



STRATEGIC PLAN SFY 2021 - 2025

OUR MISSION:

Dedicated to strengthening the health, safety, and independence of Idahoans.



July 1, 2020



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 1, 2020

Dear Idahoans,

The Department of Health and Welfare is dedicated to strengthening the health, safety, and independence of Idahoans.

The impact we have on those we serve is often immeasurable. We work with struggling families to make sure they have a safe place to raise their children. We assist people in crisis – whether they are experiencing a physical or mental health crisis. We also help people who need public assistance, while always keeping the path to self-reliance in our sight.

During the past few months, we have served as the source of truth in Idaho during the worldwide COVID-19 pandemic. We will continue to serve Idahoans in this way into the foreseeable future. As COVID-19 takes precious lives and disrupts our state's economy, DHW will continue to be there for the people of Idaho. We will continue to provide support for those who lost their jobs, and we will continue to share information daily with those looking for guidance and comfort. Because the virus is new and information is changing rapidly, DHW will continue to focus on preparedness for what may come, and we are committed to sharing our knowledge as quickly as possible.

DHW provides critical and valued services to more than a third of all Idahoans, and we continue to strive to be a vital partner to other agencies and communities in our state, both in leadership and supportive roles.

Our agency's 2021-2025 Strategic Plan lays the path for us to address state and community issues, as well as public health responses, with a vision that is coordinated with healthcare providers and partners. It is our timeline for meeting measurable objectives to attain goals to better serve the people of our state. It aligns with the state's strategic plan, as well as to our state's values.

Each strategic objective represents critical work to be done. Below are the highlights, but I encourage you to read the plan. Performance updates on each strategic goal and performance measure will be provided in a separate report later this year.

Our strategic goals are:

- **GOAL 1: ENSURE AFFORDABLE, AVAILABLE HEALTHCARE THAT WORKS**
 - It's imperative that we, and others in the healthcare community, address the rising cost of healthcare. We remain focused on slowing the growth rate of healthcare spending, and we will be tying Medicaid reimbursements to better and more efficient care that leads to healthier patients.

- **GOAL 2: PROTECT CHILDREN, YOUTH, AND VULNERABLE ADULTS**
 - We are focused on improving the ongoing care system by implementing plans for both the behavioral health system and the long-term care system for Idahoans with developmental disabilities. We also are dedicated to making sure children who have experienced abuse or neglect have safe, permanent homes.

- **GOAL 3: HELP IDAHOANS BECOME AS HEALTHY AND SELF-SUFFICIENT AS POSSIBLE**
 - We are committed to a future where Idahoans thrive because they have the resources that allow them to enjoy good health, and to recover from setbacks quickly. A future where poor health and crisis are not just treated but are prevented. We are embarking on ground-breaking work in suicide prevention; an initiative focusing on Social Determinants of Health (SDOH) to reduce health disparities that disproportionately affect Idahoans in particular communities; and an initiative to positively impact lifelong outcomes for children by reducing the number of Adverse Childhood Experiences (ACEs).

- **GOAL 4: STRENGTHEN THE PUBLIC'S TRUST AND CONFIDENCE IN THE DEPARTMENT OF HEALTH AND WELFARE**
 - We will deliver on our promises. By creating a customer-centric, innovative culture, and continuing a pro-active communications strategy, we will strengthen the public's trust in our vision, our mission, and our ability to support our fellow citizens.

We will never lose focus on the work that fuels our compassion and drives us to be more innovative in our thinking: helping those with substance use disorders achieve and maintain their recovery; making sure children live in safe, permanent homes; implementing a statewide plan for youth and their families who access the children's mental health system in Idaho; and focusing on prevention strategies that will have profound long-term effects on the future. We will continue to serve Idahoans so they can live their best lives. This plan is our guide.

Sincerely,



Dave Jeppesen

Director

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OUR MISSION

Dedicated to strengthening the health, safety, and independence of Idahoans.

OUR VISION

Provide leadership for a sustainable, integrated health and human services system.

OUR VALUES

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

STRATEGIC GOAL 1: ENSURE AFFORDABLE, AVAILABLE HEALTHCARE THAT WORKS

Performance measures:

- Increase the percentage of Medicaid dollars that are paid under a value-based payment from 1 percent to 50 percent, by July 1, 2023.
- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30 percent to 50 percent, by June 30, 2024.

STRATEGIC GOAL 2: PROTECT CHILDREN, YOUTH, AND VULNERABLE ADULTS

Performance measures:

- Improve time to permanency for children in foster care by 10 percent by July 1, 2021.
- Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75 percent of a comprehensive strategic plan by June 30, 2024.
- Establish an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022.

STRATEGIC GOAL 3: HELP IDAHOANS BECOME AS HEALTHY AND SELF-SUFFICIENT AS POSSIBLE

Performance measures:

- Reduce Idaho suicide deaths by 20 percent by 2025.

STRATEGIC GOAL 4: STRENGTHEN THE PUBLIC'S TRUST AND CONFIDENCE IN THE DEPARTMENT OF HEALTH AND WELFARE

Performance measures:

- Improve the Customer Effort Score baseline metric by 10 percent for the customer experience project, by July 1, 2022.
- Perform a comprehensive review of administrative rule chapters, to be completed by Dec. 31, 2025.
- Improve resource efficiency by ensuring the annual change rate of our administrative costs is at least 1% less than the change rate of the general fund tax base, through June 30, 2024.



GOAL 1

STRATEGIC GOAL 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVES

1.1

By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the amount of value-based arrangements (paying providers based on positive health outcomes), from 29 percent to 50 percent.* *Data source: Annual Financial Analysis completed by OHPI.

1.2

Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1 percent of payments to 50 percent by July 1, 2023.

1.3

Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services* from 30 percent to 50 percent, by June 30, 2024. *as measured by an improvement of the Child and Adolescent Needs and Strengths assessment (CANS) score



GOAL 2

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVES

2.1

Ensure children who have experienced abuse or neglect have safe, permanent homes by increasing in-home safety services to prevent the entry of children into foster care by July 1, 2022 and improving children in foster care's time to permanency by 10 percent*, by July 1, 2021.

*reduce reunification time to permanency from 8.2 months to 7.4 months;

reduce adoption time to permanency from 27.3 months to 24.6 months;

reduce guardianship time to permanency from 17.9 months to 16.1 months

2.2

Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75 percent of a comprehensive strategic plan by June 30, 2024.

2.3

By July 1, 2022, we will establish a long-term system of care for individuals with developmental disabilities who exhibit severe behaviors.

GOAL 3

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVES

3.1

Reduce Idaho's suicide rate by 20 percent by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan.

3.2

Address health disparities and the social determinants of health (SDOH) associated with the priority health issues (diabetes, obesity, injury, and behavioral health) by partnering with and investing in at least one high-risk community per year, through June 2024.

3.3

By July 1, 2023, implement three evidence informed initiatives that reduce harmful adverse childhood experiences (ACEs) in Idaho families.

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVES

4.1

Create consistent, respectful experiences for customers throughout their journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by the Customer Effort Score* and improved by 10 percent by July 1, 2024. *baseline determined by Sept. 30, 2020

4.2

Prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden by collaborating with the public to review and simplify 100% of the department's rule chapters by Dec. 31, 2025.

4.3

Secure and protect information entrusted to us by Idahoans, by defending our network against threats for both in-office and at-home workers, ensuring compliance requirements are met, protecting confidential data while ensuring only authorized access, and maintaining a 100 percent annual completion rate for security awareness training for employees.

4.4

Build the trust of the public and other stakeholders through communication strategies that support our mission and vision, demonstrate successes, and establish thought leadership. New strategies to be developed and implemented by July 1, 2021.

4.5

Implement a resource management strategy to reduce financial risk through the adoption of enterprise-wide, integrated best practices by June 30, 2024.



GOAL 1

STRATEGIC GOAL 1: Ensure affordable, available healthcare that works

THE DEPARTMENT IS COMMITTED TO SERVING IDAHOANS BY ENSURING THAT:

- The growth of healthcare costs is slowed, and healthcare affordability is improved.
- Care makes people healthier.
- Medicaid payments to providers incentivize high quality care.
- We improve the treatment and support provided to children and youth with functional impairment, and to their families.

PERFORMANCE MEASURES

We will know we have succeeded when we:

- Increase the percentage of Medicaid dollars that are paid under a value-based payment from 1 percent to 50 percent, by July 1, 2023.
- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30 percent to 50 percent, by June 30, 2024.

KEY EXTERNAL FACTORS – THE SUCCESS OF THIS GOAL DEPENDS UPON:

- The engagement of stakeholders within the healthcare delivery system, and their participation in the evaluation, planning, and implementation of new strategies and approaches.
- Significant statewide health professional shortages in primary care, mental health, and dental health that exist in urban and rural communities.
- The willingness by patients and their families to actively participate in improving their own health.
- Our continued partnerships with federal agencies.
- Planning and responding to COVID-19, which is time and labor-intensive for health organization leadership, especially those in rural and limited-resource environments.

GOAL 1

STRATEGIC GOAL 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVE 1.1

By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the amount of value-based arrangements (paying providers based on positive health outcomes), from 29 percent to 50 percent.*

Leads: Elke Shaw-Tulloch and Matt Wimmer

Since the nineties, an increasing amount of financial burden was placed on Idahoans as healthcare costs continued to grow at a higher rate than general inflation. In 2013, key Idaho healthcare stakeholders created the Statewide Healthcare Innovation Plan (SHIP). The goal of the plan was to transform the state's healthcare delivery system from a system that rewards providers for the volume of care, to one that incentivizes and rewards care that delivers better health outcomes while containing cost growth. This type of healthcare delivery model is described as value-based healthcare, or value-based payment models. The SHIP pilot demonstration concluded in early 2019 and delivered reduced spending and improved infrastructure. The four-year pilot successfully initiated the shift from volume to value, and building upon the project's success remains a priority to continue to advance value-based healthcare in Idaho.

Healthcare value is achieved when quality is increased and cost is reduced. Value-based payment agreements reward providers for helping patients to receive appropriate health screenings, benefit from preventive healthcare, improve their health, reduce the impact of chronic diseases, and live overall healthier lives. Patients receive cost-effective care that is designed to avoid unnecessary services, duplicative testing, or more expensive care than is necessary to achieve the desired outcome. Most of the current healthcare delivery is a fee-for-service model of care that does not reward quality. Providers receive payments based on the amount of healthcare services they deliver, regardless of

whether the service was necessary or if a less expensive option would have produced the same or better outcome. Moving Idaho from a fee-for-service model toward a value-based system of care is a long-term endeavor for healthcare providers and organizations. Many providers are engaged in transformation and moving toward value-based payment arrangements. However, challenges and barriers persist.

Advancing value-based healthcare is the charge of the Healthcare Transformation Council of Idaho (HTCI), with support from DHW leadership and the Office of Healthcare Policy Initiatives (OHPI). During the past year, HTCI developed a plan and new workgroups to focus on specific areas of value-based healthcare, established a vendor contract to collect and analyze payment data to determine the percent of value-based arrangements, and created a taskforce to identify opportunities to advance telehealth in Idaho. Collectively, we will continue to advance value-based healthcare to achieve the goal of increasing **the percent of all healthcare payments made in Idaho through value-based arrangements with providers from the 29 percent measured in 2018 to 50 percent by July 1, 2024.** This shift will move proactively towards ensuring affordable, available healthcare that works.

TASKS:

1.1.1

Identify the percent of payments in value-based arrangements by Dec. 31, 2020.

1.1.2

Develop a report of recommendations to advance telehealth in Idaho by Nov. 1, 2020.

1.1.3

Establish an interoperable healthcare directive registry system by June 30, 2021.

*Data source: Annual Financial Analysis completed by OHPI.

A circular icon with a white border containing the word "GOAL" in a small font above a large, bold number "1".

GOAL 1

STRATEGIC GOAL 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVE 1.2

Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1 percent of payments to 50 percent by July 1, 2023.

Lead: Matt Wimmer

The Division of Medicaid's mission is to pay for better health. Today, we pay for many medical procedures, community-based services, and supports for people with disabilities, but few if any payments are directly linked to actual health outcomes for the people we serve. Generally, healthcare providers are paid more when they do more, not for delivering quality care. Providers want to do the right thing and deliver high-quality care, but our current financial model is not structured to support this goal. By restructuring Medicaid payments to hold providers accountable for costs and quality, we can reward healthcare providers who do better and deliver on our mission.

TASKS:

1.2.1

Initiate a statewide value-based payment program for hospitals and primary care providers by July 1, 2021.

1.2.2

Implement a system to measure health quality for Idahoans eligible for both Medicare and Medicaid who are enrolled in a Medicaid managed care plan by Jan. 1, 2021, so that we can track performance and reward plans and providers who work together to improve Medicaid participants' health.

GOAL 1

STRATEGIC GOAL 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVE 1.3

Improve the children’s mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services* from 30 percent to 50 percent, by June 30, 2024.

Leads: Ross Edmunds and Matt Wimmer

Idaho’s children’s mental health system is effective for most of the children, youth, and families that need publicly funded services. However, the system does not always meet the needs of families that have the most challenging emotional and behavioral disorders. The primary reasons for the difficulty include coordinating a full continuum of services in the services array, coordinating intensive care, and collaborating effectively between child-serving agencies.

The department and partner agencies are working together on a project called Youth Empowerment Services, or YES. The YES project is transforming the children’s mental health service delivery system in the state of Idaho. The project is being guided by a settlement agreement under the Jeff D. lawsuit.

The implementation of the YES project will result in a better system in Idaho for meeting the needs of children with serious emotional and behavioral health disorders. The improvements include: better access to a full array of services, better coordination of care between department programs and other programs that serve children, and care coordination for children, youth, and families up to the highest levels of need. When appropriate, YES will leverage the Medicaid behavioral health plan to implement these improvements in a cost-effective and comprehensive way.

TASKS:

1.3.1

Develop a collaborative implementation plan and extension with the plaintiffs to be submitted to the District of Idaho court by Aug. 1, 2020.

1.3.2

Provide a full range of case management options to children with serious emotional disturbance that enable every family to successfully navigate the Idaho system of care for children with mental health needs, by Dec. 31, 2022.

1.3.3

Complete implementation of the implementation plan by Dec. 31, 2022.

*as measured by an improvement of the Child and Adolescent Needs and Strengths assessment (CANS) score



GOAL 2

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

THE DEPARTMENT IS COMMITTED TO SERVING IDAHOANS BY ENSURING THAT:

- All children who have experienced abuse or neglect have safe and permanent homes, as quickly as possible.
- Adults with serious mental illness and addiction receive services within a comprehensive behavioral healthcare system.
- Individuals with developmental disabilities who exhibit severe behaviors receive services that are person centered, trauma informed, and delivered in the least restrictive environment possible.

PERFORMANCE MEASURES

We will know we have succeeded when we:

- Improve time to permanency for children in foster care by 10 percent by July 1, 2021.
- Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75 percent of a comprehensive strategic plan by June 30, 2024.
- Establish an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022.

KEY EXTERNAL FACTORS – THE SUCCESS OF THIS GOAL DEPENDS UPON:

- Our continued partnerships with federal agencies.
- Changes in federal requirements or federal funding.
- The availability of behavioral health professionals in rural and urban settings.
- Behavioral health provider priorities and practice patterns.
- Resources available in local communities to support individuals with chronic mental illness or substance use disorders.
- Economic and social factors contributing to family crises, which can result in abuse and neglect of children and vulnerable adults.

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVE 2.1

Ensure children who have experienced abuse or neglect have safe, permanent homes by increasing in-home safety services to prevent the entry of children into foster care by July 1, 2022 and improving children in foster care's time to permanency by 10 percent*, by July 1, 2021.

Lead: Miren Unsworth

This strategic objective is to ensure all children who have experienced abuse or neglect have safe and permanent homes. Children who have experienced trauma need and deserve permanency in their living situations in order to heal, develop, and thrive. Lack of permanency and stability is detrimental to children's sense of safety, security, and overall well-being. This is particularly true for very young children.

This objective is focused on strengthening processes within the Child Welfare Program to ensure:

- Children are only removed from their homes when the safety issues cannot be effectively managed with an in-home safety plan.
- Children who have been removed from their homes for their safety are returned to their families as soon as safety concerns have been addressed in the home.
- When it is not possible to safely return children to their families, children are placed in a timely manner with a family who can meet their lifelong needs through adoption or guardianship.
- Children ages 0-3 are prioritized for expedited permanency.
- Children are only placed in residential treatment settings when these settings are necessary to meet their specific treatment needs.
- Children who have been placed in residential treatment settings are able to return to their families as soon as their treatment needs are met.

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*reduce reunification time to permanency from 8.2 months to 7.4 months;
reduce adoption time to permanency from 27.3 months to 24.6 months;
reduce guardianship time to permanency from 17.9 months to 16.1 months

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVE 2.1

Ensure children who have experienced abuse or neglect have safe, permanent homes by increasing in-home safety services to prevent the entry of children into foster care by July 1, 2022 and improving children in foster care's time to permanency by 10 percent*, by July 1, 2021.

TASKS:

2.1.1

By September 2020, a permanency business process redesign will be fully implemented to focus on the intensive permanency work required for youth who are lingering in foster care without an identified permanent placement.

2.1.2

Beginning in November 2019, Case Management Redesign performance measures will be reviewed collectively at least every other week by regional managers and central office leadership. Offices not meeting the established performance timelines will report out on their improvement plans during these accountability meetings. These meetings will highlight effectiveness of the business process changes and will guide any further changes needed to reduce the overall time to permanency for children by June 2021.

2.1.3

By March 31, 2021, implement contracts for promising practice or evidence-based prevention service models targeted to prevent children from entering foster care in order to increase in-home safety cases by 10 percent (from 136 per month to 150 per month) by July 1, 2022.

2.1.4

By Sept. 30, 2020, each youth who has been placed in a residential treatment program for 10 months or longer will have an individualized discharge plan to exit to a family placement. These plans will be reviewed monthly with program leadership to identify progress, service needs, barriers to discharge, and next steps.

2.1.5

By Dec. 31, 2020, award grants to 100 percent of in-state group homes and residential treatment facilities that qualify to enable them to meet the requirements to become a Qualified Residential Treatment Program for youth requiring higher levels of care and treatment.

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVE 2.2

Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75 percent of a comprehensive strategic plan by June 30, 2024.

Lead: Ross Edmunds

This objective is to develop a comprehensive behavioral healthcare system in Idaho. This transformation has been occurring for years. Now, the department is working with a broad stakeholder team (Idaho Behavioral Health Council) to develop a statewide, comprehensive strategic plan for Idaho's behavioral health system. Because this level of transformation will take years to fully accomplish, it is reasonable to expect that 75 percent of the plan could be implemented within the next five years.

The plan advances the work Idaho has been doing to improve the behavioral healthcare system, through initiatives such as the development of crisis centers, implementation of new housing models, and securing better funding to serve corrections populations. Many of the necessary pieces of a strong system are in place, but the development and implementation of this plan will organize those system components into a structured, systematic approach to behavioral healthcare delivery in Idaho.

TASK:

2.2.1

The department will work with the newly formed Idaho Behavioral Health Council to develop a State of Idaho behavioral strategic plan by Aug. 1, 2021.

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVE 2.3

By July 1, 2022, we will establish a long-term system of care for individuals with developmental disabilities who exhibit severe behaviors.

Lead: Miren Unsworth

Some individuals who have a Developmental Disability (DD) have complex behavioral, mental health, or medical needs that result in severe behaviors and prevent them from receiving care in the community. For these individuals, it is essential that they receive services that are person-centered, trauma-informed, and delivered in the least restrictive environment possible. Meanwhile, safety for clients and the community must be maintained. This strategic objective will implement a treatment model to ensure that individuals with the most complex behavioral needs and significant behaviors in the state receive the appropriate treatment, whether they are living at a treatment center, in the community, or are transitioning from a center back into the community.

Upon the recommendation of Idaho stakeholders sitting on the Southwest Idaho Treatment Center Advisory Board, Idaho's system of services for individuals with DD and complex needs is transitioning from a long-established Intermediate Care Facility, to a system of care covering crisis, stabilization, and transition services.

This system will effectively enable people to continue living in the community when they can be served there safely. Alternatively, when treatment must occur outside of the community, the system will serve individuals through an effective assessment and stabilization setting. Another component of the system is longer-term step-down treatment that will work on skills residents need to eventually live in the community. Finally, this system will include enhanced specialized services within the community to serve individuals who have severe autism or significant medical needs.

A cross-divisional department project team has been developed to establish the new treatment model for individuals with DD and complex needs. Sponsorship of the project comes from the Divisions of Behavioral Health, Medicaid, Family and Community Services, and Licensing and Certification. Under their direction, the implementation of the new treatment model will require significant policy and operational work in the following three prongs:

1. Assessment Observation and Stabilization Unit
2. Step-Down Treatment
3. Community Capacity Development

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GOAL
2

STRATEGIC GOAL 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVE 2.3

By July 1, 2022, we will establish a long-term system of care for individuals with developmental disabilities who exhibit severe behaviors.

TASKS:

2.3.1

Identify the setting, high level physical needs, and the funding vehicle for Step-Down housing and the Assessment, Observation, and Stabilization Unit by Oct. 31, 2020.

2.3.2

Determine a plan to build the capacity of community providers so that they are better able to provide specialized medical and autism services to individuals with DD and severe behaviors by Dec. 31, 2020.

2.3.3

Develop outcome measures for individuals served in Step-Down treatment and the Assessment, Observation, and Stabilization unit by Nov. 30, 2020.

2.3.4

Complete 100 percent of projects tasks needed for project sponsors to evaluate and approve the design for Step-Down treatment and the Assessment, Observation, and Stabilization Unit by Oct. 31, 2020.

2.3.5

Present a plan to the 2021 Legislature on how to establish the new treatment model for individuals with DD and complex needs by March 31, 2021.

2.3.6

Complete 100 percent of project tasks in order to present rules during the 2022 Legislative Session to implement Step Down treatment and the Assessment, Observation, and Stabilization Unit by March 31, 2022.



GOAL
3

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

THE DEPARTMENT IS COMMITTED TO SERVING IDAHOANS BY ENSURING THAT:

- The suicide rate in Idaho is reduced.
- Idahoans become as healthy and self-sufficient as possible as a result of community-driven, place-based health initiatives.
- There is a reduction in harmful adverse childhood experiences in Idaho families.

PERFORMANCE MEASURES

We will know we have succeeded when we:

- Reduce Idaho suicide deaths by 20 percent by 2025.

KEY EXTERNAL FACTORS – THE SUCCESS OF THIS GOAL DEPENDS UPON:

- The amount of financial resources appropriated to deliver services.
- Our continued partnerships with federal agencies.
- Dispelling the myths about the reasons people die by suicide.
- The willingness of healthcare providers to become certified to treat addiction.
- The availability of illicit opioids in Idaho, such as heroin and fentanyl.
- Economic and social stress that impacts families and increases risk for adverse childhood experiences (ACEs).
- Economic stress on the state budget, which may limit funding for programs to reduce ACEs.
- The impact of COVID-19 on the economic viability of community programs, on the physical and mental health of Idahoans, and on the accessibility of community and mental health support while following COVID-19 mitigation practices.

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVE 3.1

Reduce Idaho's suicide rate by 20 percent by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan.

Lead: Elke Shaw-Tulloch

Everyone has a role in suicide prevention and intervention. The department, in collaboration with the Idaho Suicide Prevention Action Collective (ISPAC) and the Idaho Council on Suicide Prevention (ICSP) have participated in the development of a suicide prevention strategic plan and annual action plan aimed at reducing suicides by 20 percent by 2025. This statewide collaborative effort engages multiple sectors, to create a public/private collective to address suicides across the state.

The department's Suicide Prevention Program will, in partnership with our stakeholders, implement multi-year strategies to:

- Develop healthy and resilient individuals, families, and communities.
- Develop and implement intervention, preventive services, and postvention supports to communities across the state.
- Continue to fund youth suicide prevention.
- Continue to fund the Idaho Suicide Prevention Hotline.
- Implement health system based universal screening, intervention, and follow up for suicidal patients.
- Address gaps in data research and evaluation of suicide in Idaho.

TASKS:**3.1.1**

Increase local suicide prevention, intervention, and postvention activities through the development of regional Collectives created through contract with each of the seven Public Health Districts by June 30, 2021.

3.1.2

Train a minimum of 25,000 Idahoans on the identification of the signs of suicide and how to refer individuals to suicide care by June 30, 2021.

3.1.3

Develop a statewide postvention strategy to reduce suicide contagion, which supports the Idaho Suicide Prevention Plan, by June 30, 2021.

GOAL 3

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVE 3.2

Address health disparities and the social determinants of health (SDOH) associated with the priority health issues (diabetes, obesity, injury, and behavioral health) by partnering with and investing in at least one high-risk community per year, through June 2024.

Lead: Elke Shaw-Tulloch

In the United States, more is spent on healthcare than in any other developed country, yet health outcomes in nearly every indicator rank the U.S. below comparable countries.¹ Consequently, Americans experience worsening trends in life expectancy, infant mortality, and chronic conditions than our peers around the world. Poor health outcomes such as obesity, diabetes, heart disease, suicide, illicit drug use, youth violence, social isolation, and mental health issues are intrinsically linked to the underlying social and economic conditions in which people are born, grow, live, work, and age. These drivers of health outcomes are known as the social determinants of health (SDOH) and include factors such as poverty, unemployment, education, housing, social support, and the physical environment, as well as access to care. Having a healthy quality of life is determined more by these social and environmental factors than by medical care alone.

Idaho Social Determinants of Health data from 2017-2018 show areas where Idahoans face significant challenges:

- 44 percent of children enrolled in public schools were eligible for free or reduced-price lunch.
- Idaho wages don't keep pace with rents and mortgages. In 2016, median rents had risen more than 30 percent since 1990, while Idaho's median renter household income increased by only 11 percent.²
- 27.6 percent of homeowners had monthly housing costs that were at least 30 percent of the total household income.
- As housing becomes less affordable, homelessness among Idaho schoolchildren has increased.²
- 12.1 percent of Idahoans were without health insurance.

In May 2020, the Division of Public Health published the *Get Healthy Idaho, Building Healthy and Resilient Communities (GHI)* plan. This health improvement plan includes a collection and analysis of primary and secondary data developed by the division and statewide partners to identify the key health priorities in Idaho communities. Through GHI, the division will support work that addresses SDOH within communities, to positively impact these health priorities over the next five years:

- Behavioral health
- Diabetes
- Overweight and obesity
- Unintentional injury (specifically motor-vehicle accidents, falls, and accidental poisoning/drug overdose)

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¹ www.debeaumont.org/about-us

² Source: Idaho Asset Building Network: Housing affordability in Idaho. 2018-November. <https://www.idahoassetnetwork.org/wp-content/uploads/2018/11/IABN-Housing-Chartbook-FINAL.pdf>

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVE 3.2

Address health disparities and the social determinants of health (SDOH) associated with the priority health issues (diabetes, obesity, injury and behavioral health) by partnering with, and investing in, at least one high-risk community per year, through June 2024.

Lead: Elke Shaw-Tulloch

The first year of GHI focused on building the framework and infrastructure that did not exist within the department. This included educating department staff and external partners about the impacts of the SDOH and place-based initiatives; defining terminology and common language; refining internal communication plans; researching and developing a braided and layered funding model; and establishing connections and engaging with partners both within the department and with statewide partners and stakeholders.

The vision of GHI is healthy people, living and thriving in safe, healthy, and resilient communities with a strategy focused on supporting place-based initiatives that positively impact the social determinants of health. The mission of GHI is to create the conditions that ensure all people can achieve optimal health and resiliency.

The strategies the department will engage in to achieve this mission include identifying high-priority communities; cultivating partnerships and capacity; achieving a shared vision; empowering a community-led approach; and investing in community-level approaches to impact social determinants of health such as housing, neighborhood conditions, and education.

TASKS:**3.2.1**

Implement a braided funding model that brings together non-traditional and categorical funding streams from across the department to support GHI communities by Sept. 30, 2020.

3.2.2

Identify a community to fund and execute subgrant funding by Dec. 31, 2020.

3.2.3

Publish an evaluation report on the progress of GHI work, measuring one or more community-level health indicators, by Aug. 31, 2021.



GOAL
3

STRATEGIC GOAL 3:

Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVE 3.3

By July 1, 2023, implement three evidence informed initiatives that reduce harmful adverse childhood experiences (ACEs) in Idaho families.

Leads: Matt Wimmer and Elke Shaw-Tulloch

Success in our mission includes not just helping when people are in need, but also helping to prevent needs when possible. Adverse childhood experiences (ACEs) are implicated in both poor behavioral health and physical health outcomes. By implementing programs to support families, we can have a long-lasting positive impact on the health, safety, and independence of Idahoans.

TASKS:

3.3.1

Implement Medicaid coverage for evidence-based home visiting models by Oct. 1, 2020.

3.3.2

Implement a learning collaborative with medical providers to increase screening for ACEs to interrupt the intergenerational transmission of ACEs within families by Oct. 1, 2021.



GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

THE DEPARTMENT IS COMMITTED TO SERVING IDAHOANS BY ENSURING THAT WE:

- Engage our entire employee base to cultivate consistent, positive customer experiences across every phase of each customer's journey.
- Reduce the regulatory burden on the public imposed by our administrative rules.
- Secure and protect the sensitive information entrusted to us by Idahoans.
- Proactively communicate with the public to share how our work consistently improves the lives of Idahoans in need.
- Reduce financial risk through the adoption of enterprise-wide, integrated best practices.

PERFORMANCE MEASURES

We will know we have succeeded when we:

- Improve the Customer Effort Score baseline metric by 10 percent for the customer experience project, by July 1, 2022.
- Perform a comprehensive review of administrative rule chapters, to be completed by Dec. 31, 2025.
- Improve resource efficiency by ensuring the annual change rate of our administrative costs is at least 1% less than the change rate of the general fund tax base, through June 30, 2024.

KEY EXTERNAL FACTORS – THE SUCCESS OF THIS GOAL DEPENDS UPON:

- Legislative buy-in and funding for new ways of approaching the services the department provides.
- Access to external innovations that can be leveraged.
- Identification and implementation of an innovation framework.
- Commitment from all leadership, including commitment of resources to this culture shift.
- Budget to support a measurement metric.
- Budget to support the DHW website redesign.
- Completion of projects and objectives.
- Approvals from outside the agency.
- Availability of human resources to support communications plans.

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.1

Create consistent, respectful experiences for customers throughout their journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by the Customer Effort Score* and improved by 10 percent by July 1, 2024.

Lead: Kelly Petroff

The customer experience is defined by the entire journey the customer has with DHW. It is based on every interaction the customer has with us, and how they feel about DHW based on those interactions.

DHW is using journey mapping as the model to improve experiences. Journey mapping is an illustration of all the touchpoints a customer goes through to complete a task. Additionally, DHW is using the Customer Effort Score (baseline to be determined by Sept. 30, 2020) to measure the experience with a specific task. Customers will rank their experience on a 5-point scale from "very difficult" to "very easy." That score will be the customer effort metric baseline.

It is DHW's goal to engage all employees in improving the customer experience, to develop a plan for consistent experiences across all divisions, and to make it easier for our customers to work with us. Positive customer experiences build brand loyalty and affinity. We plan to create customer experiences that support current customer expectations and needs.

Ultimately, our plan is to simplify experiences, operate with a sense of urgency, and leave no doubt in the customers' minds that we keep our promises to them.

TASKS:

4.1.1

Develop and begin implementation of a customer experience project to improve the level of care assessment experience (includes the Divisions of Welfare, FACS, and Medicaid) by Dec. 1, 2020. The level of care assessment is the determination a parent and child must go through to receive services paid for by Medicaid.

4.1.2

Create and distribute a survey to DHW customers who participated in the level of care assessment to determine the Customer Effort Score (CES). Survey to be distributed by Sept. 30, 2020, and baseline CES to be determined by Oct. 31, 2020.

*baseline to be determined by Sept. 30, 2020

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.2

Prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden by collaborating with the public to review and simplify 100 percent of the department's rule chapters by Dec. 31, 2025.

Lead: Tamara Prisock

Excessive regulation at all levels of government can impose high costs on businesses and can inhibit economic growth. In January 2019, Gov. Brad Little signed Executive Order 2019-02, titled the "Red Tape Reduction Act." The act requires state agencies that have authority to issue administrative rules to identify at least two existing rules to be repealed or significantly simplified for every new rule they propose, reducing the total number of words and as well as the total number of restrictive words.

In support of the "Red Tape Reduction Act," the department reviewed approximately 90 percent of its rule chapters in 2019 and worked with stakeholders to eliminate or streamline those chapters. By the end of 2019, the department had eliminated 21 rule chapters, 166,881 (19.4 percent) total words and 3,363 (27.9 percent) restrictive words from the remaining rule chapters

In January 2020, Gov. Little signed Executive Order 2020-01: Zero-Based Regulation. The intent of this executive order is to institutionalize the process Idaho underwent in 2019, where every regulation that agencies want to keep in effect must be justified. The executive order also requires every rule chapter in effect to be reviewed by the agency according to a five-year schedule, which will enable businesses and the public to engage in meaningful input on rules being reviewed.

We will measure our progress in further reducing the regulatory burden by tracking the full implementation of each new requirement in the Zero-Based Regulation Order as well as the decreases in the overall number of words in administrative rule chapters and in the number of restrictive words, such as "must," "shall," "required," "prohibited" and "may not."

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STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.2

Prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden by collaborating with the public to review and simplify 100 percent of the department's rule chapters by Dec. 31, 2025.

TASKS:**4.2.1**

The Rules Unit will update internal rulemaking process documents and training materials to incorporate the new provisions of the Zero-Based Regulation Executive Order by July 31, 2020.

4.2.2

The Rules Unit will conduct training (on-line and via WebEx) in the new rulemaking process to all department employees who work with administrative rules by Aug. 31, 2020.

4.2.3

The Rules Unit will draft a schedule for which rule chapters will be reviewed each year from 2021 to 2025 by July 31, 2020.

4.2.4

The Rules Unit will work with divisions to finalize the rules chapter review schedule by Aug. 31, 2020.

4.2.5

The Rules Unit will post the department's rule chapter review schedule on the department's external web site by Oct. 1, 2020.

4.2.6

Divisions will initiate the review of rule chapters to be reviewed in 2021 by scheduling informal stakeholder meetings and/or formal negotiated rulemaking by Dec. 31, 2020.

4.2.7

Divisions will complete the required retrospective and prospective analyses for rule chapters scheduled for review in 2021 by May 31, 2021.

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.3

Secure and protect information entrusted to us by Idahoans, by defending our network against threats for both in-office and at-home workers, ensuring compliance requirements are met, protecting confidential data while ensuring only authorized access, and maintaining a 100 percent annual completion rate for security awareness training for employees.

Lead: Andrew Masters

To accomplish our work to help Idahoans in need, agency operations frequently involve the use of highly sensitive information. The department places high priority on securing and protecting this information. Information entrusted to the department includes confidential records, protected health information (PHI), personally identifiable information (PII), Federal Tax Information (FTI), Social Security identifiers, and financial account information.

This strategic objective provides a comprehensive four-pronged approach to protecting information. It involves:

- Adoption of cybersecurity and physical controls which provide protection at network and facility levels, while ensuring mobile workers' computers are set up at the necessary and appropriate security level.
- Multi-factor authentication, which strengthens protections allowing access to confidential data, as well as meeting regulatory compliance requirements.
- Best practices in privileged account management, which ensures confidential data can only be access by authorized staff.
- Security awareness training, which helps employees recognize and prevent security breaches.

This four-pronged approach provides strong protection against unauthorized access to information and minimizes risks of data breaches that could result in harm to Idaho citizens, loss of federal funding, financial penalties, and damage to the department's credibility.

TASKS

4.3.1

Achieve 100 percent security compliance for mobile workforce by Dec. 31, 2020. Ensure mobile workers' computers are at the necessary/appropriate security level to safeguard Idahoans' data.

4.3.2

Achieve 100 percent adoption of multi-factor authentication by Dec. 31, 2020 to meet federal compliance and protect confidential data.

4.3.3

Each calendar year, achieve a 100 percent annual employee completion rate for required security awareness and cybersecurity training.

4.3.4

Adopt privileged account management best practices by Dec. 31, 2020 to ensure only authorized access to confidential data.

4.3.5

Achieve 100 percent of the applicable security compliance requirements for cloud computing environments by June 30, 2021.

4.3.6

Adopt an industry standard security compliance reporting and analytics platform by Dec. 31, 2021 to help manage, track and report security control implementations.

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.4

Build the trust of the public and other stakeholders through communication strategies that support our mission and vision, demonstrate successes, and establish thought leadership. New strategies to be developed and implemented by July 1, 2021.

Lead: Kelly Petroff

The Office of Communications develops and implements pro-active communication strategies for all audiences to build affinity for DHW and an understanding of our work. Target audiences include the media, general public, taxpayers, legislators, customers, healthcare providers, community organizations, DHW board, the Governor's Office, DHW employees, and other partners.

All communications strategies are focused on narratives that define DHW as compassionate and trustworthy and highlight successes of programs and initiatives. Narratives are shared through internal channels, video, blog, social media, the department website, and the media. All communications strategies are designed to position the department as fully transparent to, and supportive of, all we serve and those to whom we are accountable.

Additionally, the Office of Communications will:

- Continue periodic communications to key stakeholders and customers.
- Engage more effectively with community organizations through a community engagement framework and strategy.
- Continue development of thought leadership strategies.
- Continue building internal culture via branded and inclusive internal communications strategies.
- Continue review and implementation of plain language into all communications materials.

TASKS:

4.4.1

Continue the development and implementation of thought leadership strategies to highlight the department's expertise. All strategies for 2021 should be developed by Dec. 1, 2020.

4.4.2

Support and develop health-related communication campaigns and strategies. As part of increased information sharing and storytelling, move engagement (followers) on Instagram from 173 to 200 by July 1, 2021 (15.6 percent increase), and increase engagement (views) with the DHW Voice blog from 127,975 to 140,772 (10 percent increase) by Dec. 1, 2021.

4.4.3

By July 1, 2021, conduct an organizational assessment of community organizations that DHW supports, funds, or sponsors, and begin implementation of a strategy to engage these community organizations connected to DHW programs or mission.

4.4.4

Work closely with Human Resources to develop onboarding materials that support customer experience and other department-wide strategies. Plan for development to be complete by Dec. 31, 2020.

4.4.5

Promote transparent, cross-divisional work and support among DHW employees by developing a plan for a "Living Strategic Plan" internal communication forum, by June 30, 2021. This project will be a collaboration between the Office of Communications and the Division of Management Services.

GOAL 4

STRATEGIC GOAL 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

STRATEGIC OBJECTIVE 4.5

Implement a resource management strategy to reduce financial risk through the adoption of enterprise-wide, integrated best practices by June 30, 2024.

Lead: Brad McDonald

The department's mission statement is to be an organization that is "Dedicated to strengthening the health, safety, and independence of Idahoans." Resources – both people and money/assets – are the lifeblood necessary to take actions which bring the mission statement to reality. In order to improve the customer experience within our department and minimize the effect of economic changes on those we serve in the community, we must continuously improve our strategic planning, financial planning/oversight, performance metric management, and enterprise-wide processes. This strategic objective will include projects such as improving efficiency in contract management, developing a long-term facilities plan, and modernizing the department's budget tools.

TASKS:

4.5.1

Complete department-wide SFY21 5 percent general fund reduction plan that will allow us to manage to the reduced budget by July 1, 2020.

4.5.2

Complete a SFY22 plan that replaces one-time savings in the SFY21 5 percent plan with permanent reductions by Sept. 1, 2020.

4.5.3

Complete 100 percent review of all cross-cutting, Division of Management Services administrated contracts to assess value by Oct. 31, 2020.

4.5.4

Create a process to engage the Senior Leadership Team in the decisions regarding the 5-year facilities plan and annual project selection by May 15, 2021.

4.5.5

Modernize all budget tools and communications distributed to and used by the organization's key stakeholders (e.g. Division of Financial Management, Legislative Services Office, IDHW Board, our Division Administrators and our Executive Leadership Team) by July 1, 2021.

OBJECTIVE COMPLETE:

Ensure eligible Idahoans have access to health coverage by implementing Medicaid expansion on January 1, 2020.

Lead: Julie Hammon

When Medicaid expansion passed during Legislation session 2019, Idaho anticipated about 91,000 individuals could be eligible. Our goal was to enroll 65 percent of the 91,000 by Jan. 1, 2020. On that date, we had enrolled 64,009 Idahoans in the Medicaid Expansion program (70 percent of those anticipated to be eligible). As of May 1, 2020, Idaho has enrolled 77,460 (85 percent) into the Medicaid Expansion program.

OBJECTIVE COMPLETE:

Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42 percent to 52 percent, by June 1, 2020.

Lead: Julie Hammon

The Idaho Employment and Training Program supports low income families with gaining employment-related skills as well as supporting individuals in getting a job, maintaining a job, and increasing wages. The goal of this objective was to move from 42 percent of participants gaining employment readiness skills and/or employment to 52 percent of participants gaining these skills. As of June 1, 2020, 54 percent of participants either gained employment or an employment-related skill.

OBJECTIVES COMBINED:

Under Goal 4 of the 2020 - 2024 Strategic Plan, there were two objective that have now been combined in the 2021 - 2025 Strategic Plan. Both of these objectives were focused on innovation and customer experience, so now the new objective (4.1) combines customer-centered innovation with customer experience strategies and plans.

The objectives from the previous Strategic Plan were:

Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10 percent by July 1, 2022.

and

Create consistent, respectful experiences for customers throughout their DHW journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by a relevant customer effort metric* and improved by 10 percent by July 1, 2024.

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*baseline determined in 2020

PROJECT COMPLETE:

Workplace Violence Prevention and Response Project

In fall of 2018, the Division of Operational Services (now Management Services) launched a 3-year Workplace Violence Prevention and Response (WVPR) project to address employee concerns regarding workplace violence. That same year, the WVPR project was also identified as one of the department's Support System Strategic Initiatives to "deliver services to our customers in a safe environment by providing employees with tools and resources for preventing or responding to potentially violent situations." When the Strategic Initiatives were revised in SFY20, the department continued tracking WVPR project initiatives as a task to "Complete alteration projects in six field offices..." under Goal 4: "Strengthen the public's trust and confidence in the Department of Health and Welfare."

The WVPR project focused on 3 areas of workplace security: process improvement and creation, employee education and communication, and office building improvements and technology. To help achieve project tasks, opportunities to negotiate building improvements into lease agreements were pursued and the department requested funding through legislation; \$345,200 was approved for use in SFY20. Cross functional project workgroups of department staff were established and continue to work diligently towards achieving the projects objectives.

Their efforts thus far have been successful and include:

- Avoid, Deny, Defend classroom and online training required for all staff.
- The addition of security officers in high-risk locations.
- 47 SOS GPS communication devices for staff working in remote areas of Idaho with little to no cell service.
- 8 building alteration projects in field offices to provide secure separation from public spaces, such as door badge controller systems, doors with badge readers, and walls.
- Other security related building improvements in various locations statewide, such as lobby remodels, surveillance cameras, exterior lighting, and security mirrors.
- Workplace Violence employee and reporting SharePoint sites.
- An Emergency Text Alert (IETA) system.
- The department is currently deploying a Workplace Violence Program that includes a set of easily utilized and sustainable incident handling tools and resources.

Although many of the WVPR project initiatives have been implemented and it has been removed from the department's Strategic Plan, the project will continue to be tracked at the division level until complete.

Cybersecurity Executive Order 2017-02 Compliance:

Executive Order 2017-02, Section 3 requires:

All executive branch agencies to implement the first five (5) Center for Internet Security (CIS) Critical Security Controls (CSC) for evaluation of existing state systems by June 30, 2018. Updates on adoption of the National Institute of Standards and Technology (NIST) cybersecurity framework and implementation of CIS Controls will be included in each agency's strategic plan submission to the Division of Financial Management (DFM).

IDAHO DEPARTMENT OF HEALTH AND WELFARE, INFORMATION TECHNOLOGY SERVICES DIVISION UPDATE FOR EO 2017-02:

The Idaho Department of Health and Welfare has adopted the National Institute of Standards and Technology (NIST) Cybersecurity Framework and has met compliance of Executive Order 2017-02.

Initial guidance received from the Idaho Information Technology Services (ITS, formerly known as Department of Administration's Office of the Chief Information Officer (OCIO)), was modified to assess the gap of the first 5 CIS Critical Security Controls (CSC) version 6 by June 30, 2018. We accomplished this using a Security Enclave AuditScript to track the implementation of the CIS CSC Top 5 security controls. These spreadsheets included a maturity rating, as well as Plan of Action and Milestones (POAM) items and are maintained on the Idaho Technology Services SharePoint site tracking each agency's compliance status.

In March 2018, CIS CSC Security Controls version 7 was released. With the release of the new controls, we were instructed by ITS to assess the department's security compliance against the CIS CSC Top 6 security controls of the new version. Compliance tracking is recorded using an updated version of Security Enclave AuditScripts and is maintained by ITS and published on the ITS SharePoint site. In addition to

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meeting compliance with Executive Order 2017-02, the department closely follows the NIST Cybersecurity Framework standards to institute cybersecurity controls to meet security compliance required by multiple federal agencies.

The department meets compliance on the following security frameworks:

- CJIS - Criminal Justice Information Services (CJIS) Security Policy Version 5.8 06/01/2019.
- HIPAA - Security Standards for the Protection of Electronic Protected Health Information and Standards for Privacy of Individually Identifiable Health Information.
- IRS - Internal Revenue Service (IRS) 1075, effective September 2016, Tax Information Security Guidelines.
- MARS-E - Center for Medicare and Medicaid Services (CMS), Minimum Acceptable Risk Standards – Electronic (MARS-e), v2.0, Volume III Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges.
- NIST 800-53 - National Institute of Standards and Technology (NIST) Publication 800-53 v4 – Security and Privacy Controls for Federal Information Systems and Organizations.
- OCSE - Social Security Act, the Privacy Act of 1974, the Federal Information Security Modernization Act of 2014 (FISMA), 42 U.S.C. §§653(m), 654(26), and 654a(d)(1)-(5), the Office of Management and Budget (OMB) memoranda pertaining to safeguarding federal information, the U.S. Department of Health and Human Services, and the Office of Child Support Enforcement (OCSE).
- PCI - PCI Data Security Standards.
- SSA - Electronic Information Exchange Security Requirements and Procedures for State and Local Agencies Exchanging Electronic Information with the Social Security Administration.