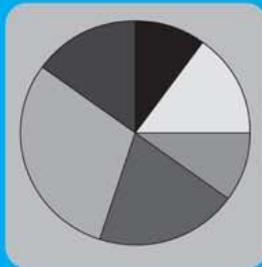
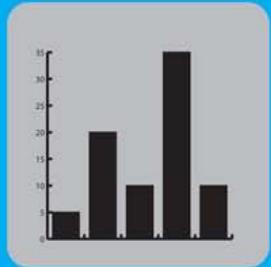
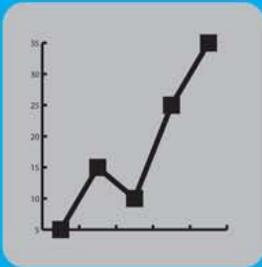
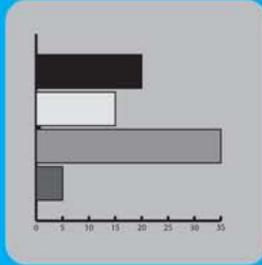
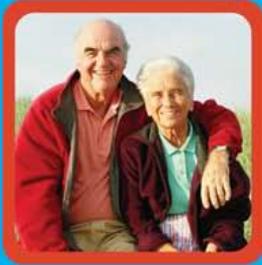


Facts, Figures and Trends: 2013-2014



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from our Director Richard M. Armstrong



We are an agency that thrives on data. This publication provides a glimpse of the data we collect and analyze to set performance baselines and guides us in setting direction for improvement.

I have always watched the Food Stamp enrollment data closely. Food Stamps is a valuable economic indicator that changes very quickly—people have nutritional needs that must be met on a daily basis. Any changes in employment or the economy can have an immediate impact on Food Stamp enrollment.

A case in point is the Food Stamp data from the Great Recession. In September 2007, Idaho had 87,000 people enrolled in Food Stamps. When the economy crashed, the number of enrollees increased for the next five years, peaking in January 2012 at 239,000 people-- almost tripling.

As the economy recovers, those numbers are declining as jobs become available and people go back to work. In December 2013, there were 217,500 people receiving Food Stamps, down 10 percent since the 2012 peak two years earlier. That's good news. But the continued high enrollment figures beg the question—why aren't the enrollment numbers dropping more quickly?

Analysis of the data shows people are finding jobs and working, but they still qualify for safety net programs such as Food Stamps. If you do the math, the worker of a family of four needs to earn \$17.74/hour to earn a livable wage. But if they only earn \$12/hour, how does the family get by?

Part of the answer is safety net programs such as Food Stamps, Medicaid, child care and home energy assistance. These programs help bridge the gap between current earnings and a livable wage for many families. We see people come into our offices every day who struggle to get by because they are working, but don't earn enough money. Without these public assistance supports, the stability of families can deteriorate if they lack the basic necessities for daily living.

I am not an expert on how to improve job opportunities and salaries so working families can earn a livable wage. Undoubtedly education is a key component, along with attracting or promoting higher paying jobs in Idaho. I know this will take time to remedy, but I believe we have the leaders and community partners throughout our state who are willing to work on it. In the meantime, DHW will continue delivering efficient and effective supports to sustain Idaho citizens as they strive toward self-sufficiency.

Introduction

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

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

To provide the health and human services described throughout this handbook, we diligently follow a Strategic Plan, which 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, healthcare, 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 each other to do their jobs as they help 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, and oversight of Emergency Medical Services and Preparedness.

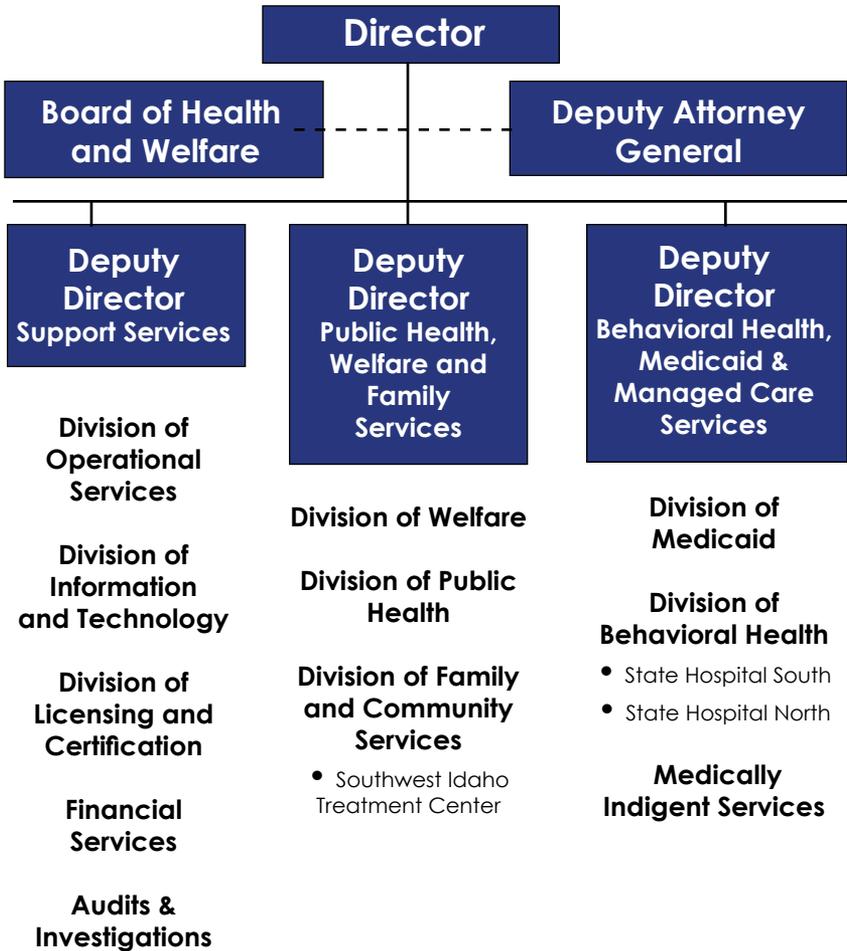
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Division of Licensing and Certification licenses hospitals, assisted living and skilled nursing facilities. The EMS and Preparedness 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 funding and provide the best services possible. Many of these performance measures are available in this publication. By constantly measuring and collecting performance data, DHW programs are held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. As an example, in the Medicaid program, the federal government pays approximately 70 percent of medical claims for Idaho residents. Overall, in SFY 2014, the federal government will contribute almost 65 percent of DHW's total appropriation.

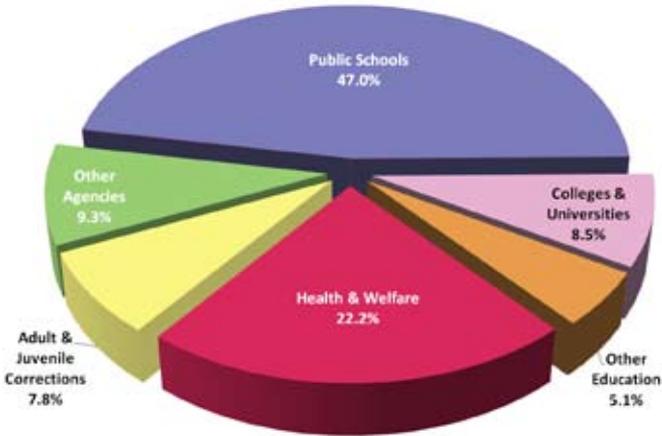
DHW is a diverse organization with workers who are dedicated to protecting the health and safety of Idaho citizens.

Organizational Chart

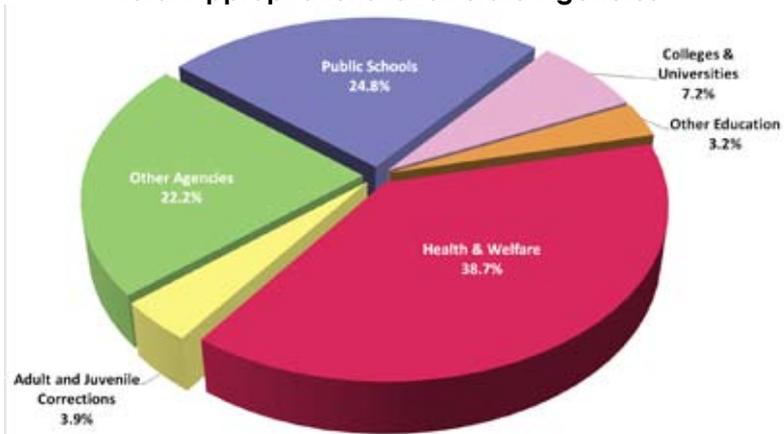


Total State SFY 2014 Appropriations

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.

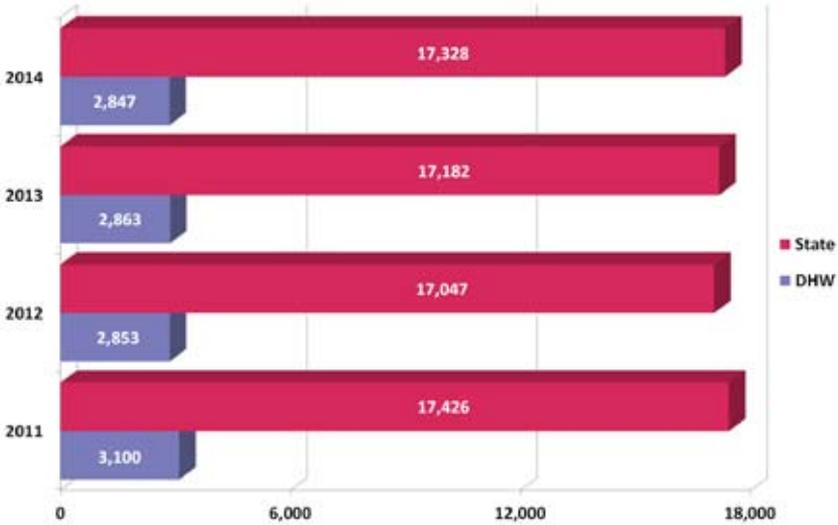
SFY 2014 Financial Data Summary

In Millions

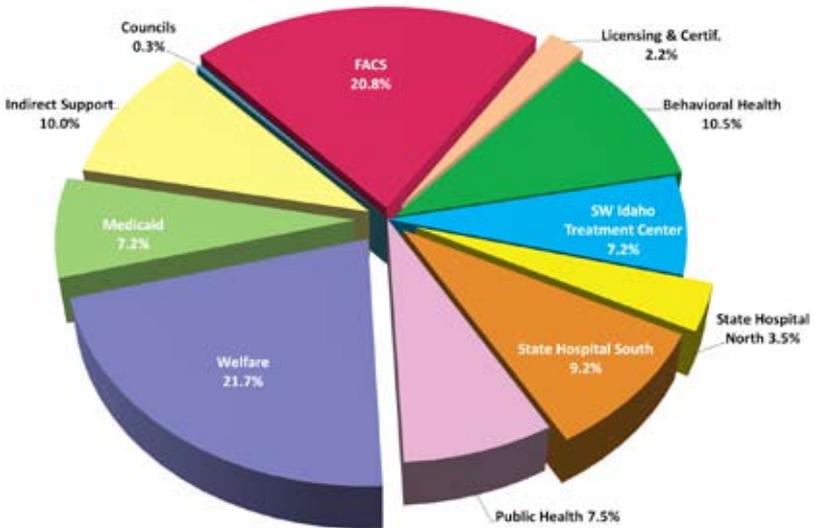
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,308.36	47.0%	\$1,598.16	24.8%
Colleges, Universities	236.54	8.5%	465.90	7.2%
Other Education	142.96	5.1%	208.39	3.2%
Health & Welfare	616.83	22.2%	2,495.29	38.7%
Adult & Juvenile Corrections	218.28	7.8%	252.85	3.9%
All Other Agencies	<u>258.04</u>	<u>9.3%</u>	<u>1,434.66</u>	<u>22.2%</u>
Total	\$2,781.02	100.0%	\$6,455.26	100.0%

Appropriated Full-Time Positions

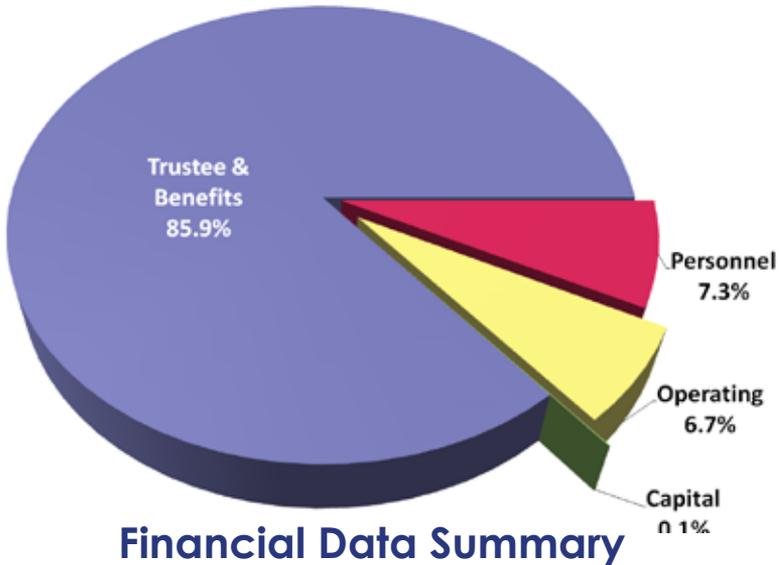
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has declined approximately 8 percent over the last four years, although most program caseloads have increased significantly due to the recent recession. The state's overall workforce declined less than 1 percent over the same time period.



SFY 2014 FTP Distribution - Department of Health & Welfare



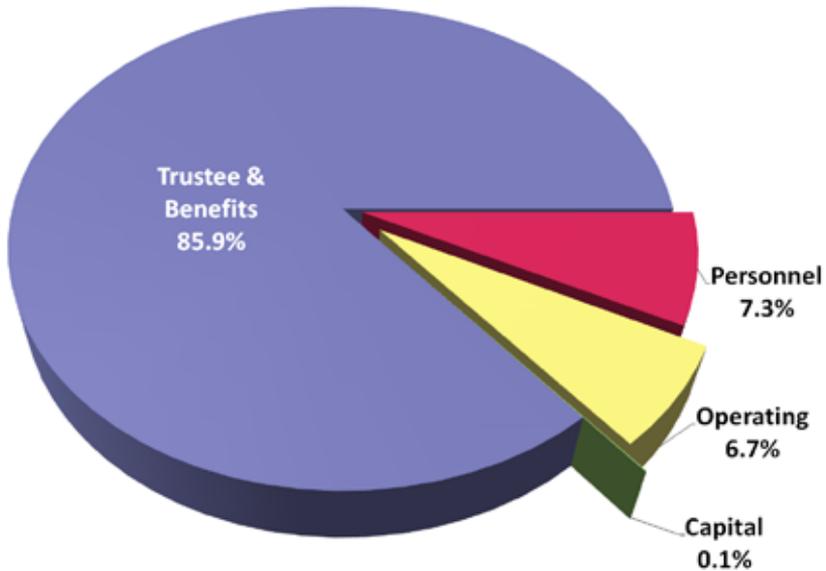
SFY 2014 DHW Appropriation Fund Source



Financial Data Summary

Fund Source	Amount
General Funds	\$ 616.8 Million
Federal Funds	1,615.7 Million
Receipts	199.0 Million
Dedicated Funds	
Domestic Violence	\$ 491,900
Cancer Control	401,700
Central Tumor Registry	182,700
Medical Assistance	3,500
Liquor Control	650,000
State Hospital South Endowment	2,946,000
State Hospital North Endowment	900,500
Prevention of Minors' Access to Tobacco	50,400
Access to Health Insurance	3,842,300
Court Services	257,800
Millennium Fund	2,245,000
EMS	2,647,900
EMS Grants	1,400,000
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000
Immunization Assessment Fund	17,820,000
Total Dedicated Funds	<u>\$63.8 Million</u>
Total	\$2,495.3 Million

SFY 2014 DHW Appropriation by Expenditure Category

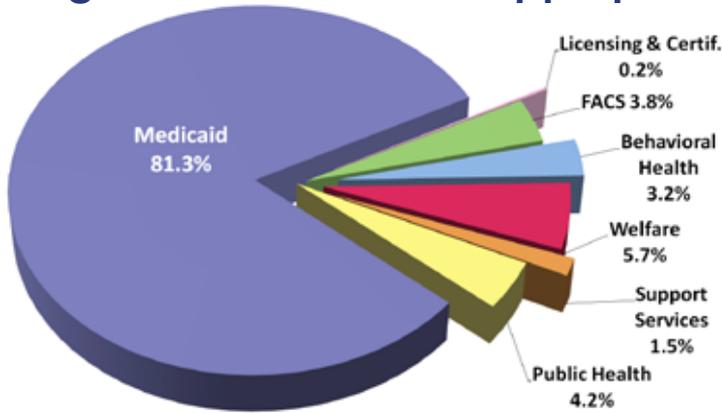


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,144.7 Million
Personnel Costs	183.2 Million
Operating Expenditures	166.1 Million
Capital	1.3 Million
Total	\$2,495.3 Million

- The appropriation for benefits to Idaho citizens increased \$145.1 million from SFY 2013 expenditures, while personnel costs, operating and capital expenses increased by \$22.4 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 10,000 companies, agencies or contractors, and more than 29,000 Medicaid providers.

Original SFY 2014 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	616.55	\$ 39,188,600	\$ 142,655,300
Medicaid			
Low-income children/ working age adults		98,136,400	523,179,600
Individuals w/Disabilities		284,491,300	1,100,324,700
Dual Eligible		81,517,000	323,533,500
Administration	<u>205.49</u>	<u>13,324,500</u>	<u>77,144,700</u>
Total Medicaid	205.49	\$477,469,200	\$2,024,182,500
Licensing & Certification	62.90	\$ 1,461,200	\$ 5,455,400
Family and Community Services			
Child Welfare	380.58	6,978,700	29,590,200
Foster/Assistance Payments		11,716,500	27,589,400
Service Integration	36.00	897,500	5,187,300
Developmental Disabilities	174.71	8,508,300	18,358,100
SW Idaho Treatment Center	<u>203.90</u>	<u>3,467,700</u>	<u>14,420,700</u>
Total FACS	795.19	\$ 31,568,700	\$ 95,145,700
Behavioral Health			
Adult Mental Health	201.55	14,756,900	20,102,500
Children's Mental Health	80.25	8,214,100	12,324,500
Substance Abuse	15.76	2,529,900	17,108,900
Community Hospitalization		2,790,000	2,790,000
State Hospital South	262.85	9,693,000	20,302,300
State Hospital North	<u>98.60</u>	<u>6,747,100</u>	<u>7,784,700</u>
Total Behavioral Health	659.01	\$ 44,731,000	\$ 80,412,900
Public Health			
Physical Health	133.95	3,930,000	88,834,400
EMS	38.50	0	11,279,600
Laboratory Services	<u>42.00</u>	<u>2,034,200</u>	<u>4,516,400</u>
Total Health	214.45	\$ 5,964,200	\$ 104,630,400
Support Services	283.50	\$ 16,201,300	\$ 37,900,700
Medically Indigent	1.10	\$ 136,000	\$ 136,000
Councils/Commissions	8.97	\$ 114,600	\$ 4,770,000
Department Totals	2,847.16	\$616,834,800	\$2,495,288,900

Division of Medicaid

Paul Leary, Administrator, 334-5747

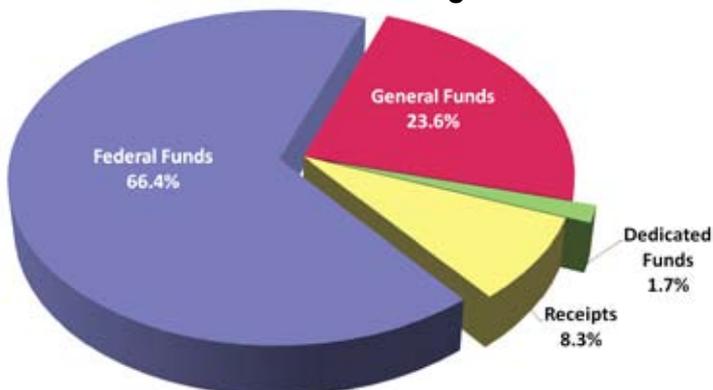
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to how a health 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 services, 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 2014 total appropriation of \$2.024 billion. This funding is composed of approximately 66 percent federal money, 24 percent state general funds, and 10 percent receipts and dedicated funds. Three percent of the total appropriation is spent on administration, while 97 percent is paid to service providers.

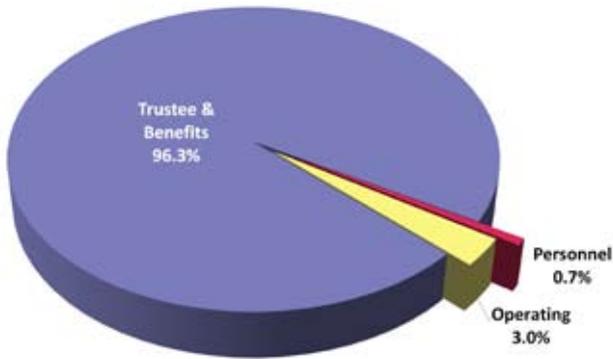
Receipts have become an increasingly important part of Medicaid's annual budget, providing \$134.8 million in the SFY 2013 budget. Receipts include \$76.8 million in rebates from pharmaceutical companies, \$21.2 million from audit settlements with various healthcare provider agencies and companies, and nearly \$8.6 million from estate recovery. In the future, we anticipate fewer receipts from drug rebates as increasing numbers of brand name drugs move to generics.

Medicaid SFY 2014 Funding Sources



Authorized FTP: 205.5; Original Appropriation for SFY 2014: General Funds \$ 477.5 million, Total Funds \$ 2.02 billion; 81.3% of Health and Welfare funding.

Medicaid SFY 2014 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) funds. The ARRA funds increased the percentage the federal government contributed to Medicaid costs, a calculation referred to as the 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 going forward when 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 for 2014 has increased to 71.5 percent with the preliminary SFY 2015 rate estimated at 71.77 percent.

Idaho Federal Medical Assistance Percentage (FMAP)



SFY 2013-2014 Budget Analysis

The Idaho Medicaid program's SFY 2013 experience reflects the state's steady but slow economic growth during the last year. Idaho Medicaid averaged 236,352 participants per month in SFY 2013. Medicaid's caseload growth remained relatively stable at 3.15 percent in SFY 2013, as compared to 3.74 percent in SFY 2012 and 8.71 percent in SFY 2011.

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

Medicaid continues to move toward implementing additional managed care options in SFY 2014 to improve health outcomes of program participants.

Enrollment and Expenditures Comparison

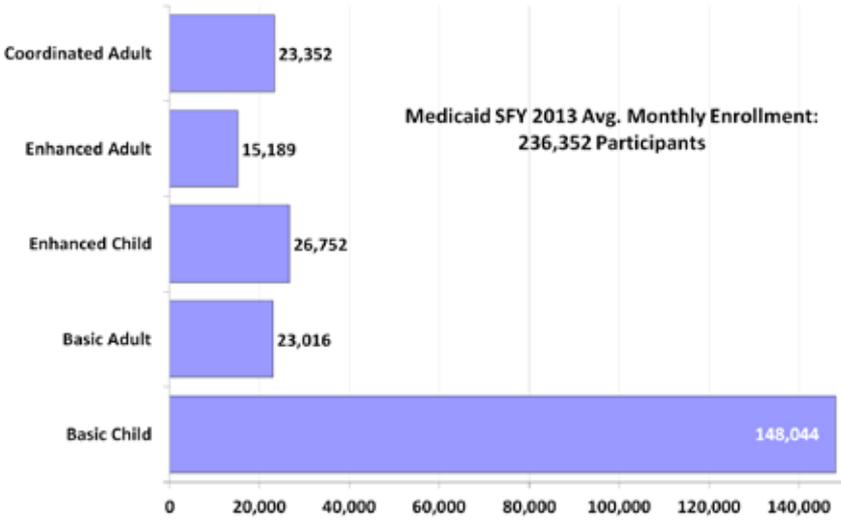
Medicaid enrollment averaged 236,352 participants per month during SFY 2013, a 3.15 percent increase from the SFY 2012 enrollment of 229,128 participants. The growth rate continues to decline compared to the Medicaid increases experienced during the peak of the recession and is closely approaching a more traditional growth rate.

Idaho offers three health plans for Medicaid participants:

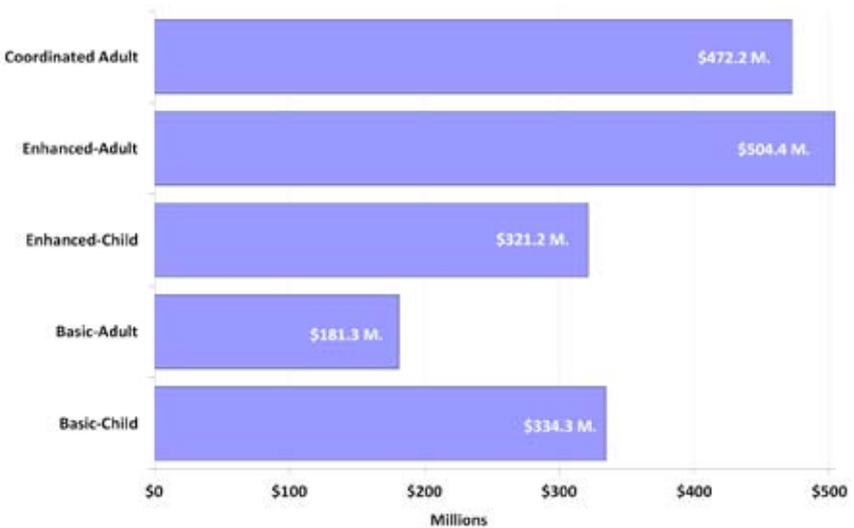
- 1. Basic Plan:** This plan is for low-income children and adults with eligible children who have average healthcare needs. Basic Plan participants reflect 75 percent of Medicaid's total enrollment, but only 31 percent of expenses.
- 2. Enhanced Plan:** Participants often have disabilities or special health needs, which can be expensive. Enhanced Plan participants make up 18 percent of Medicaid's enrollment and 50 percent of expenses.
- 3. Coordinated Plan:** This plan is for participants who are enrolled in both Medicare and Medicaid. These enrollees are often referred to as dual eligibles with many having multiple serious or chronic illnesses. Dual eligible participants make up 10 percent of Medicaid's enrollment and 29 percent of Medicaid's expenses.

SFY 2013 Enrollees

Average Monthly Participants

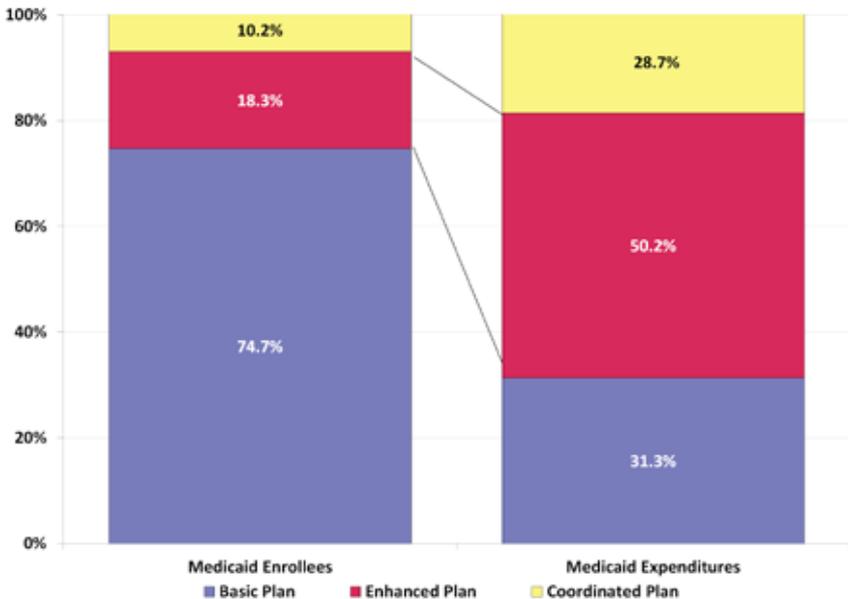


SFY 2013 Expenditures



SFY 2013 Enrollment and Expenditure Comparison

Expenditures for children in the Basic Plan average less than \$188/month for coverage, while children in the Enhanced Plan average \$1,001/month. By comparison, an adult in the Basic Plan costs \$656/month, while an adult in the Enhanced Plan averages almost \$2,768/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 long-term care services such as assisted living facilities or nursing homes. A participant on the Coordinated Plan costs an average of \$1,685/month.



Medicaid Initiatives

Technology Performance

Since July 2010, the Division of Medicaid has worked closely with Molina Medicaid Solutions for claims processing and reporting, Magellan Medicaid Administration for pharmacy, Truven for data warehouse and decision support, and Medicaid providers to identify and correct system issues, improve service to all stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) certification requirements. These systems have all received full CMS certification and continue to meet expectations. The systems have improved claims adjudication, as demonstrated by the return of \$47 million of both one-time and ongoing

state general funds, while providing a more predictable budget trend and forecast.

Molina processes more than 135,000 claims weekly, while Magellan processes more than 42,000. More than 95 percent of claims, without coordination of benefit issues, are accepted by the system and over 99 percent of approved claims are paid in 7-15 days. Total weekly payout from Medicaid claims systems average close to \$30 million.

Medicaid Managed Care

Medicaid currently has managed care programs for dental care and transportation. During the last year, Medicaid continued to work on moving forward with the Mental Health Managed Care and Managed Care for Dual Eligibles.

Mental Health Managed Care – Idaho Code § 56-263 directs Medicaid to develop plans for managed care models of service delivery. Medicaid's state plan amendment to support behavioral health managed care and the 1915b waiver were approved. DHW entered into a contract with United Healthcare, doing business as Optum Health, on April 24, 2013. In Idaho the company will operate as "Optum Idaho."

Optum Idaho's administration of Medicaid behavioral health benefits, known as the Idaho Behavioral Health Plan (IBHP), began on September 1, 2013. Optum Idaho provided a transition period for 60 days in which all Medicaid members continued with their current treatment plan and their current provider. Medicaid is working closely with Optum Idaho to implement the IBHP which includes recruitment, enrollment, and training of a provider network; development of electronic information and claims payment systems; and development of related communications and disbursement of information materials.

Managed Care for Dual Eligibles – Idaho Medicaid has a Medicare-Medicaid Coordinated Plan (MMCP) for dual-eligible individuals with more than 600 participants enrolled in one participating Medicare Advantage plan. This model is a voluntary program that permits a dual-eligible beneficiary to enroll in a single managed care organization (MCO) that receives capitation payments to deliver both Medicaid and Medicare services to the individual. With Idaho legislative direction in House Bill 260, Medicaid continues to work on the development of a managed care plan for dual eligibles that will result in an accountable system of care with improved health outcomes.

Medicaid was participating in the Duals Demonstration to Integrate Care for Dual Eligibles in Idaho for 2014. However, Medicaid received communication from the Duals office in September 2013 that the prospect of a Demonstration with only one participating health plan was no longer a viable option. Medicaid remains interested in working with Health Plans to gather ideas on how to pursue integration of primary, acute, behavioral health and long term services and supports for full-benefit Medicare-Medicaid enrollees. Because the landscape with the Demonstration has changed, Medicaid is evaluating options to meet the legislative direction. Current options being considered are:

- Expand the covered benefits in the current MMCP in 2014.
- Pursue the Demonstration starting in 2015.
- Have multiple health plans participate in MMCP in 2015.

Idaho Medicaid continues to hold stakeholder webinars regarding the managed care program every one to two months, and comments are encouraged to be sent to LTCManagedCare@dhw.idaho.gov. 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 Sept. 3, 2010. The collaborative was developed to support primary care practices in Idaho as they transition into patient-centered medical homes. The payers include Idaho Medicaid, Regence Blue Shield, 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. This pilot began in January 2013 and is ongoing.

Idaho Medicaid also launched its Health Home Program in January 2013 at the same time as the pilot and worked with the collaborative to develop a patient-centered medical home model in coordination with other payers. This program targets improvement of care for individuals with diabetes, asthma, or mental health conditions. As of August 2013, 8,942 participants receiving care from 53 practices are benefiting from the Health Home Program.

Children's Healthcare Improvement Collaboration

The state of Idaho, in partnership with Utah, received a five year Children's Health Insurance Program Reauthorization Act quality demonstration grant for \$10.3 million. This grant is in the third year of a five-year award. The project has four primary objectives:

1. Develop and test pediatric patient-centered medical homes;
2. Implement evidence-based quality improvement strategies;
3. Create an improvement partnership network; and
4. Enhance health information technology.

Guided by the project's efforts, practices throughout the state have modified immunization processes in an effort to improve immunization rates and are following national guidelines for treating children with asthma. Practices in Boise have continued their work on patient-centered care of pediatric patients and helped create best processes for referrals and population-based care. The next quality improvement learning collaborative will focus on improved screening and treatment for adolescent depression. The involvement of more than 18 clinics and 55 physicians with this project has reached more than 55,000 children throughout the state.

Medicaid Incentive Payments for Electronic Health Records

Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program Stage 1 Meaningful Use on July 1, 2013. The program is the result of the American Recovery and Reinvestment Act (ARRA) of 2009, which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology.

During the first year of operations of this program, Medicaid paid 10 hospitals \$6.6 million and 440 medical professionals \$9.4 million in federal incentive payments. 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 was implemented in 2011 to rebalance long-term care spending from institutionalized care to home- and community-based care. The program has helped transition 119 of 325 (July 2013) participants into the community. The program is budgeted \$2 million for calendar year 2013 and projects to divert \$1.6 million of Medicaid state general fund spending from institutionalized care to home- and community-based care by the end of the five-year grant period.

Idaho Medicaid also was awarded an additional \$400,000 in partnership with the Idaho Commission on Aging (ICOA) and the State Independent Living Council (SILC). The Division of Medicaid, ICOA, SILC, and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure for the Idaho Home Choice and the Aging and Disability Resource Center projects to facilitate additional transitions. All are on track to achieve the objectives outlined in this two-year supplemental funding grant, including statewide Options Counseling standards; a web-based, long-term care self-assessment tool; and increased opportunities for ICOA and SILC to work together to achieve Idaho Home Choice goals.

Idaho State Healthcare Innovation Plan

In April 2013, the Centers for Medicare and Medicaid Services awarded Idaho a \$3 million State Healthcare Innovation Model Design grant to evaluate and potentially redesign the state healthcare system.

During the initial months of the grant, a Statewide Healthcare Innovation Plan (SHIP) was developed that fosters government and the private sector to work together to bring about meaningful change to the healthcare delivery system.

The SHIP plan focuses on:

- 1) Ensuring every Idahoan has access to quality healthcare that is affordable and is driven by patients and providers;
- 2) Changing the healthcare system from a volume-based system to a value-based model with reimbursement for care based on improved health outcomes for Idaho's citizens; and
- 3) Developing workable, realistic solutions to healthcare issues.

In April 2013, a consulting firm, Mercer Health and Benefits, LLC, was hired to facilitate the planning process and development of the SHIP.

Mercer has expertise in both stakeholder engagement and large system transformations. The firm plays a significant role in facilitating the development of the Idaho SHIP by providing project management; stakeholder engagement and structure; and research and writing support. It also provides subject-matter expertise in the areas of analysis for information technology, network structures, clinical quality, and multi-payer payment strategies.

More than 85 leaders from across the state attended the project kick-off event in June 2013. Attendees included the CEOs of health systems, the major commercial insurance payers, legislators, the Division of Public Health, employers, tribal representatives, healthcare providers, and others. Stakeholders were oriented to the project timeline and scope of work, and a steering committee and work groups were formed. The final SHIP plan will serve as both a blueprint for innovation and a plan of action.

Children's Developmental Disabilities Benefit Redesign

A new array of children's developmental disabilities (DD) services was approved by the 2011 Idaho legislature. Prior to this, children could only receive two services, developmental therapy and intensive behavioral intervention. Families were given two years to enroll in the new benefit redesign program and expanded benefits, with the old program sun-setting June 30, 2013.

During the last year of transition, DHW used multiple methods to assist families and providers in transitioning to the new services. This included letters, direct telephone calls to parents, news articles, information releases, newspaper notices, email correspondence with providers, as well as articles published in the MedicAide newsletter. As of July 1, 2013, all of the redesign services were successfully implemented and no child experienced a lapse in services.

Division of Licensing and Certification

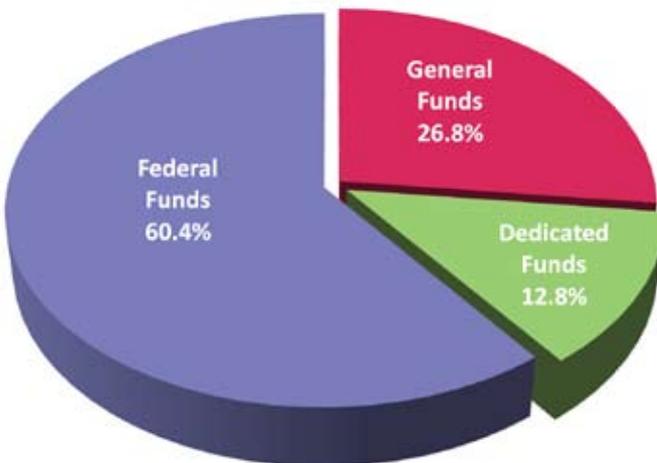
Tamara Prisock, Administrator, 334-6626

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:

- Ambulatory surgery centers
- Certified family homes
- Developmental disabilities agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech pathology
- Renal dialysis centers
- Residential care or assisted living facilities
- Residential habilitation agencies
- Rural health clinics

The division works to ensure that Idaho healthcare 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 2014 Funding Sources



Authorized FTP: 62.9; Original appropriation for SFY 2014: General Funds \$1.5 million, Total Funds \$5.5 million; 0.2% of Health and Welfare funding.

Licensing & Certification SFY 2014 Expenditure Categories



Bureau of Facility Standards

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

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 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 approximately 350 healthcare providers in the state, including 51 hospitals; 62 home health agencies with 27 branch locations; 26 end stage renal dialysis centers; 44 hospice agencies with 31 branch locations; 50 ambulatory surgery centers; 67 intermediate care facilities for the

intellectually disabled; 46 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 more than 3,200 individuals in over 2,200 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 69 developmental disabilities agencies operating 152 business locations throughout the state.

Residential habilitation agencies are privately owned entities that are certified by the state to provide services to adults. They consist of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in living successfully in their own homes, with their families, or in an alternate family home. There are 60 residential habilitation agencies operating 95 businesses throughout the state.

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 care or assisted living facilities include 58 percent private pay residents and 42 percent Medicaid participants. Of the residents admitted to these facilities, 49 percent are elderly, 31 percent have Alzheimer's/dementia, 12 percent have a mental illness, 4 percent have a developmental disability, and 4 percent have a physical disability or other reason.

There are 287 licensed residential care or assisted living providers operating in 348 facilities in Idaho with approximately 9,000 beds. Facilities range in size from three to 152 beds and may have more than one facility per campus location. The team enforces compliance with state rules and works closely with residents, families, partners in the industry, advocates, other governmental agencies and stakeholders to ensure safe and effective care to residents.

The team provides consultation, technical assistance, and education to improve compliance and promote better health outcomes. This work is accomplished through a number of activities, including survey activity (e.g., initial, re-licensure, and follow-up surveys), complaint investigations, maintaining a web site with tools and resources for the facilities, a quarterly newsletter highlighting best practices and focusing on special concerns, online courses, and partnering with industry groups to provide in-person training sessions.

Division of Family and Community Services

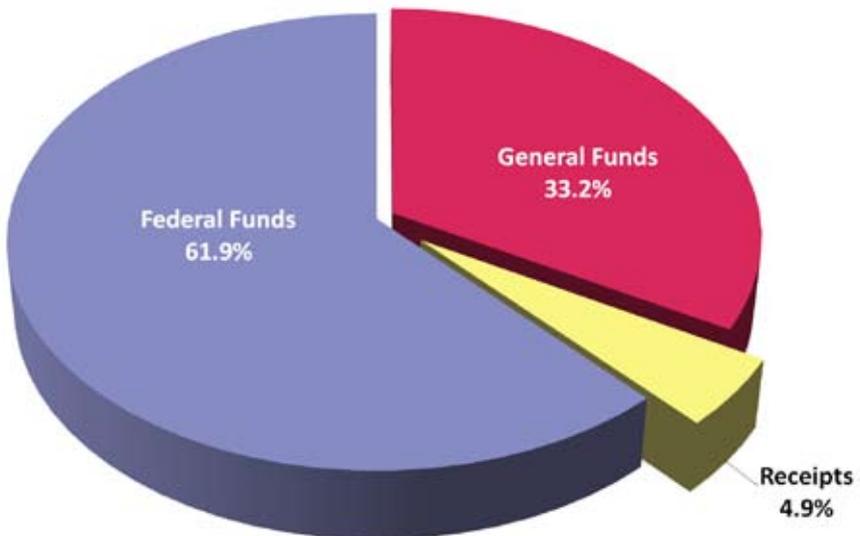
Rob Luce, Administrator, 334-5680

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.

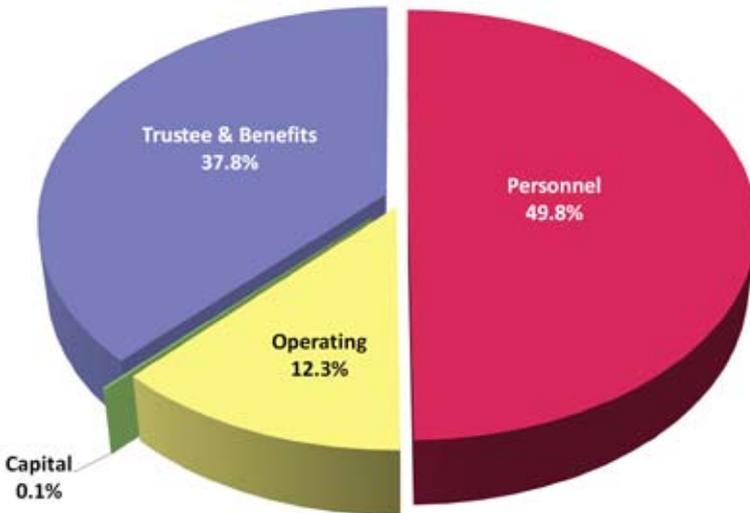
Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) also is administered by FACS. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2014 Funding Sources



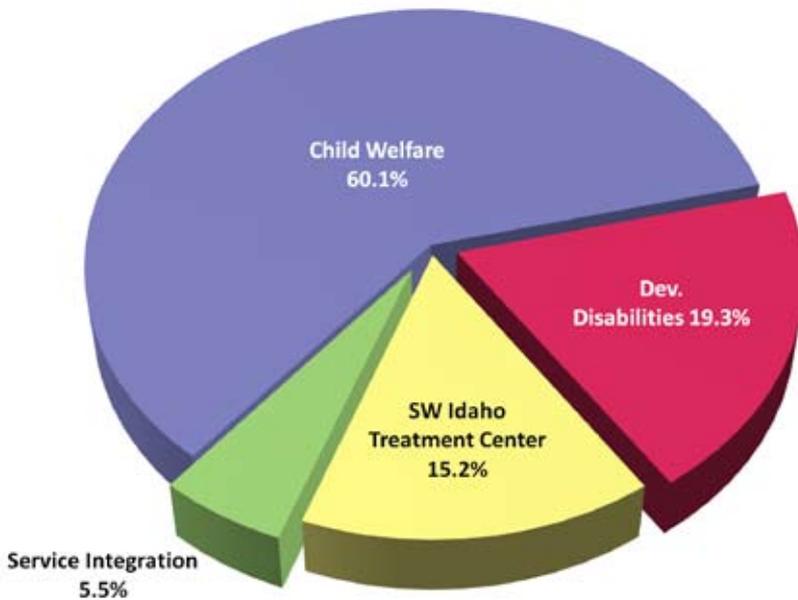
Authorized FTP: 795.19; Original Appropriation for 2014: General Funds \$31.6 million, Total Funds \$95.1 million; 3.8% of Health and Welfare funding.

FACS SFY 2014 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 2013 FACS Division Highlights

- The division's One Church One Child (OCOC) initiative continues to grow. OCOC in Idaho establishes long-term relationships with communities of faith to increase support to Idaho's children in foster care. 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. One hundred eight communities of faith have answered the call of OCOC and are supporting this mission.
- In October 2012, Idaho was one of four states selected by the federal Administration for Children and Families to participate in a pilot on continuous quality improvement for child welfare programs. Idaho was selected due to its strong case review system. This pilot will ultimately be used by the next federal Child and Family Services Review, which is the principle federal mechanism to assure quality of state Child Welfare Services.
- The centralized child welfare intake unit began taking calls for the entire state on Oct. 1, 2012. Calls are now taken on a 24/7 basis at 885-552-KIDS. The transition to the centralized number has moved smoothly and has standardized practices around the state. From October 2012 through August 2013, the central intake received 42,136 calls. Seventy percent of these calls were answered directly by a central intake worker. The remaining 30 percent of the callers either experienced a wait time of less than three minutes or chose to be called back. Of those who waited on the line, only three callers waited longer than three minutes to talk to an intake worker.
- The Child Welfare Program passed the regularly scheduled Title IV-E Audit. This federal audit reviews the state's eligibility and documentation processes for federal funds that support placements for foster children. Penalties for failing this audit can be steep and many other states have failed. Success in the audit is a sign of a healthy and strong system. Many different components of the child welfare system take part in establishing and maintaining IV-E eligibility, from the licensing of homes and centers, to court reviews of cases and the strong work of DHW social workers. All parts of the system must be working to meet federal audit standards.

- The children's developmental disabilities program added a new array of services. The redesigned system provides a broader, more diverse menu of services with an emphasis on family decision-making, choice and evidenced-based practices. Included in the new system of care is a "Family Directed" model in which a family creates and manages services for their child. The new system also prevents conflict of interest by making the plan developer and service coordinator independent of service delivery.
- 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 long-term placement of individuals who have a disability to short-term crisis intervention. SWITC maintains a six-bed residential facility in North Idaho to stabilize people in crisis situations so they can return to their communities. The small 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 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.

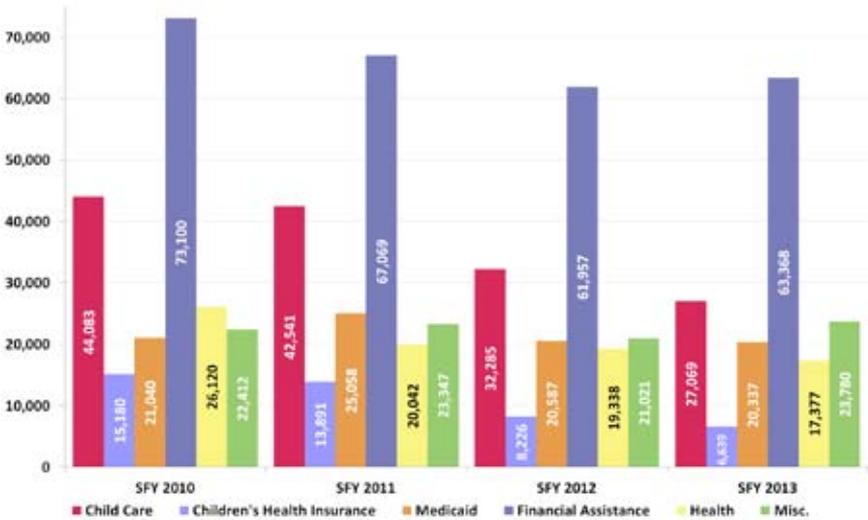
In SFY2013, CareLine participated in 49 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans. One campaign, Give Kids A Smile, partnered 2-1-1, Delta Dental, and local dentists who offered free dental care for children throughout Idaho. Upon completion of this project, 2-1-1 helped arrange \$354,000 in free dental care for 1,168 Idaho children.

Idaho CareLine received 158,570 calls during SFY 2013, dropping from 162,587 calls in SFY2012. This small decrease in call volume is due to increased efficiencies in telephone technology implemented by the Division of Welfare, which greatly improved overall customer service for their programs and reduced the number of public assistance-related calls to CareLine. Also, a new statewide central intake for child protection reporting was established during SFY2013, eliminating some calls previously directed to 2-1-1.

During SFY 2013, CareLine exceeded the federal government standard for answering 80 percent of calls within 60 seconds, attaining 82.6 percent. Idaho CareLine also surpassed the federal standard for abandonment rate of 4 percent or fewer, achieving 3.2 percent.

2-1-1 agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST. Resources are available 24/7 online at: www.211.idaho.gov or www.idahocareline.org. 2-1-1 also is exploring national techniques to increase program effectiveness by utilizing Facebook and Twitter. Emergency and crisis referral services are available after hours. 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



Resource and Service Navigation

Resource and Service Navigation identifies and develops resources 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, well-being, health and safety.

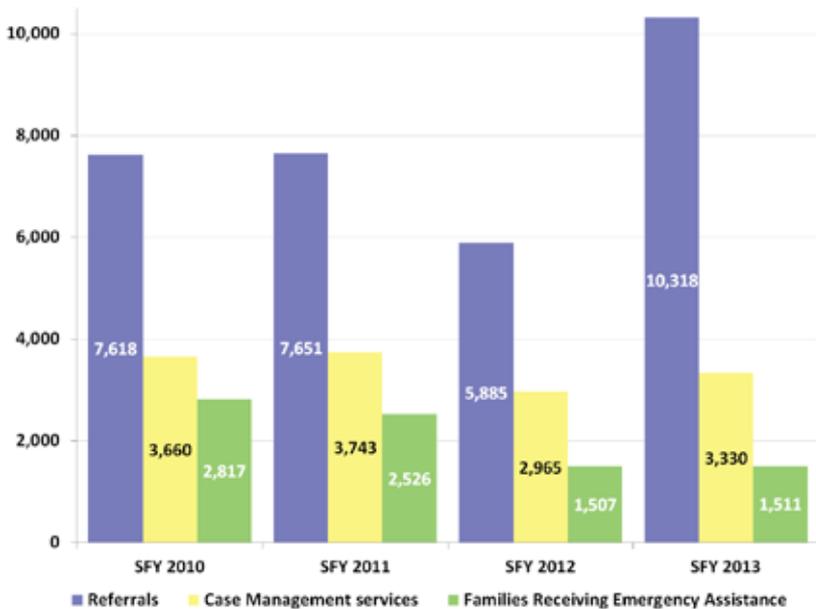
During SFY 2013, Navigation served 10,318 individuals, families and children, providing case management services to 3,300 and emergency assistance to 1,511 families. Referrals to Navigation increased by 75 percent during SFY 2013 because of an increase in families needing support and streamlining the referral process with partners. Navigation services distributed \$1.3 million in emergency assistance and career enhancement

support, while leveraging nearly \$490,000 (35 cents for every state dollar) in community funds on behalf of families in Idaho.

In addition to Emergency Assistance and Career Enhancement, Navigation also received \$50,000 from Casey Family Programs to serve Idaho KinCare families. Currently there are more than 29,000 children in Idaho being raised by relatives. Navigators served nearly 100 KinCare families and continued its partnership with the Corporation for National and Community Services to utilize VISTA service members who work in communities across the state on behalf of approximately 15,000 KinCare families. In SFY 2013, five VISTA service members completed the fourth year of the Idaho KinCare Project. On July 19, 2013, through a proclamation from Gov. Otter, Idaho celebrated its third annual Idaho KinCare Day.

Navigation also was a lead in the FACS Healthy Futures VISTA Project, which was in its first year. Seven VISTA members across the state were recruited, trained and supported to help bring the One Church, One Child foster and adoptive parent recruitment and support model to Idaho. One Navigator in each of seven regions was the site supervisor for the VISTA service member. It was a very successful first year with a total of 108 churches involved with the initiative by the end of the year.

Service Navigation Referrals, Cases and Assistance



The decrease in referral numbers in SFY 2012 is the result of a change in caseload tracking requirements. The issue was reconciled for SFY 2013, which shows a more accurate representation of families being served.

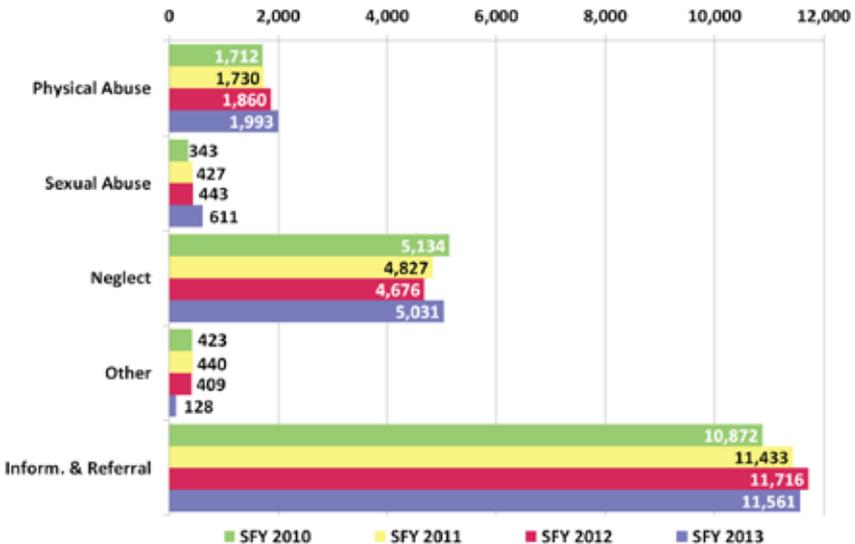
Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, as well as 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 SFY2013, there were 7,763 child protection referrals from concerned citizens, up from 7,388 in SFY 2012. There were an additional 11,561 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

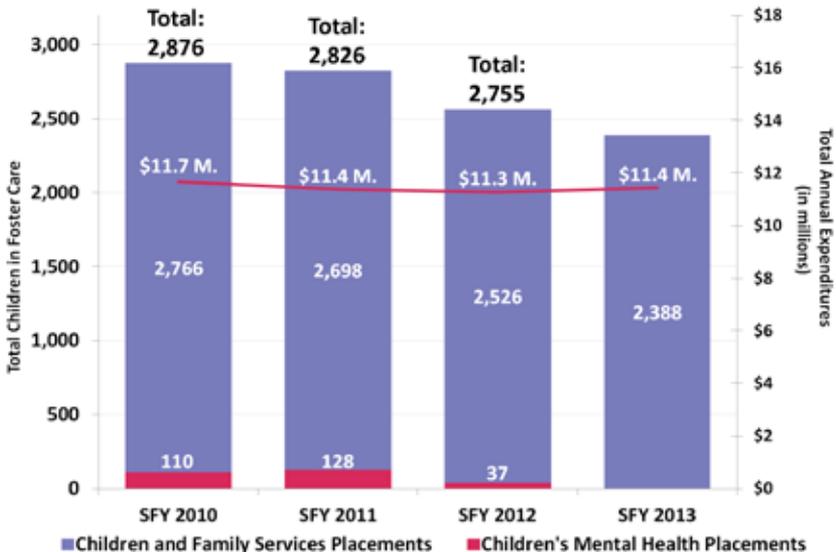
Foster care is a critical component of the state's Child Welfare Program. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or abandoned and are unsafe in their homes.

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:

- Assure the child will be safe;
- Minimize harm to the child and his family;
- 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, his 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, 2013, there were 1,324 children in state care. On June 30, 2012, there were 1,289 children in care.

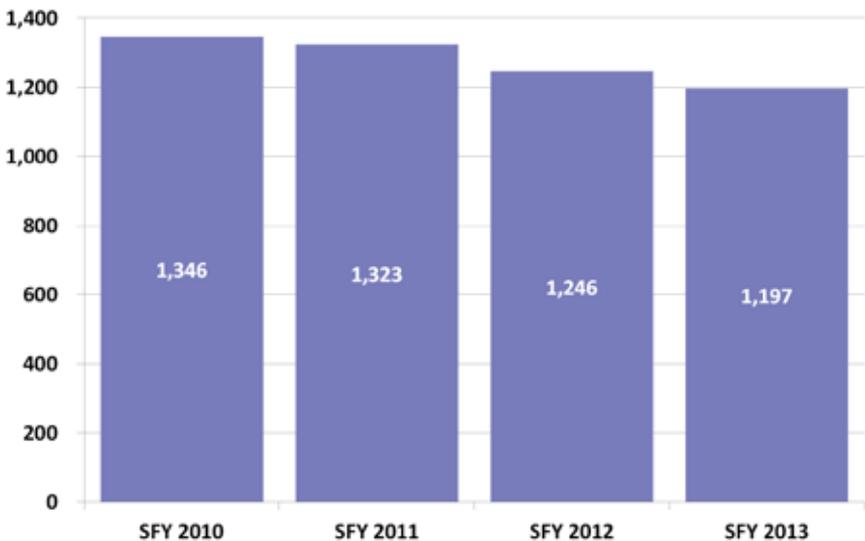
Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family homes. Licensing processes and requirements are designed to assess the suitability of families to safely care for children.

Resource families work with children and their families with the goal of reunification as soon as the 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 foster parents provide interventions specific to each child 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 2,388 children were placed in foster care during SFY 2013. 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. More resource parents of Hispanic and Native American ethnicity also are needed.

Licensed Foster Homes

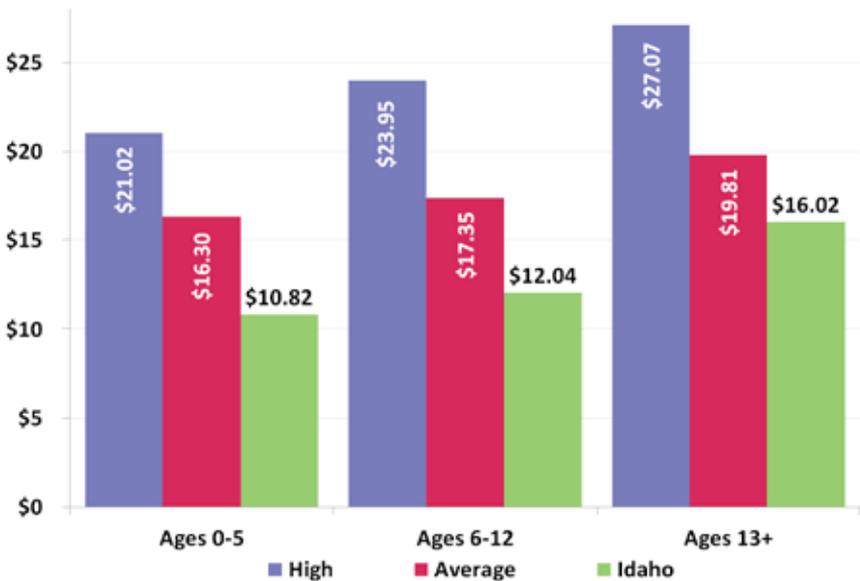


In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in every region. Idaho has implemented a Recruiter Peer Mentor Program, which uses seasoned foster parents to recruit and mentor interested families. Regional recruitment efforts through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

Child and Family Services, in partnership with local universities, uses the Parent Resources for Information, Development and Education (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, 2013. However, even with the rate increase, Idaho continues to have one of the lowest foster care reimbursement rates in the nation.

Monthly Foster Care Stipend for States Bordering Idaho



Note: The average daily U.S. foster care stipend for children ages 0-5 is \$16.54, ages 6-12 is \$17.42 and children over age 13 is \$19.27.

Independent Living

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

During SFY 2013, 546 youths ages 15 to 21 were served by the Independent Living Program. This includes 209 youths who reached the legal age of adulthood (18 years) while in foster care.

To help foster youths 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 youths who have been in foster care after the age of 15 and have received a high school diploma or GED. During SFY 2013, 38 youths participated in the program at colleges, universities, technical schools and other institutions of higher education.

Older youths 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 youths for several years after they leave foster care. This data will assist in determining what services result in the most positive outcomes for youths.

Adoption

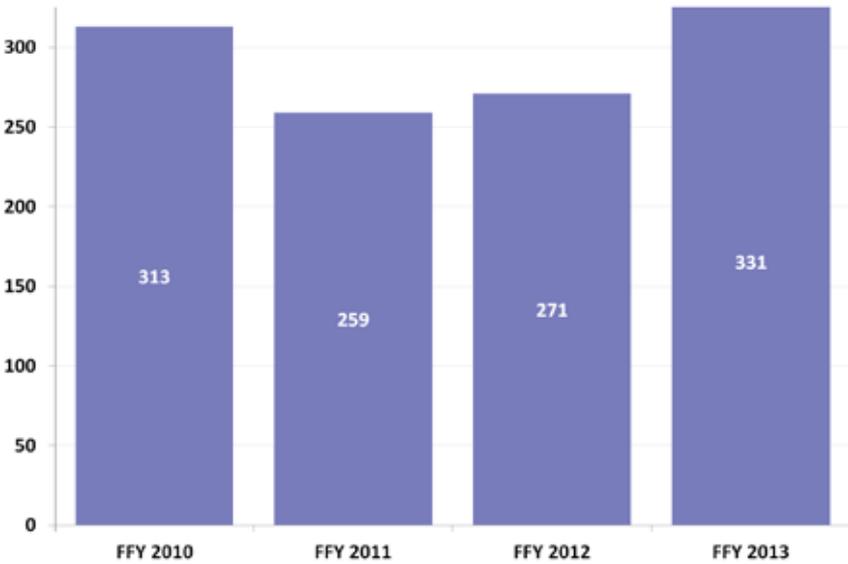
Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together 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 that 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 2013 was 331. 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 2013

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,931	\$320
State	<u>322</u>	\$265
Total	2,253	

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 full participation 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 2011, with the program completing full implementation on July 1, 2013.

Idaho Infant Toddler Program

The Idaho Infant Toddler Program coordinates early intervention services for children birth to 3 years of age with developmental delays or disabilities. The program works (ITP) 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. Speech/language therapy;
2. Developmental therapy (special instruction);
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. Eight percent of children referred have been involved in substantiated cases of neglect or abuse. Twenty-nine percent of children found eligible for services were born prematurely.

The Infant Toddler Program received full SFY 2013 grant approval that included the implementation of new Part C Regulations. The program also maintained the successful federal rating of “Meets Requirements.”

The program successfully implemented phase two of the integrated ITP KIDS data system that integrated the billing and receipt claiming function, reducing duplicated data entry. The program also developed a statewide system to implement the Medicaid Children's Developmental Disability services and has a new “early intervention” provider type.

During SFY 2013, the program served 3,618 children and their families. Efforts to identify children with ages from birth to 1 year and birth to 3 years who have delays or disabilities for outreach and screening services continues to be a priority for the program. Hub and region specific outreach strategies and online screening by parents have resulted in a steady increase in the number of timely referrals for two consecutive years, even though the overall population of children ages birth to 3 years in Idaho has decreased during the past two years. The increase in referrals provides the program with the opportunity to provide services to young children who need them the most, providing 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. IBI was replaced by Habilitative Intervention on July 1, 2013 as part of the transition to 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 133 guardianships during SFY 2013.

Southwest Idaho Treatment Center

(Formerly Idaho State School and Hospital)

Susan Broetje, Administrator, 442-2812

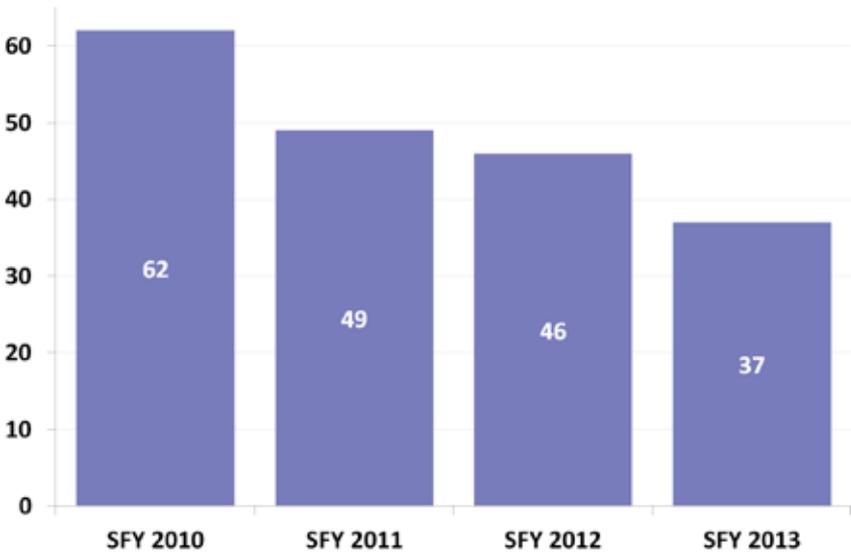
As part of the statewide developmental disabilities service delivery system, Southwest Idaho Treatment Center (SWITC) provides specialized services for people with developmental disabilities. SWITC, an Intermediate Care Facility for the Intellectually Disabled, utilizes a variety of training methods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

In the 2009 Legislative session, lawmakers directed DHW to determine what resources would be necessary to transition SWITC 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 SWITC 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 this transition, resulting in continued success integrating people back into their communities and maintaining people in their private residences. The facility population on July 1, 2007, was 93 people; the census of the facility in November 2013 was 29.

SWITC Census



Note: During SFY 2013, there were 62 clients served at SWITC.

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 the clients who have been discharged from the institution and provide crisis prevention services to clients at risk so they can be supported in their communities rather than admitted to the institution. As part of this response and stabilization process, clients may be admitted to SWITC for short-term crisis stabilization. Since the program was initiated in 2008 there have been 33 admissions to the crisis unit. Of these, nine were admitted for full SWITC services.

The second major implementation is the development of a six-bed residential facility in North Idaho. This facility opened September 2012 and quickly provided much needed crisis and admission services for individuals who live in north Idaho. Initially, two clients from SWITC in Nampa were transferred there to be near family. Five additional clients have been admitted since its opening and two have been discharged (both were transferred to SWITC in Nampa due to the severity of their behaviors). Once the facility staffing and support services are fully developed, it is anticipated there will be no need for transfer to a more restrictive setting.

The North Idaho facility has capacity for two crisis beds, although funding does not fully support crisis use. There was one crisis admission in SFY 2013, with the individual discharged in less than 30 days.

The third phase of the plan is to develop a six-bed facility in southeast Idaho. This facility would also have the capacity for up to two additional crisis beds. It is anticipated that work on this facility will begin in the summer of 2014.

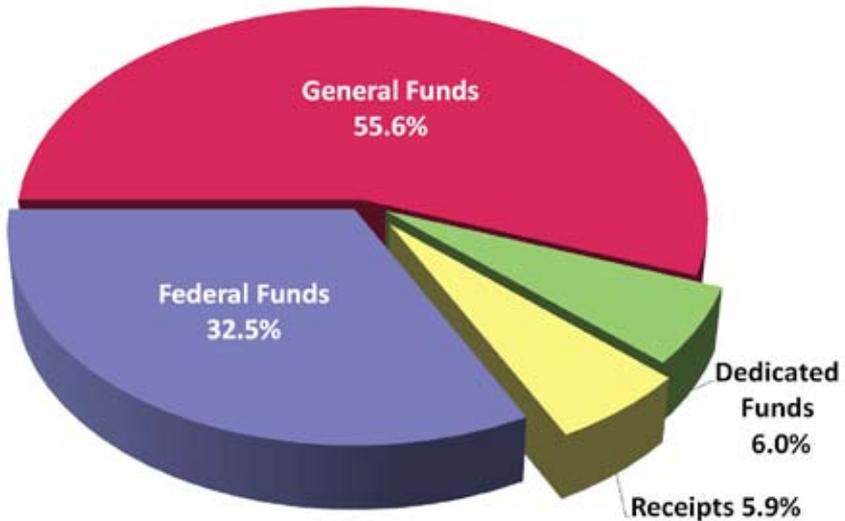
Division of Behavioral Health

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.

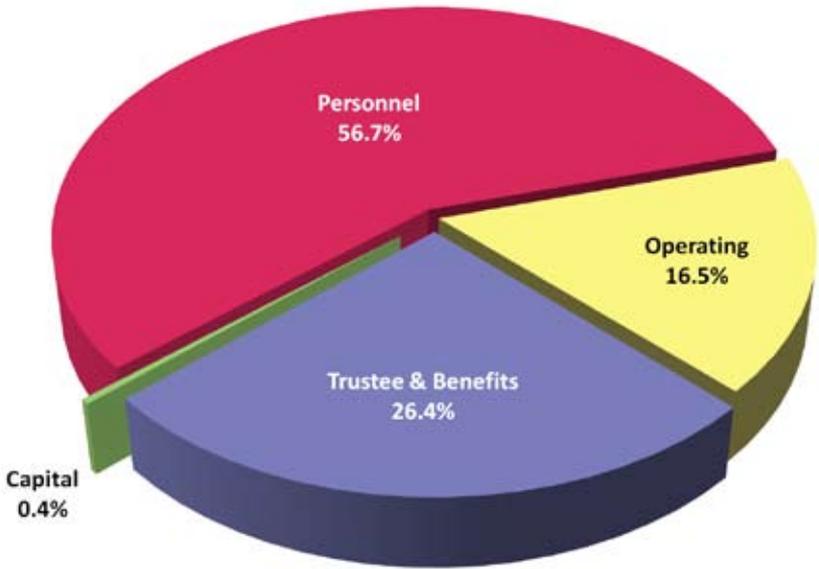
The division is comprised of the Children and Adult Mental Health programs, and the Substance Use Disorders program. The division also administers the state's two psychiatric hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

Behavioral Health SFY 2014 Funding Sources

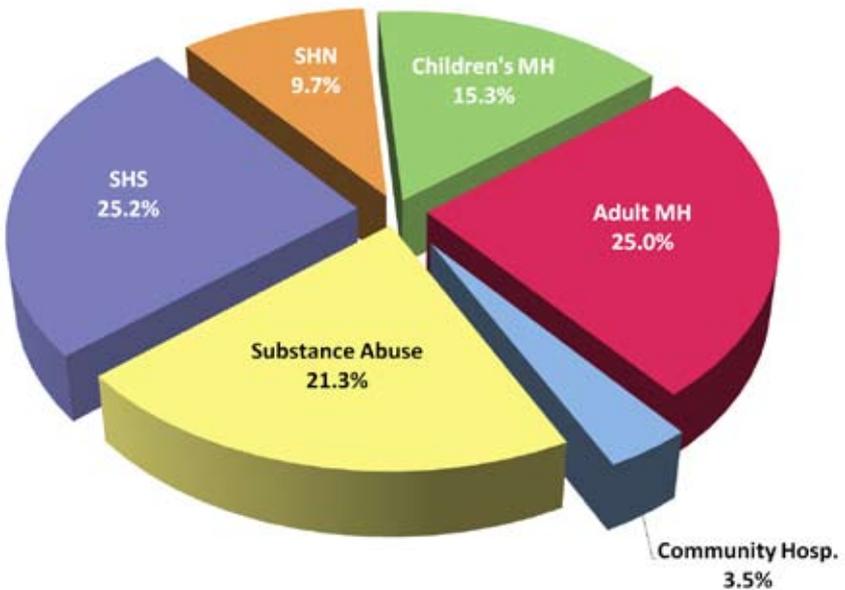


Authorized FTP: 659 Original Appropriation for SFY 2014: General Funds \$44.7 million, Total Funds \$80.4 million; 3.2% of Health and Welfare funding.

Behavioral Health SFY 2014 Expenditure Categories



Behavioral Health SFY 2014 Appropriation by Program



SFY 2013: 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 advance the service delivery system. Special initiatives in SFY 2013 included:

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

The division continues to work closely with its partners - the departments of Correction and Juvenile Corrections, Education, the Supreme Court, the State Planning Council on Mental Health, the Office of Drug Policy, and Idaho counties - to transform the state's behavioral health system. DHW has identified goals for transformation that include integration of mental health and substance abuse into a comprehensive behavioral health system; local involvement of consolidated Behavioral Health Boards; establishing best practice standards of care; eliminating gaps in services; and establishing regional community crisis centers. The next step will be seeking legislation in the 2014 legislative session to continue implementing transformation.

- **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. Certified Peer Specialists have lived with mental health and substance use diagnoses and this life experience helps them to model recovery and resilience to people who receive their services. A total of 166 peers were trained from February 2009 through June 2013, with 142 passing the certification exam to qualify as Certified Peer Specialists.

Certified Peer Specialists are employed in several Idaho programs. Certified Peer Specialists provide Projects for Assistance in Transition from Homelessness (PATH) outreach, engagement and case management across Idaho; they provide support at State Hospital South; and they provide Critical Time Intervention services through the Idaho Home Outreach Program for Empowerment. In November 2012, each of the division's regional mental health programs hired a Certified Peer Specialist to be members of their Assertive Community Treatment (ACT) teams. Two part-time Certified Peer Specialists also were hired in SFY 2013 to work at the division's central office location.

- **Recovery Coaches**

The division began work in 2013 to build a statewide network of Recovery Coaches, many of whom are in recovery themselves, to act as personal guides and mentors for individuals who are working toward recovery from alcohol and substance abuse. Recovery Coaches help others overcome

personal and environmental obstacles to recovery and link them to other community sources of support.

The first group of 47 Recovery Coaches was trained in May 2013, with 15 receiving additional instruction to become Recovery Coach trainers. These Idaho trainers have the ability to train new groups of Recovery Coaches throughout the state, increasing Idaho's pool of Recovery Coaches. Other goals to ensure the continued growth and sustainability of recovery coaching in Idaho include ethics training specific to recovery coaching, instruction for additional trainers, on-site technical assistance on the functioning of Community Recovery Centers, and training for the development of a Recovery Community Organization. Through continued communication and planning with the division, the existing network of Recovery Coaches has started to build the framework of a Recovery Community Organization in Idaho.

- **Idaho Suicide Prevention Hotline (ISPH)**

The division continues to support and fund the efforts of the Idaho Suicide Prevention Hotline (ISPH), operated through a contract by Mountain States Group. Since the call center's launch in November 2012, staff and volunteers have fielded nearly 500 calls from Idaho residents in crisis. Volunteers and staff assist callers with immediate crises, linking individuals to local resources and services, and conducting follow-up calls with callers' permission. ISPH is a member of the National Suicide Prevention Lifeline network, giving Idaho residents access 24/7 to a live person outside of Idaho's call center hours. As the center continues to increase its volunteer base, the hours of operation continue to expand. It currently operates Monday through Friday, 9 a.m. to 9 p.m., and has a website: www.idahosuicideprevention.org.

Children's Mental Health Services

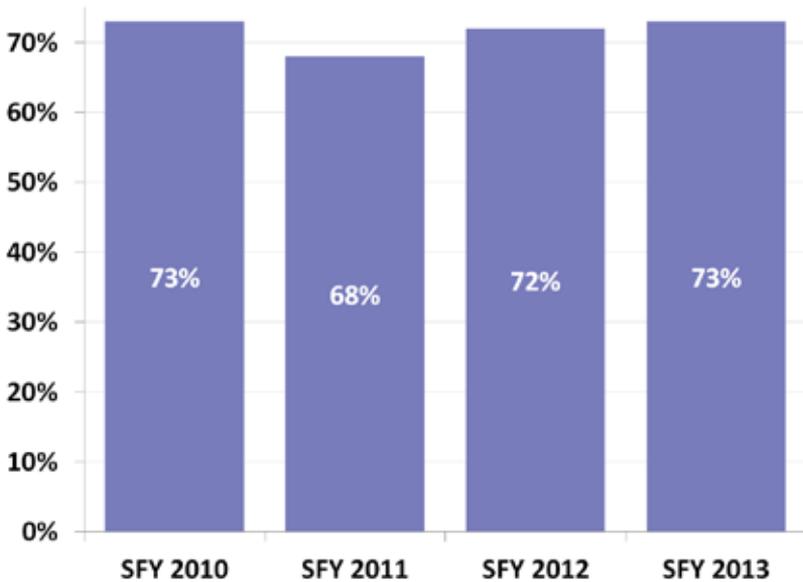
The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention,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

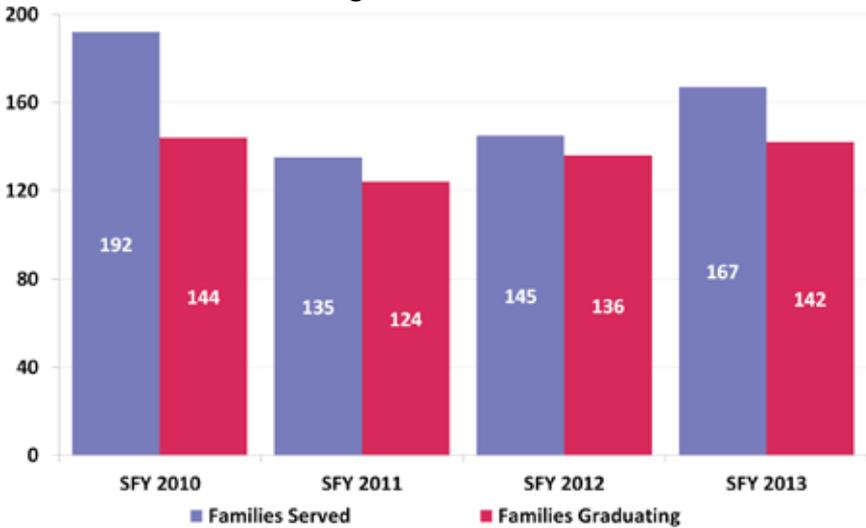
The CAFAS measures functioning across a variety of life domains, including home, school and community. Decreases in CAFAS scores indicate improved functioning. Participants receive a CAFAS during their initial assessments, at treatment plan reviews and at case closures. More than 70 percent of youths receiving two or more CAFAS scores have demonstrated improved functioning during the past year. Of those, 94 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 effective in treating youths 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 his or her family receive services from the Children's Mental Health program. More than 40 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 youths showed significant reductions in negative behaviors as measured by the Child Behavior Checklist. Initial data analysis indicates negative behaviors declined for aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors and internalizing behaviors. The rate of graduation from PLL in SFY 2013 was more than 85 percent, which continues to exceed the 70 percent goal.

DHW continues to work with county juvenile justice, magistrate courts, Idaho Department of Juvenile Corrections, and parents in situations involving youths 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 173 youth served in SFY 2010 to 528 youth served in SFY 2013.

Children Receiving Mental Health Services

	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Total Children Served	4,102	3,490	2,288*	2,468
Court Ordered 20-511A	173	237	485	528
Parenting with Love and Limits	192	135	145	167
Case Management	1,788	1,371	1,117	1,518
Residential Care	35	56	54	49

*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 2008 to 2012, 1,431 Idahoans died from suicide. In 2010, the latest year for comparable state data, Idaho had the sixth highest suicide rate, following Wyoming, Alaska, Montana, Nevada, and New Mexico. In 2010, Idaho's rate of 18.5 suicide deaths per 100,000 was 49.2 percent higher than the national rate of 12.4 per 100,000.

In 2012, 299 Idahoans completed suicide, which was a 5.3 percent increase from 284 suicides in 2011. Among Idaho's 10 to 44-year-olds, there were 145 suicide deaths making suicide the second leading cause of death for this age group, trailing only accidental deaths.

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 2008 and 2012, 69 Idaho adolescents younger than 18 died by suicide.

Completed Suicide Rate by Age*

	<15	15-19	20-64	>64	Total
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
CY 2012	4.2	20.2	25.1	19.8	18.7

*Rate per 100,000 population.

Completed Suicides by Age

	<15	15-19	20-64	>64	Total
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
CY 2012	5	23	229	42	299

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 to eligible Idaho citizens. Eligibility includes service to those who are:

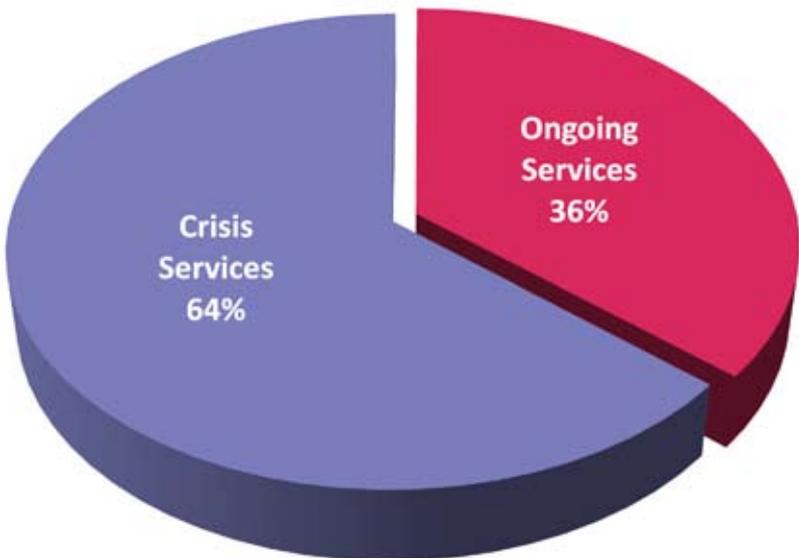
1. Experiencing psychiatric crisis;
2. Court ordered for treatment; or
3. Diagnosed with a severe and persistent mental illness with no insurance.

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). Certified peer specialists were hired for regional Assertive Community Treatment (ACT) teams in November 2012. Each regional mental health center offers crisis services and ongoing mental health services.

Crisis Services

Emergency services are provided through the Adult Mental Health Crisis Units. Crisis units provide 24/7 phone and outreach services. Crisis units screen all adults who are being petitioned for court-ordered commitment. The court-ordered commitment process is followed when the court determines that individuals are likely to injure themselves or others. This includes determination of danger to self as a result of grave disabilities related to symptoms of mental illness. Individuals who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care during this time of acute need. During SFY 2013, 64 percent of the participants receiving services from the division received crisis services.

Adults Receiving Mental Health Services SFY 2013



Ongoing Mental Health Services

The primary goal of ongoing mental health services is to promote recovery and improve the quality of life of Idaho adults with mental health diagnoses. During SFY 2013, 36 percent of participants receiving services from the division received ongoing mental health services, including one or more of the following services:

- **Court-ordered Treatment and Mental Health Court**

The division's regional mental health centers provide 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 involved in collaborative mental health court meetings.

- **Assertive Community Treatment (ACT)**

ACT services provide a full array of community-based services to adults with a serious mental illness who have the most intense service needs. Without ACT services, many of these adults would require hospitalization. ACT services are provided by professional staff and certified peer specialists and 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**

Regional mental health centers provide case management services based on individual needs. Case managers use person-centered planning to identify mental health needs. Once treatment needs are identified, case managers link the participant to available community resources, coordinate referrals, advocate for the participant and monitor service effectiveness and participant satisfaction. Short-term and long-term non-intensive services are available on a limited basis.

- **Community Support Services**

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

- **Co-occurring Mental Health and Substance Use Disorders**

According to the 2009 National Survey on Drug Use and Health, more than 42 percent of adults with a substance use disorder also experience a co-occurring mental illness. Regional mental health centers provide integrated treatment for those diagnosed with co-occurring mental health and substance use disorders. If regional mental health centers are

unable to provide a full range of co-occurring treatment for participants, they may refer or collaborate with a private agency to provide additional services.

Adult Mental Health Services				
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Adults Served	9,443	9,375	10,263	10,921
Supportive Services (meds, housing & employment)	5,330	7,101	5,071	4,987
Assertive Community Treatment	561	639	631	605
Co-occurring Services	431	551	548	1,256*

**The increase in Co-occurring Services does not represent a new service population, but reflects recognition of the importance of serving people with mental illness and substance use disorders through an integrated system of care.*

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 43 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 delivers 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 recovery goals. During SFY 2013, State Hospital North maintained an average census of 48 patients.

SHN Adult Inpatient Psychiatric Services				
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Adult Patient Days	17,048	16,680	17,514	17,408
Admissions	331	336	289	278
Avg. Daily Census	47	46	48	48
Daily Occupancy Rate	78%	76%	80%	79%
30 Day Readmission Rate	2.7%	1.8%	1.4%	2.2%
180 Day Readmission Rate	6.6%	8.9%	9.7%	8.6%
Cost Per Patient Day	\$452	\$450	\$443	\$463

State Hospital South

Tracey Sessions, Administrator, 785-8402

State Hospital South is 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, which 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 or causing 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 DHW 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 Syringa Chalet is 73.

SHS Adult Inpatient Psychiatric Services				
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Adult Patient Days	25,585	27,152	29,555	26,241
Admissions	384	490	484	550
Avg. Daily Census	70	74	81	72
Median Length of Stay (Days)	42	35	36	33
Daily Occupancy Rate	77.9%	82.7%	89.7%	79.9%
30 Day Readmission Rate	2.1%	4.7%	2.5%	2.5%
180 Day Readmission Rate	10.9%	16.1%	12.2%	12.3%
Cost Per Patient Day	\$513	\$447	\$452	\$533
Syringa Skilled Nursing				
Patient Days	8,787	9,327	9,071	8,986
Admissions	7	10	10	15
Occupancy Rate	83.0%	88.1%	95.5%	84.9%
Cost Per Patient Day	\$554	\$512	\$476	\$568
Adolescent Unit				
Patient Days	3,787	3,217	3,677	4,176
Admissions	75	81	81	110
Daily Occupancy Rate	64.8%	55.1%	62.8%	71.5%
Median Length of Stay (Days)	45	34	42	33
30 Day Readmission Rate	2.7%	1.2%	0%	0%
180 Day Readmission Rate	6.7%	4.9%	7.4%	3.6%
Cost Per Patient Day	\$737	\$715	\$647	\$676

Substance Use Disorders Program

The Substance Use Disorders Program includes:

- Substance Use Disorder (SUD) treatment;
- Management of the SUD provider network;
- Training for treatment staff;
- Facility approval;
- Tobacco inspections.

SUD 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 currently has 73 state-approved treatment providers staffing 135 sites. Treatment services include detoxification, outpatient therapy and residential treatment. In addition, the network includes 38 stand-alone recovery support services providers at 62 locations. Recovery support services 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 young children to adults and are designed to foster development of anti-use attitudes and beliefs to enable youths to lead drug-free lives. Services include education of youths and parents, intervention programs, mentoring and after-school programs, life skills programs and community coalition building. Currently, Idaho has 60 prevention providers funded by DHW. Prevention services in Idaho transferred from DHW to the Office of Drug Policy in October 2013.

DHW was awarded an Access to Recovery-III (ATR) grant in October 2010. This is a four-year grant program that provides substance abuse services to adult-supervised misdemeanants, youths not involved in the criminal justice system, and the military population, including veterans, members of the Idaho National Guard, military reserve members, and their spouses and dependents.

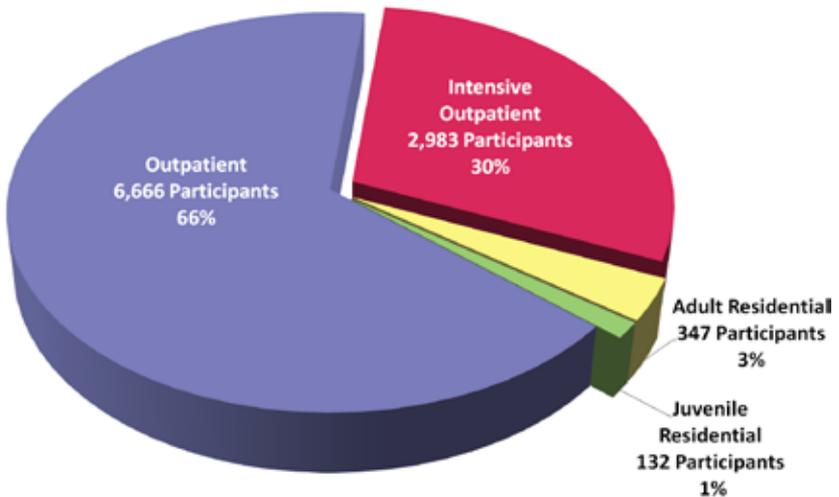
DHW partners with Regional Advisory Committees (RACs) to assess regional needs and assets for prevention and treatment services. Each of DHW's regions has its own RAC. The RACs are comprised of DHW staff and representatives of public and private agencies involved with substance use disorder prevention, treatment and recovery. The RACs provide local coordination and exchange of information on all programs relating to substance use disorders. Each of the regional RACs is in the process of merging with the regional Mental Health Boards in an effort to support Idaho's transformation toward an integrated Behavioral Health system.

SFY 2013 Substance Use Disorders Treatment by State Agency

	Participants*		Spending	Completed Treatment	Avg. Length of Stay
Courts	1,320	Adult 1,163	\$2.6 M.	38%	336 Days
		Juvenile 157			
DHW	3,884	Adult 3,622	\$6.9 M.	39%	188 Days
		Juvenile 262			
Juvenile Corrections	1,123	Adult 18	\$2.6 M.	42%	202 Days
		Juvenile 1,105			
Dept. of Correction	2,306	Adult 2,292	\$3.1 M.	59%	176 Days
		Juvenile 14			

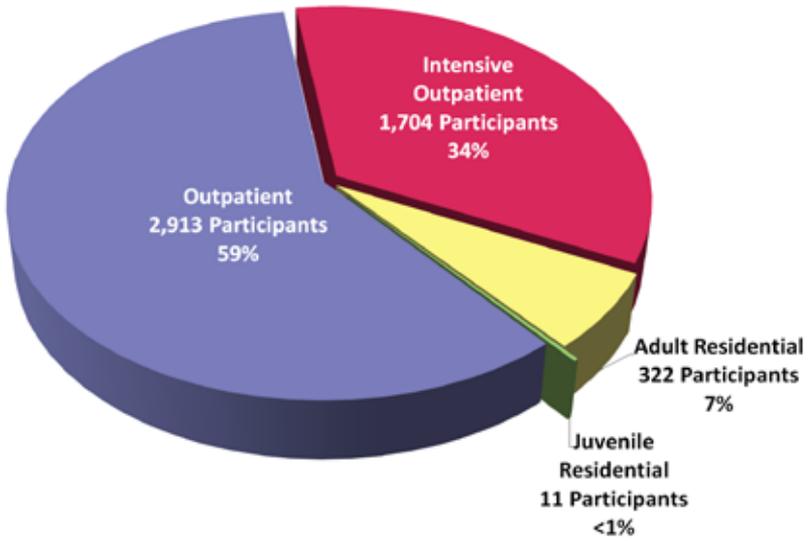
*Includes adolescents who became adults while receiving treatment, as well as services provided for parents or guardians. In cases where the treatment start date is uncertain, age was calculated as of 12/30/2012. Level of Care included Outpatient, Intensive Outpatient, and Residential treatment regimes.

Adult and Adolescent Substance Use Disorder Participants per Service (All Agencies)



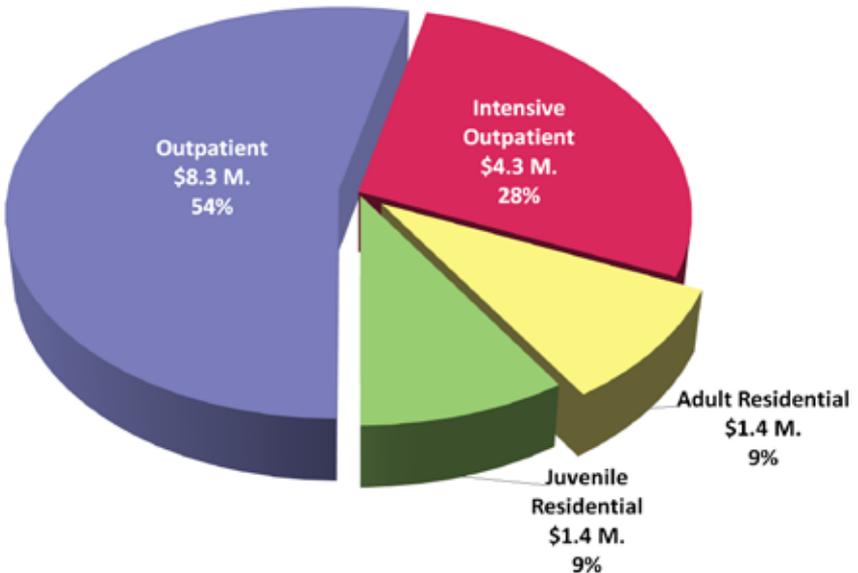
*Some clients access multiple treatment modalities. The sum of clients across modalities will include duplicates and thus will exceed the number of unique clients.

Adult and Adolescent Substance Use Disorder Participants Per Service (DHW)

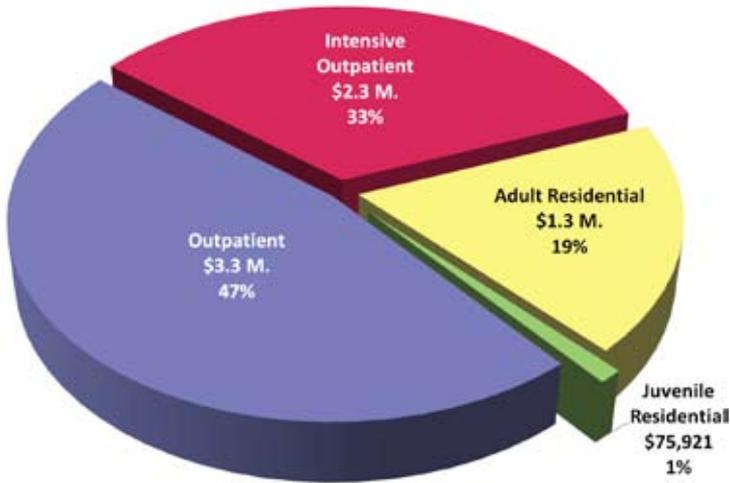


**Some clients access multiple treatment modalities. The sum of clients across modalities will include duplicates and thus will exceed the number of unique clients.*

SFY 2013 Substance Use Disorder Expenditures All Agencies



**SFY 2013 Substance Use Disorder Expenditures
DHW**



The Idaho Tobacco Project

The Idaho Tobacco Project is a partnership between DHW and Idaho State Police. This partnership provides tobacco retailers with education materials, no-cost permits, and supports inspections to evaluate compliance with state statute that prevents minors' access to tobacco products.

Retailer education materials include a monthly newsletter, along with point of sale and online training resources to assist in educating sales staff and store managers. Idaho has 1,700 permitted tobacco sellers. Inspections are conducted annually at each retailer site that youths may legally enter. The inspections include an attempt by an under-age youth, under state police supervision, to purchase tobacco products. In 1998, the first year statewide youth-purchase tobacco inspections were implemented, the violation rate was 56.2 percent. By 2012, the violation rate has dropped to 6.5 percent. The chart below depicts the findings of the annual survey of tobacco inspections conducted by youth inspectors over the past five years

	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012
Permittees	1,756	1,399	1,699	1,703	1,730
Inspections	1,873	1,659	2,064	1,841	1,741
Violations	177	239	198	115	113
Non-Compliance Rate	9.4%	14.4%	9.6%	6.3%	6.5%

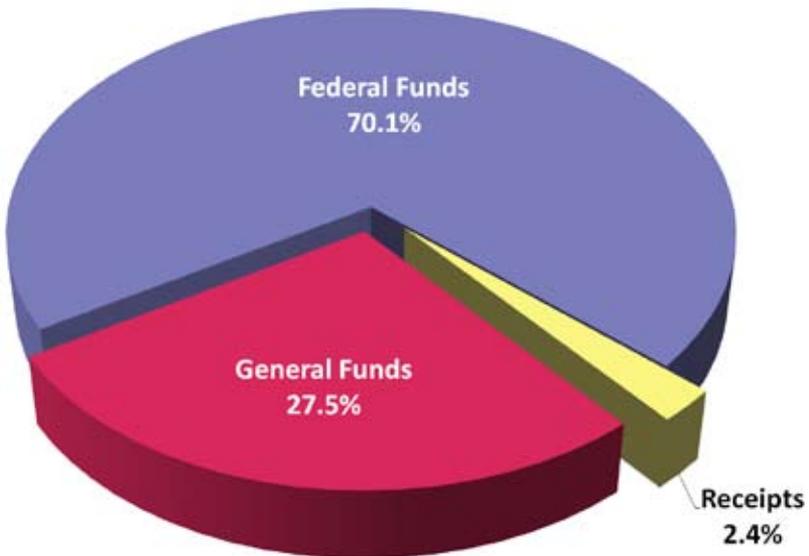
Division of Welfare

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.

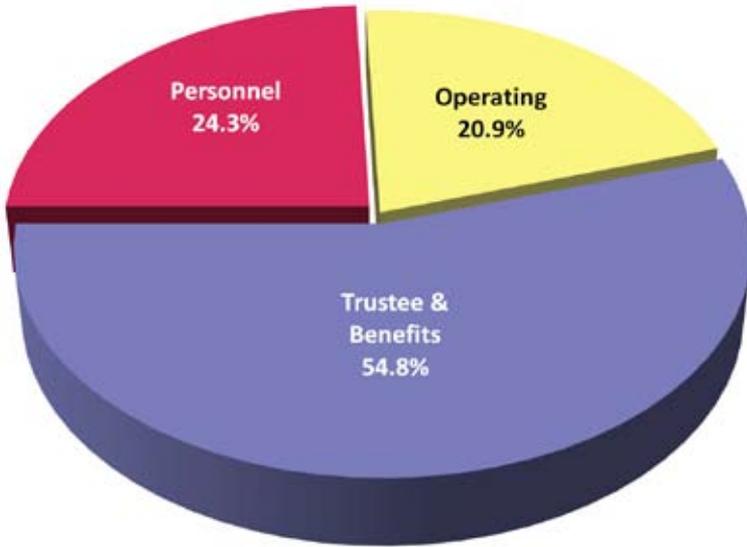
The division administers several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. The division also determines eligibility for all Medicaid programs.

Welfare SFY 2014 Funding Sources

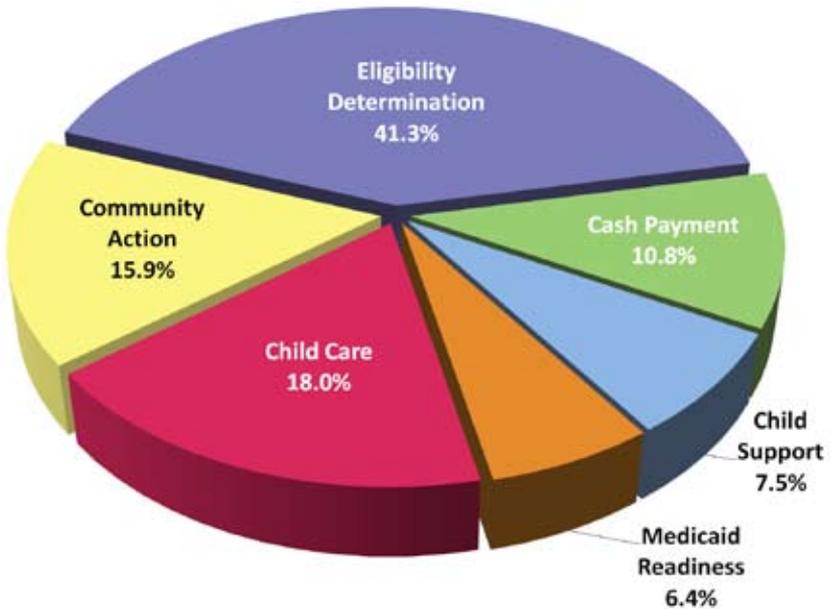


Authorized FTP: 616.6. Original Appropriation for SFY 2014 General Funds \$39.2 million, Total Funds \$142.7 million; 5.7% of Health and Welfare funding.

Welfare SFY 2014 Expenditure Categories



Welfare SFY 2014 Appropriation by Program



Medicaid Readiness is one-time funding of \$9.1 million to incorporate mandatory Patient Protection and Affordable Care Act requirements. Ninety percent of this funding is provided by the federal government.

2013 Year in Review

Programs:

The Self Reliance programs are intended to help Idaho families who have fallen into poverty by providing work supports for those 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) helps families obtain employment or remain in the workforce as they balance their ability to pay a mortgage and utilities, and provide for their children. 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.

During SFY 2013, many households continued to struggle to find stable employment and regain and sustain self-sufficiency. Overall, program caseloads are stabilizing, but they remain at record high levels. Application and recertification activities continue to remain extremely high. Although individuals are finding some work, it is not sufficient to remove their need for at least some assistance. In the Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, the amount of assistance per household decreased over the past year, which could point to an increase in earned or unearned income.

The Division of Welfare currently serves approximately 202,000 families who receive services in one or more programs and maintains 153,000 child support cases. Family composition for the Self Reliance programs, excluding Child Support, is 53 percent children, 30 percent adults, 12 percent disabled adults, with the remaining 5 percent being seniors over the age of 65. Approximately 1 in 3 participant families have at least one elderly or disabled member living in the household. About 325,000 individuals receive Self Reliance services in Idaho with almost 52 percent of participants only participating in one program and about 48 percent participating in two or more programs. Almost 80 percent of families with a current Child Support case in which DHW provides enforcement utilized one or more assistance programs.

Projects:

The Medicaid Readiness Initiative is a critical priority for Self Reliance to meet new Medicaid requirements effective Oct. 1, 2013. The division made many improvements to the current Idaho Benefit Eligibility System (IBES) and business model to ensure Idaho has an effective eligibility service delivery system in place to meet the needs of Idahoans. Through wise investments, DHW developed new automated interface solutions

to enhance verification of client information to improve integrity in the eligibility decision-making process by creating immediate access to federal and state databases that provide information on citizenship, household income, disability status, and residence. The division also built and implemented a new online portal that provides information to customers about the benefits and services they are receiving and allows participants to recertify benefits on-line. A new Oracle rules engine was implemented, which is the core of our eligibility system. Enhanced with new Medicaid eligibility rules that go into effect Jan. 1, 2014, the new rules engine ensures all Idaho Medicaid rules are applied consistently and appropriately to anyone applying for or receiving Medicaid in Idaho.

The Medicaid Readiness project also focused on platforms for application processing and re-evaluating existing participants for Medicaid. This new business model builds efficiency as well as integrity into Idaho's eligibility service delivery system and ensures that eligibility decisions are timely and accurate. Finally, the Medicaid Readiness project interfaces with an insurance exchange to ensure the state has a seamless process in place for those applying for Medicaid or a subsidy for private insurance.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective for everyone. As with many states, Idaho has been challenged to adapt and prepare for the changing landscape of healthcare on a national level, but with a focus on Idaho values and priorities, DHW has created a path to success that will position Idaho to not only meet federal requirements, but do so in a way that most effectively supports Idaho families.

Performance:

The Division of Welfare met or exceeded federal standards for accuracy in all of its work support or self-reliance programs. Program performance continues to be recognized for 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, resulting in exceptional results and improved performance. Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who execute these programs for low-income Idaho families.

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 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 with the division in meeting the needs of citizens throughout the state.

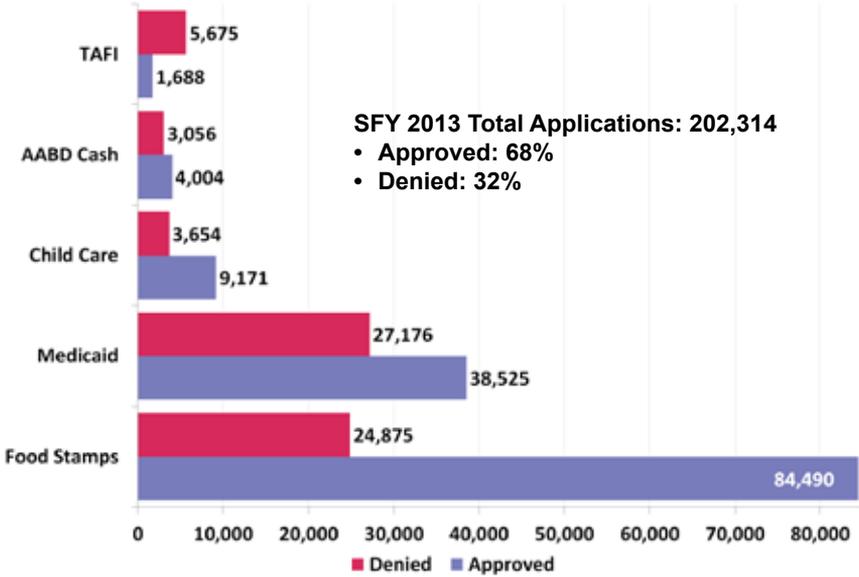
Program Participation

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.

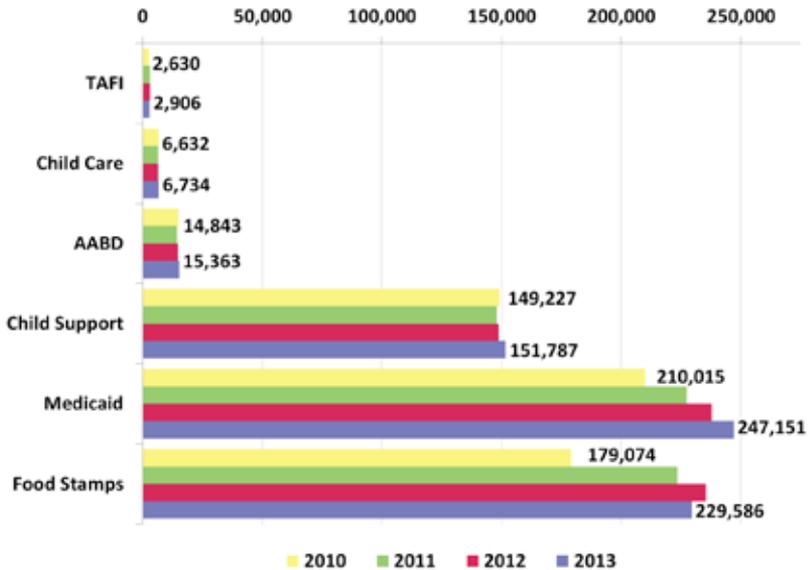
Processing applications for citizens seeking services is a labor-intensive process. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant 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 2013 Applications Approved and Denied



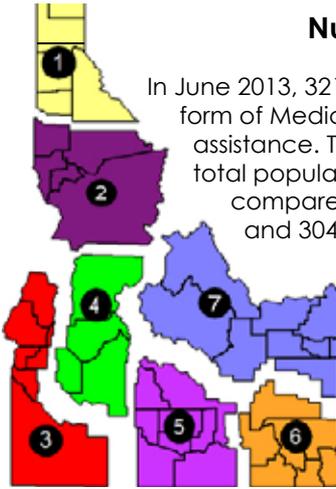
Average Monthly Individuals Served



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 2013, 321,695 people received assistance in the form of Medicaid, Food Stamps, child care and cash assistance. This is more than 20 percent of the state's total population. The 2013 number of individuals served compares to 322,000 in June 2012, 321,000 in 2011, and 304,000 in 2010.



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 have more than 20 percent of their populations receiving one of the four main assistance services.

Snapshot of Public Assistance by Region During June 2013

Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	Food Stamps	Medicaid	Totals
1	215,460	3,043	931	30,954	32,285	43,392
	13.5%	1.4%	0.4%	14.4%	15.0%	20.1%
2	106,502	1,524	291	11,009	12,912	16,588
	6.7%	1.4%	0.3%	10.3%	12.1%	15.6%
3	258,653	3,977	1,450	52,936	55,205	71,474
	16.2%	1.5%	0.6%	20.5%	21.3%	27.6%
4	451,664	4,309	1,522	51,898	52,466	70,875
	28.3%	1.0%	0.5%	14.1%	17.5%	21.6%
5	187,171	1,851	941	26,377	32,825	40,448
	11.7%	1.0%	0.5%	14.1%	17.5%	21.6%
6	166,747	2,102	682	25,027	28,071	36,073
	10.4%	1.3%	0.4%	15.0%	16.8%	21.6%
7	209,531	1,537	871	28,759	34,200	42,845
	13.1%	0.7%	0.4%	13.7%	16.3%	20.4%
Totals	1,595,728	18,343	6,688	226,960	247,964	321,695
	100.0%	1.1%	0.4%	14.2%	15.5%	20.2%

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 2013. Region 3, where 71,474 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 15.7 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, but the state shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

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

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meet income eligibility limits of 130 percent of poverty or less for family size;
- Possess assets less than \$5,000;
- Meet stricter eligibility requirements if applicant is a student, legal immigrant or convicted felon; and
- Participate in a work search program, unless exempt.

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

SNAP recipients, unless exempt, must either be employed 30 hours per week or participate in job search activities that will help them find or improve employment opportunities to continue receiving benefits. The primary focus of the work program is to help SNAP recipients get a job, keep a job, or find a better job. Failure to participate in this program results in the individual losing his or her SNAP benefits.

SNAP Benefit Amount: The amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2013, the average SNAP allotment per person in Idaho was \$127, or approximately \$1.40 per meal.

What is available for purchase with SNAP?

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

- Breads and cereals;
- Fruits and vegetables;
- Meats, fish, and poultry;
- Dairy products; 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.

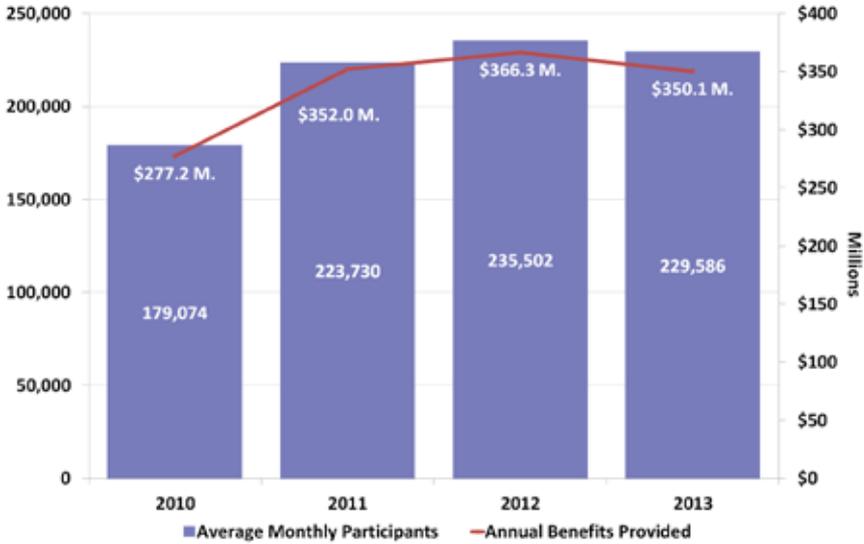
Additionally, SNAP benefits may **not** be used for:

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

Caseload Growth:

SNAP enrollment is 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 2013, Idaho's SNAP caseload showed a slight reduction in the number of individuals receiving SNAP benefits, from 232,000 in June 2012 to 227,000 in June 2013. Beginning in SFY 2012, Idaho once again began requiring all eligible, able-bodied adults to participate in the state's work program. The state continues to see a slow, steady decline in individuals receiving SNAP benefits.

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, without increases in staffing or administrative overhead costs. Over the past four years, Idaho consistently remained one of the top five states in the country for providing accurate benefits in a timely manner. One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2013, three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within two days of submitting an application.

Idaho Child Care Program

The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care 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 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 6,734

participants per month during SFY 2013, with total annual payments of almost \$19.7 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 want to become licensed.

During SFY 2013 ICCP:

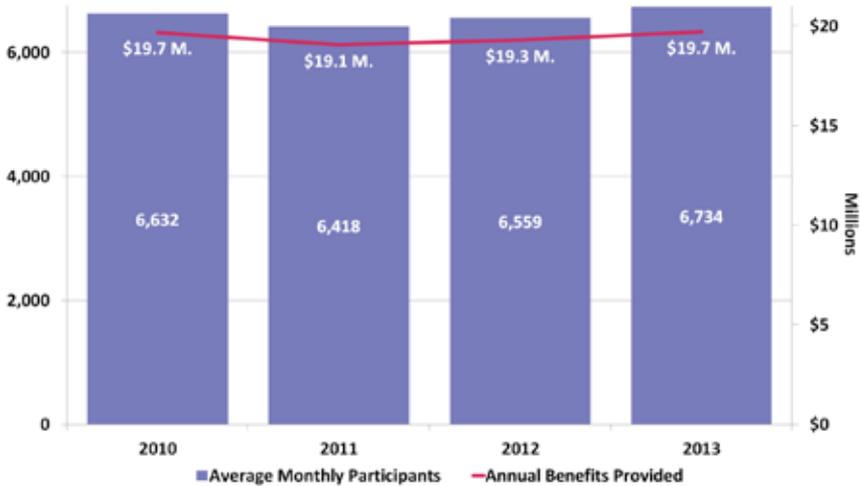
- Provided 3,262 child care referrals to parents to assist them in making the right decisions for their families.
- Improved child care quality through a Quality Rating and Improvement System, using nationally established measurements.
- Provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. During SFY 2013, IdahoSTARS conducted 1,991 training sessions and provided 2,098 training scholarships and 93 academic scholarships statewide at an annual cost of \$276,200. IdahoSTARS also supported providers with \$364,951 in program improvement grants and incentives.

SFY 2013 ICCP Fund Distribution: Total \$641,151



The average number of child care participants per month increased from 6,559 in SFY 2012 to 6,734 in SFY 2013. 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



Medicaid

The Division of Welfare determines financial and personal eligibility for Medicaid services. 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. 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 less than \$3,631 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 2013. As of June 2013, there were approximately 248,000 individuals receiving Medicaid services in Idaho. The Division of Welfare receives about 5,500 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 11,500 Medicaid families every month; about 12 percent of those families do not complete the re-evaluation process and as a result their Medicaid cases are closed. Of the 88 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. The program serves an average of 1,900 households and 2,900 individuals. Approximately 90 percent of households are child-only cases, with the remaining 10 percent single- or two-parent households. Child only cases are usually relatives caring for a child whose parents cannot care for them.

Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. These funds help pay for food, shelter, clothing and other essentials. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults.

To qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

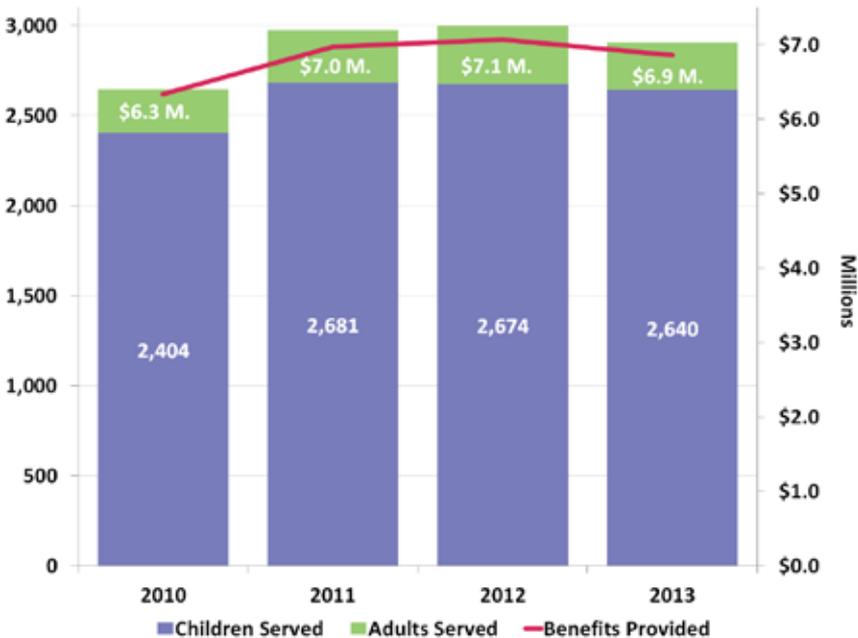
- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meets income eligibility limits for family size;
- Meets personal asset limits;
- Cooperates with Child Support enforcement;

- Participates in a drug and alcohol abuse screening and, if determined to be in need of treatment, must comply with a treatment plan; and
- Participate in the Enhanced Work Services program and meet strict participation requirements.

All eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense job coaching and case management ensures that the state always has the most up-to-date status on the family to determine ongoing eligibility.

Idaho's TAFI cash assistance program requires participation in work preparation activities that build or enhance the skills needed to increase their income and become self-sufficient. 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 are not subject to work participation requirements.

TAFI Monthly Enrollment and Total Annual Benefits



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

AABD provides cash assistance to certain low-income 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 MOE provides a monthly average cash benefit amount of \$52.40 per enrollee.

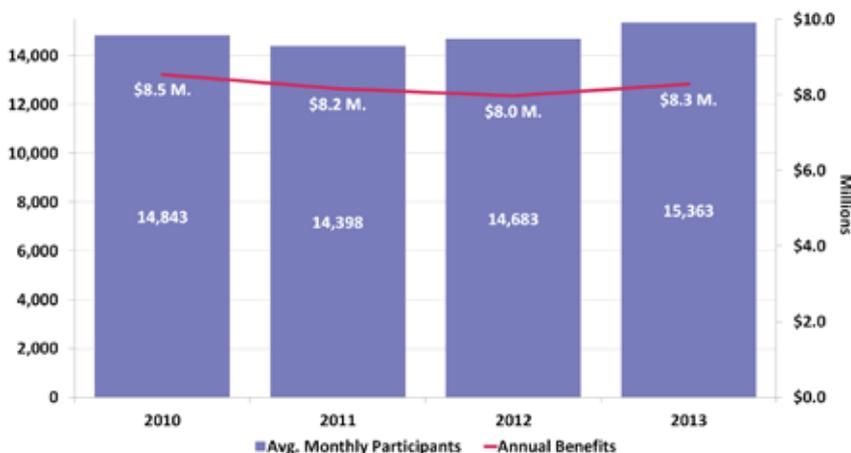
AABD cash payments are paid with 100 percent state general funds and payments can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the individual receiving the cash payment.

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) or Social Security Disability Income (SSDI);
- The living arrangement of the individual will determine the amount of cash assistance the individual receives. People who reside in a certified family home are not eligible for AABD cash benefits.

On average, 15,363 individuals received AABD cash payments each month during SFY 2013. 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; services are provided to the benefit recipient at no charge.

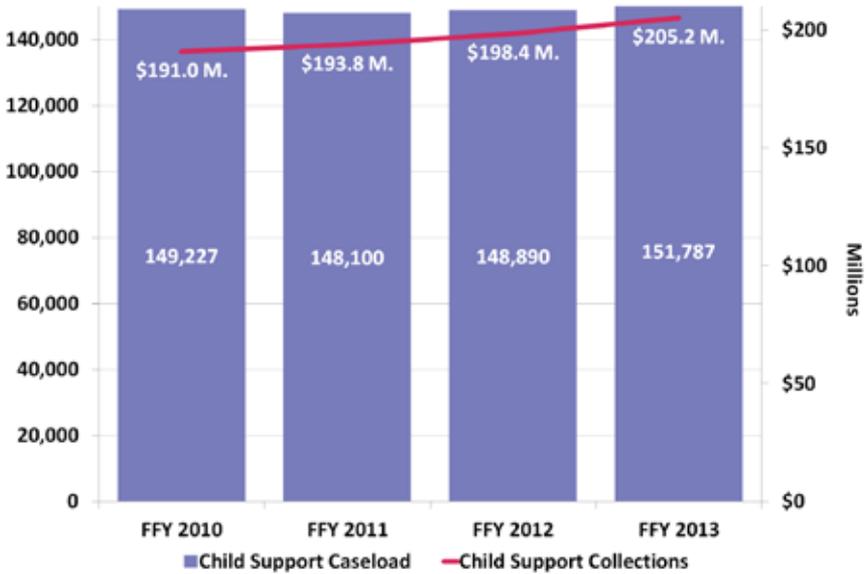
Enforcement services include:

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

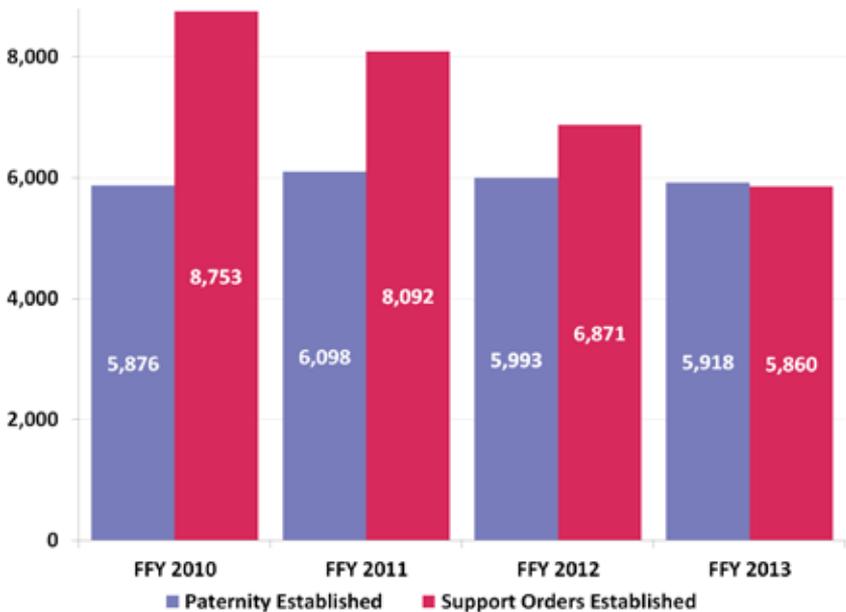
In FFY 2013, the Child Support Program administered approximately 151,800 child support cases, collecting and distributing more than \$205.2 million. These cases and support dollars include Receipting Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Idaho Legislature chose DHW to administer the state's Child Support Program, including county RSO cases. In FFY 2013 the RSO monthly average caseload was 31,955 cases, collecting and distributing \$32 million.

During FFY 2013, the Child Support Program receipted 556,017 payment transactions, completed 266,143 customer service calls, and 886,227 interactive voice response calls.

Monthly Average Child Support Caseload and Total Dollars Collected



Paternity and Support Orders Established

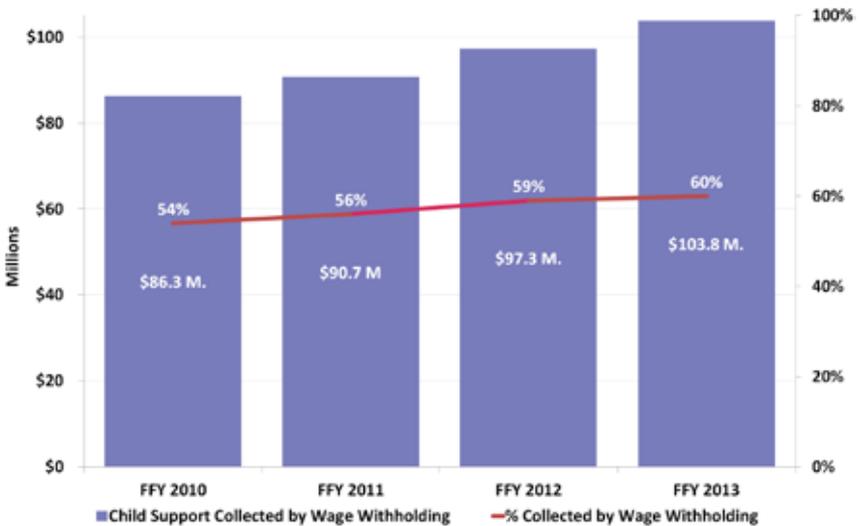


Child Support Enforcement Methods

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 2013, \$103.8 million was collected using this tool, accounting for 60 percent of all the state's child support collections, as shown in the chart below.

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 1,717 people per month in FFY 2013.

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. On average there were 161 licenses suspended monthly during FFY 2013.

Federal and State Tax Offset: Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2013, households who receive child support enforcement services received \$16 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 DHW. Partnership programs provide participants with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

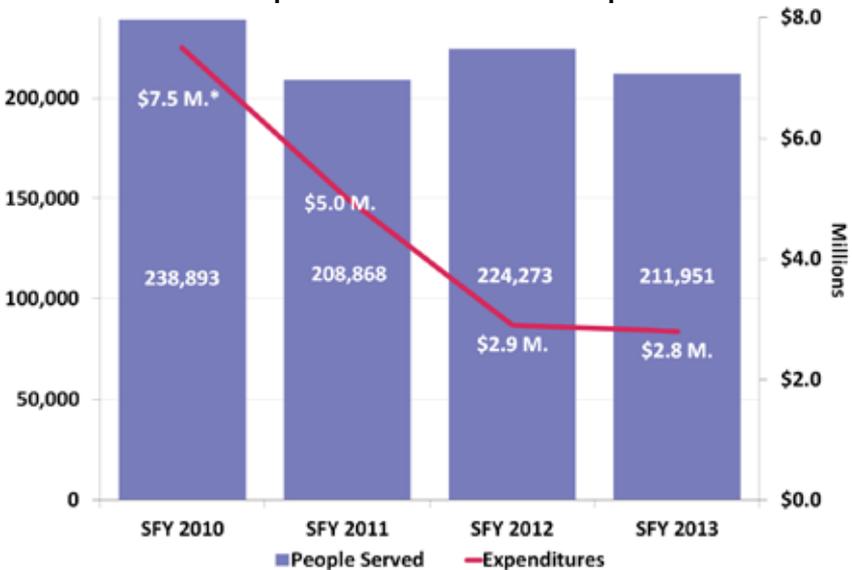
Much of the funding for these services comes from federal grants. The services provide additional work supports for low-income families and often meet their needs so they do not have to access DHW programs. Partnership programs also can bridge the gap for individuals and households transitioning from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

Members of the Community Action Partnership Association of Idaho are

the division's primary partners in providing these programs. Action Agency members 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. Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 211,951 individuals and spent approximately \$2.8 million in SFY 2013.

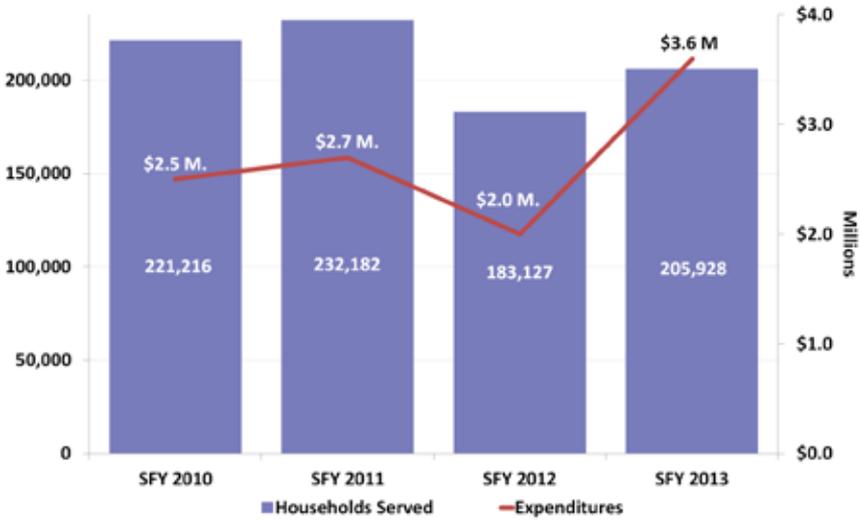
**Community Services Block Grant
Total People Served and Annual Expenses**



*Includes \$3.7 M. Community Services Block Grant Funds and \$3.8 M. ARRA stimulus funds

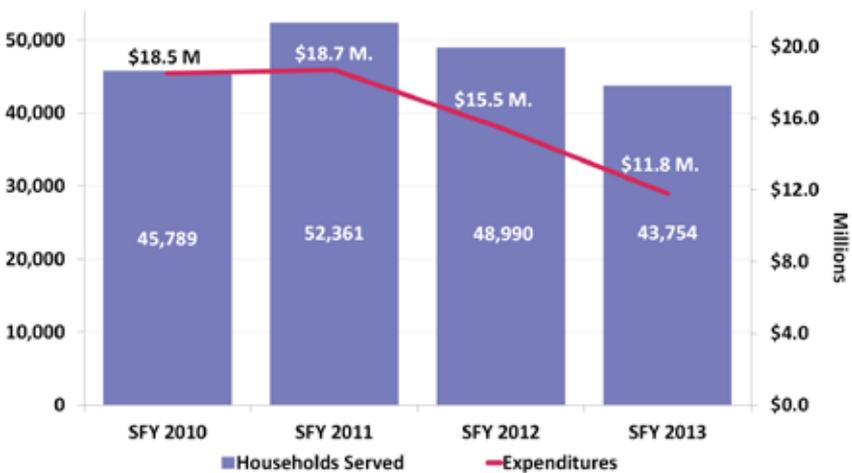
The Emergency Food Assistance Program (TEFAP) helps supplement the diets of Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the state. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2013, TEFAP distributed over 2.3 million units of food valued at over \$3.7 million to 205,928 households.

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



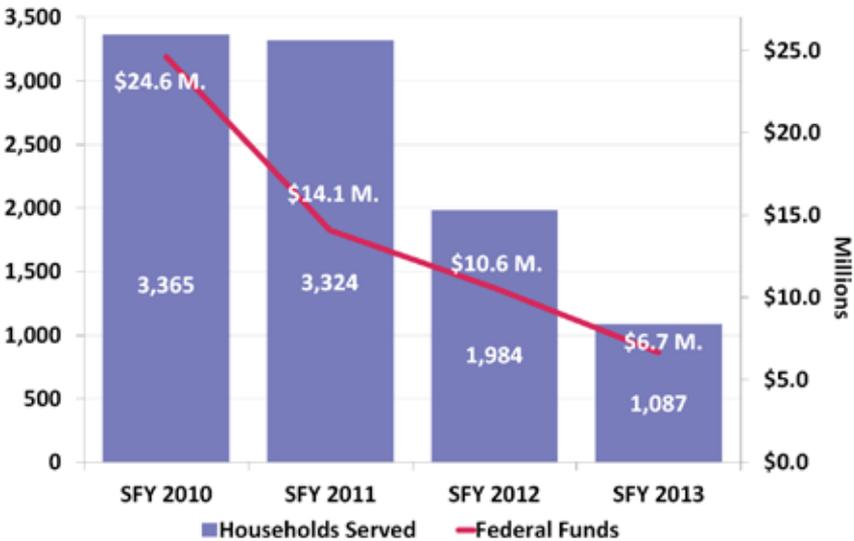
Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 43,754 households pay \$11.8 million in energy costs in SFY 2013.

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



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 \$6.7 million for efficiency improvements to 1,087 Idaho households in SFY 2013. The dramatic increase in funding during SFY 2010 was the result of American Recovery and Reinvestment Act (ARRA) funding of an additional \$18 million to the weatherization program.

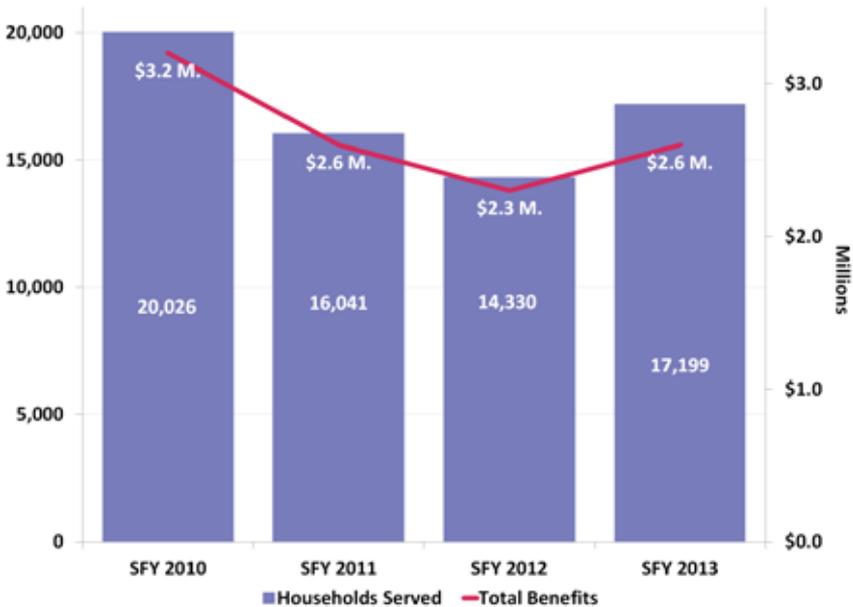
**Weatherization Assistance Program
Total Households Served and Annual Expenditures (Federal)**



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.

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 2013, the program served an average of 17,199 households per month, with a monthly benefit of approximately \$12.75 per household. Benefits for the state fiscal year totaled approximately \$2.6 million.

Telephone Service Assistance Program Avg. Monthly Households and Annual Expenses



Note: Benefits declined during SFYs 2011 and 2012 because an increasing number of households dropped landline telephone service and some households became ineligible since they purchased "bundled" services (telephone, TV, Internet). Assistance was expanded to include cellular service during SFY 2012, which accounts for an increase in households participating during SFY 2013.

Division of Public Health

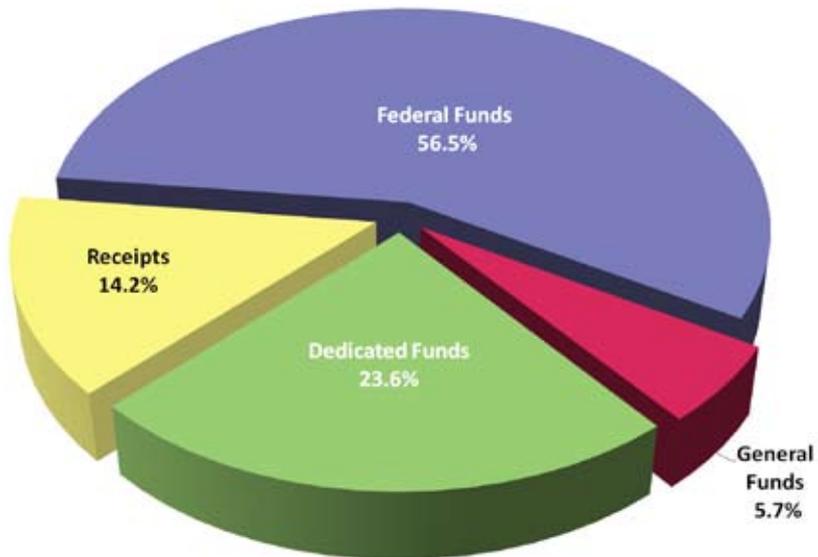
Elke Shaw-Tulloch, Administrator, 334-5950

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 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.

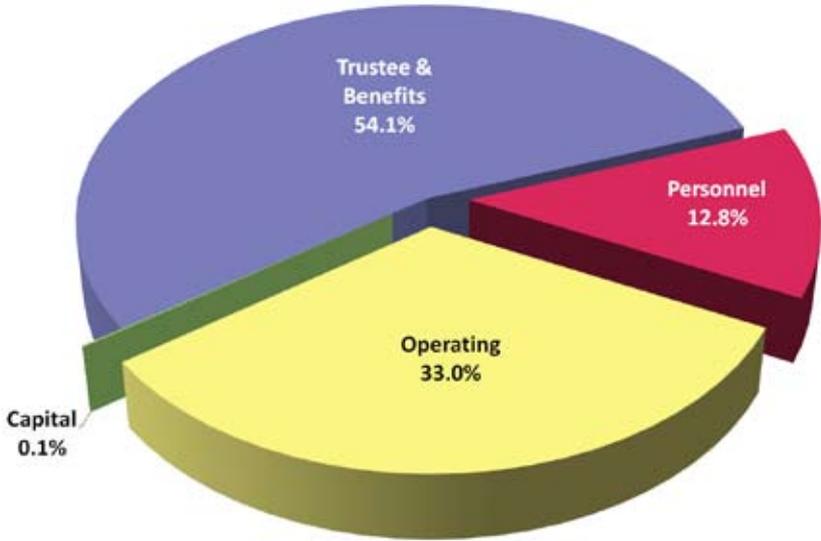
The division includes the bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services and Preparedness; Laboratories; Vital Records and Health Statistics; Rural Health and Primary Care; Business Operations; and Communicable Disease Prevention.

Public Health SFY 2014 Funding Sources

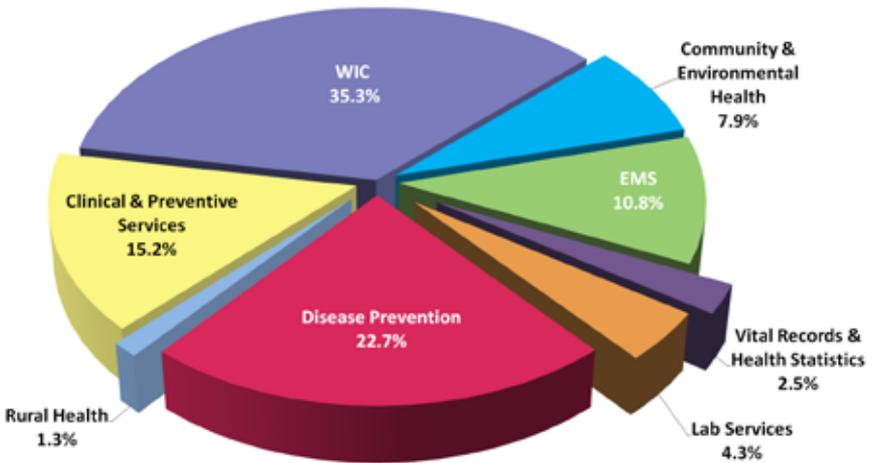


Authorized FTP: 214.5; Original SFY 2014 Appropriation: General Funds \$6.0 million, Total funds \$104.6 million; 4.2% of Health and Welfare funding.

Public Health SFY 2014 Expenditure Categories



Public Health Spending by Program



2013: Protecting Public Health for Idaho

- New immunization requirements for 7th graders were enacted in 2011 and the impact is now being seen. Vaccination rates for TDaP (tetanus, diphtheria, and pertussis) among teens increased from 49.2 percent in 2010 to 64.5 percent in 2012, according to the Teen National Immunization Survey.
- Idaho Vital Records and Health Statistics was recognized as one of the top-performing state vital statistics programs in the nation during 2012. Idaho was the only jurisdiction to meet all the national standard measurements, ranking in the top three states.
- Idaho's teen pregnancy rate between 2007 and 2011 dropped an impressive 33 percent, with the Hispanic teen pregnancy rate dropping 50 percent, thanks in part to three innovative programs that received support from Public Health. Reducing the Risk (RTR) is an evidence-based sexuality health education curriculum focused on abstinence, pregnancy prevention, sexually transmitted disease and HIV prevention. ¡Cúdate! curricula targets Latino youth ages 13-18 in culturally-based, small group classes. Wise Guys is designed for adolescent males 11-17 years old to learn about fatherhood, values, goal setting, decision-making, sexuality and sexually transmitted infections, contraception and abstinence.
- Idaho is one of 20 states to receive a "B" from the Pew Report on Children's Dental Health indicating more than 25 percent of high-risk Idaho schools are served by dental sealant programs. This ranks Idaho in the top 15 states for improving access to dental sealants for low-income children.
- The Public Health Improvement Program streamlined and standardized contracting processes, reducing the number of days to process a contract. The project received national recognition from the Association of State and Territorial Health Officers, the Robert Wood Johnson Foundation, and the Centers for Disease Control and Prevention (CDC), all of which has shown interest in publishing the project as a best practice.
- The State Office of Rural Health and Primary Care received the award of merit from the National Organization of State Offices of Rural Health for their leadership, innovative primary care physician retention program, and successful partnership development efforts.
- The Epidemiology Program improved the timeliness and efficiency of reportable disease surveillance by integrating sexually transmitted disease reporting into the state's web-based system. The program also improved electronic laboratory reporting. Among states without a mandate for electronic laboratory reporting for reportable diseases, Idaho leads the nation, receiving more than 90 percent of all reportable disease laboratory reports electronically.
- The Maternal and Child Health (MCH) Program partnered with Medicaid, public health districts 6 and 7, and primary care providers

to introduce the patient-centered medical home model to pediatric and family care practices for children with special health care needs in rural parts of Idaho. DHW provided funding to hire a medical home coordinator for practices to introduce evidence-based quality improvement strategies, and to provide prevention strategies, education, data and evaluation through public health as a model for delivery of patient-centered medical home services.

- Idaho's Breast and Cervical Cancer Early Detection Program replicated a successful project used in two other states to increase mammography screening rates: "Ask Me!" About a Mammogram. In addition, two Idaho farmers restored a 1950 8N Ford Tractor in pink to carry the important message of breast cancer screening. They collaborated with the Women's Health Check Program and traveled to area fairs to spread the word.
- Idaho Vital Records submitted 92 percent of death records to the Social Security Administration within six days of a death. This high performance prevents erroneous benefits being issued. The national average is 64 percent.
- Scientists at the Idaho Bureau of Laboratories implemented new methods for the timely detection of emerging pathogens of global concern. During 2013, new tests for the detection of avian influenza A H7N9, Middle Eastern Respiratory Syndrome novel Corona Virus, and carbapenem-resistant Enterobacteriaceae (CRE) were implemented. All three of these agents have the ability to cause life threatening infections; the ability to rapidly detect these agents helps protect Idahoans.
- The Laboratories Data Management Team partnered with the Association of Public Health Laboratories and ChemWare to develop a novel approach for the electronic delivery of standardized environmental and chemical threat test data to the CDC and Environmental Protection Agency (EPA) emergency response networks. The project was highlighted in a national publication and could be the basis for new national standards for the transmission of Electronic Data Deliverables to federal agencies.
- The Public Health Preparedness Program successfully planned and facilitated a statewide, full-scale medical countermeasure distribution and dispensing exercise involving all seven public health districts, numerous local and state agencies and organizations, private businesses, and many volunteers during the week of April 29th, 2013. The exercise simulated an anthrax attack involving thousands of potential victims across the state.
- Based on feedback received from local Emergency Medical Service (EMS) providers during the rural EMS town hall meetings held in 2012, the Bureau of EMS & Preparedness developed a new functionality for the Bureau's licensure database that allows all of the licensed EMS providers in the state to track and report their continuing education in real time without sending paper to the Bureau. The new functionality has been well received and makes tracking and reporting continuing education easier and less time consuming for the local EMS providers.

Bureau of 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 newborn screening, home visiting and services for children with special healthcare 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 districts 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 2012, the Family Planning Program saw 20,961 clients (37,208 visits); 10.6 percent of those clients (2,214) were 15-17 years old, a 0.7 percent increase from CY 2011. In CY 2012, 86 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 well below the Healthy People 2020 goal and also below the average national rate of 40.2 pregnancies per 1,000 females aged 15-17. Idaho’s current teen pregnancy rate of 14.8 is 35 percent lower than it was 10 years ago, when the Idaho rate was 23.2. per 1,000 teens.

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

CY	Number	Rate per 1,000 Females
2012	496	14.8
2011	488	14.6
2010	618	18.5
2009	690	21.2

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, 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 4,550 cases of chlamydia, 167 cases of gonorrhea and 53 cases of syphilis reported in Idaho in CY 2012. Over the last five years, chlamydia rates increased 8.4 percent and syphilis rates increased 104 percent, from 26 syphilis cases reported in 2008 to 53 reported in 2012. Gonorrhea rates decreased nearly 11 percent in the last five years.

For data covering the last two calendar years of 2011-2012, chlamydia decreased 3.8 percent, gonorrhea increased 2.9 percent and syphilis increased by 26.9 percent. For more information, please visit www.safesex.idaho.gov.

Rate of Sexually Transmitted Diseases			
CY	Chlamydia	Gonorrhea	Syphilis
2012	285.1	10.5	3.3
2011	296.5	10.2	2.6
2010	268.4	9.4	1.4
2009	251.6	7.2	2.0

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 94.

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 \$53 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 2009	SFY 2010	SFY2011	Feb.-July 2012	SFY 2013
Clients Served	45,415	47,257	44,691	43,858	43,887
Average Voucher	\$54	\$49	\$48	\$50	\$53

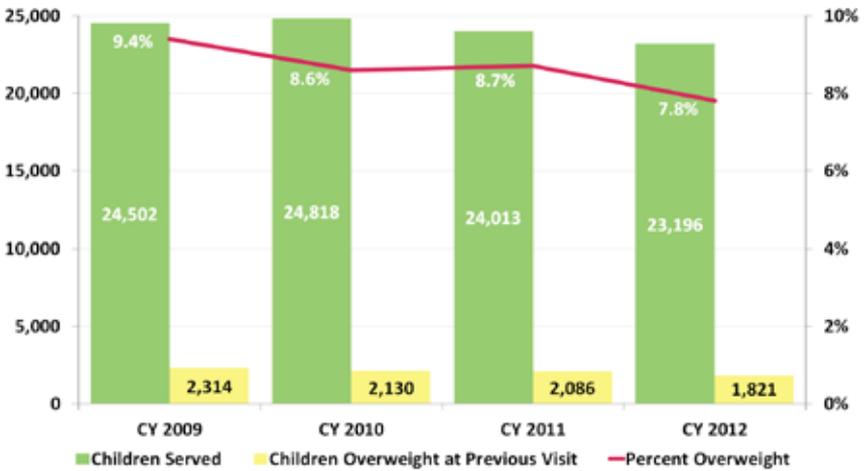
**Note: WIC Program began new tracking system in 2012; average monthly data are based on six months (Feb-July 2012).*

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.

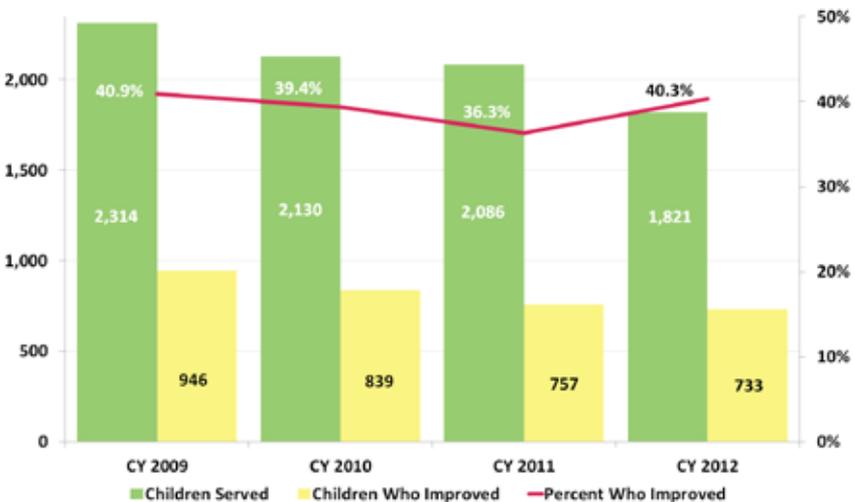
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure the status of their weight and height to obtain their Body Mass Index (BMI).

In 2012, 1,821 children served by WIC ages 2 to 5 years (7.8 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 733 children (40.3 percent) improved their weight status at their recertification visit. For more information, please visit www.WIC.dhw.idaho.gov.

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 "suspicious" screening test results for cancer. During SFYs 2012 and 2013, Idaho Millennium Funds helped support an increase in the number of older women served, the program's targeted populations, along with tobacco use and cessation evaluation for WHC clients.

Every Woman Matters is a law passed by the 2001 Idaho Legislature that provides cancer treatment coverage through 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 to more than 400 statewide, 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
Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
SFY 2013*	4,717	79	4	49
SFY 2012	4,476	77	3	52
SFY 2011	4,696	77	3	58
SFY 2010	4,702	85	4	62
SFY 2009	4,270	62	2	58

*Data are based on records as of August 2013 and are not complete

Maternal and Child Health Newborn Screening Program

The Newborn Screening Program works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for more than 46 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, congenital hypothyroidism and others. Through early detection, newborn screening provides an opportunity for diagnosis and treatment. Timely treatment allows for normal growth and development and a reduction in infant morbidity and mortality. Most infants with conditions identified through screening show no obvious signs of disease immediately after birth. It is only with time that the possible conditions affect the infant's health and development.

In Idaho, two newborn screens are conducted—one within 24 to 48 hours of birth and the second between 10 to 14 days of life. Some conditions are detected on the first screen and others on the second screen. For each screen, a small amount of blood is collected from the baby's heel and placed on special filter paper. The filter paper is sent to a regional laboratory for testing. The Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider when a screening is positive for a condition to ensure timely diagnosis and treatment.

The Newborn Screening Program has been screening Idaho babies since 1963. New technology allows screening for a large number of conditions from a small amount of blood. While each of the screened conditions is rare, collectively they affect about 1 in 1,000 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho.

For more information, please visit www.NBS.dhw.idaho.gov.

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

Year	Babies Screened	Presumptive Positives	Diagnosed Conditions
CY 2012	22,185	875	19
CY 2011	21,706	614	19
CY 2010	22,751	691	29
CY 2009	23,265	516	22

**Data are based on babies receiving 1st newborn screen.*

Number of Diagnosed Conditions by Type and Year

Condition	CY 2009	CY 2010	CY 2011	CY 2012
Phenylketonuria	1	0	1	0
Congenital Hypothyroidism	5	12	4	7
Galactosemia	0	0	1	0
Cystic Fibrosis	5	4	6	4
Other	11	13	7	8

Bureau of Communicable Disease Prevention

The Bureau of Communicable Disease Prevention 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 track 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). More than 90 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

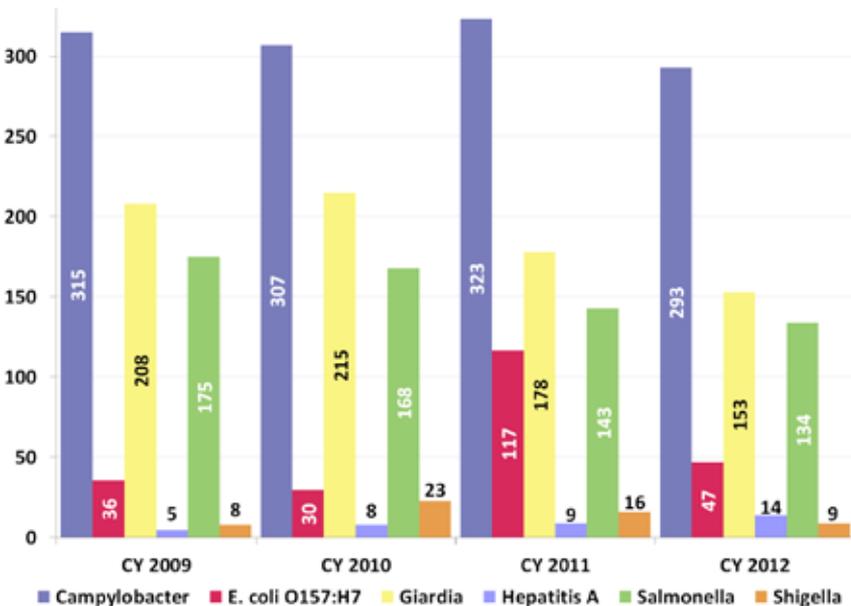
Bloodborne diseases, such as hepatitis B and C, and HIV, are usually transmitted through infected blood by sharing contaminated needles, transfusions, or in the exchange of bodily fluids during sexual contact.

	CY 2009	CY 2010	CY 2011	CY 2012
Bloodborne Diseases	80	74	67	59
New HIV/AIDS Reports	56	53	50	41
Idaho Residents Living with HIV/AIDS*	1,209	1,294	1,377	1,356
Acute Hepatitis B	16	9	3	6
Acute Hepatitis C	8	12	14	12

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

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water, or hand-to-mouth because 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 2010	SFY 2011	SFY 2012	SFY 2013
Foodborne Outbreaks	5	9	11	14
Licensed Food Establishments	2	4	8	1
Other Sources/Venues	2	4	3	3
People Ill	26	29	92	33

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 when they arrive in Idaho.

Program goals include:

- 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 healthcare system.

In addition, the Refugee Health Screening Program works with other staff with expertise in tuberculosis, immunizations, infectious diseases and epidemiology. The program also engages 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 age 18. 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).

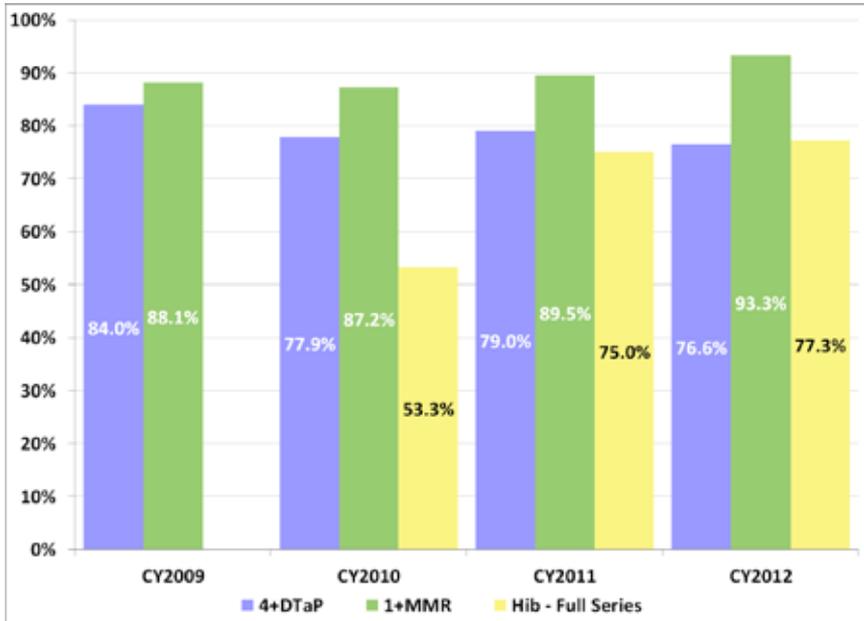
IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include site visits and educational opportunities for school nurses and facility staff. During these visits, IIP staff reviews 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.

For the 2012 - 2013 school year, 81.6 percent of children enrolled as kindergartners in Idaho schools were adequately immunized in compliance with the standards set in Idaho Administrative Rules.

Number of Childhood Vaccine Preventable Diseases

Disease	CY 2009	CY 2010	CY 2011	CY 2012
Haemophilus influenzae b (Hib, invasive)	5	0	1	0
Measles	0	0	0	0
Mumps	3	1	2	0
Pertussis (whooping cough)	99	187	192	235
Rubella	0	0	0	0
Total	107	188	195	235

Immunization Rates for Select Childhood Vaccines



Data are from the National Immunization Survey of children ages 19 - 35 months. DTaP = diphtheria, tetanus, and pertussis vaccine; MMR = measles, mumps and rubella vaccine; Hib = Haemophilus influenzae type b vaccine (Hib - Full Series sampling started in 2010).

Immunization Reminder Information System (IRIS)

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

IRIS was an "opt-in" registry until 2010, meaning people had to provide consent before their records could be stored in 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. IRIS remains a voluntary registry because parents and/or legal guardians can have their children's records removed at any time.

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

Idahoans Enrolled in Registry				
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Ages 0-35 months	68,505	72,219	68,513	73,973
Ages 3-5 years	75,163	82,811	84,353	89,969
Ages 6-18 years	238,367	280,002	303,076	353,664
Ages > 18 years	448,895	474,730	555,531	670,659
Total	830,930	909,762	1,011,473	1,188,265

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 2013, Idaho submitted 13 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 2013	13	818,965	0.2
SFY 2012	34	827,028	0.4
SFY 2011	33	860,691	0.4
SFY 2010	42	929,413	0.5

Idaho Bureau of Laboratories

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

1. Testing

- Communicable disease agents in clinical specimens: Enteric, respiratory, vaccine preventable, zoonotic, sexually transmitted, and emerging infectious 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.

2. Inspection

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

3. Training

- Technical consultation and work force development;
- Continuing education seminars and tele-lectures;
- Presentations at local, regional, and national conferences, meetings, workshops and universities.

4. Outreach

- Maintenance of a public-private Sentinel Laboratory 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 principal state laboratory for the Department of Environmental Quality's Drinking Water Program.

IBL also is accredited by Centers for Medicare and Medicaid Services as a high complexity clinical laboratory. The bureau is the only 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:

- Threat agents such as anthrax, plague, smallpox, nerve gas, ricin, and toxic metals;

- 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 tuberculosis, 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 Clinical Laboratory Inspector and Certification Officers conduct on-site evaluations and records review to support the registration and certification of clinical and environmental laboratories that provide testing services in Idaho. The testing proficiency of all laboratories is monitored regardless of the accrediting agency.

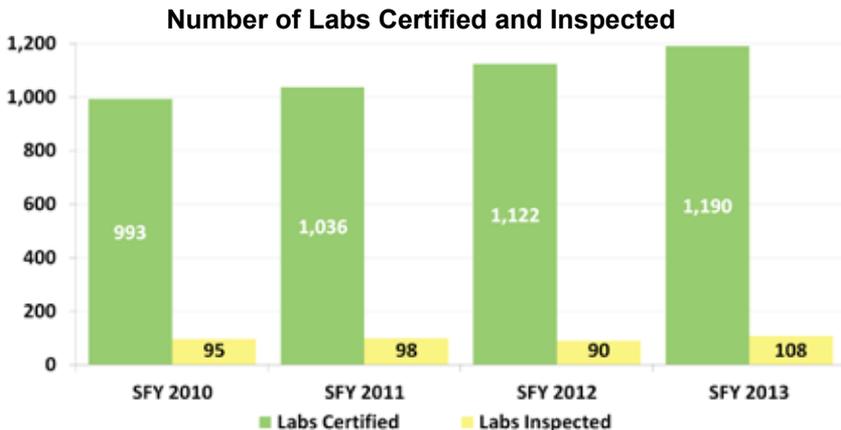
The number of inspected clinical laboratories in the chart below refers only to those inspected by the Clinical Laboratory Inspector under CLIA regulations. This does not include 56 JCAHO, CAP, and COLA laboratories in Idaho.*

*CLIA: Clinical Laboratory Improvement Amendments.

JCAHO: Joint Commission on Accreditation of Healthcare Organizations.

CAP: College of American Pathologists.

COLA: Commission of Laboratory Accreditation



Note: Not all certified labs are inspected. The portion of labs DHW 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.

For more information about the Idaho Bureau of Laboratories please visit: www.statelab.idaho.gov.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of 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 these programs:

- Comprehensive Cancer Control;
- Respiratory Health (tobacco);
- Physical Activity and Nutrition;
- Oral Health;
- Diabetes Prevention and Control;
- Heart Disease and Stroke Prevention;
- Injury Prevention; and
- Environmental Health, which includes Indoor Environment, Environmental Health Education and Assessment, and Toxicology.

Tobacco Prevention and Control

The Tobacco Prevention and Control 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 is tied for 7th best in the nation for its low percentage of adults who smoked in 2012, which was 16.4 percent. The national average of adults who smoked was 19.6 percent. In 2011, 17.2 percent of Idaho adults smoked.

The Idaho Department of Education conducts a survey of high school students very other year that collects data on smoking prevalence among adolescents. The most recent survey, from 2011, shows 14.3 percent of Idaho high school students smoked one or more cigarettes in the 30 days prior to the survey.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling all Idahoans to be physically active and make healthy food choices. IPAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2012 was 63.4 percent based on the median of all states and U.S. territories, compared with 62.5 percent of Idaho adults who were overweight.

The most recent data on youths from the 2011 State Department of Education survey of Idaho high school students shows 13.4 percent were overweight.

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 2010-2012, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time, 85 percent of all unintentional deaths by falls were among individuals ages 65 and older. In 2008, Idaho Emergency Medical Services responded to 6,684 fall-related calls for individuals 65 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 Due to Accidental Falls			
	<65 years	65+	Total
CY 2012	1.7	84.2	12.7
CY 2011	2.5	80.5	12.5
CY 2010	2.0	65.2	9.8
CY 2009	1.7	69.4	8.9

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

Number of Deaths Due to Accidental Falls			
	<65	65+	Total
CY 2012	23	179	202
CY 2011	35	163	198
CY 2010	27	127	154
CY 2009	23	130	153

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 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal, 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.

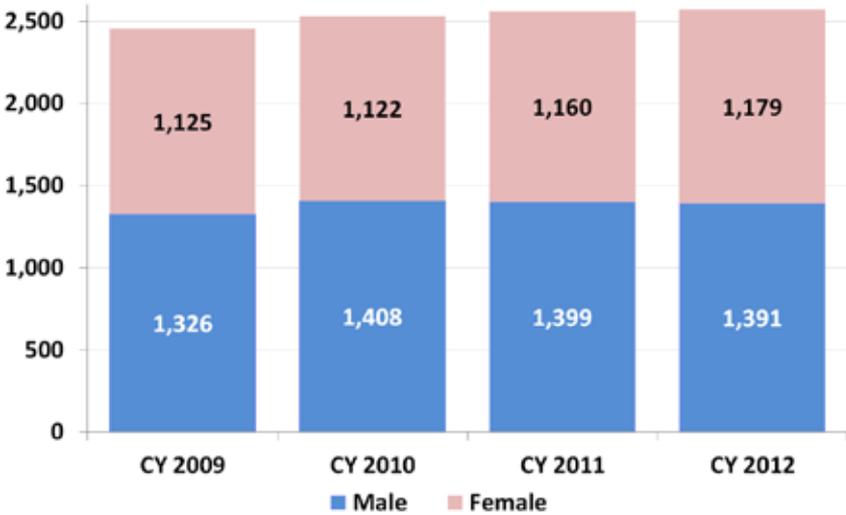
Idaho has some of the lowest screening rates in the U.S. for these cancers. The Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

- Defines and raises awareness of the burden of cancer and cancer issues in Idaho;
- Develops new resources 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

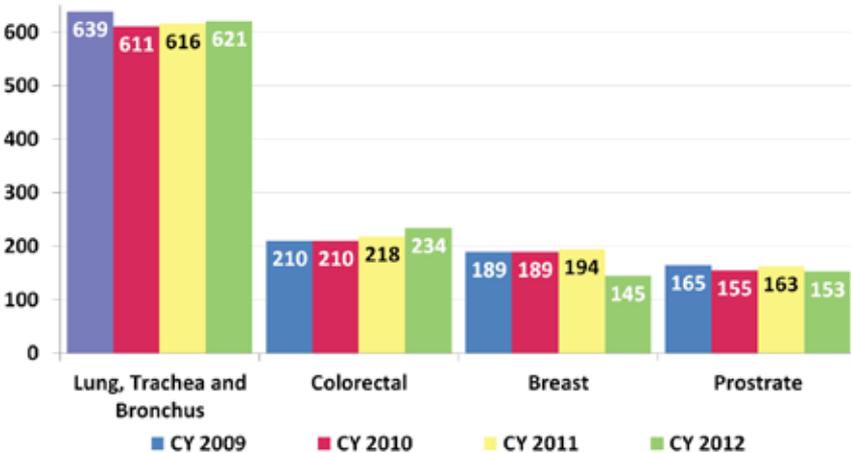
- Increases awareness of the importance of early detection and diagnosis which leads to the improvement of cancer screening rates according to current science and recommendations.

In 2012, Idaho reported 2,570 cancer deaths, increasing from 2,559 during 2011.

Idaho Cancer Deaths by Gender



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.

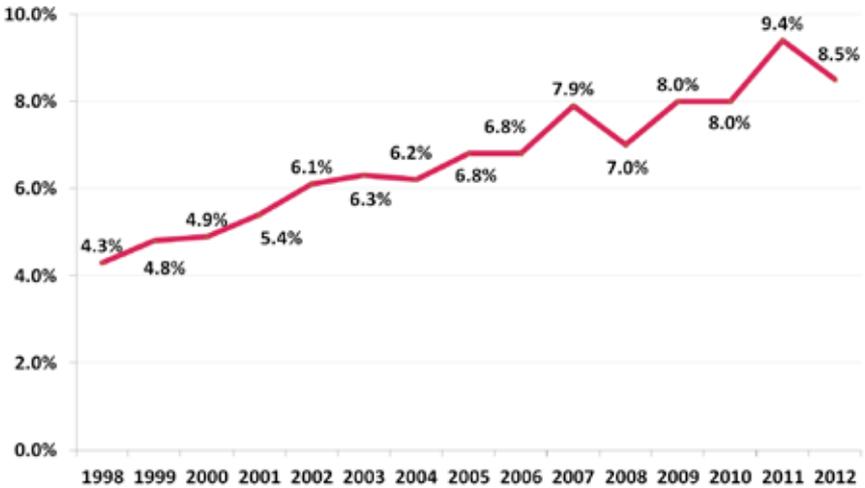
A statewide network of contractors, including local public health districts, federally qualified community health centers and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that address the National Diabetes Program goals. Projects are focused on improving 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 nine 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 1998-2012



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.

In September 2013, the Idaho Oral Health Program was awarded CDC funding to build the program's infrastructure and capacity for collective impact. The program also receives funding from the DentaQuest Foundation Oral Health 2014 Initiative to focus on systems changes within the two areas of Prevention/Public Health Infrastructure and Medical-Dental Collaboration.

The Oral Health Program educates the public and health professionals about oral healthcare 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:

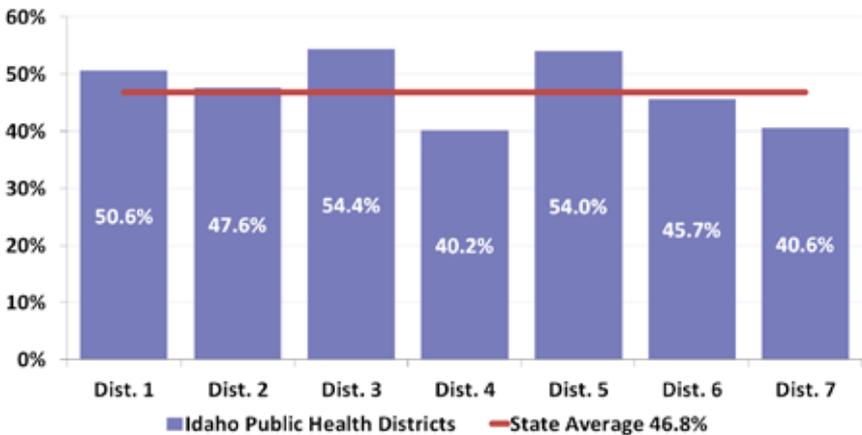
- Preventing early childhood caries with programs focused on dental sealants, fluoride varnish, and children's oral health education programs;
- Monitoring the burden of oral health in Idaho;
- Working with Women, Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and 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 46.8 percent of adults did not have dental insurance in 2012.

Percent of Idaho Adults Without Dental Insurance by Public Health District 2012



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;
- Improving emergency response;
- Improving the quality of primary care; and
- Eliminating health disparities.

In partnership with the Idaho Heart Disease and Stroke Prevention Advisory Committee, the Heart Disease and Stroke Prevention Program 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

Idaho's 2012 data shows that 9.2 percent of people 18-34 years of age reported being diagnosed with high blood pressure. The percentage increases with age, with 30.7 percent of people 35-64 years old who reported being diagnosed with high blood pressure, and 57.6 percent of people ages 65 and older who reported a high blood pressure diagnosis.

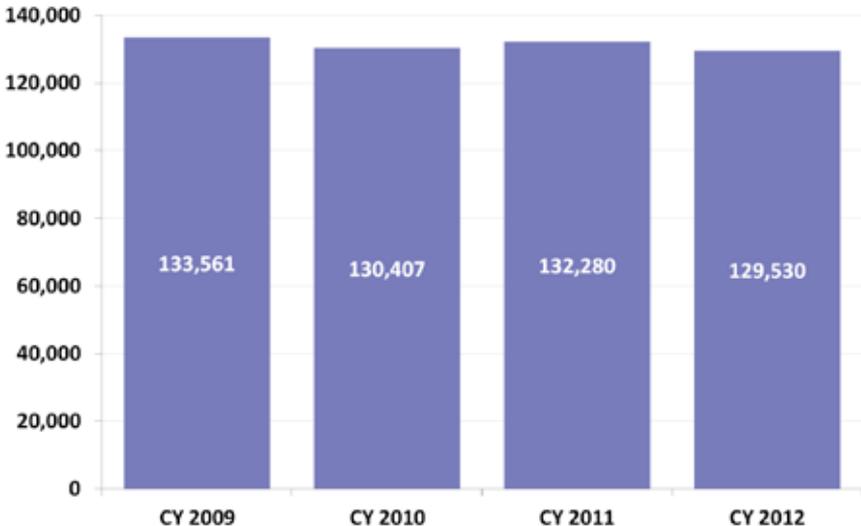
According to 2012 data for Idaho, 3.6 percent of adults surveyed had been told by a doctor, nurse or other health professional they had suffered a heart attack, also called a myocardial infarction. Of adults surveyed, 2.7 percent reported a doctor, nurse or other health professional had told them they 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 include 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.

Information for obtaining an Idaho certificate is available at www.vitalrecords.dhw.idaho.gov. For statistical reports and publications, go to www.healthstatistics.dhw.idaho.gov.

Birth, Death, Marriage and Divorce Certificates Issued



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. 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. Federal guidelines are utilized by the Office of Rural Health and Primary Care to establish Idaho's HPSA designations.

Idaho Geographic Area with Health Professional Shortage Area Designation

	CY 2009	CY 2010	CY 2011	CY 2012
Primary Care	96.7%	96.7%	96.7%	96.7%
Dental Care	93.9%	93.9%	93.9%	95.7%
Mental Health	100%	100%	100%	100%

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 prospective payment system requirements, improve quality outcomes and care transitions. Twenty-seven Idaho hospitals are eligible for improvement grants. In FFY 2012, 26 applied and were awarded federal funds totaling \$228,217.

The Rural Health Care Access Program (RHCAP) provides state grants to improve access to primary care and dental health services in designated shortage areas.

RHCAP Grants for Primary Care and Dental Health Shortage Areas

	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Grant Requests	\$237,630	\$512,789	\$543,883	\$595,926
Amount Awarded	\$43,325	\$175,800	\$178,800	\$183,300
Applicants	10	19	19	21
Awarded	3	12	11	11

Rural Physician Incentive Program

The Rural Physician Incentive Program (RPIP) is a medical education loan repayment program for qualifying physicians serving in federally-designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state-supported programs at the University of Washington and University of Utah. Physicians may receive up to \$50,000 over four years for medical education debt. During SFY 2013, seven Idaho physicians received medical education loan repayment through this program.

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

Bureau of Emergency Medical Services and Preparedness

The Emergency Medical Services and Preparedness (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.

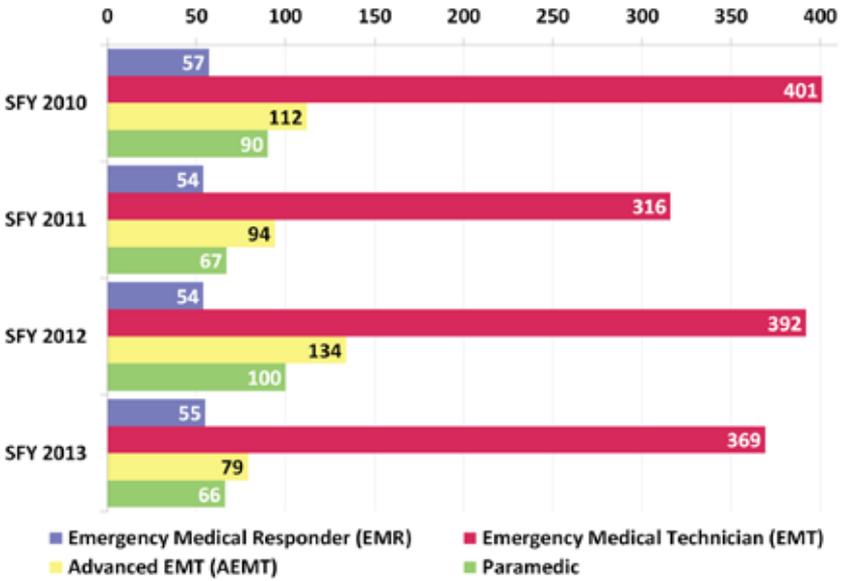
To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

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.

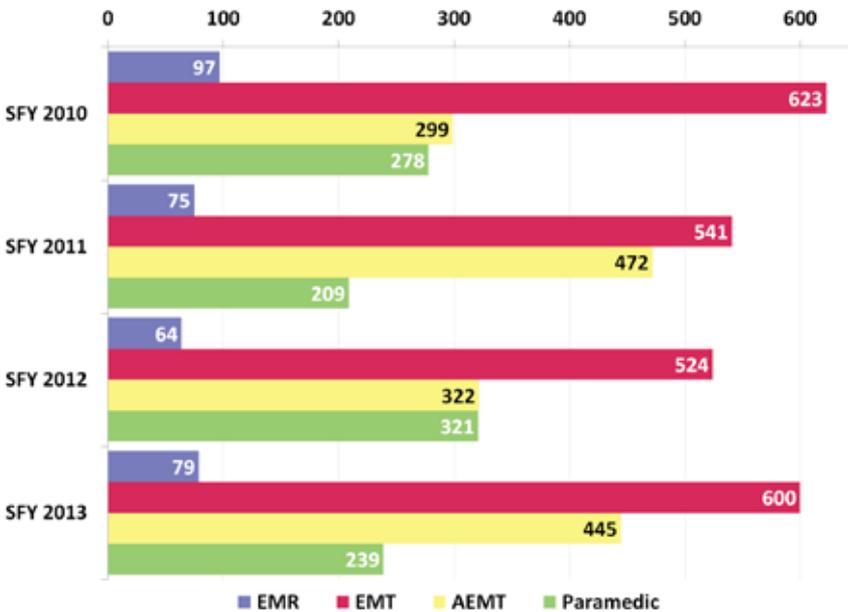
Personnel are licensed at one of four levels:

- 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.

EMS Dedicated Grants

	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Grant Requests	\$2.5 M.	\$2.8 M.	\$2.8 M.	\$3.1 M.
Grants Awarded	\$1.4 M.	\$916,000	\$859,469	\$1.3 M.
Vehicle Requests	24	28	28	30
Vehicles Awarded	13	10	9	11
Patient Care Equipment				
Agencies Applying	56	55	52	52
Agencies Awarded	45	40	33	45

For more information on Idaho EMS, please visit: www.IdahoEMS.org.

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.

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 health systems, and the functional needs of at-risk individuals. PHPP is partnering 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.

PHPP conducted a statewide full-scale exercise in April 2013 and will conduct another in the spring of 2017. These exercises test Idaho's ability to distribute and dispense Strategic National Stockpile medical countermeasures, use the National Incident Management System principles, and operate under the Incident Command System. DHW, all seven public health districts, members of the healthcare system, and other state and private partners will participate in the next exercise.

Bureau of Public Health Business Operations

Public Health Business Operations functions as a collaborating body to connect the business of public health across all bureaus within the division through strategic planning, performance management, and infrastructure building. The bureau houses the Public Health Improvement Program which leads quality improvement efforts across the division aimed at improving efficiencies and program delivery. The bureau also houses the Public Health Institutional Review Board.

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 2014, Medically Indigent Services has 1.1 FTEs, with a total appropriation of \$136,000, 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. For SFY 2013, 6,767 applications were processed with a Medicaid eligibility approval of 688, almost 10 percent of all applications.

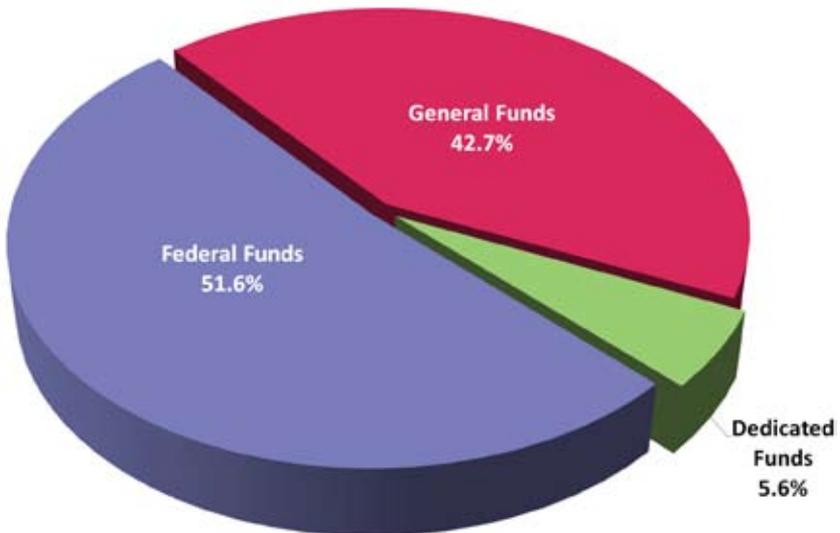
Indirect Support Services

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.

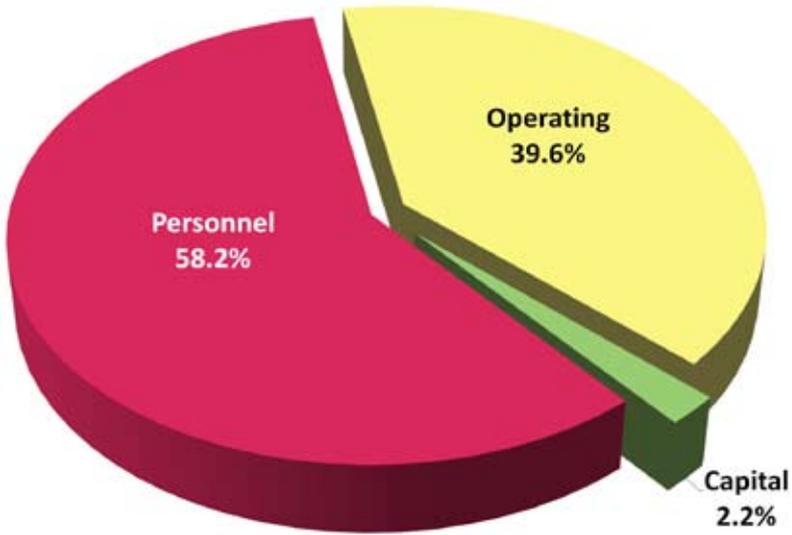
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, 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 2014 Funding Sources

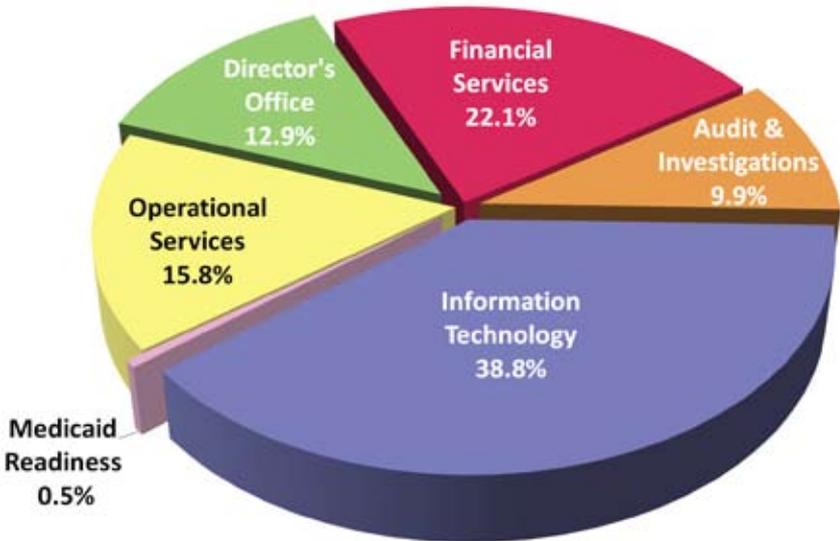


Authorized FTP: 283.5; Original SFY 2014 Appropriation: General Funds \$16.2 million, Total Funds \$37.9 million; 1.5% of Health and Welfare funding.

Indirect Support SFY 2014 Expenditure Categories



Indirect Support Spending



Medicaid Readiness is one-time funding of \$200,000 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 department services and programs. The Director's Office sets the tone for customer service and ensures implementation of the DHW's Strategic Plan.

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

- The Director;
- A Deputy Director responsible for Behavioral Health, Medicaid and Managed Care Services, 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

David N. 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 2013 award was \$1.24 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, reconciliations, 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-- Routes child care payments, energy assistance payments, and job search payment systems and vendor registration.

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;
- Payables Help Desk phone support;
- Navision research assistance;
- Electronic Benefit Transfer (EBT) support; and
- Invoice/payment audit.

Central Revenue Unit

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

Statewide billing and collection activities include, but are not limited to:

1. DHW's fee-for-service programs including:
 - Designated Exams, Department of Correction's evaluations, court testimony billings;
 - Medicaid's Certified Family Home licensing fees;
 - Criminal History Unit billing (including Adam Walsh background checks);
 - Bureau of Laboratories and Public Health District Services; and
 - Disability determination records requests.
2. Medical billing for services that are reimbursable through third-party insurers and/or Medicaid for:
 - Developmental Disabilities;
 - Infant Toddler Program; and
 - Adult & Children's Mental Health.
3. Overpayments, Civil Monetary Penalties and Misc. recovery include:
 - Provider & individual fraud (Welfare & Medicaid);
 - Foster care overpayments; and
 - Educational stipend defaults.

4. Interagency billings
5. Receipting & Posting activities for all of the above receivable accounts.

Employee Services

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

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

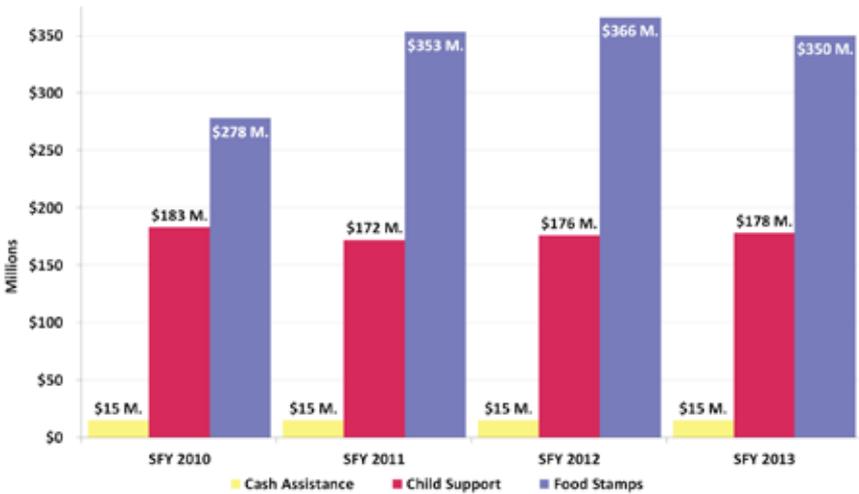
Electronic Benefit Transfer (EBT)

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. Although electronic payments associated with the Child Support program and cash assistance programs have stayed relatively even, there has been a decrease in electronic benefit payments associated with Food Stamp benefits. The Food Stamp benefit payments more than tripled over the previous five years, increasing from \$109 million annually in SFY 2008 to \$366 million in SFY 2012. During SFY 2013, the program experienced a 4.5 percent decrease to \$350 million.

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 Quest Card. Participants receiving cash benefit payments have the option of accessing their cash either on an EBT Quest Card, or the funds can be deposited directly into their personal bank account. Child support payments can be accessed with a Visa debit card or funds that 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.

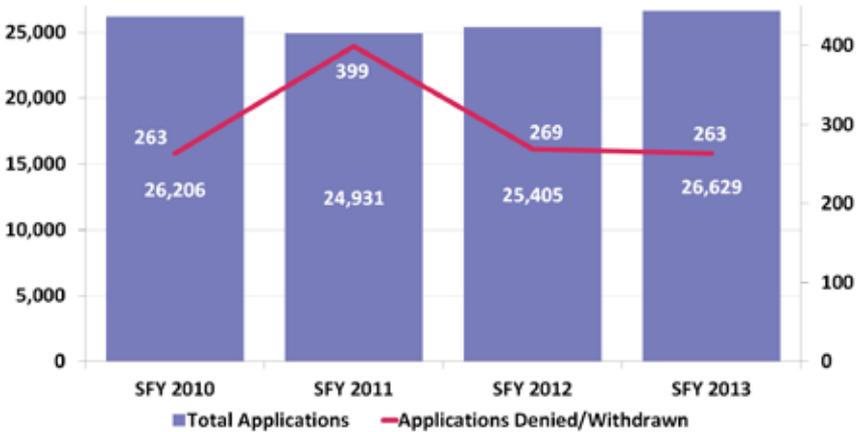
Criminal History Unit

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 Federal Bureau of Investigation 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 include 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>.

Criminal History Checks by Year



Fraud Analysis

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

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.

Internal Audit

This unit provides independent appraisals 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.

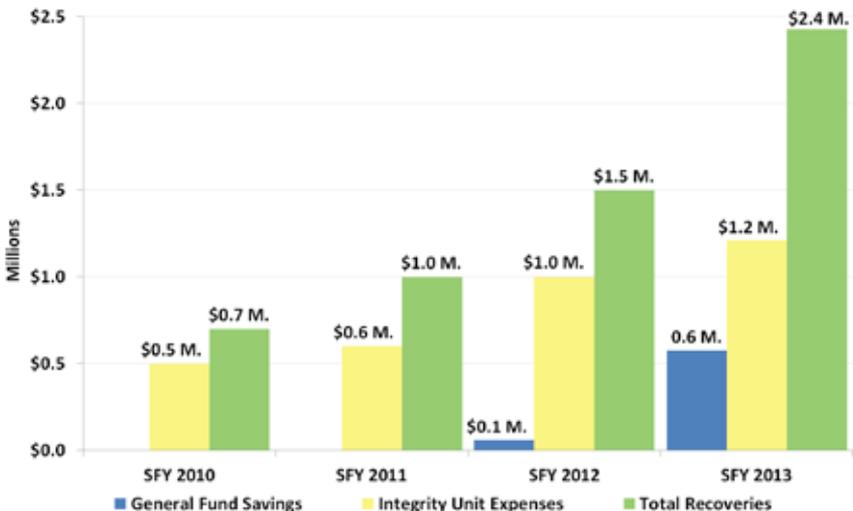
The Medicaid Program Integrity Unit

This 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 \$41,000 over costs and this year, that will increase to \$575,000.

Medicaid Program Integrity Unit



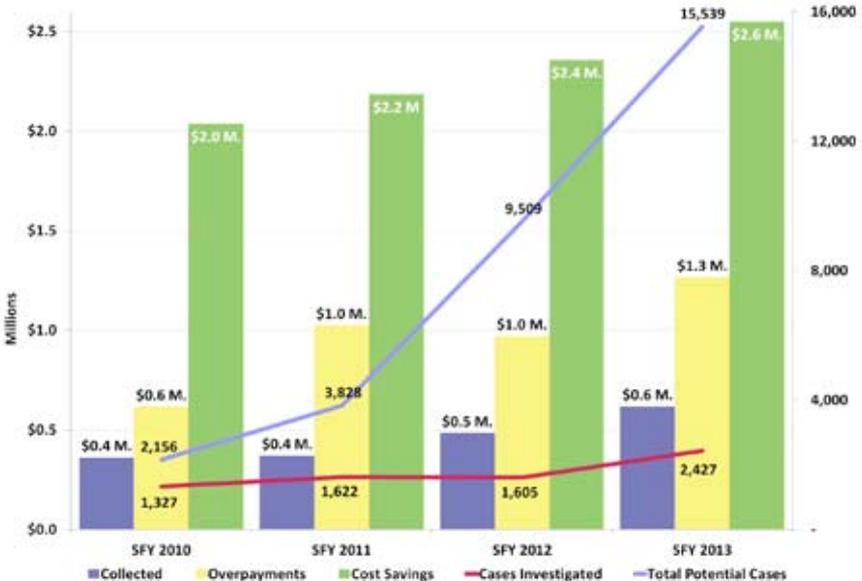
The Welfare Fraud Unit

This unit investigates allegations of welfare program fraud that include 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.

The unit traditionally receives approximately 3,000 complaints from the public each year, but data analysis has dramatically increased the number of potential cases. Data analysis has grown from 58 case leads in SFY 2010 to 15,539 in SFY 2013.

Because the number of case leads has grown faster than the department's ability to investigate, the Unit has developed methods to improve productivity. The average number of cases closed per investigator each year in which there was a prosecution, sanction, or overpayment grew from 213 in SFY 2010 to 399 in SFY 2013. Despite the continued growth in productivity, the investigators can only investigate 1 in 8 potential cases. As a result, Welfare Fraud is seeking to add new investigators and an investment into system improvements.

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 1,062 active contracts and sub-grants department-wide during SFY 2013, with a total value of over \$1.15 billion;
- 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 32 buildings totaling more than 618,000 square feet of space in collaboration with the Department of Administration;
- Manages the operation and care of eight DHW owned buildings totaling 80,000 square feet of space;
- Prepares and submits DHW's annual "Capital, Alterations and Repair" budget request to the Permanent Building Fund Advisory Council (PBFAC) and prepares agency project requests for legislative funding;
- Coordinates and manages all remodeling and alteration construction projects funded through the PBFAC or agency funds statewide;
- Assists and counsels the two state hospitals, Southwest Idaho Treatment Center and the State Laboratory on facility issues;
- Evaluates existing facility use through facility space reports and plans of future facility space requirements;
- Oversees building land sales, acquisitions and disputes;
- Coordinates and manages interoffice moves and relocations;
- Contracts telephone, power and data cable installations to ensure uniformity, adherence to DHW standards and cost controls;

- Manages non-VOIP telephone systems across the state;
- Manages purchases of all paper products, office supplies and postage;
- Administers purchases, 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;
- Manages statewide department inventory and disposal of surplus items; and
- Provides facility and operational support for regional staff in all regional offices. These include:
 - North HUB — Ponderay, Kellogg, St Maries, Coeur d'Alene, Moscow, Lewiston and Grangeville;
 - West HUB — Payette, Caldwell, Nampa, Boise-Westgate, Boise-Medicaid 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 include 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

- Coordinates DHW activities related to administrative hearings, public record requests, and record retention;
- Develops, implements, and maintains policies, procedures, and educational resources related to administrative hearings, public records, and record retention;
- 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 promote and protect the social, economic, mental and physical 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 internally and with 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;
- Implements the state's Information Technology Authority (ITA) directives, strategic planning and compliance; and
- Collaborates with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITA directives.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required 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 include:

- Statewide Technical Support/ITSD Consolidated Service Desk — Provides DHW staff with Level 1, 2 and 3 technical support services for all desktop or mobile 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 the 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
- Service Desk application support: Development and support for department Help Desks including development and maintenance of 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 management and standards;
- Computer forensics support;
- Database and data warehouse security;
- Video conferencing infrastructure deployment and support;
- Voice over Internet Protocol (VoIP) deployment and support;
- Network server build, deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server security vulnerability and updates 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);
- Provides support for data center facilities and associated computer systems including power, cooling and backup generator for emergencies
- Firewall administration and support; and
- Support for Bureau of IT Operations and Bureau of IT Applications
- Development and Support of all agency business offices and associated partnerships (Office of Drug Policy, Community Action Agency, Health Data Exchange, Commission for the Deaf, Blind and Hard of Hearing, etc.).

Bureau of Application Development and Support

The IT Application Development and Support (ADS) Bureau's primary responsibility is the operation, maintenance, and support of the department's business applications. ADS also is responsible for ongoing enhancements of existing applications, development of new business applications, integration of commercial off-the-shelf (COTS) products into the department's application framework and support of 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;
- 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 supports 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 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 maximize the business value delivered by IT investments.

Enterprise Services consists of the following areas of responsibility:

- Enterprise Architecture designs, develops, and maintains an Enterprise Model Framework as well as develops enterprise standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology and their

interrelationships.

- Project Management is responsible for managing large or enterprise-wide projects. This includes developing plans, managing project resources, assessing risk, collaborating with business units and external entities and developing and managing project contracts.
- Relationship Management works directly with DHW divisional business units with project identification, definition and priority. Manages business processes, requirements analysis and coordinates work with other IT bureaus to meet technology and automated system needs.
- Disaster Recovery & Continuity of Operations Planning develops and maintains a plan for long-term recovery of business functions as well as disaster recovery. Conducts exercises and testing of recoverability of technology.
- Audits, Policies & Procedures is responsible for DHW and ITSD information security policies and procedures to maintain compliance with federal laws regarding Personally Identifiable Information (PII), Personal Health Information (PHI), as well as information security related to Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), Social Security Administration (SSA), Office of Inspector General (OIG), etc., including state rules, regulations and guidelines.
- Social Media and DHW external web sites oversee DHW's social media sites in conjunction with the department's Public Information Office. Designs code and maintains all public facing web sites and content.

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

- Development and implementation of a Phase II for the Infant Toddler Web Enabled system (ITPKids), providing billing capability for services provided to developmentally disabled children and replacing an obsolete mainframe application;
- Completed the re-write of the Vital Statistics Receipting System, replacing old technology not capable of functioning with newer workstation and server technology and improving accounting procedures of tracking purchases and faster processing of requests;
- Replaced the Welfare Fraud Investigative Tracking System (FITS) with a browser-based system eliminating their dependency on antiquated non-supported technology;
- Implemented QFlow electronic lobby management software for Self Reliance, improving customer service to individuals seeking assistance;

- Began migration of source code to Team Foundations Server which provides source code management, deployment and project management in one package;
- Performed a major upgrade to Application Xtender, the framework on which the Child Support and benefits document management system is built;
- Redesigned of the current SharePoint environment to enhance statewide performance, facilitate backup efficiencies and prepare the environment for the SharePoint 2010 upgrade to better serve DHW and external business partners;
- Implemented a Knowledge Management system for the Division of Public Health and their partners providing long-term care and home care;
- Developed a web application to manage and track grant funding;
- Completed the modification of the Electronic Random Moment Time Study (ERMTS) system to accommodate a 72-hour response period;
- Upgraded all DHW computers to Microsoft Office 2010 and provided training assistance allowing an increase in productivity for workers and greater compatibility with outside partners;
- Replaced all Windows XP computers with Windows 7 to improve efficiency, lower support costs and provide compatibility with newer hardware and software;
- Deployed and implemented network infrastructure at a DHW co-location site to provide critical information systems fail-over for disaster recovery and business continuity; and
- Achieved major progress in upgrading more than 200 SQL Server databases to SQL2012 high availability clusters with automatic failover to the DHW co-location site for business continuity and disaster recovery.

Accomplishments directly associated with protecting health and safety

- Completion of Phase II of the Health Alert Network, enhancing messaging capabilities to ensure that health alert messages are swiftly and reliably delivered;
- Migration of the Family Oriented Community User System (I-Care) from Natural/Adabas on the State Controller's IBM mainframe to SQL Server, providing the foundation of easier access to data by child protection social workers and the ability to move toward a web-enabled user experience;
- Began the second year of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing & tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology;
- Deployment and implementation of Cisco Contact Center Enterprise to support Child Protection Services consolidated call center VoIP services and advanced call routing and reporting features;

- Developed a web-based Significant Event Reporting System for State Hospital North to help manage client/staff safety and meet federal requirements;
- Completed major enhancements to Women's Health Check to improve federal reporting of women's health issues and program management;
- Rewrote the Vital Statistics Foreign Born Adoption, Putative Father and Voluntary Adoption registries as browser-based systems allowing a seamless transition to newer operating systems;
- Implemented the State and Territorial Exchange of Vital Events (STEVE) for Vital Statistics allowing electronic submission of births, deaths and still births occurring to citizens in their non-resident state;
- Deployed the bi-directional laboratory interface module for State Hospital South improving timeliness of lab results for hospital clients;
- Implemented a collaborative external site for Medicaid's Medical Home Project site in support of the Governor's executive order for the Affordable Care Act; and
- Upgraded the Enhanced HIV/STD reporting System (eHARS) to the latest version.

Initiatives to "Go Green"

- Conversion of DHW printers to default to duplex printing, providing both financial savings and reducing the use of paper;
- Virtualization of servers to reduce the overall number of physical devices on the network to reduce power and cooling requirements;
- Migrated from paper to electronic record repositories in SharePoint for Adoption, Child Welfare and Laboratory records; and
- Developed and implemented a touch screen scanning solution to allow Emergency Medical Services to back-scan documents and link them to their existing automation, and provide scanning of all future documents. This reduced paper documentation and document storage in addition to providing quicker access to information.
- Implemented Fax over Internet Protocol (FoIP) technology to replace legacy analog fax machines and integrate with Enterprise messaging. FoIP allows DHW to realize savings by reducing the number of analog telephone lines and printing of paper faxes.

Completed Projects and Initiatives

- Legacy report applications, Significant Event Reporting System (SERP), the Service Integration automated system, and others are now generating reports out of the Data Warehouse;
- Hub-centric data marts were added for the Idaho Child Support Enforcement System;
- Phase 1 of the Longitudinal Data mart reporting, dashboards and data analytics was completed;
- vxVistA Mental Health Suite (VxMHS) interface for treatment planning was implemented at State Hospital South in December 2012;

- Integration of data marts into the Data Warehouse for state hospitals North and South, the Substance Use Disorders Program, Business Psychology Associates reporting, Treatment Episode Dataset (TEDS) and Data Infrastructure Grant (DIG) reports, in addition to Adult and Children's Mental Health programs are complete; and
- EPS Data Warehouse development was completed as were enhancements to the FISCAL data mart.

Current Projects and Initiatives:

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

- Idaho Electronic Health Record (EHR) Incentive Management System, Year 3 – Customization and localization of a 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;
- Oryx Replacement – Replace the existing MS Access application with a web-enabled solution. ORYX is the Joint Commission's performance measurement and improvement process that integrates outcomes and other performance measure data into the accreditation process;
- Health Alert Network (HAN) Phase 3 – 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 the Centers for Disease Control and Prevention;
- AIDS Drugs Assistance Program (ADAP) Replacement – Deploy a maintainable, supportable web-based system using current technology to replace aged software and provide greater accuracy of data collection and reporting;
- LANDesk Total User Management System – Implement LANDesk Total User Management System including Service Desk and Mobility Manager providing increased functionality, estimated to provide annual savings of \$50,000;
- Voice over IP (VoIP) Conversion – Replace aging/obsolete NEC PBX telephone system and PBX-based telephones with Cisco VoIP unified communications system. This will provide the voice communications technology to integrate with advanced Unified Communication services;
- Vital Statistics Electronic Birth Certificate Rewrite – Replace obsolete, unsupported third party software with a supportable, maintainable solution;
- Uniform Assessment Instrument Re-Write – replace the old Visual Basic application with a solution that includes streamlined functionality and is based on current mobile computing technologies;
- National Electronic Disease Surveillance System (NEDSS)/Laboratory

Information Management System (LIMS) – Enhance the systems to support additional electronic lab reporting capabilities, additional reporting capability, and electronic health record extensions;

- Bi-directional laboratory interface module for State Hospital South implementation is scheduled for August 2013;
- 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) – Phase 2 longitudinal Data Mart reporting is in process for the Division of Welfare with the focus on program and sub-program breakouts;
- Enhancement to the Children's Special Health Program automated solution; and
- Data Governance– Implement a data classification solution to manage data based on its level of sensitivity and to manage data classification compliance regulations and safeguards.

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: The Medicaid readiness project began in February 2012 and is slated to deliver the State Based Marketplace (SBM), Modified Adjusted Growth Income (MAGI) rules, and a streamlined online Medicaid application on October 1, 2013. 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. In addition to the features identified above, active enrollment and the processing of early enrollment records will be implemented in January 2014.

Replacement Strategy: The Medicaid Readiness project began in February 2012. Estimated costs for FY14 are \$10.3 million; 90 percent of which is funded by the federal government.

Mainframe Migration

Function: DHW currently utilizes the IBM mainframe located at the State Controller's Office to host multiple applications for business programs. Efforts began to convert and re-host these mainframe applications in a Windows environment at DHW.

Status: The existing mainframe applications will be converted and migrated in three groups. Conversion of group one, the state financial systems, began in July 2013. Group two contains multiple systems including the Electronic Payment system, Vital Statistics, Low-income Heating and Energy Assistance program, among others. Group 2 efforts began in September 2013. Group 3, Idaho Child Support Enforcement system (ICSES) conversion will start in December 2013.

Replacement Strategy: Migration of DHW mainframe applications began in July 2013 and will be completed in June 2015. Conversion of the applications will be managed in three groups and save the business programs over \$3.8 million in mainframe charges.

Enterprise SharePoint 2010

Function: DHW has historically used the free version of Microsoft SharePoint for its Intranet solution. The needs of the department continue to grow and include secure external document sharing with external partners. To meet the ever-growing needs, DHW must replace and upgrade to the Enterprise SharePoint version.

Status: Replacing and upgrading the department Intranet environment began in October 2013. Project completion is targeted for March 2015 with the delivery of external components to allow collaboration with department partners.

Replacement Strategy: The SharePoint 2010 project is will be implemented in two phases. The initial phase includes the upgrade of the current Intranet environment and provides tools that will allow greater functionality for the programs and decrease dependence on IT development staff. Phase two will add components allowing secure document sharing with external partners.

Council on Developmental Disabilities

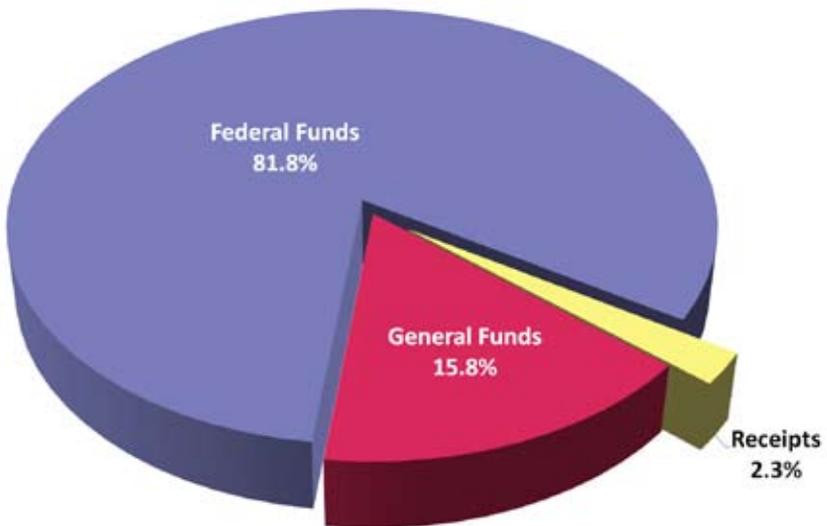
Marilyn Sword, Executive Director, 334-2178

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.

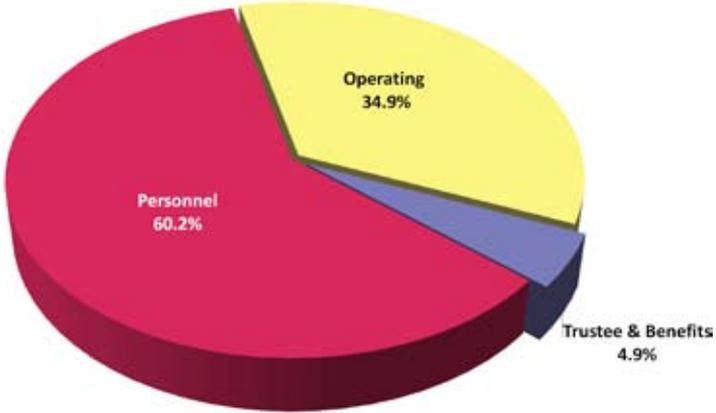
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities SFY 2014 Funding Sources



Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 6; General Funds \$101,400; Total Funds \$640,300.

SFY 2014 Expenditure Categories



Council Initiatives

The Council is just completing the second year of its current 5-year strategic plan. Many of the Council projects are multi-year efforts involving systems change. The activities the Council has engaged in for federal fiscal year 2013 include:

Education

The Council's Inclusive Education Project (InED) was originally aimed at identifying at least three schools across the state and providing them with information, technical assistance, and resources to enhance their inclusive practices. Because of the pressure on schools to plan for the roll out of Common Core, in combination with staff cuts in school districts across the state, the project has shifted its focus. The Task Force of stakeholders has opted to engage in a video challenge project that supports secondary students to develop short videos of what inclusion means to them, which will then be used in a variety of venues.

In terms of teacher preparation, the Task Force is supporting a service learning curriculum at BSU that also focuses on inclusion. A new InED web page has been added to the Council's web site, offering links to research and resources from across Idaho and the nation. An analysis was done of the parent survey conducted in 2012 and that information will also be available on the web page, which can be found at: www.icdd.idaho.gov/projects/inclusive-education-network.html

In addition, the Council provided staff support, workshops and funding for the ninth annual Tools for Life conference held this year in Boise. It was attended by 290 people, including 134 students and 41 family members. The Council serves on the Interagency Council on Secondary

Transition, the Special Education Advisory Panel and the Early Childhood Coordinating Council. The Council presented its 2013 Inclusion in Education award to Matt Hellhake, a biology teacher at McCall-Donnelly High School.

Public Awareness

For the third year, the Council played a major role in providing a series of six Disability Advocacy Day legislative trainings held across the state and attended by 125 people; four workshops were for the general public and two specifically for people with disabilities. The Council also helped coordinate the Disability Day at the Capitol held during the legislative session. This provided an opportunity for the 14 participating CID organizations to share information with legislators about their programs and services.

Throughout the year, the Council provided a wide range of information to the public through its 2012 Annual Report, email listservs, web site and Facebook page. During March, daily postings on the Council's Facebook page emphasized Disability Awareness Month. The 2013 Community Inclusion Award was given this year to the Boy Scout Troop 325 in Moscow.

Self-Determination

The Idaho Self Advocate Leadership Network (SALN) is an independent non-profit organization with its own support staff, funded primarily by a grant from the Council, which was extended for a second year. SALN holds regular meetings and is focusing on chapter development and community activities. I

In May, the Council, in partnership with several co-sponsoring organizations, held the second Statewide Self Advocacy Conference at the Centre on the Grove in Boise. Attended by 165 people, this conference was planned, implemented and attended by people with developmental disabilities. Keynote presenters were Joelle Brouner of the Washington Rehabilitation Advisory Council and Tracy Thresher and Larry Bissonnette, two gentlemen with autism from Vermont, along with their support staff Harvey Lavoy and Pascal Cheng. The final report on the conference as well as photos and video clips are on the Council web site. The Council sits on the Medicaid Quality Improvement Committee for Self Directed Services.

Transportation

The Council has been an active member of the Interagency Work Group on Public Transportation (IWG) representing the concerns of transportation users with disabilities.

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. To inform the Employment First Consortium's work, the Council contracted with the Institute on Community Inclusion of the University of Massachusetts to gather data regarding flexible employment funding policies nationally. Costs for that contract were shared with the State Independent Council. The Council was selected to be part of the Community of Practice for the Employment Learning Community. This means that Idaho will receive technical assistance from national subject matter experts.

The Council sponsored "It's My Business Expo" at the Tools for Life Conference. Eight entrepreneurs with disabilities participated.

Disability Mentoring Day events took place in Moscow, Twin Falls, and Idaho Falls in October. More than 135 students were mentored by 95 employers. The Council awarded a grant of \$1,000 to planning teams in each of these areas to implement their Disability Mentoring Day activities.

Community Supports

The Council continues its work facilitating the Collaborative Work Group on Adult DD Services, a large committee made up of a variety of stakeholders working together to improve the service system for adults with developmental disabilities. Group members conducted research on systems in nine states and strategies to address managed long term services and supports have been studied. An introductory report on the group and its work was presented to the Senate and House Health and Welfare Committees during the 2013 legislative session.

The Council also provided \$4,500 to support the Human Partnerships conference in October 2012. There were 538 attendees, 31 workshops/presentations, 28 presenters, and 18 sponsors. This conference continues to be the largest training for direct support staff in the state.

The Council coordinated the September 2012 Western States DD Network Summit which was attended by 72 people from eight western states. The Commissioner of the Administration on Intellectual and Developmental Disabilities was the keynote presenter and there were several interactive sessions aimed at assisting western DD network agencies as they develop and support inclusive communities.

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

Council on Domestic Violence and Victim Assistance

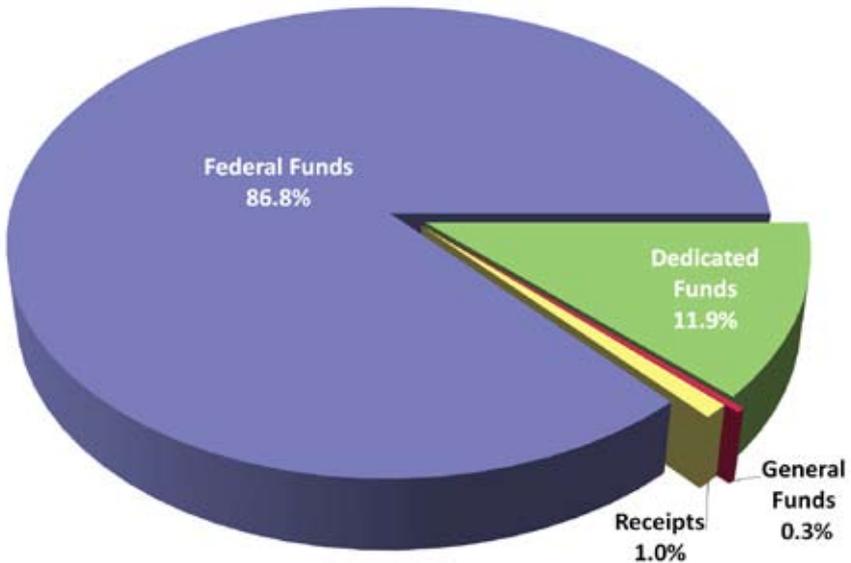
Luann Dettman, Executive Director, 332-1540

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.

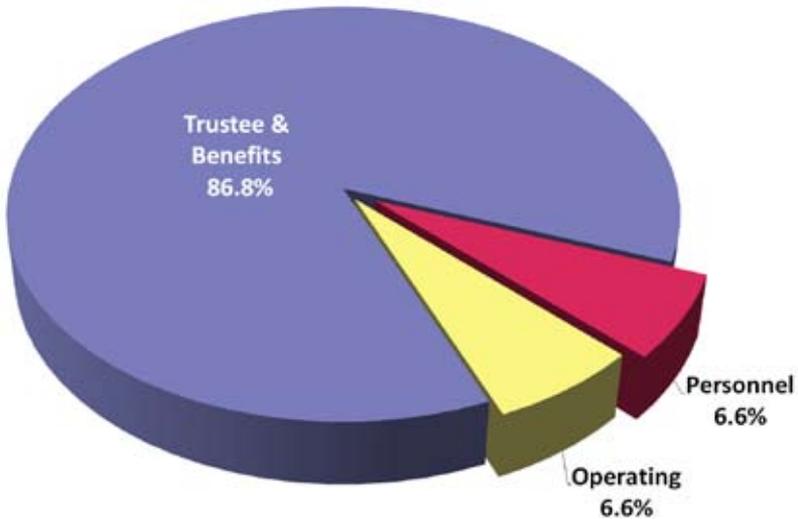
In addition, the council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance SFY 2014 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 3; General Funds \$13,200, Total Funds \$4.1 million.

Council on Domestic Violence and Victim Assistance SFY 2014 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 40 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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