



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# FY2012 – FY2016 DHW Strategic Plan

*“To Protect and Promote  
the Health and Safety  
of all Idahoans.”*

July 1, 2011

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



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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July 1, 2011

Dear Citizens,

I am pleased to present the 2012-2016 Strategic Plan for the Idaho Department of Health and Welfare.

Since its establishment, the Department and its partners have been successful in promoting and protecting the social, economic, mental and physical health and safety of Idahoans. In providing these valuable services, DHW continues to be a vital partner to other agencies and communities in our state.

As we look forward, we face many challenges. Beginning in SFY 2009 and continuing today, people are coming to Department offices in record numbers. During SFY 2010, DHW closed field offices, required employee furlough and reduced personnel by over 100 workers to meet budget reduction targets. Against this backdrop of reduced resources and unrelenting record growth and demand for services, DHW has continued to effectively manage expenditures. The DHW Divisions of Welfare, Behavioral Health, Public Health and Indirect Support continue to hold the line on expenses; only the Division of Medicaid has experienced an increase in expenditures over the last four years.

With Medicaid, our staff has worked closely with the Governor, legislators and stakeholders to contain Medicaid expenses without severely impacting Medicaid recipients or providers. These efforts resulted in trimming over \$97 million from Medicaid's SFY 2012 request without eliminating any vital service or causing any Medicaid recipients to lose their eligibility. Medicaid cost containment efforts will continue during SFY 2012 as we explore managed care opportunities and new ideas to improve and preserve vital Medicaid services.

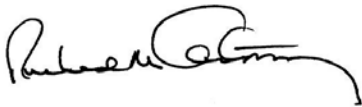
Despite these resource challenges, we still believe in the goals and objectives outlined in this plan and continue to work toward them. This plan is outcome driven; we will use it to:

- Improve state agency accountability to state citizens and lawmakers;

- Increase the ability of state agencies to improve agency management and service delivery; and
- Assess program effectiveness.

Our Strategic Plan lays the foundation for us to address state and community issues with a vision that is coordinated with our partners. The plan sets a prioritized timeline for meeting measurable objectives to attain goals that better serve the people of our state. The Department is committed to deliver services that provide for the safety and well-being of Idaho's children and families. This strategic plan continues to be the road map for our journey.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard M. Armstrong", with a long, sweeping underline.

Richard M. Armstrong  
Director

## VISION, MISSION, VALUES

### **Vision**

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

### **Mission**

To promote and protect the health and safety of Idahoans.

### **Values**

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

### **Goals and Objectives**

#### Goal #1 - Improve the health status of Idahoans

- Objective #1: Improve healthy behaviors of adults to 75.40% by 2016.
- Objective #2: Increase the use of evidence-based clinical preventive services to 70.33% by 2016.

#### Goal #2 - Increase the safety and self-sufficiency of individuals and families

- Objective #1: Increase the percent of Department clients living independently to 84.31% by 2016.
- Objective #2: Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.54% by 2016.
- Objective #3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2016.

#### Goal #3 - Enhance the delivery of health and human services

- Objective #1: Assure that in 2016, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.
- Objective #2: Increase the percent of Idahoans with health care coverage to 78.67% by 2016.
- Objective #3: By 2016, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

- Objective #4: The Department eligibility determination accuracy rates of key identified programs will reach 84.17% by 2016.
- Objective #5: The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 84.57% by 2016.

## GOAL #1

### *Improve the health status of Idahoans*

#### **Objective #1**

Improve healthy behaviors of adults to 75.40% by 2016.

#### Performance Measure

The percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

#### Rationale for Objective and Performance Measure

The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases such as cancer and heart disease.

#### Performance Measure Description

The performance measure is a composite of five healthy behavior indicators for Idaho adults who:

- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months:

#### Target and Interpretation

In 2016, on average, the percentage of Idaho adults participating in the identified healthy behaviors will increase to 75.40%.

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Are not current smokers - **Approximately 52,000 more people will report that they are not current smokers; or**

- Participate in leisure time physical activities - **Approximately 52,000 more people will report participating in leisure time physical activities; or**
- Consume five or more fruits and vegetables/day - **Approximately 51,000 more people will report consuming five or more fruits and vegetables/day; or**
- Are not heavy drinkers of alcoholic beverages - **Approximately 51,000 more people will report that they are not heavy drinkers; or**
- Have not used illicit drugs in the past 12 months – **Approximately 49,000 more people will report they have not used illicit drugs in the past 12 months.**

### How Target Was Created

The overall target of 75.40% is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the US state median, high, and low values, and seven year projections, along with relevant Healthy People 2010 goals.

### Environmental Factors

While the Department will attempt to motivate individuals to practice healthy behaviors, there are environmental factors beyond the control of the Department that may impact our ability to improve healthy behaviors, including:

- Family and peer influence;
- Broad changes in socio-economic status of the population;
- Changes in the education level of people;
- Fluctuations in tobacco prices and taxes;
- Marketing and social acceptance of tobacco use (especially as portrayed in the media);
- Changing preferences of food types;
- Availability and price changes for unhealthy foods;
- Availability of affordable fruits and vegetables;
- Changing levels of stress;
- Availability and costs of alcohol;
- Availability and costs of illicit drugs;

- Enforcement trends for illicit drugs;
- The availability of public infrastructure for physical activity; and
- The amount of funding resources appropriated to motivate and promote positive behaviors.



## GOAL #1

### *Improve the health status of Idahoans*

#### **Objective #2**

Increase the use of evidence-based clinical preventive services to 70.33% by 2016.

#### Performance Measure

Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).

#### Rationale for Objective and Performance Measure

The performance measure reflects the use of three screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects three preventive services directly linked to improving cancer health, heart disease, oral health, and maternal and child health.

Research indicates that using evidence-based clinical preventive services is directly related to improving individual health.

Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by health care providers.

#### Performance Measure Description

The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months;
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

## Target and Interpretation

In 2016, on average, the percentage of Idahoans accessing the identified evidence-based clinical preventive services will increase to 70.33%.

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults screened for cholesterol in the last five years - Approximately **55,000 more adults will report that they were screened for cholesterol in the last five years; or**
- Women age 40 and over who received a mammogram in the last two years - **Approximately 16,000 more women, age 40 and over, will report that they received a mammogram in the last two years; or**
- Adults 50 and over who have ever received colorectal cancer screening - **Approximately 20,000 more adults, 50 and over, will report that they received a colorectal cancer screening; or**
- Adults who had a dental visit in the last 12 months - **Approximately 55,000 more adults will report that they visited a dentist in the last 12 months; or**
- Women who received adequate prenatal care - **Approximately 1,000 more women will report that they received adequate prenatal care; or**
- Children 19-35 months whose immunizations are up to date - Approximately **2,000 more children ages 19-35 months will have meet the recommended immunization schedule.**

## How Target Was Created

The overall target of 70.33% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data, a seven year projection, the relevant Healthy People 2010 goal and comparisons to the US state median, high, and low values.

## Environmental Factors

The Department will facilitate access to and promote the value of the evidence-based clinical preventive services. However, there are factors beyond the control of the Department that impact the use of evidence-based clinical preventative services including:

- An individual's motivation to seek services;

- Availability of individual insurance coverage;
- Affordability and provision of health care coverage by employers;
- Access to health care services;
- The availability of health care professionals in rural and urban settings;
- Health care provider priorities and practice patterns;
- Changes in the national recommendations for screenings;
- Parental attitudes and concerns about immunizations; and
- Financial resources appropriated to the Department to promote the use of services.

## GOAL #2

### *Increase the safety and self-sufficiency of individuals and families*

#### **Objective #1**

Increase the percent of Department clients living independently to 84.31% by 2016.

#### Performance Measure

Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

#### Rationale for Objective and Performance Measure

Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting.

The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

#### Performance Measure Description

The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized.

- Percent of year hospitalized clients lived independently in community;
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.

#### Target and Interpretation

In 2016 on average, the percentage of Idahoans receiving the identified services in home and community-based settings (rather than in an institution) will increase to 84.31%.

In order for the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Percent of year hospitalized clients lived independently in community - **Approximately 14 more days diverted from State Hospital stay per year; or**
- One-Time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge) - **Approximately 19 more One-Time Admissions to State Hospital per year; or**
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services - **Approximately 1,325 more people diverted to community-based services; or**
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services - **Approximately 266 more people diverted to community-based services; or**
- Non-Long Term Care to Aged and Disabled Waiver Ratio - **Approximately 193 more waiver clients to 1 nursing facility client.**

#### How Target Was Created

The overall target of 84.31% was created by using the average of individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data and program input based on Department research of circumstances that impact performance capabilities.

#### Environmental Factors

The Department will work to provide independent living opportunities. However, there are environmental factors beyond the control of the Department that will impact our ability to achieve this objective. They include:

- The availability of services. Local communities and private healthcare providers are not mandated to provide services in a particular locality. Providers may not offer services in rural areas where it is not economically feasible. If local services are not available, the Department must provide services;
- Community acceptance of people with physical or mental challenges is beyond the Department's control. If those capable of living independently are not accepted in community neighborhoods, there is a good chance these individuals will have to return to an institution, for they will have no other option;

- Changes in federal requirements; and
- The amount of financial resources appropriated to deliver services.

## GOAL #2

### *Increase the safety and self-sufficiency of individuals and families*

#### **Objective #2**

Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.54% by 2016

#### Performance Measure

Percent of individuals and families who no longer use the Department's benefit programs as measured by the No Longer Use Services Composite (NLUSC).

#### Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most benefit programs are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support program. This program is a long-term service to promote financial responsibility in families which leads to less dependence on government services. The Division of Family and Community Services also administers several services with a similar ideal.

#### Performance Measure Description

The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their need for the Department's benefit programs.

The performance measure is a composite of service indicators for IDHW participants including:

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children improving or graduating out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;

- The “all family” work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to participate in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households.
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food, or cash assistance (Department clients enrolled in Food Stamps, Medicaid, TAFI, in a State Fiscal year that do not enroll in those services the following State Fiscal Year).

### Target and Interpretation

In 2016 on average, the percentage of clients exiting identified Department services or moving to greater self-sufficiency will increase to 50.54%.

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Graduation from the Infant Toddler Program - **Approximately 109 more children graduating from program.**
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving toward or out of Department programs) - **Approximately 120 more children showing improvement.**
- Successful completion of substance abuse treatment program - **Approximately 248 more people completing treatment successfully.**
- Amount of current child support collected vs. current child support owed - **Approximately \$7,331,700 more current child support collections.**
- The “all family” work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 150 more "all family" TAFI participants per year;**
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing) - **Approximately 7,600 more Food Stamp participants per year.**



- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food, or cash assistance (Department clients enrolled in Food Stamps, Medicaid, and TAFI, program in a State Fiscal year that do not enroll in those services the following State Fiscal Year). **Approximately 16,800 more leaving and not returning to these programs per year.**

#### How Target Was Created

The overall target of 50.54% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, and program input based on department research of circumstances that impact performance capabilities.

#### Environmental Factors

Factors that are external to the Department that could affect the achievement of this performance measure include:

- A small percentage of people with a disability, illness, or old age require sustained social services in order to protect their safety and the safety of those around them;
- Declining economic conditions that result in a decrease in salaries, loss of benefits, or unemployment, usually leading to an increased need for public support;
- The availability and cost of transportation for families to work;
- The availability and costs of child care;
- The skills and education level of participants;
- Change in federal requirements;
- Financial resources appropriated to deliver services; and
- Federal government and consumer group pressure to increase the enrollment of people who are eligible for Food Stamps, but do not apply. Today, Idaho is the 36th "hungriest" state according to Food and Nutrition Services' estimates.

## GOAL #2

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

### Objective #3

The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2016

#### Performance Measure

Percent of children who are safe as measured by the Safety Composite (SC).

#### Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe.

The performance measure reflects trauma factors the Department can impact such as preventable physical disease and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

#### Performance Measure Description

This measure serves as an aggregate measure of Department clients who have been maltreated. The measure includes:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse or neglect;
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry;
- Percent of children 19-35 months who have up-to-date immunizations.

#### Target and Interpretation

In 2016 on average, 89.85% of children receiving the identified services will not be maltreated, are in safe settings, and are immunized.

For the Department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount

(while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment - **Approximately 82 more children with no recurrence.**
- The percent of children in foster care not maltreated while in state custody - **Approximately 139 more children not maltreated while in foster care.**
- Rate of unsubstantiated complaints of abuse or neglect - **Approximately 313 more complaints not substantiated.**
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry - **Approximately 83 more one-time foster care entries.**
- Percent of children 19 to 35 months who have up-to-date immunizations - **Approximately 2,000 more children who are 19-35 months old will be up-to-date on recommended immunizations.**

#### How Target Was Created

The overall target of 89.95% was created by using the average of the individual targets (i.e., a composite target).

The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

#### Environmental Factors

Factors that are external to the Department and beyond its control that could affect the achievement of this performance measure include:

- There is a small percentage of people, regardless of the interventions, who engage in behaviors that traumatize themselves or others;
- Given the limitations of current science and medical treatments, there is a percentage of people who will not be safe even by following best practices and interventions;
- By law, we cannot intrude on people's lives and intervene in the area of abuse until after a traumatic event occurs;
- Socio-economic conditions correlate directly with people's behaviors. If economic conditions decline, abuse and neglect often increase;

- Declining economic conditions also may affect public and private funding to support intervention programs;
- Federal partners change focus of child welfare programs; and
- The amount of financial resources appropriated to deliver services.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #1**

Assure that in 2016, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

#### Performance Measures

Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.

#### Rationale for Objective and Performance Measure

- Assure Idaho is reviewing areas of the state for HPSA designation eligibility. These designations establish eligibility for federal and state resources such as National Health Service Corps (NHSC) scholarship and loan repayment programs, the Medicare Incentive Payment Program, and Rural Health Care Access Program funding. Programs such as these and others can strengthen the health care system and improve health care access.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution, and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans can't get the care needed to be healthy.

#### Performance Measure Description

The performance measure is a measure of the submission of Idaho areas for designation as Health Professional Shortage Areas. The three types of shortage areas used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

Health Professional Shortage Areas means any of the following which has been designated through a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A

public or nonprofit private medical facility which may have a shortage of health professionals (42 U.S.C. 254e).

The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research, and teaching are not included.

The types of health professionals who are counted in a dental health HPSA are all dentists who provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.

The types of health professionals that are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

### Target and Interpretation

In 2016 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for Health Professional Shortage Area designation. Areas designated as a Health Professional Shortage Areas are prioritized for a number of federal and state programs aimed at supporting health care infrastructure and, ultimately, improving access to health care.

### How Target Was Created

The overall target of 100% was created by consulting with the division administrator and program manager and discussing program performance.

### Environmental Factors

This objective aligns with the Department's vision: *To provide leadership for development and implementation of a sustainable, integrated health and human services system.* The Department's work to review and submit areas in Idaho for designation as HPSAs helps establish eligibility for state and federal programs. However, the Department cannot make the final designations or govern how the areas utilize the designation once it has been determined. There are factors that will potentially impact the ability to achieve the target. They include:

- Federal funding to support the designation process.
- Rural communities are unable to recruit and support healthcare providers;

- A change in legislative priorities, funding, or laws that impacts a community's ability to support primary health care providers;
- A negative change in economic conditions that makes it more difficult to support providers, particularly in rural communities;
- A growing population of people living in poverty who do not have the assets, insurance or income to pay for healthcare;
- Lack of public transportation reduces people's ability to make healthcare appointments; and
- Change in federal definitions of HPSA could reduce or eliminate government incentives and support in shortage areas, exacerbating the problem.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #2**

Increase the percent of Idahoans with health care coverage to 78.67% by 2016.

#### Performance Measures

Percent of Idahoans with health and dental care coverage.

#### Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of health care services which is linked to improved health, safety, and self-reliance.

#### Performance Measure Description

The performance measure is a composite of three indicators that measure health care coverage. The performance measures are:

- Adults with health care coverage;
- Adults with dental insurance; and
- Children with health care coverage.

#### Target and Interpretation

In 2016 on average, the percentage of Idahoans with health care coverage will be 78.67%.

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Adults with health care coverage - **Approximately 30,000 more adults have health care coverage.**
- Adults with dental insurance - **Approximately 28,000 more adults have dental insurance.**



- Children with health care coverage - **Approximately 11,000 more children have health care coverage.**

### How Target Was Created

The overall target of 78.67% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

- The target for adult health care coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the US state median, high, and low values.
- The target for adult dental insurance was determined after examining the actual trend and the projected trend.
- The target for child health care coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the US value, and high and low values.

### Environmental Factors

There are factors beyond the control of the department that will potentially impact the ability to achieve the target. They include:

- Declining economic conditions;
- A decrease in the number of employers offering coverage;
- Rapidly escalating costs of health care may reduce people's ability to purchase insurance or to pay for their share of employer sponsored health insurance premiums;
- An increase in poverty rates; and
- A change in the financial resources appropriated to deliver services.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #3**

By 2016, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

#### Performance Measures

Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

#### Rationale for Objective and Performance Measure

Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.

Timely application and recertification processing increases the accuracy of those functions.

The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

#### Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

- Medicaid - Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral; and
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases.

#### Target and Interpretation

In 2016, on average, the Department's success rate on meeting timeliness standards will be 92.75%.

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Medicaid - Application timeliness - Approximately **9,720 more Medicaid Applications meet timeliness standard per year.**
- Percent of child protection cases meeting timeliness standards - **Approximately 19 more cases meeting timeliness standards.**
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral. **Approximately 14 more clients enrolled within 45 days.**
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases. **Approximately 5,390 more Food Stamp Applications meet timeliness standard per year.**

#### How Target Was Created

The overall target of 92.75% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), trend data, and Program input based on department research of circumstances that impact performance capabilities.

#### Environmental Factors

There are factors beyond the control of the department that will potentially impact the ability to achieve the target. They include:

- The availability of resources for automation to improve efficiency. Implementation of the new IBES eligibility system and sufficient funding for ongoing maintenance of the new system;
- Timeliness is directly tied to available staff to meet current workload. An increase in caseloads will impact timeliness;
- Staff require one to two years of on-the-job training to develop the skills to become fully productive;
- A decline in economic conditions increases the demand for services. When the state budget tightens because of poor economic conditions, there is a trend to either maintain or decrease resources to the Department. If this occurs and as more people seek services, there is the likelihood that timeliness will decrease;

- Client's submission of application information is inaccurate or incomplete, requiring more staff time to fix;
- A change in Federal guidelines and/or timeframes; and
- A change in the financial resources appropriated to deliver services.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #4**

The Department accuracy rates of key identified programs will reach 84.17% by 2016.

#### Performance Measures

Accuracy rates of key identified programs.

#### Rationale for Objective and Performance Measure

Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

#### Performance Measure Description

This performance measure is made up of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps - Federally Adjusted Payment Accuracy Rate;
- Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate;
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care;
- Child Protection - Percent of months in which a caseworker visit occurred in child's placement provider home or child's own home;
- Child Support - Financial Accuracy; and
- Child Support - Data Reliability Standards.

#### Target and Interpretation

In 2016, on average, the identified casework will be completed accurately 84.17% of the time.

In order for the department to produce a 1% increase in this objective, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Food Stamps - Federally Adjusted Payment Accuracy Rate - **Approximately 8% improvement in Food Stamp payment errors; or**
- Food Stamps - Federally Adjusted Negative Accuracy Rate - **Approximately 8% improvement in Food Stamp closures and/or denials; or**
- Child Protection - Percent of children receiving a caseworker visit each and every month while in care - **Approximately 33 more children receive a caseworker visit each and every month while in care; or**
- Child Protection - Percent of months in which caseworker visit occurred in child's placement provider home or child's own home - **Approximately 129 more monthly visits occur in child's placement provider home or child's own home; or**
- Child Support - Financial Accuracy - **Projection not available yet; or**
- Child Support - Child Support data reliability standards; **approximately 8% improvement in the accuracy of specific Child Support automated system data elements.**

#### How Target Was Created

The overall target of 84.17% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, program input, and program goals based on Department research of circumstances that impact performance capabilities.

#### Environmental Factors

There are factors beyond the control of the Department that will potentially impact the ability to achieve the target. They include:

- The availability of resources for maintenance of major automation tools, chiefly the IBES eligibility system, to improve efficiency;
- Limited financial resources available to deliver services that are needed by children in child protection cases;
- Increase in demand for services;
- Decrease in staff to meet current demand;
- Increase in costs, such as gas, to provide services to children who live in rural areas;
- Federal or state financial resources appropriated to deliver services;

- Inaccurate application information that is supplied by the participant. The Department checks certain financial records and information in many programs, but not all facets of applicant and clients' information can be checked; and
- A change in federal rules or benchmarks that measure states' performance.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #5**

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 89.36% by 2016.

#### Performance Measures

Customer service performance at IDHW is a combination of four separate composites.

- A. *Caring* - Percent of IDHW clients treated with courtesy, respect, and dignity.
- B. *Competency* - Percent of IDHW clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
- C. *Communication* - Percent of IDHW clients who are communicated with in a timely, clear, and effective manner.
- D. *Convenience* - Percent of IDHW clients who can easily access Department services, resources and information.

#### Rationale for Objective and Performance Measures

Improving customer service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, reduced job stress, and increased cost effectiveness.

The four areas of improvement were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

Despite budget and resource limitations and reductions in services over the past two fiscal years, the Department will improve customer service performance by 1% from levels achieved in 2008, which was the last year in which the Department conducted customer service surveys.



## Performance Measure Description

Each of the four composites is made up of separate performance measures or indicators.

- A. **Caring** - The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
- Survey question - I was treated with respect;
  - Survey question - The staff cared about my reason for contacting IDHW; and
  - Survey question - Overall, I would rate my most recent contact with IDHW as (Good, Fair, or Poor).
- B. **Competency** - The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel. The performance indicators are:
- Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
  - Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
  - Department - Percent of agency hearings upheld;
  - Child Support - Child Support data reliability standards (ICSES Data Reliability);
  - Survey question - The staff was capable in helping me; and
  - Survey question - The staff was knowledgeable about the reason why I contact IDHW.
- C. **Communication** - The Communication Composite is made up of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:
- Careline - Percent of 2-1-1 Careline phone calls with wait/hold times of 60 seconds or less;
  - Survey question - The information I received was easy to understand; and
  - Survey question - The staff understood me.

D. **Convenience** - The Convenience Composite is made up of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:

- Welfare - Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less;
- IT - Percent of time that Department computing servers are functioning; and
- Survey question - I was able to access the information and/or services in a manner that was convenient to me.

***Note: Due to budget and resource constraints, the Department will not conduct a customer service survey in 2011.***

#### Overall Target

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 89.36% by 2016.

#### How Targets Were Created

The overall target of 89.36% was created by using the average of the caring, competency, communication, and convenience composite targets.

The targets were created from federal requirements (benchmarks), historical data, survey data, comparisons to other states, trend data, and program input into the circumstances that impact performance capabilities.

#### Interpretation

The overall performance (from the last customer service surveys conducted in 2008) and the performance of each of the four composites are presented in Table #1.

**TABLE #1**

<b>Customer Service Composites</b>	<b>2008 Performance</b>	<b>2016 Target</b>
Overall	88.36%	89.36%
Caring	83.25%	84.25%
Competency	89.80%	90.80%
Communication	88.82%	89.82%
Convenience	91.55%	92.55%

**A. Interpretation of Caring Composite**

In order for the department to produce a 1% increase in the caring composite, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Survey question - I was treated with respect; **Approximately 18,600 more department applicants will feel that staff treated them with respect; or**
- Survey question - The staff cared about my reason for contacting IDHW; **Approximately 12,000 more department applicants will feel that staff is caring; or**
- Survey question - Overall, I would rate my most recent contact with IDHW as (Good, Fair, or Poor); **Approximately 9,000 more department applicants will feel good about their most recent contact with the Department.**

**B. Interpretation of Competency Composite**

In order for the department to produce a 1% increase in the competency composite, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Food Stamps - Federally Adjusted Payment Accuracy Rate – **Approximately 4% improvement in Food Stamp payment errors; or**
- Food Stamps - Federally Adjusted Negative Accuracy Rate – **Approximately 4% improvement in Food Stamp closures and/or denials; or**

- Department - Percent of agency hearings upheld; **Approximately 36 more Department Fair Hearings are upheld; or**
- Child Support - Child Support data reliability standards; **Approximately 4% improvement in the accuracy of specific Child Support automated system data elements; or**
- Survey question - The staff was capable in helping me; **Approximately 13,200 more department applicants will feel staff was capable in helping them; or**
- Survey question - The staff was knowledgeable about the reason why I contact IDHW; **Approximately 14,400 more department applicants will feel staff is knowledgeable.**

### ***C. Interpretation of Communication Composite***

In order for the department to produce a 1% increase in the communication composite, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Careline - Percent of 2-1-1 Careline phone calls with wait/hold times of 60 seconds or less; **Approximately 4,600 more Careline calls would have to be answered in under 60 seconds; or**
- Survey question - The information I received was easy to understand; **Approximately 14,400 more department applicants will feel the information they receive is easy to understand; or**
- Survey question - The staff understood me; **Approximately 14,400 more department applicants will feel staff is understanding.**

### ***D. Interpretation of Convenience Composite***

In order for the department to produce a 1% increase in the convenience composite, the following will need to occur: Either one of the indicators will increase by the identified amount (while the other indicators stay constant) or a combination of the indicators will increase by a lesser amount (this has not been calculated).

- Welfare - Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department; **Approximately 1,200 more applicants**

**will meet with a Work Services contractor within five working days of the referral; or**

- Vital Statistics - Percent of time Vital Statistics responded to mail requests in four days or less; **Approximately 1,000 more mail requests are completed within four days or less; or**
- IT - Percent of time that Department computing servers are functioning; **Computing servers would have to be functioning 3% more frequently; or**
- Survey question - I was able to access the information and/or services in a manner that was convenient to me. **Approximately 14,400 more department applicants will feel that accessing information and/or services is convenient.**

### Environmental Factors

- The data will have to be collected and evaluated carefully since some clients may get angry about being denied services even when they were provided with good customer service.
- Convenience is directly tied to available staff to meet current workload. An increase in caseloads or decrease in staff will negatively impact clients' ability to easily access Department services, resources and information.
- In some areas of the state, there are parking limitations that make it difficult for those who want or need to physically access services. Addressing this issue will take time and resources.
- Due to the rural and remote geography of the state there always will be some degree of inconvenience for IDHW clients who require face-to-face meetings.