



Facts, Figures and Trends: 2012-2013



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from our Director Richard M. Armstrong



The landscape of health insurance coverage in the United States is experiencing one of the greatest transitions in the last 50 years due to the Patient Protection and Affordable Care Act (PPACA).

At the request of Governor Otter last July, I headed a workgroup to study the PPACA state option to expand Medicaid coverage to low-income adults, a population that has limited options for health insurance coverage. The data the workgroup collected shows optional expansion adds an estimated 80,000 people to Medicaid, with most being low-income, working adults.

Based on data and economic analysis, the workgroup universally recommended that Idaho expand Medicaid coverage to low-income adults, but with conditions. The workgroup was united in requiring accountability from participants so they have "skin in the game." The workgroup also insists on shifting to a model of accountable care for providers in which payments are based on patient outcomes. Our agency couldn't agree more; none of us want an entitlement program.

Although the workgroup was focused on the optional expansion issue, one of the largest surprises is the fact that PPACA has mandatory eligibility changes, too. In January 2014, states are required to use new methodology for calculating income and assets for people applying for Medicaid coverage. These new regulations are going to add an estimated 70,000 people to Idaho Medicaid, regardless of the state's decision on optional expansion.

With 70,000 additional people on our doorstep a year from now, our challenge is to have the IT systems, work processes and staffing ready to accommodate this unprecedented influx of new applicants. This is an immense undertaking that is totally absorbing our time and energy. We are determinedly working behind the scenes to develop an online application portal, a new rules engine, efficient work processes to maximize caseworker time, claims processing adjustments, and interfaces to verification systems and an insurance exchange. It is a monumental task, largely because of the short turn-around time to complete it.

This mandatory growth in Medicaid over the next year is undoubtedly one of the largest challenges we have faced. At the same time, it will be well worth it if it results in a healthier workforce, healthier children in school, and a reduction in downstream healthcare costs.

Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how appropriations are spent. This guide is not intended to be a comprehensive report about the Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the department's overall budget and major spending categories. Following this overview, we give a brief description of each division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by division for easy reference.

To provide the health and human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

Goal 1: Improve the health status of Idahoans.

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

Goal 3: Enhance the delivery of health and human services.

The department is designed to help families in crisis situations and to give a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, health care, job training, and cash assistance to get families back on their feet and become self-reliant members of Idaho communities. Staff in all our divisions depend on one another to do their jobs in helping families solve their problems so we can build a healthier Idaho.

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Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Governor C.L. "Butch" Otter. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor.

Our organization deals with complex social, economic and health issues. To do that effectively, DHW is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Licensing and Certification, Operational Services, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. As an example, the Division of Family and Community Services will provide direct services for child protection and may partner with community providers or agencies to help people with developmental disabilities.

Each of our public service divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology, Food Protection, Laboratory Services, Vital Records, Health Statistics, oversight of Emergency Medical Services (EMS), and Health Planning and Resource Development.

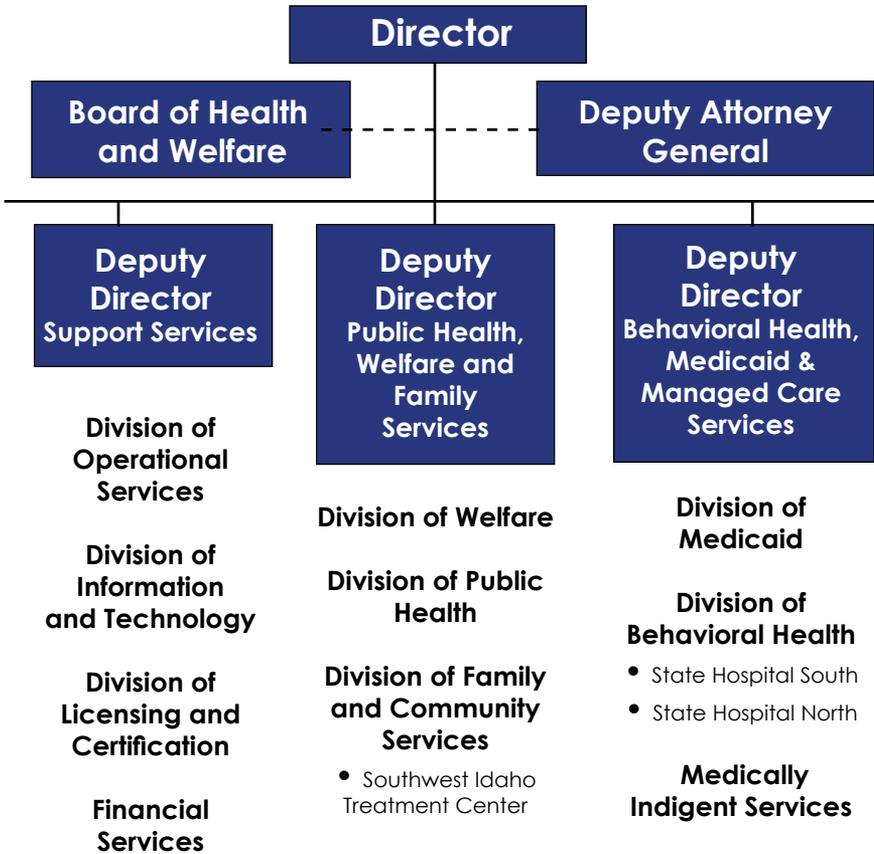
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Division of Licensing and Certification licenses hospitals, assisted living and skilled nursing facilities. The EMS bureau certifies emergency response personnel such as EMTs and paramedics. The Criminal History Unit provides background checks of people working with vulnerable children and adults, such as in daycares or nursing homes.

One of the guiding principles of all DHW programs is to collect and use performance data to maximize state dollars and provide the best services possible. Many of these performance measures are available in this publication. By constantly measuring and collecting performance data, DHW programs can be held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. As an example, in the Medicaid program, the federal government pays approximately 70 percent of medical claims for Idaho residents. Overall, in SFY 2013, the federal government will contribute 64 percent of DHW's total appropriation.

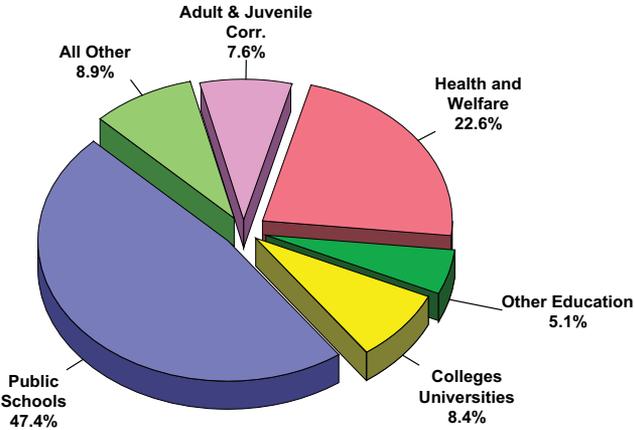
DHW is a diverse organization whose workers are dedicated to protecting the health and safety of Idaho citizens.

Organizational Chart

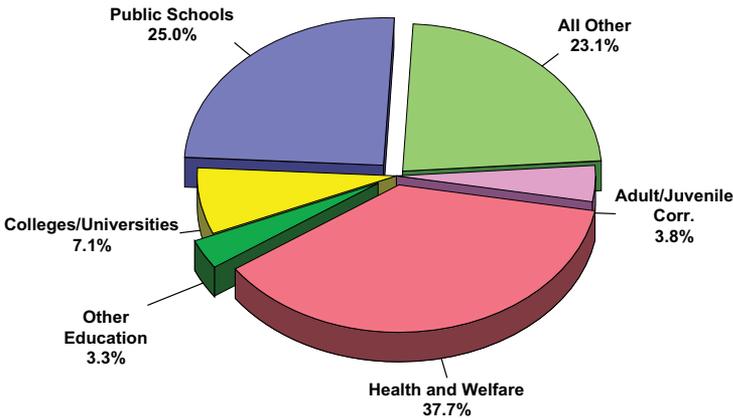


Total State SFY 2013 Appropriations

State General Fund Appropriations for all State Agencies



Total Appropriations for all State Agencies



Total appropriations includes state general funds, federal funds and dedicated funds.

SFY 2013 Financial Data Summary

In Millions

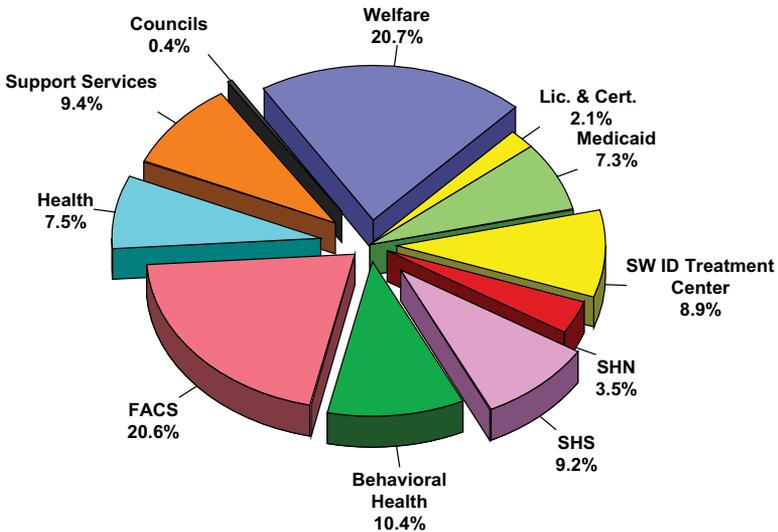
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,279.82	47.4%	\$1,566.81	25.0%
Colleges, Universities	227.95	8.4%	446.36	7.1%
Other Education	137.97	5.1%	209.76	3.3%
Health & Welfare	610.16	22.6%	2,366.29	37.7%
Adult & Juvenile Corrections	205.50	7.6%	239.45	3.8%
All Other Agencies	<u>240.71</u>	<u>8.9%</u>	<u>1,448.78</u>	<u>23.1%</u>
Total	\$2,702.11	100.0%	\$6,277.45	100.0%

Appropriated Full-Time Positions

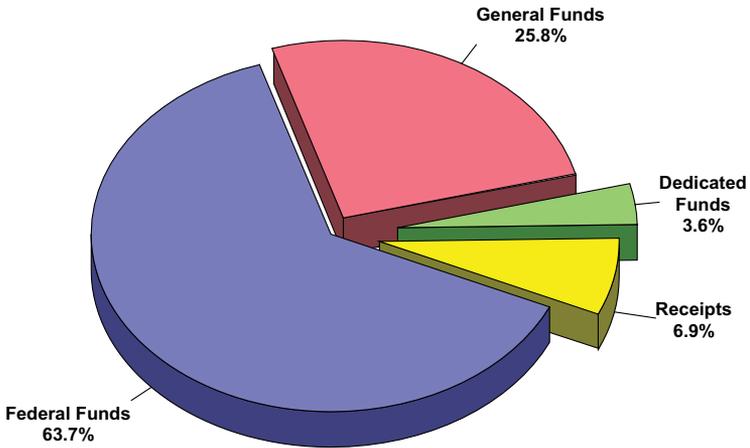
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has declined, although most program caseloads have increased significantly during the same time period.



SFY 2013 FTP Distribution - Department of Health & Welfare



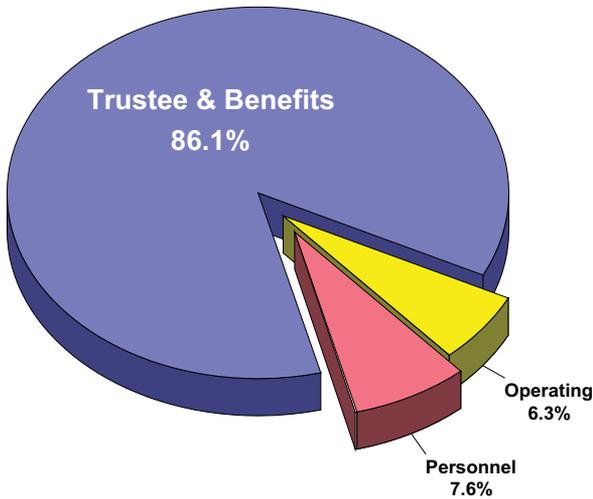
SFY 2013 DHW Appropriation Fund Source



Financial Data Summary

Fund Source	Amount
General Funds	\$ 610.2 Million
Federal Funds	1,507.8 Million
Receipts	164.4 Million
Dedicated Funds	
Domestic Violence	\$ 490,200
Cancer Control	400,800
Central Tumor Registry	182,700
Medical Assistance	6,000
Liquor Control	650,000
State Hospital South Endowment	2,889,500
State Hospital North Endowment	802,400
Prevention of Minors' Access to Tobacco	50,300
Access to Health Insurance	5,780,500
Court Services	257,800
Millennium Fund	2,250,000
EMS	2,629,000
EMS Grants	1,400,000
Hospital, Nursing Home, ICF/ID Assessment Funds	58,989,300
Immunization Assessment Fund	7,200,000
Total Dedicated Funds	<u>\$83.9 Million</u>
Total	\$2,366.3 Million

SFY 2013 DHW Appropriation by Expenditure Category

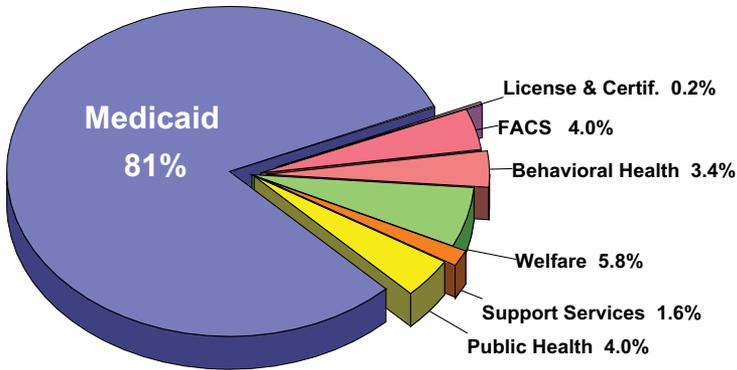


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,036.2 Million
Personnel Costs	179.6 Million
Operating Expenditures	147.7 Million
Capital	<u>2.8 Million</u>
Total	\$2,366.3 Million

- The appropriation for benefits to Idaho citizens increased \$196.5 million from SFY 2012 expenditures, while personnel costs, operating and capital expenses increased by \$26.8 million.
- Payments for services to Idaho citizens make up 86 percent of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, non-profits, hospitals, etc.
- The department purchases services or products from more than 12,000 companies, agencies or contractors, and more than 31,000 Medicaid providers.

Original SFY 2013 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	591.56	\$ 37,382,900	\$ 137,445,400
Medicaid			
Low-income children/ working age adults		115,547,700	536,006,100
Individuals w/Disabilities		219,924,900	883,762,900
Dual Eligible		124,151,400	419,990,800
Administration	<u>208.00</u>	<u>14,553,200</u>	<u>71,599,700</u>
Total Medicaid	208.00	\$474,177,200	\$1,911,359,500
Licensing & Certification	60.00	\$ 1,306,600	\$ 5,041,300
Family and Community Services			
Child Welfare	380.77	8,358,000	29,272,600
Foster/Assistance Payments		11,432,100	26,653,400
Service Integration	6.00	891,700	5,158,200
Developmental Disabilities	173.96	8,439,500	18,220,200
SW Idaho Treatment Center	<u>255.05</u>	<u>3,519,000</u>	<u>15,579,600</u>
Total FACS	845.78	\$ 32,640,300	\$ 94,884,000
Behavioral Health			
Adult Mental Health	203.04	13,663,000	19,029,600
Children's Mental Health	77.00	8,165,700	12,258,100
Substance Abuse	17.34	2,524,300	19,300,600
Community Hospitalization		2,790,000	2,790,000
State Hospital South	263.85	9,459,300	19,893,700
State Hospital North	<u>101.60</u>	<u>6,550,900</u>	<u>7,489,600</u>
Total Behavioral Health	662.83	\$ 43,153,200	\$ 80,761,600
Public Health			
Physical Health	141.00	3,913,900	83,828,000
EMS	30.50	0	5,529,300
Laboratory Services	<u>42.00</u>	<u>1,855,300</u>	<u>4,324,800</u>
Total Health	213.50	\$ 5,769,200	\$ 93,682,100
Support Services	270.05	\$ 15,489,300	\$ 38,219,700
Medically Indigent	1.25	\$ 132,700	\$ 132,700
Councils/Commissions	10.00	\$ 113,500	\$ 4,762,500
Department Totals	2,862.97	\$610,164,900	\$2,366,288,800

Division of Medicaid

Paul Leary, Administrator, 334-5747

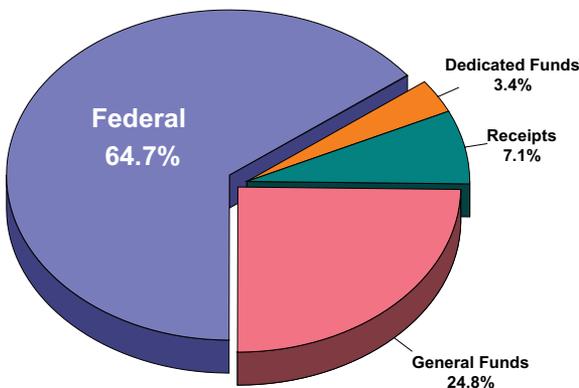
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to the way a health insurance company operates.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs. The Basic Plan is primarily designed to meet the health needs of low-income children and working-age adults. For individuals with special needs, the Enhanced Plan adds developmental disability, enhanced mental health coverage and long-term care services. Individuals who are dual eligibles (covered by both Medicare and Medicaid) have access to the Coordinated Plan.

The Division of Medicaid has the largest appropriation in the department with an original SFY 2012 total appropriation of \$1.91 billion. This funding is composed of approximately 65 percent federal money, 25 percent state general funds, and 10 percent receipts and dedicated funds. Four percent of total spending is for administration, while 96 percent is paid to service providers.

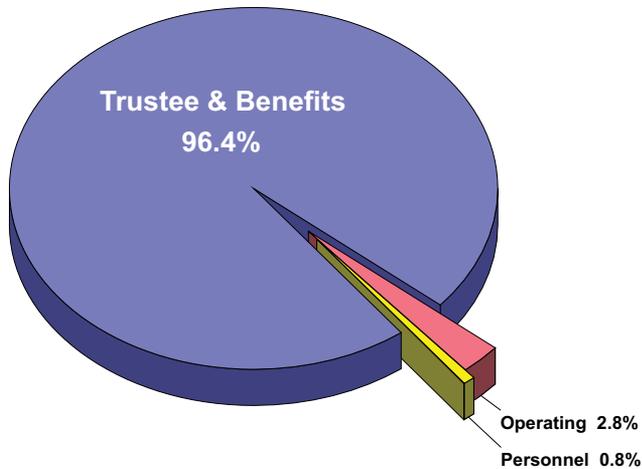
Receipts have become an increasingly important part of Medicaid's annual budget, providing \$134.9 million in the SFY 2013 budget. Receipts include \$75 million in rebates from pharmaceutical companies, \$21 million from audit settlements with various health care provider agencies and companies, and \$8.4 million from estate recovery.

Medicaid SFY 2013 Funding Sources



Authorized FTP: 208; Original Appropriation for SFY 2013: General Funds \$474.2 million, Total Funds \$1.91 billion; 81% of Health and Welfare funding.

Medicaid SFY 2013 Expenditure Categories



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

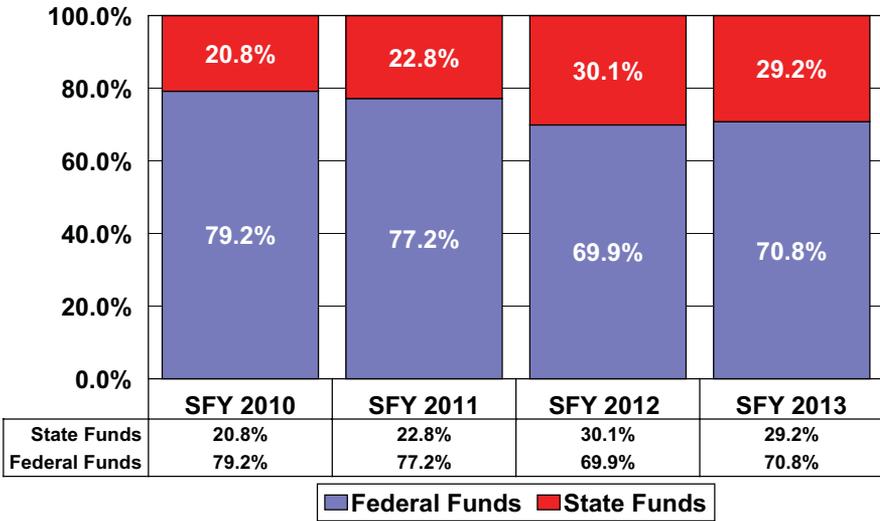
Beginning in October 2008, states received increased federal funding for their Medicaid programs through the American Recovery and Reinvestment Act (ARRA). The ARRA funds increased the percentage the federal government contributed to Medicaid costs, or FMAP rate, while decreasing the share states were required to pay.

The ARRA funds expired in June 2011, with states reverting to their traditional FMAP rates for SFY 2012. This means states paid a greater share of Medicaid expenses in SFY 2012 compared to SFY 2011, reducing the federal share from 77.2 percent in SFY 2011 to 69.9 percent in SFY 2012 and 70.1 percent in SFY 2013. The federal share is anticipated to remain unchanged in SFY 2014.

The lower FMAP required Idaho Medicaid to obtain a larger portion of funding from the state general fund for SFYs 2012 and 2013, as compared to the previous two fiscal years. In SFY 2012, Idaho Medicaid successfully met this budget challenge, in part by completing the implementation of benefit and pricing changes in House Bill 260.

Because there were improving revenues for the state and good management of the Medicaid budget, the Legislature restored dental benefits for Medicaid participants on the Home and Community-Based Waivers as well as some benefits for individuals dually diagnosed with mental illness and a developmental disability. Both of those changes were effective July 1, 2012.

Idaho Federal Medical Assistance Percentage (FMAP)



SFYs 2011-2012 Budget Analysis

The Idaho Medicaid program's SFY 2012 experience reflects the economic improvement that began in 2011. Idaho Medicaid averaged 228,897 participants per month in SFY 2012, with caseload growth slowing to 2.4 percent. This compares to 6 percent caseload growth in SFY 2011 and 9 percent in SFY 2010.

For the second straight year, Idaho Medicaid successfully completed the year without delaying payments to providers due to lack of funds. This stabilization of the Medicaid budget reflected the prudent budget approach by the Governor and the Legislature, good budget management by the department, and an improving Idaho economy.

During SFY 2012, House Bill 260 was fully implemented resulting in a \$115 million savings to the Medicaid budget, including a savings of \$34 million in state general funds. Because of the improving economy and Medicaid budget management, the Legislature was able to restore selected benefits to some of the aged and disabled participants for SFY 2013.

Idaho Medicaid continues to move away from a fee-for-service payment model and toward accountable care reimbursement models to help meet the budget challenges of SFY 2014 and beyond.

Enrollment and Expenditures Comparison

Medicaid enrollment averaged 223,558 participants per month in SFY 2011, an increase of six percent from SFY 2010's enrollment of 210,015. This is a lower rate of growth than the nine percent experienced during SFY 2010, but was still higher than other recent years. Much of the increase is attributed to enrollment of children due to economic conditions in which parents have suffered a job loss that affected their family's health insurance coverage. Although parents are not usually eligible, their children may be if the family income is less than 185 percent of the federal poverty limit.

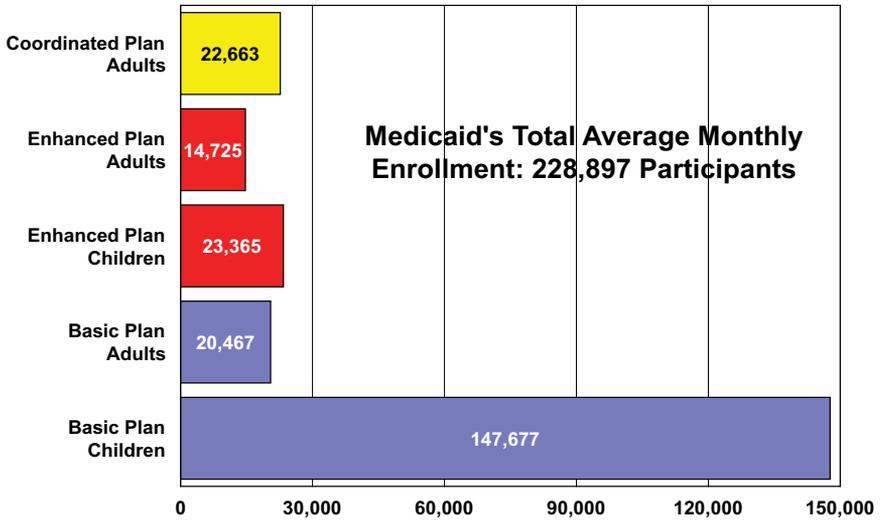
Idaho offers three health plans for Medicaid participants. They are:

1. Basic Plan: This plan is for low-income children and adults with eligible children who have average healthcare needs. Basic Plan participants reflect 73 percent of Medicaid's total enrollment, but only 29 percent of expenses.

2. Enhanced Plan: Participants often have disabilities or special health needs, which can be expensive. Enhanced Plan participants make up 17 percent of Medicaid's enrollment and 55 percent of expenses.

3. Coordinated Plan: For participants who are enrolled in both Medicare and Medicaid. These enrollees are often referred to as dual eligibles. Many dual eligible enrollees in the Coordinated Plan have multiple serious or chronic illnesses. Participants receive their Medicaid coverage through their Medicare Advantage Plan. Participants make up 10 percent of Medicaid's enrollment and 16 percent of Medicaid expenses.

SFY 2012 Enrollees
Average Monthly Eligibles

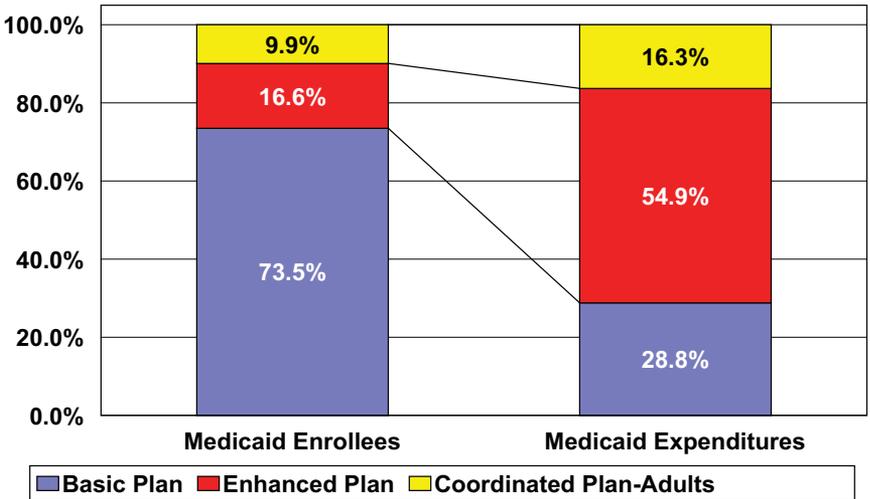


SFY 2012 Expenditures



SFY 2012 Enrollment and Expenditure Comparison

Children enrolled in the Basic Plan cost an average of less than \$177 a month for coverage, while children enrolled in the Enhanced Plan average almost \$1,253 a month. By comparison, an adult enrolled in the Basic Plan costs \$685 a month, while an adult enrolled in the Enhanced Plan averages almost \$2,362 a month. Most participants on the Enhanced Plan have more intense needs, both for behavioral health and medical services. Most participants on the Coordinated Plan are elderly and also have greater needs for medical services, along with services providing long term care such as assisted living facilities or nursing homes. A participant on the Coordinated Plan costs an average of \$1,588 a month.



Medicaid Initiatives

Technology Performance

Since July 2010, the Division of Medicaid has worked closely with Molina Medicaid Solutions (claims processing and reporting), Magellan Medicaid Administration (pharmacy), Truven (data warehouse and decision support), and Medicaid providers to identify and correct system issues, improve service to all stakeholders, and meet Centers for Medicaid & Medicare Services (CMS) certification requirements. The CMS survey team spent the week of December 5, 2011, meticulously going through the system. Their survey findings resulted in full certification all the way back to the initial start date for each piece of the system. Not only did the survey team discover no actionable findings for the Medicaid Management Information System (MMIS), they stated, "Additionally, a number of 'Best Practices' were identified during the course of the review."

Medicaid Accountable Systems of Care

Medicaid currently has managed care programs for dental care and transportation. This past year, Medicaid continued work to move forward with the Mental Health Managed Care and Managed/Accountable Care for Dual Eligibles.

Mental Health Managed Care – Idaho Code directs Medicaid to develop plans for managed care models of service delivery. Medicaid plans to contract with a managed care entity to administer Medicaid-reimbursed mental health and substance use disorder services, to be called the Idaho Behavioral Health Plan. Medicaid is applying to CMS for a 1915(b) waiver which will provide the authority to switch from the fee-for-service reimbursement model to a managed care delivery system. A Request for Proposal was posted in August 2012 with a contractor to be selected by the beginning of 2013. Implementation is anticipated to start in the summer of 2013. For updated information, please visit www.MedicaidMHManagedCare.dhw.idaho.gov.

Managed/Accountable Care for Dual Eligibles – The majority of individuals dually eligible for Medicare and Medicaid receive fragmented and poorly coordinated care. People who are dually eligible are among the nation's most chronically ill and costly patients. They account for nearly 50 percent of all Medicaid spending and 25 percent of all Medicare spending. As of March 2012, 17,735 people in Idaho were dually eligible. For dual eligibles who opted to enroll in the Idaho Medicare-Medicaid Coordinated plan, monthly expenditures average \$1,500, compared to \$1,800 for dual eligibles not enrolled in the plan and using services.

In an effort to ensure dual eligible beneficiaries have full access to seamless, high quality, cost-effective health care, CMS is partnering with states, health care providers, caregivers, and beneficiaries to improve quality, reduce costs, and improve the dual eligible beneficiary experience as they work to integrate the Medicare and Medicaid programs. At the state level, the 2011 Idaho Legislature directed Medicaid to develop managed care programs that result in an accountable care system with improved health outcomes.

Due to the CMS initiative and state legislative direction, Idaho Medicaid is developing a program to better coordinate care for dually eligible participants. In 2011 and 2012, Idaho Medicaid collaborated with stakeholders to develop a proposal for an integrated, coordinated care system for adults who are dually eligible. This proposal was submitted to CMS on May 31, 2012, and is available at www.MedicaidLTCManagedCare.dhw.idaho.gov.

Under the proposal, managed/accountable care health plans will ensure the coordination of all Medicare and Medicaid services for dually eligible participants, with the health plan receiving a per-member-per-month capitation payment in exchange. Payments to health plans will be adjusted based on their performance with respect to pre-established quality metrics. The health home model of care will be implemented by a care management team with whom the health plans will contract.

To meet CMS requirements, Idaho's model for an integrated program will:

- Provide dually eligible individuals full access to the benefits under the Medicare and Medicaid programs;
- Simplify the processes for access to benefits and services;
- Improve the quality of health care and long-term services;
- Increase participants' understanding and satisfaction with coverage under the Medicare and Medicaid programs;
- Eliminate regulatory conflicts between rules under the Medicare and Medicaid programs;
- Improve care continuity and ensure safe and effective care transitions;
- Eliminate cost-shifting between the Medicare and Medicaid programs, and related health care providers; and
- Improve the quality of performance of providers of services and supplies under the Medicare and Medicaid programs.

Developing a managed/accountable care program for dually eligible participants is a statewide effort of Medicaid staff, providers, community partners, agencies, participants and families. Idaho Medicaid held statewide meetings of these stakeholders to gather specific recommendations and priorities in October 2011, and to gather feedback on the draft proposal in April 2012. A webinar was held in May 2012 to review changes to the proposal in response to stakeholder feedback. Stakeholder input will continue to be solicited as Idaho Medicaid moves forward in developing the Request for Proposal, which will describe requirements for health plans that wish to participate in this initiative. The Request for Proposal is expected to be released by the spring of 2013, with a targeted implementation date of January 1, 2014.

Detailed information regarding this initiative is available at:

www.MedicaidLTCManagedCare.dhw.idaho.gov.

Multi-Payer Medical Home Collaborative

The Medical Home Collaborative was created by an executive order of Governor C.L. "Butch" Otter on September 3, 2010. The collaborative was developed to support primary care practices in Idaho to develop patient-centered medical homes. The payers include Idaho Medicaid, Regence BlueShield, Blue Cross of Idaho, and PacificSource.

The collaborative has defined key medical home criteria, including payment methodologies for a multi-payer pilot, clinical and practice transformation requirements, and chronic condition criteria for select patients to maintain healthy outcomes. The pilot began accepting applications in August 2012 and will select clinics and providers to join the pilot in the fall of 2012. The pilot is anticipated to begin January 1, 2013.

Idaho Medicaid's Health Home Program team is working in close partnership with the collaborative's work teams to develop a patient-centered medical home model and has selected the same requirements as the collaborative, including the requirement to reach at least a Level One certification by the National Commission on Quality Assurance by the end of the second year. A monthly payment will be paid to qualifying providers for patients with a primary chronic condition of either diabetes or asthma, or a diagnosis of a severe and persistent mental illness. The Health Home Program begins January 1, 2013.

Children's Healthcare Improvement Collaboration

Idaho, in partnership with the state of Utah, received a five-year Children's Health Insurance Program Reauthorization Act quality demonstration grant for \$10.3 million. The project's focus is to improve health outcomes for children by using a patient-centered medical home approach, developing an improvement network among primary care providers, and increasing the ease of use and availability of health information technology.

This year the Children's Health Insurance Collaboration project became fully staffed, completed a Learning Collaborative focused on pediatric asthma and started implementation on Pediatric Patient Centered Medical Homes. The project also began work on Idaho's Improvement Partnership and was accepted into the National Improvement Partnership Network. The project has helped pediatric practices state-wide realize improved outcomes in children with asthma. Work will continue state-wide through individual pediatric and family practices to improve immunization rates and coordination of care for children with special healthcare needs.

DHW partners include the Governor's Medical Home Collaborative group, the Idaho Health Data Exchange, St. Luke's Children's Hospital, the Idaho Chapters of the American Academy of Pediatrics, the American Academy of Family Physicians, the Utah Department of Health, and the University of Utah School of Medicine.

Medicaid Incentive Payments for Electronic Health Records

The American Recovery and Reinvestment Act provides funding to support the adoption and meaningful use of certified electronic health records through a Medicaid electronic health records incentive program.

Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program in July 2012. During the first month the program was operational, 19 hospitals and 74 professionals registered for Medicaid incentive payments, with the first payments made in August. Medicaid estimates 22 hospitals and approximately 245 medical professionals will apply for an incentive payment during the first year.

The incentive program will run through 2021 and is expected to provide millions of dollars to Idaho hospitals and medical professionals. Idaho Medicaid serves as the pass-through for the incentive payments, which are all federal dollars.

Idaho Home Choice

The Idaho Home Choice Program is funded by a five-year federal grant to rebalance long-term care spending from expensive institutionalized care to home and community-based care. The program is for people residing in institutions who could live in a less restrictive setting if they had home-based services to support them. This might include someone to help them dress in the morning, prepare meals, or grocery shop for them. The cost of the home-based services must be less than the cost of the institutional care they were receiving.

The project began in October 2011, transitioning 23 individuals from institutions to their homes or other community settings during the first ten months of operation. The goal is to transition 325 people through the life of the grant.

To support the Home Choice activities, Idaho Medicaid also was awarded an additional \$400,000 in partnership with the Idaho Commission on Aging and the State Independent Living Council. The primary goal of this opportunity is to facilitate and strengthen the roles of the Aged and Disabled Resource Centers to rebalance the delivery of long-term services and supports by coordinating transitions from nursing homes (and other Idaho Home Choice qualified institutional settings) to community-based settings for older adults, and people with disabilities or chronic conditions. Specifically, the grant promotes increased partnership between Medicaid and the Aged and Disabled Resource Centers to advance transition work within the Idaho Home Choice demonstration.

Children's Developmental Disabilities Benefit Redesign

The Children's System Redesign was approved by the 2011 Idaho Legislature and implemented July 2011. The new array of redesign benefits replaces developmental therapy and intensive behavioral intervention services that were the only services available under the State Plan. To transition children to the redesign system, the Legislature approved a phased implementation plan to enroll children into the redesign according to their birthdays over the span of the transition year. During the first year of implementation, only a small portion of families chose to move to the redesign services. CMS stipulates that since the old services remain in the State Plan, families must have the choice of continuing to access developmental therapy and intensive behavioral intervention until they are discontinued.

DHW is committed to providing families time to transition to the redesign system in order to avoid a gap in services for their children. For this reason, the department received approval to sunset developmental therapy and intensive behavioral intervention from the State Plan effective June 30, 2013. This new timeline allows an additional year of transition and gives families a final opportunity to move to the redesign system before services end.

In addition to changes to services provided in the community, removing developmental therapy and Intensive Behavioral Intervention (IBI) from the State Plan directly impacts the school-based service providers who deliver the same services. DHW has worked in collaboration with the State Department of Education, the Idaho Association of School Administrators, and school district representatives as part of a School-Based Medicaid Committee, to identify replacement services (both new and existing) that can be used to address children's developmental disability needs in the school setting. The new school-based services are proposed to be implemented on July 1, 2013.

Mental Health Credentialing Program

The Mental Health Credentialing Program ensures that Medicaid participants with mental health issues receive quality mental health services and therapies reflecting national standards and industry best practices. In the past year, DHW increased the number of credentialed providers by 114 entities.

Recently, the Mental Health Credentialing Program began reviewing admissions of individuals placed in nursing home facilities to ensure they have their psychiatric needs met. This process also protects other residents of the facility so they are not put at risk of harm from an individual with

an untreated psychiatric condition. Since July 2011, the department completed 177 reviews. Future plans include partnering with the Medicaid Office on Mental Health and Substance Abuse to help promote the managed care process for mental health services among Idaho's provider community.

Financial Operations

During SFY 2012, the Bureau of Financial Operations recovered over \$8.4 million through the Estate Recovery Program. The Health Insurance Premium Payment Program saved Idaho Medicaid an estimated \$2.5 million by helping 380 individuals acquire or retain health insurance that paid primary to Medicaid. The Medicare Savings Program ensured that Medicare was the primary payer for the 33,980 Medicaid participants who have Medicare. The Third Party Liability contracts recovered approximately \$13.6 million from primary insurance, casualty and liability claims, and provider overpayments.

Division of Licensing and Certification

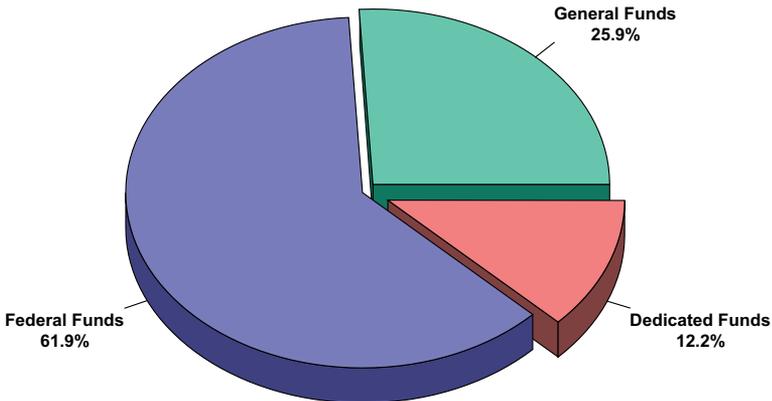
Tamara Prisock, Administrator, 334-6626

The Department of Health and Welfare created the Division of Licensing and Certification on July 1, 2012, to separate the regulatory enforcement functions from benefit management in the Division of Medicaid. The new division continues to focus on licensing and certification activities for:

- Hospitals
- Nursing homes
- Developmental disability agencies
- Hospice agencies
- Rural health clinics
- Residential assisted living facilities
- Ambulatory surgery centers
- Home health agencies
- Intermediate care facilities for people with developmental disabilities
- Certified family homes
- Renal dialysis centers
- Residential habilitation agencies

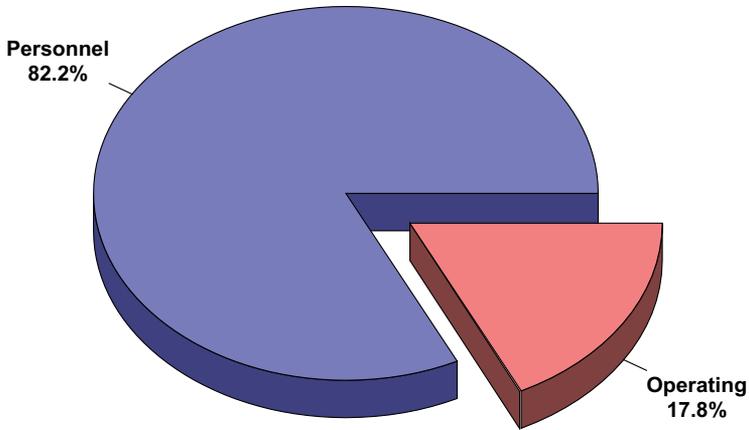
The division works to ensure Idaho health care facilities and agencies are in compliance with applicable federal and state statutes and rules. Each unit within the division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

Licensing & Certification SFY 2013 Funding Sources



Authorized FTP: 60; Original appropriation for SFY 2013: General Funds \$1.3 million, Total Funds \$5 million; 0.2% of Health and Welfare funding.

Licensing & Certification SFY 2013 Expenditure Categories



Bureau of Facility Standards

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

Long Term Care Program

The Long Term Care Program conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have more than 6,000 beds, are in compliance with federal regulations and state rules. These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

Non-Long Term Care Program

This team is responsible for surveying, licensing, and certifying 350 health care providers in the state, including 51 hospitals; 60 home health agencies with 21 branch locations; 26 end stage renal dialysis centers; 42 hospice agencies with 29 branch locations; 50 ambulatory surgery centers; 67 intermediate care facilities for the intellectually disabled; 44

rural health clinics; and nine occupational therapy/physical therapy clinics. These facilities must comply with federal and state regulations to receive Medicare or Medicaid payments.

Facility Fire Safety and Construction Program

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

Certified Family Home Program

The Certified Family Home Program ensures that services are provided in a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. This program provides a safe and stable residence for over 3,200 individuals in over 2,100 homes across the state.

The 2010 Legislature instructed DHW to develop fees to support the costs of this certification program. The fees were implemented July 1, 2011.

Developmental Disabilities Agency/Residential Habilitation Agency Certification Program

The Developmental Disabilities Agency/Residential Habilitation Agency Certification Program ensures developmental disabilities services and residential habilitation supported living services are provided in accordance with state law and state rules, and reflect national best practices.

Developmental disabilities agencies are privately owned entities that are certified by the state to provide services to adults and children with developmental disabilities on an out-patient basis. There are 72 developmental disabilities agencies operating 157 business locations throughout the state.

Residential habilitation agencies are privately owned entities that are certified by the state to provide services to adults, consisting of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in residing successfully in their own home, with their family, or in an alternate family home. There are 69 residential habilitation agencies operating 107 business locations throughout the state of Idaho.

Residential Assisted Living Facility Program

The Residential Assisted Living Facility Program ensures that businesses that provide residential care or assisted living services to Idaho residents comply with state statute and rules. In Idaho, the residents of residential assisted living facilities include 59 percent private pay residents and 41 percent Medicaid participants. The primary reasons for admission are 47 percent are elderly, 33 percent have Alzheimer's/dementia, 11 percent have a mental illness, 4 percent have a developmental disability, and 5 percent have a physical disability or other reason.

There are 286 residential assisted living facilities in Idaho with over 8,800 beds. Facilities range in size from 7 to 148 beds and may have more than one facility per campus location. The team enforces compliance with state rules and federal regulations and works closely with residents, families, partners in the industry, advocates, other governmental agencies, and stakeholders to ensure safe and effective care of residents. The team provides consultation, technical assistance and training to improve compliance and promote better health outcomes. This work is accomplished through a number of activities such as initial applications for licensure and certification, change of ownership requests, survey activity (e.g., initial, re-certification, and revisits), and complaint investigations.

Division of Family and Community Services

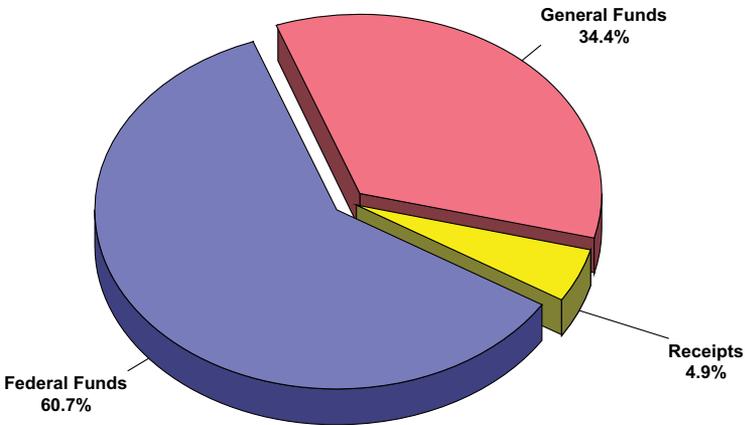
Rob Luce, Administrator, 334-5680

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

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

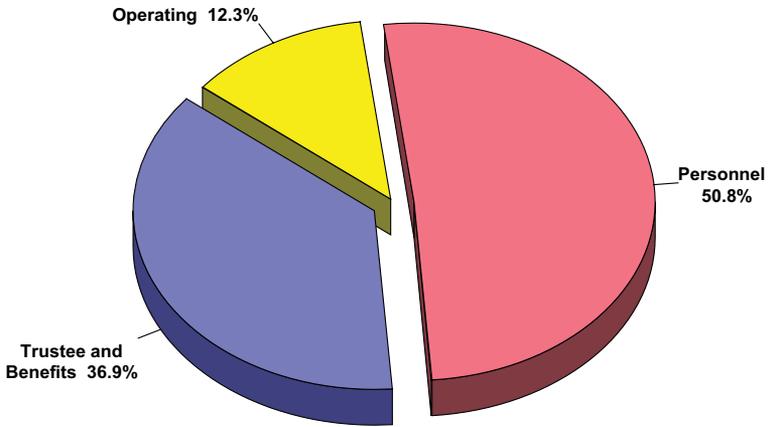
Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) also is administered by FACS. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2013 Funding Sources



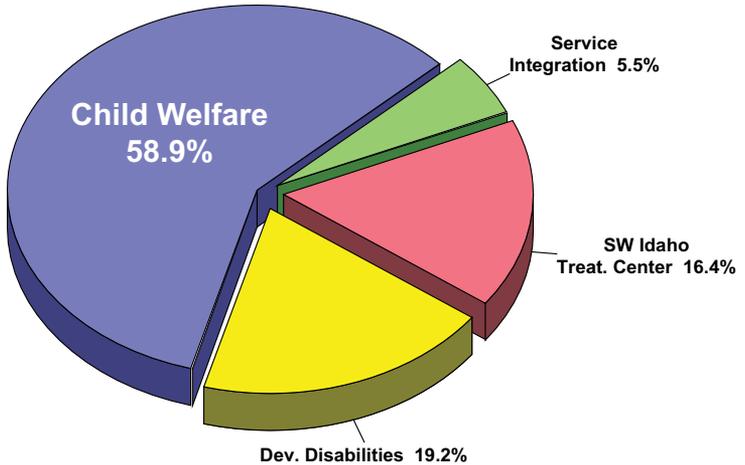
Authorized FTP: 845.78; Original Appropriation for 2013: General Funds \$32.6 million, Total Funds \$94.9 million; 4.9% of Health and Welfare funding.

FACS SFY 2013 Expenditure Categories



Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24-7 staffing levels required at Southwest Idaho Treatment Center.

FACS Spending by Program



Note: Child Welfare includes Child Protection, Foster Care, and Adoption. Almost half of Child Welfare expenses are for Foster Care/Adoptive assistance payments to families and providers.

SFY 2012 FACS Division Highlights

- The Division of Family and Community Services has launched a One Church One Child (OCOC) initiative, patterned after the OCOC national organization founded by Father George Clements. OCOC in Idaho establishes long-term relationships with communities of faith to increase support to Idaho's children. In every corner of the state, child welfare workers are forming partnerships with faith-based communities to meet this goal. Each DHW region has an OCOC team comprised of social workers, recruitment coordinators, licensing specialists, navigators and a VISTA volunteer dedicated exclusively to OCOC. The response from faith-based communities has been overwhelming, with members learning about fostering or adopting a child, supporting a foster or adoptive family or volunteering through acts of service to support children and families. More than 50 communities of faith have answered the call of OCOC and formally dedicated their support to its mission.
- The Idaho Child Welfare Program was ranked as the top performing program in the nation by the Foundation for Government Accountability. The foundation reviewed all 50 states and the District of Columbia based on 11 outcomes and 41 data measures. Measures included response time to abuse allegations, placement of children, safe foster homes, and reducing abuse and neglect. The report also noted Idaho's low cost in supporting this program. Citing the review, Governor C.L. "Butch" Otter said the ranking "proves that Idaho's approach to doing more with less does not mean sacrificing the quality of service Idaho's children deserve."
- The division continues to consolidate and standardize administration and practices across the state in all programs. The Child Welfare Program re-organized into three administrative hubs: North, West, and East. Each hub has a single administrative unit.

1. North Hub: Regions 1 and 2--Lewiston, Moscow, and Coeur d'Alene;
2. West Hub: Regions 3 and 4--Boise, Nampa and Caldwell; and
3. East Hub is Regions 5, 6, and 7--Twin Falls, Pocatello and Idaho Falls.

Consolidating management from seven regions to three hubs allows managers to focus more specifically on Child Welfare and to standardize practices both within the hubs and statewide. The Child Welfare Program oversight has been split from the Infant Toddler Program oversight as part of this process.

- The Infant Toddler Program administration consolidated from seven regional units to one statewide administration that is separate from Child Welfare. This process allows the statewide manager to standardize practices and allow for consistent and efficient service delivery. During the past year, the program also consolidated field administration

and standardized the organizational structure in each region and field office. Even though this consolidation has required large structural changes, Infant Toddler Program staff and leadership are optimistic and enthusiastic about the changes and the future.

- The intake process for reports of child abuse and neglect was centralized into one unit in October. The Central Intake Unit standardizes intake and the local response which allows for better control of the gateway to child welfare services. Centralized Intake includes:
 - > A 24-hour telephone line for referrals to child welfare;
 - > Specially trained staff to answer, document and prioritize calls; and
 - > Documentation systems that allow for quicker response and effective quality assurance.

Personal response at the local level is handled by local staff, with contracted agencies doing the personal response after normal business hours.

- The Southwest Idaho Treatment Center (SWITC) census continues to decline as people who have disabilities choose to receive services in their communities, maintaining close connections with their families and friends. The SWITC mission is transitioning from a long-term placement of individuals who have a disability to short-term crisis intervention. To support this mission throughout the state, the division opened an eight-bed residential facility in North Idaho to stabilize people in crisis situations so they can return to their communities. The new facility allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care.

2-1-1 Idaho CareLine

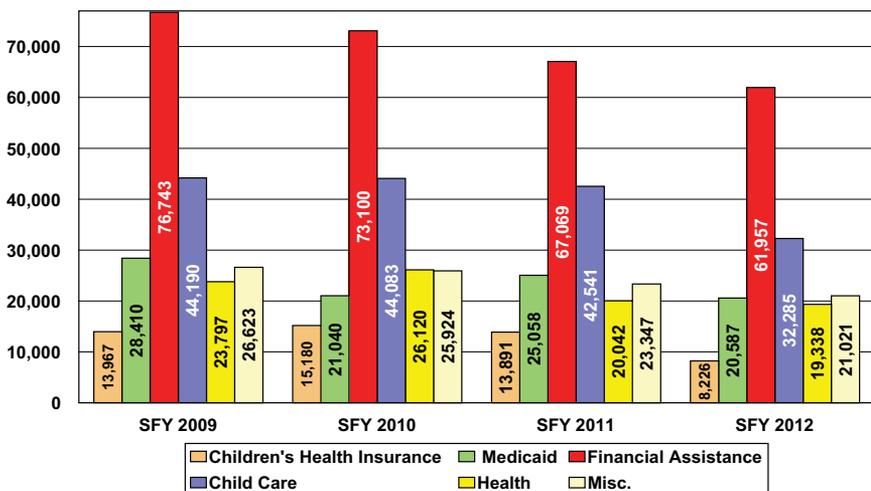
The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human service resources. 2-1-1 was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for callers to obtain health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho to connect those in need with local community resources.

In SFY2012, CareLine participated in over 25 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans.

Idaho CareLine received 162,587 calls during SFY2012, dropping from 191,969 calls in SFY2011. This 15% decrease in call volume is due, in part, to increased efficiencies in telephone technology implemented by the Division of Welfare, which has greatly improved overall customer service for their programs, reducing the public assistance related calls to CareLine.

2-1-1 agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST. Resources are available 24/7 on-line at: www.211.idaho.gov or www.idahocareline.org. Emergency and crisis referral services are available through an after-hours, on-call service. The 2-1-1 Idaho CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

Number of Calls Received by Idaho CareLine



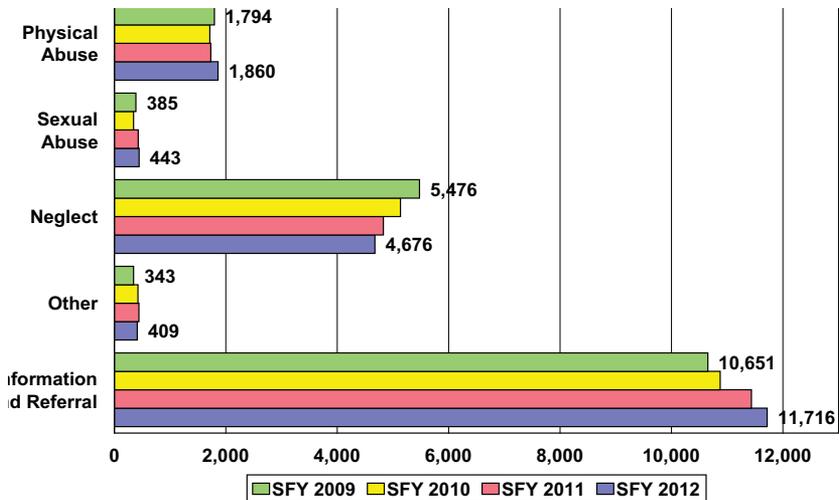
Children and Family Services

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

Child Protection

Children and Family Services assesses each report it receives about possible child abuse or neglect to determine if there are safety issues for a child. Social workers and families work together to develop a plan to enable children to remain safely in their home. If safety cannot be assured with a safety plan, children are removed from their home by law enforcement or court order. When children are removed, Children and Family Services works with families to reduce the safety threats so the children can return home.

Child Protection and Prevention Referrals



Note: In SFY 2012, there were 7,388 child protection referrals from concerned citizens, down from 7,424 in 2011. There were an additional 11,716 calls from people seeking information about child protection. Frequently, these are referred for services in other divisions or agencies. 'Other' includes prevention work by social workers for homeless families, voluntary service requests, and emergency assistance. 'Neglect' includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Rule 16 Child Protection Expansions.

Foster Care

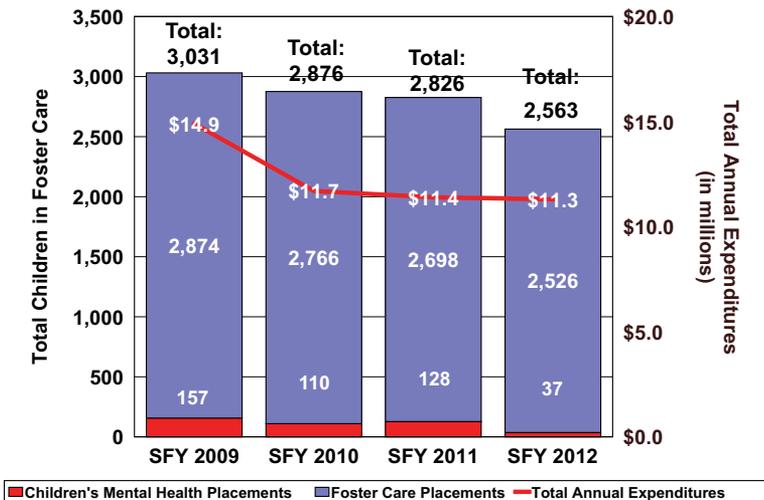
Foster care is a critical component of the state's Child Welfare Program. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or are experiencing other serious problems within their families and are unsafe in their homes.

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

Children and Family Services structures out-of-home placements to:

- Minimize harm to the child and their family;
- Assure the child will be safe;
- Provide services to the family and the child to reduce long-term, negative effects of the separation; and
- Allow for continued connection between the child, their family, and the community.

Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30, 2012, there were 1,289 children in state care. On June 30, 2011, there were 1,344 children in care.

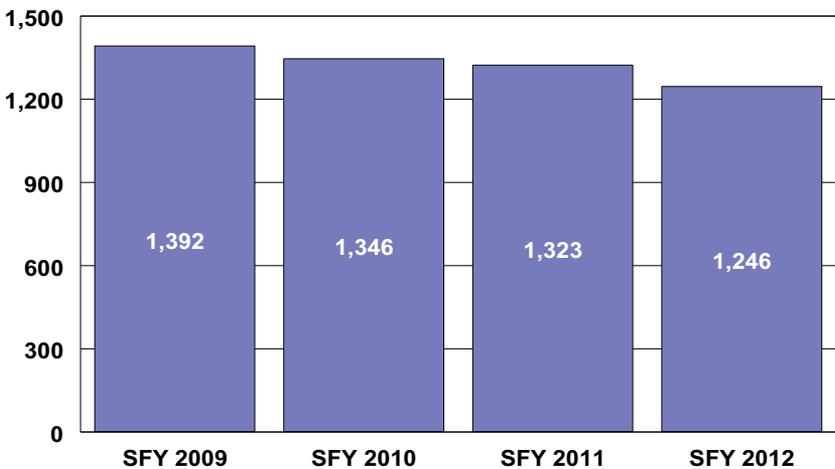
Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family home. Licensing processes and requirements are designed to assess the suitability of families to safely care for children.

Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When birth families are unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

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

The need to recruit and retain resource families is critical. A total of 2,563 children were placed in foster care during SFY 2012. There continues to be a need for resource homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. Additionally, more resource parents of Hispanic and Native American ethnicity also are needed.

Licensed Foster Homes

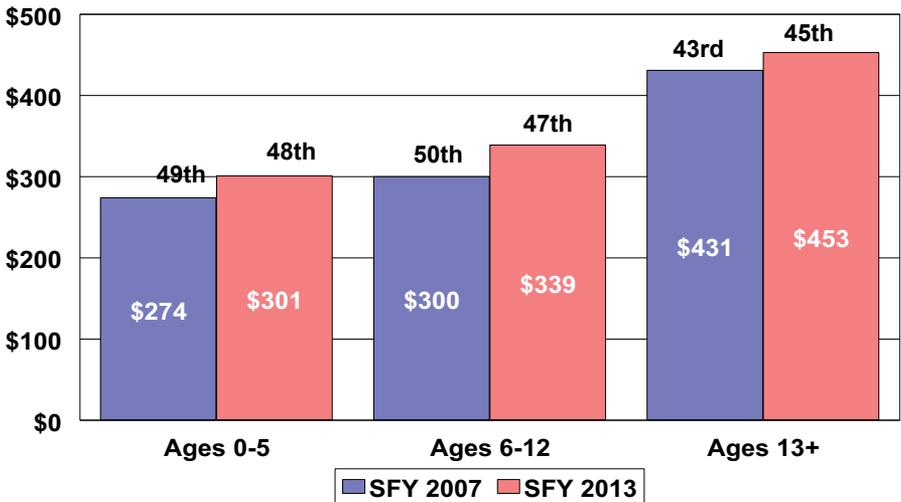


In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in every region. Idaho has implemented a Recruiter Peer Mentor Program which uses seasoned foster parents to recruit and mentor interested families. Regional recruitment efforts through the Peer Mentor Program also focus on developing and publicizing the need for foster parents through multicultural events, fairs, and with community organizations.

Child and Family Services, in partnership with local universities, utilizes the PRIDE program throughout Idaho to train and evaluate potential resource families' parenting skills and techniques to care for children who have been abused or neglected. PRIDE classes show interested families what they can expect as resource parents. These classes are offered on a regular basis in each region. PRIDE has been shown to help families meet the needs of foster and adoptive children.

Despite continued efforts concerning resource parent recruitment and retention, the number of Idaho resource homes continues to decrease. A 2007 survey conducted by the University of Maryland School of Social Work places Idaho as one of five states with the lowest foster care reimbursement rates. A more recent survey conducted by Casey Family Programs surveyed six states surrounding Idaho regarding the foster care monthly rates by age. This information prompted legislators to increase the monthly foster care reimbursement rates. These new rates, shown below, became effective July 1, 2012. However, even with the rate increase, Idaho continues to have one of the lowest foster care reimbursement rates in the nation.

Idaho Monthly Foster Care Stipend and National Ranking



Note: The average U.S. foster care stipend for children ages 0-5 is \$503, ages 6-12 is \$530 and children over age 13 is \$586.

Independent Living

Idaho's Independent Living Program assists foster youth in their transition to adult responsibilities. Independent Living funding accesses supports and services for employment, education, housing, daily living skills and personal needs.

In SFY 2012, 606 youth between the ages of 15 to 21 were served by the Independent Living Program. This number includes 202 youth who reached the legal age of adulthood (18 years) while in foster care.

To help foster youth transition to adulthood and provide educational opportunities, the Education and Training Voucher Program provides up to \$5,000 per year. The voucher is available to youth who have been in foster care after the age of 15 and have received a high school diploma or GED. During the past year, Idaho's Independent Living Program worked closely with the Idaho State Board of Education to assist youth to access free federal aid for post-secondary education. During SFY 2012, 51 youth participated in the program at colleges, universities, technical schools and other institutions of higher education.

Older youth often experience barriers to success after leaving foster care. Currently, in partnership with the federal Administration for Children and Families, Idaho will collect service and outcome information for youth for several years after they leave foster care. This data will assist in determining what services result in the most positive outcomes for youth.

Adoption

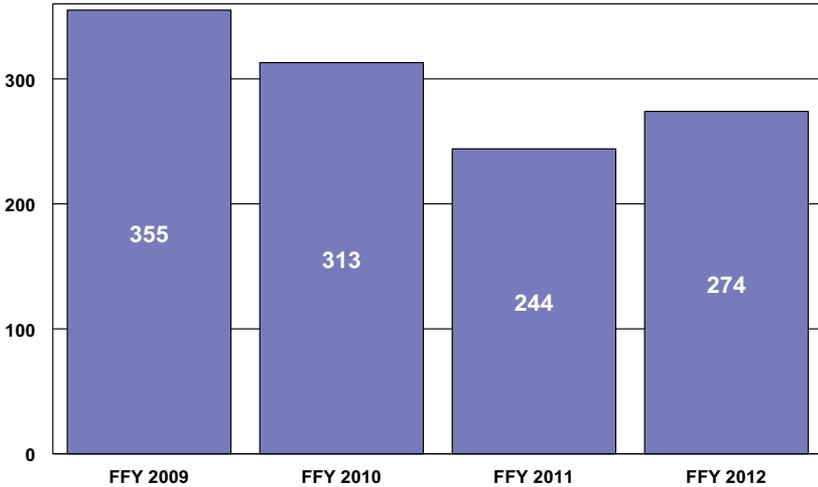
Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together, or are children who have physical, mental, emotional, or medical disabilities. Some children may be older, but still need a permanent home through adoption.

The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. To help meet this goal, DHW has revised the process to approve families for adoption, making it easier for current foster families to adopt.

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

The number of children adopted in FFY 2012 was 274. At the state and local levels, DHW and the judicial system work closely to improve monitoring and system processes to reduce delays and help children join safe, caring and stable families.

Adoptions Finalized



Monthly Adoption Assistance SFY 2012

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,920	\$304
State	<u>313</u>	\$259
Total	2,233	

Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for people with developmental disabilities, ranging in age from infants to senior citizens. Through partnerships with community members, the program has service choices available for consumers and their families, allowing them to strive for self-direction and fully participate in their communities.

Children's Benefit Redesign

The Children's Benefit Redesign project began during SFY 2008 with the Divisions of Medicaid and Family and Community Services convening workgroups with families, advocacy groups, providers and other stakeholders to develop a new system of services for children with developmental disabilities.

Suggested improvements to the current system included support as a service option, increased coordination of services, increased opportunities for family involvement including family directed services, and a higher quality therapy service. In response to the workgroups' feedback, DHW and stakeholders redesigned benefits for children with developmental disabilities. A new model of services was created and IDAPA rules for the program were approved by the legislature. The first stages of the new system were implemented July 1, 2011, and the program is expected to be fully implemented by July 1, 2013.

Idaho Infant Toddler Program

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

The four most frequently provided services are:

1. Developmental Therapy (special instruction);
2. Speech/Language Therapy;
3. Occupational Therapy; and
4. Physical Therapy.

Services are delivered according to an Individual Family Service Plan. Teams statewide provide evidence-based services including teaming, natural environment learning practices and coaching families. Teams

engage families to actively promote children's learning. Family feedback about the team approach and coaching continues to be favorable and produces positive outcomes.

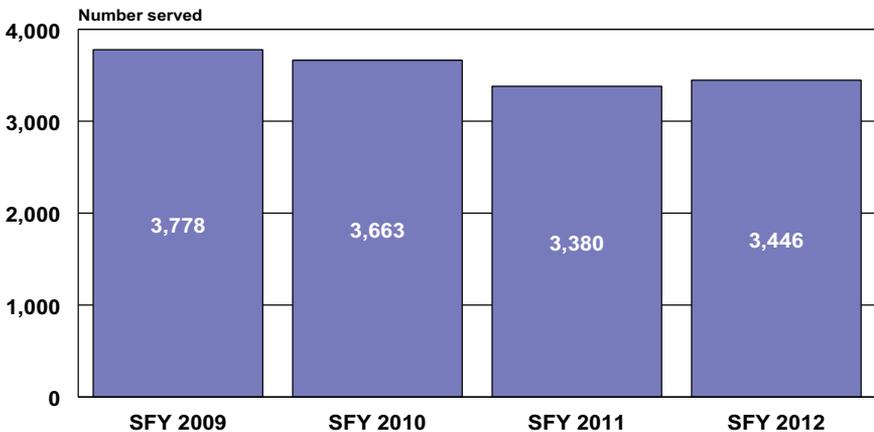
Children served by the program are referred for a variety of reasons, including diagnosable conditions that result in delays or disabilities. Seven percent of children referred have been involved in substantiated cases of neglect or abuse. Thirty-one percent of children found eligible for services were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

Federal oversight during SFY 2012 included an on-site verification visit of the Infant Toddler Program with positive results. The Idaho Infant Toddler Program maintained the successful federal rating of "Meets Requirements."

The Infant Toddler Program successfully reorganized during SFY 2012 to centralize management and consolidate the regional program operations to ensure consistent and quality practices statewide. The program also continued development work on phase two of the integrated ITP Web based data system that will integrate billing and receipt claiming functions, reducing duplicate data entry. Implementation is expected in FFY 2013.

During SFY 2012, 3,446 children and their families were served by the Infant Toddler Program. From a recent federal review, efforts to identify children from birth to one year who have delays or disabilities are targeted for outreach and screening services. Outreach strategies and on-line screening by parents have resulted in an increasing number of timely referrals for the youngest children who need services, which can have a life-long impact on their quality of life.

Children Served in the Infant Toddler Program



Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disability agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by DHW-certified IBI professionals and paraprofessionals. This service will be phased out by July 1, 2013 and replaced by a new intervention service available through the new children's developmental disabilities waiver.

Court-Related Services

DHW conducts court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that unique needs of people with developmental disabilities are considered when courts make guardianship or commitment decisions. Multi-disciplinary teams of physicians, psychologists, and social workers complete these evaluations and court reports. Under orders from Idaho's district courts, the Developmental Disabilities Program provided evaluations for 135 guardianships during SFY 2012.

Resource and Service Navigation

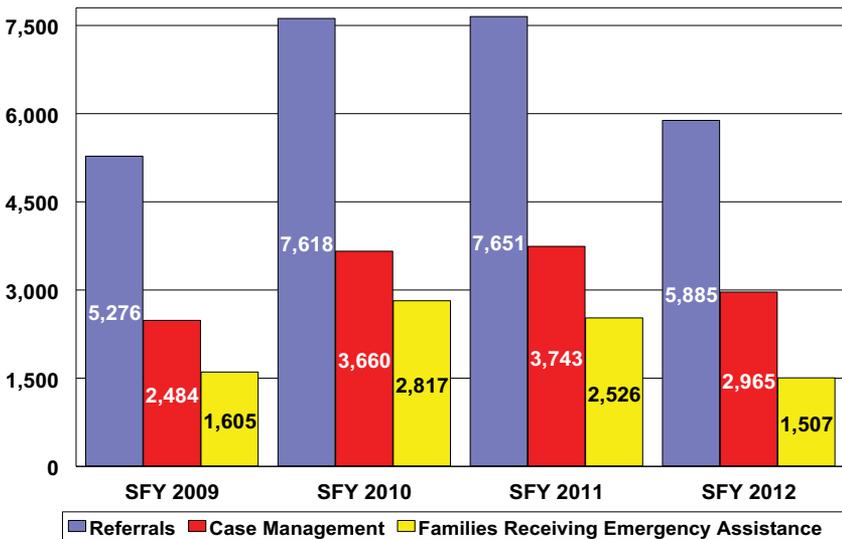
Resource and Service Navigation identifies and develops resources, utilizing them to support struggling families so they can achieve long-term stability through the use of customized service plans focused on family strengths and community supports. Navigators work with individuals, children and families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

In SFY 2012, Navigation served 5,885 individuals, families and children, with 1,507 families receiving Emergency Assistance, 75 receiving Career Enhancement funds, and 2,769 receiving case management services. Navigation services distributed nearly \$1.1 million in Emergency Assistance and Career Enhancement support while leveraging another \$222,000 in community funds on behalf of families in Idaho.

In addition to Emergency Assistance and Career Enhancement, Navigation also received \$65,000 from Casey Family Programs to serve Idaho KinCare families. Currently there are over 28,000 children in Idaho being raised by relatives. Navigators served 121 KinCare families and 252 individual children being raised by relatives. Along with the support of Casey Family Programs, Navigation has continued its partnership with the Corporation for National and Community Services to further the Idaho

KinCare Project through the utilization of VISTA volunteers. The work of Navigation and the Idaho KinCare Project was recognized statewide and awarded the 2012 Ed Van Dusen Legacy Award for Exemplary Practice to Prevent Child Abuse and Neglect by the Idaho Children's Trust Fund. Navigation's work with Idaho's KinCare families continues increasing the positive outcomes for children by decreasing the need for state foster care intervention. For the second year in a row, the Governor signed a proclamation establishing July 20th Idaho KinCare Family Day. This comes as a result of Navigation's continued efforts to address the needs of this growing population.

Service Navigation Referrals, Cases and Assistance



The decrease in referral numbers in SFY 2012 is the result of a change in business practices. As of July 1, 2012, the issue has been reconciled and current numbers for SFY 2013 show a significant increase in families being served through Navigation services.

Southwest Idaho Treatment Center

(Formerly Idaho State School and Hospital)

Susan Broetje, Administrator, 442-2812

As part of the statewide developmental disabilities service delivery system, Southwest Idaho Treatment Center provides specialized services for people with developmental disabilities. Southwest Idaho Treatment Center, an Intermediate Care Facility for the Intellectually Disabled (ICF/ID), utilizes a variety of training methods to teach clients the skills they need for independent living, including improved social skills and learning to control their behaviors. Because of improvements in community services, only participants with significant behavioral disorders are admitted to Southwest Idaho Treatment Center, resulting in a gradual, but steady decline in the number of individuals needing institution-based care.

During the 2009 legislative session, lawmakers directed DHW to determine what resources would be necessary to transition Southwest Idaho Treatment Center residents into the community. Focus groups were held to provide input on barriers and opportunities for successful transitions. A review team, which included members of the Legislature, families, and advocates developed a report for the 2010 legislature based on the information provided by these groups.

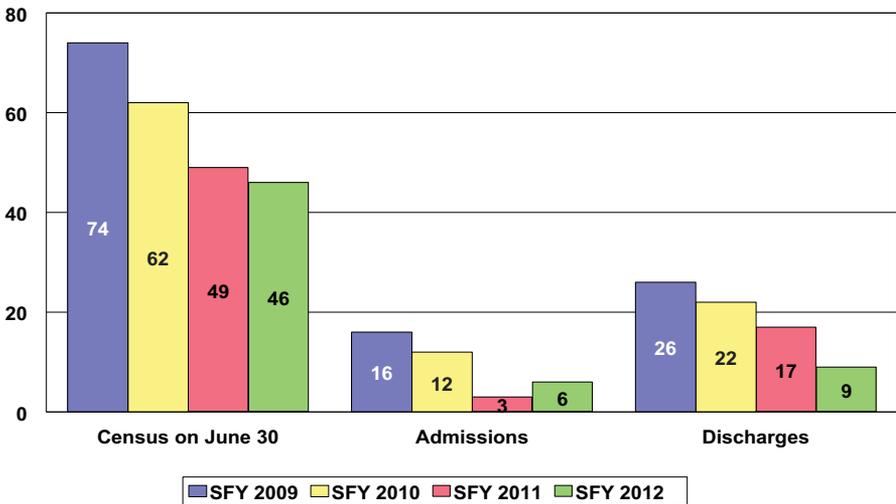
This report outlined the necessary steps to transition current residents safely into community treatment, while maintaining and building capacity at key locations in the state to handle crisis response and stabilization services. The plan recommended reducing Southwest Idaho Treatment Center campus beds and developing on-site response units in Boise, Blackfoot and Coeur d'Alene for short-term stabilization, which is intended to prevent long-term admissions.

The facility developed and implemented a plan to accomplish the transition. This has resulted in continuing success to integrate people back into their communities and maintaining people in their private residences. Since June 30, 2008, the facility has transitioned 79 residents back into their communities. During that same time period, 38 participants were admitted to the facility, resulting in a steady decline in the number of individuals residing there.

Two other significant aspects of the plan have been implemented. One is the development of crisis response and stabilization teams in Boise, Blackfoot and Coeur d'Alene. These teams support clients who are discharged from the institution by providing crisis prevention services to clients at risk so they can be supported in their community rather than admitted to the institution.

The second major implementation is the development of an eight-bed residential facility in North Idaho. This facility opened in September 2012, providing much needed crisis and admission services for individuals who reside in North Idaho. This will eliminate the need for individuals to move to the Boise area for services and promotes more efficient integration back into their communities.

Census, Admissions and Discharges



Note: During SFY 2012, the six admissions include four by community providers and two by hospitals. The nine discharges include seven to supported living, one to a certified family home and the other to a private intermediate care facility.

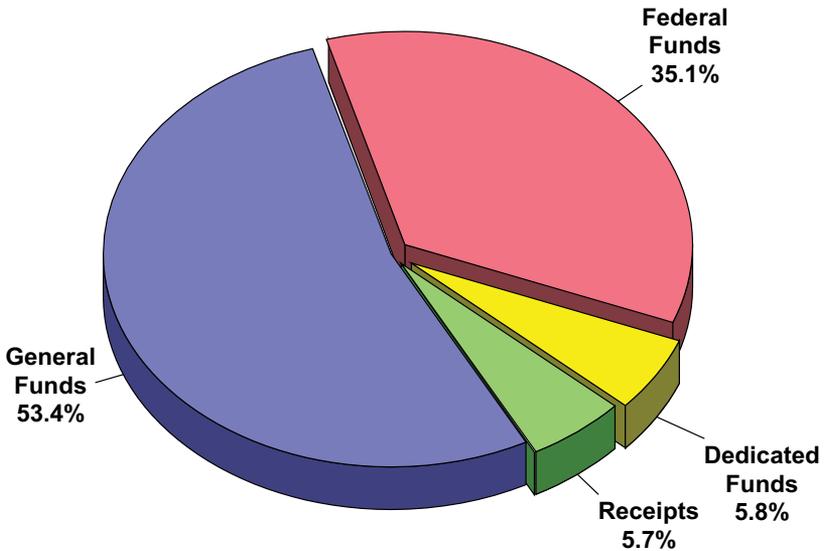
Division of Behavioral Health

Ross Edmunds, Administrator, Phone 334-6997

The Division of Behavioral Health helps children, adults and families address and manage personal challenges resulting from mental illnesses and/or substance use disorders. The division recognizes that many people suffer from both a mental illness and substance use addiction and is integrating services for these co-occurring disorders to improve outcomes. Services accessed through the division are consumer driven and prevention oriented.

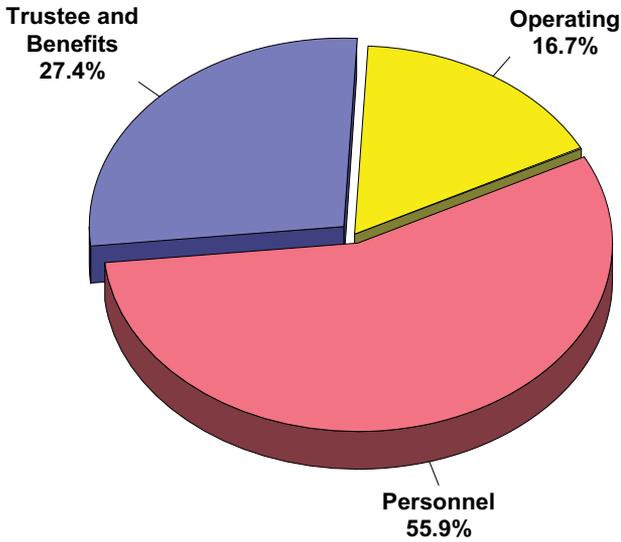
The division is comprised of the Children and Adult Mental Health programs, and the Substance Use Disorders program. The division also administers the state's two psychiatric hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

Behavioral Health SFY 2013 Funding Sources

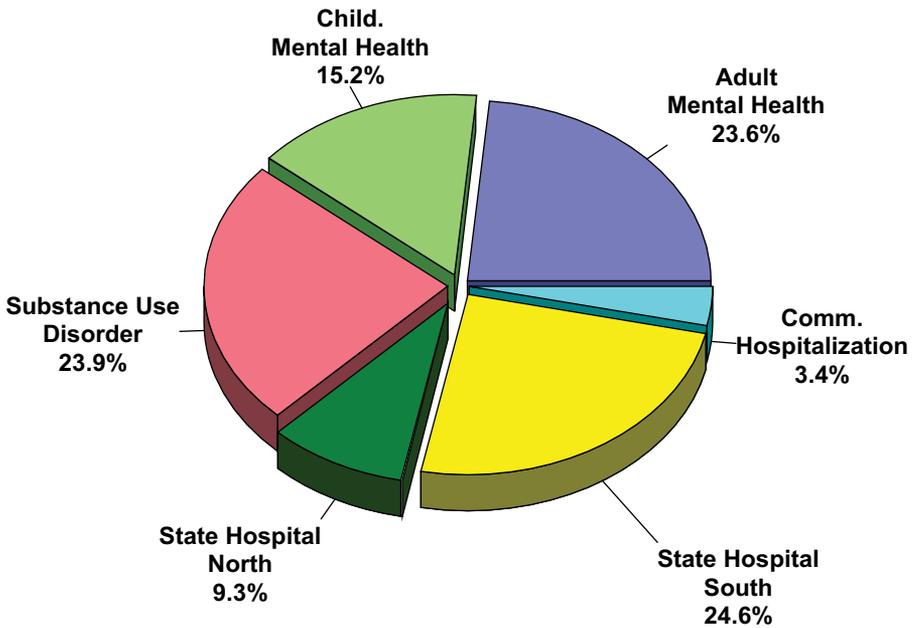


Authorized FTP: 662.8; Original Appropriation for SFY 2013: General Funds \$43.2 million, Total Funds \$80.8 million; 3.4% of Health and Welfare funding.

Behavioral Health SFY 2013 Expenditure Categories



Behavioral Health SFY 2013 Appropriation by Program



SFY 2012: Division of Behavioral Health Program Highlights

The Division of Behavioral Health is dedicated to promoting quality services that are innovative and evidence based. The division engages in a variety of special initiatives each year to further advance our system of delivery. Special initiatives in SFY 2012 included the following:

• **Transforming Idaho's Behavioral Health System**

The division is working closely with the Departments of Correction and Juvenile Corrections, Education, the Supreme Court, the State Planning Council of Mental Health, the Office of Drug Policy, and Idaho counties to transform the state's behavioral health system. This effort is led by the Governor's appointed Behavioral Health Interagency Council (BHIC). The goals of the transformation include integration of mental health and substance abuse into a behavioral health program, increased local influence, clearly defined roles and responsibilities, eliminating gaps in services, consumer driven/recovery oriented programs, and achieving maximum efficiency with maximum effectiveness. The members of BHIC have developed concept papers that describe the transformation. The Division of Behavioral Health has met with consumers, advocates and system stakeholders across the state to gather input. The next step will be seeking legislation in the 2013 legislative session to move transformation from concept to implementation.

• **Idaho Home Outreach Program for Empowerment (ID-HOPE)**

The ID-HOPE project was established in DHW Regions 3 and 4 through a federal Center for Mental Health Services Transformation grant. ID-HOPE is based on the evidence-based practice of Critical Time Intervention (CTI). The first service phase allows for provision of intense services and for the creation of a person-centered plan to link the participant to needed community based services (e.g., housing, employment, benefits, etc.). The second phase calls for moderate involvement as the participant tries out skills and linkages established in phase one. The third phase allows for modification of established linkages to community resources before program graduation at nine months. CTI adaptations for ID-HOPE include use of a mixed staff of Certified Peer Specialists and bachelor's/master's level staff as equal partners in service delivery, and provision of 7- to 14-day crisis intervention services as an alternative to hospitalization for enrolled participants. From March 2011 through May 2012, there were 365 referrals, with 117 enrolled. As of May 2012, 53 ID-HOPE participants had graduated from the program.

• **Projects for Assistance in Transition from Homelessness (PATH)**

The PATH program provides outreach, one-time housing assistance and short-term case management to adults diagnosed with a serious mental

illness who are either homeless or at risk of becoming homeless. In SFY 2012, PATH outreach services, reaching more than 600 individuals across the state, were provided by teams of Certified Peer Specialists.

- **Access to Medication Management**

In response to the national and state shortage of trained psychiatric prescribers, the division has increased access for more than 1,800 adults and children with the creation of a medication management treatment program. The purpose is to provide clients access to their psychotropic medications, which help relieve signs and symptoms of mental illness and give clients a face-to-face opportunity to work with their prescriber. The clients accessing this program are individuals with mental illness who may have other community treatment services, but receive medication management services from a prescribing professional at DHW. Without this program these individuals may not have access to psychotropic medications critical to their recovery.

- **SSI/SSDI Outreach, Access and Recovery (SOAR)**

One of the challenges for Idaho citizens diagnosed with a serious mental illness is accessing services that will help with their recovery in the community. Since its inception in March 2011, the Idaho SOAR program has trained 215 case managers in methods to facilitate completion of SSI/SSDI benefits application packets in order to expedite the processing and approval of those applications. Access to benefits affords individuals access to other resources, such as housing and community-based behavioral health services.

- **Certified Peer Specialists**

The division supports the use of Certified Peer Specialists as a qualitative and cost-effective way to extend the mental health workforce in Idaho. A total of 126 peers were trained from February 2009 through April 2012, with 107 passing the certification exam to qualify as Certified Peer Specialists. Certified Peer Specialists model recovery and resilience in addition to providing other mental health services. Certified Peer Specialists are used on regional Assertive Community Treatment (ACT) teams, as regional Projects for Assistance in Transition from Homelessness (PATH) outreach workers, at State Hospital South and through the Idaho Home Outreach Program for Empowerment (ID-HOPE).

- **Mental Health Consumer Surveys**

The division strives to provide the highest standard of care and support possible. To evaluate the effectiveness of our services, the division implemented measures to make the Mental Health Statistics Improvement Program (MHSIP) survey more accessible to clients. Surveys can now be completed at any computer with internet access (via the DHW website), at computer kiosks located in our mental health offices and by hard copy.

- **Expanded Access to Recovery Services**

The Access to Recovery (ATR) grant serves three different populations: 1) Adult- supervised misdemeanants; 2) Non-criminal justice adolescents; and 3) Active military members and veterans. Services were expanded this past year to also include the spouses and dependents of active military members. There is an average of \$2.5 million per year allocated for treatment and recovery support services, which includes all clinical services except residential treatment. As of June 30, 2012, the grant has funded services for 2,200 participants.

- **Mental Health Quality Improvement**

Behavioral Health is committed to developing and maintaining the highest possible quality of care. As part of this commitment, a Quality Assurance and Quality Improvement plan for the division has been established. Part of this plan includes Continuous Quality Improvement (CQI) to ensure consumers receive services that are clinically necessary, effective and provided in accordance with rules, policies and practice standards. CQI is a planned, systematic and ongoing process to thoroughly and consistently maintain and improve the overall quality of care and service provided, as well as to improve organizational quality.

- **Substance Use Disorders Funding**

Substantial changes were made in FY2012 for the delivery of substance use disorder treatment and recovery support services. The Interagency Committee on Substance Abuse Prevention and Treatment sunsetted according to Idaho Code on June 30, 2011. The Joint Finance and Appropriations Committee (JFAC) appropriated funding to DHW, the Courts, the Department of Juvenile Corrections (IDJC) and the Department of Correction (IDOC). All treatment funding had previously been appropriated to DHW. All those receiving appropriated treatment funds continued to work through the management services contractor on payment for services, but the manner in which treatment was authorized varied by referral source.

- **Adolescent Prevention Intervention Program**

The Prevention Intervention Program is a pilot project with sites located in Coeur d'Alene, Kellogg, Caldwell, Idaho City, Horseshoe Bend, Garden Valley, Burley, Rupert and Pocatello. It was implemented to evaluate the effectiveness of specialized services for youth who have multiple risk factors for substance abuse. The Prevention Intervention Program has three components — ongoing assessment, a multi-session education program and a support group. The combined education program and support group sessions run for a total of nine weeks. The goal is to build positive anti-tobacco, alcohol and drug use attitudes as well as healthy decision-making and coping skills. The support group provides each participant with the opportunity to discuss issues in their lives and apply the knowledge acquired in the education program. Youth complete the program by developing a graduation plan which recognizes gains

achieved, identifies resources to continue improvement and includes a list of names to contact in case of an emergency. The program concludes with a graduation ceremony. In 2012, a total of 206 youth participated in this program.

- **Suicide Hotline**

The division supported the Suicide Prevention Action Network (SPAN) to implement an Idaho-based suicide hotline. DHW helped fund the development and ongoing operations of the hotline, which became a reality on November 26, 2012. Initially, the hotline will be staffed Monday through Thursday, 9 a.m. to 5 p.m., but calls are taken 24/7 and routed to crisis centers outside the state during off-hours. The long-range plan is to staff the Idaho hotline 24/7. People with a mental health crisis can call the hotline at 1-800-273-TALK (273-8255).

Children's Mental Health Services

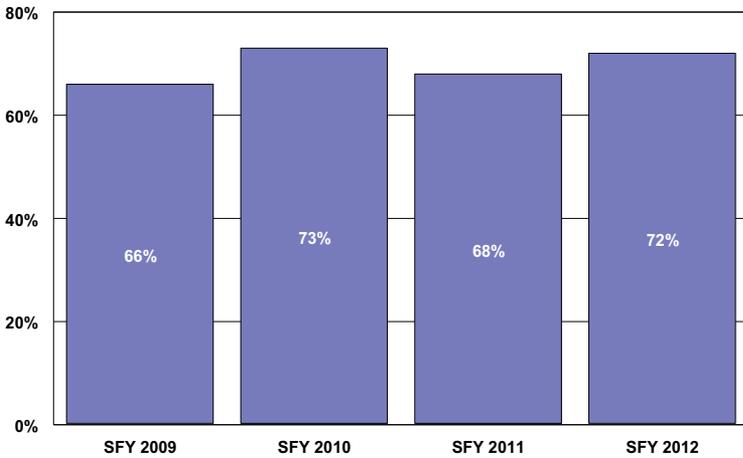
The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with an SED and their families to live, work, learn and participate fully in their communities.

Parents and family members play an essential role in developing the system of care. They are involved in all levels of development, from their own service plans to policies and laws. Without parent involvement and the support to sustain their involvement, the system of care would not be able to achieve positive outcomes for children and their families.

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

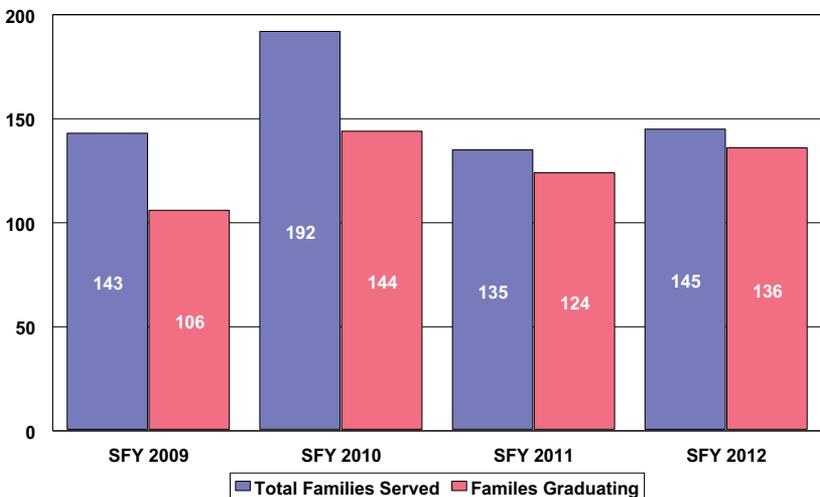
The CAFAS measures functioning across a variety of life domains, including home, school and community. Decreases in CAFAS scores indicate improved functioning. Participants receive a CAFAS during their initial assessment, at treatment plan reviews and at case closure. More than 70 percent of youth receiving two or more CAFAS scores have demonstrated improved functioning during the past year. Of those, 93 percent demonstrated meaningful and reliable improvement with a score decrease of 20 points or more.

Improved Functioning Measured by CAFAS



The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) statewide. PLL is an evidence-based program that has been shown to be effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time a youth and family receive services from the Children's Mental Health program. More than 70 percent of families have their cases closed within three months of completing PLL services, compared to an average length of service of 12 months for non-PLL families.

Parenting with Love and Limits



PLL youth showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. Initial data analysis indicates negative behaviors declined in the domains of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors and internalizing behaviors. The rate of graduation from PLL this past year was more than 92 percent, which continues to exceed the 70 percent goal set by the department.

DHW continues to work with county juvenile justice, magistrate courts, Idaho Department of Junevile Corrections, and parents in situations involving youth with mental health issues and the courts. Idaho Code Section 20-511A of the Juvenile Corrections Act allows the court to order mental health assessments and plans of treatment if a youth under court jurisdiction is believed to have a serious emotional disturbance. Data tracked over the last five fiscal years show an increase from 66 youth served in SFY 2008 to 485 youth served in SFY 2012.

The Jeff D lawsuit concerning children's mental health services was reinstated by the 9th Circuit Court of Appeals in May 2011. The lawsuit was originally filed in 1980 and dismissed by the Federal District Court in November 2007. The focus of the lawsuit is to improve all publicly funded community-based services for children with a serious emotional disturbance. The Department continues to work with the plaintiff attorneys on resolving the lawsuit.

Children Receiving Mental Health Services

	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Total Children Served	4,417	4,102	3,490	2,288*
Court Ordered 20-511A	135	173	237	485
Parenting with Love and Limits	143	192	135	145
Case Management	2,034	1,788	1,371	1,117
Residential Care	68	35	56	54

*Consultation services were not fully accounted for due to implementation of new data system.

Suicide Prevention Services

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2007 to 2011, 1,352 Idahoans died from suicide. In 2009, the latest year for comparable state data, Idaho had the fourth highest suicide rate, following Montana, Alaska and Wyoming. In 2009, Idaho's rate was 66 percent higher than the national average.

In 2011, 284 Idahoans completed suicide, which was a 2.1 percent decrease from 290 suicides in 2010. Among Idaho's 10- to 44-year-olds, suicide was the second leading cause of death in 2011, trailing only accidental deaths, with 138 suicide deaths in that age group.

From a 2011 survey of high school students, 15.8 percent reported seriously considering attempting suicide and 7.8 percent reported making at least one suicide attempt (latest data available). Between 2007 and 2011, 58 Idaho adolescents under the age of 18 died by suicide.

Completed Suicide Rate by Age*

	<15	15-19	20-64	>64	Total
CY 2007	0.9	18.9	21.3	19.2	14.7
CY 2008	3.7	15.3	20.1	28.5	16.5
CY 2009	3.6	8.7	28.3	21.9	19.9
CY 2010	2.6	16.5	24.4	25.2	18.5
CY 2011	NA	23.3	24.2	18.3	17.9

**Rate per 100,000 population.*

Completed Suicides by Age

	<15	15-19	20-64	>64	Total
CY 2007	1	21	168	30	220
CY 2008	4	17	178	52	251
CY 2009	4	10	252	41	307
CY 2010	3	19	219	49	290
CY 2011	0	27	220	37	284

Adult Mental Health Services

The needs of Idaho adults who have a mental health diagnosis are diverse and complex. The division works to ensure that programs and services, ranging from community-based outpatient to inpatient hospitalization services, are available throughout Idaho for people who are experiencing psychiatric crisis, who are court ordered for treatment or who are diagnosed with a severe and persistent mental illness.

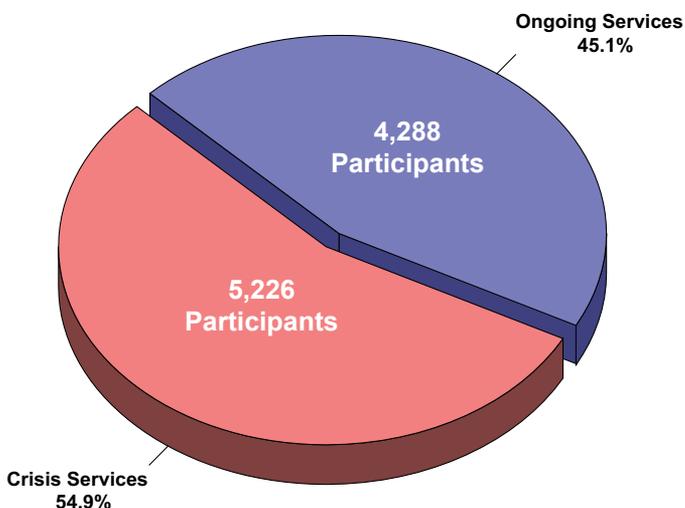
The provision of state-funded mental health treatment to Idaho residents is distributed between seven community-based mental health centers serving all 44 counties in the state. Each community-based mental health center is staffed with a variety of licensed treatment professionals (e.g., psychiatrists, nurse practitioners, social workers, counselors and other mental health workers). The centers offer crisis services and ongoing mental health services to assist individuals in coping with mental illness.

Crisis Services

Behavioral Health directly provides emergency services through the Adult Mental Health (AMH) Crisis Units. The crisis unit provides phone and outreach services 24/7. In addition, these units screen all individuals who are being petitioned for court-ordered commitment, a process by

which the court determines that an individual is likely to injure themselves, others, or is gravely disabled due to their mental illness. Individuals who are placed under commitment may be treated in a community or state hospital, or receive intensive community-based care during this time of acute need. During SFY 2012, 55 percent of the participants receiving services from the division received crisis services.

Adults Receiving Mental Health Services SFY 2012



Ongoing Mental Health Services

The primary goal of ongoing mental health services is to promote recovery, resilience and improve quality of life for people affected by mental illness. During SFY 2012, 45 percent of participants receiving services from the division received ongoing mental health services. These clients received one or more of the following services:

- **Court-Ordered Treatment and Mental Health Court**

Behavioral Health provides court-ordered evaluation, treatment recommendations and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, and/or Mental Health Court. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services, with ACT staff integrally involved in collaborative weekly mental health court meetings.

- **Assertive Community Treatment**

ACT services were designed to provide a full array of community-based services to adults with a serious mental illness who had the most intense service needs as an alternative to hospitalization. ACT services include

individualized treatment planning, crisis intervention, peer support services, psychosocial rehabilitation, medication management, case management, individual/group therapy, co-occurring treatment and other community support services.

• Case Management Services

Behavioral Health provides case management services based on the needs of the individual. Case managers work with the participant to identify mental health needs and then link, coordinate, advocate and monitor services. Short-term intensive and long-term non-intensive services are available on a limited basis.

• Community Support Services

Community support services are available on a limited basis. They include outreach, medication monitoring, benefits assistance, support for independent living skills, psychosocial rehabilitation, education, employability and housing support.

• Co-occurring Mental Health and Substance Disorders

It is estimated that 60 percent of people who experience a mental illness also experience a co-occurring addiction to alcohol or drugs. Research has demonstrated the need to treat co-occurring disorders through integrated treatment. AMH provides this type of treatment or collaborates with a private agency to provide the treatment for people in need.

Adult Mental Health Services				
	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Adults Receiving Services	8,209	9,443	10,319	9,514
Supportive Services (meds, housing, & employment)	1,971	5,330	7,101	5,071
Assertive Community Treatment	587	561	639	631
Co-occurring Services	188	431	551	548

State Hospital North

Ken Kraft, Administrator, 476-4511

State Hospital North in Orofino is a 60-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, and the referring Regional Mental Health Centers to develop goals for hospitalization and to arrange follow-up care after an inpatient stay.

Hospitalization at State Hospital North is intended to be of short to intermediate duration with the objective of stabilizing presenting symptoms and returning the patient to community living in the shortest reasonable period of time. Length of stay is variable based on patient need and prevailing best practices within the mental health field. The median length of stay is approximately 41 days.

Admissions to State Hospital North require commitment through the court system. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, master's level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian and support personnel.

Staff deliver a number of specialized services that include: assessments and evaluations, medication management, a variety of therapies, opportunities for community integration, involvement in recreational and educational activities, and discharge planning. The facility uses the Recovery Approach in treatment and promotes alignment with the patient in developing a self-directed care plan to assist them in working toward their own recovery goals.

During SFY 2012, State Hospital North maintained an average census of 48 patients.

Inpatient Psychiatric Services

	SFY 09	SFY 10	SFY 11	SFY 12
Psychiatric Patient Days	19,175	17,048	16,680	17,514
Number of Admissions	249	331	336	289
Average Daily Census	53	47	46	48
Daily Occupancy Rate	89%	78%	76%	80%
Readmission Rates				
30 Day	3.6%	2.7%	1.8%	1.4%
180 Day	7.2%	6.6%	8.9%	9.7%
Cost Per Patient Day	\$467	\$452	\$450	\$443

State Hospital South

Tracey Sessions, Administrator, 785-8402

State Hospital South is located in Blackfoot and was established in 1886. The hospital is licensed by the state to serve 90 adult patients, 16 adolescent patients, as well as 29 patients in the Syringa Chalet skilled nursing home. State Hospital South is accredited by the Joint Commission.

Patients are referred to the hospital by Regional Mental Health Centers. Patients who come to the facility have the opportunity to develop wellness recovery action plans that are personalized care plans for community living. Patients have the opportunity to work with doctors, mid-level prescribers, clinicians, social workers, nurses, dieticians and therapeutic recreational therapists to learn new skills that can be used in the community to keep them safe from self-harm, harm to others, and basic living skills for those who need that level of care. Treatment is provided through an interdisciplinary team that addresses both psychiatric and medical care issues.

State Hospital South also provides treatment to patients who come through the criminal justice system. The court can remand those who are unfit to proceed in the criminal justice process to the custody of the Department for help in restoration to competency.

Adolescents between the ages of 11-17 are served in a unit that is geographically separated from adult treatment. The average age of adolescents in treatment is 14. The average age of adults in the hospital is 41. The average age of the residents in the Skilled Nursing Home is 73.

Inpatient Psychiatric/Skilled Nursing Services

	SFY 09	SFY 10	SFY 11	SFY 12
Adult Psychiatric Patient Days	26,906	25,585	27,152	29,555
Number of Admissions	363	384	490	484
Avg. Daily Census	74	70	74	81
Daily Occupancy Rate	81.9%	77.9%	82.7%	89.7%
30-Day Readmission	1.4%	2.1%	4.7%	2.5%
180-Day Readmission	7.7%	10.9%	16.1%	12.2%
Cost Per Patient Day	\$508	\$512	\$455	\$430
Syringa Skilled Nursing Patient Days	9,970	8,787	9,327	9,071
Number of Admissions	9	7	10	10
Daily Occupancy Rate	81.6%	83.0%	88.1%	95.5%
Cost Per Patient Day	\$472	\$528	\$495	\$454
Adolescent Unit Patient Days	3,969	3,787	3,217	3,677
Number of Admissions	91	75	81	81
Daily Occupancy Rate	68%	64.8%	55.1%	62.8%
Median Length of Stay (days)	36	45	34	42
30-Day Readmission	0%	2.7%	1.2%	0%
180-day Readmission	6.6%	6.7%	4.9%	7.4%
Cost Per Patient Day	\$795	\$800	\$699	\$625

Substance Use Disorders Program

The Substance Use Disorders Program includes:

- Prevention and treatment services;
- Private prevention and treatment staff training;
- Facility approval;
- DUI evaluator licensing; and
- Tobacco inspections.

Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs. The goal of substance use disorders treatment is to help clients live their lives in recovery. Idaho's 68 state-approved treatment providers staff 132 sites. In addition, the network utilizes 35 stand-alone recovery support services providers at 65 locations. Treatment services include detoxification, outpatient therapy and residential treatment.

Recovery support services include those services needed to assist participants in their recovery. These services include case management, family life skills, adult safe and sober housing, childcare, transportation and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

Prevention services use an array of strategies to target populations, ranging from early childhood to adults, and are designed to foster development of anti-use attitudes and beliefs to enable youth to lead drug-free lives. Services include education of youth and parents, intervention programs, mentoring and after-school programs, life skills programs and community coalition building. Currently, Idaho has 66 prevention providers funded by DHW.

The department was awarded the Access to Recovery-III (ATR) grant in October of 2010. This is a four-year grant program that provides substance abuse services to adult supervised misdemeanants, adolescents re-entering the community from state facilities and county detention centers; and the military population including veterans, members of the Idaho National Guard, military reserve members, and their spouses and dependents.

DHW is currently developing a school-based referral program for non-criminal justice adolescents. ATR will no longer serve criminal justice involved adolescents because the Department of Juvenile Corrections has adequate funding to serve adolescent re-entry clients. As of June 30, 2012, the ATR program has served 2,202 clients. DHW has met both the budget expenditures and client target goals each year.

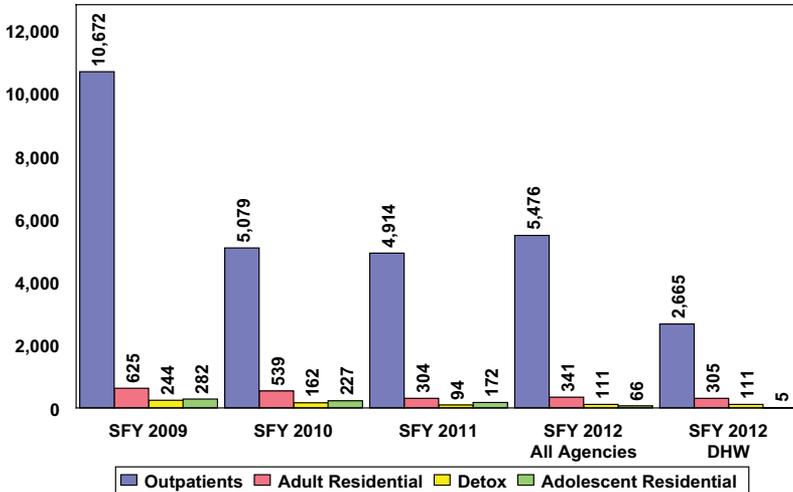
DHW partners with Regional Advisory Committees (RACs) to assess regional needs and assets for prevention and treatment services. The RACs are composed of department staff and representatives of public and private agencies involved with substance use disorder prevention, treatment and recovery. The RACs provide local coordination and exchange of information on all programs relating to substance use disorders.

Throughout SFY 2012, DHW continued to work with other state agencies and the courts through the Behavioral Health Interagency Cooperative (BHIC), which replaced the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA). As intended by legislative authority, ICSA was formally dissolved on July 1, 2011. The purpose of ICSA had been to assess statewide needs, develop a statewide plan and coordinate and direct efforts of all state entities that used public funds to address substance abuse. BHIC has assumed many of the original responsibilities of the ICSA.

	Participants		Spending	Completed Treatment	Avg. Length of Stay
Courts	1,672	Adult: 1,605	\$4.6 M.	46%	435 days
		Juvenile: 67			
DHW	3,316	Adult: 3,156	\$5.6 M.	34%	211 days
		Juvenile: 160			
Juvenile Corrections	825	Adult: 480*	\$1.8 M.	37%	189 days
		Juvenile 345			
Dept. of Corrections	2,337	Adult: 2,337	\$2.6 M.	38%	199 days
		Juvenile: 0			

**Includes adolescents who became adults while receiving treatment, as well as services provided for parents or guardians.*

Adult and Adolescent Substance Use Disorder Participants per Service



Since 2005, the Substance Use Disorders program has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2012 data showed the following:

- Over the past five state fiscal years, the rate of adolescents who successfully completed treatment increased 16%;
- Despite a challenging economy, unemployment of people receiving treatment was reduced by 42% in FY 2012; and
- 64% of people who were homeless when beginning services had found homes at the time they discharged from the program.

Substance Use Disorder Prevention Services

Idaho funds a broad range of prevention services in an effort to reduce substance abuse. In 2012, prevention resources were available to all citizens of Idaho through a variety of sources. A total of 66 organizations received prevention funds, which enabled them to serve 15,783 children and adults in one-time community activities and deliver multi-session education programs to 21,736 youth and adults. Funds supported parenting classes, in-school and community-based prevention education, coalition development, community awareness events and after-school programs.

DHW funded the Idaho Regional Alcohol Drug Awareness Resource Center, which provided educational materials, posters and videos to 75,000 Idaho residents. The department also supported the Community Coalitions of Idaho, a group dedicated to the prevention of alcohol and drug abuse.

In 2012, the department funded activities undertaken by 10 coalitions and provided technical assistance to an additional 11 groups.

The Idaho Tobacco Project

The Idaho Tobacco Project is a partnership between DHW and Idaho State Police. This effort supports merchant education, retailer permitting and conducts inspections to evaluate compliance with the prevention of minor's access to tobacco statute.

DHW provides retailers with both point of sale and online training resources to assist in educating their sales staff. Currently, Idaho has 1,700 permitted tobacco sellers. Youth purchase inspections are conducted annually at every retailer site that youth may legally enter to encourage tobacco retailers to remain vigilant about refusing to sell tobacco to minors. In 1998, the first year that statewide youth purchased tobacco inspections were implemented, the violation rate was 56.2 percent. The survey of inspections resulted in a violation rate for 2011 of 6.3 percent. The chart below depicts the findings of the annual survey of tobacco inspections conducted by youth inspectors over the past five years.

	CY07	CY08	CY09	CY10	CY11
Permittees	1,739	1,756	1,399	1,699	1,703
Inspections	1,548	1,873	1,659	2,064	1,841
Violations	161	177	239	198	115
Non-Compliance Rate	10.4%	9.4%	14.4%	9.6%	6.3%

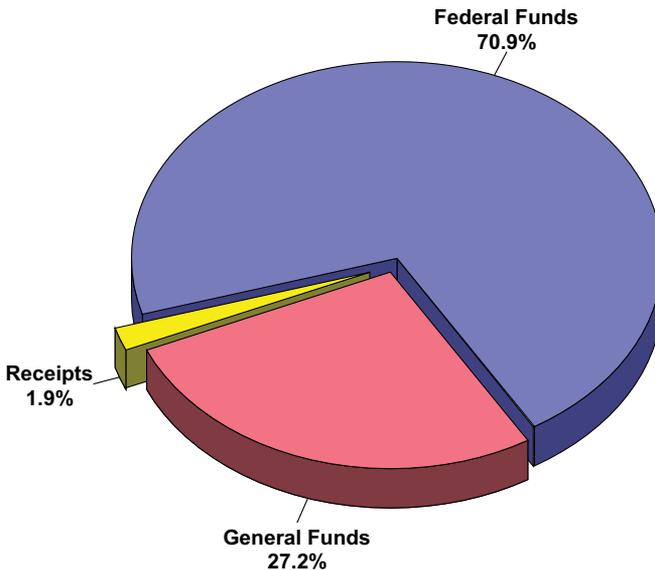
Division of Welfare

Russell Barron, Administrator, Phone 334-5696

The Division of Welfare/Self Reliance promotes stable, healthy families through assistance and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). These programs, also called Self Reliance Programs, provide critical aid and support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant.

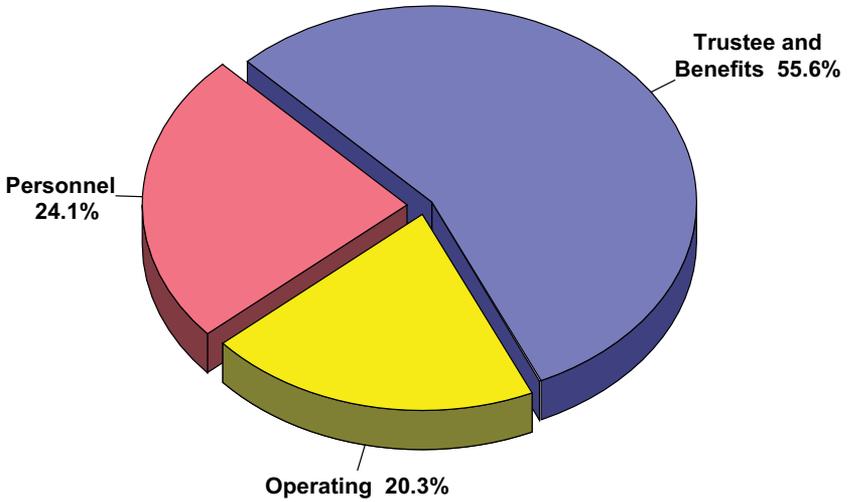
The division administers several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. The division does not manage the Medicaid Program, but does determine Medicaid eligibility.

Welfare SFY 2013 Funding Sources

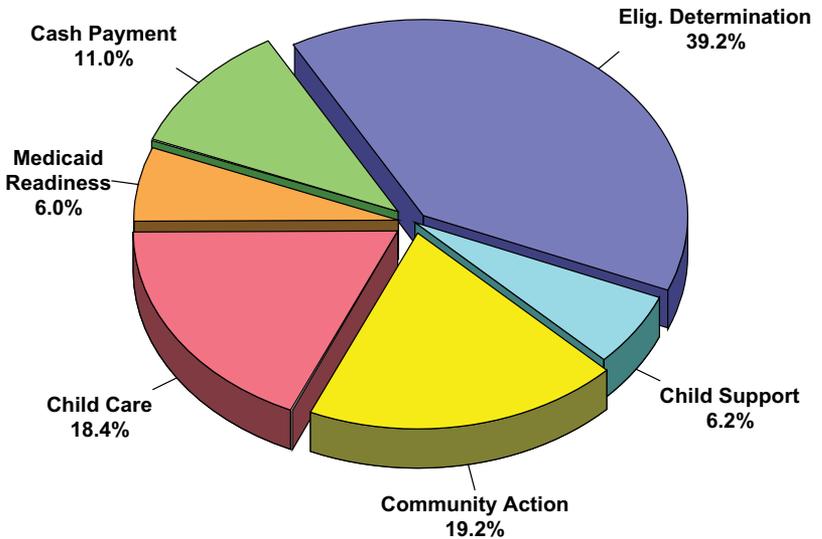


Authorized FTP: 591.6. Original Appropriation for SFY 2013 General Funds \$37.4 million, Total Funds \$137.4 million; 5.8% of Health and Welfare funding.

Welfare SFY 2013 Expenditure Categories



Welfare SFY 2013 Appropriation by Program



Medicaid Readiness is one-time funding of \$8.2 million to incorporate mandatory Patient Protection and Affordable Care Act requirements. Ninety percent of this funding is provided by the federal government.

2012 Self-Reliance Highlights

Ongoing challenges of a recovering economy continued during SFY 2012 as Idaho families struggled to find stable employment and regain self-sufficiency after several years of a difficult labor and housing market. The Self Reliance programs have been one place families have turned to during these uncertain times to seek help in meeting basic needs such as food, health care, child care, child support, and emergency assistance.

The Division of Welfare currently serves approximately 202,000 families that receive services in one or more programs and maintains 149,000 child support cases. Approximately one in three participant families have at least one elderly or disabled member living in the household. Of the families not considered elderly or disabled, just over 90 percent have an income of 133 percent or less of the federal poverty level. Sixty percent of families living at 133 percent of poverty currently receive both food assistance and Medicaid coverage. Almost 80 percent of families with a current Child Support case in which DHW provides enforcement utilized one or more assistance programs.

The Self Reliance programs are intended to help Idaho families who have fallen into poverty by providing work supports for families trying to return to the workforce. The combination of key supports such as health coverage, food and nutrition assistance, child care, Child Support and Job Search Assistance (JSAP) will help families obtain employment or remain in the workforce as they balance their ability to pay a mortgage, pay utilities, and provide for their children. Keeping Idaho's low-income families at work during these challenging times will help enable them to take advantage of new opportunities as the economy improves and they no longer need the support of public assistance.

The Division of Welfare has been recognized for its exceptional innovation, service delivery redesign, and use of technology by federal partners, other states, and national organizations. In the true Idaho spirit for smart governance and efficient administration of public programs, the Division of Welfare has used business process re-design, new technologies, and ongoing change management to see exceptional results and improved performance. Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. Notably, improvements have been accomplished over the last few years during significant caseload growth, despite a significant reduction in resources. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who execute these programs for low-income Idaho families.

The division maintained strong performance in the Food Stamp and Medicaid programs. Application processing timeliness for Food Stamps (non-expedited) was over 99 percent and for Medicaid was over 95 percent. Idaho's Food Stamp program received national recognition for accuracy, timeliness, and improved access. Idaho's Children's Health Insurance Program (CHIP) was also recognized for accuracy and improved access. The division met or exceeded Federal standards for accuracy in Child Support and all benefit programs.

In SFY 2012, the division began work on Medicaid Readiness, the project to bring the program into compliance with the new Medicaid requirements. The first phase of the project is system modernization, which will prepare IBES, the benefit eligibility system, and related systems for a new and extremely complex method of determining and processing eligibility.

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:

- Food assistance (SNAP, or Food Stamps);
- Child care assistance (Idaho Child Care Program);
- Eligibility determination for medical assistance under a variety of programs for low-income children, adults, and pregnant women; disabled individuals; nursing home care; and help with health insurance costs or Medicare premiums; and
- Cash assistance in the form of Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD) programs.

Applications are available in field offices around the state, as well as by phone, mail and the Internet. These services have strict eligibility requirements, as identified in state and federal rules. Benefit Program Services are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

2. **Child Support** services include:

- Locating an absent parent, conducting paternity testing, and creating a new and/or enforcing an existing child support order, or modifying a support order;
- Providing medical support enforcement to ensure children are covered by health insurance; and
- Helping other states enforce and collect child support for parents living in Idaho, which accounts for about one-fifth of Idaho's child support cases.

The Child Support Program uses secure electronic transfer of collected funds to distribute child support to families.

3. Partnership Program services include:

- Community Service Block Grants, which help eliminate the causes of poverty and enable families and individuals to become self-reliant;
- Nutrition-related services and food commodities;
- Low-income home energy assistance;
- Weatherization assistance to help low-income households conserve energy and save money; and
- Telephone assistance for low-income people.

Partnership Programs are supported by pass-through funds that the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the State can benefit from a single entity overseeing administrative and fiscal management, rather than duplicating this function in each locale.

To realize greater efficiency, the division works with community-based service providers to administer federal, state, and local funds in implementing Partnership Programs. The division maintains administrative and fiscal oversight of the funds, allowing local organizations to focus on day-to-day service provision and program implementation. These contractors, such as the Community Action Partnership Association of Idaho, are essential partners to the division in meeting the needs of citizens throughout the State.

Program Participation

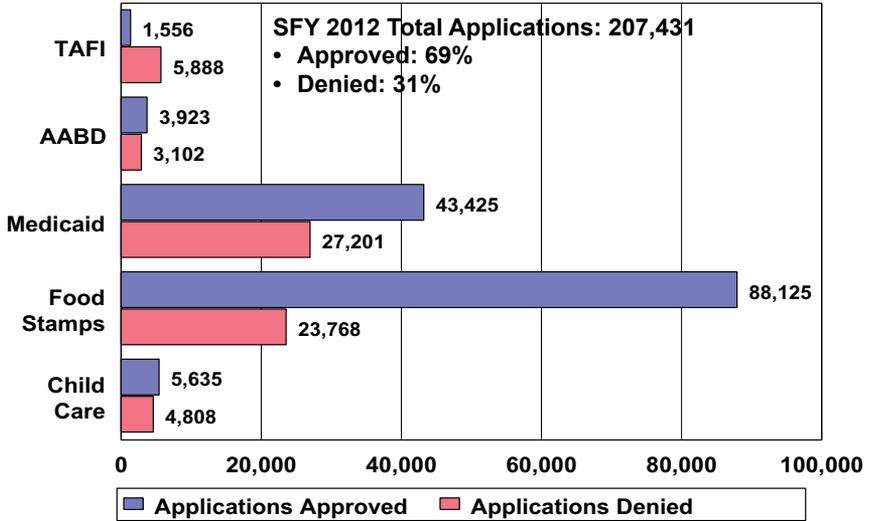
Participation in benefit programs, Child Support, and Partnership Programs is traditionally measured by the average monthly caseload or individuals served each month. However, reporting these numbers does not give a complete picture of the number of people served during the year. It also does not give an accurate picture of the Self Reliance staff workload.

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

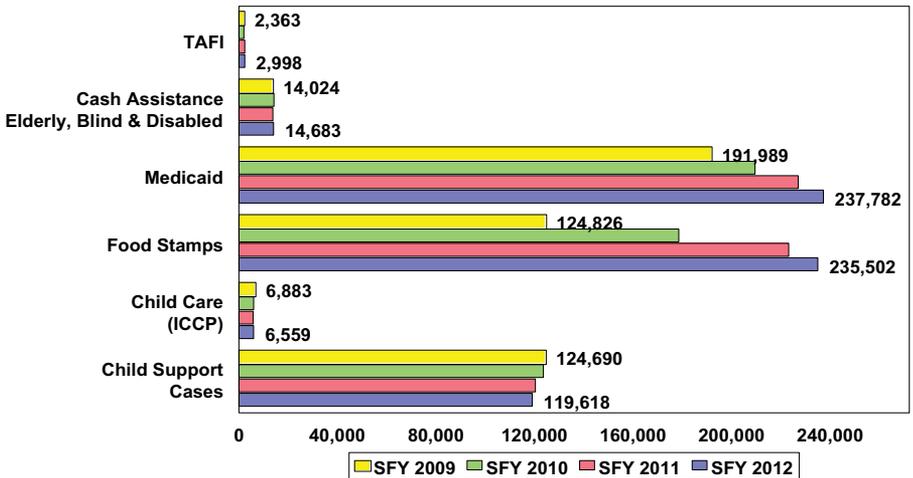
Benefit programs are designed to be work supports for low-income families in Idaho. The division has designed benefit programs to encourage families to find a job, keep a job, and hopefully move on to

higher wages and self-sufficiency. The Food Stamp and TAFI programs have work participation requirements to help individuals find employment. As low income families find success in the workplace, the long-term outcomes for families and children are improved.

SFY 2012 Applications Approved and Denied



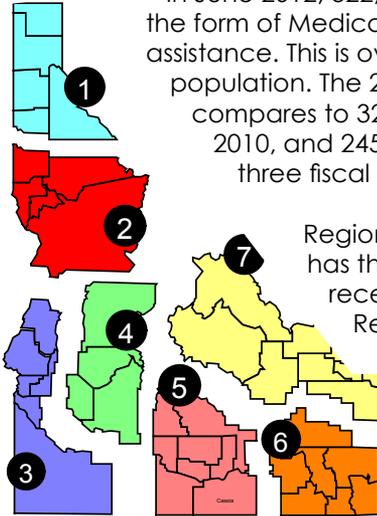
Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes some duplicates. All programs are reported by SFY except Child Support, which reports by FFY. Medicaid data is provided by the Division of Medicaid.

Numbers Served by Region

In June 2012, 322,288 people received assistance in the form of Medicaid, Food Stamps, child care and cash assistance. This is over 20 percent of the State's total population. The 2012 number of individuals served compares to 321,000 in June 2011, 304,000 in June 2010, and 245,000 in 2009. The growth over the last three fiscal years represents a 31 percent increase.



Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while

Region 2 has the lowest percentage

of population receiving assistance. Five of the seven Regions all have over 20 percent of their populations receiving one of the four main assistance services.

Snapshot of Public Assistance by Region During June 2012

Region	Estimated Population	Receiving Cash Payments	Medicaid	Food Stamps	Child Care Assistance	Totals
1	214,625 13.5%	2,979 1.4%	31,039 14.5%	31,630 14.7%	821 0.4%	43,564 20.3%
2	106,217 6.7%	1,472 1.4%	12,611 11.9%	11,058 10.4%	228 0.2%	16,570 15.6%
3	256,653 16.2%	3,981 1.6%	52,996 20.6%	54,592 21.3%	1,396 0.5%	71,659 27.9%
4	443,851 28.0%	4,115 0.9%	50,528 11.4%	53,456 12.0%	1,427 0.3%	71,311 16.1%
5	187,012 11.8%	1,834 1.0%	31,856 17.0%	27,388 14.6%	938 0.5%	40,627 21.7%
6	167,325 10.6%	2,023 1.2%	27,647 16.5%	25,692 15.4%	659 0.4%	36,659 21.9%
7	209,302 13.2%	1,481 0.7%	32,795 15.7%	28,265 13.5%	837 0.4%	41,898 20.0%
Totals	1,584,985 100%	17,885 1.1%	239,472 15.1%	232,081 14.6%	6,306 0.4%	322,288 20.3%

Note: Estimated population percentage (in column 2) represents regional share of the state's total population. Percentages under each program are the percentage of each region's population participating in that program. Many participants receive services through more than one program. The total (in the last column) is an unduplicated count of these four self-reliance programs.

Use of benefit programs remained flat in all parts of the state during SFY 2012. Region 3, where 71,659 individuals participated in a Self Reliance benefit program, had the highest service usage and led the state in enrollment in all benefit programs. Idaho's most populous area, Region 4, which contains over one-quarter of the State's population, had the second lowest use of benefit programs, with 16 percent of Region 4's population receiving benefits.

Benefit Program Services

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

1. Supplemental Nutrition Assistance Program (SNAP, or Food Stamps);
2. Child care;
3. Medicaid eligibility; and
4. Cash assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled).

Supplemental Nutrition Assistance Program (Food Stamps)

Overview: The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, helps low-income families maintain good health and nutrition. SNAP benefits are federally funded while the state shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

In order to qualify for SNAP, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a US citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meet income eligibility limits for family size;
- Do not exceed the \$5,000 asset limit;
- Meet strict eligibility requirements if they are a student, legal immigrant or convicted felon; and
- Participate in a work search program, unless exempt.

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

SNAP recipients, unless exempt, are required to participate in Enhanced Work Services (EWS), including the Job Search Assistance Program.

This program assists individuals in gaining, sustaining, and expanding employment opportunities, in order to remain eligible for SNAP benefits. The primary focus of the EWS program is to get a job, keep a job, or get a better job. Failure to participate in this program results in the individual losing their portion of SNAP benefits.

SNAP Benefit Amount: The amount of SNAP received (also called benefit amount), depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2012, the average SNAP allotment per person in Idaho was \$128.

What is available for purchase with SNAP?

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

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

Households may **not** use SNAP benefits to purchase alcoholic beverages, tobacco, or any non-food items, such as:

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

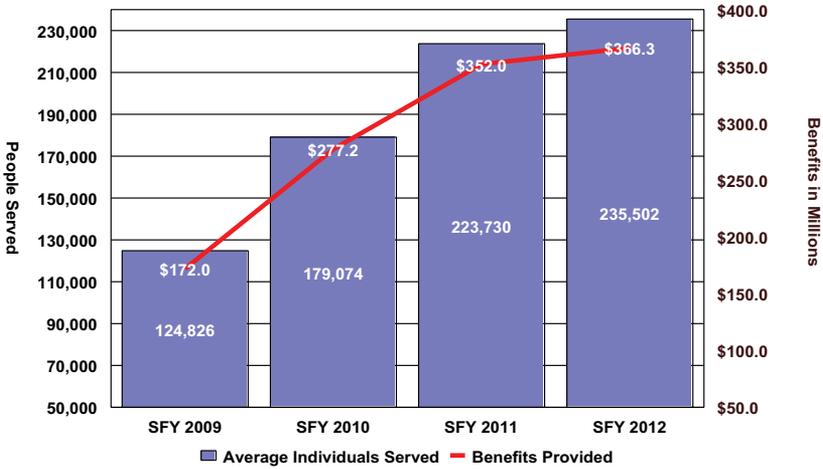
Additionally, SNAP benefits may **not** be used for:

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

Caseload Growth:

SNAP enrollment is very responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho experienced SNAP expansion, realizing unprecedented participation growth beginning in 2007 and continuing through 2011. During SFY 2012, Idaho's SNAP caseload showed the first year over year decline since 2007, with a slight reduction in individuals receiving SNAP benefits from nearly 235,000 in June 2011 to just over 232,000 in June 2012.

SNAP: Average Individuals Served Monthly and Total Annual Benefits Provided



Program Performance

In spite of record participation growth, Idaho's SNAP program continues to perform at a high level. Idaho's payment error rate, which tracks the allocation of an incorrect level of assistance, remains low at 2.52 percent. This ranked fifth best in the nation last fiscal year. Idaho ranked fourth in the nation in the category of "negative error rate," a measurement of the frequency that food stamp applications or food stamp cases are incorrectly denied or closed, with an error rate of less than two percent. In addition, processing timeliness for SNAP applications (non-expedited) was over 99 percent. One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2012, over 70 percent of participants who applied for SNAP benefits received an eligibility decision on the same day they applied.

Idaho Child Care Program

The Idaho Child Care Program (ICCP) provides subsidies to certain low-income families to assist with child care expenses so that parents can maintain employment or complete their higher education. Child care assistance is calculated on a sliding fee scale, dependent on the parents' income. Eligibility in this program requires legal status in the U.S. and parents must meet certain income guidelines.

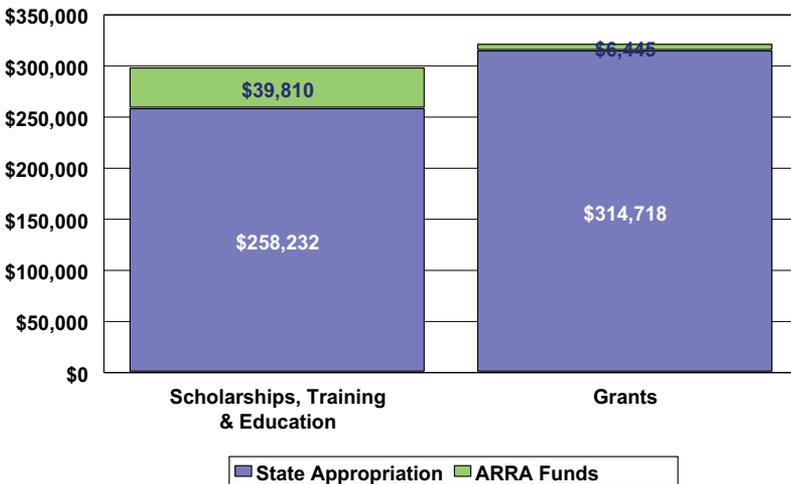
Because of the high costs of child care, many parents earning near minimum wage could not afford to work and pay for child care without ICCP assistance. On average, ICCP provided services for 6,559 participants per month during SFY 2012, with total annual payments of almost \$19.3 million.

In order for a provider to be eligible to receive ICCP payments, they must meet minimum health and safety standards, which includes annual CPR/ First Aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every year. The division also contracts with the University of Idaho for the IdahoSTARS program which provides services to improve the quality of child care in Idaho, assists parents looking for child care, and assists providers who wish to become licensed.

During SFY 2012 ICCP:

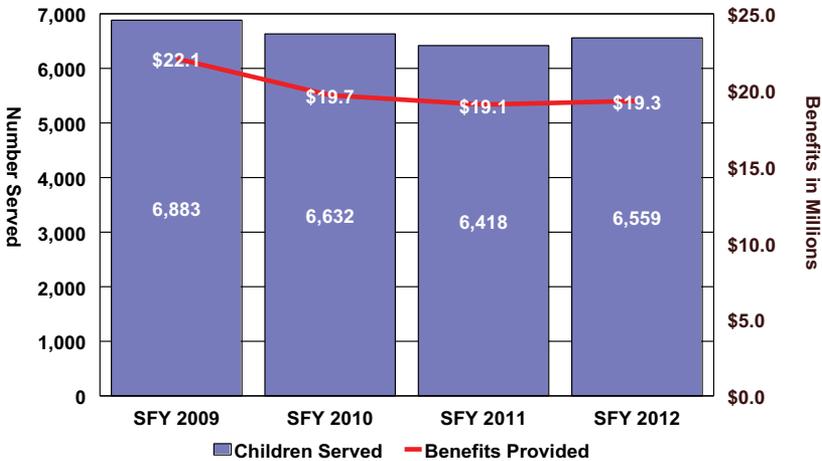
- Provided 3,664 child care referrals to parents to assist them in making the right decisions for their families.
- Improved child care quality through a Quality Rating and Improvement System, using nationally established measurements.
- Provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. In SFY 2012, IdahoSTARS conducted 1,421 trainings and provided 2,178 training scholarships and 90 academic scholarships statewide at an annual cost of \$298,042. IdahoSTARS also supported providers with \$321,163 in program improvement grants and incentives. The funding available for these activities is lower than in the previous year because American Recovery and Reinvestment Act (ARRA) funds are no longer available.

SFY 2012 ICCP Fund Distribution: Total \$619,000



The average number of child care participants per month increased from 6,418 in SFY 2011 to 6,559 in SFY 2012. This slight increase is due to the improved economy as people return to work and need child care again.

ICCP Average Monthly Children Served and Total Annual Benefits Provided



Health Coverage (Medicaid)

The Division of Welfare determines financial and personal eligibility for Medicaid services. In order to receive health coverage from Idaho Medicaid, an individual must meet certain eligibility requirements.

1. Individuals must fit one of the following categories:

- Be a child under the age of 19; or
- Be a pregnant woman; or
- Be an adult with a child under the age of 19; or
- Be age 65 or older; or
- Be blind or disabled according to Social Security Administration criteria.

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

- Be a citizen or legal immigrant;
- Be a resident of the State of Idaho;
- Household income must be less than the program income limits for the household size; and
- Resources must not exceed the program resource limits. (There is no resource limit for children applying for Medicaid services.)

3. In order to receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces:

- For all new applications;
- For the annual eligibility review (re-evaluation); and
- Whenever a household or income change is reported.

Income limits are different for the different Medicaid categories. For instance, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is below \$3,554 per month. The parents in this family would only be eligible for Medicaid coverage if their income was below \$382 per month. Income limits are different for individuals with disabilities or for pregnant women. Single adults with no children and no disability are not eligible for Medicaid coverage.

A table showing eligibility income limits for Idaho Medicaid can be found at: www.benefitprograms.dhw.idaho.gov.

Average monthly Medicaid enrollment increased by 4 percent during SFY 2012. As of June 2012, there were approximately 239,500 individuals receiving Medicaid services in Idaho. The Division of Welfare receives about 5,900 Medicaid applications per month and on average completes an eligibility decision on a Medicaid application in about seven days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The Division of Welfare completes these reviews with a re-evaluation of eligibility for 10,500 Medicaid families every month; about 20 percent of those families do not complete the re-evaluation process and as a result their Medicaid cases are closed. Of the 80 percent of families completing the re-evaluation, 98 percent remain eligible after all verifications are reviewed. Families also are required to report changes to their income and household circumstances during the twelve month certification period.

Cash Assistance

1. Temporary Assistance for Families in Idaho (TAFI)

The TAFI Program provides temporary cash assistance and work preparation services for families with minor children. TAFI cash benefits for eligible low-income families and households help pay for food, clothing, shelter, and other essentials. Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults.

In order to qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meets income eligibility limits for family size;
- Meets personal asset limits;
- Cooperates with Child Support Enforcement;
- Participates in a drug and alcohol abuse screening and, if determined to be in need of treatment, must be in compliance with that treatment plan; and
- Participate in the Enhanced Work Services program and meet strict participation requirements.

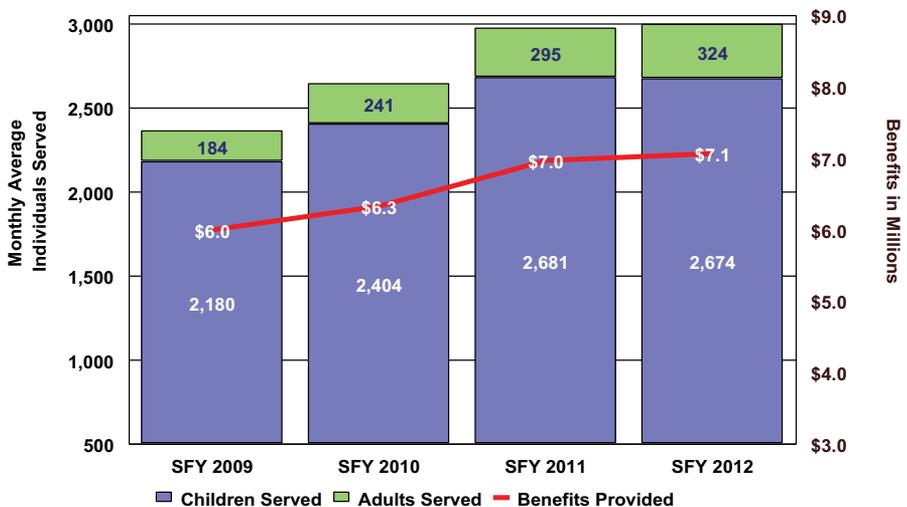
All of these eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense case management of these families, which includes weekly contact, ensures that the Department always has the most up-to-date status on the family to determine ongoing eligibility.

Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant and maintain eligibility for the TAFI program. Participants of this program are required to participate from 20 – 40 hours per week (depending on family composition) in approved activities including, but not limited to, job search, education directly related to employment, work experience opportunities and substance abuse treatment. Failure to meet these required activities results in closure of the TAFI assistance, with an additional penalty period during which the family is ineligible to receive TAFI cash.

Child-only cases, which comprise almost 90 percent of the TAFI caseload, are not subject to work participation requirements. These are typically children who are being cared for by a relative, often because their birth parents are incarcerated or have substance abuse problems. Income and resources of the relative caretaker are not considered when determining eligibility for TAFI child-only cases.

During SFY 2012, the average number of individuals served per month remained stable at 2,998.

TAFI Monthly Enrollment and Total Annual Benefits



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

AABD provides cash assistance to certain low-income individuals who also receive medical assistance because they are blind, disabled, or age 65 or older. The State of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current Maintenance of Effort provides a monthly average cash benefit amount of \$52.40 per enrollee.

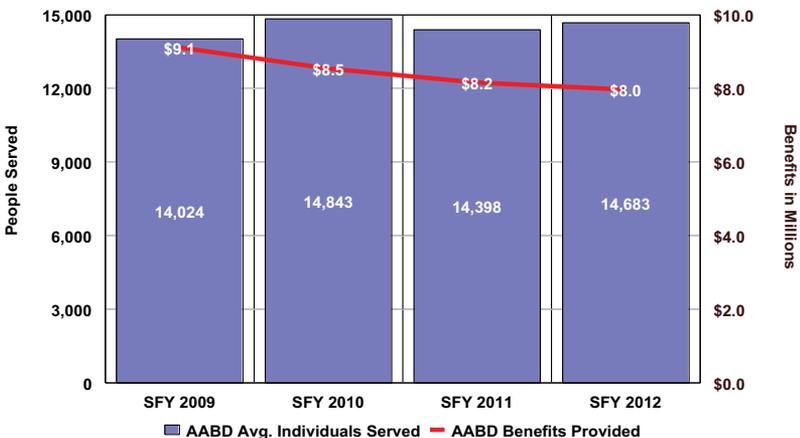
AABD cash payments are paid with 100 percent state general funds and payments can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the individual receiving the cash payment.

Individuals are eligible to receive AABD cash assistance if they meet the following program, income and resource requirements:

- The income limit for an individual receiving AABD cash assistance is \$731 per month or \$1,048 per couple per month;
- Personal assets must not exceed \$2,000 per individual per month or \$3,000 per couple per month;
- An individual must be aged or disabled to qualify for the cash payment and must receive Social Security Income (SSI);
- The living arrangement of the individual will determine the amount of cash assistance the individual will receive. People who reside in a certified family home are no longer eligible for AABD cash benefits.

On average, 14,683 individuals received AABD cash payments each month during SFY 2012. AABD cash assistance is intended to supplement the individual's income to help them meet the needs of everyday living.

AABD Average Monthly Enrollment and Total Annual Benefits



Child Support Services

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

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

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

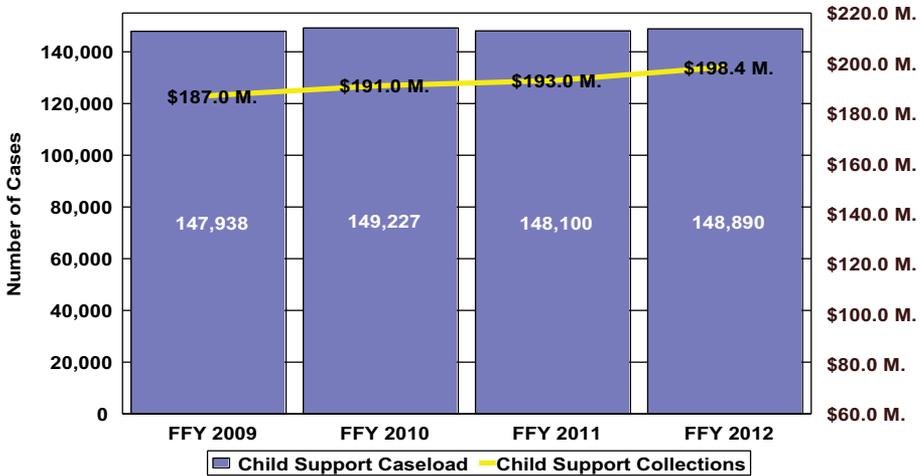
Enforcement services include:

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

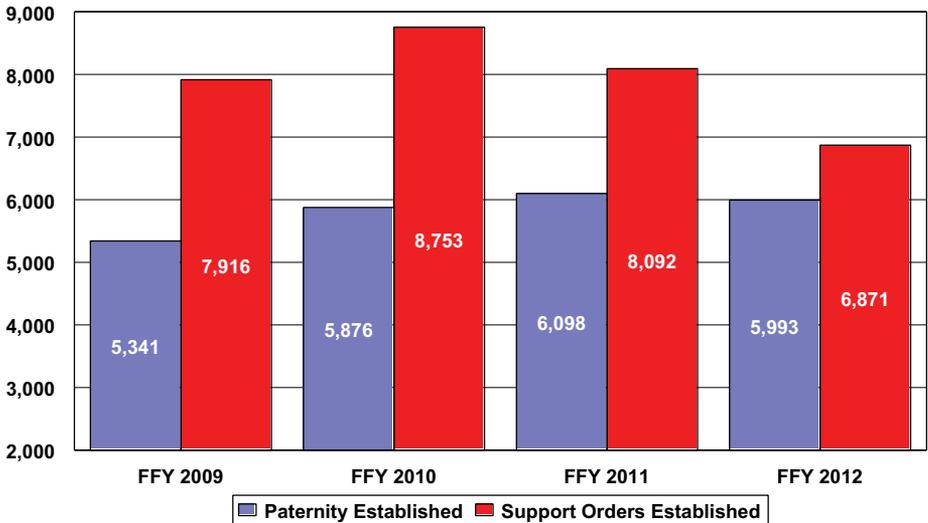
In FFY 2012, the Child Support Program administered approximately 148,890 child support cases, collecting and distributing more than \$198.4 million. These cases and support dollars include Receipting Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Idaho Legislature chose DHW to administer the state's Child Support Program, including county RSO cases. In FFY 2012 the RSO monthly average caseload was 29,272 cases, collecting and distributing \$32.2 million.

During FFY 2012, the Child Support Program receipted 555,745 payment transactions, completed 288,953 customer service calls, and more than one million interactive voice response calls.

Monthly Average Child Support Caseload and Total Dollars Collected



Paternity and Support Orders Established

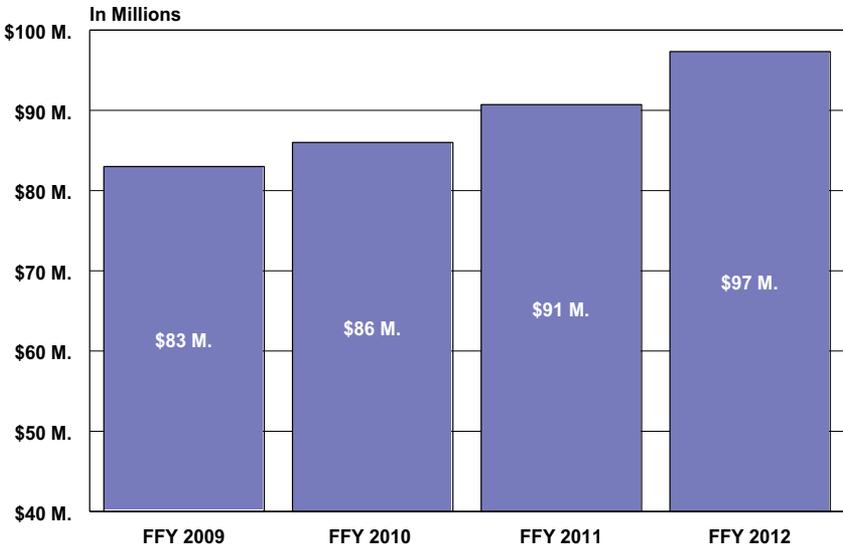


Child Support Enforcement Methods

The Idaho Child Support Program uses a variety of methods to enforce child support orders. The primary tool for enforcing payments is wage withholding. Other tools include new hire reporting through electronic data matching, license suspension, federal and state tax offsets, and direct collection methods, including financial institution data matching.

Wage Withholding: The most important tool for the state to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy, ease of paternity testing, and the new hire reporting system. In FFY 2012, \$97.3 million was collected using this tool.

Child Support Collected Through Wage Withholding



New Hire Reporting-Electronic Data Matching: The department electronically matches parents responsible for paying child support with those taking new jobs by cross-referencing information from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who begin new jobs. DHW matched an average of 1,576 people per month in FFY 2012.

License Suspension: Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses, and professional licenses. Approximately one-half of all people with existing obligations

who were notified their licenses were about to be suspended are meeting their payment agreements, which keeps their licenses from being suspended. There were 2,881 licenses suspended during FFY 2012.

Federal and State Tax Offset: Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2012, households who receive child support enforcement services received \$16.1 million in tax offset dollars for Idaho children.

Direct Collections: When appropriate, the state can collect past due child support payments directly from several sources, including lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching.

Child Support Service Fees

The Child Support Program provides services for parents needing assistance in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

Child Support Service Application Fee	\$ 25
Establishing Paternity or a Child Support Order:	
If parents stipulate	\$ 450
If case goes to trial	\$ 525
Income Tax Refund-Attachment-State	\$ 25
Income Tax Refund-Attachment-Federal	\$ 25
Annual Non-Custodial Parent Collection Fee	\$ 25

Partnership Programs

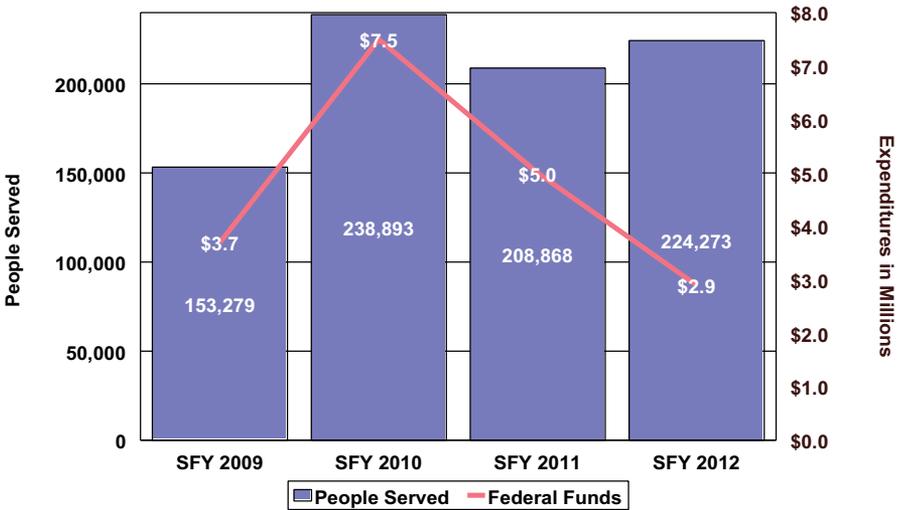
Partnership programs include a variety of services delivered by local organizations, both public and private, across the state. Partner organizations providing these services on the division's behalf operate under contracts with the Department of Administration. Partnership programs provide participants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

Much of the funding for these services comes from federal grants. The services provided widen the 'safety net' for low-income families and often meet their needs so they do not have to access DHW programs. Partnership Programs also can bridge the gap for individuals and households transitioning from other DHW programs and services to full self-reliance.

Members of the Community Action Partnership Association of Idaho are the division's primary partners in providing these programs. Action Agency members assist eligible community members in their regions through the following programs:

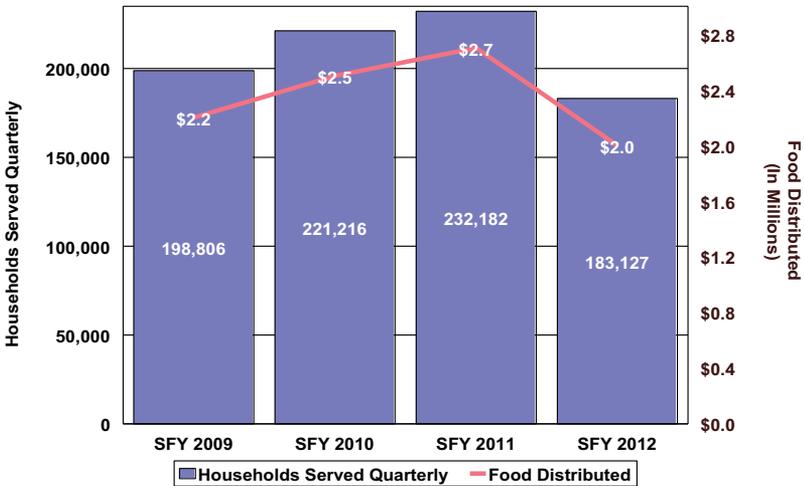
Community Services Block Grant (CSBG) funds programs that help eliminate the causes of poverty and enable families and individuals to become self-reliant. Services are delivered through locally operated and managed Community Action Agencies and the Community Council of Idaho (formerly known as the Idaho Migrant Council). Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 224,273 individuals and spent approximately \$2.9 million in SFY 2012.

**Community Services Block Grant
Total People Served and Annual Expenses**



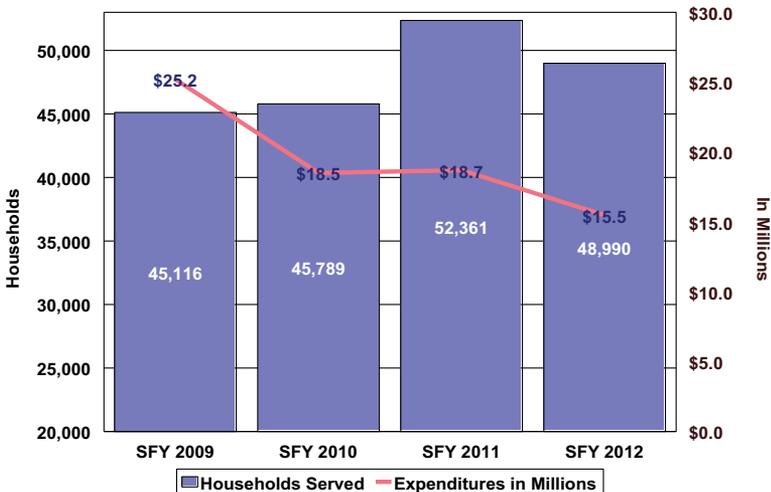
The Emergency Food Assistance Program (TEFAP) helps supplement the diets of Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the State. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2012, TEFAP distributed over 2.3 million units of food valued at over \$2 million to 183,127 households.

The Emergency Food Assistance Program (TEFAP): Households Served Quarterly and Annual Value of Food Distributed



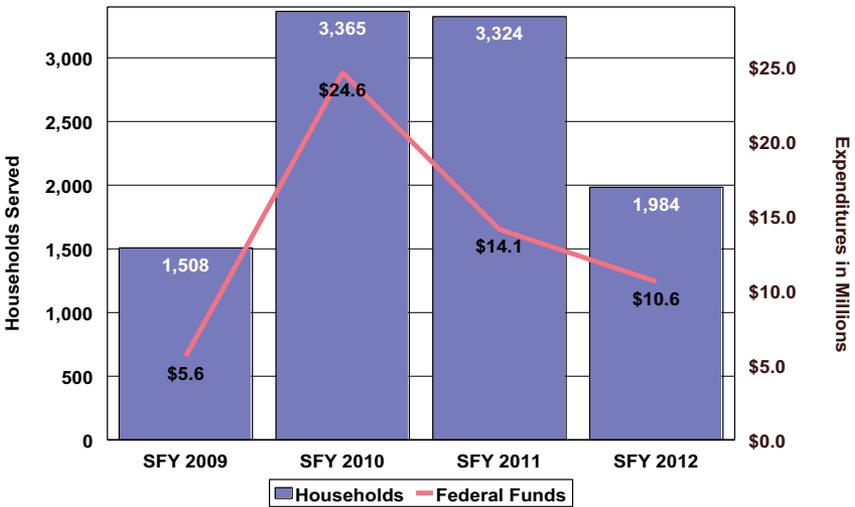
Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local Community Action Agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 48,990 households pay \$15.5 million in energy costs in SFY 2012.

Low-Income Home Energy Assistance Program/LIHEAP Annual Participants and Expenses



Weatherization Assistance Program: The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve living conditions by upgrading homes. Idaho's weatherization program is funded by utility companies, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. Eligible efficiency measures include air sealing (weather-stripping, caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and appliance replacement. The Weatherization Assistance Program provided \$10.6 million for efficiency improvements to 1,984 Idaho households in SFY 2012. The dramatic increase in funding during SFY 2010 was the result of American Recovery and Reinvestment Act (ARRA) funding of an additional \$18 million.

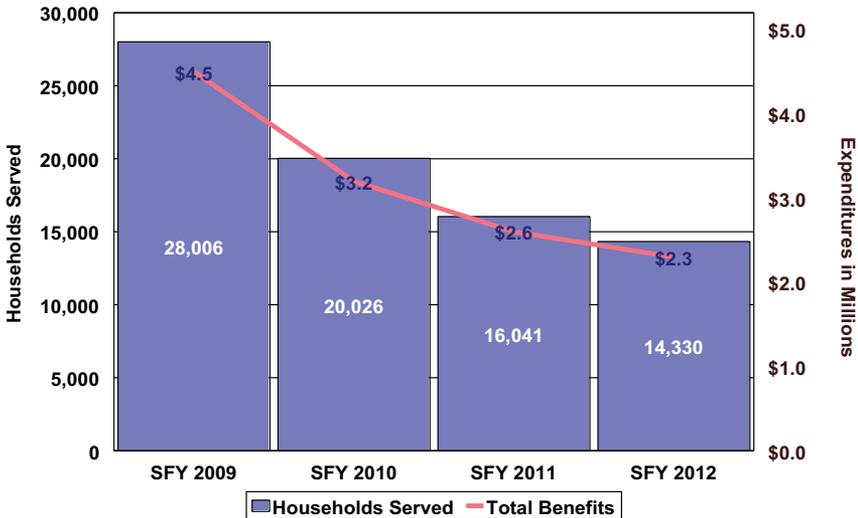
**Weatherization Assistance Program
Total People Served and Annual Expenditures (Federal)**



Note: The total funds represented in these charts are federal funds allocated to the state for weatherization services. Weatherization agencies also receive private funds from utility companies that are not included in these charts. Agencies typically use a mixture of private and federal funds to weatherize homes. In 2010, agencies used more federal ARRA funds than private funds. When the ARRA funds declined in 2011, the agencies began using more private funding, allowing agencies to serve almost as many households as were served in 2010.

The **Idaho Telecommunications Service Assistance Program (ITSAP)** pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by telephone companies using monthly fees collected from service customers. During SFY 2012, the program served an average of 14,330 households per month, with a monthly benefit of approximately \$13.40. Benefits for the state fiscal year totaled approximately \$2.3 million.

Telephone Service Assistance Program Avg. Monthly Households and Annual Expenses



Note: Benefits were expanded to include cell phone providers during SFY 2012, but providers have been slow to participate. The practice of bundling services (phone, TV, Internet) may also account for some of the reduction in households as service providers offer savings through the bundling practice.

Division of Public Health

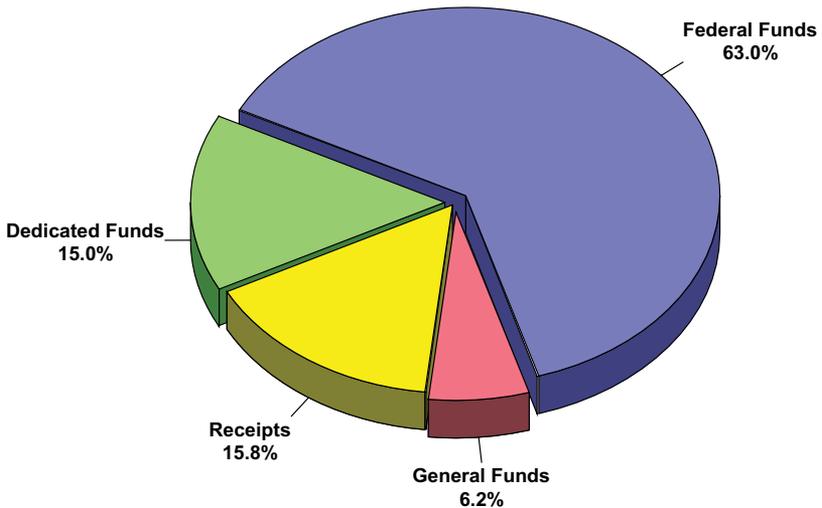
Elke Shaw-Tulloch, Administrator, 334-5950

The Division of Public Health provides a wide range of services that includes immunizations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital records administration, compilation of health statistics, and preparedness for health or safety emergencies. The division's programs and services actively promote healthy lifestyles and prevention activities, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with local public health districts and other providers to offer many services throughout the state. Immunizations, epidemiology, prevention of sexually transmitted diseases, food protection, and oral health are examples of programs coordinated between state and local public health districts.

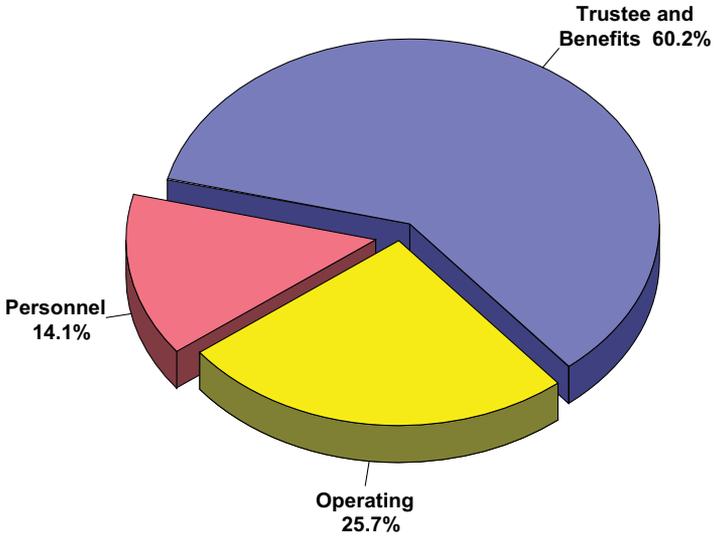
The division includes the bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services; Laboratories; Health Planning and Resource Development; Vital Records and Health Statistics; and Communicable Disease Prevention.

Public Health SFY 2013 Funding Sources

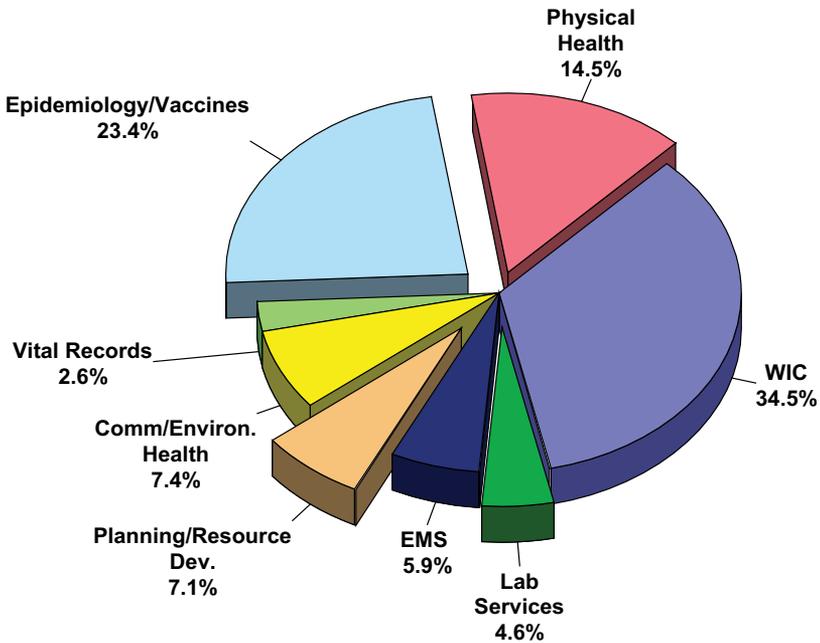


Authorized FTP: 213.5; Original SFY 2013 Appropriation: General Funds \$5.8 million, Total funds \$93.7 million; 4% of Health and Welfare funding.

Public Health SFY 2013 Expenditure Categories



Public Health Spending by Program



2012: Protecting Public Health for Idaho

- Project Filter (Tobacco Prevention and Control Program) continues to work with businesses, private and public housing, and city councils in the state to develop and implement smoke-free/tobacco-free policies. Since March 2010, 31 cities have implemented smoke-free policies for parks and/or playgrounds to protect children from the harmful effects of second-hand smoke. In January 2012, the City of Boise implemented two policies restricting smoking in public places. The first policy removed the exemption for smoking in bars, and the second made all Boise City parks and/or playgrounds smoke-free. In August 2012, Idaho State University announced a smoke-free campus.
- The Idaho Physical Activity and Nutrition (IPAN) program contracted with all of the public health districts to select communities to complete the Centers for Disease Control and Prevention (CDC) Community Health Assessment and Group Evaluation (CHANGE) Tool. The districts each convened a team of key community members and decision-makers to evaluate current environmental factors and health policies in the following sectors: community at large, community institutions and organizations, worksites, schools, and healthcare. The teams distinguished community strengths and weaknesses and then built action plans to prioritize their work on the identified areas of potential improvement, specifically physical activity, nutrition, tobacco and chronic disease.
- The IPAN Program, with funding from the American Recovery and Reinvestment Act, funded three school districts for healthy competitive food policies and five communities for Complete Streets policies. Based on Institute of Medicine (IOM) guidelines, the three school districts implemented healthy food policies around the following initiatives: offering healthy foods in vending machines, limiting soda, selling healthy food in school stores, and allowing only healthy snacks at school parties. The five communities funded for Complete Streets were able to assess connectivity of pathways, walk-ability and bike-ability; work with city planners and transportation officials on health impacts of community design and city planning. The school districts and communities will be models for future work.
- The Idaho Oral Health Program received a \$100,000 award from the DentaQuest Foundation in support of the Idaho Oral Health Alliance, joining 20 other states in a nationwide effort to reverse oral health disparities in the United States. This past year, the Idaho Oral Health Initiative 2014 achieved several goals, including the development of medical-dental collaboration pilot projects among four of Idaho's community health centers as well as oral health prevention pilot projects in six of Idaho's public health districts. The initiative also has allowed initial discussions about implementing *Smiles for Life: A National Oral Health Curriculum* in the Family Medicine Residency of Idaho and the Physician Assistant Program at Idaho State University. The Idaho Oral Health Initiative 2014 reapplied to the DentaQuest Foundation for

year 2-3 implementation phase funding in hopes of completing the pilot projects, continuing discussions about adding oral health curriculum to professional programs, and increasing access to oral health care for Idahoans.

- The Immunization Reminder Information System (IRIS) migrated to a new code platform in 2012, and is now based on the open-source Wisconsin Immunization Registry (WIR). It is nationally recognized as a high quality immunization registry.
- The Idaho Immunization Program provides vaccines for children eligible for Vaccine For Children (VFC), sponsored by the federal Centers for Disease Control and Prevention (CDC), and purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 500,000 vaccine doses statewide to about 330 providers.
- The Home Visiting Program has created two Early Head Start home-based programs in North and South Central Idaho, along with one Parents as Teachers Program and one Nurse Family Partnership Program, both in North Idaho. The Nurse Family Partnership is the first cross-state partnership in the nation in this program. Partners with DHW are Panhandle Health District, Spokane Regional Health District and Nurse Family Partnership.
- The WIC Program went live statewide with a web-based WIC Information System Program (WISPr) for applicant eligibility determination on February 1, 2012. The total project cost was \$3.9 million. The WISPr system is an in-house collaboration between the WIC program and IT staff and contractors. The WISPr project has been nominated for recognition as one of three finalists for improving state operations by the National Association of State Chief Information Officers (NASCIO).
- Idaho WIC was nationally recognized and given a bonus of \$1.1 million from the USDA for having the highest breastfeeding rates among WIC participants. Idaho was one of three states receiving this award.
- Local jurisdictions that rely on volunteer Emergency Medical Services (EMS) personnel are finding it challenging to recruit and retain volunteers. The EMS Bureau conducted 16 town hall meetings in rural Idaho based on Senate Concurrent Resolution 131. The meetings were attended by 322 people, including legislators and local elected officials. The bureau has begun work on several projects based on information from the meetings. In addition, the bureau and the EMS Physician Commission conducted four medical supervision workshops.
- The Idaho State EMS Communication Center (StateComm) secured federal funds to add mountain-top base stations in American Falls, McCall and Twin Falls. This strengthens the statewide emergency radio system by eliminating radio dead spots.
- The Idaho Bureau of Laboratory (IBL) signed a memorandum of understanding with the Idaho Department of Water Resources to be the primary service provider for the Statewide Groundwater Quality Monitoring Program. The United States Geological Survey was the

previous service provider, and all of the analytical work went to its lab in Denver. IBL is providing the same level of service for about half the cost, while keeping all the money in Idaho.

- IBL's Laboratory Information Management System web portal access, which provides real-time access to test data and reports, has been expanded to all of the public health districts as of June 2012. IBL also has provided this service to Allies Linked for Prevention of HIV/AIDS (ALPHA), St. Alphonsus Regional Medical Center, Elmore Medical Center, Department of Environmental Quality - Boise and Idaho Nuclear Laboratory oversight, and the Department of Water Resources. Planning is under way to add at least 10 more facilities by August 2013.
- Since 2008, State Hospital South (SHS), State Hospital North (SHN) and Southwest Idaho Treatment Center (SWITC) have partnered with the Public Health Preparedness Program to store containers of nerve agent antidotes (CHEMPACK) for treating exposure to nerve agents from a terrorist attack or exposure to organophosphate pesticides from accidental spills. In the last year, the Division of Public Health has been involved with a project to expand the coverage of CHEMPACK statewide. In the summer of 2012, DHW expanded distribution of some of Idaho's CHEMPACK containers to five regional medical centers around the state to provide additional timely coverage of the life-saving drugs, while maintaining stable caches at SHS and SWITC but not at SHN. This will help Idaho's healthcare partners to have faster access to these medications. The Public Health Preparedness Program also purchased Duodotes (single use nerve antidotes) for Emergency Medical Services agencies with paramedic level staff. Thirteen agencies have these medications on their ambulances. The Public Health Districts, five medical centers, SHN, SHS, SWITC and the EMS bureau have been terrific partners in this important response effort.
- The Bureau of Vital Records and Health Statistics implemented the Electronic Death Registration System (EDRS) in 2009 to increase data quality. The percentage of death records completed electronically is up to 59.8 percent for state fiscal year 2012. Participants in EDRS include all funeral facilities in the state with the exception of one, all county coroners in the state, and 257 medical personnel. Staff is working continuously to increase participation.

Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Family Planning, STD and HIV, Maternal and Child Health Programs (including home visiting and services for children with special health care needs), Women's Health Check cancer screening, and the Women, Infants and Children (WIC) nutritional program.

Family Planning, STD and HIV Programs

The Family Planning, STD and HIV Programs administer funding to seven local public health agencies that provide comprehensive family planning services for Idaho residents at 42 clinic sites, including services offered at juvenile detention centers and migrant farm locations. During calendar year 2011, the Family Planning Program saw 22,706 clients (39,070 visits); 9.9 percent of those clients (2,272) were 15-17 years old, a 0.3 percent increase from CY 2010. In CYs 2010 and 2011, 85 percent of participants had household incomes of 150 percent or less of the federal poverty level.

The national target for Healthy People 2020 is to reduce the pregnancy rate to 36 pregnancies per 1,000 females ages 15-17. Idaho's teen pregnancy rate is already well below the Healthy People 2020 goal and is also below the average national rate of 40.2 pregnancies per 1,000 females aged 15-17. Idaho's current teen pregnancy rate of 14.6 per is 37 percent lower than it was 10 years ago, when the Idaho rate was 23.2.

Idaho Teen Pregnancy Number and Rate, Females Ages 15-17 Years

Year	Number	Rate per 1,000 Females
2011	488	14.6
2010	618	18.5
2009	690	21.2
2008	781	23.8
2007	788	23.9
2006	762	22.9
2005	659	20.8
2004	655	20.9
2003	653	20.9
2002	714	22.6
2001	736	23.2

Note: Idaho teen pregnancy numbers and rates are based on live births, induced abortions, and reportable stillbirths (only those fetal deaths with a gestational period of 20+ weeks or which weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1 percent) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable.

The Family Planning, STD and HIV Programs also operate the Sexually Transmitted Disease (STD), HIV Prevention, HIV Care, and Adult Viral Hepatitis Prevention projects. The projects work in partnership with local public health districts and community-based organizations to prevent the transmission of chlamydia, gonorrhea, syphilis, HIV, and adult viral hepatitis through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

There were 4,699 cases of chlamydia, 162 cases of gonorrhea and 42 cases of syphilis reported in Idaho in CY 2011. Over the last five years, chlamydia rates increased 26.2 percent and syphilis rates increased 200 percent, from 14 syphilis cases reported in 2007 to 42 reported in 2011*. Gonorrhea rates decreased nearly 40 percent over the last five years.

Rate of Sexually Transmitted Diseases			
	Chlamydia	Gonorrhea	Syphilis
2011	296.5	10.2	2.6
2010	268.4	9.4	1.4
2009	251.6	7.2	2.0
2008	275.2	12.3	1.7

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 90.

**Most syphilis cases reported were in Ada County.*

Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$50 per participant each month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The program also provides counseling in nutrition and breastfeeding to more than 79,000 participants annually. WIC services are delivered through the seven Idaho Public Health Districts, Benewah Health and Nimiipuu Health.

Clients Served Monthly and Average Monthly Voucher Value					
Year	SFY 2008	SFY 2009	SFY 2010	SFY2011	Feb.-July 2012
Clients Served	40,539	45,415	47,257	44,691	43,858
Average Voucher	\$55	\$54	\$49	\$48	\$50

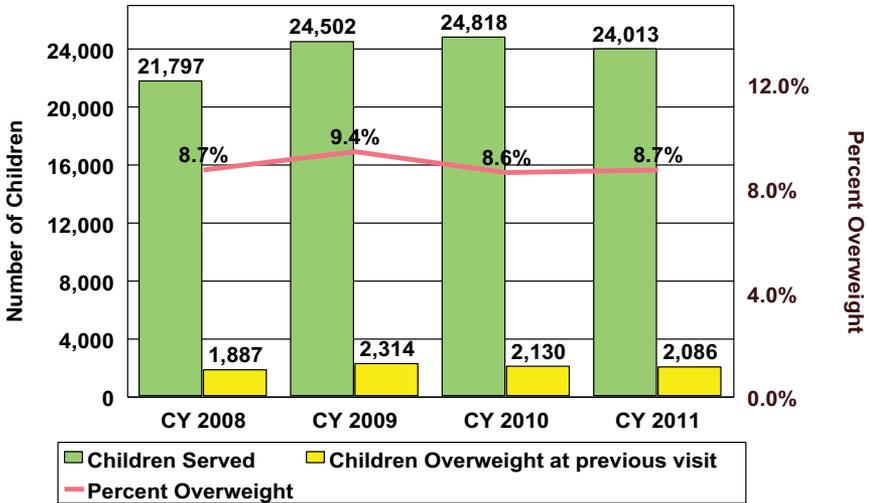
**Note: WIC Program began new tracking system in 2012; average monthly data are based on six months (Feb-July 2012).*

WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

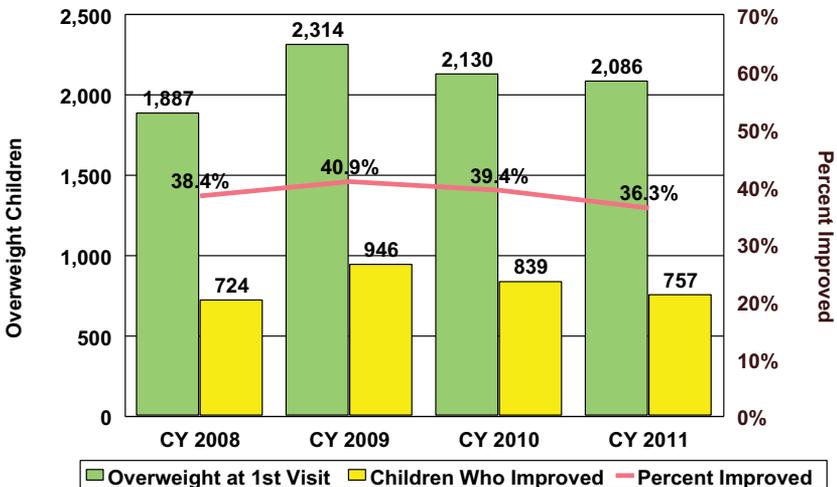
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure the status of their weight and height to obtain their Body Mass Index (BMI).

In 2011, 2,086 children served by WIC ages 2 to 5 years (8.7 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 36.3 percent improved their weight status at their recertification visit.

Children Served and Those Overweight, Ages 2-5



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



Women's Health Check

Women's Health Check offers free mammography to women ages 50-64 and Pap tests to women ages 40-64 who have incomes below 200 percent of federal poverty guidelines and who have no insurance coverage for breast and cervical cancer screening. The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990. During SFY 2011, the Idaho Millennium Fund supported limited diagnostic tests for women ages 19-29 who had screening test results suspicious for cancer.

Every Woman Matters is a law passed by the 2001 Idaho Legislature that provides cancer treatment coverage by Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check but diagnosed with breast or cervical cancer do not qualify for coverage under the Every Woman Matters law.

Women's Health Check has screened women in Idaho since 1997. The number of active providers has increased from year-to-year, allowing more women to be referred to the program and screened statewide. The average age at screening is 52.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
SFY 2012*	4,476	73	3	52
SFY 2011	4,696	77	3	58
SFY 2010	4,702	85	4	62
SFY 2009	4,270	62	2	58
SFY 2008	4,409	62	3	56

**Data are based on records as of September 2012 and are not complete.*

Bureau of Communicable Disease Prevention and Control

The Bureau of Communicable Disease Prevention and Control encompasses programs that monitor disease trends and epidemics, assists newly arrived refugees in receiving health screenings, helps safeguard Idaho's food supply, and prevents diseases through vaccinations.

Epidemiology

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

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. Since 2005, disease surveillance has grown from completely paper-based reporting to full implementation of a web-based electronic disease reporting system, the CDC-supported National Electronic Disease Surveillance System (NEDSS) Base System. More than 85 percent of reports from laboratories are handled electronically. The use of electronic systems significantly reduces the length of time it takes to receive and respond to reports of disease.

Bloodborne Diseases

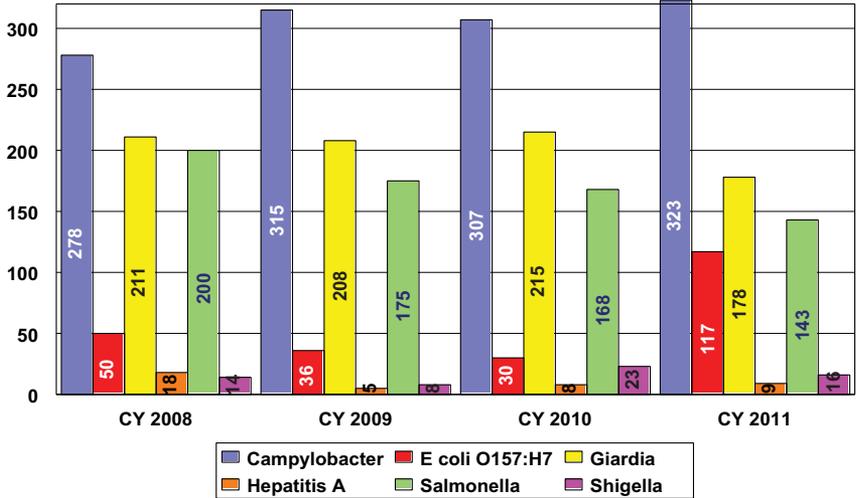
Bloodborne diseases, such as hepatitis B and C and HIV, are usually transmitted through infected blood by sharing contaminated needles, transfusions, or in the exchange of bodily fluids during sexual contact.

	CY 08	CY 09	CY 10	CY 11
Bloodborne Diseases	77	80	74	67
New HIV/AIDS Reports	55	56	53	50
Idaho Residents Living with HIV/AIDS*	1,106	1,209	1,294	1,377
Acute Hepatitis B	16	16	9	3
Acute Hepatitis C	6	8	12	14

**HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.*

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water, or hand-to-mouth as a result of inadequate handwashing after bathroom use.



Food Protection

The Food Protection Program works to protect the public from illnesses associated with the consumption of food. The program provides oversight, training, and guidance to environmental health specialists in local public health districts in Idaho, and updates rules regulating food safety.

Local public health partners perform inspections of food facilities, conduct investigations of complaints, and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts work closely with the food protection program and public health district environmental health specialists to investigate suspected and confirmed foodborne illnesses arising from licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

	SFY 09	SFY 10	SFY 11	SFY 12
Foodborne outbreaks	7	5	9	11
From licensed food est.	3	2	4	8
From other sources/venues	3	2	4	3
People ill	39	26	29	92

NOTE: Only confirmed and probable outbreaks and cases are counted.

Refugee Health Screening Program

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

Program goals are to:

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

In addition, the Refugee Health Screening Program works with other staff with expertise in tuberculosis, immunizations, infectious diseases and epidemiology. They also engage community partners such as the Idaho Division of Welfare and the Idaho Office for Refugees to ensure newly arrived refugees are provided the resources and assistance necessary to become integrated and contributing members of Idaho communities.

Immunization Program

The Idaho Immunization Program (IIP) is a multifaceted program that strives to increase immunization rates and awareness of childhood diseases that are preventable if children get vaccinated. IIP provides educational resources to the general public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho, which provides vaccines for children who are covered by Medicaid, or are uninsured, American Indian or Alaskan Native.

Using both federal and state funds, IIP distributes vaccines to private and public healthcare providers free of charge for all Idaho children from birth through 18 years of age. Healthcare providers can charge a fee for administering a state-supplied vaccine, but they cannot charge for the vaccine itself. This practice ensures all Idaho children have access to recommended vaccines, regardless of their ability to pay.

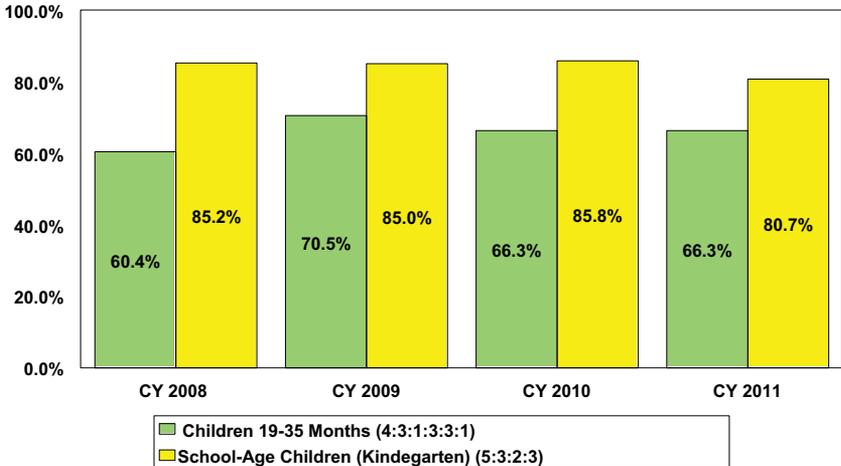
The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy, updates regarding state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory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

IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include site visits and educational opportunities for school nurses and facility staff. During these visits, IIP staff reviews immunization records and provides training sessions to increase the knowledge of school nurses and staff regarding the immunization schedule, school or childcare immunization rules, and protocols for vaccine preventable disease outbreaks among children in the facility.

Number of Childhood Vaccine Preventable Diseases

Disease	CY 08	CY 09	CY 10	CY 11
Hemophilus influenzae B (HIB, invasive)	12	5	0	1
Measles	0	0	0	0
Mumps	2	3	1	2
Pertussis (whooping cough)	40	99	187	192
Rubella	0	0	0	0
Total	54	107	188	195

Percent of Children Fully Immunized



Note: For CY 2008, the 4:3:1:3:3:1 series was used and includes 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more doses of varicella vaccine. In 2009, the Immunization series added 4 or more doses of pneumococcal conjugate (PCV) vaccine to the series. Due to a national Hib vaccine shortage, the vaccination series reported for 2009 excludes the Hib vaccine. For school-aged children, the vaccine series used is: 5:3:2:3. This vaccination series includes 5 doses of DTaP, 3 doses of poliovirus vaccine, 2 doses of MMR and 3 doses of HepB.

Immunization Reminder Information System (IRIS)

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

Through SFY 2010, IRIS was an "opt-in" registry, meaning people had to provide consent before their records could be stored in IRIS. Beginning in July 2010, Idaho's registry became "opt-out." This means all babies born in Idaho are entered into IRIS via their electronic birth certificates. Even so, IRIS remains a voluntary registry; parents and/or legal guardians can have their children's records removed at any time.

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

Idahoans Enrolled in Registry

	SFY 2009	SFY 2010	SFY 2011	SFY 2011
Ages 0-35 Months	47,669	68,505	72,219	68,513
Ages 3-5 Years	68,096	75,163	82,811	84,353
Ages 6-18 Years	195,857	238,367	280,002	303,076
Ages > 18 Years	136,380	448,895	474,730	555,531
Total	448,002	830,930	909,762	1,011,473

Vaccine Distribution

The IIP provides vaccines for VFC-eligible children through the VFC Program, sponsored by the federal Centers for Disease Control and Prevention (CDC). It also purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 500,000 vaccine doses statewide to approximately 330 providers, including local public health districts, hospitals, clinics, and private physicians.

Vaccine Adverse Event Reporting System (VAERS)

In SFY 2012, Idaho submitted 34 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and public health districts.

This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine. The majority of adverse reactions are mild and vary from pain and swelling around the vaccination site to fever and muscle aches. Serious adverse reactions to vaccines rarely occur.

Number of Adverse Reactions and Rate per 10,000 Vaccinations			
	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2012	34	827,028	0.4
SFY 2011	33	860,691	0.4
SFY 2010	42	929,413	0.5
SFY 2009	32	572,451	0.6

**Note: SFY 2009 "Vaccines Administered" report only includes pediatric vaccines funded through the state program. For SFYs 2010 and 2011, this number includes all vaccines reported to Idaho's immunization registry, IRIS.*

Laboratory Services

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs within DHW, those delegated to the district health departments, and those of other state agencies. The bureau offers a broad range of services in four categories:

Testing

- Communicable disease agents in clinical specimens: Enteric, respiratory, vaccine preventable, zoonotic, and sexually transmitted diseases;
- Contaminants in environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts;
- Biological and chemical threats: Agents of biological or chemical terrorism.

Inspection

- Clinical and environmental laboratories;
- X-ray and mammography units;
- Air quality monitoring stations.

Training

- Multi-agency technical consultation and work force development;
- Continuing education seminars and tele-lectures;
- Formal presentations at local, regional, and national conferences, meetings, workshops, and universities.

Outreach

- Maintenance of a public-private Idaho Laboratory Response Network;
- Development and validation of new analytical methods;
- Publication and presentation of applied public health research.

IBL employs 40 highly trained scientific, administrative, and support staff in a facility in Boise. The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the primary laboratory for the Department of Environmental Quality's Drinking Water Program.

IBL also is accredited by Centers for Medicaid and Medicare Services as a high complexity clinical laboratory. The bureau is the Idaho Laboratory Response Network (LRN) Reference laboratory for biological threat agents and operates an LRN Level 2 laboratory for chemical threat agents.

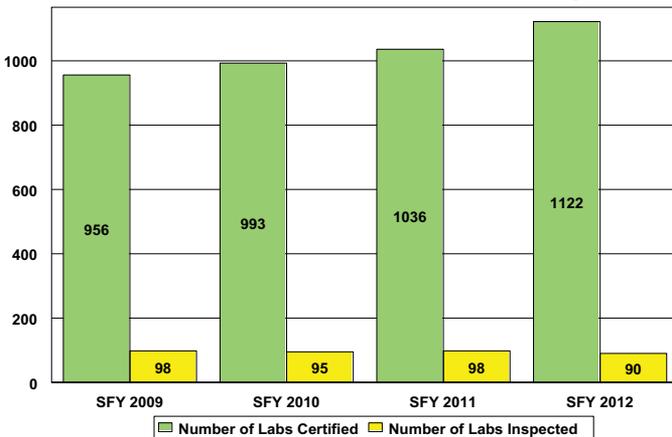
Examples of services performed at IBL includes tests for:

- Sexually transmitted diseases such as HIV, chlamydia, and gonorrhea;
- Foodborne diseases such as salmonella, E. coli O157:H7, and norovirus;
- Vaccine-preventable diseases such as pertussis, measles, mumps, and chicken pox;
- Respiratory diseases such as influenza, SARS, and hantavirus;
- Animal-associated diseases such as rabies and West Nile virus;
- Environmental tests for air pollutants such as ozone or particulate matter;
- Mercury content in fish; and
- Public drinking water tests that include total coliforms, E. coli, and regulated chemicals such as pesticides, nitrates, arsenic and cyanide.

The bureau's laboratory improvement services provides registration and inspection of clinical laboratories and environmental lab certification. The number of inspected clinical laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 63 JCAHO, CAP, and COLA laboratories in Idaho.*

*CLIA: Clinical Laboratory Improvement Amendments.
 JCAHO: Joint Commission on Accreditation of Healthcare Organizations.
 CAP: College of American Pathologists.
 COLA: Commission of Laboratory Accreditation

Number of Labs Certified and Inspected



Note: Not all certified labs are inspected. The portion of labs Health and Welfare inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs requiring on-site inspections. DHW has increased the number of labs in Idaho certified by CLIA.

Bureau of Community and Environmental Health

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

- Technical assistance and analysis for injury prevention activities;
- Strategies to reduce risk behaviors;
- Programs to prevent and control chronic diseases;
- Policies and strategies to prevent and reduce exposure to contaminants; and
- Leadership, education and outreach programs.

The Bureau is made up of the following programs:

- Comprehensive Cancer Control;
- Respiratory Health (tobacco);
- Physical Activity and Nutrition, which includes the Idaho Physical Activity and Nutrition Program, Project LIFE, Fit & Fall Proof, and Coordinated School Health;
- Oral Health;
- Diabetes Prevention and Control;
- Heart Disease and Stroke Prevention; and
- Environmental Health and Injury Prevention, which includes Sexual Violence Prevention, Adolescent Pregnancy Prevention, Indoor Environment, Environmental Health Education and Assessment, Injury Prevention and Surveillance, and Toxicology.

Tobacco Prevention and Control

The Tobacco Prevention and Control (TPC) Program works to create a state free from tobacco-related death and disease. Called "Project Filter," the program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The program fosters statewide coordination for successful tobacco control with these program goals:

- Prevent initiation of tobacco use among youth;
- Promote tobacco cessation among users;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

Idaho ranks 7th in the nation for its low percentage of adults who smoked in 2011, which was 17.2 percent. The national average of adults who smoked was 21.1 percent.

Idaho Adults aged 18+	CY 2007	CY 2008	CY 2009	CY2010	CY 2011
Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)	19.1%	16.9%	16.3%	15.7%	17.2%

Note: According to the 2011 Youth Risk Behavior Survey, 14.3 percent of Idaho high school students smoked one or more cigarettes in the 30 days before the survey. Also, new methods for estimating smoking prevalence resulted in improved figures for 2011, with improved accounting for under-represented groups such as younger adults and those with lower incomes or less education.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. IPAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2011 was 63.6 percent based on the median of all states and U.S. territories, compared with 62.3 percent of Idaho adults who were overweight.

Idaho Adults 18+	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Overweight Adults (Body Mass Index >25)	63.1%	62.2%	61.3%	62.9%	62.3%

Note: According to the 2011 Youth Risk Behavior Survey, 13.4 percent of Idaho high school students are overweight. Also, new methods used in 2011 to estimate the percentage of overweight adults nationwide better account for formerly under-represented groups.

Definition of Standardized Weight Status Categories (Percentile Range):

Underweight.....Less than the 5th percentile
 Healthy Weight.....5th percentile to less than 85th percentile
 At Risk for Overweight.....85th to less than the 95th percentile
 Overweight.....Equal to or greater than the 95th percentile

Coordinated School Health

Through a partnership with the Idaho State Department of Education, the Coordinated School Health (CSH) Program provides funding opportunities, training, guidance, technical assistance and resources to schools that develop coordinated school health programs. Twelve Idaho schools are currently funded by the CSH Program to implement policies and interventions that address health education; physical education; health services; nutrition services; counseling/psychological services; a healthy, safe environment; parent and community involvement; and staff wellness.

The CSH Program further supports these efforts by administering programs such as the Healthy Schools Program, which funds 14 school nurses in low-income and rural schools across the state. The CSH Program also conducts ongoing school-based data collection by administering the Youth Risk Behavior Surveillance Survey and School Profiles Survey. In 2008, the CSH program coordinated a comprehensive statewide Body Mass Index (BMI) study and a physical education teacher questionnaire.

Fit and Fall Proof™

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

From 2009-2011, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time, 82 percent of all unintentional deaths by falls were among individuals 65 years of age and older. In 2008, Idaho Emergency Medical Services responded to 6,684 fall-related calls for individuals 65 years and older. Sixty-three percent of those who fell were transported to a hospital. A greater proportion of females (56 percent) fell than males (44 percent). It is estimated the costs associated with fall-related calls in Idaho is as high as \$35 million.

Participation in FFP classes continues to expand in Idaho's local public health districts. During fiscal year 2011, the Center for the Study of Aging at Boise State University developed and conducted a survey of current FFP participants statewide. A total of 895 surveys were completed by FFP program participants from all seven of Idaho's local public health districts. The survey results found a statistically significant difference between pre- and post-participation confidence levels associated with maintaining balance when getting in and out of a chair, going up and down stairs, reaching for something, and taking a bath or shower. Additionally, more than 50 percent of respondents reported increased stability, energy, and confidence in preventing a fall, while 75 percent developed stronger social connections resulting from participation in the FFP program.

One of the greatest themes from the survey results was that of strong social interaction and enhanced well-being associated with participating in FFP. The study revealed high levels of satisfaction and evidence that participation had a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connections. These findings are particularly important as Idaho strives to enhance community-based environments that promote physical activity, injury prevention, and "aging in place."

Injury Death Rate, Death Due to Accidental Falls*			
	<65	65+	Total
CY 2011	2.5	80.5	12.5
CY 2010	2.0	65.2	9.8
CY 2009	1.7	69.4	9.9
CY 2008	2.1	59.3	8.9

**Rate per 100,000 population in age group.*

Number of Deaths Due to Accidental Falls			
	<65	65+	Total
CY 2011	35	163	198
CY 2010	27	127	154
CY 2009	23	130	153
CY 2008	28	108	136

	<65	65+	Total
CY 2011	35	163	198
CY 2010	27	127	154
CY 2009	23	130	153
CY 2008	28	108	136

Idaho Comprehensive Cancer Control Program

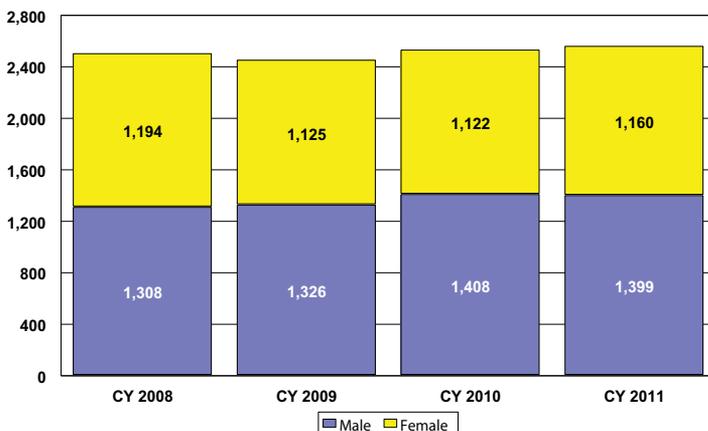
In 2008, cancer surpassed diseases of the heart as the leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal cancer, skin (specifically melanoma), prostate, oral, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer.

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

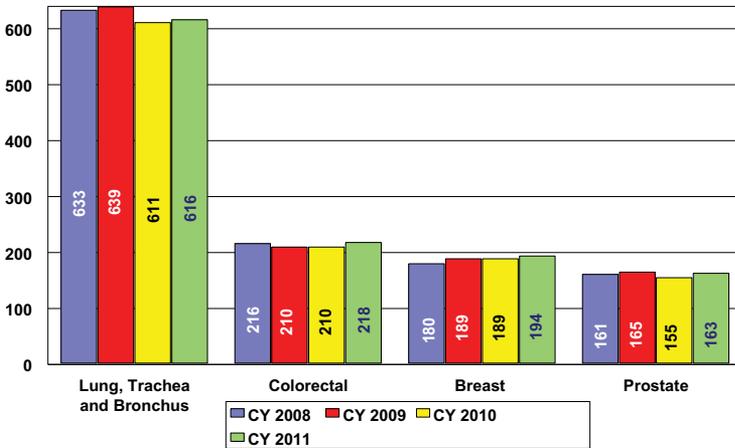
- Defines and raises awareness of the burden of cancer and cancer issues in Idaho;
- Develops new, and networks with existing, resources statewide;
- Implements strategies to reduce the burden of cancer and improve the quality of life for people with, or in recovery from, cancer; and
- Increases awareness of the importance of early detection and diagnosis which leads to the improvement of cancer screening rates according to current science and recommendations.

In 2011, Idaho reported 2,559 cancer deaths, increasing from 2,530 during 2010.

Cancer Deaths of Idahoans



Idaho Cancer Deaths by Primary Site of Malignancy



**Note: Colorectal cancer includes deaths caused by cancer of the colon and rectum; it does not include deaths caused by cancer of the anus. The numbers for breast cancer deaths include deaths for both men and women.*

Diabetes Prevention and Control

The Diabetes Prevention and Control Program, funded by the Centers for Disease Control and Prevention, aims to address the following National Diabetes Program goals:

- Prevent diabetes;
- Prevent complications, disabilities, and the burden of disease associated with diabetes; and
- Eliminate health-related disparities.

A statewide network of contractors, including local public health districts, federally qualified community health centers and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that address the National Diabetes Program goals. Projects are focused on improving diabetes care in the clinical setting and providing community level outreach linking people to resources that help them manage their diabetes. The main goal is to support the national effort to improve blood sugar, blood pressure and cholesterol levels. The Diabetes Prevention and Control Program also strives to reduce health disparities in high risk populations. Program partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

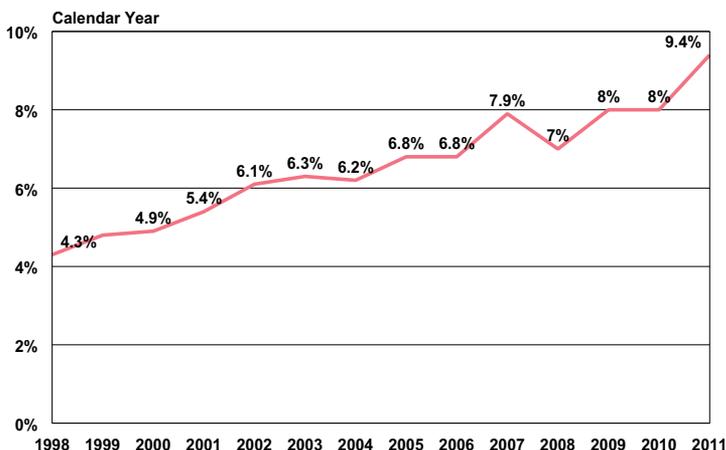
The Diabetes Prevention and Control Program and the Diabetes Alliance are guided by the Idaho Diabetes 5-Year State Plan 2008-2013. The plan serves as a framework for conducting activities related to four goals:

1. Improve quality of care;

2. Improve access to care;
3. Prevent diabetes and diabetes complications; and
4. Develop and implement effective and sustainable policy.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the rate of people who are overweight and obese, the aging population, and the number of minorities who are at high risk for developing diabetes. In Idaho, it is estimated that 9 percent of adults have been diagnosed with diabetes, compared with 10 percent of adults in the U.S. and territories in 2011.

Percent of Idaho Adults who have been Diagnosed with Diabetes 1998-2011



Note: New methods for estimating diabetes prevalence resulted in improved figures for 2011 that better account for formerly under-represented groups such as younger adults and those with lower incomes or less education.

Oral Health

The Idaho Oral Health Program, funded by the Maternal and Child Health Block Grant, focuses on improving dental care for children and pregnant women, especially those at high risk for poor oral health because of socioeconomic status. The Oral Health Program participates in educating the public and health professionals about oral health care throughout a person's life. Public-private partnerships and contracts with the local public health districts maximize the outreach and influence of the Oral Health Program.

Functions of the program include:

- Preventing early childhood cavities with programs focused on fluoride mouth rinse, dental sealants, fluoride varnish, and school-based education programs;
- Monitoring the burden of oral health in Idaho;
- Working with Women, Infants and Children (WIC), Head Start, the local

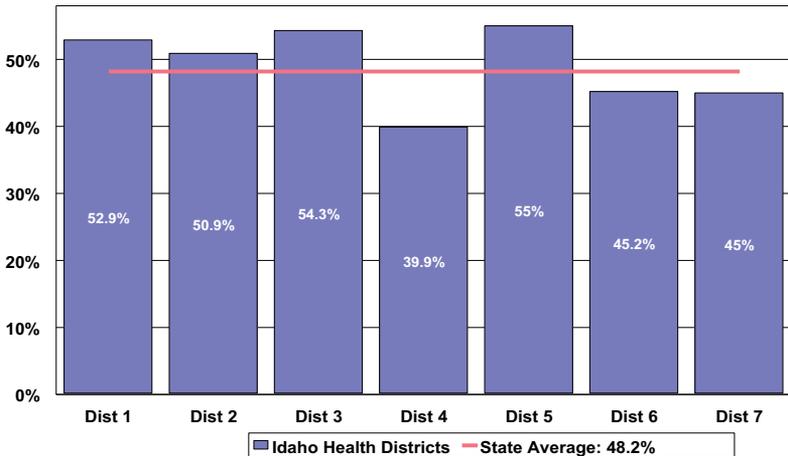
public health districts, Medicaid, and dental insurance programs to deliver dental programs; and

- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

The Idaho Oral Health Program partnered with the Oral Health Alliance to develop the Idaho Oral Health Action Plan 2010-2015. The goals of the plan include prevention, improving access to care, and improving policy.

In Idaho, it is estimated that 48.2 percent of adults did not have dental insurance in 2011.

Percent of Idaho Adults Without Dental Insurance by Health District 2011



Heart Disease and Stroke Prevention

The Idaho Heart Disease and Stroke Prevention Program is working to address the following priority areas:

- Controlling high blood pressure;
- Controlling high cholesterol;
- Increasing the knowledge of signs and symptoms of heart attack and stroke, and the importance of calling 911;
- Improving emergency response;
- Improving the quality of care; and
- Eliminating health disparities.

In partnership with the Idaho Heart Disease and Stroke Prevention Advisory Committee, a Heart Disease and Stroke State Plan was developed in 2009. Currently, the Heart Disease and Stroke program is working with partner agencies and organizations across Idaho to improve on the program's priorities. Specifically, the partnership is focusing on increasing awareness

about the importance of controlling blood pressure and cholesterol and raising awareness about the ABCS of heart disease and stroke prevention.

The ABCS are:

- A – Appropriate Aspirin Therapy
- B – Blood Pressure Control
- C – Cholesterol Management
- S – Smoking Cessation.

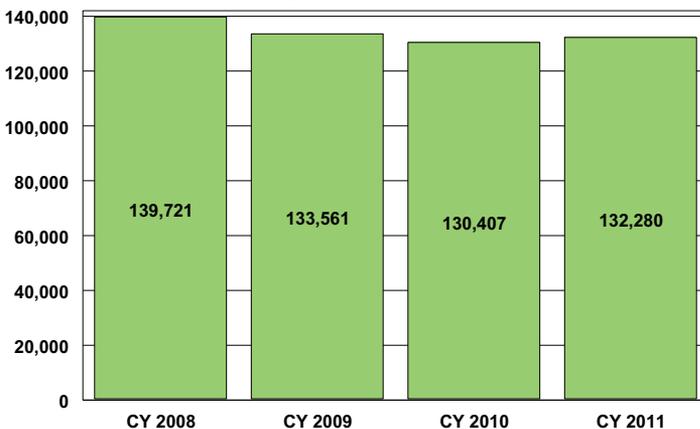
One of the major risk factors for heart attack and stroke is high blood pressure. Idaho's 2011 data shows that of people 18-44 years of age, 14.4 percent reported being diagnosed with high blood pressure. The percent increases with age, with 36.3 percent of those 45-64 years old reported as being diagnosed with high blood pressure, and 59.2 percent of people ages 65 and older reported as being diagnosed with high blood pressure.

According to 2011 data for Idaho, 3.9 percent of adults surveyed had been told by a doctor, nurse or other health professional they had suffered a heart attack, also called a myocardial infarction. Of adults surveyed, 2.4 percent reported a doctor, nurse or other health professional had told them they had a stroke.

Bureau of Vital Records and Health Statistics

The Bureau of Vital Records and Health Statistics is responsible for the registration, documentation, correction, and amendment of vital events that includes birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends that can be used to develop and shape future health interventions and programs. The bureau issues vital record certificates and produces numerous statistical reports and publications.

Birth, Death, Marriage and Divorce Certificates Issued



Bureau of Health Planning and Resource Development

The Bureau of Health Planning and Resource Development includes the Health Preparedness Program and the State Office of Rural Health & Primary Care. All programs work closely with hospitals, federally qualified health centers, emergency medical service providers, local public health districts, associations, universities and other key entities in the health system.

Public Health Preparedness Program

The Public Health Preparedness Program (PHPP) is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

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

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

The PHPP is conducting a statewide health Jurisdictional Risk Assessment (JRA). The assessment will serve state and local public health departments in the identification of potential hazards, vulnerabilities, and risks within the community that relate to the public health, healthcare, and behavioral systems, and the functional needs of at-risk individuals. PHPP will partner with the Idaho Geospatial Office, Idaho's seven public health districts, and the University of Idaho to develop a data driven risk assessment that:

- Comprehensively identifies hazards and subsequent comparative effects on Idaho's public health, healthcare, and behavioral health systems;
- Incorporates social vulnerability indicators into the risk formula;
- Identifies mitigation efforts, community resilience indicators, and available resources; and
- Leads to the creation of regional geospatial maps to be used in public health emergency preparedness planning.

The PHPP will be conducting a statewide full-scale exercise in April 2013 and is using this year for preparation and drills. This exercise will test Idaho's ability to distribute and dispense Strategic National Stockpile medical countermeasures, using National Incident Management System principles and operating under the Incident Command System. DHW, all seven public health districts and other state and private partners will participate in the four-day exercise.

Office of Rural Health and Primary Care

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

Three types of health professional shortage areas are measured in Idaho: primary care, dental, and mental health. These are designated by a federal formula to have a shortage of health professionals if:

- An area is rational for the delivery of health services;
- An area has a population group, such as low-income and migrant farm workers, with access barriers; or
- A public or nonprofit private medical facility has a shortage of health professionals.

Medical doctors in a primary care shortage area provide direct patient and outpatient care in one of the following primary care specialties: general or family practice, general internal medicine, pediatrics, obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not counted.

Idaho Geographic Area with Health Professional Shortage Designation

	<u>CY 2008</u>	<u>CY 2009</u>	<u>CY 2010</u>	<u>CY 2011</u>
Primary Care	96.7%	96.7%	96.7%	96.7%
Dental Health	93.9%	93.9%	93.9%	93.9%
Mental Health	100.0%	100.0%	100.0%	100.0%

The Office of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities. The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, improving quality outcomes, and care transitions. Twenty-seven Idaho hospitals are eligible for improvement grants and received federal funds in FFY 2011 totaling \$232,508.

State Grants for Rural Health Care Access Program

	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Grant Requests	\$1,685,415	\$237,630	\$512,789	\$543,883
Amount Awarded	\$252,156	\$43,325	\$175,800	\$178,800
Applicants	22	10	19	19
Awarded	6	3	12	11

Rural Physician Incentive Program

Effective July 1, 2012, the Rural Physician Incentive Program (RPIP) moved from the Office of the State Board of Education to the State Office of Rural Health and Primary Care. RPIP is a medical education loan repayment program for physicians providing primary care services in federally-designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state-supported programs at the University of Washington and University of Utah. Physicians may receive up to \$50,000 over four years for medical education debt.

State grants also are available through the Rural Health Care Access Program. These grants are targeted for government and non-profit entities to improve access to primary care and dental health services in Health Professional Shortage Areas and Medically Underserved Areas.

Emergency Medical Services

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

- Licensing ambulance and non-transport EMS services;
- Licensing of EMS personnel;
- Operation of the statewide EMS Communications Center; and
- Providing technical assistance and grants to community EMS agencies;
- Assessing EMS system performance.

EMS Personnel Licensure

The EMS Bureau licenses EMS personnel when minimum standards of proficiency are met. All personnel licensed in Idaho must be trained in courses that meet or exceed the national standard curriculum published by the National Highway Traffic Safety Administration.

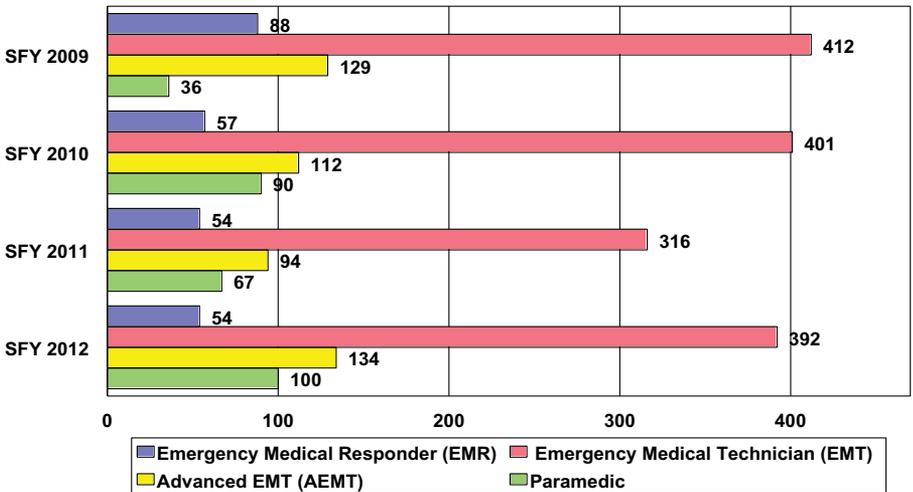
To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS educators.

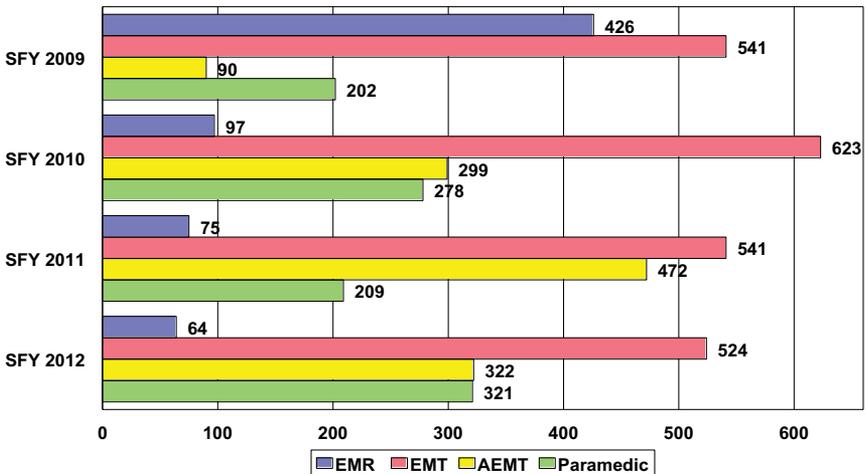
Personnel are licensed at one of four levels:

- 1. Emergency Medical Responder (EMR):** The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.
- 2. Emergency Medical Technician (EMT):** The primary focus of the EMT is to provide basic emergency medical care and transportation for critical and emergent patients. The EMT is licensed to provide basic non-invasive interventions focused on the management and transportation of out-of-hospital patients with acute medical and traumatic emergencies. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.
- 3. Advanced EMT (AEMT):** The AEMT provides basic and limited advanced emergency medical care and transportation for critical and emergent patients. The AEMT is licensed to provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training. The major difference between the AEMT and the EMT is the ability to perform limited advanced skills for emergency patients.
- 4. Paramedic:** The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. The paramedic is licensed to provide basic and advanced skills including invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. The major difference between the paramedic and the AEMT is the ability to perform a broader range of advanced skills and use of controlled substances.

EMS Personnel Licensure



EMS Personnel Licensure Renewal



EMS Dedicated Grants

The EMS Dedicated Grant program has operated since 2001, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 199 licensed Idaho EMS agencies, about 180 are eligible to apply. Qualifying applicants must be a governmental or registered non-profit organization.

Transport ambulances, non-transport quick response, search and rescue and extrication vehicles have been funded through this program. Patient care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, patient lifting and moving, rescue, safety, spinal immobilization, fracture management and vital signs monitoring.

Year	SFY '09	SFY '10	SFY '11	SFY '12
Grant Requests	\$3.2 m.	\$2.5 m.	\$2.8 m.	\$2.8 m.
Grants Awarded	\$1.3 m.	\$1.4 m.	\$916,000	\$859,469
Vehicle Requests	30	24	28	28
Vehicles Awarded	12	13	10	9
Patient Care Equipment				
Agencies Applying	62	56	55	52
Agencies Awarded	50	45	40	33

Medically Indigent Services

Cynthia York, Administrator, 334-5574

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

Medically Indigent Services works with a steering committee comprised of the Idaho Association of Counties, Idaho Hospital Association, Idaho Medical Association and the state's Catastrophic Health Care Cost Program. Medically Indigent Services also works with the Catastrophic Health Care Cost Program board to develop policies and improve procedures for the process of submitting and payment of medical claims.

For SFY 2013, Medically Indigent Services has 1.25 FTEs, with a total appropriation of \$132,700, all state general funds.

Combined Application

Medically Indigent Services developed a combined application for county and state indigent funds that automatically reviews the applicant for Medicaid eligibility. If a person is eligible for Medicaid, federal funds for medical expenses can be leveraged to help pay for the costs. The common application was implemented in July 2010. During the first fiscal year of operation, 7,652 applications were processed with a Medicaid eligibility approval of 461 applicants, 6 percent of all applications.

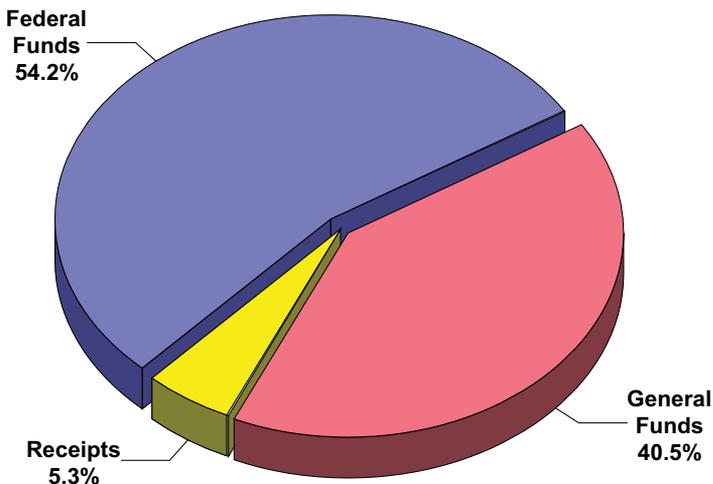
Indirect Support Services

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

The Office of the Director oversees the entire department, working with the Governor's office and the Idaho Legislature to effectively and economically provide policy direction for services and programs.

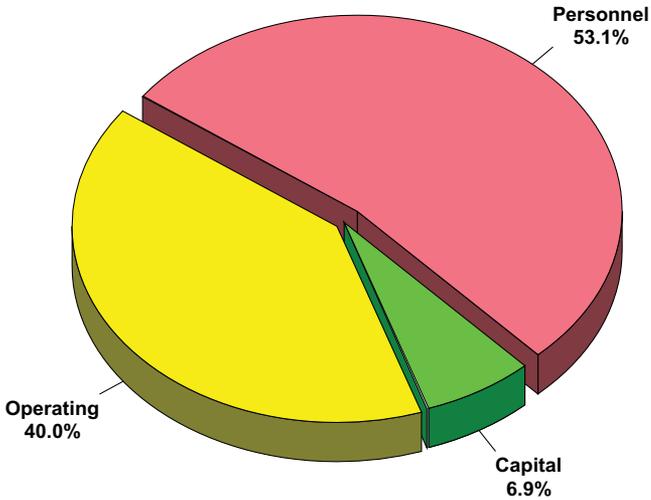
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Audits and Investigations conducts internal audits and external fraud investigations for department benefit programs. Operational Services provides the human resource services to manage the department's workforce of 2,850 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

Indirect Support SFY 2013 Funding Sources

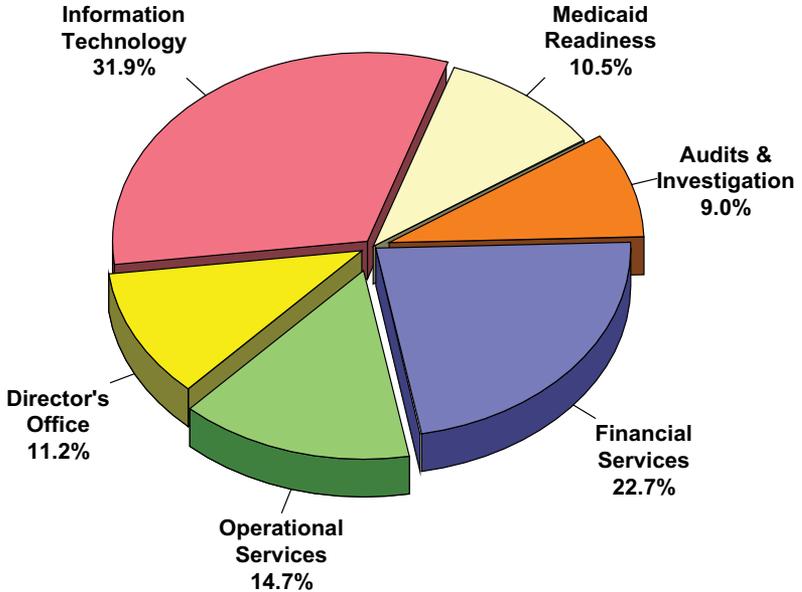


Authorized FTP: 270; Original SFY 2013 Appropriation: General Funds \$15.5 million, Total Funds \$38.2 million; 1.6% of Health and Welfare funding.

Indirect Support SFY 2013 Expenditure Categories



Indirect Support Spending



Medicaid Readiness is one-time funding of \$4 million to incorporate mandatory Patient Protection and Affordable Care Act requirements. Ninety percent of this funding is provided by the federal government.

Office of the Director

Richard M. Armstrong, Director, 334-5500

The Director's Office sets policy and direction while providing the vision for improving the department. The Director's Office sets the tone for customer service and ensures implementation of the department's Strategic Plan.

The Office relies on the Executive Leadership Team to help formulate policy. The executive team is comprised of members of the Director's Office, Division Administrators, Regional Directors, and Administrators of State Hospital South, State Hospital North, and Southwest Idaho Treatment Center. The Director's Office includes:

- The Director;
- A Deputy Director responsible for Behavioral Health, Medicaid and Managed Care Services, and Medically Indigent;
- A Deputy Director responsible for Public Health, Family and Welfare services; and
- A Deputy Director responsible for Support Services and Licensing and Certification.

Support Services

Dave Taylor, Deputy Director, 334-5500

Support Services provides administrative services to support the department's programs and goals. It manages the department's budget, cash flow, and physical assets; oversees accounting and financial reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other divisions, Support Services provides guidance and support to ensure resources are managed responsibly.

Bureau of Financial Services

Financial Services consists of Financial Management, Financial Systems Support, Accounts Payable, Central Revenue Unit, Employee Services, and Electronic Benefits.

Financial Management

Financial Management ensures adequate cash is available for the department to meet its financial obligations, functioning as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs;

- Requesting state general and dedicated funds through the Office of the State Controller;
- Preparing expenditure reports for more than 100 federal grants that fund DHW programs. The largest of these federal grants is Medicaid, for which the SFY 2012 award was \$1.1 billion;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing four Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Child Welfare, Children's Mental Health, and Adult Mental Health;
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributing appropriated funding to more than 2,500 operating budgets within the department;
- Monitoring program expenditure trends to allocated funding;
- Preparing financial analysis and reporting for division and executive management;
- Monitoring established FTE positions; and
- Researching and compiling historical expenditure and revenue information.

Financial Systems Support

This unit supports the automated accounting systems used by DHW. It also provides system support including design, testing, troubleshooting, interfaces with program systems, reconciliation, GAAP/CAFR reporting, and provides help desk support for related accounting issues. It is responsible for reports and maintenance of Financial Services' data warehouse, and provides administrative support for interagency systems, such as the P-Card. The unit supports these systems:

- **FISCAL** — Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting, as well as coordination and reconciliations with the statewide STARS system;
- **BARS** — Primary accounts receivable, receipting, and collections system;
- **TRUST** — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- **Navision** — Front-end to DHW's budget, purchasing and vendor payment activities;
- **Contraxx** -- Electronic contract operation and management system;
- **Fixed Assets**-- Department's inventory system; and
- **Accounts Payable**-- Child care, child support and job search payment system.

Accounts Payable

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

- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, cancellations and re-issue;
- Rotary fund payments;
- Interagency payments;
- Central Office receipting;
- Navision technical assistance;
- Payables Help Desk phone support;
- EBT support; and
- Invoice/payment audit.

Central Revenue Unit

This unit is responsible for department wide billing and collection activities. The Central Revenue Unit actively pursues collection of outstanding debts including DHW fees for services, third-party recoveries, benefit overpayments, and any other monies receivable as negotiated through repayment agreements. The Central Revenue Unit is located in Twin Falls.

Primary activities include:

- Statewide recovery of public assistance programs overpayments;
- Statewide billing and collection for DHW's fee for service programs;
- Statewide recovery of provider fraud and individual fraud overpayments;
- Statewide recovery of foster care overpayments;
- Statewide billing and collection of Medicaid's Certified Family Home licensing fees;
- Statewide Bureau of Labs and Health District billings;
- Statewide Criminal History Unit billing, including Adam Walsh background checks;
- Designated Exam, Department of Correction's evaluation, and court testimony billings for Regions 5, 6 and 7;
- Educational stipend payment recovery;
- Interagency billings; and
- Receipting of disability determination records requests in addition to statewide receipting for all of the above accounts receivable.

Employee Services

This unit handles all employee documents relating to insurance, compensation and payroll deductions, and provides consultation to field offices. It also:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional, central office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Provides validation and entry of information for new hires, terminations, transfers, etc., and payroll deductions such as health insurance and pension to ensure data integrity; and
- Maintains and safeguards employee personnel records.

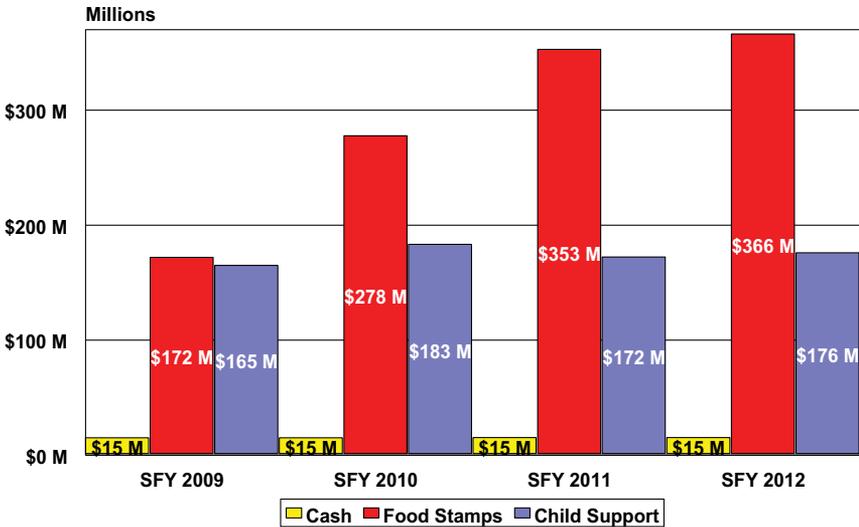
Electronic Benefit Transfer (EBT)

The Electronic Benefits Transfer unit is responsible for implementation, development, and daily operation of the Electronic Benefits Transfer (EBT), Direct Payment Card (DPC) and Electronic Payment Systems (EPS) activities. Electronic payments continue to increase as a result of growth within the programs. For example, the Food Stamp benefit payments have more than tripled over the last five years, increasing from \$109 million annually in SFY 2008 to \$366 million in SFY 2012.

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

DHW contracts with a vendor to set up and maintain accounts for Food Stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF) and Aid to the Aged, Blind, and Disabled (State Supplement); and Child Support payments. Participants access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with a Visa debit card, an EBT debit Quest Card, or the funds can be deposited directly into their personal bank account.

Electronic Payments Distributed



Bureau of Audits and Investigations

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

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

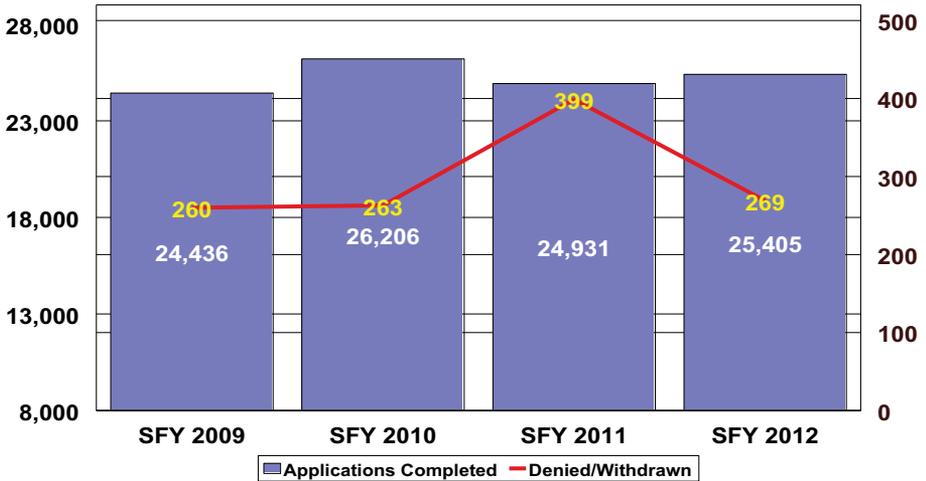
Criminal History Unit

In following DHW's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts and maintains the central repository of required background checks received from the FBI and the Idaho State Police Bureau of Criminal Identification. The background check also includes a search of specific registries that include: National Sex offenders; Medicaid Provider Exclusions; Child and Adult Protection Registries; Nurse Aid Registry and Driving Records.

The department requires a fingerprint based background check on provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long term care settings who work in approximately 40 different service areas that includes direct care for program participants who are disabled, elderly or children.

The average turnaround time from fingerprinting to background check completion is 14 days. The criminal history web site is <https://chu.dhw.idaho.gov>.

Criminal History Checks by Year



Internal Audit acts as an independent appraiser of the department's various operations and systems of control.

The unit helps the department accomplish its objectives by bringing a systematic, disciplined approach to evaluation and improves the effectiveness of risk management, control and governance processes. Internal auditing assists department staff in the effective discharge of their responsibilities by furnishing them with analyses, appraisals, recommendations, counsel, information concerning DHW's activities, and by promoting effective control at reasonable costs.

Internal Audit's methods includes three steps:

1. Identify potential performance problems and performance opportunities;
2. Pro-actively identify solutions to improve performance; and
3. Track and monitor the implementation and ultimate success of actions to improve performance.

Fraud Analysis provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

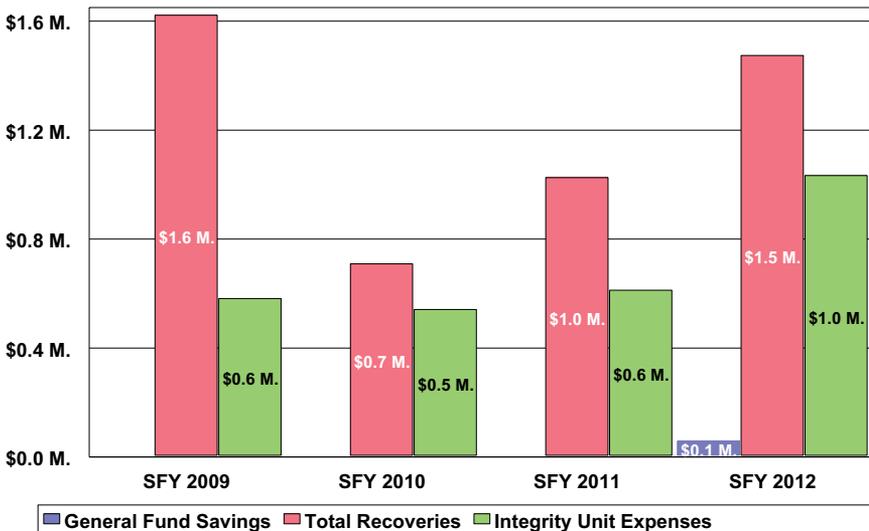
Data analysis also is used to assess the adequacy of internal control systems designed to prevent fraud, and to develop reporting systems designed to detect and periodically report occurrences of fraud on a regular and timely basis. By identifying areas of vulnerability, procedures can be developed to prevent or minimize future occurrences of fraud.

The Medicaid Program Integrity Unit investigates allegations of Medicaid fraud and abuse, and conducts federally mandated program reviews by monitoring and reviewing provider billing practices, as well as reviewing provider records to support services billed to Medicaid. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, and through proactive targeting and review of claims to identify improper billing.

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

The Medicaid Program Integrity Unit was expanded by the Legislature during SFY 2012. At the conclusion of the first year, the unit provided a net return to Medicaid of \$441,000 over costs.

Medicaid Program Integrity Unit

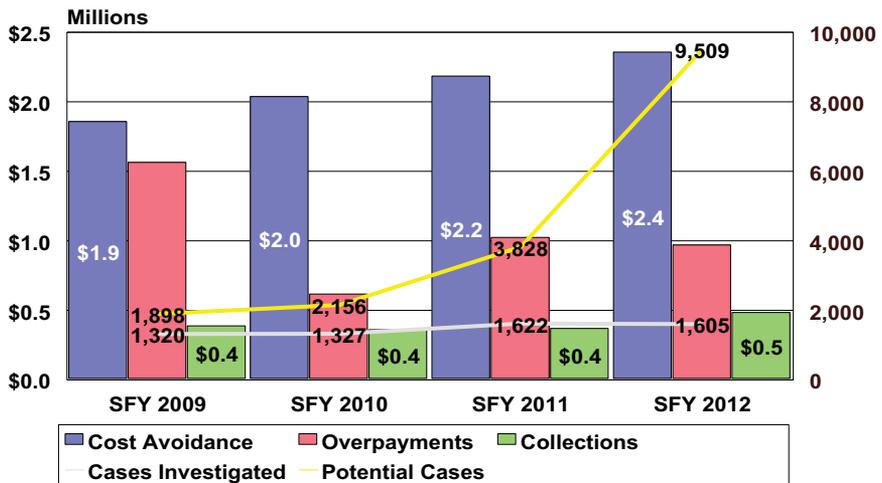


The Welfare Fraud Unit investigates allegations of welfare program fraud that includes Food Stamps, cash assistance, Medicaid, child care assistance, or other benefits. In every region of the state, investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors to investigate and prosecute welfare fraud.

During SFY 2012, DHW received 2,985 complaints from the public and department staff. In addition, the bureau identified an additional 6,524 cases through data analysis that warranted investigation.

Because of the increased ability in data analysis, the number of leads has grown much faster than the department's ability to investigate. Even though the unit's employees have continued to improve their productivity every year, the number of leads greatly outpaces the number of cases that investigators can handle. During SFY 2012, DHW had the capacity to investigate one in five case leads.

Welfare Fraud



Division of Operational Services

Paul J. Spanknebel, Administrator, 334-0632

The Division of Operational Services provides contracting and purchasing services, building oversight, maintenance and security for DHW hospitals and offices, strategic planning, administrative services and legislative rule making, and human resource management for the department's 2,750 classified and 300 temporary employees.

Contracts and Purchasing

- Purchases services and products with values up to \$25 million, coordinating with the Department of Administration's Division of Purchasing for purchases valued between \$15 million-\$25 million;
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and sub-contract development, implementation, and product purchases. There are approximately 1,120 active contracts and sub-grants department-wide during SFY 2012, with a total value of over \$734 million;
- Manages training and daily operations of the electronic CONTRAXX management system; and
- Develops and maintains DHW's contract and purchasing manual, policy, and procedures, provides staff training, and collaborates with the Department of Administration to ensure compliance with purchasing rules and regulations.

Facilities and Business Operations

- Monitors, negotiates, and coordinates leases for more than 600,000 square feet of space, in collaboration with the Department of Administration;
- Manages the operation and care of nine DHW owned buildings totaling 88,000 square feet of space;
- Prepares and submits DHW's annual "Capital, Alterations and Repair" budget request to the Permanent Building Fund Advisory Council and preparation of agency project funding to the state Legislature;
- Evaluates existing facility use and planning of future facility space;
- Manages building and land sales and acquisitions;
- Coordinates and manages interoffice moves and relocations;
- Contracts telephone, power and data cable installations to ensure uniformity, adherence to DHW standards and cost controls;
- Ensures proper statewide allocation, repair, maintenance, and use of some 400 motor pool vehicles;
- Contracts with independent firms and coordinates with the Department of Administration, to provide security for DHW buildings; and

- Provides facility and operational support for regional staff in 30 regional offices. These include:
 - North HUB — Ponderay, Kellogg, St Maries, Coeur d'Alene, Moscow, Lewiston and Grangeville;
 - West HUB — Payette, Caldwell, Nampa, Boise, and Mountain Home;
 - East HUB — Twin Falls, Burley, Pocatello, Idaho Falls, Preston, Blackfoot, Rexburg and Salmon.

Human Resources

- Develops, implements, and maintains policies and procedures protecting privacy/confidentiality and access to information in DHW records;
- Oversees all privacy/confidentiality activities statewide;
- Ensures DHW actions comply with federal and state laws, and that DHW's information privacy practices are closely followed;
- Supports the department's commitment to advance equal opportunity in employment through education and technical assistance;
- Educates employees on how to maintain a respectful workplace where employees are treated with courtesy, respect, and dignity;
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews;
- Identifies training needs within DHW;
- Promotes, coordinates, develops, and provides training to employees on topics including leadership, management, supervision, communication, and program-specific topics;
- Facilitates development and implementation of online learning opportunities for DHW staff;
- Administers DHW's Learning Management System;
- Provides management and consultation on effective recruitment and selection strategies for filling current and future needs;
- Develops and implements recruitment campaigns to fill department openings, which includes partnerships with Idaho and regional universities for awareness of DHW career opportunities, internships, and scholarships that may lead to hiring;
- Partners with department supervisors to efficiently orient and train new employees;
- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification;
- Researches, develops, and implements human resource system enhancements;
- Coaches management and supervisors in promoting positive employee contributions through the performance management process;
- Consults with management and supervisors to consistently resolve employee issues;
- Provides consultation to employees and supervisors in the problem-solving process;

- Develops and maintains DHW's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state and federal laws and rules;
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees;
- Manages DHW's Drug and Alcohol Free Workplace program;
- Provides employees with information and resources to promote healthy and safe lifestyles; and
- Provides timely information to employees about benefit opportunities and changes.

Administrative Support

- Provides management and oversight of DHW's rule promulgation and legislative process;
- Coordinates DHW activities related to administrative hearings, public record requests, and record retention;
- Develops, implements, and maintains policies, procedures, and educational resources related to rule making, legislation, administrative hearings, public records, and record retention;
- Develops and maintains the department's Strategic Plan and annual Performance Measurement Report;
- Provides training and technical assistance to DHW units in strategic and operational planning;
- Facilitates the resolution of concerns and inquiries reported to the Director's Office; and
- Provides administrative support to the Director's Office and the Idaho Board of Health and Welfare.

Division of Information and Technology

Michael R. Farley, Administrator, 334-5625

The Information Technology Services Division (ITSD) provides office automation, information processing, local and wide area networking, and enterprise services for the department statewide. The division utilizes best practices and sound business processes to provide innovative, reliable, high quality, and cost-effective information technology solutions to improve the efficiency and effectiveness in providing services to the citizens of Idaho. The division also provides leadership and direction in support of DHW's mission to actively promote and protect the health and safety of all Idaho residents.

The Information and Technology Services Division:

- Provides direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Provides review, analysis, evaluation, and documentation of IT systems in accordance with Idaho policies, rules, standards and associated guidelines;
- Maintains all DHW information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Secures information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Oversees development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communications for staff and external stakeholders;
- Provides enterprise services to strategically align business processes and needs with IT solutions;
- Provides direction for development and management of department-wide information architecture standards;
- Participates in the Information Technology Leadership Council to provide guidance and solutions for statewide business decisions; and
- Implements the state's Information Technology Resource Management Council directives, strategic planning and compliance.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required services. The division is divided into four distinct areas;

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

Bureau of IT Operations

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

- Statewide Technical Support/ITSD Service Desk — Provides DHW staff with Level 1, 2 and 3 technical support services for all computer-related issues, including hardware, software, and network connectivity;
- Operates as a virtual service desk — Technicians in all areas of the State assist in answering phone calls from staff, and work queues are shared so that a technician in an area with a high technician-to-staff ratio can assist with support in other areas of the state;
- Printer Support — Primary point of contact for all network and multi-function printing services. Technicians work with Operational Services and local management staff to assure most cost-efficient and effective selections are made for printing and faxing;
- Assists other DHW service desks with service desk design and software utilization;
- Special project support — Coordinates desktop support for special IT-related projects, hardware/software testing, and image creation;
- Technology Reviews (Research and Development) — Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency;
- Utilize software tools to ensure current patch management, run system health checks for preventive maintenance, assist in computer inventory management, and provide support to staff working outside the DHW network; and
- Remedy application support — Development and support for DHW help desks, including development and maintenance of Remedy Knowledge Management Systems.

Bureau of IT Infrastructure

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

The IT Infrastructure Bureau consists of:

- Wide area and local area network design, deployment and support statewide;
- Data telecommunications infrastructure support;
- User and data security, and forensics support;
- Database security;
- Video conferencing infrastructure deployment and support;
- Voice over Internet Protocol (VoIP) deployment and support;

- Network server deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server vulnerability patching;
- Network infrastructure support of enterprise projects;
- Disaster Recovery and COOP exercise support;
- Remote access support ((Secure Socket Layer Virtual Private Network, site-to-site Virtual Private Network);
- Data Center Operations — Provides support for data center facilities and associated computer systems;
- Firewall administration and support; and
- Support for Bureau of IT Operations and Bureau of IT Applications Development and Support, and department business units.

Bureau of Application Development and Support

The IT Application Development and Support (ADS) Bureau's primary responsibility is the design, development, operation, maintenance, and support of the department's business applications. ADS also is responsible for the design, development, operation, maintenance and support of all enterprise software (middleware) necessary to support the movement of information between computing platforms.

The bureau's functional areas include:

- Application Web Support is responsible for the operation, maintenance, and support of department web-based applications;
- Application Development is responsible for the enhancement of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into DHW's application framework;
- Application Delivery includes quality assurance, application testing, system production support, time period emulation qualification, and technical documentation;
- Application Support Helpdesk — Provides DHW staff with support for applications such as SharePoint; Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System; e-casefile document management system; modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications;
- Remedy Application Support — Development and support for department Help Desks including development and maintenance of the Remedy Knowledge Management Systems;
- Application Architecture provides a multi-level view of how major applications, utilities, and support software fit into the enterprise

framework: inputs, outputs, conversion points, data flow, technical dependencies, data security, business dependencies, middleware, and system structure. Enables developers and support staff to address issues and enhancements while protecting the long term health and structure of the enterprise;

- Provide software architectural design and design standards which enable, enhance, and sustain DHW's business objectives;
- Mainframe Development and Support — Provides leadership and guidance in the design, development, and support of complex integrated systems. Also provides research, design, and capacity planning for setting new systems and/or technology direction and work with business partners to define system requirements for potential uses of information technologies;
- Production Services support multi-platforms (Mainframe, Windows, Sun/Solaris) and complex applications by monitoring production processing, identifying areas for automation, documenting production procedures, and ensuring successful completion of business critical processing. This group also provides recovery services for failed production processes, coordinating with various internal and/or external partners as necessary; and
- Enterprise Data Warehouse design, operation and maintenance. EDW provides a common data repository for all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

IT Enterprise Services

The Information Technology Enterprise Services team provides support and services to align business needs with IT solutions and to ensure IT systems deliver business value that maximizes IT investments. Other responsibilities include tracking and managing information technology business processes and IT related projects, disaster recovery planning as well as continuity of operations Planning.

IT Relationship Managers establish and maintain liaisons with all divisions and institutions within DHW and its business partners for IT and its related services. Additionally, they administer, plan, manage and monitor special projects. The following are the four functional areas within Enterprise Services:

1. Enterprise Architecture

- Design, develop, and maintain an Enterprise Model Framework;
- Create and maintain architectural models of business processes, business units, information, technology, and their interrelationships;
- Collect, model and archive metadata for quality analysis;
- Interpret business processes into architectural solutions;
- Analyze technical infrastructure;
- Create and maintain information architecture that supports strategic

business needs; and

- Develop enterprise standards and strategies.

2. Relationship Management

- Provide consultation and support to business area management and staff in the facilitation of issues between business needs and IT technology systems, services, and equipment;
- Stay abreast of business and technology trends to insure strategic alignment between IT and business needs;
- Serve as liaison between IT staff and business staff, respond to complex problems and inquiries, and troubleshoot sensitive issues;
- Plan and administer special projects, coordinate and direct staff on special assignments, and advise on problem areas and recommend corrective action;
- Assist in grant planning and budgeting requests for IT projects to support DHW business program funding needs;
- Partner with the bureaus of IT in achieving positive outcomes for the business needs; and
- Actively manage external partner relationships as needed.

3. Continuity of Operations

- Collaborate with business units in identifying and prioritizing critical business functions;
- Plan and exercise short term recoverability of business functions;
- Develop and maintain a plan for long term recovery of business functions;
- Conduct business impact and risk analysis for recovery time and resource requirements; and
- Conduct contingency plan integration and operation.

4. Disaster Recovery

- Collaborate with business units to prioritize time frames for technology return to operations;
- Identify risks to recover technology during a disaster;
- Plan and exercise short term recoverability of technology;
- Develop and maintain a plan for long term recovery of technology;
- Develop and exercise maintenance and testing programs for communication tools and recovery plans; and
- Review disaster recovery plans for vendors providing DHW services.

ITSD Highlights

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

Technological improvements:

- Developed and implemented a functionally rich, web-based

- application for the Women, Infants and Children (WIC) nutrition program providing an easy-to-use experience that increases functionality and replaces an obsolete mainframe system;
- Completed Phase 2 of the Web Infrastructure for Treatment Services/ Substance Use Disorders (WITS/SUD) project, replacing disparate and unstable software operations with a single integrated electronic information system;
 - Implemented Phase 3 of Veterans Health Information System and Technology Architecture (VistA) at both State Hospital South and State Hospital North, increasing efficiency and effectiveness by providing a single, integrated electronic hospital information management system;
 - Updated the EMS I-Wise system to improve record-keeping, reporting accuracy and increased grant funding due to improved data quality;
 - Completed the Idaho Center for Disability Evaluation – Developmental Disabilities system, providing program level eligibility and developmental disability evaluation tracking and reporting;

Accomplishments directly associated with protecting health and safety:

- Development of a co-location site at the Southwest Idaho Treatment Center allowing redundancy of critical infrastructure and business applications, while providing a safe and effective location in the event of a disaster;
- Conversion of the Significant Event Reporting Program providing accurate recording and reporting of significant events for hospital clients, staff or visitors, which meet the Joint Commission on Accreditation of Healthcare Organization standards;
- Design and deployment of the technology architecture to support Child Protection centralized intake; and
- Successfully partnered with the Immunization program in the implementation of a new web-based Immunization Reminder Information System improving the collection of immunization data of Idahoans and managing vaccine inventory.

Initiatives to “Go Green”:

- Expansion of video conferencing capabilities to include conference recording for training and/or case reviews, saving both staff time and travel expenses;
- Using technology (LANDesk) to electronically collect data to meet physical inventory requirements, improving data accuracy and freeing technicians to provide direct customer support;
- Continued movement toward on-line reporting for Department programs and Federal partners; and
- Virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.

Completed Projects and Initiatives:

- Electronic Payment System (EPS) Data Warehouse – Development of reporting schemas and reconciliation was completed in June 2012;

- Significant Event Reporting System (SERP) ad hoc and canned reports;
- ICSES Hubs development of star schemas;
- Conversion of State Hospital South and State Hospital North hospital management production reporting;
- Behavioral Psychology Associates reporting schema;
- Idaho Incentive Management System (IIMS) reporting;
- Substance Use Disorders (SUD) and Behavioral Health detail reporting schemas;
- Web Infrastructure for Treatment Services (WITS) implemented for Children's Mental Health in FY2012;
- Bidirectional laboratory interface module for State Hospital North migrated to production in January 2012;
- vxVista Mental Health Suite (vxMHS) interface for treatment planning has been implemented at State Hospital North;
- Refresh of the Family Oriented Community User System (FOCUS), renamed as "iCare," will move all data processing off the mainframe to a locally managed server-based system. This will provide cost savings and enable iCare to take advantage of current and future industry standard technologies and web-enabled solutions;
- Secure Web Gateway & Web Application Firewalls – Infrastructure to provide secure, high performance access to external partners and to necessary public information, while utilizing existing hardware resources more efficiently;
- Data Center Network Core Upgrade -- Infrastructure to provide network core redundancy and fail-over of critical network components and upgrade of network core and backbone bandwidth/data throughput;
- Unified Computing System – Integrates blade servers technology optimized for server virtualization which will reduce server hardware footprint, server hardware expenditures, reduce data center power requirements, and reduce data center cooling requirements.

Current Projects and Initiatives:

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

- Fraud Information Tracking System (FITS) Enhancements – Added features and functionality to track Medicaid fraud and abuse cases;
- Idaho Electronic Health Record (EHR) Incentive Management System – Customization and localization of the system transferred from Kentucky, to provide an efficient solution for processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant EHR technology;
- Infant Toddler Program (ITPWeb), Phase 2 – The system is being enhanced to automatically transmit billing information to the Billing and Receipting System (BARS);
- Health Alert Network (HAN) – Enhance the system to include newer communication methods like Twitter and support for mobile devices;
- Outbreak Management System – Develop a web application to replace a system no longer supported by CDC;

- Vital Statistics Receipting System – Replaces an existing set of software tools with a solution to manage all Vital Statistics product purchases and applications for services (certificates, name changes, legal amendments) including fees collected and disbursed;
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS) – Enhances the systems to support additional electronic lab reporting capabilities and electronic health record extensions;
- Refresh of the Family Oriented Community User System (FOCUS), renamed as “iCare,” will move all data processing off the mainframe system to a locally managed server based system. This will provide cost savings, as well as enable iCare to take advantage of current and upcoming industry standard technologies and web-enabled solutions;
- Bidirectional laboratory interface module for State Hospital South project to begin in January 2013;
- vxVistA Mental Health Suite (VxMHS) Interface for treatment planning is targeted to begin its implementation at State Hospital South in the fourth quarter of CY 2012;
- Phase 3 of the Web Infrastructure for Treatment Services (WITS) project, providing for management and reporting for the Access to Recovery (ATR) program continues to use a phased implementation approach;
- Enterprise Data Warehouse (EDW) – Integrate data marts into the Data Warehouse for State Hospitals North and South, the Substance Use Disorders Program, and Adult and Children’s Mental Health programs. Develop the Electronic Payment System data mart, enhance the FISCAL data mart and implement an integrated Dashboard. Add additional hub-centric data marts for the Idaho Child Support Enforcement System (ICSES). Develop enhanced on-demand reporting capabilities for Family Oriented Community User System (FOCUS). Develop a Longitudinal Data Mart to more accurately measure self-reliance program outcomes. Convert legacy reporting applications to fully utilize standard data warehouse reporting tools; and
- Enhancement to the Children’s Special Health Program automated solution, SeaShip, integrating a Phenylketonuria (PKU) module.

Major Projects in Progress

Medicaid Readiness

Function: The Idaho Benefit Eligibility System (IBES) determines eligibility for Medicaid benefits. Idaho must ensure that IBES and the Medicaid Management Information System (MMIS), which pays claims, are capable of meeting the new Affordable Care Act and Health Insurance Exchange requirements.

Status: This project is using a phased development/implementation plan to ensure the Idaho’s eligibility and claims processing systems are capable of meeting the new regulations that take effect January 1, 2014.

Replacement Strategy: The Medicaid Readiness project began in February 2012 and is slated for completion in September 2014.

Replace Desktop/Laptop Computers – Upgrade to WINDOWS 7 OS

Function: Department of Health and Welfare employees currently utilize computers which run under the Microsoft XP operating system. Every division and program uses these computers to perform their daily job functions to provide services to the citizens of Idaho. Due to several years budget constraints, DHW has not been able to replace aging hardware and software to maintain performance and efficiency.

Status: DHW computers are outdated and cannot run the Microsoft Windows 7 operating system. Additionally, Microsoft XP will no longer be supported after December 2013. The rollout timeline will be customized to the needs of each division to ensure that business functions can continue uninterrupted and computer applications they rely on are compatible with Windows 7.

Replacement Strategy: DHW computer replacement began in June 2012. This update will result in improved efficiency, lower support costs and provide compatibility with printers and software. The computer replacement project is targeted for completion in first quarter 2013.

Microsoft Office 2010 Upgrade

Function: DHW desktops and laptops make use of many Microsoft Office products. These include Microsoft Outlook for e-mail, Microsoft Word for word processing and document creation, and Microsoft Excel for spreadsheet and accounting. Multiple older versions of these office products exist, causing challenges for document sharing between staff or with other agencies.

Status: Microsoft Office 2010 upgrades began in June 2012, allowing all department employees to operate under the current software version. The upgrading within each Division was planned to minimize the impact on daily operations and ensure training opportunities were planned.

Replacement Strategy: The Office 2010 upgrade project is projected to be complete by January 2013. Upgrading to the most current software will increase productivity for staff, enhance compatibility with external partners and function more effectively with the Microsoft Windows Operating System.

Council on Developmental Disabilities

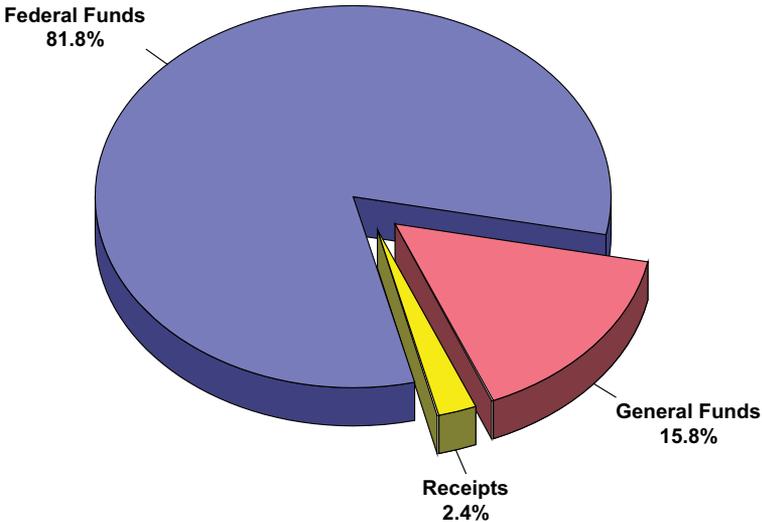
Marilyn Sword, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advocacy body for programs impacting people with developmental disabilities. The Council pursues systems changes that promote positive and meaningful lives for people with developmental disabilities and works to build the capacity of systems to meet people's needs.

Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

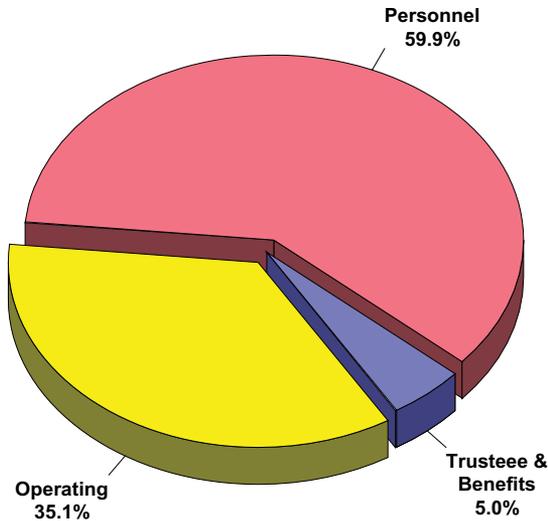
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities SFY 2013 Funding Sources



Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 6; General Funds \$100,400; Total Funds \$635,900.

SFY 2013 Expenditure Categories



Council Initiatives

This is the first year of the council's new five-year plan. While some of the activities from previous years are being carried forward, this year is primarily a planning and foundation building year. The activities the Council has engaged in for 2012 include the following:

Education

The council began a new Inclusive Education Project aimed at identifying at least three schools across the state and providing them with information, technical assistance, and resources to enhance their inclusive practices. This project is guided by a task force with representatives from the State Department of Education, higher education, parents, and others.

During this year, the emphasis has been on research and data gathering, including a survey of parents regarding their perception of inclusion in their child's school. In addition, the council provided staff support, workshops and funding for the 8th annual Tools for Life conference held this year in Wallace. It was attended by 320 people, including 124 students and 52 family members. The council also served on the Interagency Council on Secondary Transition and hosted meetings of the Post-Secondary Options Workgroup, which is gathering survey data to develop a resource directory for students, families and school staff.

The council continues to work with the state Department of Education on alternative paths to high school graduation for students with disabilities. The council also serves on the Special Education Advisory Panel and the Early Childhood Coordinating Council. The council's 2012 Inclusive Education award was presented to Mountain View High School.

Public Awareness

The council was a principal participant in Medicaid Matters, a comprehensive initiative this year aimed at educating the public and policymakers about the changes in Medicaid and informing people about how their voice could be heard. Included was the publication of booklet of stories about the importance of Medicaid to citizens throughout Idaho, a round table press conference during the legislative session, and a Disability Advocacy Day at the capitol.

Prior to the legislative session, a series of five Disability Advocacy Day legislative trainings were held across the state attended by 245 people; three workshops were for the general public and two specifically for people with disabilities. The council provided a wide range of information to the public through its 2011 Annual Report, email listservs, website and Facebook page. A survey is currently in the field seeking input on what topics and communication methods the council should use to communicate with the public.

Self-Determination

The Idaho Self Advocate Leadership Network (SALN) is now an independent non-profit organization and the Council has provided a grant for its first year of operations. SALN has incorporated with a board of directors and regular meetings; there are also three active chapters with two more in development. With Council support, self advocates participated in Disability Advocacy Day at the capitol and were active on issues such as Medicaid and guardianship. Several self advocates are participating in the planning for the 2013 Self Advocacy conference. The council sits on the Medicaid Quality Improvement Committee for Self Directed Services.

Transportation

The council serves on the Interagency Work Group on Public Transportation (IWG) representing the concerns of transportation users with disabilities. The council was active in working with the Department of Transportation and others to promote legislation to combine the IWG with the Public Transportation Advisory Council to create the Idaho Mobility Council. The legislation did not pass in 2012 but will be reintroduced with modifications in the coming session.

The council staff met with representatives of the statewide Medicaid transportation contractor and shared concerns from constituents about transportation access and services. Council staff continue to work with other advocates on local transportation initiatives.

Employment

The council is moving forward with the Employment First Initiative aimed at promoting policies that consider integrated employment at a competitive wage as the first choice for any adult with a developmental disability seeking employment. This initiative has several components and will span multiple years. The council was included in an application by the Center on Disabilities and Human Development for a federal employment grant to be awarded in October. The State Independent Living Council is supporting research by the council on flexible employment funding policies nationally.

One-hundred forty students were included in council-supported Disability Mentoring Day efforts in Idaho Falls, Twin Falls, Moscow and Caldwell. These events were driven by local community transition teams.

Community Supports

The council is facilitating the Collaborative Work Group on Adult DD Services, a large committee composed of a variety of stakeholders working together to improve the service system for adults with developmental disabilities.

The council also provided \$4,500 to support the Human Partnerships conference in October, 2011. There were 520 attendees, 49 workshops/presentations, 32 presenters, and 29 sponsors. This conference continues to be the largest training for direct support staff in the state.

The council is the lead agency for the 2012 Western States DD Network Summit which has a focus on systems change and community capacity building. Seventy people from eight states participated. The 2012 Community Inclusion Award was given this year to the Treasure Valley YMCA, Caldwell branch.

For more information, please visit: www.icdd.idaho.gov.

Council on Domestic Violence and Victim Assistance

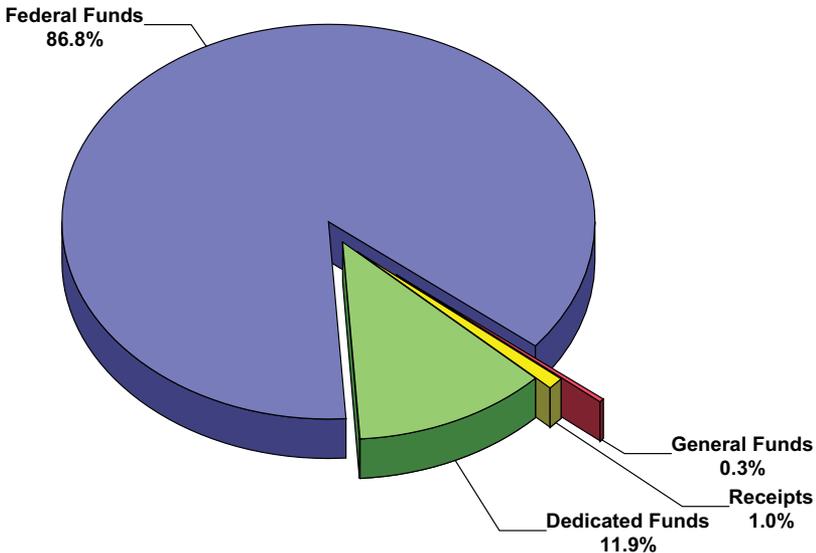
Luann Dettman, Executive Director, 332-1540

The council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims;
- Promoting legislation that impacts crime;
- Providing standards for domestic violence, sexual assault, and offender intervention programs; and
- Training and public awareness on violence and victim assistance.

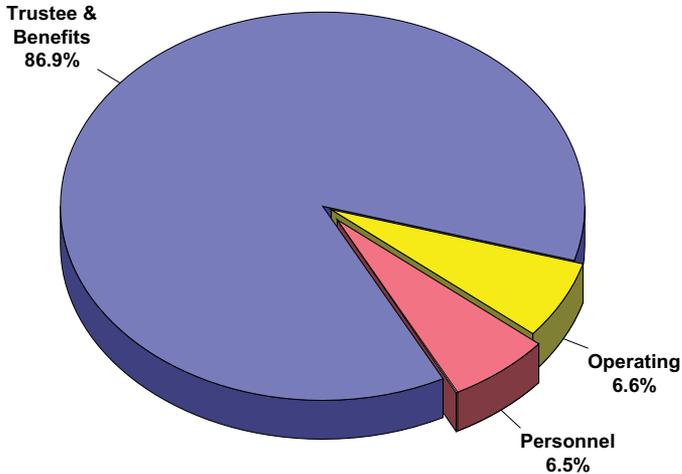
In addition, the council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance SFY 2013 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 4 ; General Funds \$13,100, Total Funds \$4.1 million.

Council on Domestic Violence and Victim Assistance SFY 2013 Expenditure Categories



The council consists of seven members, one from each of the seven Judicial Districts in Idaho. The members are: Susan Welch (Region 1); Mia Vowels (Region 2); Maggie Stroud (Region 3); Doug Graves (Region 4); Dan Bristol (Region 5); Dr. Karen Neill (Region 6); and Len Humphries (Region 7).

As a funding agency, the council administers a combination of federal and state resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The council funds approximately 45 programs throughout the state that provide direct victim services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. The council also serves as the oversight for all approved offender intervention programs throughout the state.

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

For more information, visit www.icdv.idaho.gov.

Glossary of Terms and Acronyms

ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACIP	Advisory Committee on Immunization Practices
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
AEMT	Advanced Emergency Medical Technician
AIDS	Auto Immune Deficiency Syndrome
AMH	Adult Mental Health
APS	Administrative Procedures Section
APSE	Association for Persons in Supportive Employment
BRFSS	Behavioral Risk Factor Surveillance System
CAP	College of American Pathologists
CAP	Community Action Partnerships
CCAI	Comprehensive Cancer Alliance of Idaho
CHC	Criminal History Check
CDC	Centers for Disease Control and Prevention
CDHD	Center for Disabilities and Human Development
CFH	Certified Family Home
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CSBG	Community Services Block Grant
CQI	Continuous Quality Improvement
CSCC	Child Support Customer Service
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DDI	Design, Development and Implementation
DIT	Division of Information and Technology
DRA	Deficit Reduction Act
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMR	Emergency Medical Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPICS	Eligibility Programs Integrated Computer System
ELT	Executive Leadership Team
ETV	Education and Training Voucher Program

EWS.....	Enhanced Work Services
FACS.....	Division of Family and Community Services
FFY.....	Federal Fiscal Year
FIDM.....	Financial Institution Data Matching
FNS.....	Food and Nutrition Services at USDA
FTP.....	Full-time Positions
FYI.....	Foster Youth Alumni of Idaho
GAIN.....	Global Appraisal of Individual Needs
GED.....	General Education Degree
HPP.....	Health Preparedness Program
HIFA.....	Health Insurance Flexibility Act
HIPAA.....	Health Insurance Portability and Accountability Act
HIV.....	Human Immunodeficiency Virus
HPV.....	Human Papilloma Virus
HPSA.....	Health Professional Shortage Area
IBI.....	Intensive Behavioral Intervention
IBIS.....	Idaho Benefits Information System
ICCMH.....	Idaho Council on Children's Mental Health
ICCP.....	Idaho Child Care Program
ICCCP.....	Idaho Comprehensive Cancer Control Program
ICF/MR.....	Intermediate Care Facility for People with Mental Retardation
ICSA.....	Interagency Committee on Substance Abuse
DHW.....	Idaho Department of Health and Welfare
IIP.....	Idaho Immunization Program
IRIS.....	Immunization Reminder Information System
ITSAP.....	Idaho Telephone Service Assistance Program
JET.....	Job Education and Training
LIHEAP.....	Low Income Home Energy Assistance Program
MITA.....	Medical Information Technology Architecture
MMIS.....	Medicaid Management Information System
MMRV.....	Mumps, Measles, Rubella and Varicella
MST.....	Mountain Standard Time
OPE.....	Office of Performance
PHA.....	Premium Health Assistance
PAN.....	Physical Activity and Nutrition Program
PMO.....	Project Management Office
PSR.....	Psychosocial Rehabilitation Services
PWC.....	Pregnant Women and Children
RAC.....	Regional Advisory Committee
RALF.....	Residential Care and Assisted Living Facilities
RFP.....	Request for Proposal
RMHB.....	Regional Mental Health Board

RMHC.....	Regional Mental Health Centers
RSO.....	Receipting Services Only
SA.....	Substance Abuse
SALN.....	Self Advocate Leadership Network
SED.....	Serious Emotional Disturbance
SFY.....	State Fiscal Year
SHIP.....	Small Hospital Improvement Program
SHN.....	State Hospital North
SHS.....	State Hospital South
SPAN.....	Suicide Prevention Action Network
STD.....	Sexually Transmitted Diseases
SUR.....	Surveillance & Utilization Review
SWITC.....	Southwest Idaho Treatment Center in Nampa
TAFI.....	Temporary Assistance for Families in Idaho
TANF.....	Temporary Assistance for Needy Families
TBI.....	Traumatic Brain Injury
TEFAP.....	The Emergency Food Assistance Program
TPC.....	Tobacco Prevention and Control Program
VAERS.....	Vaccine Adverse Event Reporting System
VFC.....	Vaccines for Children
WAP.....	Weatherization Assistance Program
WHC.....	Women's Health Check
WIC.....	Women, Infants and Children

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A publication of the

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