets for services to the felony probation and parole population, community hospitalization, substance use disorders, and adult mental health budgets. The crisis centers in Idaho are working with Optum Idaho and Medicaid to reimburse for services at crisis centers.

Medicaid expansion provides an opportunity to transform the behavioral health system in Idaho. With a path now available to all Idahoans to get healthcare coverage (whether through Medicaid or other options available through the private system including the Idaho insurance exchange), the remaining state General Funds can be realigned with the critical needs of Idahoans across the state. This will include the development of a robust behavioral health emergency response system, work force development, and driving the system to be outcome-oriented instead of compliance-oriented.

Behavioral Health Community Crisis Centers: Idaho has now implemented Behavioral Health Community Crisis Centers throughout the state, in Idaho Falls, Coeur d'Alene, Twin Falls, Boise, Pocatello, Caldwell, Lewiston and Orofino. The Lewiston and Orofino crisis centers opened in August 2019. Region 2's (Lewiston area) Rural Crisis Center Network intends to implement an additional crisis center in Moscow to serve the rural/frontier portions of this region.

Crisis Centers have proven to be an effective alternative to hospitalization and incarceration, meeting the needs of thousands of Idahoans experiencing a behavioral health crisis. As each of the centers have opened their doors, they have quickly become an integral part of the communities' continuum of care.

Sustainability continues to be a primary challenge for the community crisis center model. Centers in Idaho Falls, Coeur d'Alene, and Twin Falls have submitted sustainability plans as required after the second year of operation. The Boise crisis center's plan will be presented to the 2020 Idaho Legislature as intent language indicates.

Behavioral Health Crisis Center of Eastern Idaho

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Crisis center visits	1,950	2,481	2,439	3,146
Clients served (unduplicated)	689	707	824	1,043
Average length of stay (hours)	16.66	19.28	21.67	17.30
Diagnosis type				
• Substance use only	157	362	275	389
• No significant mental health or substance use	37	63	49	146
• Mental health only	876	814	764	857
• Mental health and substance use	835	1,224	1,289	1,658
• Inadequate information	19	10	29	50

Northern Idaho Crisis Center

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Crisis center visits	615	1,118	1,621	1,678
Clients served (unduplicated)	414	699	999	1,037
Average length of stay (hours)	7.05	7.56	8.46	8.03
Diagnosis type				
• Substance use only	25	54	87	75
• No significant mental health or substance use	29	17	77	78
• Mental health only	214	543	760	782
• Mental health and substance use	146	288	533	664
• Inadequate information	72	45	63	68

Behavioral Health Crisis Center of South Central Idaho

	SFY 2017	SFY 2018	SFY 2019
Crisis center visits	1,031	2,104	2,755
Clients served (unduplicated)	297	527	570
Average length of stay (hours)	19.60	19.88	20.00
Diagnosis type			
• Substance use only	126	175	162
• No significant mental health or substance use	18	7	29
• Mental health only	240	429	252
• Mental health and substance use	528	1,460	2,301
• Inadequate information	32	14	8

Pathways Behavioral Health Community Crisis Center

	SFY 2018	SFY 2019
Crisis center visits	742	1,346
Clients served (unduplicated)	469	901
Average length of stay (hours)	11.89	10.95
Diagnosis type		
• Substance use only	50	116
• No significant mental health or substance use	16	26
• Mental health only	302	550
• Mental health and substance use	235	543
• Inadequate information	87	22

Southeast Idaho Behavioral Crisis Center

	SFY 2019
Crisis center visits	473
Clients served (unduplicated)	139
Average length of stay (hours)	18.75
Diagnosis type	
• Substance use only	22
• No significant mental health or substance use	5
• Mental health only	155
• Mental health and substance use	252
• Inadequate information	9

Western Idaho Community Crisis Center

	SFY 2019
Crisis center visits	127
Clients served (unduplicated)	82
Average length of stay (hours)	13.76
Diagnosis type	
• Substance use only	20
• No significant mental health or substance use	4
• Mental health only	34
• Mental health and substance use	60
• Inadequate information	7

- 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.
- Pathways Behavioral Health Community Crisis Center opened in December 2017 in Boise.
- The Southeast Idaho Behavioral Crisis Center in Pocatello opened in April 2019.
- The Western Idaho Community Crisis Center opened in Caldwell in April 2019.
- The Lewiston and Orofino Crisis Centers opened in August 2019, so there is no SFY 2019 data available.

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 and their families. The program provides crisis intervention, case management, and other supports that increase the capacity for children with serious emotional disturbance 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.

Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) tool is Idaho's functional assessment strategy, and a centerpiece for the Youth Empowerment Services (YES) System of Care. The CANS replaces the Child and Adolescent Functional Assessment Scale, the functional assessment tool used in previous years. CANS outputs represent a standardized method of communicating a child's needs and strengths in a manner conducive to person-centered care through collaborative treatment planning.

Actionable Needs and Strengths represent those areas a child/youth, family, and treatment team should focus on during individual care. Viewing aggregate data in those same areas allows the system to be more targeted in future initiatives such as workforce development, treatment development, and partner collaboration. The CANS promotes building quality measures for success in individual treatment and system development.

The following figures show the most prevalent actionable needs and useful strengths of the 7,379 youth who were administered an initial Children's Mental Health CANS between July 2018 and June 2019.

Strengths to build:

	Number of CANS with strengths identified	Percentage of total
Legal Permanency	6,612	90%
Relationship Permanence	6,265	85%
Cultural Identity	5,613	76%
Family	5,532	75%
Talents and Interests	4,920	67%

Needs:

	Number of CANS with needs identified	Percentage of total
Emotional and/or Physical Regulation	4,515	61%
Attention/Concentration	3,686	50%
Anxiety	3,670	50%
Impulsivity	3,668	50%
Family	3,595	49%

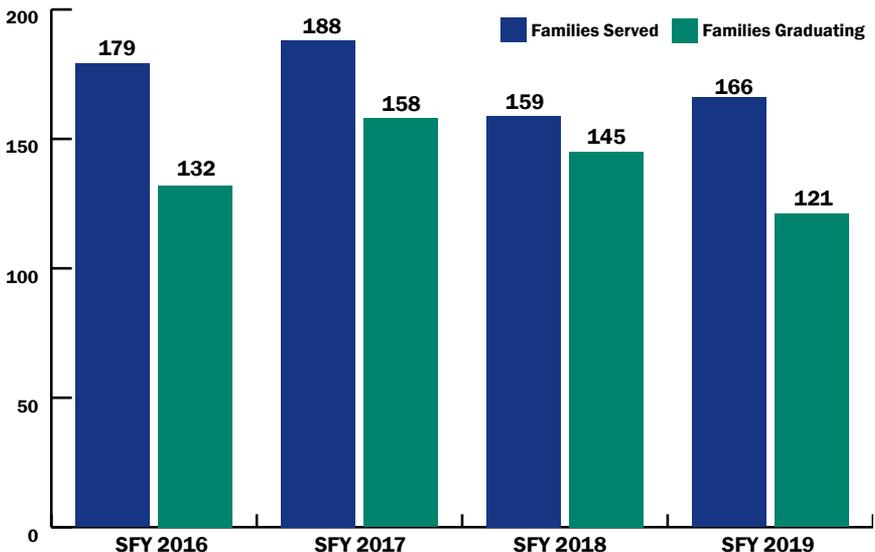
Footnote: Data is system wide and includes CANS assessments completed between July 1, 2018, and June 30, 2019, by the Division of Behavioral Health, community providers, and independent assessor agencies.

Parenting with Love and Limits

The Children's Mental Health program continues to provide Parenting with Love and Limits 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 Parenting with Love and Limits programs.

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

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 166 families served, 121 of the 140 families that left the program graduated. The rate of graduation from Parenting with Love and Limits this past year was 86 percent, which continues to exceed the 70 percent goal. Since its start in 2008, the program has served 1,867 families in all seven regions statewide.



Respite Care

The Children’s Mental Health Voucher Respite Care program is available to parents or caregivers of youth with serious emotional disturbance to provide short-term or temporary respite care by friends, family, or other individuals in the family’s support system. Through the voucher program, families pay an individual directly for respite services and are then reimbursed through the division contractor. Services may be provided to families/caregivers with children living with serious emotional disturbance.

A single voucher may be issued for up to \$600 for six months per child. Two vouchers can be issued per child per year.

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.

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Total Children Served	2,320	2,332	3,097*	3,743
Court-ordered 20-511A	603	509	466	473
Parenting with Love and Limits	179	188	159	166
Case Management	1,411	1,360	1,292	1,085
Alternate Care	65	52	47	23

* SFY 2018 data has been updated to correct a reporting error.

Youth Empowerment Services (YES)

The Youth Empowerment Services project has made significant progress in 2019, moving from a lawsuit (Jeff D. v Otter) toward a new system of care for children with serious emotional disturbance. The phased rollout for the new system began in January 2018. Full implementation of the transformed children's mental health system is targeted for mid-2020. Once the new system is fully operational, it will then be monitored for an additional three years to ensure sustainability.

YES is a collaborative effort among the Department of Health and Welfare, Department of Education, Department of Juvenile Corrections, parents, providers, and other community stakeholders. The framework for YES is described in the court-approved Idaho Implementation Plan, and identifies the strategies and tasks being used to develop 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 and their families. The YES system of care strives for 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 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 children 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 2019:

- Published the 10th quarterly Quality Management, Improvement and Accountability report in July 2019. This report is produced by the cross-system council. The reports are available on the YES website.
- Expanded access to the Idaho CANS statewide. Information and resources for the CANS are available on the YES website.
- Continued providing CANS training and certification for providers and Idaho Department of Juvenile Corrections staff.
- Developed and published a CANS for Families video and made it available to physicians, assessors, and families.
- Standardized how agencies use the YES Principles of Care and Practice model and added this information to the practice manual and made e-learning available to all partners.
- Published the YES practice manual in English and Spanish in PDF and e-manual formats. The practice manual is available on the YES website.

- Continued to revise and update the YES website. This site includes collaborative materials and references for parents, youth, providers, and community. The “Getting Started with YES” infographic aids families in understanding the process, as well as with contacts and resources for accessing YES services. The YES practice manual is a practical guide for youth, families, and providers on all the different parts of the YES System of Care. An electronic version is available on the YES website in both English and Spanish. In addition, the website serves as a public access site for project implementation, reports, fact sheets, training, and other communications.
- Released mental health checklists in schools statewide. There are two checklists: one for families and one for youth. These checklists are available on the YES website.
- Published the Children’s Mental Health Screener in print and online. This screening tool is designed for medical and mental health providers to use statewide.
- Expanded Wraparound operations throughout the state and ensured the Wraparound Flex Funds pilot system is ready to launch.
- Published the Workforce Development Plan Annual Report and continued to provide training on YES services and the system of care requirements.
- Implemented a short-term centralized complaint system and developed a long-term plan for the system.
- Planned and participated in the Transformational Collaborative Outcomes Management Conference in Boise in May 2019.
- Implemented new and enhanced YES services including: behavioral modification and consultation, case management, crisis intervention, family support, targeted care coordination, and youth support.
- Conducted ongoing training and outreach to families and community stakeholder groups.

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

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. These services may be accessed through the division either with an application or through a court order.

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 center is staffed with a variety of licensed treatment professionals, including psychiatrists, nurse practitioners, social workers, clinicians, peer support specialists, recovery coaches and other mental health workers. Each center offers crisis services and ongoing behavioral health services.

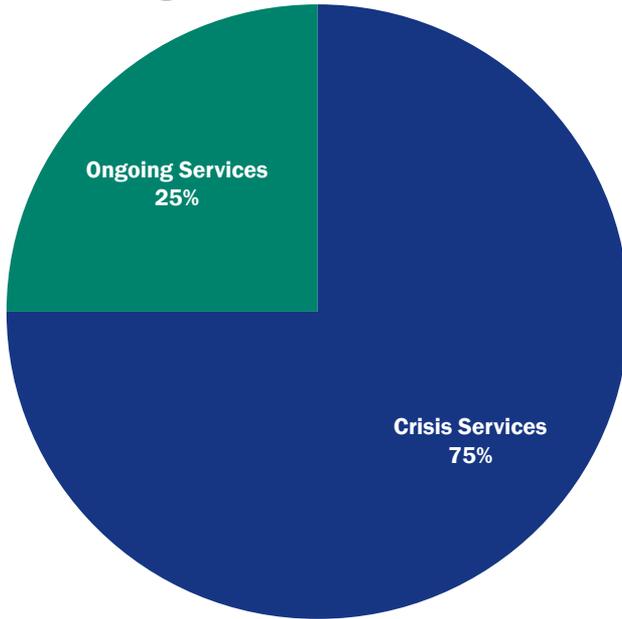
Crisis Intervention

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 2019, 75 percent of the participants receiving services from the division received crisis services. The remaining 25 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 2019



Adults Served

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

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

The 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 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 2017, an estimated 8.5 million U.S. adults aged 18 or older (3.4 percent of all adults) had both a mental illness and substance use disorder in the past year, and 3.1 million adults (1.3 percent of all adults) had co-occurring serious mental illness and an substance use disorder in the past year. 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 2016	SFY 2017	SFY 2018	SFY 2019
Adults Served	13,940	14,358	13,122	13,056
Supportive Services (meds, housing and employment)	2,031	2,107	2,107	2,020
Assertive Community Treatment	587	573	585	575
Co-occurring Services	1,914	2,114	2,097	1,997

STATE HOSPITAL SOUTH

Jim Price, Administrator, 208-785-8402

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

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

Patients with increased aggression, substance use disorders, and criminal thinking and behavior require additional staff to maintain safety, and they often require a single room. The requirement for single rooms affects the hospital's occupancy rate and waiting list. To improve patient safety and reduce ligature risks, the hospital made alterations to patient bedroom doors. It also replaced the furniture in the patients' living areas and several pieces of equipment in the kitchen.

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 therapist, psychologists and counselors, recreational therapists, social workers, treatment coordinators, and other support staff.

The hospital has two peer specialists who promote 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 developing an Idaho State Veterans Cemetery near the hospital's cemetery. Construction of the new cemetery began in late 2019.

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. Construction of the new nursing home began in May 2019 and is expected to be completed in July 2020. Syringa Chalet, now 81 years old, will be demolished as part of that project. The Division of Public Works managed the completion of a new parking lot in July 2019, that replaced a parking lot that was located where the new nursing home is being built. The new nursing home will expand the number of beds available to elderly residents with mental illnesses who require skilled nursing level of care.

SHS Adult Inpatient Psychiatric Services

	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Adults Patient Days	26,005	28,112	27,734	28,753	28,521
Admissions	547	640	582	575	576
Avg Daily Census	71	76.8	76	78.8	78.1
Median Length of Stay (Days)	30	32	34	35	39
Daily Occupancy Rate	79.2%	85.3%	84.4%	87.5%	86.8%
30-Day Readmission Rate	2.56%	3.75%	1.55%	1.57%	.89%
180-Day Readmission Rate	14.26%	15.16%	9.97%	13.04%	11.6%
Cost per Patient Day	\$600	\$589	\$636	\$612	\$622

Adolescent Unit

	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Patient Days	4,562	4,574	3,997	4,088	4,289
Admissions	149	131	116	124	112
Occupancy Rate	78.1%	78.1%	68.4%	70.0%	73.4%
Median Length of Stay (Days)	29.0	31	29	31	33
30-Day Readmission Rate	2.7%	0%	0%	0%	0%
180-Day Readmission Rate	8.1%	4.6%	7.8%	5.6%	7.1%
Cost per Patient Day	\$724	\$747	\$848	\$837	\$785

Syringa Skilled Nursing

	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Patient Days	8,837	9,355	9,989	10,294	10,345
Admissions	14	17	16	8	5
Occupancy Rate	83.5%	88.1%	94.4%	97.3%	97.7%
Cost per Patient Day	\$621	\$604	\$623	\$604	\$612

STATE HOSPITAL NORTH

Todd Hurt, Administrative Director, 208-476-4511

State Hospital North 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 psychiatric symptoms and assisting patients to return to their community in the shortest reasonable period. The length of stay for inpatient care is variable based on patient needs and prevailing best practices. The median length of stay for the recent year is about 48 days.

Admissions to State Hospital North are initiated by the local community and referred through the Department of Health and Welfare Regional Behavioral Health Centers. The hospital accepts individuals committed for restoration of competency to stand trial and those people committed after they are deemed a danger to self, danger to others, or have a grave disability. 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 with a strong focus on cognitive behavioral theory. The hospital retains a trauma-informed culture that promotes a therapeutic alignment with the person as the self-directed care plan is developed.

SHN Adult Inpatient Psychiatric Services

	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Adults Patient Days	16,834	18,026	17,644	16115*	16407
Admissions	243	233	206	278	263
Avg Daily Census	46	49	48	44	45
Occupancy rate	77%	82%	81%	74%	75%
Median Length of Stay (Days)	48	55	55	42*	48
30-Day Readmission Rate	2.1%	<1% (.009%)	1.5%	< 1%	< 1%
180-Day Readmission Rate	13.6%	7.7%	6.3%	7.2 %	8.3 %
Cost Per Patient Day	\$509	\$492	\$558	\$ 619	\$ 619

*This data has been updated to correct a reporting error.

SUBSTANCE USE DISORDERS PROGRAM

The Substance Use Disorders (SUD) Program includes:

- Treatment, including Medication Assisted Treatment (MAT) for opioid use disorder.
- Recovery Support Services, including safe and sober housing, recovery coaching, drug testing.
- Management of the SUD provider network.
- Prevention.
- Training for treatment staff.
- Behavioral health program approval.
- Tobacco inspections.

Services for substance use disorders are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of treatment is to help participants live their lives in recovery. The division served 3,695 unduplicated Substance Use Disorder clients in SFY 2019. These individuals were uninsured and below 200 percent of the federal poverty limit.

Idaho currently has a provider network developed and managed by BPA Health. The network contains 68 state-approved treatment providers at 99 locations. Treatment services include but are not limited to detoxification, outpatient therapy, residential treatment and medication assisted treatment.

The network also includes 26 stand-alone recovery support service providers at 69 locations. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Recovery support services include case management, family life skills, recovery coaching, safe and sober housing for adults, childcare, transportation, and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

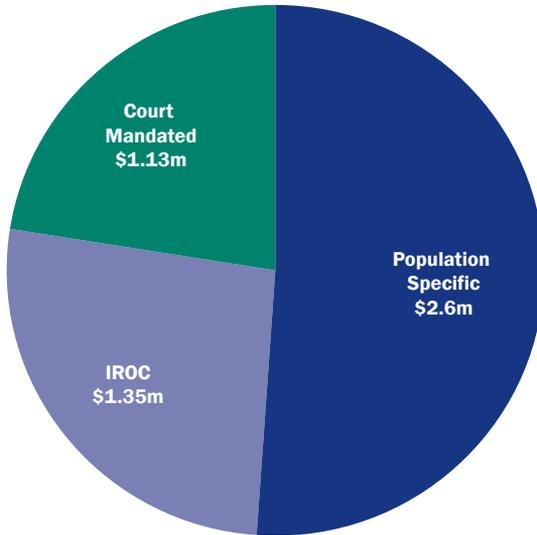
Idaho's Response to the Opioid Crisis (IROC)

During SFY 2019, the Division of Behavioral Health has been awarded \$6 million in federal grants to continue to fight the opioid epidemic in Idaho. This new influx of funding provides the opportunity for Idaho to continue to support and enhance the IROC program with targeted initiatives including:

- Expanded access to treatment, including medication-assisted treatment, to more than 950 Idahoans.
- Reduced access to opioids through prescriber education and awareness campaigns.
- Enhanced Idaho's recovery-oriented system of care by supporting community-based programs where more than 1,500 Idahoans have accessed recovery support.
- Increasing the statewide use of Naloxone by providing over 4,000 Naloxone kits to more than 150 statewide agencies.
- Collaborating with and providing funding to Idaho's five federally recognized tribes to address the opioid epidemic within their communities.
- Expanding Idaho's recovery-oriented system of care with the provision of recovery coaching services in emergency departments and jail/prison re-entry efforts.
- Increasing prevention efforts to include increasing the availability of Naloxone and disseminating materials to educate the public on the dangers of opiates and how to manage an opioid use disorder through the Boise State University RADAR Center.
- Launching a pre-sentencing diversion pilot program called Law Enforcement Assisted Diversion (LEAD).

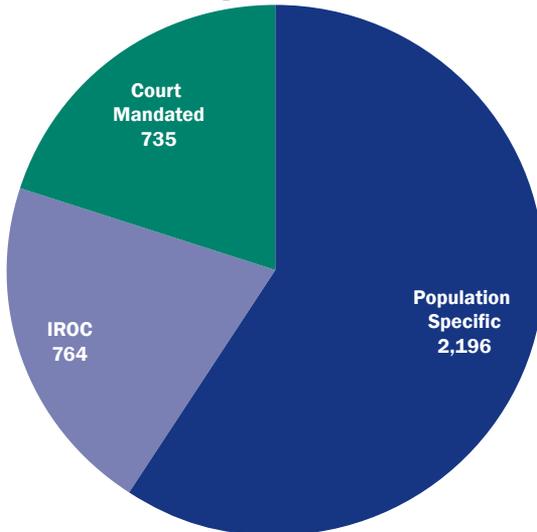
The division continues to collaborate with an array of stakeholders to identify and implement strategic solutions the opioid epidemic.

SFY 2019 Substance Use Disorders Expenditures by Priority Population



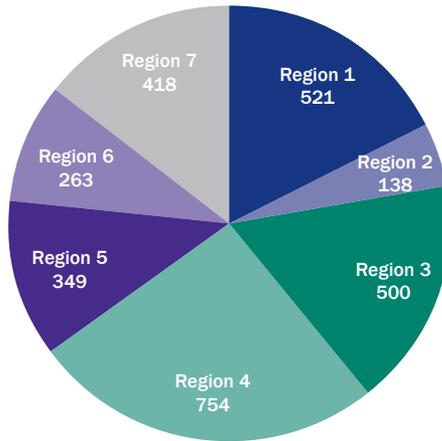
*Population Specific includes adolescents, adults, IV drug use, women with children, child protection, problem solving courts, and patients at state hospitals.

Substance Use Disorders Treatment by Priority Population



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

Substance Use Disorders Client Intakes by Region



The Idaho Tobacco Project

The Idaho Tobacco Project works with retailers to prevent youth access to tobacco products. The Tobacco Project provides retailers with educational materials, 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 retail 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. For calendar year 2018, the survey of inspections resulted in a violation rate of 6.43 percent. This is the second-lowest violation rate since the inception of the Idaho Tobacco Project. (The year 2011 saw a rate of 6.25 percent). The chart below summarizes the outcome of the inspections conducted for the past five years.

Inspections

	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Permittees	1,663	1,639	1,581	1,398	1,576
Inspections	1,798	1,768	1,755	1,709	1,743
Violations	135	157	118	146	112
Non-Compliance Rate	7.51%	8.88%	6.72%	8.54%	6.43%

DIVISION OF FAMILY AND COMMUNITY SERVICES

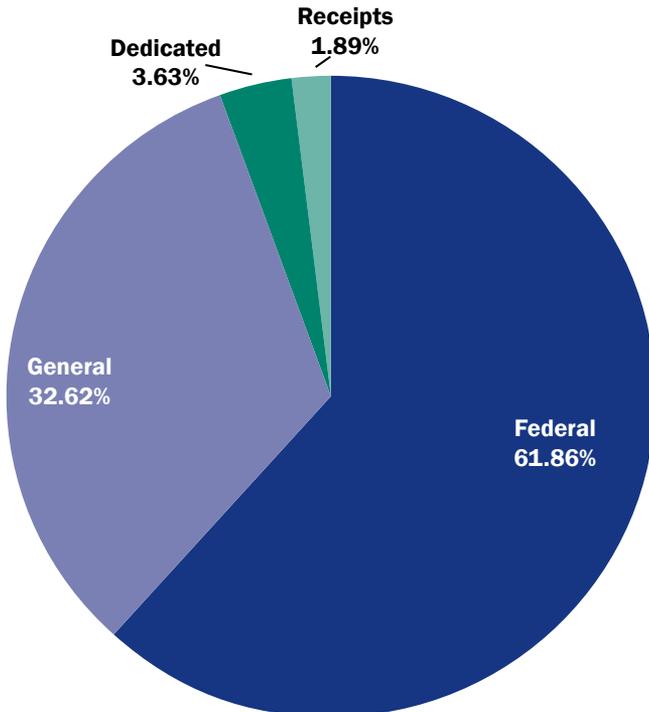
Miren Unsworth, Administrator, 208-334-0641

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.

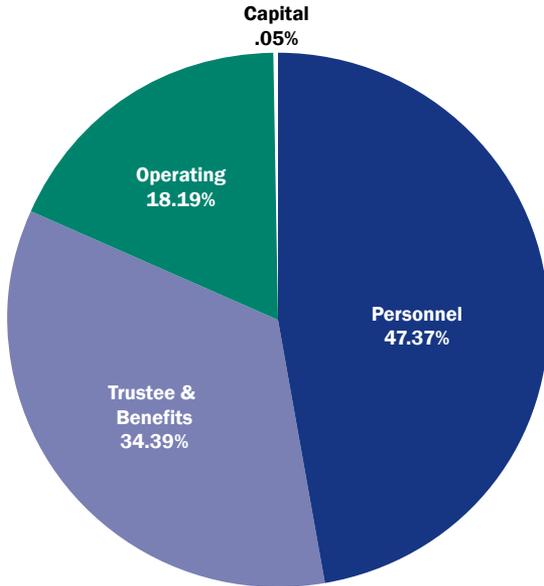
The division also administers Southwest Idaho Treatment Center. This facility provides residential care for people with developmental disabilities who face severe behavioral challenges or significant medical complications.

FACS SFY 2020 Funding Sources



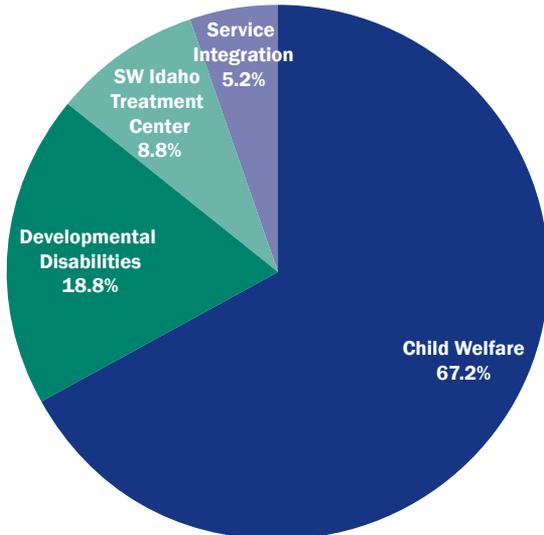
Authorized FTP: 744.51; Original Appropriation for SFY 2020: General Funds \$38.8 million, Total Funds \$118.8 million; 3.47 percent of Health and Welfare funding.

FACS SFY 2020 Expenditure Categories



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 2020 Spending by Program



Child Welfare includes Child Protection, Foster Care, and Adoption programs. Almost half of Child Welfare expenses are for foster care/adoptive assistance payments to families and providers.

SFY 2019 FACS DIVISION HIGHLIGHTS

Child and Family Services: During SFY 2019, Child and Family Services completed the first year of a three-year transformation project that launched in July 2018. This project is aimed at addressing long-standing pain points in 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 most of their time and effort.

To revolutionize the way CFS provides services, a systematic approach to the primary pain points and key business priorities was implemented to provide long-term and sustainable solutions. The transformation project is a deliberate staging of priorities over a three-year cycle to ensure improvements in all critical areas. These include:

- Improved safety assessment process and timeliness of safety decisions.
- Improving concurrent planning processes to make permanency placement decisions as quickly as possible.
- Improving the overall permanency placement process.
- Creating improved case management and workflow standards across the child welfare workload.
- Redesigning foster care 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 Information System.
- Determining strategies and an implementation schedule to ensure compliance with the federal Family First Prevention Services Act.

Service Integration: The Service Integration program applied for and received a federal grant for \$237,447 to enhance services and supports for KinCare families in Idaho. The grant funding will help to further develop a robust KinCare program that will help prevent child abuse and neglect as it also supports caregivers to avoid children entering the child welfare system. Through a proclamation from Gov. Brad Little, Idaho celebrated its ninth annual Idaho KinCare Family Day on September 21, 2019.

Southwest Idaho Treatment Center (SWITC): In SFY 2019, the department created a SWITC Advisory Board charged with creating a new vision for services for SWITC clients. The advisory board has recommended a new model to better serve individuals with complex and challenging behaviors. Project planning for implementation of the new model is under way.

SERVICE INTEGRATION

2-1-1 Idaho CareLine

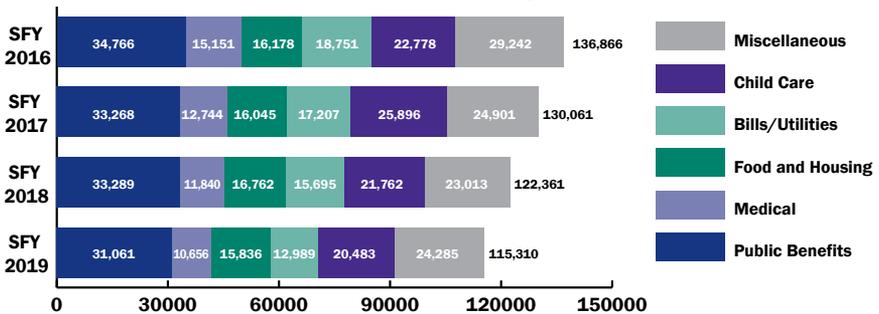
The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho’s residents to health and human services by dialing 2-1-1 anywhere in Idaho. It was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for callers to obtain local community health and human services information. The Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho in 2002.

In SFY 2019, the Idaho CareLine participated in 50 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability, and safety of Idahoans.

Idaho CareLine facilitated 93,261 information contacts during SFY 2019; however, staff provided 115,591 individual referrals. The variance between the two figures is a direct result of CareLine’s software, which counts individual calls or contacts, rather than the number of referrals provided to a customer during an individual call or contact. CareLine’s referral database currently has 11,767 active services relating to 3,471 programs.

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. MT Monday through Friday. Resources also can be found by visiting <https://211.idaho.gov/>; or by texting a zip code to CareLine at TXT211.

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 2019, Navigation received 7,539 referrals. Navigation provided case management to 2,831 households, made up of 9,037 individuals. Navigation services distributed \$1.43 million in emergency assistance and career enhancement support, while leveraging community funds on behalf of families in Idaho.

In addition to emergency assistance and career enhancement, Navigation 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 continued to work in communities across the state on behalf of about 10,000 kinship families for the Idaho KinCare Project.

CHILD AND FAMILY SERVICES (CFS)

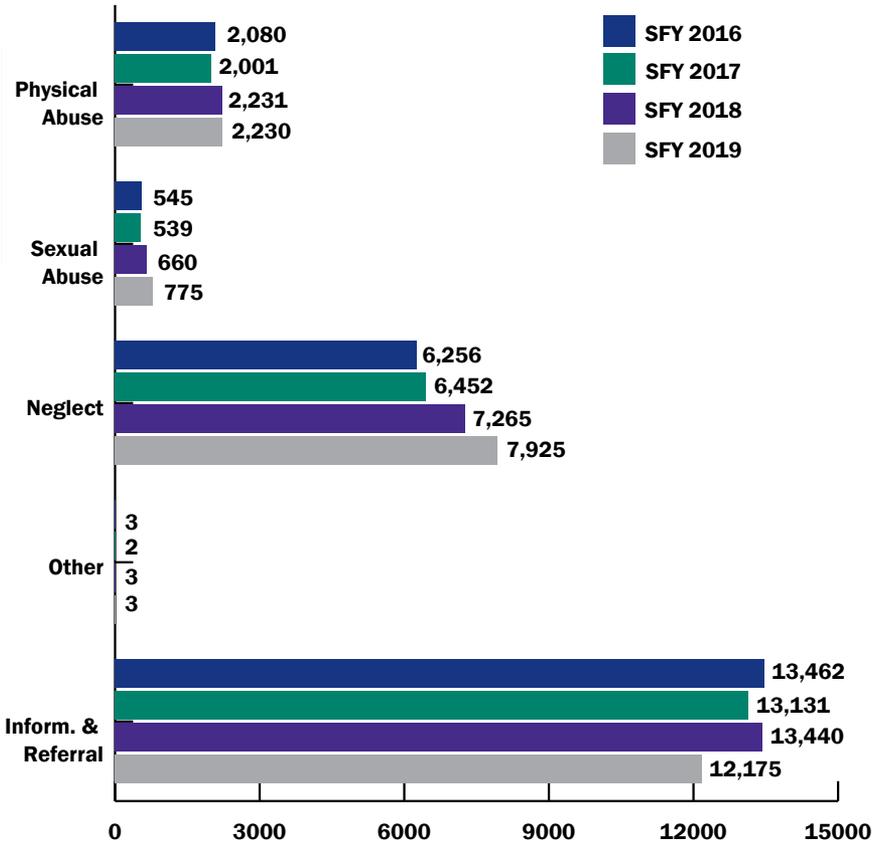
Child and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses families to care for foster children, monitors and assures compliance 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 social workers in the field 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 2019, there were 23,556 referrals from concerned citizens, slightly down from 23,599 in SFY 2018. Of these referrals, 10,933 were assigned for safety assessment. An additional 12,175 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 2019, 3,111 children were served through the foster care program. In the same year, 1,326 children left foster care. Of these children, 64 percent 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.

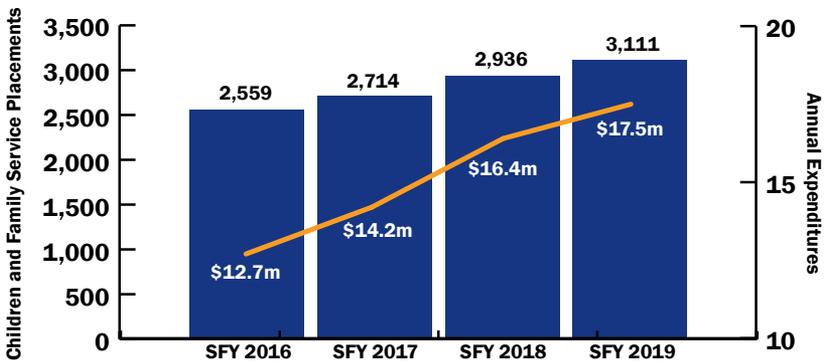
Child and Family Services manages out-of-home placements to:

- 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.

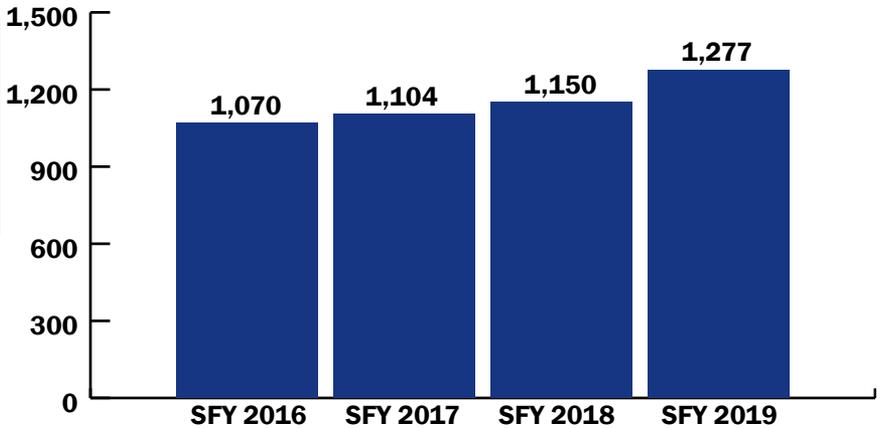
Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30, 2019, there were 1,789 children in state care. On June 30, 2018, there were 1,726 children in care.

There is a critical need to recruit and retain resource families for all children in foster care. On June 30, 2019, there were a total of 1,277 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 125 families since SFY 2018, 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.

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 2019, the Independent Living Program served 560 youth and young adults ages 14 to 21. This includes 91 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 24 youth participated in the program at colleges, universities, technical schools, and other institutions of higher education during SFY 2019.

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

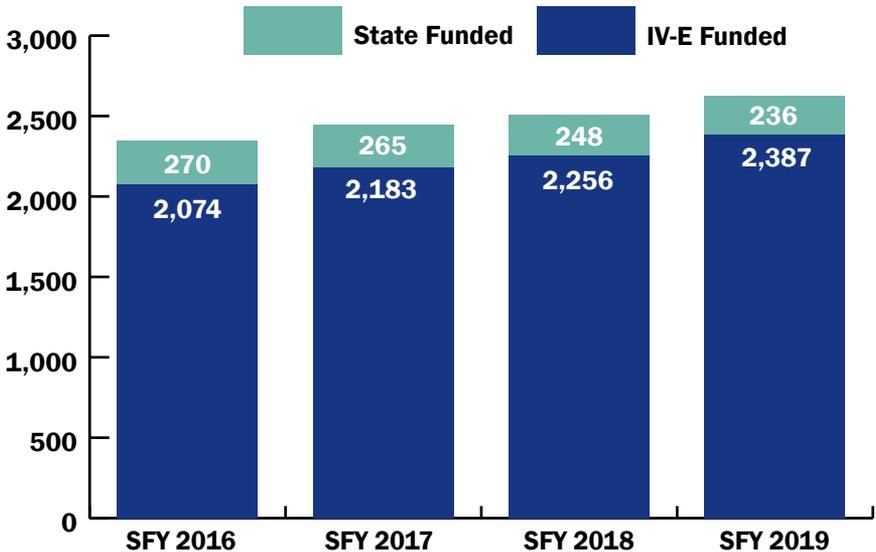
Child and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by court order. In most cases, Idaho children adopted from foster care have special needs. They may have physical, mental, emotional, or medical disabilities, or they may be part 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 enters 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 2019, 297 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.

Children Receiving Adoption Subsidies



Adoptions Finalized

SFY 2016	SFY 2017	SFY 2018	SFY 2019
195	236	257	297

Average Monthly Adoption Assistance Payments

SFY 2016	SFY 2017	SFY 2018	SFY 2019
\$359	\$363	\$369	\$379

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 (ITP)

The Idaho Infant Toddler Program 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 early intervention services are:

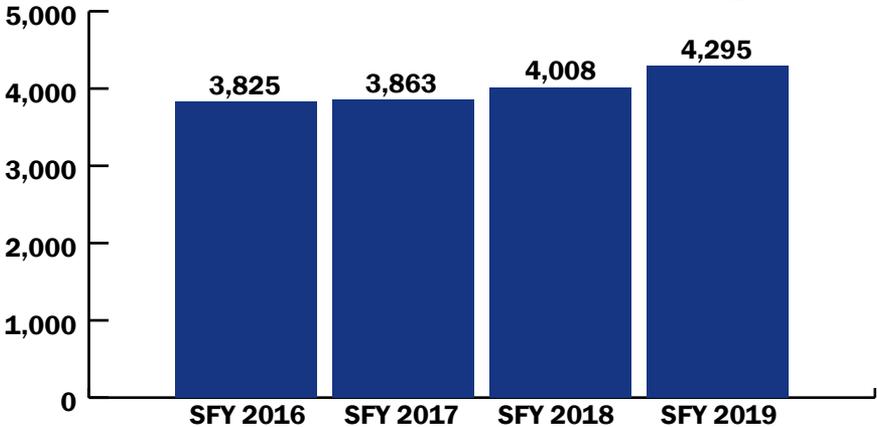
- Speech and language therapy
- Family education (special instruction)
- Occupational therapy
- Physical therapy

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

Efforts to identify children who have delays or disabilities through outreach and screening services are a program priority. In SFY 2019, the program received 4,453 referrals. Region-specific outreach strategies and online screening by parents has resulted in a steady increase in the number of referrals for six consecutive years. These early intervention services provide a life-long impact for children. During SFY 2019, the program served 4,295 children and their families.

The program received the full SFY 2019 federal grant approval. It also received the highest federal rating of “Meets Requirements.”

Children Served in the Infant Toddler Program



Children's Developmental Disability Program

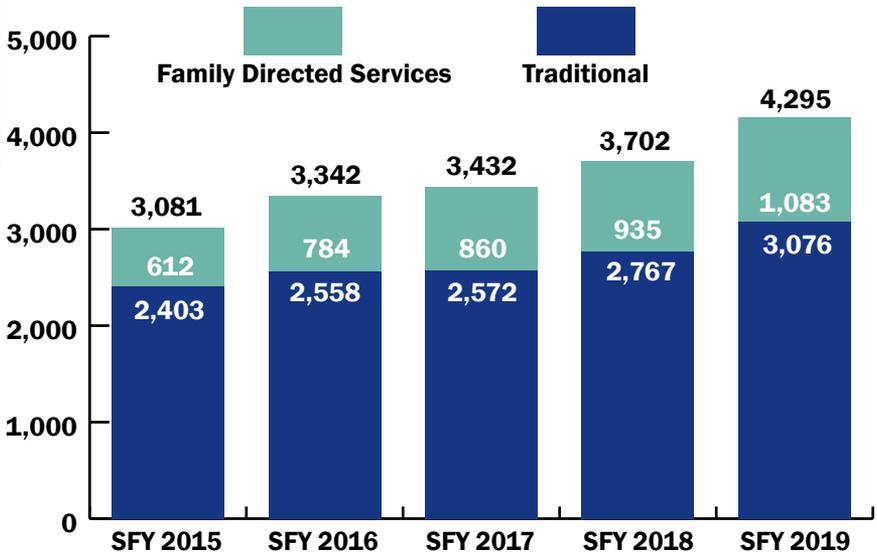
The Children's Developmental Disabilities Program oversees services for children with developmental disabilities up to age 18.

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

The program continues to grow, with enrollment increasing to more than 4,100 children. Over 35 percent of these children receive services under the family directed program. A parent satisfaction survey in SFY 2019 indicated that 83 percent of parents and guardians are satisfied with the services their children are receiving.

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

Traditional and Family Directed Services



Crisis Prevention and Court Services Team

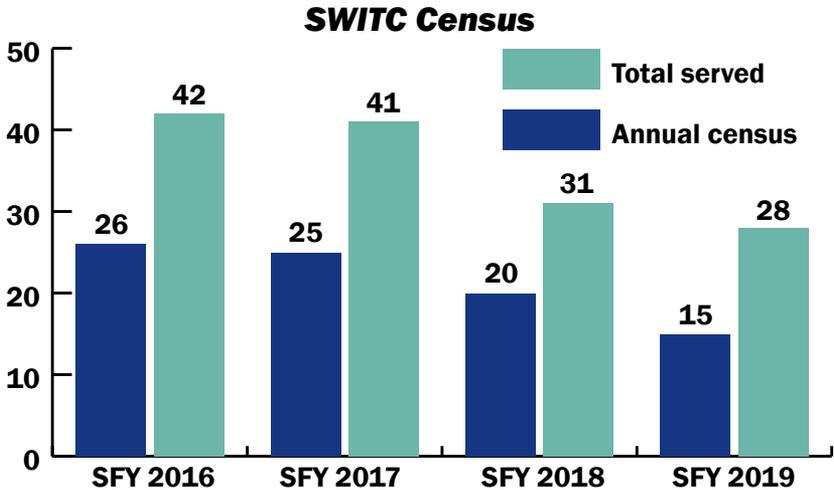
The Crisis Prevention and Court Services Team provides training, technical assistance, and consultation to families and agencies that support individuals with disabilities who are at risk of a disruption in their community placement because of a behavioral, mental health, or medical crisis. The team’s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

SOUTHWEST IDAHO TREATMENT CENTER

Jamie Newton, Administrator, 208-475-2434

The mission of Southwest Idaho Treatment Center (SWITC), 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 of 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.



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

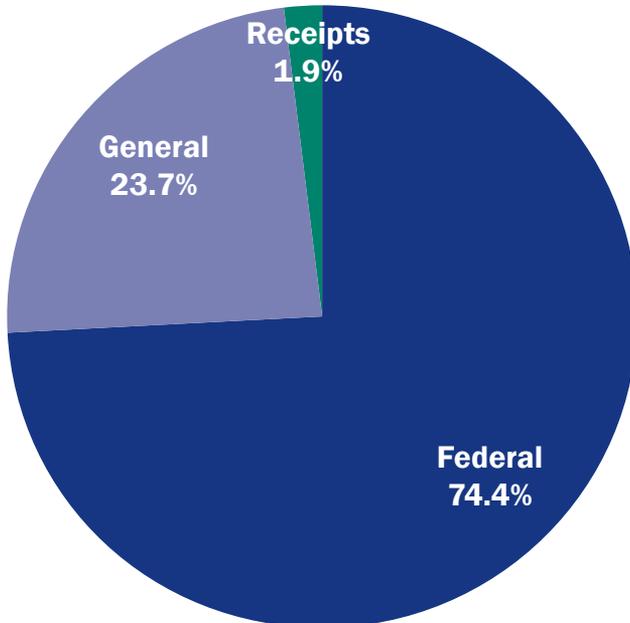
Christine Pisani, Executive Director, 208-334-2178

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.

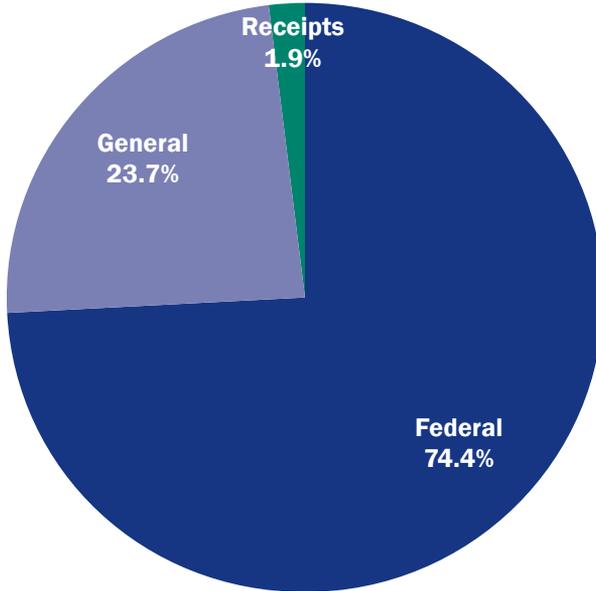
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

SFY 2020 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by DHW. FTP: 6; General Funds \$186, 100; Total Funds \$785,400.

SFY 2020 Expenditure Categories



Council Initiatives

The council has completed the third 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 2019 include:

Adults with intellectual/developmental disabilities experience improved quality in home and community-based services. The Idaho Council on Developmental Disabilities convened a statewide training team including three adults with intellectual and developmental disabilities (I/DD), three family members, and representatives from the Division of Medicaid, the Court and Crisis Team, the Center on Disabilities and Human Development, the Attorney General's office, the American Civil Liberties Union, and a service coordinator. During three two-day meetings, the team worked to create content for training for individuals with I/DD, families, service providers, and regional DHW staff.

Seventeen trainings took place statewide with the abovementioned statewide training team members, having individuals with I/DD and family members training within their respective regions of the state. Two of the trainings that took place were provided in Spanish specifically for Spanish speaking families and individuals. Training took place in Lewiston, Orofino, Coeur d'Alene, Ponderay, Idaho Falls (2), Pocatello (2), Twin Falls (3), Boise (2), Caldwell, Emmett, Kuna, and Nampa.

Training consisted of an update on the KW vs. Armstrong Lawsuit and the work done to date on the settlement, an explanation of Community NOW!, and three training topics which included Understanding Behavior as Communication, Presume Competence, and Knowing Your Rights. The statewide training hosted 127 individuals with I/DD, 310 family members, 162 others for a total of 599 people. In their surveys, participants commented that they appreciated being able to attend training in their own area, meeting other people, and learning directly from individuals with I/DD.

Educate families about planning for transition. In the council's five-year plan, Spanish-speaking families were identified as a targeted disparity. The council has contracted with a cultural broker for the last two years to conduct outreach to the Latinx community and help families access needed services for their children and adults with I/DD.

The cultural broker has also been working with the Las Señoras group – a group of Spanish speaking family members dedicated to bringing educational opportunities to their community. Their work in 2019 included preparations for a conference for Spanish-speaking parents in September: “Construyendo Mi Futuro – Yo Soy El Cambio! (“Building My Future – I am the Change!”). The Las Señoras group raised additional funds for the conference, decided on speakers and the agenda, and recruited families to attend the conference. In addition to sponsorship of conference speakers, the council also sponsored an accessible bus to bring eighteen families from eastern Idaho to the conference at the Hispanic Cultural Center in Nampa.

Establish a statewide coalition of people with disabilities and families who advocate at the state and local level on policy issues. The council completed its third working to steadily build a coalition of individuals with I/DD, family members and allies. In 2019, Community Conversations took place in Boise, Twin Falls, Idaho Falls, and Nampa. These events were planned and hosted by Coalition members with support from the Advocacy Coordinator, (on contract with ICDD) and Council staff. Legislators were invited to discuss the valuable support provided through Medicaid's Home and Community Based Services (HCBS) from the perspective of adults with I/DD and families who have children with disabilities who live in their legislative districts. Individuals with I/DD and families also provided policymakers education about the harmful impact to the disability community if block granting Medicaid came to pass.

In 2018, the Council invested significant time and resources to create a film, Blessings of Liberty. The film features individuals with I/DD and families speaking to the value of HCBS. The intention of the film was to provide an education to policymakers about the way people with I/DD lived isolated, often institutionalized lives separated from their families before optional waived HCBS services became available. The DD Network partners hosted the premiere screening of the film at the Capitol on February 7, 2019. A total

of 250 people attended, including state legislators, individuals with I/DD, family members, and state agency personnel.

In the summer of 2019, Blessings of Liberty events were hosted in Nampa, Twin Falls, Idaho Falls, and Coeur d'Alene. Each event featured the film Blessings of Liberty and a panel discussion including an individual with I/DD, a parent, and a provider discussing their experiences with Home and Community Based Services, and an explanation of what the impact of block granting Medicaid would look like for optional Home and Community Based Services.

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

COUNCIL ON DOMESTIC VIOLENCE AND VICTIM ASSISTANCE

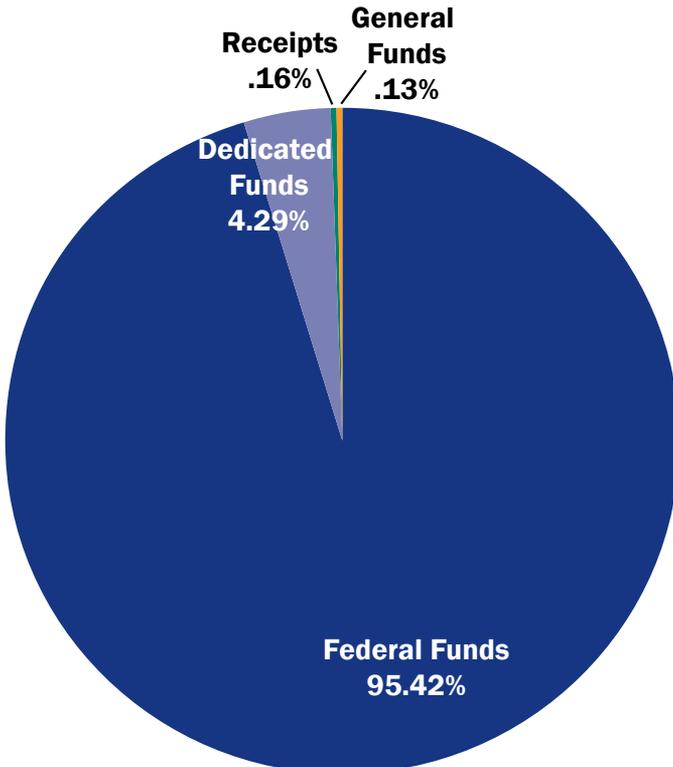
Nicole Fitzgerald, Executive Director, 208-334-1540

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.

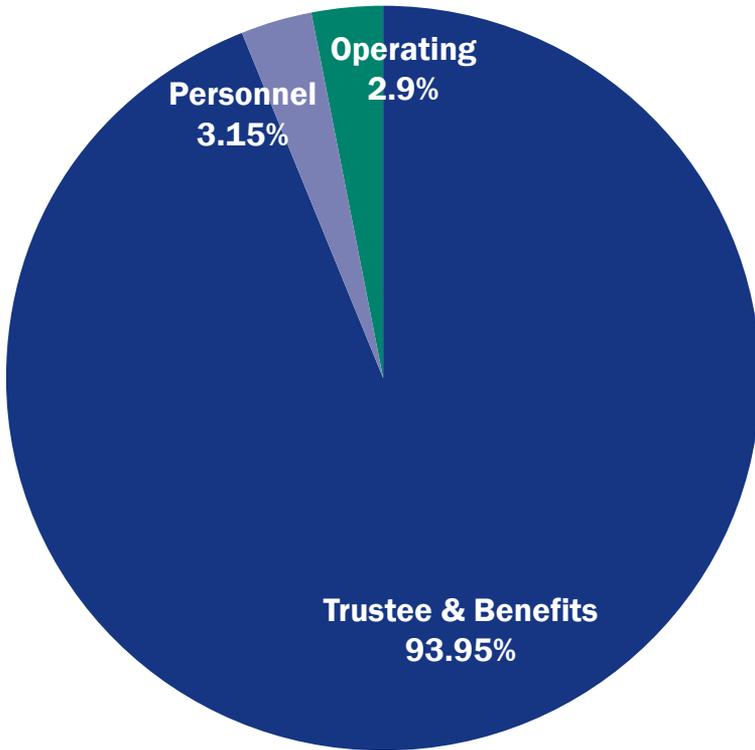
The council funds 46 programs throughout the state that provide direct victim services and prevention, including crisis hotlines, shelters, medical and legal advocacy, juvenile services, counseling, support groups, and victim family assistance.

SFY 2020 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 4; General Funds \$16,100; Total Funds \$12,333,300.

SFY 2020 Expenditure Categories



INDEPENDENT COUNCILS
AND COMMISSIONS

The council board consists of seven members, representing each of the seven public health districts in Idaho.

As a funding agency, the council administers a combination of federal and state resources. Primary funding sources include: the Department of Justice, Victims of Crime Act Assistance grant; Health and Human Services, Family Violence and Prevention Services Act grant; and the Idaho State Domestic Violence Project fund.

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

The council also provides statewide training for service providers about crime victim issues, including the multi-disciplinary Idaho Safety and Resilience Conference which will be June 4-5, 2020.

To find a local program near you or register for the 2020 Idaho Safety and Resilience Conference, visit <https://icdv.idaho.gov/>.

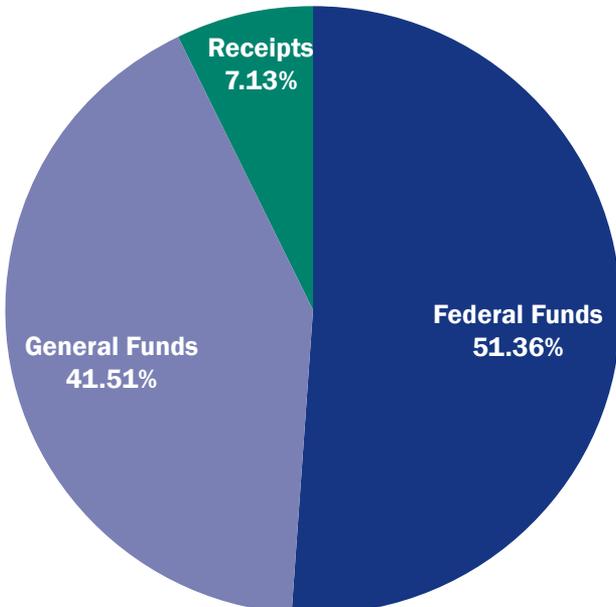
INDIRECT SUPPORT SERVICES

Indirect Support Services provides the vision, management, and technical support for carrying out the department’s mission. Indirect Support includes the Office of the Director, Legal Services, Financial Services, Operational Services, Information and Technology, Audits and Investigations, and Office of 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.

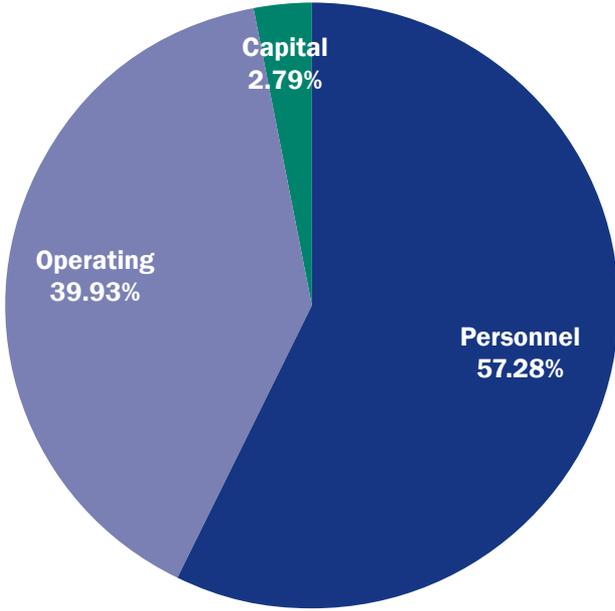
The staff of Legal Services, through the State Attorney General’s office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, 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 2020 Funding Sources



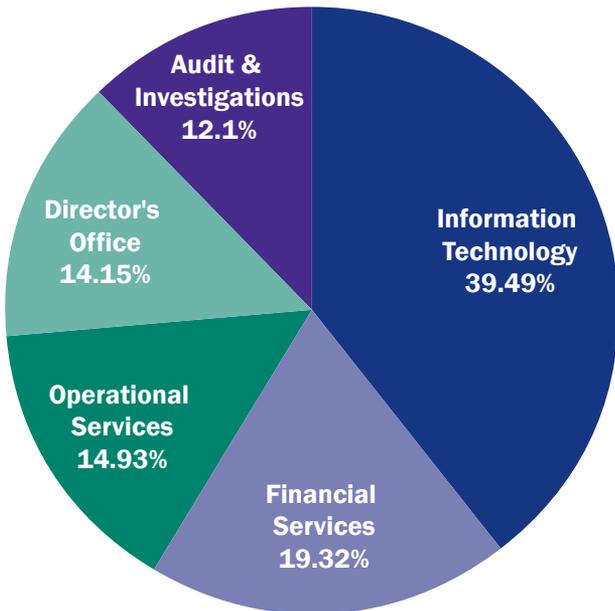
Authorized FTP: 300.6 Original SFY 2020 Appropriation: General Funds \$20.2 million, Total Funds \$48.6 million; 1.4 percent of Health and Welfare funding.

SFY 2020 Expenditure Categories



INDIRECT SUPPORT SERVICES

SFY 2020 Spending by Program



SUPPORT SERVICES

Lisa Hettinger, 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 Generally Accepted Accounting Principles (GAAP)/Governmental Accounting Standards Board (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 statewide 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, child support, foster 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 2019 expenditures were \$1.62 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 yeach year. In SFY 2019, food stamp payments totaled \$195 million – down 6.7 percent compared to the previous year, and down 18.9 percent compared to SFY 2017.

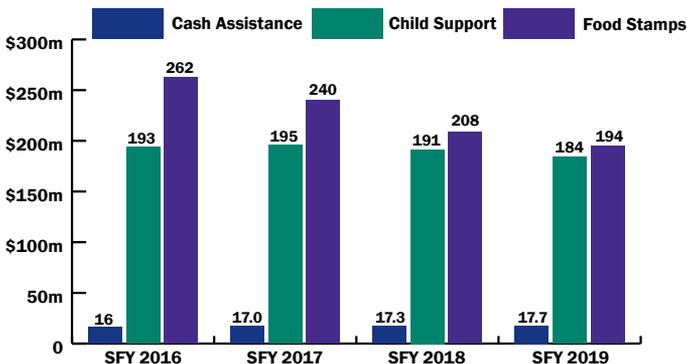
The EBT Group coordinates information and resources to meet the electronic payment needs of the department. Group members perform related contract monitoring activities; monitor federal, state and department laws, rules, and policies; assess governmental and industry changes for impacts to services related 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

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 that provides 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>.

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.

The Medicaid Program Integrity

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

The Welfare Fraud Investigations

This unit investigates allegations of recipient fraud in Welfare Benefit that include Supplemental Nutrition Assistance Program (SNAP – Food Stamps), cash assistance (TAFI), Medicaid, and child care assistance (ICCP). This unit also investigates allegations of provider fraud among Food Stamp Retailers and ICCP child care providers.

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. Investigators pursue appropriate actions on cases which may result in administrative disqualifications or criminal prosecutions.

DIVISION OF INFORMATION AND TECHNOLOGY

Andrew Masters – Chief Information Officer
208-334-5625

The Division of Information Technology provides office automation, information processing, and local, wide area, unified communications and internet connectivity for the department statewide. The division provides leadership and direction in the use of information technology to support our mission to promote the social, economic, mental, and physical health of Idahoans.

The division is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security.
- Overseeing the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies.
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Securing information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications internally and with external stakeholders.
- Providing direction for development and management of department-wide information architecture standards.
- Providing direction for development and management of department-wide information architecture standards.
- Participating in the Information Technology Leadership Council (ITLC) to provide guidance and solutions for statewide business decisions.
- Implementing 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 division provides reliable, timely, high-quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required services.

IT Highlights

The division 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 will provide users with an efficient means of processing and tracking federally funded incentive payments to Medicaid providers who attest to adoption of standard-compliant EHR technology. Project was approved and will run through 2022.
- Established Cisco Enterprise License Agreement to enhance the department's cybersecurity posture for federal and state security controls and compliance.
- Implemented Cisco Identify Service to meet security compliance requirements.
- Continued enhancements in cybersecurity systems by implementing new features and products available via the Cisco Enterprise License Agreement to enhance the department's cybersecurity posture for federal and state security controls and compliance.
- Successfully deployed hardened security controls (Cisco AnyConnect, AMP, ISE) to securely enable mobile workers to remotely connect to protected DHW information systems.
- Expanded security compliance security testing by implementing Rapid7's AppSpider Enterprise application code scanning and testing for security controls compliance and reporting.
- Migrated the Microsoft Office 365 E3 license agreement to the Microsoft 365 suite including the Enterprise Mobility + Security (EM+S) suite. This product upgrade provides additional security features and protections to meet workforce mobility and cloud services security.
- Continued implementation of infrastructure in a high-availability (primary site and co-location site) architecture design to provide high-availability of critical information system and recovery of critical systems in the event of a disaster or major services outage.
- Continued expanding virtualization and automation of server deployments and application deployments enhancing consistency, security, and agility.
- Vital statistics receipting system re-write. To modernize, innovate business processes and increase efficiency the new system will be designed to maximize user interaction with the system. Additional enhancements will also allow for a greater integration with the receipt system and the VSADS system so that orders and payments can be linked directly to the certificate/tasks. Once this project goes live, we will make available to the public a vital stats order website.

- 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.
- Completed Phase VII 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.
- Completed the DHW mainframe systems decommissioning initiative to remove and replace department applications to a modern technology, except for the department's financial system. To include: child support, energy assistance, enhanced work services, vital statistics events system, etc.

Continuous cybersecurity improvements

The department has acquired and implemented several IT security solutions to maintain continuous cybersecurity posture improvements to address constantly changing cybersecurity attack vectors and emerging threats. This allows the department to maintain effective security. DHW's strict cybersecurity requirements align 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 (CIS) Critical Security Controls (CSC) Top 5 controls (changed on March 2018 to Top 6 controls).

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

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.
- The migration to Office 365 and cloud data on OneDrive equating to less physical storage hardware. With OneDrive, we will continue to reduce the server footprint and need for additional expansion of hardware storage space.
- Implementation of collaboration technologies to enhance the remote meetings experience, online participation in training sessions and remote collaboration for business meetings and project planning sessions. Implementation of these technologies will reduce the need for travel while having real-time video conferencing, document sharing, and shared virtual workspace.
- An enterprise-wide electronic document management solution is in the implementation phase. The agency will be able to track, manage, and store all types of electronic documents, drastically reducing the agency’s paper consumption, printer consumables, and physical documents storage space resulting in a reduced cost to the agency and the environment.

DIVISION OF LICENSING AND CERTIFICATION

Tamara Prisock, Administrator, 208-364-1959

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies follow applicable federal and state statutes and rules. The division oversees licensing and certification activities for the following types of healthcare 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 assisted living facilities
- Residential habilitation agencies
- Rural health clinics
- Children's Residential Treatment Facilities
- Psychiatric Residential Treatment Facilities

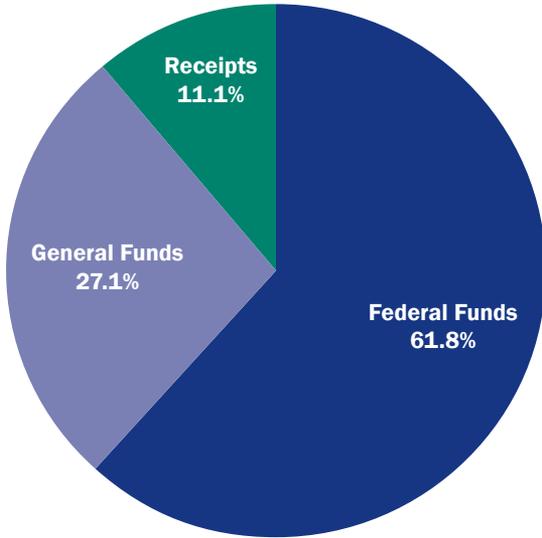
Each unit in the division conducts its responsibilities in ways that promote individuals' rights, well-being, safety, dignity, and the highest level of functional independence.

The division also works closely with healthcare providers by 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 the division is doing with Idaho healthcare providers:

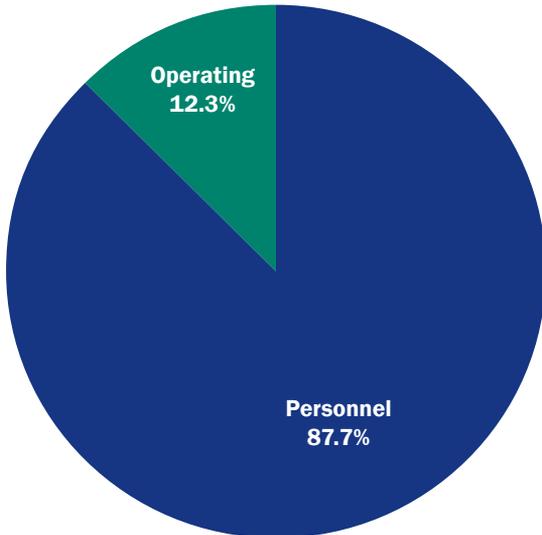
- Staff continues to work with nursing facilities and the Department of Labor to address shortages of certified nurse aids and registered nurses.
- Staff offers extensive training to facility administrators on how to investigate incidents, accidents, and complaints in facilities.
- Staff provides regular "Administrator Boot Camps" for new assisted living facility administrators, as well as specialized training for nurses who work in assisted living facilities.
- Staff continues to work with Idaho's Division of Professional and Technical Education to develop and deliver training in medication assistance to certified family home providers.
- Staff presents training to nursing facility management on the federal certification survey process.

SFY 2020 Funding Sources



Authorized FTP: 71.9; Original appropriation for SFY 2020: General Funds \$2.05 million, Total Funds \$7.6 million; 0.22 percent of Health and Welfare funding.

SFY 2020 Expenditure Categories



BUREAU OF FACILITY STANDARDS

The Bureau of Facility Standards, in cooperation with the Centers for Medicare & 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, including 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:

- Long-Term Care
- Non-Long-Term Care
- 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 6,193 beds, are following 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 healthcare providers in the state, including 50 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; 62 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, training, 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 3,200 individuals in more than 2,500 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 outpatient basis.

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 70 residential habilitation agencies operating 109 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 30 residential care facilities, one outdoor therapeutic program, six 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 367 facilities in Idaho, operating under 281 licenses, and representing 10,528 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: <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, online courses, and by coordinating training for the industry by local and national experts.

Workload

The division completed 4,558 surveys (including complaint investigations) in calendar year 2019. Also, during 2018, 224 new healthcare entities were licensed/certified to operate in Idaho.

New Entities Licensed / Certified in 2019

Facility Type	Number	Number of beds
Nursing Facilities	0	0
Hospitals	3	120
Assisted Living	6	360
Hospice Agencies	2	N/A*
Home Health Agencies	3	N/A*
Renal Dialysis Centers	0	N/A*
Rural Health Clinics	0	N/A*
Developmental Disabilities Agencies	2	N/A*
Residential Habilitation Agencies	4	N/A*
Children's Agencies	2	N/A*
Certified Family Homes	201	267
Psychiatric Residential Treatment Facilities	1	12
Total	224	759

*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 Department of Health and Welfare administers Idaho's public health benefits program through the Division of Medicaid. Idaho Medicaid is one of the largest single healthcare plans in Idaho, serving approximately 280,000 Idahoans and contributing approximately \$2.4 billion annually in healthcare expenditures to local businesses throughout the state. The actual percentage fluctuates, but the federal government funds around 70 percent of Idaho Medicaid, and state General Funds cover the rest.

Medicaid offers multiple benefit plans and service options to meet the varying needs of its participants. The healthcare system offered through Idaho Medicaid is a partnership between the state of Idaho and the federal government, through the Centers for Medicare & Medicaid Services.

The goal of this report is to provide an overview of Medicaid in Idaho and its impact on the lives of the people the department serves.

Idaho Medicaid

Idaho Medicaid administers comprehensive healthcare coverage for eligible Idahoans. Medicaid contracts with individual healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income families, including children, pregnant women, the elderly, and people with disabilities.

Medicaid participants have access to covered benefits through three benefit plans that align with their 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 services, children's service coordination, and long-term care services and supports.
3. Individuals who are enrolled in both Medicare and Medicaid have access to the **Medicare Medicaid Coordinated Plan**. This plan affords them the same services as the Enhanced Plan and allows them to enroll in managed care designed to streamline and coordinate Medicare and Medicaid benefits. There are many advantages to enrolling in managed care, but one of the most popular and valuable services is access to a care coordinator who assists people with complex medical conditions to achieve better health.

Eligibility for Idaho Medicaid – until Jan. 1, 2020

To receive health coverage from Idaho Medicaid, individuals must complete the application process and meet certain eligibility requirements. Individuals applying for Medicaid must fit into one of the following categories:

- Be a child under age 19
- Be a parent or other related adult with a child under age 19
- Be a pregnant woman
- Be a woman diagnosed with breast or cervical cancer or pre-cancer
- Be age 65 or older
- Be blind or disabled (based on Social Security criteria)

Individuals who fit into one of the categories above, must also meet all the following eligibility criteria:

- Be a citizen or legal immigrant
- Be a resident of the state of Idaho
- Have a household income that falls within the program income limits for the household size (based on the percentage of the Federal Poverty Level)
- Must not have resources that exceed the program resource limits

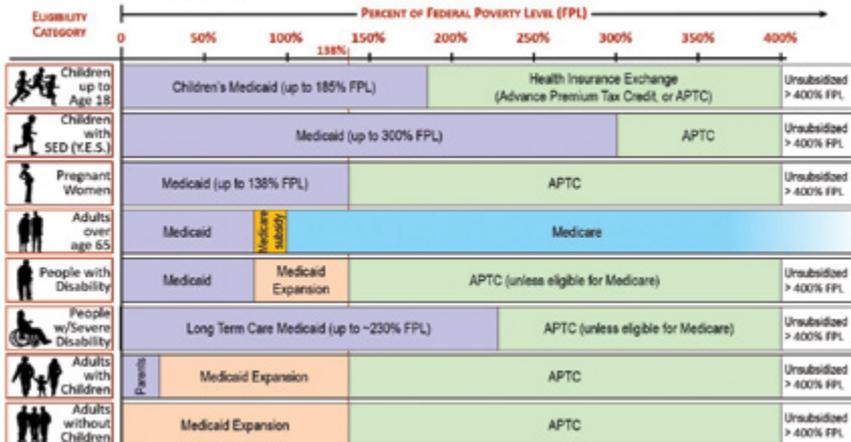
Eligibility for Idaho Medicaid – after Jan. 1, 2020

Proposition 2 passed in the general election in November 2018. This new state law directs the department to add healthcare coverage for individuals under the age of 65 with incomes less than or equal to 138 percent of the federal poverty level, who are not otherwise eligible for coverage under the Medicaid State Plan.

To qualify for expanded Medicaid, all of the following must be true. Applicants must:

- Be between the ages of 19 and 64 years old.
- Be a citizen or legal immigrant
- Be a resident of the state of Idaho
- Have a household income that falls within the program income limits for the household size (based on the percentage of the Federal Poverty Level)
- Must not have resources that exceed the program resource limits
- Not be receiving Medicare.

Idaho's Income Eligibility for Health Coverage



Who Idaho Medicaid serves

Enrollment

In SFY 2019, approximately 280,000 Idahoans were enrolled in Medicaid. Medicaid enrollment fluctuates depending on the state's economy. When the economy is strong, more people are working and have access to healthcare coverage through their employers. When the economy is not performing well, more Idahoans seek healthcare assistance through Medicaid. Overall, Medicaid's enrollment declined four percent from state fiscal year 2018.

Age

Medicaid serves individuals from birth to end of life, provided they meet eligibility criteria. In 2019, 33 percent of Medicaid Trustee & Benefits expenditures was spent on children from birth to 18 years of age.

Eligibility by Idaho County

Medicaid enrollment varies by county, with highest number of participants living in counties that include some of Idaho's largest cities (e.g., Ada County has 456,849 participants). However, some of the smallest counties have the greatest density of residents receiving Medicaid benefits, with Lewis County at 31 percent, followed by Owyhee County at 24 percent, and Cassia, Gooding and Jerome Counties at 23 percent.

Children's services

The Medicaid benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. The goal of EPSDT is to help children under the age of 21 access services as quickly and

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easily as possible to detect physical and mental health problems early and prevent complications that could follow them into adulthood.

Children with significant mental health issues (known as serious emotional disturbance) can benefit from the Youth Empowerment Services (YES) program. YES, which was created in January 2018, and provides care coordination and support services targeted toward the specific child and family's needs. Children with serious emotional disturbance qualify for Medicaid at a higher family income than usual (up to 300 percent of the federal poverty level) to allow them to participate in the YES program.

Children with developmental disabilities have access to an array of services and support to help them maximize their function and independence. These services include respite, habilitative supports, family education, and crisis intervention, among others. Families are encouraged to be involved in and help direct their child's care.

Home and Community-Based Services

Idaho Medicaid is committed to helping individuals live with dignity and independence and allowing them to choose where they receive the services they need. Idaho has several Home and Community-Based Services (HCBS) programs to meet the special medical and support needs of multiple population groups.

Aged and Disabled Services

The Aged and Disabled Program provides services for individuals who are 18 years of age and older who need the level of care provided in a nursing facility but choose to receive such care in home and community-based settings. Services include homemaker services, attendant care, home-delivered meals, personal emergency response systems, among others. Many of the individuals receiving services under this program are eligible for both Medicare and Medicaid benefits. Participants with dual eligibility can use the Medicare Medicaid Coordinated Plan and the Idaho Medicaid Plus Plan to help them coordinate the benefits and services available under these health plans.

Adult Developmental Disabilities Services

The Adult Developmental Disability Program provides services and supports for individuals who are 18 years of age and older who need the level of care provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID) but choose to receive such care in home and community-based settings.

The purpose of the program is to increase adult independence, promote community integration, encourage individual choice, and prevent unneces-

sary institutionalization. Eligible adults may choose to receive traditional or self-directed Developmental Disability Waiver services.

Under the traditional services option, individuals may choose services, some of which are residential habilitation services, community supported employment services, and adult day health. Under the self-directed services option, individuals have more flexibility to choose the type and frequency of services they want, to hire the support workers they want, and to negotiate the price they pay for their services. Additionally, eligible adults who have a need for services (even if their need does not rise to ICF/IID level of care), may choose to receive optional state plan benefits including developmental therapy and crisis supports.

As part of its strategic plan, Idaho Medicaid is working to transform the Adult Developmental Disabilities Program. Together with participants, families, providers, and advocates, Idaho Medicaid is developing a new resource allocation model to establish personal supports budgets for program participants, and comprehensive service changes that will promote a truly person-centered program, foster meaningful access to the community, and provide appropriate support in response to participants' needs and interests.

Home and Community-Based Services Program for Adults with Intellectual and Developmental Disabilities

As part of its strategic plan, Idaho Medicaid is working to transform the adult developmental disabilities program. Together with adults with intellectual and developmental disabilities, families, providers, and advocates, Idaho Medicaid is developing a new resource allocation model to establish personal supports budgets for program participants, and comprehensive service changes that will promote a truly person-centered program, foster meaningful access to the community, and provide appropriate support in response to participants' needs and interests.

Over the next five years, Idaho Medicaid will develop a way to assess the individual support needs, identify support levels, and set personal support budgets for adults with intellectual and developmental disabilities who are receiving home and community-based services. Idaho Medicaid is also working to make program changes that promote a person-centered program, foster meaningful access to the community, and provide appropriate support in response to a participant's needs and interests.

A new website (www.mychoicematters.idaho.gov) has been created with stakeholder input. It is user-friendly for this population group and is used to inform stakeholders about program changes. These efforts are supported by a statewide collaborative workgroup, Community NOW!, which is led by

adults with intellectual and developmental disabilities, family members, and state staff. This group identifies what is working and what isn't working and provides input on potential changes to improve the program.

Children's Developmental Disabilities

Children from birth to 17 years of age who have a developmental disability, have family income below 150 percent of the federal poverty level, and need assistance with performing life activities, are eligible to receive services through this program. These services are provided in the participant's home or community to assist them with living as independently as they can.

Medicaid also offers access to home and community-based services for children with an intellectual disability, autism, cerebral palsy, or seizure disorder who meet an institutional level of care, and whose family income is up to 300 percent of the Social Security Income Federal Benefit rate.

Managed Care

Dental Services

Managed Care of North America continues to administer the Idaho Smiles Medicaid Dental Program for department.

Children's dental benefits include preventive and diagnostic services, dental cleanings, exams, X-rays, fluoride, dental sealants to prevent cavities, among others. Therapeutic treatments are provided for dental needs such as cavities, gum or tooth pain, fillings, extractions, root canals, and dental emergencies.

Adult dental benefits include, preventive and diagnostic services, dental cleanings, exams, X-rays, and more. Therapeutic treatments are provided for dental needs such as cavities, gum or tooth pain, fillings, extractions, and dentures.

Beginning July 1, 2019, the Idaho Legislature appropriated additional funds in support of the Idaho Smiles Medicaid Dental program. The DHW and Managed Care of North America worked with providers, stakeholders, and an advisory committee to identify the best way to allocate the increased funding for continued success of the program. The dental benefits impacted by the increase include restorative services, surgical services, and sedation. This reimbursement rate change will ensure access to members and allow for improved provider availability, ensuring that each member receives the right dental care at the right time.

Idaho Behavioral Health Plan (IBHP)

Behavioral health services in Idaho are managed by Optum Idaho. The Idaho Behavioral Health Plan provides outpatient behavioral health services to Medicaid members who meet requirements for the Basic Plan, Enhanced Plan, or Youth Empowerment Services. The benefits available under IBHP are based on evidence-based practices and promote integrated care and individualized care plans. Medicaid is working with Optum Idaho to implement additional children’s services to meet the requirements of the Jeff D. lawsuit settlement agreement, specific to children who meet eligibility and diagnosis criteria of a serious emotional disturbance.

Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus

Idaho Medicaid offers two program options for members who are dually eligible for both Medicare and Medicaid, also known as “dual eligibles.” The purpose of these programs is to better integrate and administer benefits for a high-needs population. The MMCP is a voluntary program that integrates a dual eligible member’s Medicare and Medicaid benefits under one plan administrator. This program has been offered in Idaho since 2014.

Effective November 1, 2018, Idaho Medicaid implemented a new mandatory managed care program for dual eligibles, called Idaho Medicaid Plus. This program supports members who are not already enrolled in the MMCP, to improve the administration of Medicaid long-term services and supports. The program is administered by Blue Cross of Idaho and Molina Healthcare of Idaho. Idaho Medicaid Plus will be implemented in counties where there are two or more participating health insurance entities. Twin Falls county was the first to implement the new program, followed by Bonneville, Bingham, Bannock, Bonner, Kootenai, Nez Perce, Ada and Canyon. Implementation will continue in additional counties in 2020.

Care coordination is a cornerstone of the duals managed care program. Every dual-eligible member is assigned a care coordinator who facilitates a collaborative process to assess, plan, implement, and monitor services designed to meet a member’s needs. As the member’s healthcare advocate, the care coordinator’s purpose is to provide a holistic approach to the member’s needs to make sure they have the best health outcomes possible. Member engagement is critical in the success of our care coordination programs. All care coordinators live in the same communities as the members; this ensures they understand the resources available to the member.

The Idaho contract is an “at-risk” contract that incentivizes the health plans to make sure members receive the best care for their individual needs while keeping them in the community. Plan payments reward carriers for managing members’ overall health in an integrated way across medical, behavioral health, community services and supports, and long-term care.

Non-Emergent Medical Transportation (NEMT)

Non-Emergent Medical Transportation is a service for Medicaid participants that provides transportation to and from non-emergency appointments for medically necessary healthcare services covered under the Medicaid program. The service is available to eligible individuals who have no other means of transportation. Non-emergency medical transportation has been a covered benefit since the inception of the Medicaid program.

Idaho's NEMT program has been administered under a brokerage model since 2010. The current NEMT contractor is Medical Transportation Management (MTM). MTM subcontracts with a network of transportation providers. In SFY 2019, an average of 7,340 Medicaid participants each month were provided 1,383,387 trips to and from healthcare services.

The department requested additional funding for NEMT services in SFY 2020 as a response to the independent actuarial analysis of NEMT costs in Idaho. As a result of this analysis, and because providers had not received a significant rate increase since 2007, the department worked with MTM and stakeholders to implement a flat-rate increase of 21 percent across the board to all NEMT providers effective July 1, 2019.

Spending and service information

Payment and Service Delivery

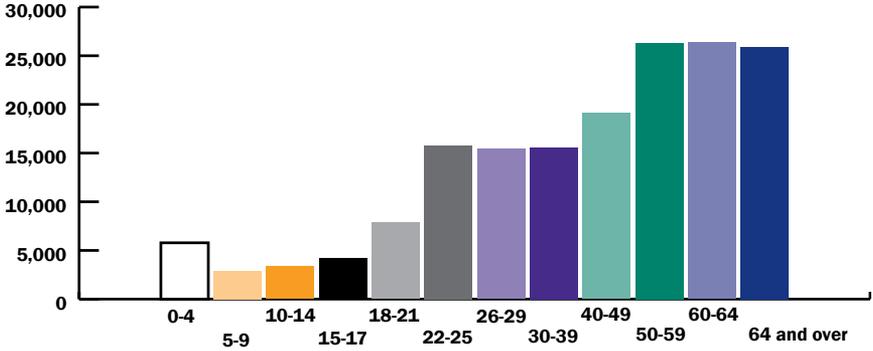
Most Idahoans enrolled in Medicaid receive services through the traditional fee-for-service system, where providers receive payment for each service provided to an enrollee. Fee-for-service enrollees may choose from any provider enrolled in the Medicaid program. The remaining enrollees receive services through the state's contracted managed care organizations. Managed care organizations administer healthcare benefit plans, using a network of providers for participants to choose from for the delivery of their health-related services. Managed care organizations receive a per person/per month payment to manage healthcare for Medicaid enrollees, no matter how much or how little care a person receives.

Under federal law, Medicaid serves as the payer of last resort. This means that other insurers or programs such as Medicare or employer-based insurance that cover an enrollee must pay their share of costs before Medicaid makes any payments.

Federal law requires states to take steps to ensure that medical providers bill third parties before requesting payments from the Medicaid program.

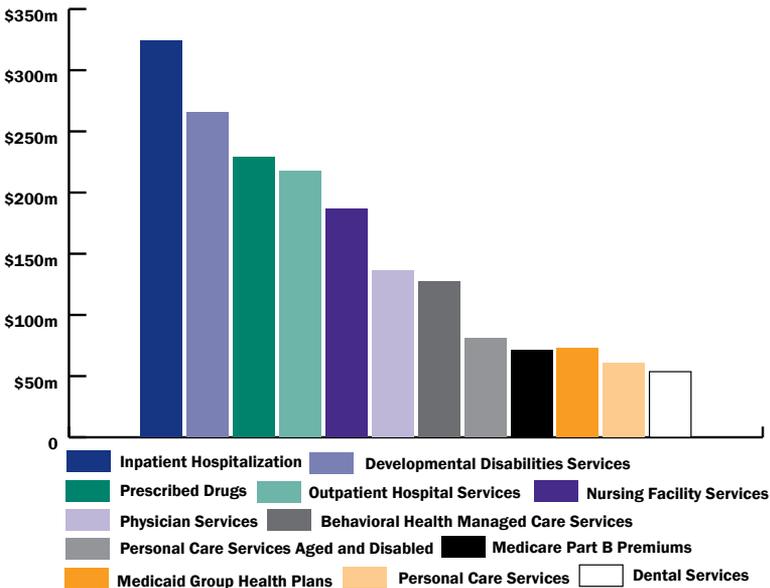
Medicaid spending fluctuates each year depending on how many individuals are enrolled and what services they need during the year. Since most Medicaid enrollees are children, this age group accounts for a significant proportion of expenditures. However, spending per person increases as individuals age, with those over the age of 65 accounting for the greatest average expenditure per person.

Average Annual Medicaid Spending Per Person by Population



The chart below shows Medicaid expenditures by type of service for SFY 2019. This table shows that inpatient hospitalization was the leading service category expenditure, followed by developmental disability services and nursing facility services.

Medicaid Spending by Category of Service



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Idaho Initiatives

Idaho Medicaid has several initiatives aiming to transform Idaho's public healthcare delivery system to support its mission: We pay for better health. The division's initiatives focus on promoting quality health and life outcomes for Medicaid enrollees and shifting reimbursement strategies to offer financial incentives to providers to deliver and monitor care that improves the overall health of patients.

The division's strategies also include redesigning the services provided and the system of care used to deliver services to participants with more complex needs. These systems of care are person-centered and focused on individual strengths to ensure access to the right care, in the right place, with the right outcome. Here are some brief descriptions of these initiatives:

Healthy Connections Value Care Programs

Medicaid plans to launch three value-based programs under the umbrella of the Healthy Connections Value Care transformation program in the coming year. These programs are:

- Healthy Connections Accountable Care Organizations
- Healthy Connections Shared Savings Program
- Healthy Connections Episodes of Care

These programs support the department'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 outcomes.

Patient-Centered Medical Home

The Healthy Connections Patient-Centered Medical Home (PCMH) tier incentive program coordinates treatment through the primary care provider. Healthy Connection clinics are enrolled in the health Connections Program in I – IV Tiers.

- Tier I – Clinics to meet the minimum Healthy Connections requirements of providing preventive, routine, and urgent care. Provide referrals for designated services and 24/7 after hour access to a medical professional.
- Tier II – In addition to Tier I requirements, clinics must provide enhanced access to care by providing extended hours, telehealth, or a patient portal.
- Tier III – In addition to Tier I and II requirements, clinics must provide care coordination and have a connection with the Idaho Health Data Exchange. Additionally, clinics must meet one of these additional requirements: PCMH recognition, population health management, behavioral health integration, referral tracking, Community Health Emergency Services or Community Health Worker model.
- Tier IV – In addition to all requirements for Tier I and II, clinics must be a nationally recognized PCMH clinic, have a bi-directional connection with the Idaho Health Data Exchange and be engaged in quality improvement activities in the clinics.

The monthly Healthy Connections case management payment increases by tier, depending on the degree of PCMH characteristics adopted. In the past two years, 260 of 480 Healthy Connections primary care clinics have achieved advanced PCMH tiers, and 53 percent of all Healthy Connections participants are enrolled with an advanced PCMH clinic.

Healthy Connections is expanding and collaborating with Healthy Connections providers, network providers, and stakeholders to develop three value-based programs expected to roll out starting in 2019 and 2020. As part of this effort, participating providers can earn a share of the savings resulting from improved quality of care and reduced costs for their patients. These programs will be voluntary and will not affect the current Medicaid payment arrangements.

Nursing Facility Quality Payment Program

The Nursing Facility Quality Payment Program was developed to improve the care and lives of nursing facility residents throughout Idaho. The program provides financial incentives to nursing facilities based on their performance on select quality of care measures. Before full implementation of the Nursing Facility Quality Payment Program in 2021, each nursing facility will receive quarterly reports of their quality scores to track their progress through the year. This reporting will provide nursing facilities with an opportunity to improve their performance before full implementation.

Youth Empowerment Services

Idaho is developing a new system of care for children's mental health called Youth Empowerment Services (YES). This effort was started in 2016 as part of the implementation of the Jeff D. settlement agreement, a class action lawsuit filed against the state on behalf of children with serious emotional disturbances. Youth Empowerment Services provides access to Medicaid for children whose family income is higher than traditional Medicaid eligibility requirements, up to 300 percent of the federal poverty limit.

Children's Developmental Disability Services Enhancement Project

Changes to federal regulations in July 2014 for services for children with developmental disabilities required states to offer intervention services under the Idaho Medicaid state plan, instead of under a program supported by federal waiver authority. These new regulations make intervention services available to all eligible children with functional need or a combination of function and behavioral needs, rather than only to those who meet special eligibility requirements required under waiver authority programs.

Idaho Medicaid, in collaboration with the Division of Family and Community Services, established the Children's Developmental Disability Services Enhancement Project. The goal of this project is to move intervention services into the Idaho Medicaid state plan and improve both intervention and support services for children. The Developmental Disability Enhancement Project successfully launched the Children's Habilitation Intervention Services on July 1, 2019.

Idaho Medicaid provides services to more than 4,000 children with developmental disabilities who were impacted by these changes.

Clinical Quality Measurement System: Health Information Technology and Health Information Exchange Bridging the Gap in Idaho's Healthcare Ecosystem

Over the past 20 years, the nation has been transformed by information technology. Today, most Americans have technology at their fingertips that can enhance the ability to share healthcare-related data. This will help improve the overall quality of care and reduce costs. Over 200 Idaho Medicaid clinics, covering 160,000 lives, are taking part in the Idaho Health Data Exchange to facilitate patient care and reduce duplicative treatment. Over the next two years, Medicaid will support the Idaho Health Data Exchange in connecting additional clinics and hospitals and support a claims and clinical database to support Medicaid reimbursement strategies focused on the quality of care provided.

Medicaid Enterprise Systems

As the state's health insurance program for eligible low-income adults, families and children, pregnant women, the elderly, and people with disabilities, Medicaid is required to pay for the medical bills and costs for those eligible

for assistance in accordance with federal requirements. To meet this obligation, Medicaid must have a robust and integrated Medicaid Management Information System.

The Medicaid Management Information System is an integrated group of systems and subsystems used to support key business processes including provider enrollment, participant eligibility, claims and encounter data processing, financial management and reporting, payment calculations, third-party liability verification and collections, pharmaceutical drug rebates, prior authorization of services, participant enrollment in managed health-care plans, premium collections, care management and coordination and program integrity activities. Today, these activities and business processes are executed through three main technology platforms through contracted vendors serving an estimated 280,000 participants and 40,000 healthcare providers today.

The current Medicaid Management Information System was procured in 2007. Idaho Medicaid is in the initial planning stages to strategically replace and modernize the Medicaid Management Information System. The high-level objectives of the next generation system are:

- An enterprise system that is compliant with applicable Federal and State policy.
- An enterprise system that is flexible to quickly adapt to the dynamic evolving needs of existing programs and can support new regulations, policies, and innovations using business-driven technical solutions.
- An enterprise system where business processes are automated wherever possible.
- An enterprise system that provides centralized access to data and data analytics tools to support changing the health status of participants.
- An enterprise system that includes standardized and automated electronic communication and data exchange capabilities and easily integrates with other systems to enable enterprise wide program management.

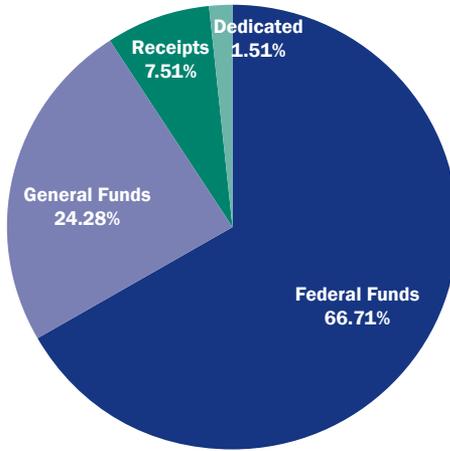
SFY 2019 budget analysis

Enrollment and Expenditures Comparison

Medicaid enrollment averaged 280,667 participants per month in SFY 2019, a 3.8 percent decrease from the SFY 2018 average enrollment of 291,731. The projected growth rate is forecast to decline further in SFY 2020, and then flatten out in SFY 2021. Medicaid growth should begin to more closely match historical average growth before the recession.

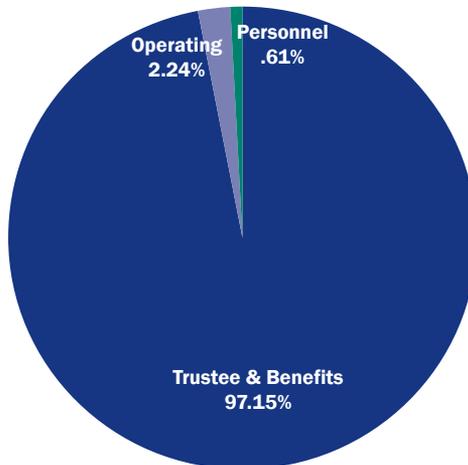
Just under 3 percent of Medicaid’s budget is spent on administration, while about 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.12 that is paid mostly to private healthcare providers who are part of the Idaho healthcare delivery system.

SFY 2020 Funding Sources

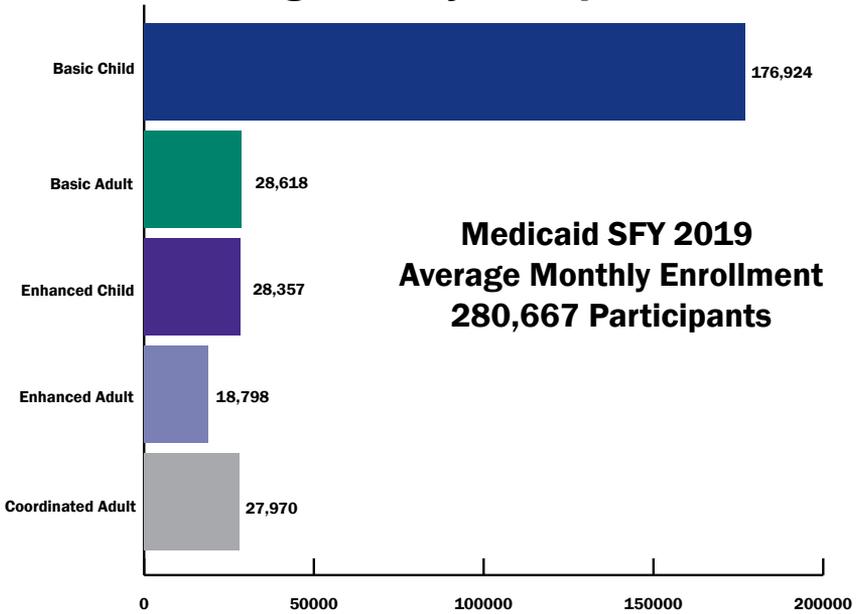


Authorized FTP: 216; Original Appropriation for SFY 2020: General Funds \$687.4 million, Total Funds \$2.8 billion; 82.8 percent of Health and Welfare funding.

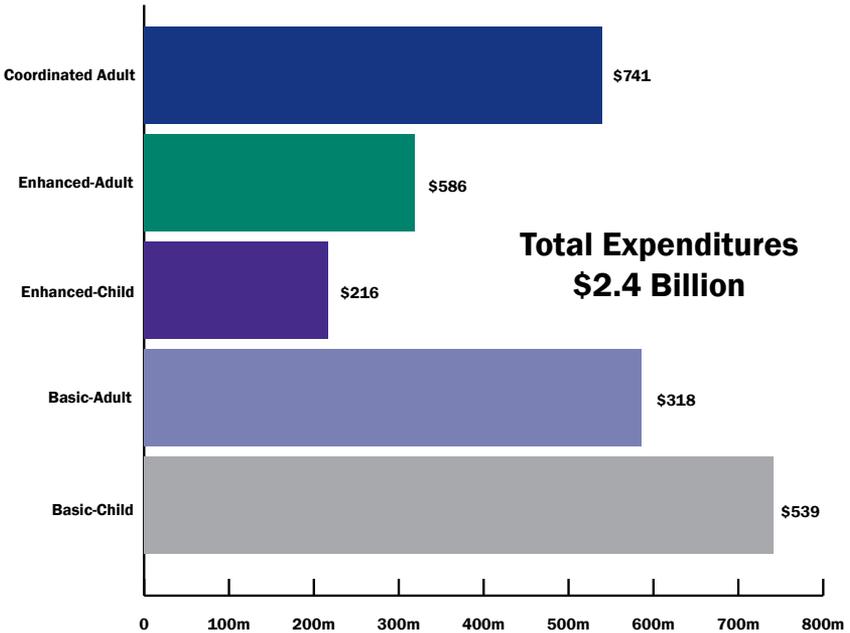
SFY 2020 Expenditure Categories



SFY 2019 Enrollees Average Monthly Participants



SFY 2019 Expenditures

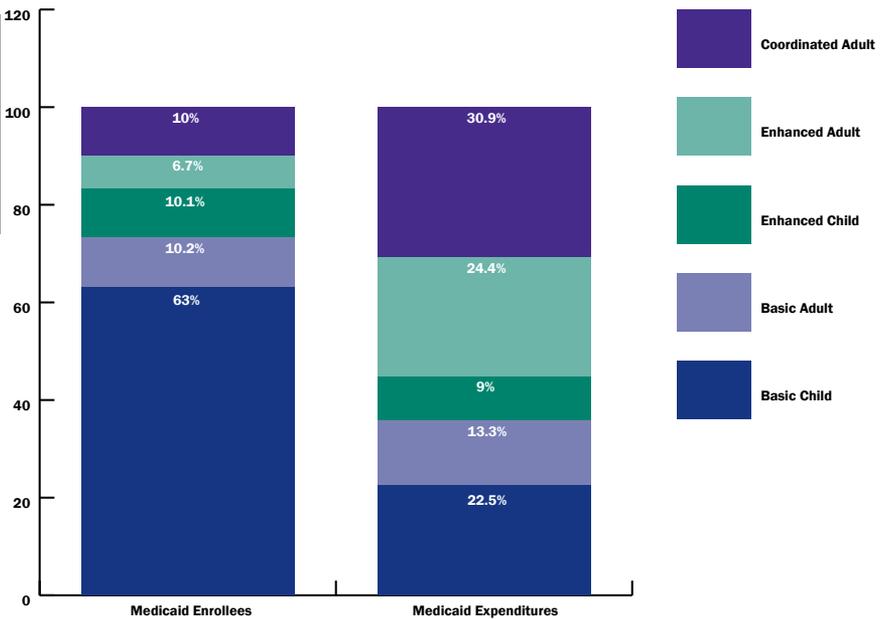


MEDICAID

SFY 2019 Enrollment and Expenditure Comparison

Coverage costs for children enrolled in the Basic Plan average less than \$260 a month, while children enrolled in the Enhanced Plan average approximately \$635 a month. By comparison, an adult enrolled in the Basic Plan costs \$927 a month, while an adult enrolled in the Enhanced Plan averages almost \$2,597 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 \$2,207 a month even though Medicare pays the majority of their medical expenses.



OFFICE OF HEALTHCARE POLICY INITIATIVES

Healthcare Reform in Idaho

The healthcare system in Idaho is overly complex and too expensive. The industry has grown to over 16 percent of Idaho gross state product without any significant improvements in our health; it grows at an annual rate of 8 percent even though our general inflation rate is around 2 percent. Primary care is the largest delivery platform of healthcare in the United States. The Statewide Healthcare Innovation Plan (SHIP) (www.ship.idaho.gov), a four-year State Innovation Model (SIM) model test federal grant funded through the Centers for Medicare and Medicaid Innovation (CMMI), was designed to invest resources in primary care to improve patient outcomes.

Using the Patient-Centered Medical Home (PCMH) model, 166 clinics enrolled in SHIP to develop team-based care delivery systems and advance primary care models that achieve better health outcomes, more health equity and lower costs. SHIP clinics worked to enhance primary and preventive care services designed to help patients stay healthy and reduce the need for more costly care, emergency room usage, and lower hospitalization costs.

With the support of the SHIP, 163 clinics completed transformation from the traditional primary care delivery model to the team-based PCMH model focusing on the whole person and coordination of care. Idaho's providers participating in SHIP credit the technical assistance and support they received from the initiative as being responsible for much of their success. Clinics continue to evolve their business models and adapt new strategies to adjust to the changing landscape of payment reform initiatives even as the SIM grant and SHIP endeavors sunset.

The Idaho Healthcare Coalition (IHC) was formed to lead the work funded by the SIM grant. The Idaho initiative:

- Transformed 163 clinics in Idaho to the PCMH model.
- Expanded integration of healthcare records through utilization of the Idaho Health Data Exchange (IHDE).
- Enhanced care coordination through improved sharing of patient information among providers.
- Convened payers to encourage a more united shift in their approaches to moving from volume to value payments.
- Developed seven regional collaboratives to support PCMH transformation, medical health neighborhoods and funded a staffing model to support local initiatives.
- Supported the University of Idaho's Project ECHO (Extension for Community Healthcare Outcomes) to conduct virtual clinics on opioid addiction

and treatment, behavioral health integration into primary care settings and Medication-Assisted Treatment (MAT) training for healthcare providers.

- Developed innovative workforce development strategies to address the state's crucial health professional workforce shortages.
 - o Established 13 Community Health Emergency Medical Services (CHEMS) programs.
 - o Trained 107 Community Health Workers (CHWs).
 - o Provided 13 telehealth grants to expand medical services in rural and underserved communities.

The Office of Healthcare Policy Initiatives (OHPI) (ohpi.dhw.idaho.gov) served as the project management lead in Idaho's SHIP initiative for strategic planning, coordination, alignment of transformation activities and collaboration across stakeholders.

Implementing the SHIP initiative using the SIM grant, OHPI staffed and supported the IHC and its various workgroups, provided communication and relationship-building across payers and providers to align efforts, and provided guidance and expertise across multiple areas that impact the state's healthcare transformation. This guidance and expertise included such things as the integration of new workforce development models and programs and services to promote health information technology interoperability, and data exchange. OHPI was key to the building and facilitation of relationships and training to help clinics, providers and payers advance practice and payment reform.

Next steps for Healthcare Transformation

As the SHIP grant wound down, the IHC began planning the next phase of transformation and formed the Healthcare Transformation Council of Idaho (HTCI) (htci.dhw.idaho.gov) with a reconfigured 25-member group comprised of stakeholders poised to advance the work of the IHC and SHIP initiative and dive into the next phase of reform. The department, with the support of IHC leadership, requested ongoing legislative support to continue this important work and support HTCI. HTCI began meeting in February 2019. In September 2019, the Office of Healthcare Policy Initiatives unit was transferred to the department's Division of Public Health (DPH). The work of HTCI and OHPI align with the mission, vision and healthcare transformation strategic initiatives of DPH and create further organizational efficiencies and more effective resource utilization.

The SHIP initiative has helped Idaho test several aspects of healthcare reform, but it has also shown us where we have opportunities to continue. The following are current opportunities for healthcare reform that can be

advanced by HTCI with the support of OHPI:

1. Address the requirement of duplicative provider reporting across multiple payers
2. Provide clarity of statutes and rules around telehealth services
3. Address workforce shortages in rural communities
4. Address the remaining payment reform barriers that prevent Idaho from completely embracing value-based payments

HTCI has identified potential initiatives as listed below to advance those opportunities.

HTCI Initiatives (Proposed)

- Identify barriers to telehealth adoption and use
- Identify the top 10 healthcare spends in which coordination could reduce the cost of care
- Liaise with HQPC to support their efforts to align clinical quality metrics across payers

Increase adoption of value-based payments in rural healthcare settings

The HTCI also will support efforts of the Health Quality Planning Commission (HQPC) to address the alignment of clinical quality metrics and potential policy recommendations. HTCI will coordinate this effort as needed with HQPC to ensure that the identification and delivery of a core measures set of metrics be developed. Because of stakeholders' competing priorities, the department has a unique role in the support of healthcare policy initiatives as a neutral convener. Insurance companies, healthcare systems, and other organizations in healthcare also want to see improved outcomes for patients but know they cannot be the conveners due to business needs, trust and other barriers across sectors.

Idaho is not unlike other states that have successfully executed multi-stakeholder initiatives through legislation and/or creating a government office dedicated to support healthcare policy and the advancement of healthcare reform.

Measuring Success

Many successes were realized through the SHIP initiative.

\$213,600,000	Health care spend avoided
700,000	Idahoans receiving care in a transformed care environment
163	Primary care clinics transformed to a PCMH
98%	Percent of clinics enrolled in SHIP that transformed to PCMH
250	Clinics connected to IHDE
9	Hospitals connected to IHDE

Idaho has been able to accelerate the movement to these new, proven models by focusing on shifting the Idaho healthcare industry’s culture in care delivery, health IT interoperability, and payment reform. The investment in primary care practice to transform to patient-centered medical homes was key and allowed for participating clinics to increase their per-member-per-month payment from Medicaid. These clinics helped produce the bend in the cost curve for expenditures in outpatient and emergency room visits. This work has these clinics poised to immediately move into the next iteration of Medicaid payment reform. Specifically, the SHIP SIM grant investment helped launch and propel Idaho’s healthcare system transformation. The SHIP delivered a \$213.6M overall reduction in potential spending from the \$39.6M in funds allocated by the federal government in the SIM grant. Of the \$213.6M return, 78 percent of this cost avoidance was achieved in Medicaid (\$166.2M). A part of the SHIP’s project goal included a success measure of achieving 80 percent of Fee-for-Service (FFS) payments change to alternative payments, or HCP-LAN, Categories 2-4. To measure this, all participating payers submitted aggregated payment information to a third-party actuary for calculation of return on investment and payment category movement. In calendar year 2015, only 25 percent of payments were made in FFS alternative models (LAN categories 2-4). That number has risen to 29 percent in 2017 thanks largely to the SHIP payer coordination and monitoring.

Idaho currently lags behind the nation in adoption of FFS alternatives. A nationwide analysis in 2017 representing 226.3M lives indicates the national rate for categories 2-4 is currently 59 percent compared to Idaho’s 29 percent. A stated objective of DHW in the current Strategic Plan is to slow the growth rate of healthcare costs in Idaho by increasing the funding amount from 29 percent to 50 percent in transformative payment arrangements by July 2024. There remains significant work in care delivery, payment methodology reform, and improved quality monitoring to bring Idaho up to the level of other states excelling in this arena and reaping the financial rewards. DHW will work with participants and an actuarial vendor to closely monitor Idaho’s progress in adopting value-based payments.

DIVISION OF OPERATIONAL SERVICES

Brad McDonald, Administrator, 208-334-5778

The Division of Operational Services provides contracting and purchasing services, facility management, business operations support services, and audits and investigations services to support the department and mission.

Contracts and Purchasing

- Purchases services and products in support of department needs in accordance with the State Procurement Act. DHW coordinates as necessary and appropriate with the Department of Administration's Division of Purchasing for purchases of significant complexity or with a total value above \$5 million.
- Provides technical expertise and administrative oversight of DHW competitive bidding, contract and subgrant development and implementation, and product purchases from statewide contracts. There were approximately 1,683 active contracts and subgrants department-wide during SFY 2019, with a total value of approximately \$2.15 billion. Additionally, there were approximately 128 contracts for commodities and goods in place and over 1,112 direct purchase orders produced in SFY 2019.
- 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, in collaboration with the Department of Administration to ensure compliance with purchasing rules and regulations.

Facilities and Business Operations

- Monitors, negotiates, and coordinates leases for 35 buildings in collaboration with the Department of Administration, State Lease Manager.
- Manages the operation, care and repair of nine DHW-owned buildings.
- 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.
- 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 Hub 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.

DIVISION OF PUBLIC HEALTH

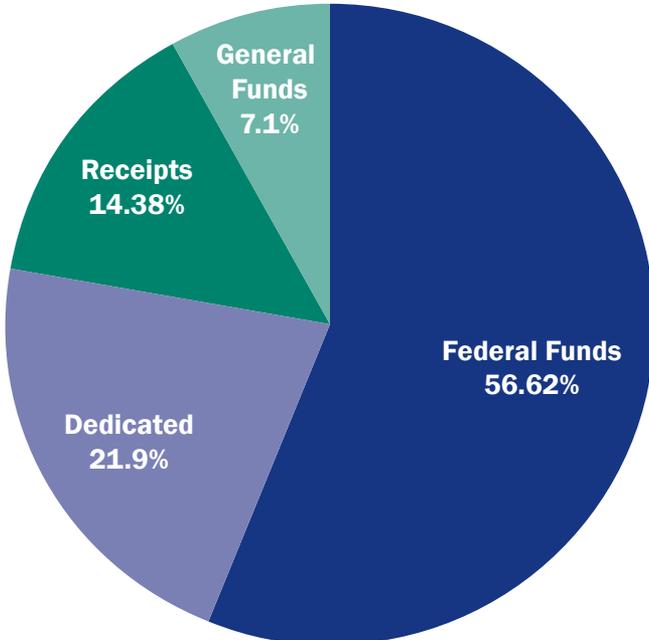
Elke Shaw-Tulloch, Administrator, 208-334-5950

The Division of Public Health, nationally accredited by 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 Center for Drug Overdose and Suicide Prevention.

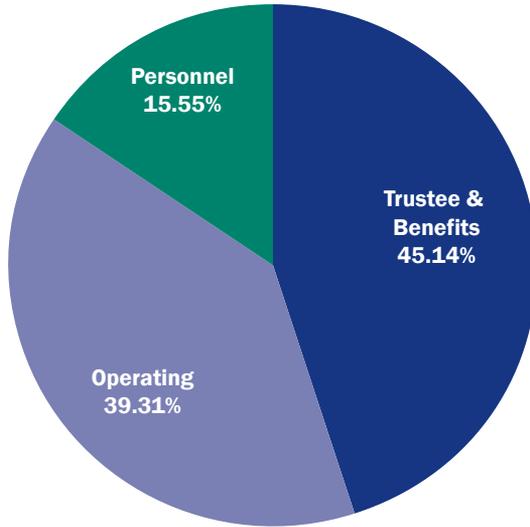
SFY 2020 Funding Sources



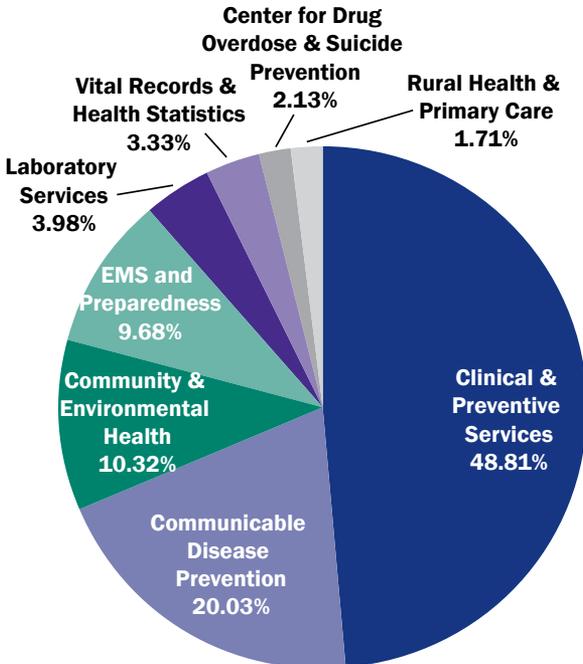
PUBLIC HEALTH

Authorized FTP: 236.02; Original SFY 2020 Appropriation: General Funds \$8.8 million, Total Funds \$124.3 million; 3.6 percent of Health and Welfare funding.

SFY 2020 Expenditure Categories



SFY 2020 Spending by Bureau or Program



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

2019: PROTECTING PUBLIC HEALTH IN IDAHO

The Division of Public Health is accredited by the Public Health Accreditation Board. The accreditation term is five years, with the division applying for re-accreditation in calendar year 2021. The work of accreditation has led to improvements in public health workforce development, communication, partner engagement, tribal relationships, policy setting, performance management, and data use. In state fiscal year 2019, the division engaged with national partners and the Centers for Disease Control and Prevention (CDC) to explore opportunities for innovative funding that supports public health infrastructure. This work is promising and will evolve in the coming year.

Bureau of Clinical and Preventive Services: During the 2019 legislative session, the Legislature passed a law requiring the implementation of a Maternal Mortality Review Committee to conduct a comprehensive, multidisciplinary review of all maternal deaths and offer recommendations to improve maternal healthcare and prevent future maternal disease and death. The Maternal and Child Health Program is leading the implementation and operation of the Maternal Mortality Review Committee and plans to convene the committee for its first review by spring 2020. Idaho experiences approximately 10 to 15 maternal deaths each year.

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

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) completed the process of moving from paper to electronic benefits, called WIC EBT or eWIC. The program conducted two successful pilots for eWIC. Pilot 1 took place in Mountain Home and Glenn's Ferry WIC clinics in June 2019. The area WIC-authorized grocery stores (including the Mountain Home Air Force Base Commissary) are accepting eWIC cards. Pilot 2 took place in Canyon County WIC clinics and area grocery stores in July 2019. The rollout for eWIC occurred in southern Idaho in September and northern Idaho in October.

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 with provider gaps and underserved rural populations. The HIV, STD, and Hepatitis Section also significantly expanded the partnership network of clinics, health centers, and community-based organizations supporting HIV and STD clinical services and rapid testing by implementing Memorandums of Understanding (MOUs) with Family Health Services, Family Residency Medicine of Idaho Nampa Clinic, St. Joseph's Regional Medical Center, and other entities. These agreements will provide testing supplies and additional prevention resources to HIV/STD clinical services partners so these services are more accessible throughout the state.

Bureau of Communicable Disease Prevention: As of June 30, 2019, 45 infection prevention professionals working in Idaho have become certified in infection control. This represents a fourfold increase since 2015 when the Healthcare-Associated Infection Program launched an initiative to improve patient safety in Idaho by supporting increased knowledge and capacity among infection preventionists working in Idaho facilities. The program provided training materials, sponsored expert-led in-person training, and awarded scholarships for training and testing costs for Idaho Infection Prevention professionals to achieve the certification.

The Epidemiology Program has fully implemented whole genome sequencing into disease cluster and outbreak detection in Idaho. Whole genome sequencing is a laboratory method that can identify the DNA “fingerprint” of organisms. It allows epidemiologists to identify disease transmission patterns. The program leveraged whole genome sequencing to respond to a multi-community outbreak of hepatitis A virus in southwest Idaho.

The Idaho Legislature approved changes to the school immunization rules to include meningococcal vaccination for high school seniors. Starting in the 2020-2021 school year, high school seniors will have to have documentation they received both recommended doses of the meningococcal vaccine. High school seniors who received their first dose of the vaccine after the age of 16 will meet the requirement. The meningococcal vaccine protects teenagers and young adults against certain subtypes of the bacteria that causes meningitis. This change also aligns Idaho school immunization requirements with national vaccine recommendations and standard medical practice.

Idaho Bureau of Laboratories: The Idaho Bureau of Laboratories provides testing, inspection, training, and outreach laboratory services for stakeholders throughout Idaho.

In SFY 2019, the Bureau of Laboratories, Bureau of Communicable Disease Prevention, Bureau of Rural Health and Primary Care, and Qualis Health (now Comagine) hosted a series of town hall-style meetings at four locations

in Idaho. The meetings served as focal points for medical, public health, and basic science professionals with an interest in combating antibiotic resistant infection to come together and share information. Approximately 80 people attended, including physicians, nurses of all levels, pharmacists, infection preventionists, academic researchers, and nursing home managers.

Immediately after the meetings, submission of carbapenem resistant Enterobacteriaceae (CRE) isolates from clinical laboratories to the laboratory, as part of the Antibiotic Resistance Laboratory Network, increased by 200 percent. Of the nine health systems that routinely submit isolates to the laboratory for CRE testing, four were initially engaged during a local town hall meeting. These submitters make up 41 percent of all CRE and carbapenem resistant *Pseudomonas aeruginosa* (CRPA) isolates received by laboratory and 75 percent of all confirmed Carbapenemase producers.

In addition to dramatically increasing CRE isolate submissions, the town hall meetings consistently identified that attendees wanted a statewide antibiogram to monitor trends in antibiotic resistance in the state to augment their facility level data. Given this interest, Idaho Bureau of Laboratories developed an interactive statewide antibiogram that is posted on the Get Healthy Idaho, infectious disease population health website.

The Idaho statewide antibiogram would not have been possible without the expertise of the healthcare professionals engaged at these meetings, whose guidance and feedback were critical to acquiring the data on antibiotic susceptibility rates and the presentation and analysis of that data in meaningful ways. Outreach activities have developed successful private-public partnerships that impact Idaho's ability to identify, characterize, and prevent the spread of antibiotic resistance in the state.

Bureau of Community and Environmental Health: The Bureau of Community and Environmental Health is collaborating with health systems across Idaho to prevent and reduce the burden of chronic disease. Programs are working with health systems and providers to implement evidenced-based interventions to improve population health. A variety of health system evidenced-based interventions are being facilitated, including team-based care; data registries; data validation; workflow redesign; development of policies and procedures; self-management support; the use of health informatics; reducing barriers to services; electronic health record referrals; medical-dental collaboration; and adherence to national guidelines. This work is being facilitated through program subgrants with health systems and provider offices to address gaps and improve the health of Idahoans.

Bureau of Vital Records and Health Statistics: In 2018, the Bureau established the Idaho Violent Death Reporting System through funding from the CDC. The system collects comprehensive data on all violent deaths that occur annually in the state by partnering with law enforcement and county coro-

ners. The data will help prevention partners create targeted, evidence-based prevention strategies to help reduce the burden of violent death in Idaho.

Bureau of Rural Health and Primary Care: The Bureau of Rural Health and Primary Care implemented initiatives focused on increasing access to quality healthcare services for rural and underserved Idahoans. These efforts include education to support quality and performance improvement initiatives in critical access hospitals and developing a new program to provide technical assistance to rural health clinics for certification requirements. The bureau is successfully expanding medical education loan repayment opportunities for clinicians serving in designated health professional shortage areas. These include the Rural Physician Incentive Program and State Loan Repayment Program.

The bureau is providing extensive data analytic support for clinics' facility health professional shortage area designations. These designations serve as qualifiers for many state and federal programs, including loan repayment opportunities. The bureau also conducts ongoing analysis of provider shortages in Idaho and area health professional shortage area designations.

Bureau of Emergency Medical Services and Preparedness: The Business Operations and Support section is transitioning current EMS personnel and agencies to the new Patient Care Reporting (IGEMS-PCR) system. Section staff began the process in late 2018 with an initial rollout to six pilot agencies and have gradually increased that number to 30 in 2019.

The updated system will interface with the bureau's license management system (Idaho Gateway for EMS/IGEMS) and allow for a seamless push of information from an EMS agency's licensure file to IGEMS-PCR. This capability permits users to use a single set of login credentials for Idaho's Emergency Medical Services system (IGEMS-PCR and IGEMS-License Management). The new system will include interfaces to improve timeliness, accuracy, and customer satisfaction.

In addition to the above, the Business Operations and Support section is working with the EMS Section on quality improvement projects which include a standardized site visit process and an updated and more user-friendly website.

EMS staff traveled to over 180 licensed EMS agencies in Idaho, Washington, Oregon, and Montana to conduct annual licensure renewal site visits. EMS staff also traveled throughout rural Idaho to administer the national EMS certification examination with the bureau's mobile exam computer network. Idaho is one of only two states that provide this service. The mobile exam option is available to students who live more than 50 miles from a "brick and mortar" exam site. In 2019, EMS staff traveled to 15 different locations and provided exam access to more than 150 students.

EMS section staff partnered with the Bureau of Rural Health and Primary Care, Idaho EMS Physician Commission, Idaho EMS Advisory Committee, and representatives from the Idaho Hospital Association, Idaho Board of Medicine, Idaho Board of Nursing, educational institutions and EMS providers to conduct workshops for critical access hospitals and their neighboring EMS agencies to discuss the processes used to move patients from one health-care facility to another. These discussions provided insight to EMS rules, improving patient care and improving patient and provider safety. Locations included Soda Springs, Montpelier, Kellogg, St. Maries, Preston, Malad, Grangeville, Orofino, and Cottonwood.

The annual EMS Educator Conference was held in Post Falls with keynote speaker Leah Tilden. Leah is a nationally recognized leader in using the “flipped classroom” concept in EMS education. The National Registry of Emergency Medical Technicians also conducted a workshop to help EMS educators better understand the national EMS certification exam.

Community Health EMS (CHEMS) continues to be an area of emphasis. To provide continuity of effort for the development of CHEMS programs in Idaho, the bureau hired a CHEMS program specialist in early 2019. The CHEMS program specialist has conducted 18 site visits with Idaho EMS agencies that currently have a CHEMS program or are interested in developing a program. A CHEMS pilot project was launched in Lincoln County, and several others are in the works.

The Idaho 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 Academy of Emergency Dispatch established a high standard of excellence for emergency medical dispatch, providing the tools to achieve it at both the dispatcher level through certification and at the communication center level through the accreditation program. Once successful, StateComm will be the only Emergency Medical Dispatch Accredited Center of Excellence in Idaho.

StateComm is working with the Idaho Public Safety Answering Points to streamline the organ donor/tissue recovery notification process and increase the number of prehospital death notifications reported to StateComm.

In 2018, StateComm completed a five-year project with the Idaho State Police to replace antiquated dispatch radio, telephony and audio recording equipment in their shared emergency communications center.

Effective July 1, 2017, all Idaho emergency communication officers were required to meet minimum hiring and training standards for dispatch certification through the Police Officer Standards and Training. The emergency communication officers at StateComm had to undergo additional background checks to meet the new minimum hiring requirements.

The Time Sensitive Emergency (TSE) Program has been busy implementing Idaho's TSE System. The program began accepting facility applications for designations for trauma, stroke, and cardiac centers in January 2016. As of September 2019, the status of designations is:

- 51 designations have been approved by the TSE Council.
- 27 hospitals have one or more TSE designations.
- 63 percent of all Idaho facilities hold one or more designation.

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 (StateComm).
- Providing technical assistance and resources to EMS agencies.
- Supporting a statewide Time Sensitive Emergency (TSE) system of care for trauma, stroke, and heart attack.
- Planning and coordination of the public health response to acts of bio-terrorism, infectious disease outbreaks, and other public health threats and emergencies.

Bureau of Public Health Business Operations: The Public Health Business Operations bureau leads the public health accreditation work for the division. Different areas in the bureau support division-level work.

In SFY 2019, the bureau improved communication internally and externally with partners and stakeholders. During the 2019 legislative session, bureau staff developed polished, topic-specific legislative briefs that provided basic information important for legislative decision-making.

The division continues to expand its use of Tableau software, making data more accessible to partners. Idaho's Leading Health Indicators, data on opioid use, population health, and infectious diseases can now be accessed at gethealthy.dhw.idaho.gov, an interactive data dashboard.

The bureau made headway in SFY 2019 on an operational performance dashboard. This dashboard will be used to assess how well the division is meeting fiscal and operational policies and procedures. It will be used to identify areas for performance improvement.

Center for Drug Overdose and Suicide Prevention: The Center for Drug Overdose and Suicide Prevention was established in the fall of 2018 and brought together two pre-existing programs – the Suicide Prevention Program and the Drug Overdose Prevention Program. With the understanding that the same social determinants of health impact suicide and drug overdose, the center brings together these programs to begin developing strategies to address both issues. The Suicide Prevention Program spent much of 2018 building new stakeholder relationships and revising the statewide Suicide

Prevention Strategic Plan to align with national standards. The center has realigned program work with the new plan and has created transparent working relationships with stakeholder partners to ensure suicide prevention activities blanket the state in a comprehensive and cohesive manner.

Additionally, the Drug Overdose Prevention Program has worked collaboratively with its partnering agencies and stakeholders to continue implementing the statewide strategic plan to address the opioid crisis. The program focuses on delivering public health approaches to address the crisis, including developing public awareness campaigns, education of prescribers to the new Centers for Disease Control and Prevention guidelines for opioid prescribing, distributing Naloxone to hospitals and first responders, and using data to measure the impacts of the work being conducted.

BUREAU OF CLINICAL AND PREVENTIVE SERVICES

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

HIV, STD and Hepatitis Section (HSHS)

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

HSHS works closely with local public health districts, 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 diagnosed with HIV, including medical case management, the AIDS Drug Assistance Program, and support services to enhance access to and retention in HIV medical care and treatment.

STD prevention-related services through HSHS are offered through partnerships with local public health districts, community health centers, and federally qualified health centers throughout the state. Services include testing and treatment; education and outreach; and disease investigation services

for newly diagnosed clients and their partners.

The section is 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.

The section 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 2018 indicates 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
2018	374.6	64.6	7.6
2017	360.8	56.3	7.8
2016	351.5	37.7	7.5
2015	340.2	28.5	4.9

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

Women, Infants and Children (WIC) Section

The WIC Section offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. The program is entirely federally funded. It provides an average of \$50 per participant each month in grocery vouchers for prescribed healthy foods, based on a nutrition assessment. The section also provides yearly counseling in nutrition and breastfeeding to more than 60,000 participants. WIC services are delivered through the seven local public health districts, Marimn Health, and Nimiipuu Health.

Clients Served Monthly and Average Monthly Voucher Value

Year (SFY)	2016	2017	2018	2019
Clients served	39,473	37,209	34,422	31,507
Average voucher	\$52	\$50	\$51	\$50

The vouchers WIC provides to parents and caretakers can be used to purchase specific foods based on a child’s or pregnant woman’s nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit juice intake,

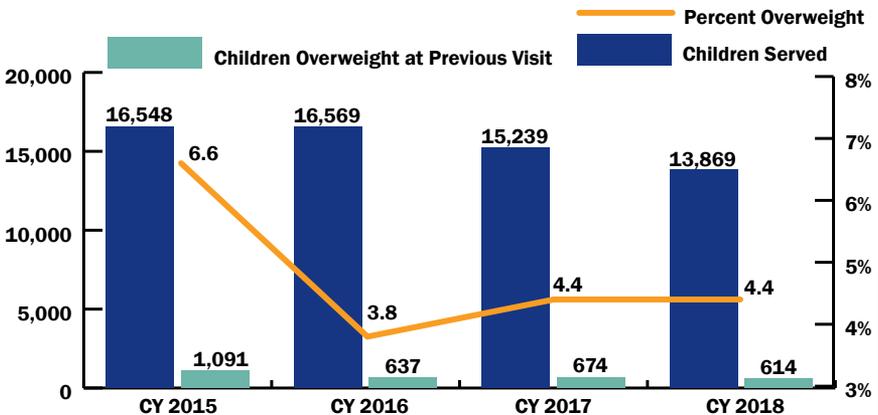
avoid sweetened beverages, increase physical activity and play, and limit sedentary screen time.

Participants typically 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 2018, the program served 13,869 children ages two to five years. Of those children, 614 were identified as overweight based on their BMI and having two valid measures for comparison. Through WIC nutritional counseling, 239 children (39 percent) improved their weight status by at least 1 percentile on the CDC's BMI for Age Chart at their next WIC visit.

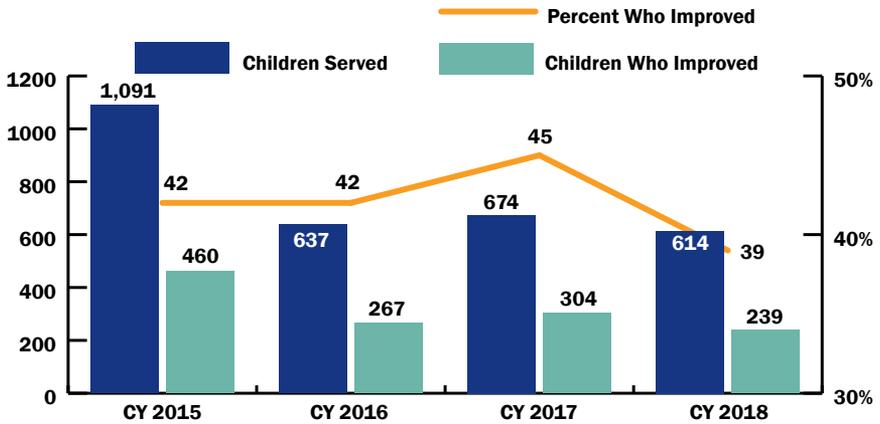
During 2015, the Idaho WIC section transitioned from having six-month certification periods for children participating in WIC to 12-month certification periods. Because of that change, the data collection period was extended to a 13-month time frame to allow for making a comparison of two valid BMI measurements.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

Children Served and Those Overweight, Ages 2-5



PUBLIC HEALTH

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



Maternal and Child Health Section (MCH)

Family Planning, Adolescent Pregnancy Prevention, Newborn Screening, Home Visiting, Children’s Special Health, Maternal and Child Health Programs, and the Maternal Mortality Review Committee are programs in 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 42 clinic sites, including services at one juvenile detention center and one women’s correctional facility.

During CY 2018, the Family Planning Program served 10,116 clients in 15,039 visits. Of those clients, 9.9 percent (1,006) were 15-17 years old and both male and female. Seventy-five percent of participants had household incomes at or below 150 percent 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 percent lower than it was 10 years ago, when the rate was 22.9.

Idaho Teen Pregnancy Number and Rate (Ages 15-17 years)

Calendar Year	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 weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1 percent) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable.

The Newborn Screening Program works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for 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 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 death and disease. 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 the baby's healthcare provider to ensure timely diagnosis and treatment. For critical congenital heart disease 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	2015	2016	2017	2018
Biotinidase Deficiency	0	1	1	0
Congenital Hypothyroidism	8	8	4*	12
Cystic Fibrosis	8	6	4	4
Galactosemia	0	0	0	0
Maple Syrup Urine Disease	1	0	0	0
Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	2	4	4*	2
Phenylketonuria	1	5	3	2
Other	7	2	4	6

Number of Babies Screened, Presumptive Positives, and Diagnosed Conditions by Year

CY	Babies Screened	Presumptive Positives	Diagnosed Conditions
2018	20,993	1,365	26
2017	21,647*	1,359	20*
2016	21,998	1,141	24
2015	22,276	1,063	27
2014	22,263	989	20

Data are based on babies receiving first newborn screen.

*Data corrected.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Program provides funding to the seven local 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 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. Parent educators offer 12 to 24 visits annually, depending on the needs of the family. The 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 and health issues.
- Prevent child abuse and neglect.
- Increase children's school readiness and school success.

The Nurse Family Partnership home visiting model serves first-time, low-income pregnant mothers and their babies. A Nurse Family Partnership home visitor must have at least a bachelor's degree in nursing and, in most cases, maintain registered nursing credentials. Clients receive their first nurse home visit before the 29th week of pregnancy, and visits happen 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
2018	536	6,123
2017	641	6,487
2016*	639	6,504
2015	310	2,433
2014	140	1,507

* Received expansion funds

BUREAU OF COMMUNICABLE DISEASE PREVENTION

The Bureau of Communicable Disease Prevention includes 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.

Disease Surveillance

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 intervene. Today, more than 98 percent of reports from laboratories are handled electronically. Data are being received electronically from 61 percent of hospital emergency departments, representing 88 percent of all emergency department visits in Idaho. Clinical case reports can now be received electronically from electronic health record systems, increasing the ability for epidemiologists to rapidly exchange information and respond to reports of disease to prevent further transmission.

Epidemiology

Epidemiology staff track reportable disease trends that impact Idahoans, including whooping cough, salmonellosis, and tuberculosis. They offer consultation and direction to local 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.

Reportable diseases



Disease Outbreaks

	SFY2016	SFY2017	SFY2018	SFY2019*
Outbreaks declared	96	102	103	92
Idahoans impacted	915	1,220	1,195	577
Most common pathogens	Salmonella, Norovirus, Campylobacter, Shigella, influenza	Norovirus, influenza, Campylobacter, Shiga toxin-producing E. coli, Salmonella	Influenza, Bordetella pertussis, Norovirus, Campylobacter, Salmonella	Influenza, Salmonella, Shiga toxin-producing E. coli, Campylobacter, Norovirus

*Data are preliminary

Bloodborne diseases

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

	2015	2016	2017	2018
Bloodborne diseases	60	64	71	49
New HIV	43	47	53	37
Idaho residents living with HIV/ AIDS	1,648	1,738	1,842	1,965
Acute Hepatitis B	12	7	6	6
Acute Hepatitis C	4	10	12	6

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.

Healthcare-Associated Infections Prevention Program

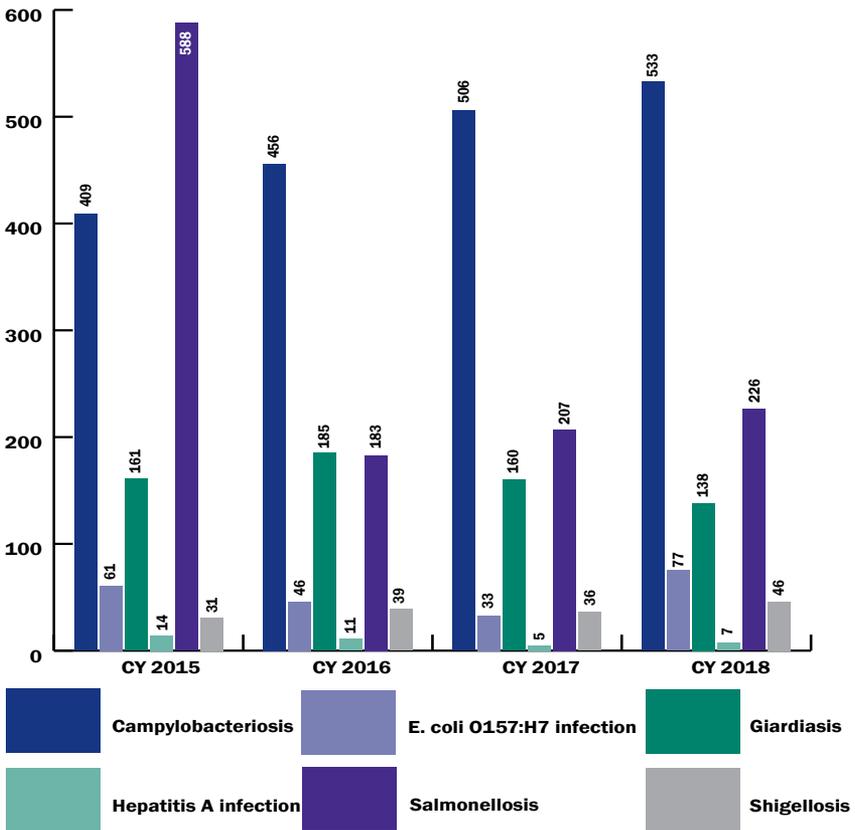
Healthcare-associated infections are those that develop during or soon after medical treatment for a separate medical condition. They can result from patients' own bacteria; be associated with surgery or invasive medical devices; or be caused by exposure to bacteria, viruses, fungi, or spores transmitted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

Healthcare-associated infections are the most common complication of hospital care. An estimated 722,000 infections and 75,000 deaths are attributable to Healthcare-associated infections every year in the U.S. They result in an estimated \$30 billion annually in excess healthcare costs nationally.

Idaho’s Healthcare-Associated Infections Prevention Program is actively engaged in reducing infections by working with Idaho healthcare facilities to provide infection prevention education and training, performing site visits to hospitals with high infection rates, collaborating with non-acute care settings on surveillance and prevention of healthcare-associated infections, convening prevention collaboratives, and providing resources to track them and prevent outbreaks.

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 local 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 2016	SFY 2017	SFY 2018	SFY 2019*
Foodborne outbreaks	16	10	10	6
Licensed food establishments	4	4	2	0
Other sources/ venues	12	6	8	6
Total illnesses	81	77	29	21

* Data are preliminary.

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 Division of Welfare in the DHW 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 mission of the Idaho Immunization Program (IIP) is to increase the

immunization rates of children in Idaho as well as awareness of vaccine-preventable diseases. The program provides technical assistance and education to the public, healthcare providers, Idaho schools, and licensed childcare facilities. It maintains Idaho’s immunization registry and distributes vaccines to more than 350 Idaho providers every year.

The program oversees the federally funded Vaccines for Children (VFC) Program that provides vaccines for children meeting at least one of four criteria:

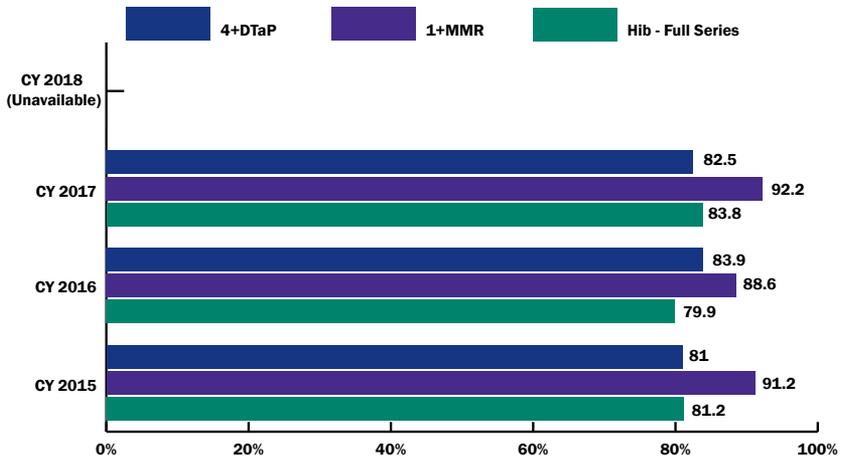
1. Medicaid eligible
2. uninsured
3. underinsured
4. American Indian or Alaskan Native

Immunization quality improvement program site visits with providers enrolled in the VFC program are important opportunities to share information on vaccine efficacy, new vaccines, updates about state and national immunization and vaccine-preventable disease trends, and recommendations of the national Advisory Committee on Immunization Practices (ACIP).

Number of Childhood Vaccine-Preventable Diseases

	2015	2016	2017	2018
Haemophilus influenzae b (Hib,) invasive	1	0	1	0
Measles	0	0	0	0
Mumps	8	1	5	2
Pertussis (whooping cough)	194	83	89	396
Rubella	0	0	0	0
Total	203	84	95	398

Immunization Rates for Select Childhood Vaccines



School Immunization Report

The Idaho Immunization Program 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. Program 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. Schools report the percentage of immunization records in student files that meet the school immunization requirements in Idaho Administrative Rules and the percentage who do not meet requirements.

School Year Immunization Records

	2015-16	2016-17	2017-18	2018-19
All Required Vaccines*	86.7%	86.8%	86.8%	86.5%
Exempt ≥1 Vaccine*	6.3%	6.4%	6.9%	7.7%
Conditionally Admitted*	1.1%	1.0%	0.8%	1.0%
Incomplete Record	5.5%	5.4%^	5.1%	4.4%
No Record on File	0.4%	0.4%	0.4%	0.4%

To meet school immunization requirements, student records must contain documentation of immunization status, including: 1) record of receiving required vaccines, 2) a valid exemption, or 3) a conditional admittance certificate (student is scheduled to receive catch up vaccines). Incomplete or missing records do not meet school immunization requirements.

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 is a voluntary registry. Parents or legal guardians can have their children's records removed at any time, if desired.

IRIS provides clinical decision support to providers to assist them in keeping their patients up to date on immunizations. The system forecasts when vaccines are needed for patients and can be used by providers to send reminders to patients and parents about what vaccines are due or past due.

Providers in Idaho use IRIS to manage the vaccine distributed by the Idaho Immunization Program. Providers order vaccines from the program through IRIS, and the system automatically deducts from providers' on-hand inventory when a vaccine is administered to a patient and assists the program in facilitating redistribution of vaccine between providers to prevent waste from

expired vaccines. Providers can re-enroll with the Idaho Immunization Program each year through IRIS, providing an electronic signature to acknowledge understanding with program policies, rather than re-enrolling using a paper-based process.

Idahoans enrolled in registry by age group

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
0-35 months	79,599	78,442	74,245	76,073
3-5 years	84,967	85,872	84,729	89,150
6-18 years	407,195	420,740	412,239	440,353
18 years	940,347	1,044,899	1,081,537	1,266,651
Total	1,512,108	1,629,953	1,652,750	1,872,227

Vaccine Distribution

Using federal and state funds, the Idaho Immunization Program distributes vaccines to private and public healthcare providers for free for all Idaho children from birth through age 18. 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.

Vaccines distributed and administered

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Vaccines Distributed	728,688	726,730	711,257	714,552
Vaccines Administered	1,075,786	940,659	873,951	

For each of the last four years, the program distributed more than 700,000 vaccine doses statewide to more than 350 providers, including local public health districts, hospitals, clinics, and private physicians.

“Vaccines distributed” in the chart above are IIP-purchased vaccines.

“Vaccines administered” is any vaccine administered and documented in IRIS, including adult and pediatric vaccines administered that were privately purchased.

IDAHO BUREAU OF LABORATORIES

The role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services that support DHW programs, the local 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 Water Act and Clean Water Act
- 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, Idaho Bureau of Laboratories public health and safety surveillance work adheres to the standards of Public Health Accreditation Board.

Environmental health testing at the lab 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 U.S. that test Idaho drinking water comply with both state and federal laboratory certification requirements.

The lab 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 & Medicaid Services (CMS). Idaho Bureau of Laboratories houses the only full-service tuberculosis laboratory in Idaho and serves as a reference laboratory for the detection of antibiotic-resistant bacteria and other esoteric or emerging pathogens.

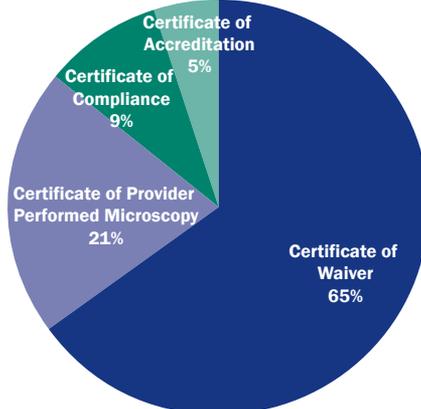
The lab is a registered entity through the CDC, Division of Select Agents and Toxins (DSAT). It must comply with all DSAT biosafety, biosecurity, and incident response regulations as the only Laboratory Response Network reference laboratory for biological and chemical threat agents in Idaho.

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 2019, there were 1,407 licensed facilities using X-ray devices across a variety of healthcare, academic, and industrial settings.

The bureau also registers all clinical laboratories performing patient testing in Idaho. In SFY 2019, there were 1,421 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

SFY 2019 Registered Clinical Laboratories by Certificate Type



qualified to do. For example, 65 percent of Idaho's registered labs performed only simple waived testing and hold a Certificate of Waiver. Many physicians' offices perform more complex microscopy testing and have a Provider Performed Microscopy certificate. Larger moderate and high complexity laboratories receive either a Certificate of Compliance if they are inspected by the Idaho Clinical Laboratory Inspector or a Certificate of Accreditation if their labs are regulated under a CMS-approved accreditation agency, such as the College of American Pathologists or The Joint Commission.

The Clinical Lab Inspector surveys all Certificate of Compliance laboratories in Idaho every two years on behalf of CMS. The Certificate of Waiver and Provider Performed Microscopy labs do not require surveys, and the Certificate of Accreditation 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 risky 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, commonly 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 goals:

- Prevent initiation of tobacco use among youth.
- Promote strategies for quitting tobacco.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities.

Idaho is 12th best in the nation for its low percentage of adults who smoked in 2017, which was 14.3 percent. The national rate of adults who smoked was 14 percent.

Also in 2017, 9.1 percent of high school students in Idaho smoked cigarettes at least one day in the past 30 days. Nationally, the rate was 8.8 percent.

Despite a continued focus on the elimination of tobacco-related health disparities, the prevalence of tobacco-use and health consequences continue to disproportionately impact specific and often marginalized populations. American Indians/Alaskan Natives, Hispanics and Latinos, members of the (LGBTQ) community, those of low socio-economic status, those living with mental illness, Medicaid participants, and veterans represent Idaho population groups that experience tobacco-related health disparities.

In 2017, smoking rates were highest in populations with low socio-economic status, at 32.5 percent, unemployed people, at 32.3 percent, followed by those who reported 14 or more mentally unhealthy days at 24 percent, and veterans with 18.5 percent.

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

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

To improve and measure programmatic successes and impact, 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 and a needs assessment and gaps analysis of youth tobacco data.

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. The program 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 2018*, Idaho now has the 32nd highest obesity rate in the nation, at 29.3 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 2018, Idaho high school students had an obesity rate of 11.4 percent, ranking Idaho 36th nationally.

In 2016, 82.5 percent of Idaho adults reported not having consumed the recommended five servings of fruits and vegetables per day. In that same year, 20.2 percent of Idaho adults reported not participating in any physical activity over the past month. In 2017, only 12.5 percent of high school students consumed vegetables three or more times during the past week. For physical activity, only slightly more than half (50.4 percent) of Idaho's high school students reported being active for at least 60 minutes on five or more days over the past week.

The program continues to work on combating the obesity epidemic through initiatives that support and facilitate physical activity and healthy eating. Program staff works in diverse settings across Idaho, including childcare 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 Safe + Healthy Communities Program partners with local public health districts to implement Fit and Fall Proof™ (FFP), a community-based exercise program for older adults. The program focuses on improving balance, strength, flexibility, and mobility to reduce the risk and severity of unintentional falls, 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 2015-2017 (the most recent available data) was 12.1 per 100,000 (age adjusted) versus 9.2 per 100,000 for the U.S. during the same period. More than 87 percent of all unintentional deaths by falls are among people ages 65 and older. During 2017, 213 Idahoans

in this age group died from an unintentional fall, representing a 40 percent increase in deaths from 2015. Between 2007 and 2016, Idaho’s death rate from falls increased over 47 percent while the U.S. rate increased 24 percent.

In 2018, Idaho EMS responded to 8,526 fall-related calls for people ages 65 and older. This is nearly 7 percent fewer calls than were reported in 2017. More than half of those who fell were ages 85 or older. Eighty percent were transported to a hospital. Women in this age group are twice as likely to report a fall injury and have a higher death rate for falls than men. Estimated costs associated with fall-related calls in Idaho are as high as \$35 million.

Participation in Fit and Fall Proof classes continues to expand, and now more than 130 sites across Idaho offer classes. From July 2018 to June 2019, there were more than 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 participants (35 percent) are from communities with a population of less than 10,000 residents, demonstrating the importance of the program in Idaho’s rural areas.

Classes are led by trained volunteer peer-leaders and are offered in churches, libraries, senior centers, community rec centers, and other places where seniors gather. Local 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.

As Idaho’s population over 65 years of age continues to grow, the need for effective, community-based programs that promote healthy living and “aging in place” will increase. The FFP program is working to attain evidence-based status to demonstrate its validity in design and effectiveness in improving the health and longevity of older Idahoans.

Age-Specific Injury Death Rates Due to Accidental Falls

Three-Year Aggregate, 2015-2017 (per 100,000 population)

	65-84 years	85+	Age-Adjusted Rate
Idaho	33.3	417.8	12.1
United States	31.0	258.2	9.2

Idaho Number of Unintentional Fall Deaths

Persons Aged 65 and Older by Year, 2015-2017

CY	Age 65+	Population	Age-Specific Rate
2018	203	278,282	72.9
2017	213	264,901	80.4
2016	215	254,989	84.3

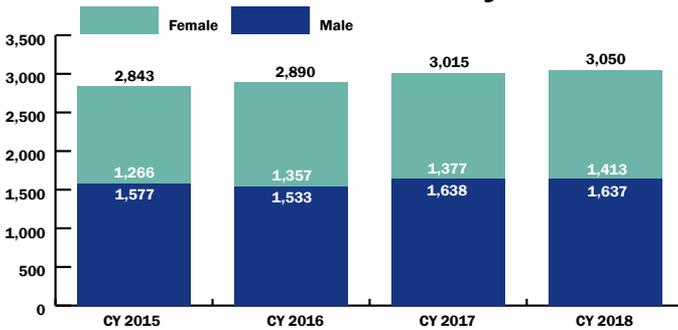
Idaho Comprehensive Cancer Control Program

Cancer has been one of the leading causes 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 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.

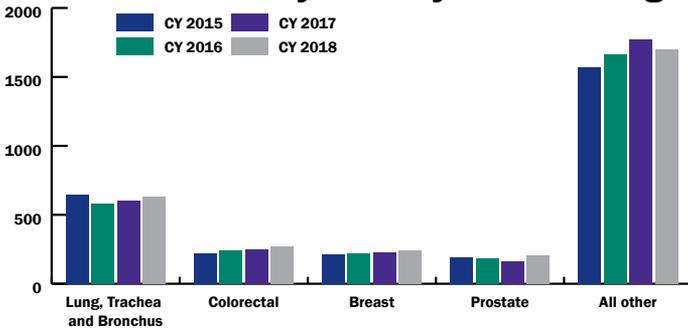
Idaho has some of the lowest screening rates in the United States for these cancers, but the Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective, comprehensive cancer control program that:

- Defines and raises awareness of the burden of cancer and related issues in Idaho.
- Develops new resources and networks with existing resources statewide.
- 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.

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.

- 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 2018, Idaho reported 3,050 cancer deaths, which was an increase from 3,015 in 2017. Cancer was the leading cause of death for females and the second leading cause of death for males in Idaho in 2018.

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 percent of the federal poverty level and must have no insurance coverage for breast and cervical cancer screenings.

The program is funded through the Center 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.

More than 400 providers and clinics across the state provide screenings. From July 2018 through June 2019 the program screened 2,634 women for breast and/or cervical cancer. The program paid for more than 1,300 mammograms and over 1,500 Pap tests. Through this testing, the program diagnosed 51 cases of cancer and 53 cases of treatable precancerous conditions and these women were referred to Breast and Cervical Cancer Medicaid for treatment.

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 long-term outcomes:

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

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

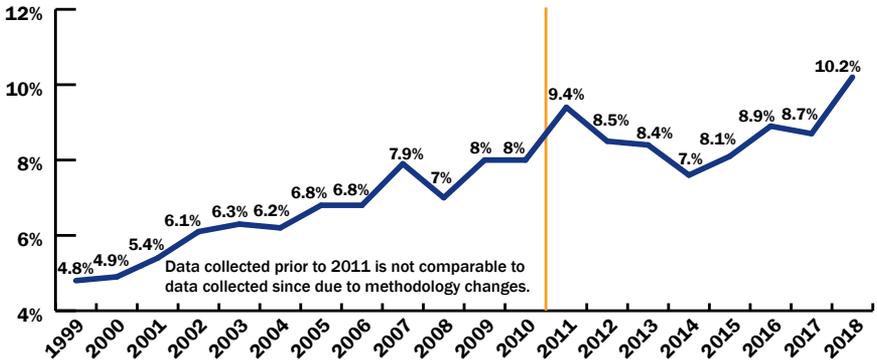
The Diabetes Prevention and Control Program provides community-level outreach to link people with several resources, including:

- The National Diabetes Prevention Program, an evidence-based lifestyle change program, can help participants with prediabetes lose 5 percent to 7 percent of their body weight and reduce their risk of developing type 2 diabetes by 58 percent.
- 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 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 public 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, funded by the Maternal and Child Health Block Grant, CDC, and the Health Resources & Services Administration, 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 program 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, as well

as school-based dental sealant clinics in schools with more than 50 percent 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:

- Two-thirds (67.2 percent) 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 percent or better on one or more of their permanent first molar teeth.
- Nearly two-thirds of Idaho third graders (65.6 percent) 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 percent or less.
- In 2017, 61 percent of children enrolled in Medicaid had a dental visit, and 24 percent of children 6 to 14 years old enrolled in Medicaid received a dental sealant on a permanent molar tooth.
- Of Idaho adults 18 years and older, 37 percent 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 CDC, 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 public health data 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
2018	21,406	14,263	13,717	6,766
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

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

Idaho Geographic Area with Health Professional Shortage Designation

	CY 2015	CY 2016	CY 2017	CY 2018
Primary Care	97.7%	97.7%	97.7%	95.4%
Dental Health	95.7%	95.7%	95.7%	94%
Mental Health	100%	100%	100%	100%

*The areas designated did not change, however, a new methodology to calculate square mileage results in a different percentage.

Rural Health Care Access Program Grants for Primary Care and Dental Health Shortage Areas

	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Grant Requests	\$419,727	\$391,931	\$317,025	\$501,825
Amount Awarded	\$180,200	\$179,450	\$179,350	\$198,442
Applicants	14	14	10	16
Awarded	7	9	7	10

Rural Physician Incentive Program (RPIP)

The Rural Physician Incentive Program 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 2019, 14 applications were received, and 14 new physician applicants were awarded RPIP grants. In total, 30 Idaho physicians received medical education loan repayment through this program in SFY 2019.

State Loan Repayment Program

The State Loan Repayment Program provides loan repayment for clinicians serving designated Health Professional Shortage Areas. The program 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 participated in this program in SFY 2019.

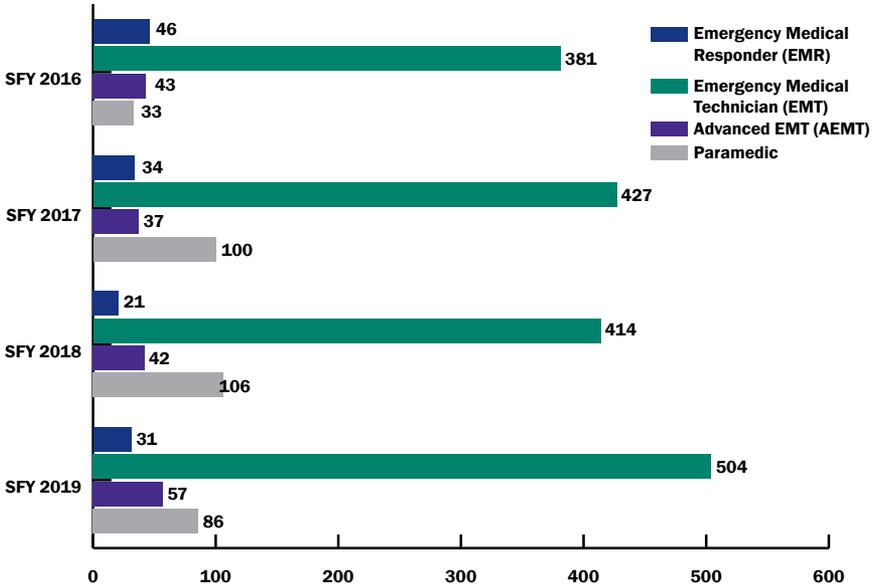
For more information regarding the Bureau of Rural Health and Primary Care, please visit: www.ruralhealth.dhw.idaho.gov.

BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

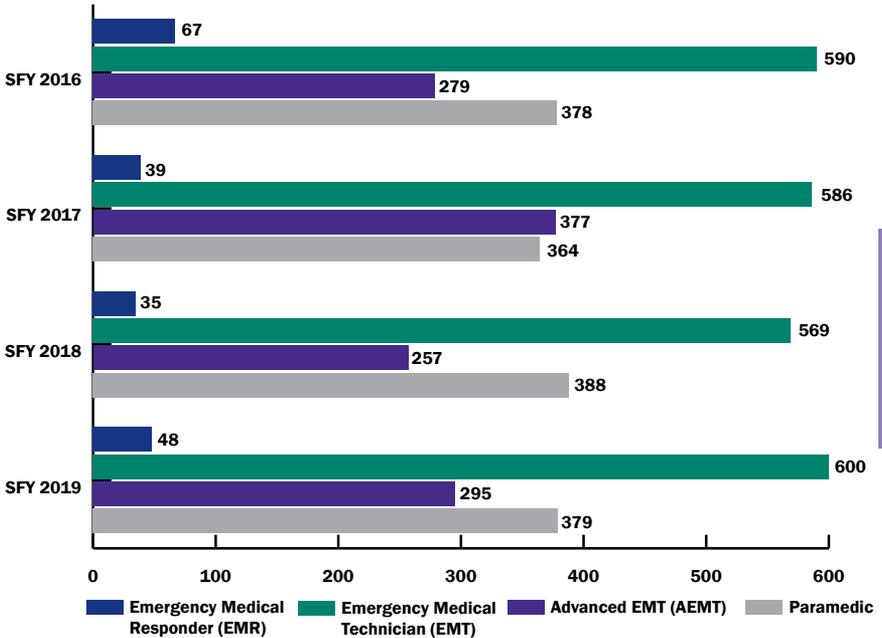
The Bureau of Emergency Medical Services and Preparedness supports the statewide system of responding to critical illness and injury situations. Services include:

- Licensing EMS personnel and services.
- Operation of the statewide EMS StateComms.
- Providing technical assistance and resources to EMS agencies.
- Supporting a statewide TSE 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.

EMS Personnel Licensure



EMS Personnel Licensure Renewal



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 pharmacolog-

ical 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 Dedicated Grants

The EMS Dedicated Grant program has operated since 2001 and provides funds for EMS vehicles and equipment for use by EMS personnel in the performance of their duties which include highway safety and emergency response to motor vehicle accidents. Funds are collected from fees on Idaho driver's licenses.

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.

EMS Dedicated Grants

	2016	2017	2018	2019
Grant Requests	\$2.8 M	\$2.9 M	\$3.1 M	\$3.1 M
Grants Awarded	\$1.4 M	\$1.4 M	\$1.7M	\$1.35 M
Vehicle Requests	23	17	19	19
Patient Care Equipment		113	119	83
Agencies Applying	49	64	72	59
Agencies Awarded	49	59	65	48

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 (TSE)

The 2014 Idaho Legislature approved and funded a plan to develop a state-wide 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 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.

The TSE program also provides education and outreach to the 27 critical access hospitals and EMS agencies around the state. In 2019 the TSE program created the Stop the Bleed-Idaho Schools Program which provided training and bleeding-control kits to Idaho schools. A total of 245 schools applied from 45 districts. Each received four bleeding-control kits. This program trained more than 800 school faculty and provides over 115,000 students access to lifesaving bleeding control. Learn more about Idaho's TSE system: <http://tse.idaho.gov>.

Idaho State EMS Communications Center

The Idaho State EMS StateComm is a unique public health communications resource and dispatch center available 24 hours a day, seven days a week, 365 days a year for many emergency response agencies throughout Idaho. Services 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
- 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: <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 division-wide 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 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 communications and external affairs specialist serves as a focal point in the division, crafting and distributing communications. 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: More than 50 percent 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 requires constant communication and collaboration with division programs, the department's internal control, financial services, and contracts and procurement staff.

CENTER FOR DRUG OVERDOSE AND SUICIDE PREVENTION

The Center for Drug Overdose and Suicide Prevention (CDOSP) in the Division of Public Health officially began work on Nov. 26, 2018. This new venture is housed in Public Health administration and combines eight staff members and two previously existing programs: the Drug Overdose and Prevention Program and the Suicide Prevention Program.

In 2016, the United States lost nearly 45,000 lives to suicide and 42,000 lives to opioid-related overdoses. As a result, the Centers for Disease Control and Prevention recently concluded that life expectancy in the United States has declined over the past few years.

Because there are often clear and/or ambiguous overlaps between suicides and opioid overdoses, the reorganization of these programs into the Center for Drug Overdose and Suicide Prevention allows the division to combine resources to address suicides and opioid overdoses that impact far too many Idahoans.

The center's focus is to create healthy and resilient communities through coordinated efforts and innovative approaches to suicide and drug overdose. The center works toward achieving these goals by developing and implementing community-driven strategic plans to address opioid overdoses and suicide deaths in Idaho. The center has detailed action items in the plans to educate communities, develop statewide infrastructure across agencies and communities, and reduce deaths associated with opioids and suicide.

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 2017, the latest year for comparable state data, Idaho had the 5th highest suicide rate in the nation with a rate 58 percent higher than the national average.

In 2017, 393 Idahoans died by suicide, which was a 10 percent 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.

The 2017 Idaho Youth Risk Behavior Survey of high school students reported that 20 percent of students reported seriously considering suicide, with 10 percent 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 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
CY 2018	9	30	295	84	418

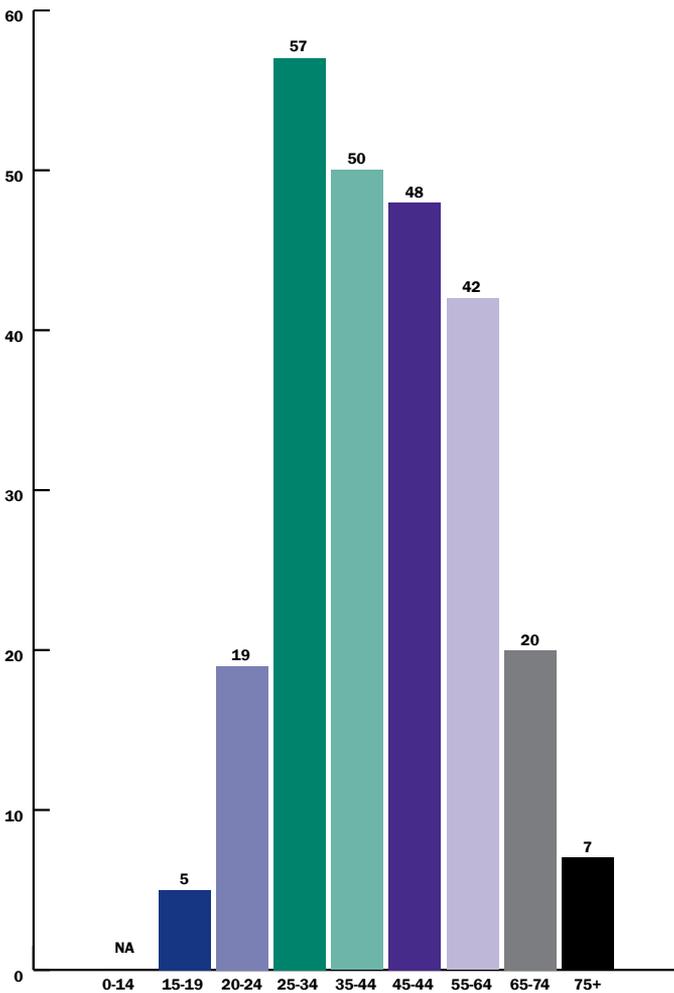
Rate of Completed Suicides by Age (per 100,000 population)

	10-14	15-19	20-64	65+	Total
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 2018	6.9	24.1	30.1	30.2	23.8

Drug Overdose Prevention Program

Idaho has experienced steadily increasing numbers of drug-overdose deaths that has generally mirrored the national trend. From 2013 to 2017, a total of 1,128 Idaho residents died from a drug overdose. Opioids were frequently implicated. From 2013 to 2017, 59.8 percent deaths involving Idaho residents where one or more specific drug was identified, opioids were involved. The number of drug-overdose deaths involving opioids (493) is almost certainly underestimated, because 27 percent of drug-overdose deaths reported no specific drugs.

Idaho resident drug overdose death rate by age

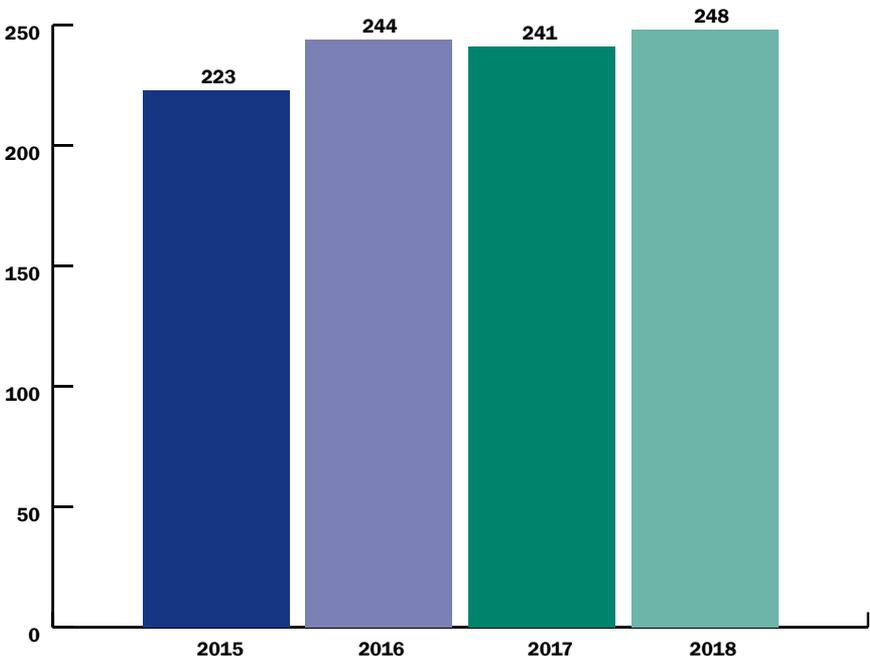


The department has targeted efforts across multiple divisions to address opioid use and overdose. To date, these efforts have included:

- Increasing treatment capacity for people with an opiate use disorder.
- Delivering evidence-based medication assisted treatments to people with an opiate use disorder.
- Distribution of 1,440 Naloxone (overdose reversal) kits to Idahoans at risk of opioid overdose.
- Increasing physician-use of the prescription drug monitoring program to assist with prescribing opioids and other drugs to patients.
- Purchasing two laboratory testing systems to increase capacity in the state to detect opioids during criminal investigations and at the time of death.
- Increased physician education on opioid prescribing guidelines developed by the CDC.
- Developed a public education and awareness campaign to increase Idahoans' awareness of opioids, the risk for addiction, and treatment options.

To learn more about the Drug Overdose Prevention Program, please visit www.stopoverdoseidaho.org.

Idaho resident drug overdose deaths



DIVISION OF WELFARE

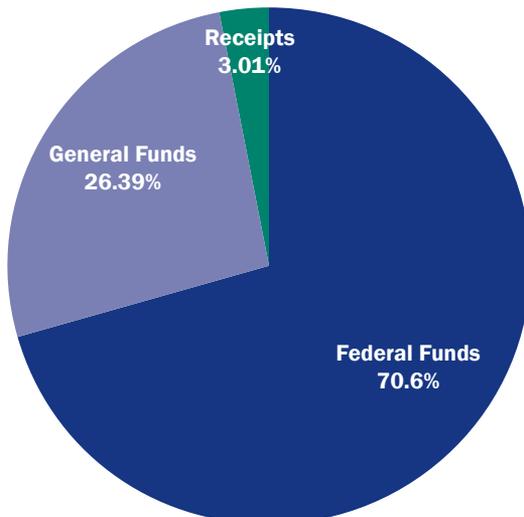
Julie Hammon, Administrator, 208-332-7258

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:

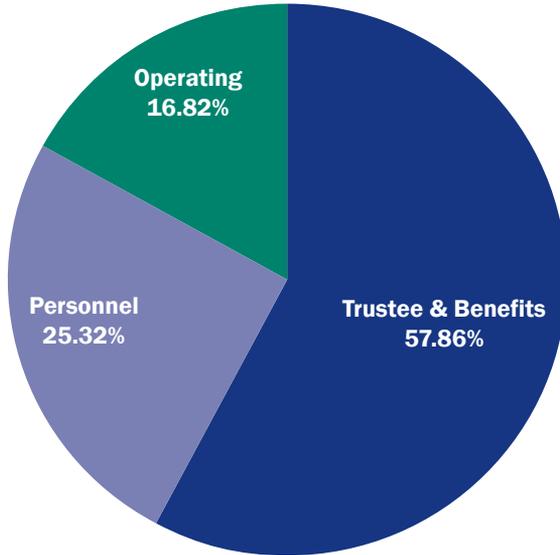
- Child Support Services
- Supplemental Nutrition Assistance Program (SNAP, or Food Stamps)
- Child Care Assistance (Idaho Child Care Program ICCP) and Child Care Licensing)
- Cash Assistance
 - o Temporary Assistance for Families in Idaho (TAFI-cash assistance)
 - o Aid to the Aged, Blind, and Disabled Cash (AABD-cash assistance)
- Employment and Training Program
- Health Coverage Assistance programs
 - o Medicaid eligibility
 - o Advanced Payment of Tax Premium Tax Credit (APTC) to buy private insurance
 - o Aid to the Aged, Blind, and Disabled (AABD-Medicaid)
- Community Action programs
 - o The Emergency Food Assistance Program (TEFAP)
 - o Low-Income Home Energy Assistance Program (LIHEAP)
 - o Weatherization Assistance Program (WAP)

SFY 2020 Funding Sources

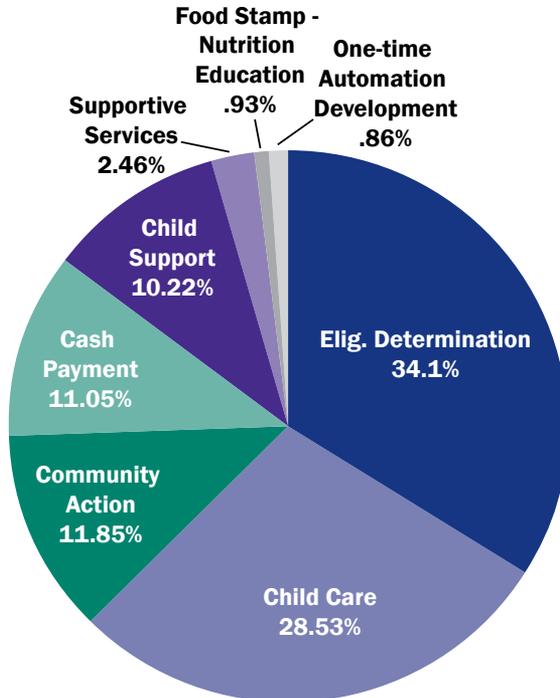


Authorized FTP: 618.5 Original Appropriation for SFY 2020 General Funds \$44.1 million, Total Funds \$167.3 million; 4.89 percent of Health and Welfare funding.

SFY 2020 Expenditure Categories



SFY 2020 Appropriation by Program



WELFARE

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

2019 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 2019, 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
58%	22%	15%	5%

Approximately one in four participant families have at least one elderly or disabled member living in the household. About 321,000 individuals receive services through a benefit program in Idaho sometime throughout the year, with approximately 62 percent participating in one program and 38 percent 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 55 percent 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.

Effective Jan. 1, 2020, Idaho will implement Medicaid expansion. This new coverage group will help address the large gap in health coverage for adults who fall below 100 percent of the Federal Poverty Limit (FPL), that Idaho has been trying to address.

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.

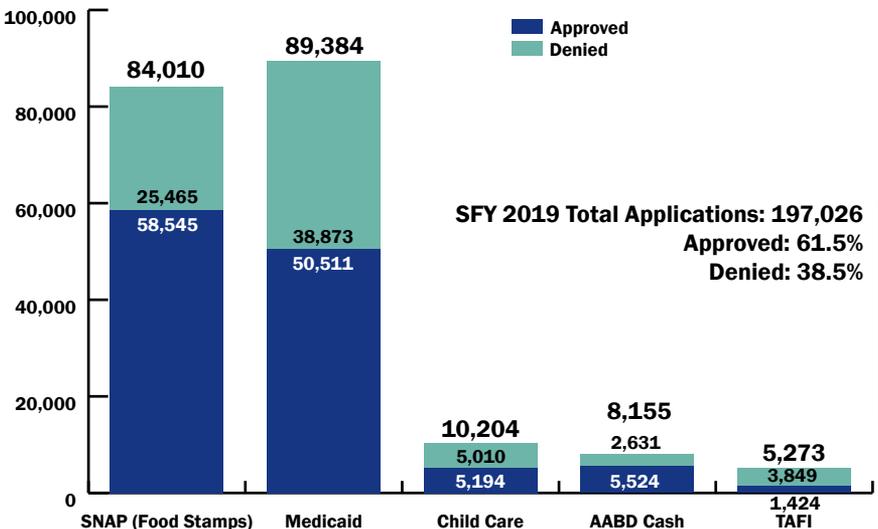
Program Participation

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.

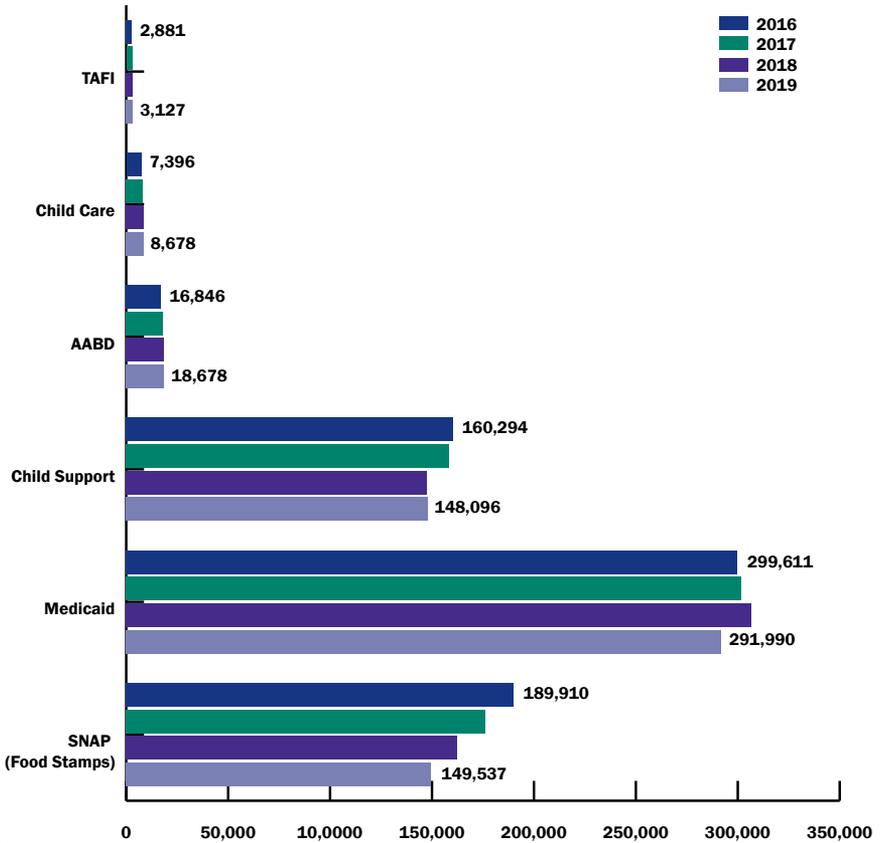
Processing applications for citizens seeking services is labor intensive. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant time and effort may have been expended in the application process. Staff also put considerable efforts into program integrity and quality assurance activities. These include case reviews, data validations, and continual process improvement.

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 to 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.

SFY 2019 Applications Approved and Denied



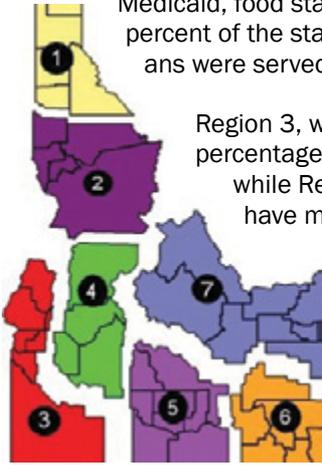
Average Monthly Individuals Served



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 2019, 246,011 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 2019, a total of 321,433 people received assistance in Medicaid, food stamps, child care, and cash assistance. This is 18 percent of the state's total population. More than 325,000 Idahoans were served in 2018.



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	240,202	3,224	1,191	19,431	38,388	42,608
	13.7%	1.3%	0.5%	8.1%	16.0%	17.7%
2	109,674	1,556	284	7,413	14,386	15,868
	6.3%	1.4%	0.3%	6.8%	13.1%	14.5%
3	290,788	4,604	1,955	31,835	62,449	68,872
	16.6%	1.6%	0.7%	10.9%	21.5%	23.7%
4	515,900	5,352	2,505	32,006	62,070	69,163
	29.4%	1.0%	0.5%	6.2%	12.0%	13.4%
5	199,069	2,267	1,143	17,341	38,823	42,384
	11.3%	1.1%	0.6%	8.7%	19.5%	21.3%
6	172,466	2,524	969	16,930	32,552	36,087
	9.8%	1.5%	0.6%	9.8%	18.9%	20.9%
7	226,109	1,997	1,264	18,588	42,470	46,451
	12.9%	0.9%	0.6%	8.2%	18.8%	20.5%
Totals	1,754,208	21,524	9,311	143,544	291,138	321,433
	100.0%	1.2%	0.5%	8.2%	16.6%	18.3%

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 2019. Region 3, where 68,872 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 13 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 percent or less of the Federal Poverty Limit for family size.
- Meet resource limits.
- 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 2019, the average SNAP allotment per person in Idaho was \$109, or about \$1.21 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 nonfood items such as:

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

SNAP benefits also may not be used for:

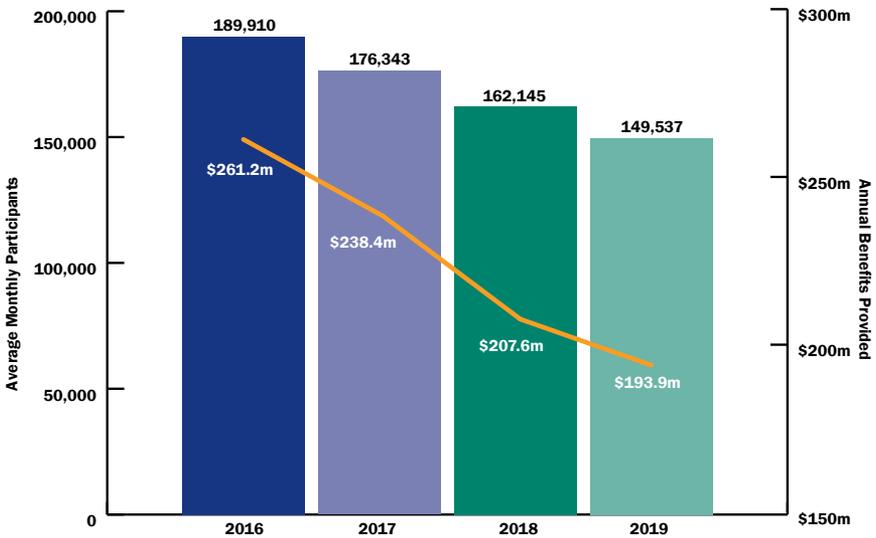
- Prepared, ready to eat meals or foods (i.e. deli foods).
- Pre-cooked hot foods.
- Alcoholic beverages or tobacco products.

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 eight 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 2019, Idaho's SNAP caseload decreased, showing a reduction in the number of individuals receiving SNAP benefits from 155,500 in June 2018 to 143,500 in June 2019.

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 seven 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 2019, 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

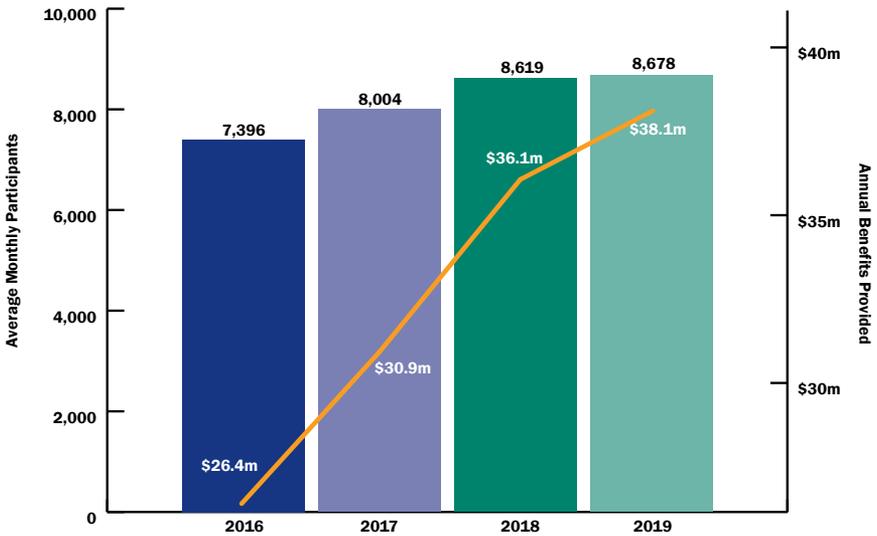
The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to low-income families, to assist with child care expenses so parents can maintain employment or complete their higher education. Child care assistance also plays a critical role in the development 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 8,678 children per month during SFY 2019, with total annual payments of \$38 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 percent or less of the Federal Poverty Limit for family size.

ICCP Average Monthly Children Served and Total Annual Benefits Provided

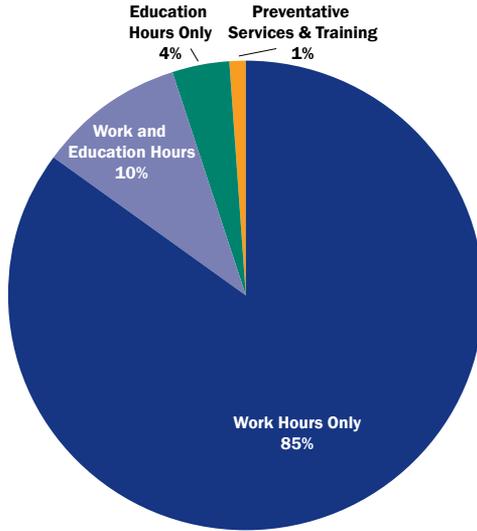


Eighty-five percent of parents are working. About 10 percent are attending school and working, while about 4 percent are only attending school. The ICCP supports these parents on their path to self-sufficiency.

The Idaho Child Care Program also helps families find child care providers in their area through the department’s referral system. Last year, 1,303 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.



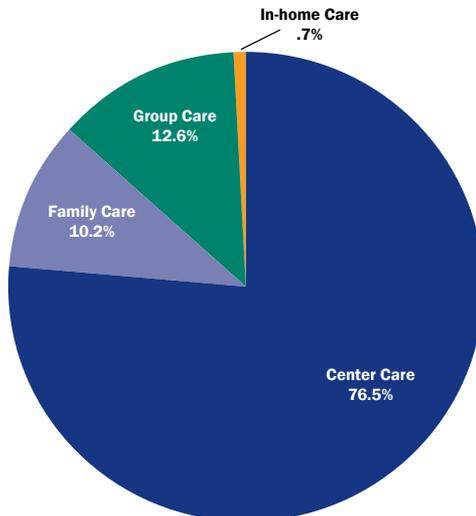
Qualified Activity Types



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 2019.

Types of Child Care Providers



In SFY 2019, 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 5,502 training sessions and provided 3,565 training scholarships and 52 academic scholarships statewide, at an annual cost of \$271,386 in SFY 2019. IdahoSTARS also supported providers with \$502,131 in program improvement grants and incentives.

Medicaid Eligibility

The Division of Welfare determines eligibility for multiple Medicaid coverage groups. All Medicaid recipients must be a resident of the state of Idaho and be either a citizen or a qualified legal non-citizen.

Idaho Medicaid includes two basic eligibility types: income-based eligibility & aged/disabled coverage.

For income-based eligibility, an individual must have a Modified Adjusted Gross Income (MAGI) below the applicable limit for their household size. Income-based eligibility covers adults with income below 138 percent FPL and children below 190 percent FPL, including a 5 percent income disregard.

There is no resource limit for income-based Medicaid coverage.

Medicaid is also available to individuals who are at least 65 years old or have been deemed blind or disabled based on Social Security Administration criteria.

Aged, blind and/or disabled individuals must meet income and resource limits to be eligible for Medicaid in Idaho. Income and resource limits for this group vary based on disability and other factors.

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 average monthly Medicaid enrollment decreased by 5 percent during SFY 2019. As of June 2019, about 291,000 people were receiving Medicaid services in Idaho. The Division of Welfare receives approximately 7,400 Medicaid applications per month. On average, an eligibility decision on a Medicaid application is made in five days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months.

In SFY 2019, the department reviewed about 89,000 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 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 2,100 households and about 3,100 individuals.

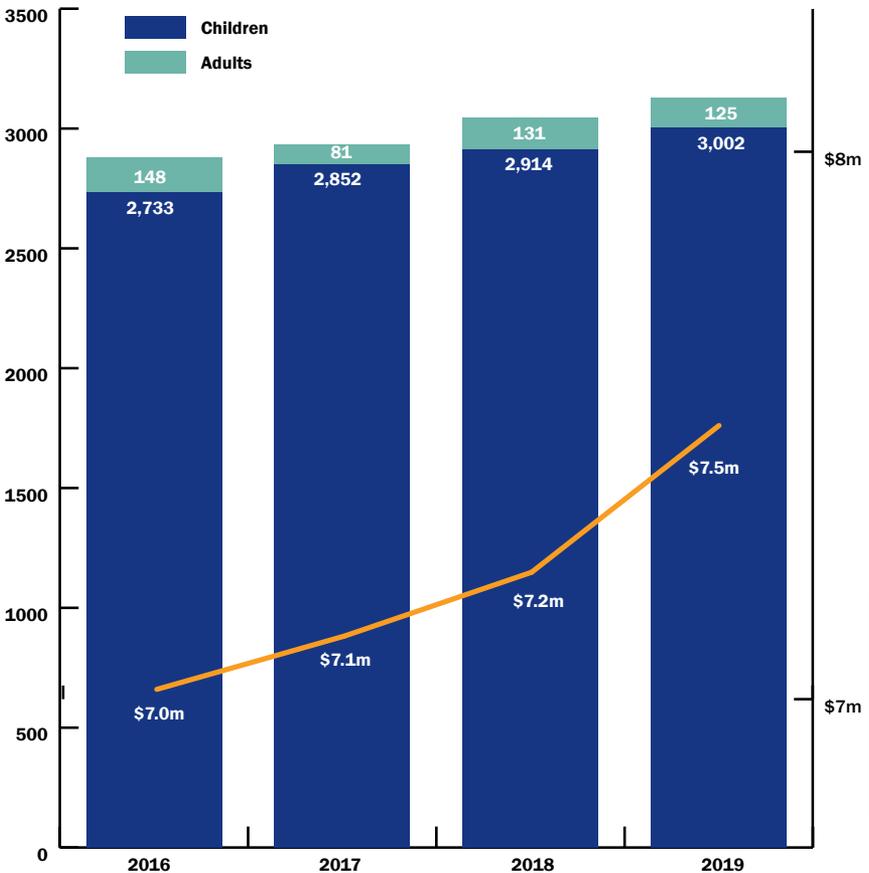
Approximately 94 percent of households in the program are child-only cases. The remaining 6 percent are single or two-parent households. Child-only cases are usually relatives caring for a child whose parents cannot care for them.

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, however this time limit does not apply to child-only cases. 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.
- 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.

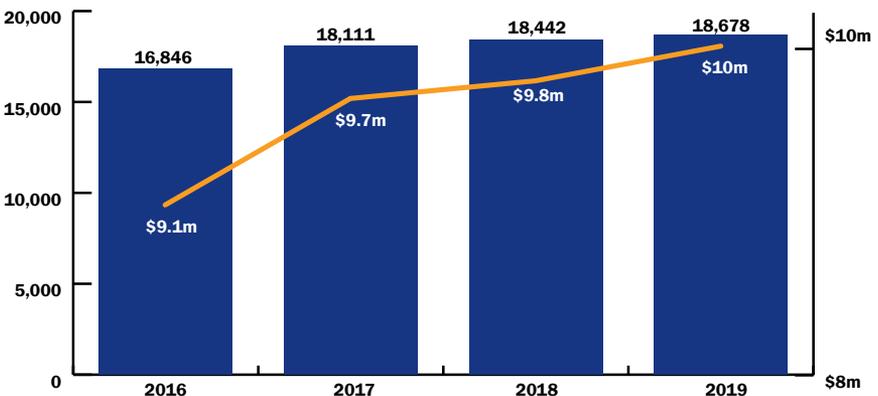
The state of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current MOE provides a monthly average cash benefit amount of \$53 per enrollee. AABD cash payments are paid with 100 percent 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 \$824 per month, or \$1,177 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 Supplemental Security Income (SSI).
- 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, 18,678 people received AABD cash payments each month during SFY 2019.

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. Receiving-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.

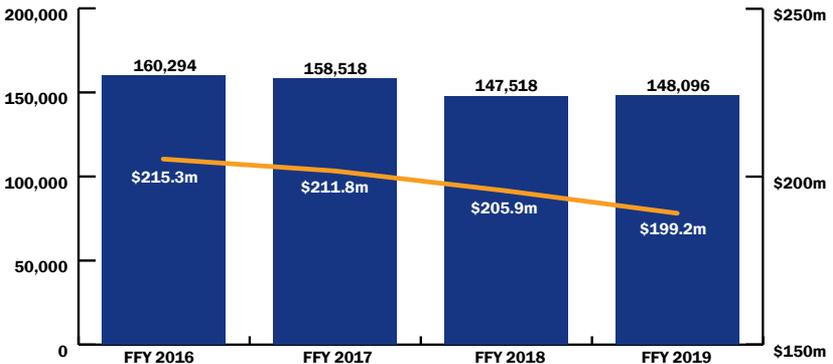
All child support orders that require payments to be made through the State Disbursement Unit qualify for receiving-only services at no cost. Any parent or guardian may apply for enforcement services for a \$25 application fee. Enforcement services are required if a custodial parent is receiving cash 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 2019, the Child Support Program administered 148,096 child support cases. This includes 48,251 Receiving Services Only cases. The program collected and distributed more than \$199.1 million. About 84 percent (or \$168 million) of that is for enforced cases, and the remaining 16 percent (or \$31 million) is from Receiving Services Only cases.

Monthly Average Caseload and Total Dollars Collected



About 55 percent 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 health-care, 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 246,000 individuals through the Child Support Program every year.

Child Support Program Participation for FFY 2019

Parents and children	246,000 individuals*
Non-custodial parents	79,500
Custodial parents	78,000
Children receiving services	98,800

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

Child Support Enforcement Methods

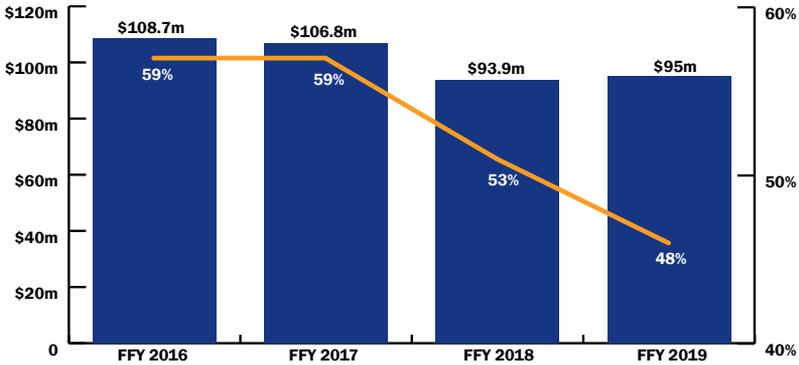
The Idaho Child Support Program uses a variety of methods to enforce child support orders. About 49 percent of Idaho child support cases owe past-due support. The primary tool for enforcing payments is wage withholding, where wages are automatically deducted from the payee’s employment check. This requires 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.

The Idaho Child Support Program collects \$5.25 for every dollar it spends. Idaho ranks 25th 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 48 percent of all the state’s child support collections, as shown in the chart on page 165.

Child Support Collected Through Wage Withholding



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 2019, Idaho had 20,064 interstate cases, where one parent lived in another state. Idaho has 63 international cases, where one parent lives in another country with reciprocity in Idaho:

Australia	9	Canada	32	Sweden	2
England	5	Germany	11	Poland	2
		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 that are party to an international treaty or 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

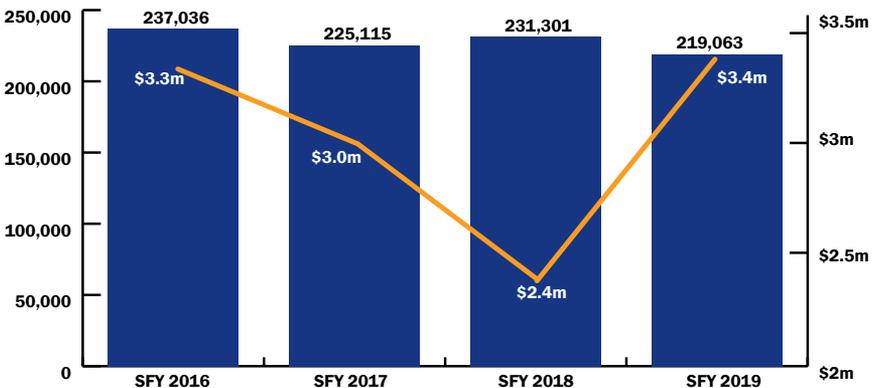
Partnership programs include a variety of services delivered across the state by local organizations, both public and private. Partner organizations providing these services on the division’s behalf operate under contracts with DHW. Partner programs provide participants with emergency support, transportation, 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 FFY 2019, Trade Mitigation offerings were made available to Idaho as a short-term addition of the program. In Idaho, community action agencies distribute these commodities through their warehouses to local food banks and soup kitchens. In SFY 2019, TEFAP distributed 2.8 million units of food valued at \$3.4 million to 219,063 households.

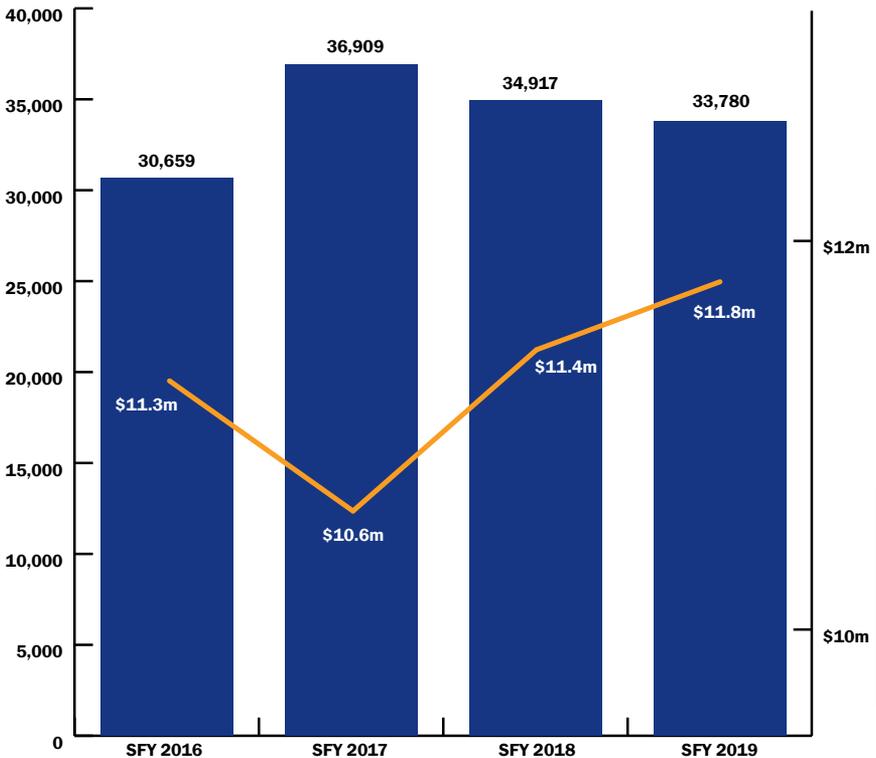
TEFAP: Households Served and Annual Value of Distributed Food



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 65,891 individuals and spent approximately \$3.6 million in SFY 2019.

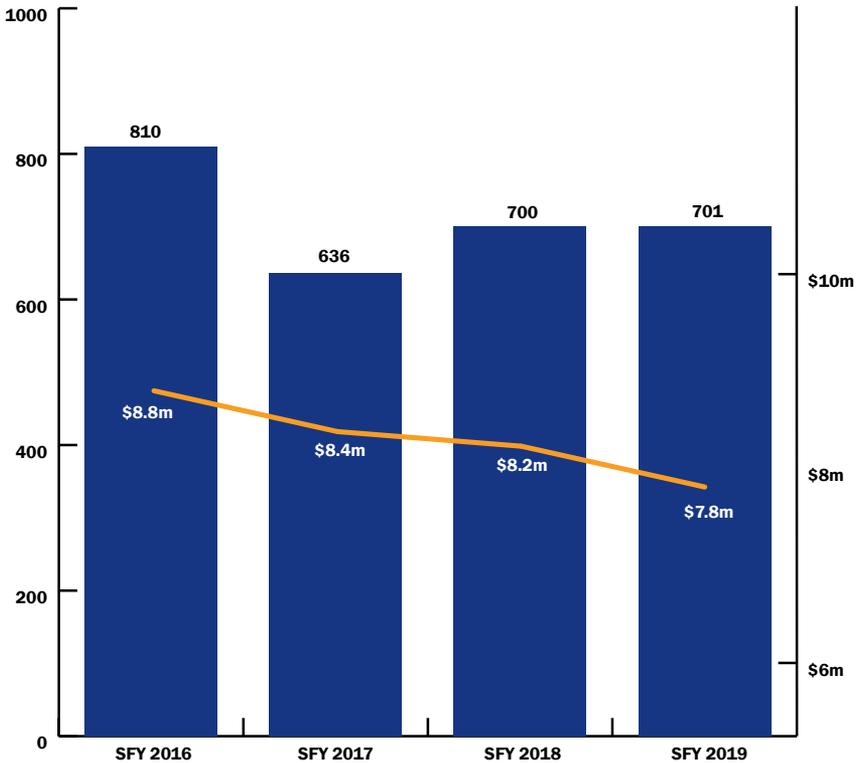
Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 33,780 households pay \$11.8 million in energy costs in SFY 2019. 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 \$7.8 million for efficiency improvements to 701 Idaho households in SFY 2019.

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.

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HEALTH & WELFARE

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