



# FACTS • FIGURES • TRENDS 2008-2009



IDAHO DEPARTMENT OF  
HEALTH & WELFARE





## A Message from our Director, Richard M. Armstrong



Every year, 'Facts, Figures and Trends' reveals the many faces of people served through Department of Health and Welfare programs. Traditionally, many of these services helped our most vulnerable citizens -- children, people with mental illnesses, the elderly. This hasn't changed. What is changing are growing numbers of people and families coming through our doors today looking for assistance because of national economic conditions.

Many of our programs serve as a safety net, offering short-term support for families who are facing crisis situations. We call these Self-Reliance services, for they are meant to provide supports to help people get back on their feet, to work and be self-sufficient. In recent years, the number of people accessing Self-Reliance services has been relatively stable. This is changing.

Today, we are at an all-time high in Food Stamp enrollments in the state, with forecasts for continued growth. Many of the people seeking help have never been out of work before, nor have they ever applied for public assistance. Until now, these people have always been independent and self-supporting.

With more people seeking assistance, the stresses placed on individuals and families can be overwhelming. These pressures precipitate additional demands for our agency's services; substance use disorder and mental health services, along with child welfare, child support and other self-reliance assistance. Now, more than ever, department programs will be critical to help maintain and preserve families during these difficult times.

We know there will be challenges in the months ahead for all of us. The growing service demands come at a time when we are faced with declining state revenues, compounding the economic situation. One of our agency's main challenges will be finding innovative ways to serve a growing number of people seeking assistance, while maintaining high quality customer service. This will be a challenge, but one we are dedicated to as we support Idaho families through these difficult times.

Sincerely,

A handwritten signature in black ink, which appears to read "Richard M. Armstrong". The signature is fluid and cursive, written over a white background.

## 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 we budget our monies. This guide is not intended to be a comprehensive report about the Department of Health and Welfare, but it should answer many frequently asked questions.

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

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

**Goal 1: Improve the health status and safety of all 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, giving a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, health care, job training, and cash assistance to get families back on their feet and become self-reliant members of our communities. Staff in all our divisions depend on one another to do their jobs in helping families solve their problems so we can build a healthier Idaho.

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## Our Organization

The Department of Health and Welfare serves under the leadership of the Idaho Governor. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor.

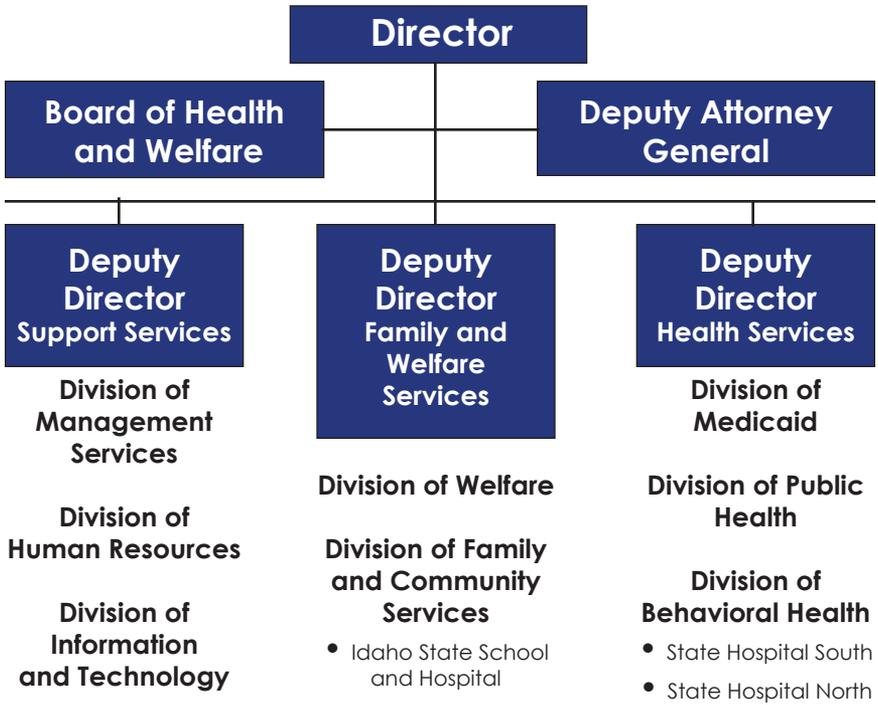
Our agency is comprised of eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Management Services, Human Resources, and Information and Technology. Each division provides services or partners with other agencies and groups to help people 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 divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology and Food Protection, Laboratory Services, and Women, Infants, and Children (supplemental nutrition).

Regional Directors help carry out the mission of the department. They work with community leaders and groups to develop partnerships and community resources that help more people than the department could by itself. They also are our director's community representatives and are geographically located to serve each area of the state.

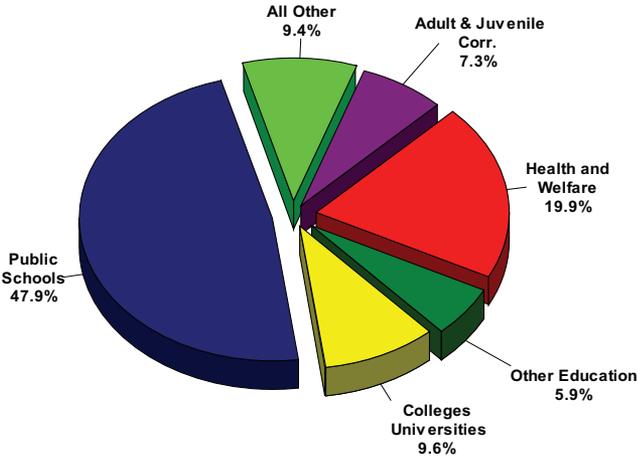
Region	Location	Director	Telephone (Area Code 208)
Region 1	Coeur d'Alene	Karen Cotton	769-1515
Region 2	Lewiston	Tanya McElfresh	799-4400
Region 3	Caldwell	Ross Mason	455-7106
Region 4	Boise	Landis Rossi	334-6747
Region 5	Twin Falls	John Hathaway	736-3020
Region 6	Pocatello	Nick Arambarri	235-2875
Region 7	Idaho Falls	Michele Osmond	528-5789

# Organizational Chart

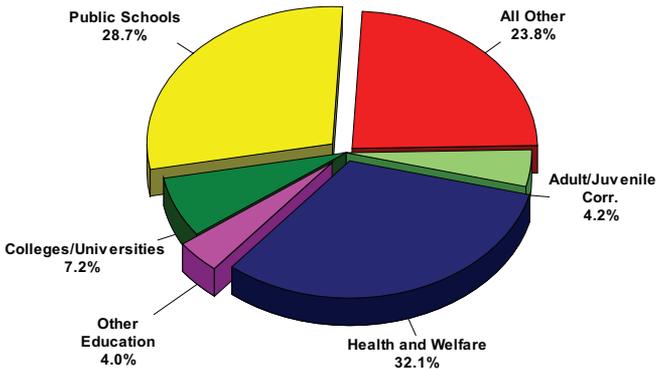


# Total State SFY 2009 Appropriations

## 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 2009 Financial Data Summary

In Millions

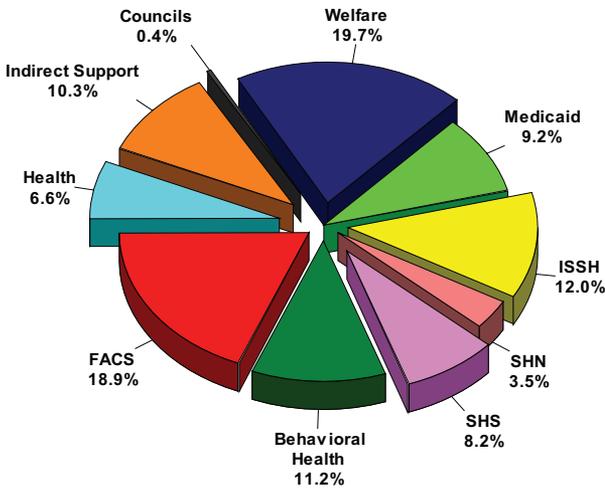
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,418.54	47.9%	1,695.95	28.7%
Colleges, Universities	285.15	9.6%	422.90	7.2%
Other Education	175.11	5.9%	237.14	4.0%
Health & Welfare	587.28	19.9%	1,893.61	32.1%
Adult & Juvenile Corrections	215.94	7.3%	248.01	4.2%
All Other Agencies	<u>277.26</u>	<u>9.4%</u>	<u>1,407.66</u>	<u>23.8%</u>
<b>Total</b>	<b>\$2,959.28</b>	<b>100.0%</b>	<b>\$5,905.27</b>	<b>100.0%</b>

## Appropriated Full-Time Positions

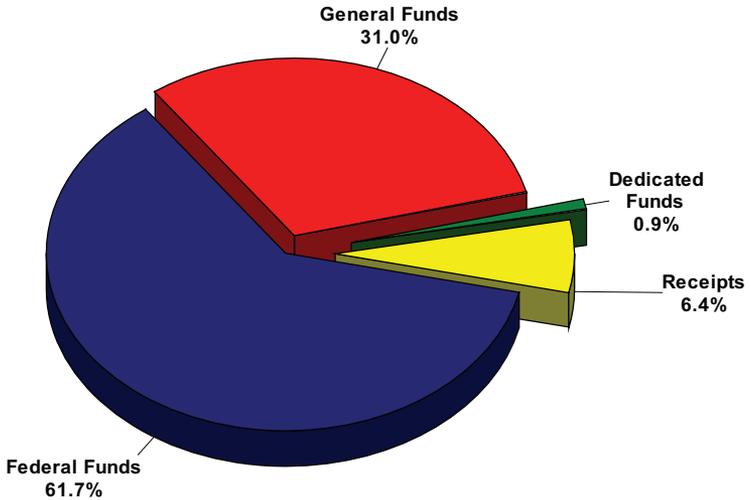
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has grown less than five percent over the last four years, although most program caseloads have increased significantly during the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



SFY 2009 FTP Distribution - Department of Health & Welfare



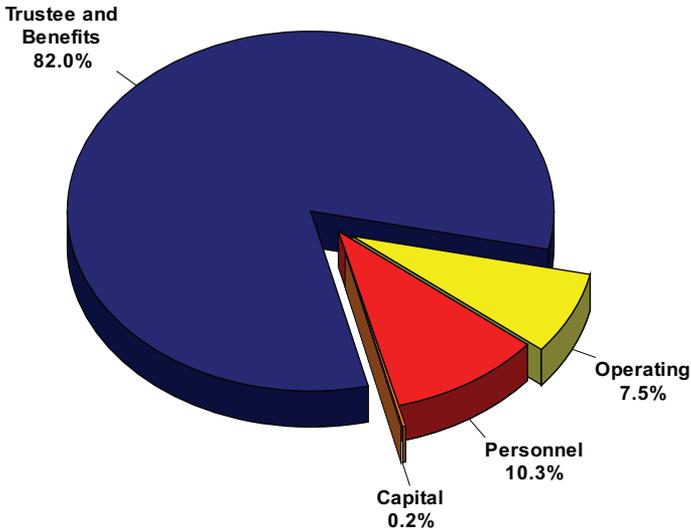
## SFY 2009 DHW Appropriation Fund Source



## Financial Data Summary

Fund Source	Amount
General Fund	\$ 587.3 Million
Federal Funds	1,167.0 Million
Receipts	121.8 Million
Dedicated Funds	
Domestic Violence	\$ 497,100
Cancer Control	405,100
Emergency Medical	2,628,200
Central Tumor Registry	182,700
Medical Assistance	6,000
Alcohol Intoxication Treatment	3,232,900
Liquor Control	650,000
State Hospital South Endowment	1,329,000
State Hospital North Endowment	815,200
Prevention of Minors' Access to Tobacco	50,000
Access to Health Insurance	3,580,700
Court Services	266,700
Millennium Fund	1,481,100
Community Health Center Grant	1,000,000
EMS III	1,400,000
Total Dedicated Funds	\$17.5 Million
<b>Total</b>	<b>\$1,893.6 Billion</b>

## FY 2009 DHW Appropriation by Expenditure Category

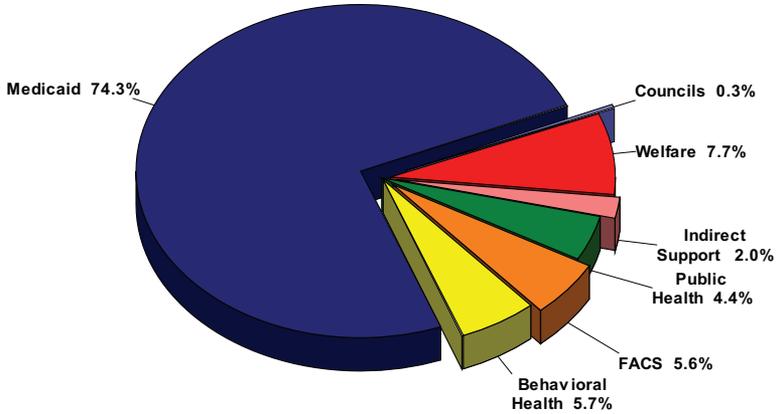


### Financial Data Summary

By Object	Amount
Trustee and Benefits	\$1,552.3 Million
Personnel Costs	195.7 Million
Operating Expenditures	142.8 Million
Capital Outlay	<u>2.8 Million</u>
<b>Total</b>	<b>\$1,893.6 Million</b>

- The appropriation for benefits for Idaho citizens increased more than \$110 million from SFY 2008.
- Trustee and Benefit payments make up 82 percent of the department's budget. These are cash payments to participants, vendors providing services directly to participants, government agencies, non-profits, etc.
- Health and Welfare purchases services or products from nearly 14,000 companies, agencies or contractors, and over 11,000 Medicaid providers.

# Original FY 2009 DHW Appropriation



By Division	FTP	General	Total
<b>Welfare/ Self-Reliance</b>	<b>617.70</b>	<b>\$ 44,780,600</b>	<b>\$ 145,897,600</b>
<b>Medicaid</b>			
Low-income children/ working age adults		95,044,000	367,362,600
Individuals w/Disabilities		172,551,400	568,325,000
Dual Eligible		116,503,400	404,299,100
Administration	<u>290.00</u>	<u>18,394,000</u>	<u>67,259,100</u>
<b>Total Medicaid</b>	<b>290.00</b>	<b>\$ 402,492,800</b>	<b>\$ 1,407,245,800</b>
<b>Family and Community Services</b>			
Child Welfare	398.17	13,778,500	33,390,300
Foster/Assistance Payments	0.00	13,019,100	27,382,700
Service Integration	27.00	962,500	2,594,300
Developmental Disabilities	167.92	9,179,100	17,881,800
Idaho State School & Hospital	<u>375.53</u>	<u>5,850,200</u>	<u>25,740,800</u>
<b>Total FACS</b>	<b>968.62</b>	<b>\$ 42,789,400</b>	<b>\$ 106,989,900</b>
<b>Behavioral Health</b>			
Community Mental Health	0.00	3,140,000	3,140,000
Adult Mental Health	234.44	16,320,900	22,475,800
Children's Mental Health	91.55	8,784,500	14,898,500
Substance Abuse	15.64	18,200,300	33,901,300
Community Hospitalization	0.00	2,160,400	2,160,400
State Hospital South	259.22	12,557,300	21,570,800
State Hospital North	<u>109.39</u>	<u>8,006,800</u>	<u>8,965,100</u>
<b>Total Behavioral Health</b>	<b>719.24</b>	<b>\$ 69,170,200</b>	<b>\$ 107,111,900</b>
<b>Health</b>			
Physical Health	134.33	7,829,100	73,029,400
EMS	28.76	2,600	6,219,600
Laboratory Services	<u>42.54</u>	<u>1,957,400</u>	<u>4,461,600</u>
<b>Total Health</b>	<b>205.63</b>	<b>\$ 9,789,100</b>	<b>\$ 83,710,600</b>
<b>Indirect Support</b>	<b>323.48</b>	<b>\$ 17,950,300</b>	<b>\$ 37,816,800</b>
<b>Councils/Commissions</b>	<b>12.00</b>	<b>\$ 305,500</b>	<b>\$ 4,839,700</b>
<b>Department Totals</b>	<b>3,136.67</b>	<b>\$ 587,277,900</b>	<b>\$ 1,893,612,300</b>

## **Division of Medicaid**

***Leslie Clement, Administrator, 334-5747***

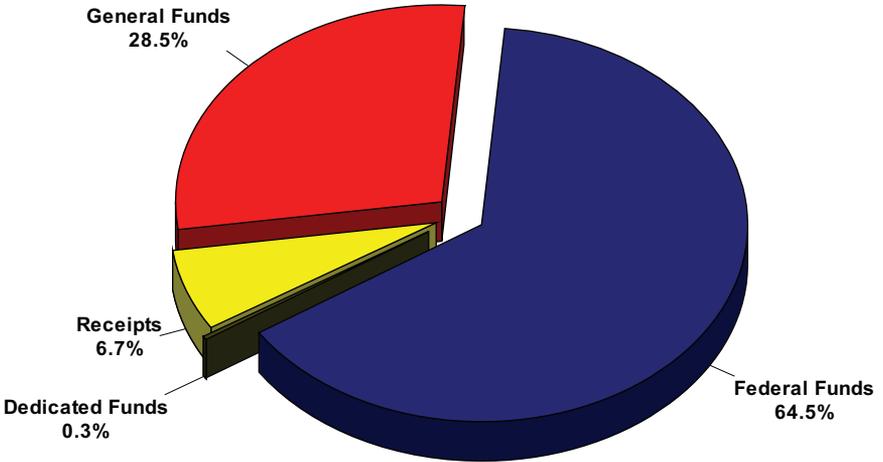
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to a health insurance company. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

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

The Division of Medicaid has the largest appropriation in the department with an original SFY 2009 total appropriation of \$1.4 billion. This funding is composed of approximately 64.5 percent federal money, 28.5 percent state general funds, and 6.7 percent receipts. Receipts have become an increasingly important part of Medicaid's annual budget, providing \$74 million in the SFY 2008 budget. Receipts include \$42 million in rebates from pharmaceutical companies, \$11.1 million from audit settlements with various health care provider agencies and companies, and nearly \$8.5 million from estate recovery. Less than five percent of total spending is spent on administration while 95.4 percent is paid to service providers.

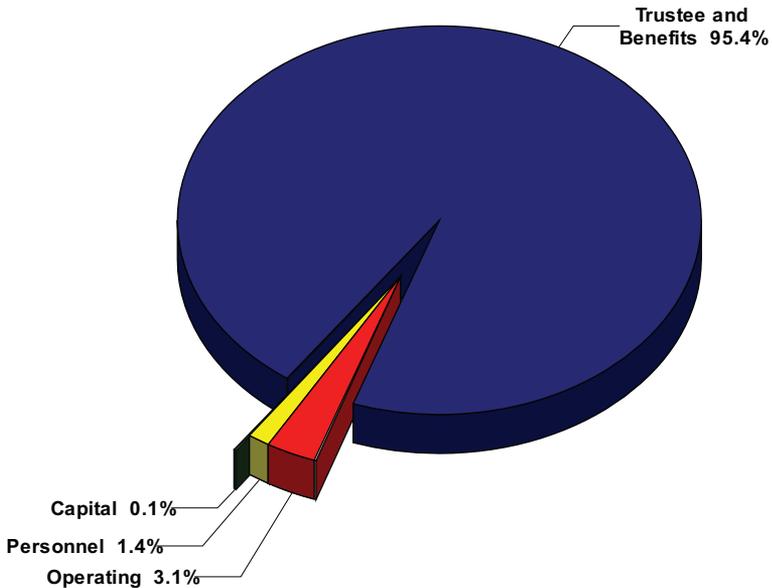
Funding Medicaid is a joint federal and state partnership. In SFY 2009, the federal match rate is 69.79 percent, about the same as in SFY 2008 (69.99 percent) for payment of most benefits.

## Medicaid SFY 2009 Funding Sources



*Authorized FTP: 290; Original Appropriation for 2009 — General Fund: \$402.5 million; Total Funds: \$1.41 billion; 74.3% of Health and Welfare funding.*

## Medicaid SFY 2009 Expenditure Categories



## SFY 2008 Medicaid Highlights

With the continued support of the Governor's office and legislators, the Division of Medicaid has continued implementing Medicaid reform initiatives made possible by the increased flexibility given to states under the Federal Deficit Reduction Act (DRA). Prevention and wellness, appropriate coverage based on need, and community partnerships for savings and efficiencies continue to be the basis for changes in the Idaho Medicaid program.

**Benchmark Benefit Plans:** Idaho Medicaid successfully completed implementation of the three benchmark plans in June 2008. Medicaid participants are now receiving services from the plan that best suits their medical needs.

**Prevention and Wellness:** Medicaid reform includes expanded coverage to provide all adults with annual health exams. Approximately 5,500 eligible adults took advantage of this benefit in SFY 2008.

The reimbursement rate for well-child visits was increased to align with commercial health plan rates. Approximately 54,000 children have received well-child exams during the past year.

The new preventive health coverage that was added to help individuals lose weight and quit smoking was successful with 631 individuals participating in a weight management program and 231 in a program for smoking cessation.

**Providing Opportunities for Employment:** Medicaid for Workers with Disabilities (Medicaid Buy-In) allowed individuals to work, or work extended hours, without losing Medicaid coverage by paying a portion of their health care costs through premiums. The first year participation in this program was 593 individuals.

**Long-term Care:** In 2008, the AARP Public Policy Institute recognized Idaho as one of the top 10 states in the country to rebalance its long-term care services, allowing seniors to remain in their homes longer by providing in-home services. Compared to the U.S. average, Idaho allocates a greater percentage (38 percent) of its Medicaid long-term care spending for older people and adults with physical disabilities to home and community-based services, which provide significant cost-savings over skilled nursing level of care. The number of Medicaid participants receiving home services tripled between 1999 and 2004, while the number of participants in nursing facilities remained almost flat.

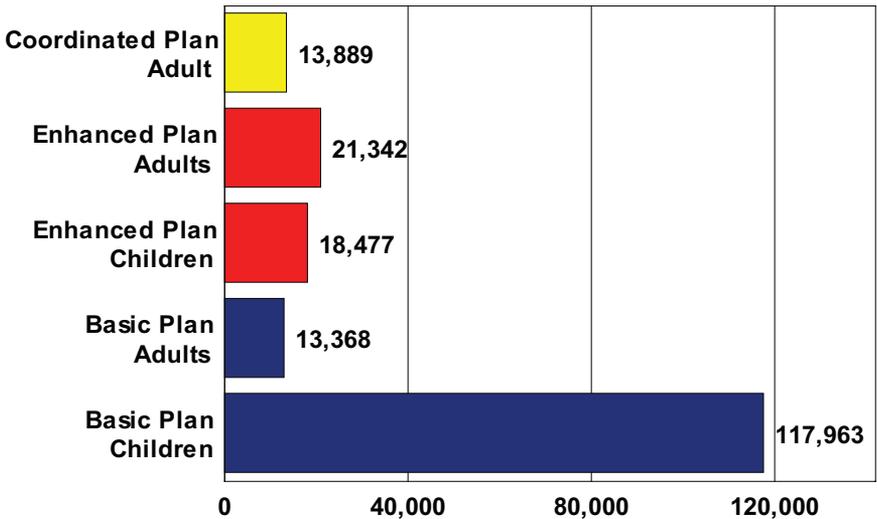
## Medicaid Enrollment and Expenditures by Benchmark Plan

Total enrollment remained constant from SFY 2007 to SFY 2008 with approximately 185,000 participants. Participants in the Basic Plan are the largest group of Medicaid enrollees. Almost 90 percent of people in the Basic Plan are children. The cost per month for each child on the Basic Plan was \$141 per month in SFY 2008, with the cost for each adult in the Basic Plan averaging \$567 per month.

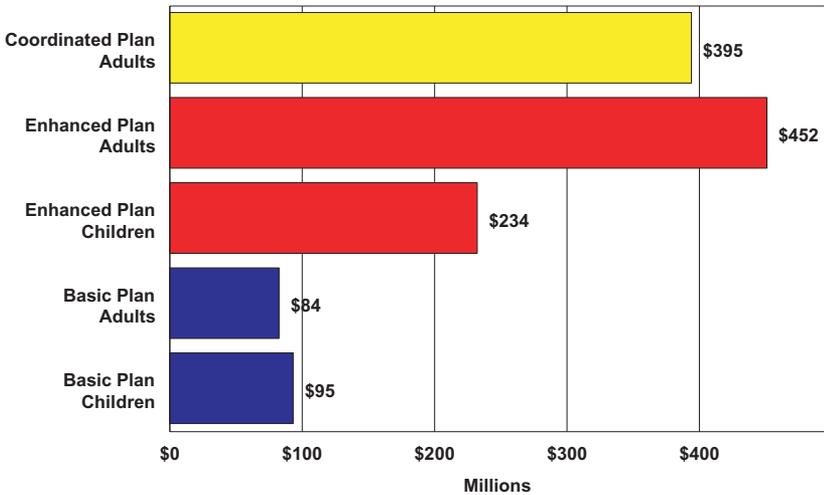
By comparison, 21.5 percent of the participants qualify for Enhanced Plan benefits and cost \$1,085 per member per month for each child, and \$1,666 per member per month for each disabled adult.

The expenditures for the 13,889 dual eligible participants who qualify for Coordinated Plan benefits totaled \$395 million with an average monthly expenditure of \$1,242.

**SFY 2008 Enrollees**  
Average Monthly Eligibles

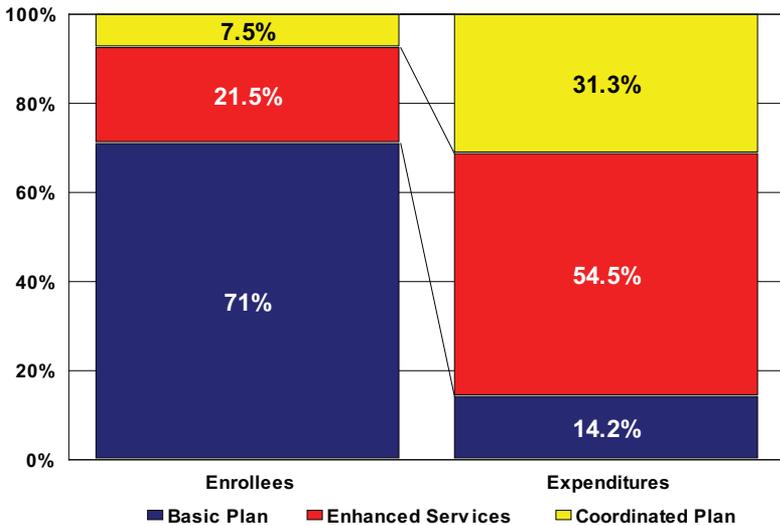


### SFY 2008 Expenditures



### Enrollment and Expenditures Comparison

Basic Plan participants reflect over 70 per cent of enrollment, but just over 14 per cent of the costs. Enhanced Plan participants have more intense needs, both for behavioral health and for medical services. While they reflect a smaller percentage of overall enrollments, their costs are significant. The same is true for the dual eligibles that have significant chronic care and long-term care service needs.

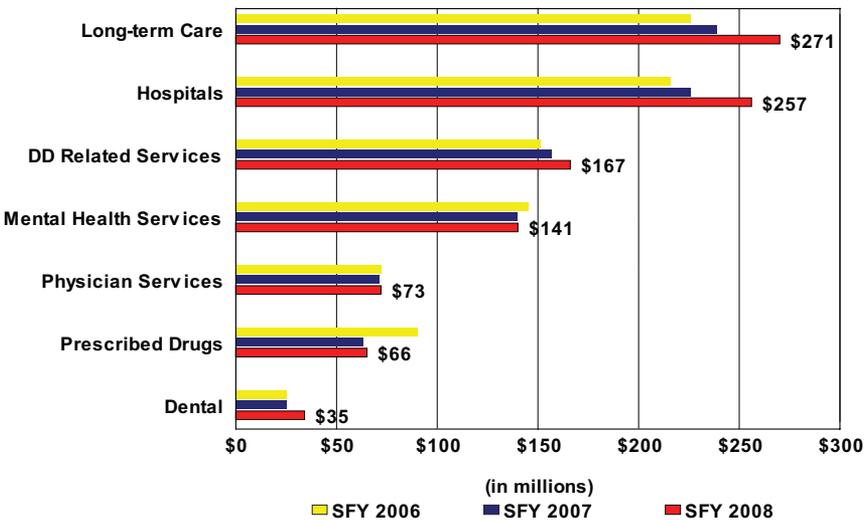


## Medicaid Expenditures for Services

Long-term care expenditures were the most costly service in Medicaid, with \$271 million spent in SFY 2008, up \$28 million from SFY 2007. Hospital service expenditures were second highest with \$257 million, which is a \$29 million annual increase. Developmental disability services ranked third with a cost of \$167 million, followed by mental health at \$141 million, physician service expenditures at \$73 million, and non-psychotherapeutic pharmacy at a cost of \$66 million.

Medicaid fully implemented the Medicare Part D prescription drug program during SFY 2007, which appeared to dramatically reduce Idaho Medicaid's drug purchases. Due to the funding mechanisms used by the federal government, the decline in SFY 2006 was slight, as we had to pay the "clawback," which is a 100 percent general fund payment. The total net drug cost, after compensating for the clawback and rebates, actually increased 5.6 percent from SFY 2006 to SFY 2007. Other spending categories remained stable or increased at a normal rate.

**Top 7 Spending Categories**  
(in millions)



# Medicaid Initiatives

## Premium Assistance

In addition to the Benchmark Benefit Plans, the state of Idaho offers two premium assistance programs to support the purchase of private health insurance. Currently, 528 individuals have insurance coverage through these two programs.

### Children's Access Card

The Access Card helps families buy health insurance for qualifying children. The Access Card is a premium assistance program administered in partnership with Idaho insurance carriers. An eligible child qualifies for up to \$100 a month in premium assistance. Families with three or more eligible children may receive up to \$300 a month. Children in families whose income is between 133 and 185 percent of federal poverty guidelines may be eligible. Parents are responsible for premium payments, co-pays and deductibles.

### Access to Health Insurance

Access to Health Insurance helps employees of small businesses and their families enroll in employer-sponsored insurance. It provides premium assistance of up to \$100 per-month, per-person, to qualified employees, their spouses, and their minor children, with a maximum premium assistance of \$500 per-month, per-family.

## Preventive Health Assistance

### The Benefit

Preventive Health Assistance (PHA) is an Idaho health plan benefit that encourages healthy behaviors that improve the quality of life and reduce medical expenditures. With adoption of the Deficit Reduction Act benchmark benefit package, the Department of Health and Welfare instituted PHA on January 1, 2007. Today, Idaho's PHA program is one of few Medicaid funded, preventive healthcare benefits in the nation.

There are two components of the PHA benefit, behavioral and wellness.

The behavioral portion of the benefit provides incentives to qualifying participants to change behaviors to help improve health outcomes. The PHA pays for some of the costs associated with weight management programs and tobacco cessation products not otherwise covered by the Medicaid. Medicaid pays benefits (up to \$200 a year) in the form of vouchers that participants can redeem through participating vendors that offer the services and products.

The wellness portion of the benefit provides incentives to keep children's well-child exams and immunizations up-to-date by covering the costs of delinquent premiums. When premium requirements were first established, there were concerns that some participants might lose their Medicaid coverage if they fell behind on their payments. The wellness PHA benefit provides a safety-net for families who choose the right health behaviors. Children of all ages whose well-child checks (preventive exams) and immunizations are up-to-date are eligible for the offset. Benefits (up to \$120 per year) are applied directly to premiums as they become due. Children who qualify can participate in both the behavioral and wellness benefits, but combined payments for both benefits cannot exceed \$200 a year.

### **Current PHA Accomplishments and Program Status**

- Established the benefit and made it fully operational.
- Recruited participating vendors in all parts of the state.
- Reduced incidence of loss of plan eligibility due to premium delinquency.
- Increased rate of well-child checks for children.
- Increased the number of plan participants enrolling in the behavioral benefit.

As of June 30, 2008:

- Behavioral benefit participants served: 856
- Voucher Payments: \$158,887
- Participating vendors: 166
- Wellness benefit participants served: 11,420
- Payment for premiums: \$424,915

### **Idaho Health Data Exchange/Health Quality Commission**

The Idaho Health Data Exchange is a public-private partnership to develop and implement a statewide, interoperable health information exchange in Idaho. It will connect stakeholders, including hospitals, laboratories, pharmacies, physicians, payers and consumers. The goal is to improve coordination and quality of care, as well as patient safety, by providing critical patient information at the point of care. It will help reduce duplication of services, drug interactions and medication abuse.

The Idaho Health Data Exchange is the work product of the Health Quality Planning Commission. The 2006 Legislature created the Commission and charged it with promoting improved quality of care and improved health outcomes through investment in health information technology. The commission subsequently established the Idaho Health Data Exchange, Inc., a 501(c)(6) non-profit corporation, to govern the

development and implementation of a health data exchange in Idaho.

Idaho's Health Data Exchange will be rolled out statewide over five years beginning in late 2008, with three hospitals, one reference lab, and 100 physicians. Subsequent phases will result in participation by thirty hospitals, 10 independent data sources, and 1,500 physicians.

## Healthy Connections

Healthy Connections is Idaho's primary care case management program. It provides medical homes for participants in the Basic and Enhanced benchmark plans. The medical home performs the essential care coordination that is the foundation for prevention, wellness, and service delivery based on individual need.

For several years, the primary focus of Healthy Connections has been to develop a comprehensive, statewide network of providers. Currently Healthy Connections providers total over 1,250 located at 415 clinic sites in 40 of the state's 44 counties. They serve over 150,000 Medicaid Healthy Connections participants. With this strong network in place, the focus has now shifted to standardize program operations, improve support of Healthy Connections providers, and further promote medical home concepts.

## Healthy Schools

### Overview

The Idaho Department of Health and Welfare and the State Department of Education collaborated to implement the Healthy Schools program in 2006 for Idaho school districts that have a high percentage of low-income children and a low nurse-to-student ratio. In this program, Idaho's Children's Health Insurance Program (CHIP) provides administrative funding to the Department of Education to help a number of eligible school districts with the salary expenses of registered nurses. This program provides preventive services and promotes child wellness.

### Program Benefits for Idaho Children

The Healthy Schools program:

- Increases the provision of preventive health services for Idaho children;
- Strengthens the resources that are necessary to improve the health of Idaho children;
- Improves the coordination of health services for children;
- Increases health screenings;
- Increases the provision of health promotion and disease-prevention services; and

- Increases timely referrals to non-school-based health care providers.

### **Year-End Report**

During the 2007 – 2008 school years, Healthy Schools nurses provided services in 11 Idaho school districts for 15,548 children. Accomplishments of the Healthy Schools nurses include:

- Provided health screenings and appropriate referrals for vision, hearing, scoliosis, immunization, pediculosis, obesity, and blood pressure;
- Developed care plans for chronically-ill students;
- Educated staff on seizure disorders, diabetes, asthma, hemophilia, HIV, and other student health issues;
- Provided first aid and emergency care;
- Counseled students, staff, and families about health;
- Taught, growth and development classes, along with nutrition and healthy eating classes;
- Held height and weight screenings;
- Taught hand-washing/hygiene classes;
- Promoted and helped with dental screenings; and
- Wrote/Reviewed/Established policies and manuals.

### **Success Stories**

- One school reported their absentee rate decreased from an average of 6.75 students a day to 4.65 after the nurse's hand-washing classes;
- In another school, 14 percent of the students failed the vision screening and were referred for evaluation. Half of those returned to school with new glasses. A full seven percent experienced poor vision.

Reports similar to these have been heard in each school where Healthy School nurses work. In each school, Healthy School nurses have had a positive effect on the health of the children they serve.

This year, the State Department of Education developed an online reporting tool for the Healthy Schools nurses. These reports can be accessed at the State Department of Education's Web site. They also provided training opportunities and regular conference calls to discuss current issues and best practices.

## **Disease Management**

The goal of Idaho Medicaid's chronic disease management program is to improve the delivery of health care to Medicaid participants with chronic disease through a pay-for-performance model. The program began with a pilot through contracts with three pilot providers.

During the summer of 2007, the department invited all nine Federally

Qualified Health Centers in Idaho to join the three pilot providers. Medicaid's Medical Director visited each of these practices, and seven of these organizations agreed to participate. In 2008, the department worked with the pilot organizations to refine the criteria for the diabetes pay-for-performance program. New criteria were adopted, and the federal government approved the state plan amendment.

As a result of the first year findings workflows have been revised so that physicians can better assure that their patient are getting the care as reflected in best practice standards. The first year data shows the following:

- 85.5% of Diabetic participants enrolled in disease management that has a Diabetic Management Plan; and
- 85.4% of Diabetic participants enrolled in disease management that received at least one Hemoglobin A1C annually

## Dental Services

Blue Cross of Idaho, partnering with Doral, was awarded the state of Idaho contract to administer the dental insurance benefits to low-income and working age adults enrolled in the Basic Plan. The new program began September 1, 2007, and is known as Idaho Smiles. At program inception, Doral was able to increase the child fee schedule an average of 7.7 percent and the adult fee schedule 3.9 percent using a portion of the administrative dollar allotment from Medicaid and through the system efficiencies Doral brings to the program.

Under the Idaho Smiles program, over 124,000 members currently have access to dental care. The dental coverage includes preventive and restorative services for children and adults, and orthodontic coverage for children. Of these participants, approximately 86 percent are children and 14 percent are adults. There are over 535 active participating providers in Idaho Smiles, an increase of 12 percent. Overall, 99 percent of these members have access to at least one general or pediatric dentist within 30 miles.

## Pharmacy Services

The Medicaid Pharmacy program's mission is to provide Medicaid participants with the most effective drug at the right price. Through continued participation with the multi-state Drug Effectiveness Review Project, the Pharmacy Program ensures that all implemented drug guidelines and parameters meet the most up-to-date, evidence-based standards.

The pharmacy program continued to participate in a multi-state purchasing pool, called TOP\$, with five other states to maintain the best available pricing for the medications on the program's recommended preferred drug list. Between this program's savings, federal supplemental rebates, a shift to lower cost clinically equivalent drugs and medications moving from brand name to generic, the program realized a cost avoidance of \$17 million for SFY 2008.

The pharmacy program strives to ensure participant access to needed medications with minimal barriers, and to allow prescribers and pharmacy providers to serve their patients with minimal additional effort. Great strides were made this year as the program's clinical pharmacists worked directly with physician advisors on reasonable prior-authorization criteria and guidelines, as well as ensuring that 'request' documents and procedures were concise and easy to use.

A goal for the next year is to explore new tools such as medication therapy management programs, academic detailing, e-prescribing, and other partnerships with provider pharmacists and prescribers for appropriate pharmacy expenditure management.

## **Long Term Care**

As part of Medicaid reform, a long-term care options counseling program, Aging Connections, was developed to promote non-publicly funded long-term care arrangements, such as reverse mortgages and private long-term care insurance. Medicaid implemented Aging Connections in northern Idaho in September 2006. 1,073 seniors participated in the pilot and Medicaid will implement a modified model of the pilot statewide in 2009.

### **Long-Term Care Partnership Program**

Individuals who purchase commercial long-term care insurance are able to protect a portion of their assets if they become eligible for Medicaid financed long-term care. The Center for Health Care Strategies selected Idaho to participate in the 2008 - 2009 Long-Term Care Partnership Expansion Project. This project will allow Idaho the opportunity to develop outreach and educational components for our long-term care program based on national best practices.

## **Mental Health**

House Concurrent Resolution No. 48, from the 2006 Idaho Legislature, encouraged the Department of Health and Welfare to explore modifications of mental health benefits for individuals with disabilities or special health needs. Medicaid has embarked on a formal process for

reforming the mental health and substance abuse benefits available to participants. The work is projected to occur over the next three years.

The purpose of the project is to reform the Medicaid mental health and substance abuse program with enhancements, so that a greater array of evidence-based practices in the continuum of care is available for participants. Additionally, an increase in effectiveness and efficiencies in benefits and network management can be achieved.

Medicaid implemented two new options for mental health services in SFY 2008:

1. The provision of mental health services through telemedicine was expanded to allow physicians to provide the service in a wider variety of settings; and
2. The definition of family therapy was expanded to allow therapy without the participant present, when necessary.

## **Developmental Disability Services**

Consumer-directed services are in its second year of implementation and are now available statewide to individuals eligible for home and community based services through the Developmental Disability (DD) Waiver. This option allows individuals to exercise more control when accessing the services and supports they need and has been well received by participants. Participation has increased 120 percent since the first year of its inception. The success of this program has also paved the way for a Family-Directed Services option for children's services.

The Family-Directed Services option is being developed through input from stakeholders and families across the state as well as focus groups facilitated by Idaho Parents Unlimited and the Developmental Disabilities Council. This option is targeted for implementation in 2009.

Participant and family empowerment also has been identified as a priority initiative in SFY 2009. This initiative will focus on communicating with participants and families to promote fully informed decision-making, increase the contributions of participants and families in policymaking and system improvement efforts, and identify the emerging support needs of participants and families of children with developmental disabilities.

Additionally, the Bureau of Developmental Disability Services collaborated with Family and Community Services in SFY 2008 to develop an enhanced discharge process for Idaho State School and Hospital. This process has been instrumental in facilitating the discharge of 12 residents from the facility during the last eight months of SFY 2008.

## **Medicaid Management Information System**

The Medicaid Management Information System (MMIS) is the automated claims processing and information retrieval system that supports the Idaho Medicaid Program. Functionality includes claims processing, provider enrollment, client eligibility, third party liability, benefit package maintenance, and prior authorization. Re-procurement is necessary to maintain compliance with state and federal requirements.

The following contracts were signed in November 2007:

- Unisys: Claims Processing System, Systems Integration Services and Fiscal Agent Services;
- Thomson Health Care: Decision Support System;
- Unisys: Electronic Data Management System;
- ACS: Pharmacy Benefits Management System; and
- Public Knowledge: Quality Assurance Independent Verification and Validation.

These systems are scheduled to go live in November 2009.

## **Licensing and Certification – Federal Programs**

Medicaid, through the Facility Standards Bureau, contracts with the Centers for Medicare and Medicaid Services (CMS) to provide survey and certification services for certain federal and state programs. Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Mental Retardation, Hospitals, Home Health Care Agencies, End Stage Renal Dialysis Centers, Ambulatory Surgical Centers, and Hospice providers are among the provider types surveyed by Facility Standards. The bureau is also the single focal point for fire, life safety, and health care construction standards in the state.

## **Licensing and Certification – State Programs**

### **Residential Assisted Living Facilities (RALF)**

The RALF program's mission is to ensure the residents of Idaho's RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected. There are 285 facilities in Idaho, ranging in size from five to 125 residents. This year, the RALF staff completed 40 initial surveys, 45 standard surveys, 32 follow up surveys, and 172 complaint investigations.

In SFY 2008, RALF certification staff implemented several initiatives to help providers improve services. The team organized a two-day, 12 CEU training course for administrators that they offer quarterly. Thus far, 40 administrators and administrators in training have passed the course.

The team also developed a 120 question test on the rules for assisted living, focusing on areas that facilities have the most difficulty with. The Idaho State Board of Examiners of Residential Care Facility Administrators has adopted this test as part of the licensing requirement for all new administrators.

The Assisted Living Program web site has been expanded and now includes answers to the 64 most frequently asked questions regarding RALFs. Certification staff also have been partnering with advocates and industry representatives to develop a uniform disclosure statement that will require all facilities to provide to prospective residents. This instrument will allow consumers to compare services and prices and help to ensure full disclosure before they move in.

### **Mental Health Credentialing Program**

Implemented in August of 2006, the Medicaid Mental Health Credentialing Program was tasked with assuring that Medicaid funded mental health providers demonstrate that they are in compliance with rule standards for delivering quality services. The Program contracts with Behavioral Psychology Associates (BPA) to lead this effort. There are over 400 mental health providers in the state. Regional and central office staff members work with BPA to support providers through the application, self-assessment and on-site review processes. To date, 40 agencies have achieved a credentialed status, 20 have achieved a provisional status, and 81 providers are in the process of credentialing. 32 providers have declined to participate in the credentialing process, and 11 have had their credentialed status revoked.

### **Developmental Disability/Residential Habilitation Agency Certification Program**

State Medicaid survey and certification teams inspect Developmental Disability Agencies (DDA) and Residential Habilitation agencies throughout the state. There are currently five staff members who are responsible for 78 DDA agencies and 66 Residential Habilitation agencies serving over 5,200 participants statewide. The department consolidated survey and certification activities with Medicaid being the lead agency during the summer of 2007. The Division of Family and Community Services provides additional staff for DDA certifications that deal primarily with children or intensive behavioral intervention services. The consolidation took 14 different programs and put the program under one set of guidelines.

### **Certified Family Homes**

The Certified Family Home Program supports the Department of Health and Welfare's mission to promote and protect the health and safety of Idahoans by ensuring a safe homelike environment where residents receive the appropriate services and supports to promote their health,

dignity, personal choice, and community integration. There are over 1,900 Certified Family Homes providing assistance to individuals on the Developmental Disabilities and the Aged and Disabled waiver. These are individuals who meet an institutional level of care, but have selected this community-based alternative. The number of Certified Family Homes has increased 17 percent during this past year.

Eleven statewide staff survey, inspect, and certify the homes each month, with the residents in the home at the time of certification. Provider orientation training opportunities are provided to recruit, train, and support all new providers. The Certified Family Home Program developed a Basic Medication Awareness course for all providers to complete. This past fiscal year, the team completed 32 complaint investigations.

## **Financial Operations**

During SFY 2008 the Bureau of Financial Operations recovered over \$8.5 million through the Estate Recovery Program. The Health Insurance Premium Program saved the Medicaid Program an estimated \$2.7 million by helping 450 individuals acquire or retain health insurance that paid primary to Medicaid. The Bureau of Financial Operations successfully assumed responsibility for the state's supplemental rebate invoicing and collections in 2008. The bureau also assumed responsibility for monitoring the federal drug rebate program which passed an audit by the Office of the Inspector General. Both the state's federal and supplemental programs continue to exceed the federal requirement for operating drug rebate programs.

For the 6 month period ending September 2008, over 90% of all Medicaid applications were processed within established timelines, with an average processing time of 25 days.

Between April and September 2008, more than 95% of all open Medicaid cases had the annual redetermination of eligibility completed timely. Family related Medicaid cases were redetermined timely 99.8% of the time. This is a significant improvement from late 2006 and early 2007.

On average case accuracy has remained at 94% for the past fiscal year.

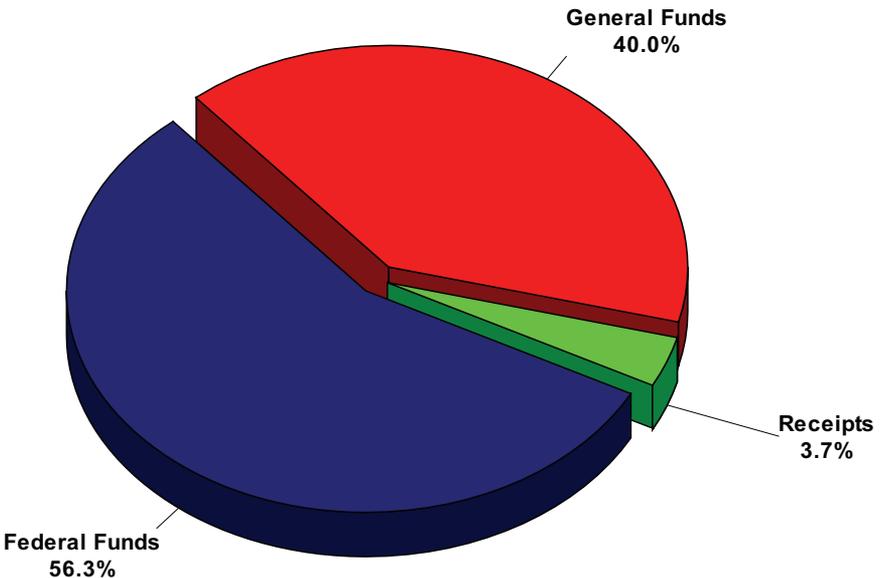
## Division of Family and Community Services

**Michelle Britton, Administrator, 334-5680**

The Division of Family and Community Services directs many of the department's social service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers. Family and Community Services also provides navigation services, which connects individuals and families in crisis situations with services to stabilize their lives. Family and Community Services' programs work together to provide services that focus on the entire family, building on family strengths, while supporting and empowering families.

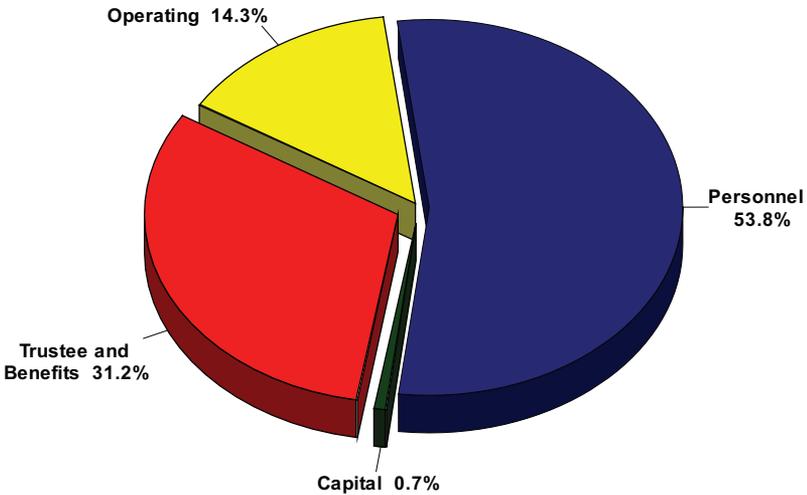
Idaho State School and Hospital in Nampa also is administered by Family and Community Services. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

**FACS SFY 2009 Funding Sources**



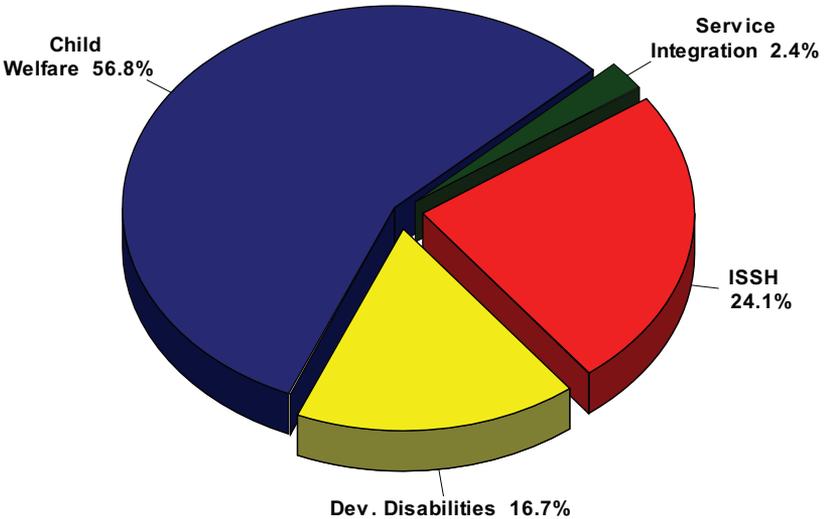
*Authorized FTP: 968.6; Original Appropriation for 2009 — General Fund: \$42.8 million; Total Funds: \$107 million; 5.6% of Health and Welfare funding.*

### FACS SFY 2009 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 Idaho State School and Hospital.*

### 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 2008 FACS Division Highlights

The Division of Family and Community Services continued to focus on business practices and program improvements designed to enhance performance outcomes. During the year, efforts were made to simplify work processes associated with automation, reduce staff turnover, expand and improve contract options, and improve data integrity to provide more capacity for delivery of services and improve client outcomes.

The FACS Division's Child and Family Services Program completed the second federal Child and Family Services Review, or CFSR. The purpose of the review is to assess each state's foster care performance to improve outcomes for children in the areas of safety, permanency, and well-being. Idaho's first CFSR review was held in 2003.

After preparing a self-assessment, Idaho's 2008 onsite review took place in April. Specific cases were reviewed by federal surveyors in Coeur d'Alene, Boise, and Jerome to identify strengths and challenges in both rural and urban areas. As part of the review, comprehensive interviews were conducted with hundreds of stakeholders including parents, youth, foster parents, judges, and a wide range of others.

Since the federal standards for the review are high, no state is expected to meet the standards in every area measured, although each state is required to demonstrate improvements set at levels negotiated between the state and federal partners. Since Idaho's last review in 2003, Idaho has shown improvement in 75% of the 23 items assessed during the case review. In addition, Idaho met standards for the two safety measures and two of the four permanency measures in the data profile, as well as passing six of seven systemic factors.

A two year Program Improvement Plan will be developed and implemented in 2009 and 2010. Financial penalties can be assessed on states that do not demonstrate expected improvements.

With the focus on program improvements and more efficient business practices, the Child and Family Services Program has been able to stabilize the numbers children, and costs of their care, in the foster care system. In fact, for SFY 2008, Children and Family Services reduced costs from the previous year by \$600,000. Those savings have been used to establish contracts to further reduce the growth rate, cost, and length of stay of children in foster care.

For the Intensive Behavioral Interventions Program, or IBI, the annual IBI aggregate annual costs totaled \$12.4 million, a 12% decrease in expenses

from the previous year. This reduction in utilization can be attributed to increased scrutiny and oversight of eligibility determinations and the amount of service authorized, as well as rule clarification associated with school-based services. The increased monitoring is provided by staff allocated by the Legislature for SFY 2008.

Because of improved community supports, Idaho State School and Hospital has reduced its client census of individuals with developmental disabilities by placing them in community settings. Beginning in July 2007, with a census of approximately 93 residents, ISSH increased efforts to assist individuals in moving back to their communities. The current census at ISSH is 80 with a goal of reducing the licensed capacity to 75.

The Idaho Infant and Toddler Program made significant progress in program performance. The program improved to meet challenging federal timeline standards for Individualized Family Service Plans and timely service delivery. Indicators also improved around transition of services to local schools. As a result, the Department was able to notify the U.S. Department of Education that Idaho had progressed from a status of 'needs assistance' to 'now meets requirements' for Part C. This status has been achieved by only 22 states and territories.

The Service Integration Program has continued to see expansion of services to kinship care providers, such as grandparents, through a partnership with Casey Family Services. Casey Family has provided \$65,000 to Navigators under the Service Integration Program to assist grandparents and other relative caregivers with expenses associated with rearing their relative children. According to census data, Idaho has over 18,000 children living with relatives other than their parents. The partnership with Casey has prevented some children from coming into the foster care system and state custody by providing temporary financial assistance. The funding is used for incidental educational, medical, and other necessary expenses to those children whose parents may be incarcerated, suffer a catastrophic illness, or are addicted to drugs or alcohol.

## **2-1-1 Idaho CareLine**

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking the citizens of Idaho to health and human resources. 2-1-1 was created through a national initiative to set aside 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.

2-1-1 Idaho CareLine serves as Idaho's only centralized telephone and web-based directory for both DHW programs and community based resources, with a database of more than 3,400 health and human service contacts. Staffed by 12 caring and professional Information and referral agents, the Idaho CareLine assisted 159,970 callers during SFY 2008, an increase of over 8,200 calls received during SFY 2007.

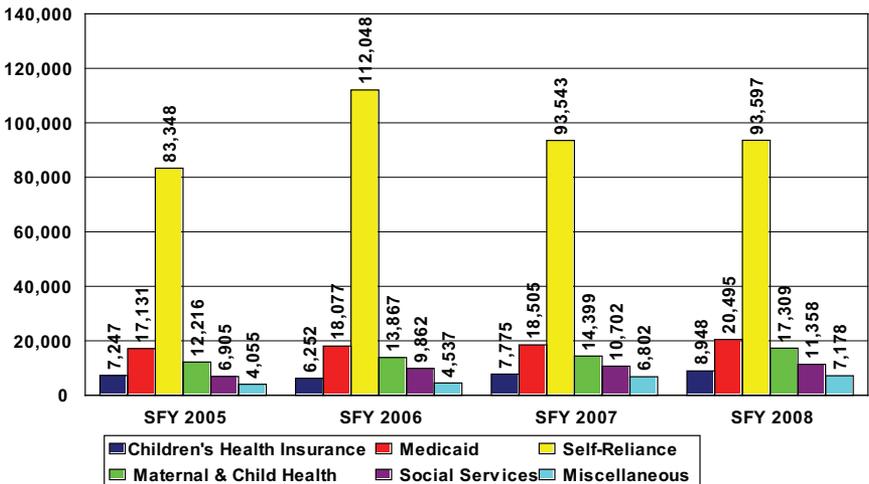
To insure compliance with DHW and national 2-1-1 customer service standards, data from caller satisfaction surveys is collected. During SFY 2008, satisfaction survey data reflects :

- 56% originated from households of 3-5 persons;
- 44% earn less than \$15,000 per year;
- 99.1% were very satisfied or satisfied with services received from 2-1-1 Idaho CareLine; and
- 92.3% of callers indicated they would use the 2-1-1 service again.

Over 75% of callers surveyed self-identified their ethnicity as Caucasian, followed by 13.2% Hispanic.

In addition to the 2-1-1 agents standing by to assist callers Monday through Friday, 8 a.m. to 6 p.m. MST, resources can be located 24/7 on-line, at the following web sites: [www.211.idaho.gov](http://www.211.idaho.gov) or [www.idahocareline.org](http://www.idahocareline.org). Emergency/Crisis referral services are available through an after-hours, on-call service. Simply dial 2-1-1 or 1-800-926-2588 to reach the 2-1-1 Idaho CareLine.

**Number of Calls Received by Idaho CareLine**



*NOTE: The SFY 2008 Self-Reliance category reflects calls concerning services to help keep a family stable, such as emergency assistance for medical/dental, housing, child care, food stamps, rent, utilities, or cash assistance. Calls for information about child care represent 48% of the total Self-Reliance category.*

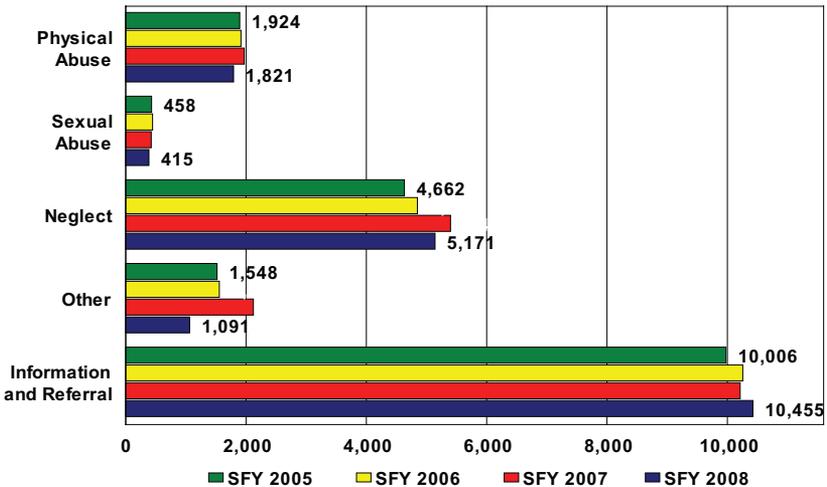
## Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act and the Interstate Compact on the Placement of Children.

### Child Protection

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

### Child Protection and Prevention Referrals



*Note: In SFY 2008, there were 8,498 child protection referrals from concerned citizens. There were an additional 10,455 calls from people seeking information about child protection. Frequently, they are referred for services in other divisions or agencies.*

*'Other' often includes prevention work by social workers for homeless families, the School-Based Prevention Program, voluntary service requests, and emergency assistance. 'Neglect' includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Juvenile Justice evaluations*

## Foster Care

Foster care is a critical component of the state's child welfare services system. Resource families (foster, relative, and adoptive) provide care for children who have been abused, neglected and/or are experiencing other serious problems within their families. Whenever possible, relatives of children are considered as a placement resource and are licensed as a resource family, or are considered for other supports to the child and the child's birth or resource family.

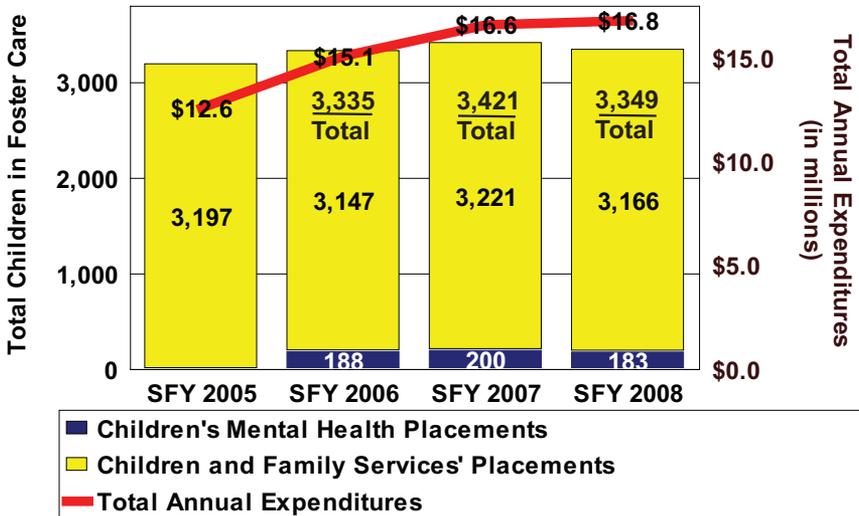
As part of their role, resource families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. Resource families work with children and their families with the goal of reuniting the family as soon as the issues that required placement are resolved. In some instances, when birth families are unable to make necessary changes to protect their children, the resource family may be considered a permanent placement for a child.

Due to the steady increase of the number of children in foster care, the need to recruit and retain resource families is critical. In 2003 there were a total of 2,382 children placed in foster care during the state fiscal year, increasing to 3,349 children in SFY 2008. Five percent of these children are from the Children's Mental Health Program. There is a need for resource homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. There also is a need for parents of Hispanic and Native American ethnicity.

In order to meet the growing need for additional resource parents, local recruitment and training efforts are conducted in each of the regions. Idaho has implemented a Recruiter Peer Mentor Program which uses seasoned resource parents to recruit and mentor new potential resource families. Regional recruitment efforts through the Peer Mentor Program focus on developing a local presence at multicultural events, fairs, and with community organizations.

Children and Family Services, in partnership with local universities, also provides training programs for resource parents to develop parenting skills and techniques to deal with children who have been abused or neglected through a statewide training model called PRIDE. These classes are offered on a regular basis in each region and provide an improved understanding of what foster parents can expect caring for children placed through the foster care system. This training helps them meet the needs of foster and adoptive children and reinforces their commitment to serve as resource parents.

### Children Placed in Foster Care and Annual Expenses



*Note: This chart shows total number of children served annually. On June 30 of each year, a count of children in foster and residential care is taken. In 2003, there were 1,342 children in state care. This increased 33 percent to 1,787 children on June 30, 2008. Of the 1,787 children, 3% were from the Children's Mental Health Program.*

### Independent Living

In FY 2008, there were 203 youth reaching the age of adulthood (18 years) while in foster care. Idaho's Independent Living Program assists these older foster youth to transition successfully from life in foster care to living as self-reliant adults. The program provides funds and services that address employment, education, housing, and personal needs. The focus of Idaho's current independent living plan is to provide opportunities for growth through post secondary assistance, career exploration and to assure that young people have the knowledge and skills necessary to know how to compete for, and maintain, a job. This is best achieved through a coordinated effort of child welfare and tribal social service programs, resource parents, and service providers working with older youth. During SFY 2008, 762 eligible youth between the ages of 15 to 20 were served through the independent living program by the department and the Casey Family Program.

In 2003, the Education and Training Voucher Program was initiated by Congress. The voucher program provides youth with up to \$5,000 per academic year to assist with the cost of attendance to a post-secondary educational institution. Education is a significant component in the successful preparation for independence for many youth. Youth who have been in foster care and have received their high school diploma or GED may be eligible for Education and Training Voucher Program funds. During 2006-2007, 51 youth participated in the program.

The department, along with the Casey Family Program, has supported the development and growth of the Foster Youth Alumni in Idaho advisory group. This group includes youth in foster care and those who have transitioned out of foster care. These young adults are committed to bringing attention to the needs of children and youth in the child welfare system. Advocating for positive changes, advisory group members help develop and guide improvements to policies and practices in order to normalize the foster care experience and create safety for children who cannot remain in their own homes.

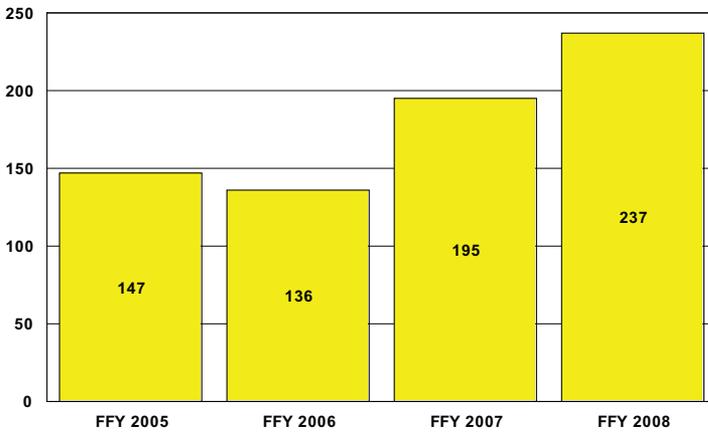
Currently, the foster youth alumni advisory group is working to become a charter member of the national alumni-led organization Foster Care Alumni of America. The mission of Foster Care Alumni of America is to connect and engage the alumni community, using their experience and expertise to improve child welfare practice and policy.

## Adoption

Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together, or are children who have physical, mental, emotional, or medical disabilities. Some children may be older but still need a permanent home through adoption. The department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. Individualized adoption recruitment involves a variety of strategies and collaboration with community partners.

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

### Adoptions Finalized



#### Monthly Adoption Assistance SFY 2008

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,156	\$323
State	180	\$267
<b>Total</b>	<b>1,336</b>	

### Idaho's Second Child and Family Services Review

Children and Family Services first participated in the federal Child and Family Services Review in 2003. The purpose of the Child and Family Services Review is to assess each state's child welfare system so the state can continually improve outcomes for children in the areas of safety, permanency and well-being. After preparing a self-assessment, Idaho's second review took place in April 2008. Cases were reviewed in Coeur d'Alene, Boise, and Jerome to reflect strengths and challenges in both rural and urban areas. As part of the review, comprehensive interviews were conducted including parents, youth, foster parents, and a wide range of community stakeholders.

Since the federal standards for the review are very high, no state is expected to meet the standards in every area of safety, permanency, or well-being. The expectation is that states will continually improve. Preliminary results of the Idaho review show that since 2003, Children and Family Services has improved its performance in approximately 75% of the

23 items assessed during the case review, and has since maintained this level of performance.

A new two-year program improvement plan will be developed and implemented in 2009 and 2010. To avoid financial penalties, it is critical that Idaho continue to improve its child welfare system through its program improvement plan.

## Developmental Disabilities Services

This 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 makes service choices available for consumers and their families, allowing them to strive for self-direction and fully participate in their communities.

### Family Supports

The Family Support Program assists families to care for family members with developmental disabilities at home. Funds pay for assistance unavailable from other sources and often are combined with other donated community funds or resources to buy items such as wheelchair ramps. In SFY 2008, 776 Idaho families were allocated \$338,640 worth of goods and services from this program.

### Idaho Infant Toddler Program

The Idaho Infant Toddler Program coordinates early intervention services for families and children with developmental delays or disabilities from birth to three years of age. The Department of Health and Welfare serves as the lead agency and partners with public agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The four most frequently provided services are:

- Developmental Therapy (special instruction);
- Speech/Language Therapy;
- Occupational Therapy; and
- Physical Therapy.

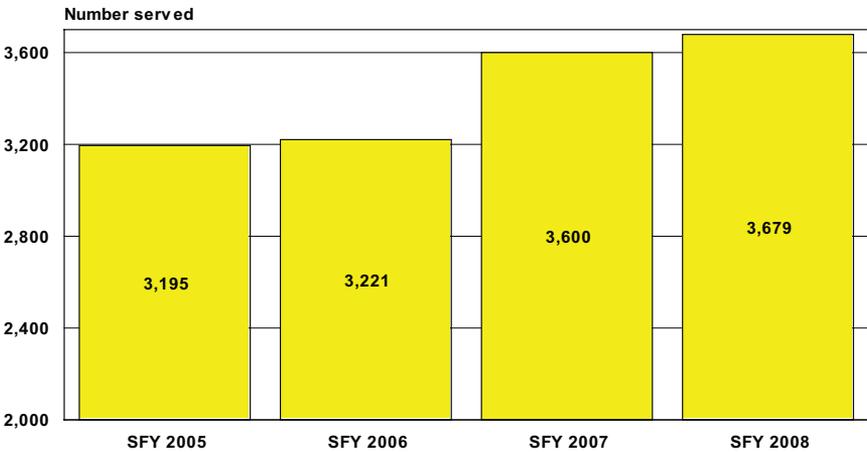
During SFY 2008 a total of 3,679 infants and toddlers with disabilities and their families were served by the Infant Toddler Program. Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services during the family's normal routines and 93 percent of services are delivered in the child's home or other settings for

typically developing children. The Program faces unique challenges in finding sufficient qualified professionals who can provide services in homes and child care settings.

Prior to a child turning three and “aging out” of the program, transition plans are coordinated with local schools and other community resources to help children and families access needed supports. During SFY 2008, 1,722 children exited from this program. Twenty-five percent exited before age three after achieving all developmental goals on their plan. Thirty-eight percent exited at age three and were identified as eligible for continued services in Special Education. Others who exited did not require Special Education, moved from the state, or no longer participated in services.

Eight percent of the children served by the Infant Toddler Program have been involved in substantiated cases of neglect or abuse and were referred for assessment under provisions of the Child Abuse Protection and Treatment Act. Due to a shortage of qualified personnel, the program struggled to meet timelines for evaluation, plan development and the timely delivery of services. However, significant progress is being made toward these performance targets.

### Individuals Served in the Infant Toddler Program

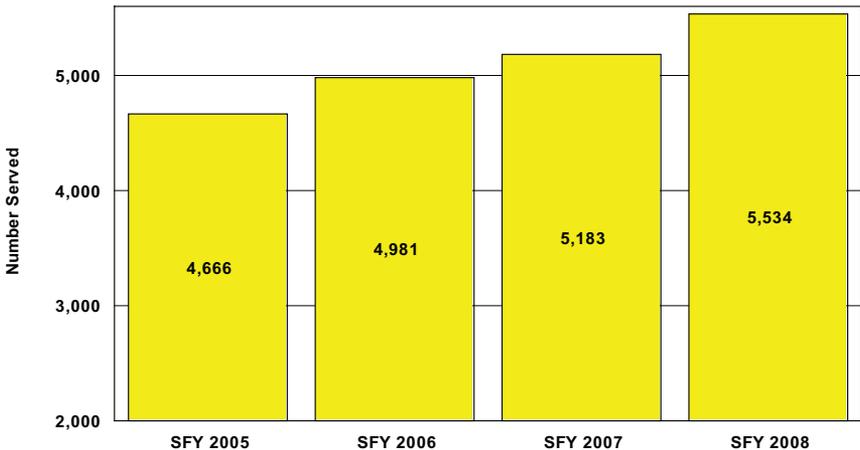


## Service Coordination for Children from Birth to 21 Years of Age

Service coordination is available for Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require help to obtain and coordinate services and supports. In SFY 2008, 125 private service coordination agencies served 5,534 children at a cost of \$5.2 million.

Service coordination is delivered according to a plan created with the family of the child, the service coordinator, service providers, and others important in the child's life.

### Individuals Served Through Service Coordination



### Intensive Behavioral Intervention

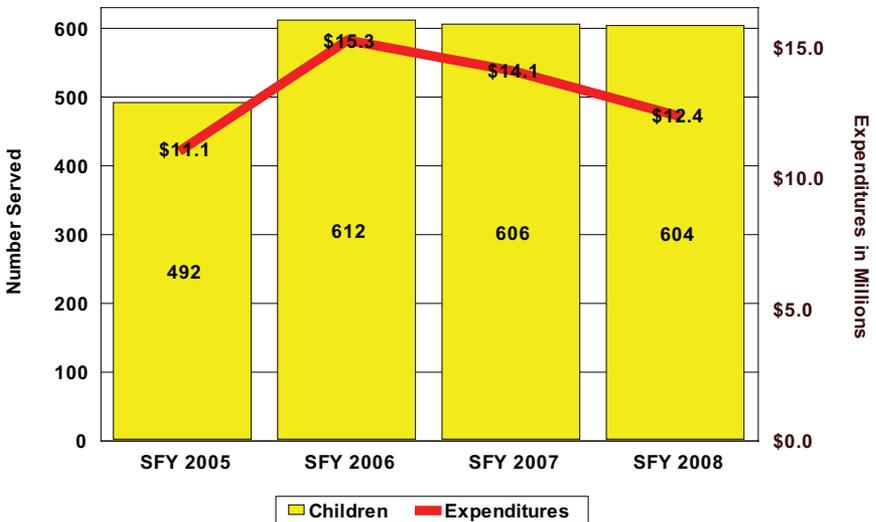
Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disability agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by department-certified IBI professionals and paraprofessionals. All IBI services are reviewed and prior-authorized by Developmental Disabilities Program clinicians every six months. In SFY 2008, 604 children were served. The rapid growth previously experienced in IBI services stabilized in SFY 2007 because of three factors:

1) The three year cap on IBI services was reached by many children;

- 2) Increased scrutiny of eligibility and therapy services prevented children who didn't qualify for IBI from being served; and
- 3) In previous years IBI was introduced to many new Idaho communities. Now that the service is widely available, few new un-served communities are accessing.

In SFY 2008, IBI aggregate annual costs totaled \$12.4 million. This is a 12 percent drop from the previous year and a continuation of the downward trend started in SFY 2007. This can be attributed to the three factors mentioned above as well as the additional clinician positions the Division of Family and Community Services received from the Idaho Legislature in SFY 2008. These positions administered all eligibility functional assessments that were formerly administered by private developmental disability agencies.

### Intensive Behavioral Intervention



### Court-Related Services

The department 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 of Idaho's district courts, the Developmental Disabilities Program provided evaluations for 141 guardianships during SFY 2008, a 14 percent increase from SFY 2007.

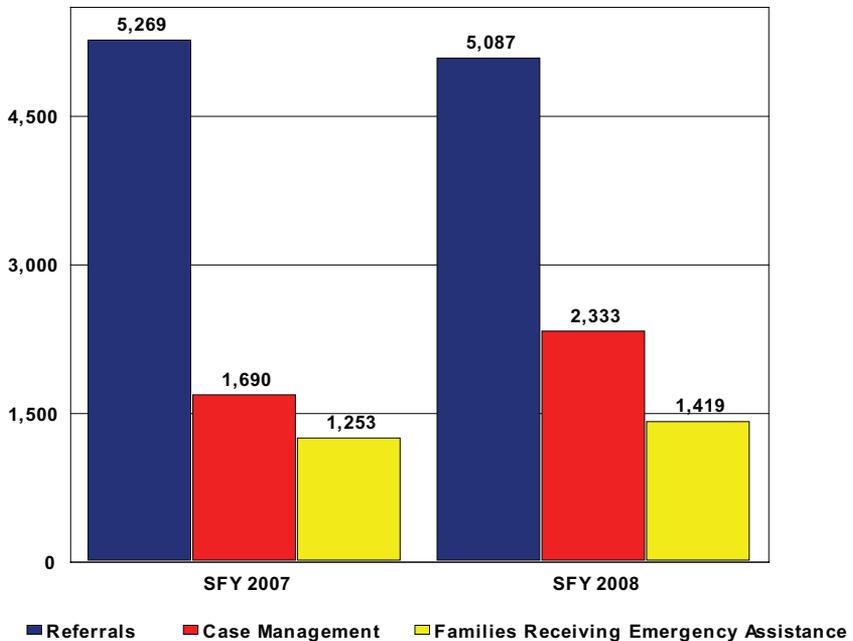
## Navigation Services

Navigation is a short-term (120 days or less), solution focused service intended to help people who are experiencing temporary instability find services and resources to stabilize their situations. The primary purpose of this statewide service is to aid participants in achieving health, stability and safety. It is a voluntary program intended to augment existing department programs and services,

The primary areas of focus of Navigation Services are:

- Families needing resource services (Emergency Assistance);
- Foster family recruitment;
- Kinship care support for the prevention of foster care placements;
- Leadership and expertise for Victims of Human Trafficking;
- Economic development for families and communities through the Earned Income Tax Credit;
- Services for foster youth who are about to exit care or are returning as young adults and eligible for Independent Living services;
- Services to corrections offenders returning to their communities; and
- Identification of needs and the shifting of capacity to partnership endeavors related to community resource development.

### Navigation Services Referrals, Cases and Families



## **Idaho State School and Hospital**

***Susan Broetje Administrator, 442-2812***

As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for people with developmental disabilities in the state. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training methods to teach clients the skills they need for independent living. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care.

ISSH is a safety net that provides services to individuals with developmental disabilities who have exhausted all other resources, or who are not successful in other settings. People are referred to ISSH when private providers no longer can provide services to them, or their medical needs require more intensive care than can be provided in most community settings.

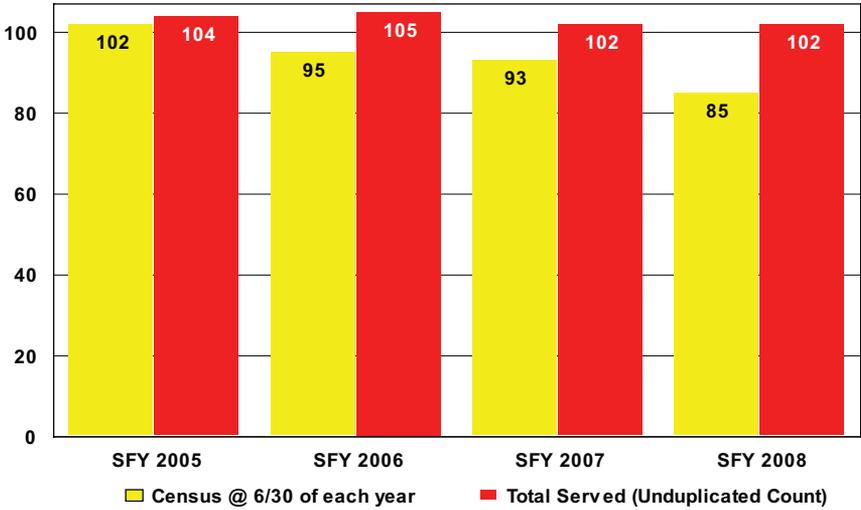
ISSH also serves as a resource center for individuals in the community by providing training, assistance in locating alternative placements, and crisis prevention and intervention. As a resource center, ISSH helps keep individuals in their community homes, rather than the state institution.

ISSH greatly expanded community support services during the past year. Previously ISSH provided statewide support services and training with a team that included two clinicians and two psychiatric technicians. ISSH added an Registered Nurse, a behavioral specialist, and consulting pharmacy services to the team during the year.

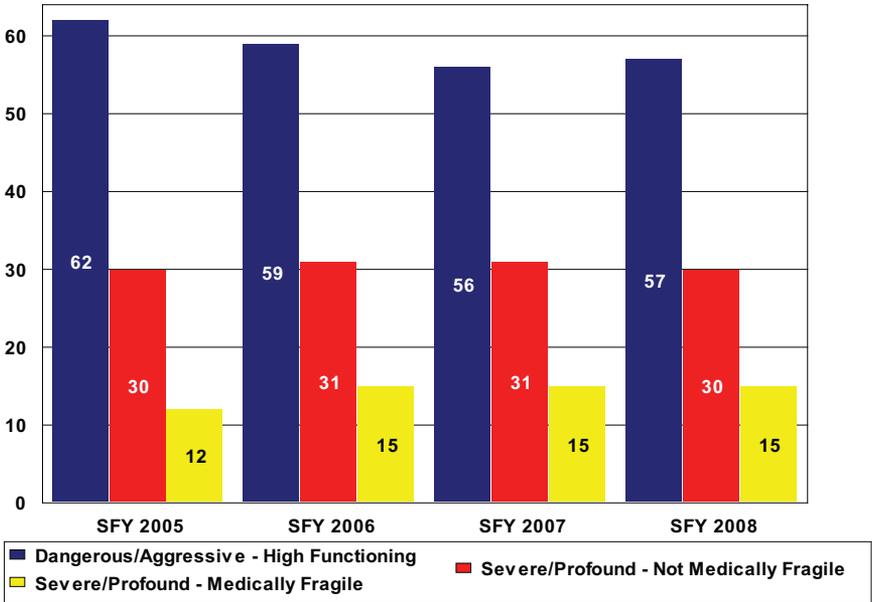
A second major addition was made with a Clinician/Psychosocial Rehabilitation Specialist Team added to serve southeast Idaho and another team to serve north Idaho. These teams are located in Blackfoot and Coeur d'Alene respectively. Additionally, ISSH has hired a psychiatrist that is providing consultative services in the community for individuals with mental health needs.

There also are major changes which are currently in the planning stages on the campus of ISSH. These include the construction of two new residential facilities (8 bed duplexes) for the ICF/MR services. There is also a proposed name change, Southwest Idaho Treatment Center, which will better reflect the expanding services on the campus.

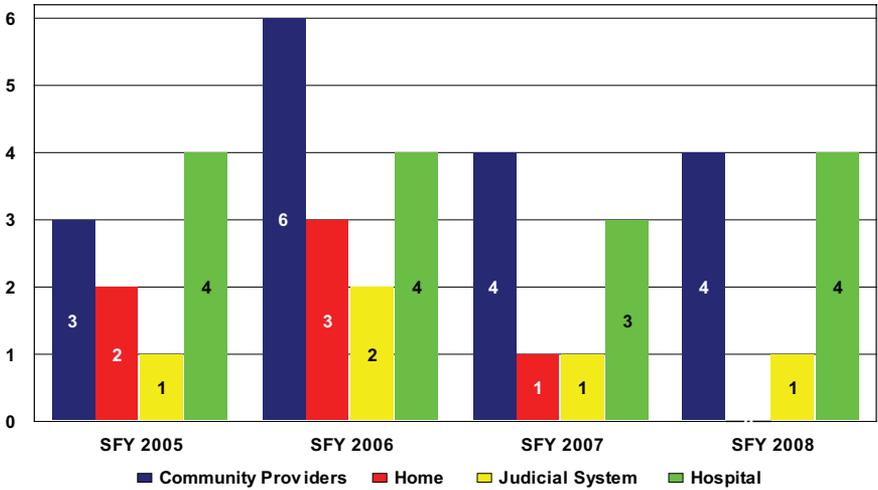
### Historical Look at Census and Clients Served



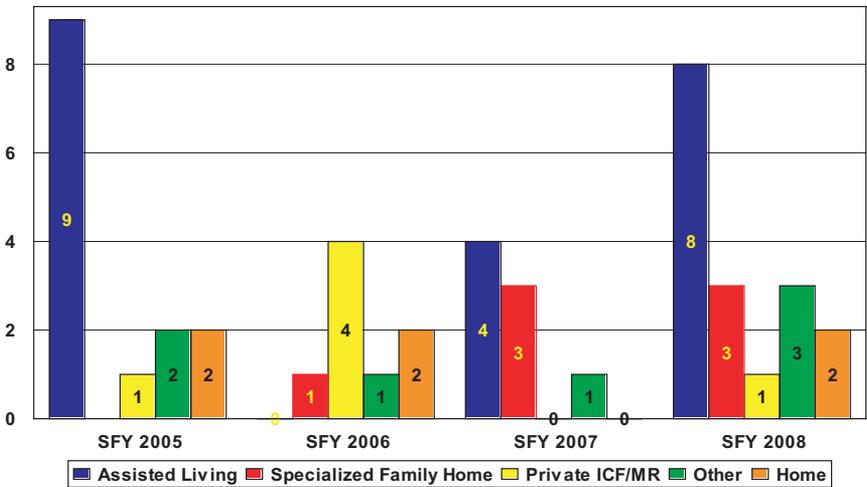
### Demographics of Clients Served



### Types of Admissions



### Discharge Placements



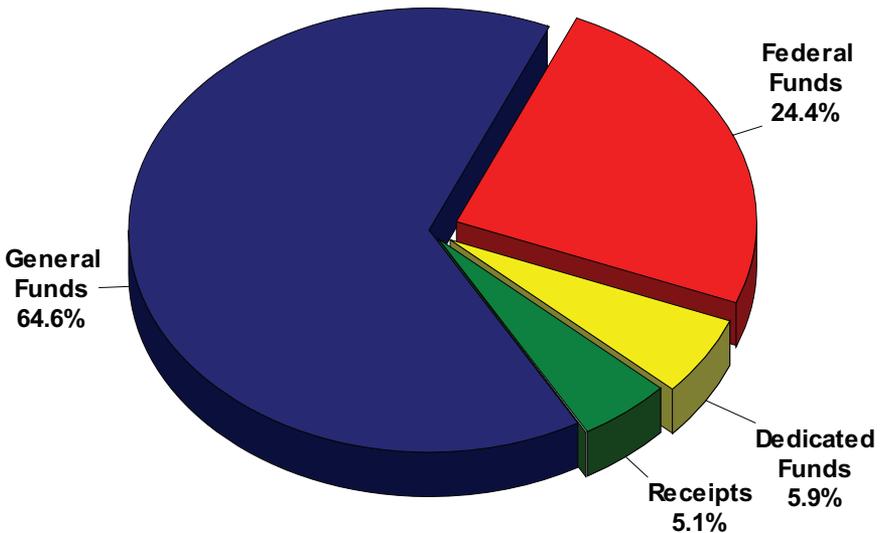
## Division of Behavioral Health

**Kathleen Allyn, 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 disorder, and is integrating services for these co-occurring disorders to improve outcomes. Services accessed through the division are consumer driven and prevention oriented.

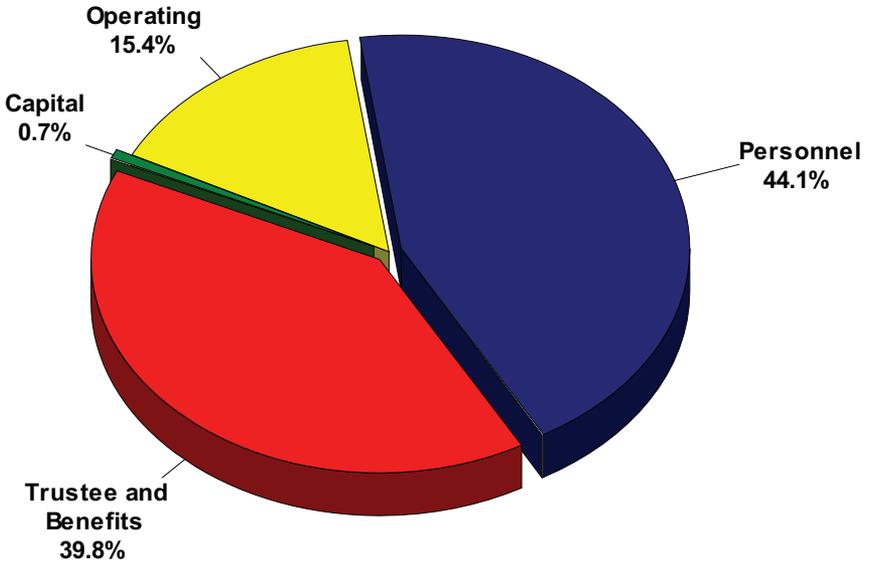
The division is comprised of the Children's and Adult Mental Health Programs, and Substance Use Disorders. The division also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

### Behavioral Health SFY 2009 Funding Sources

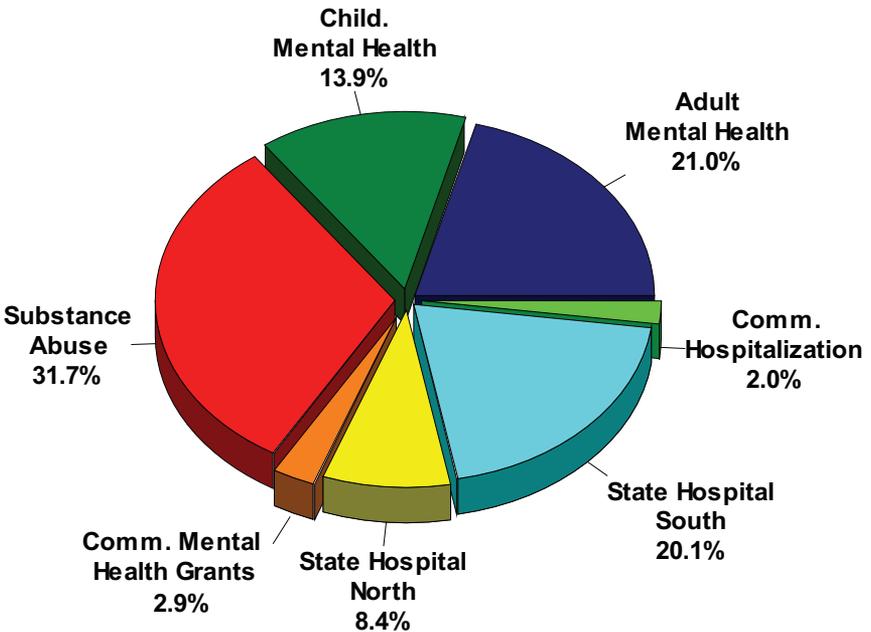


*Authorized FTP: 719.24; Original Appropriation for 2009--General Fund \$69.1 million; Total Funds \$107 million, 5.7% of Health and Welfare funding.*

### Behavioral Health SFY 2009 Expenditure Categories



### Behavioral Health Funding by Program



## SFY 2008: Division of Behavioral Health Program Highlights

During SFY 2008, 525 clients received Assertive Community Treatment (ACT) team services from the division's regionally-based ACT teams. These teams are community based teams of mental health professionals who provide intensive services to people, providing daily contact with clients and rapid access to both nursing and psychiatric care. ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. Many of the individuals receiving these services were participants in the state's mental health courts.

The Jeff D. lawsuit, a 26-year old court action involving state children's mental health services was dismissed by the Federal Court on November 1, 2007 after the court found the state made significant efforts to fulfill the requirements of the court approved plan. An appeal has been filed by the plaintiff's attorneys.

The Bureau of Substance Use Disorders, along with our Management Services contractor, worked with network treatment providers to increase client length of stay and the number of clients who complete their entire treatment episode. Through this concentrated work, the overall treatment completion rate increased from 28.2% to 41%, along with raising the overall length of stay from 121.5 days in SFY 2007 to 181 days in SFY 2008. The goal for SFY 2009 is to raise the treatment completion rate to 45% and maintain the overall length of stay at 181 days.

The Bureau, along with the Interagency Committee on Substance Abuse Prevention and Treatment, created several client specific projects that began July 1, 2008. These include:

- **Prison re-entry project:** This project specifies the protocols for both Idaho Department of Corrections and DHW for clients returning to Idaho communities after prison terms who are in need of substance use disorder treatment and ancillary services. The project begins to work with the client 335 days before their anticipated parole date. For SFY 2009, interim protocols have been put into place to work with clients who have a more recent anticipated parole date;
- **Adult Misdemeanant Protocol:** DHW is working with the Idaho Association of Counties in creating a county directed approach to serving the misdemeanant population;
- **Adult Felony 19-2524 and adolescent 20-5201 clients:** DHW continues to work with judges and pre-sentence investigators to refine the process for assessments and treatment for people who have committed felonies and have a substance use disorder or mental illness; and

- Common Assessment:** Idaho is one of the first states in the nation to adopt a standardized assessment tool for substance use disorders, with all agencies and treatment providers adopting the Global Appraisal of Individual Needs (GAIN). Beginning July 1, 2008, GAIN became the only reimbursable assessment tool allowed for network providers.

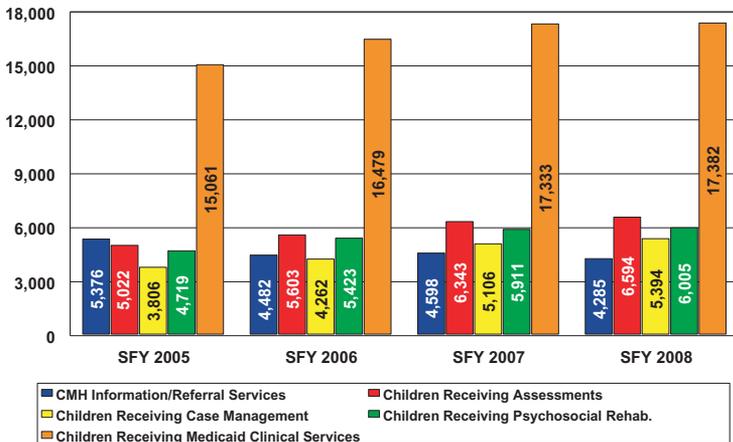
### Children's Mental Health Services

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. The program provides services and supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their community.

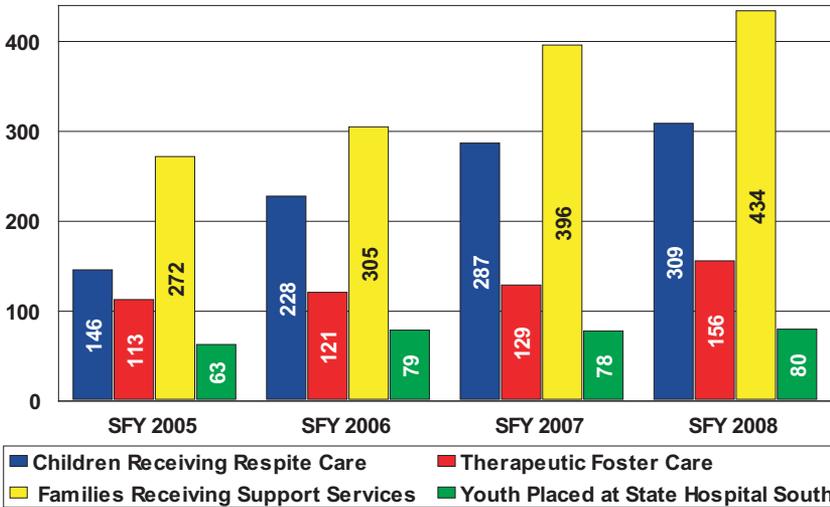
During SFY 2008, the Idaho Council on Children's Mental Health (ICCMH) helped this effort through statewide collaboration between families, advocates, mental health service providers, and directors of agencies that serve children. The ICCMH provided oversight to seven Regional Children's Mental Health Councils and the Tribal Coordinating Council in Idaho's System of Care. Regional councils oversaw 35 local Children's Mental Health Councils focusing on the development of the system at a local level. The department managed a Federal Cooperative Agreement to assist the state to develop, implement, and evaluate a statewide System of Care for children with SED and their families. The agreement concluded in 2008.

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

### Children Receiving Mental Health Services



### Children and Families Receiving Support Services



Note: On the chart above, "Children Receiving Respite Care" cases are counted based on the number of children involved, even though respite care services are breaks and time for parents to get away.

### Suicide Prevention Services

In 2003, the Department of Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, and community members to develop the first Idaho Suicide Prevention Plan. Idaho's plan is based on the National Strategy for Suicide Prevention and outlines objectives and strategies that communities can use to reduce the rate of suicide in Idaho, which is consistently higher than the national rate. The Idaho Council on Suicide Prevention provides leadership for the implementation of the plan.

As part of a comprehensive effort to address suicide prevention in the past year, the department collaborated with Idaho State University, which resulted in receiving the Garrett Lee Smith Memorial Act Grant for youth suicide prevention. This grant focuses on increasing awareness of suicide risk factors and protective factors for Idaho youth.

For more information on the Idaho Suicide Prevention Plan, visit the department's web site at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov).

## Suicide Rates

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2002 to 2007, 1,323 Idahoans died from suicide. In 2005, the latest year for comparable state data, Idaho had the 7th highest national suicide rate, according to the National Center for Health Statistics. Among Idaho's 10 to 34-year-olds, suicide was the 2nd leading cause of death.

### Completed Suicide Rate by Age\*

	10-14	15-19	20-64	65+	Total
<b>CY 2004</b>	2.9	13.8	22.9	21.4	17.2
<b>CY 2005</b>	2.9	9.1	19.8	26.8	15.7
<b>CY 2006</b>	3.7	11.7	19.5	19.5	14.9
<b>CY 2007</b>	0.9	18.9	21.3	19.2	14.7

\*Rate per 100,000 population.

### Completed Suicides by Age

	10-14	15-19	20-64	65+	Total
<b>CY 2004</b>	3	15	187	34	239
<b>CY 2005</b>	3	10	168	44	225
<b>CY 2006</b>	4	13	168	33	218
<b>CY 2007</b>	1	21	168	30	220

## Adult Mental Health Services

### Adult Mental Health System Structure

Comprehensive mental health services are provided through seven regional Community Mental Health Centers, which includes 22 field offices across the state. The Regional Mental Health Centers (RMHC) work closely with the two state psychiatric hospitals, State Hospital South in Blackfoot and State Hospital North in Orofino, and have primary responsibility for the development of a system of care that is both community-based and consumer-guided. Additionally, RMHC's work with Corrections and the Courts to address the needs of clients referred through Mental Health Courts.

Each Region has a Regional Mental Health Board. Membership, as stipulated by Idaho Code section 39-3130, consists of county commissioners; law enforcement; consumer representatives; advocates

or family members; DHW employees representing the mental health system within the region; a physician or other licensed professional of the healing arts; a mental health service provider; a representative of a hospital within the region; and a member of the regional substance abuse advisory committee. A representative from each of the seven Regional Mental Health Boards is appointed to the State Planning Council on Mental Health. The Regional Mental Health Boards advise the Division of Behavioral Health on local needs within the region, and regularly provide input and recommendations regarding system improvements.

In SFY 2008, the unit responsible for providing prior authorization for psychosocial rehabilitation services (PSR), complaint investigation, and quality assurance was transferred to the Division of Medicaid. This unit was called the Regional Mental Health Authority and is now the Medicaid PSR Prior-Approval Unit.

Many adults in Idaho suffer from mental illnesses. Nationally, the Federal government estimates 5.4% of the population will have a serious mental illness and 2.6% of the population may be diagnosed with a serious and persistent mental illness. Applying these estimates to 2007 Idaho census data, 38,984 Idaho citizens could be expected to have a serious and persistent mental illness diagnosis, with an estimated 80,967 having a serious mental illness.

### **Comprehensive Array of Services**

Idaho's community based mental health care system provides assessment and treatment for adults diagnosed with serious and persistent mental illness. The purpose of treatment is to facilitate the individual's ability to function as successfully and independently as possible. As symptoms of mental illness abate and the individual's coping skills increase, criminal justice involvement and hospitalization will hopefully decrease.

The mental health program for adults provides a comprehensive array of services. Treatment plans are developed according to the needs of the individual. Service options include crisis screening and intervention; counseling; psychosocial rehabilitation; case management; medication therapy; and Assertive Community Treatment (ACT). ACT is available in all regions. These intensive services provide support to individuals through the regional program and to those referred through regional Mental Health Courts.

During SFY 2008, the total of adults receiving services in the federal reports is significantly less than numbers reported in previous years, due to the the division not reporting people who are served only by Medicaid.

<b>Adult Mental Health Services</b>				
	<b>SFY 2005</b>	<b>SFY 2006</b>	<b>SFY 2007</b>	<b>SFY 2008</b>
<b>Adults Receiving Services</b>	<b>19,173</b>	<b>19,620</b>	<b>18,893</b>	<b>10,356</b>
<b>ACT Team Clients</b>	<b>400</b>	<b>431</b>	<b>405</b>	<b>324</b>
<b>MH Court ACT Clients</b>			<b>142</b>	<b>201</b>
<b>Total Served</b>	<b>19,573</b>	<b>20,051</b>	<b>19,440</b>	<b>10,881</b>

### **Outcomes and Data Infrastructure Efforts**

In September 2007, the Division of Behavioral Health authorized the Project Management Office to conduct an evaluation of the Adult Mental Health data system. The Program Management Office also was evaluating and determining opportunities and challenges to constructing a credible and reliable data capture system for the Adult Mental Health program. Based on this, it was determined that the existing Mental Health Program system was not sufficient to consistently capture critical data necessary to determine program effectiveness and outcomes.

In an effort to capture critical data until a strong infrastructure could be developed, the Behavioral Health Monthly Data Report was piloted in December 2006. This report relies on regional hand counts of core data elements. These regional numbers are submitted monthly to the Central Office, where they are manually tallied into a statewide report. This report continues to evolve as the management team refines data definitions and identifies either more effective means of data capture or additional elements that need to be collected.

The two State Hospitals (North and South) committed to purchasing the VistA system, and installation began in the summer of 2007.

## Bureau of Substance Use Disorders Services

The department's Bureau of Substance Use Disorders Services includes prevention and treatment services, private prevention and treatment staff training, program certification, tobacco inspections and DUI evaluator licensing.

Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs. Prevention services use an array of strategies to target populations, ranging from early childhood to adults, and are designed to foster development of anti-use attitudes and beliefs to enable youth to lead drug-free lives. Services include education of youth and parents, programs for children of addicts, mentoring and after-school programs, life skills programs, and community coalition building.

The goal of treatment services is to eliminate addiction to alcohol and other drugs. Throughout the state, the department has established treatment services for indigent citizens abusing or dependent on alcohol or other drugs. Currently, Idaho has 54 state-approved treatment providers with 112 sites, and 105 stand-alone Recovery Support Service providers, of which 59 are faith-based providers.

Providers deliver the following levels of care:

- Social setting detox;
- Residential (24-hour per-day) treatment;
- Intensive outpatient treatment;
- Outpatient treatment; and
- Treatment in halfway houses.

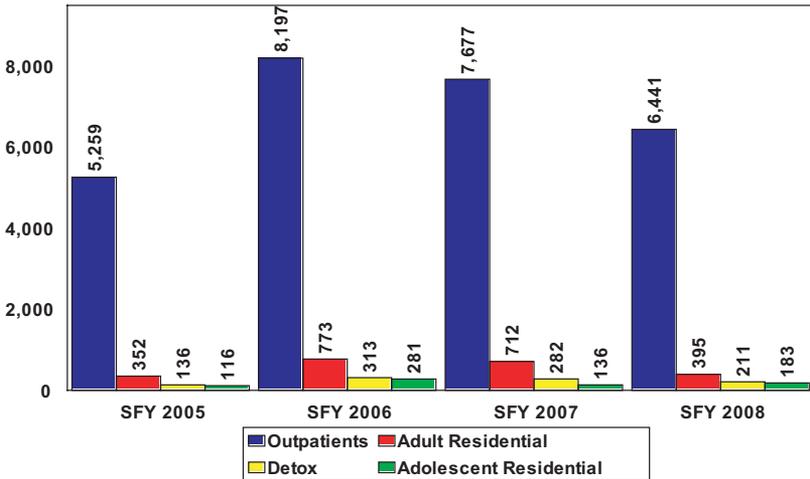
Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents. Recovery Support services include adult safe and sober housing; adolescent respite housing; drug testing; case management; family/marital/life skills programs; dental care for methamphetamine addicts; child care and transportation.

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

The department also partners with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) to help coordinate statewide activities and programming relating to the prevention and

treatment of substance use disorders. The purpose of ICSA is to assess statewide needs, develop a statewide plan, and coordinate and direct efforts of all state entities that use public funds to address substance abuse.

### Adult and Adolescent Substance Use Disorder Clients per Service



*Note: SFYs 2005-2007 includes people duplicated in more than one category. Beginning in SFY 2008, unduplicated data is being collected to give the most accurate picture of people being served.*

Since 2005, the Bureau of Substance Abuse Services has collected and reported data outcomes for clients receiving State funded substance use disorder treatment. SFY 2008 data showed the following:

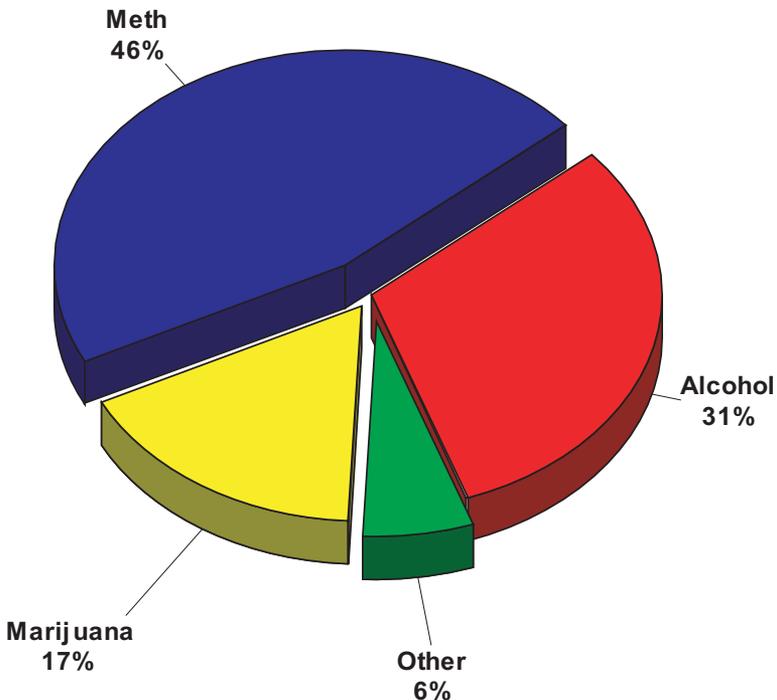
- On average, successful treatment completion improved from 26% to 41% over a two year period, a 58% improvement;
- Successful completion by criminal justice adults showed the largest improvement, almost doubling the percent of people who completed treatment, improving from 29% to 50%;
- Non-criminal justice adults had the lowest rate of improvement, although they still improved by 68%; and
- Treatment dramatically improves unemployment and homelessness. At discharge, unemployment was reduced 63% for clients who entered the program unemployed. Of those who found employment, 78% were full-time workers, with 22% working part-time. At discharge, homelessness was reduced by 85%.

## Substance Use Disorder Clients by Primary Substance

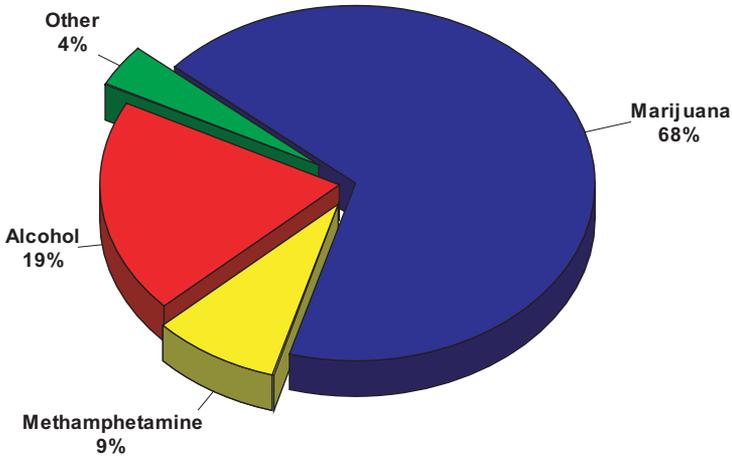
In 2008, the typical adult in state-funded substance use disorder treatment was Caucasian, with 55 percent male and 45 percent female. Thirty-eight percent were 25-34 years of age, while 26 percent were 35-44 years of age. Most clients lived independently, with 50 percent being employed or in school at discharge. The primary drug of choice for adults in 2008 was methamphetamine at 46%, followed by alcohol at 31 percent. For adolescents, 92 percent in state-funded treatment were 15-17 years of age. Marijuana addiction accounted for 68 percent of adolescents seeking treatment, followed by alcohol at 20 percent.

2008 marked the third year that methamphetamine was the primary drug of choice for adults, increasing from 44% in SFY 2007 to 46% in SFY 2008. Alcohol continued to be the second most reported primary drug of choice at 31%. The rise in methamphetamine as the primary drug of choice may be attributable to the rise in the number of criminal justice clients the bureau is treating. In 2008, 92% of the clients funded through the Bureau of Substance Abuse were criminal justice clients.

### Adult Substance Use Disorder Clients By Primary Substance



### Adolescent Substance Use Disorder Clients by Primary Substance



### Substance Use Disorder Prevention Services

In 2008, the Bureau's Substance Use Disorders prevention programs served 14,156 adolescents and 1,435 adults in one-time and recurring activities and programs through 57 State prevention program providers. Programs were provided in 42 of the 44 counties and included best practice parenting classes, in-school education classes and after-school education and activity programs

### The Idaho Tobacco Project

The Department of Health and Welfare and the Idaho State Police partner in the Idaho Tobacco Project. This collaborative effort blends merchant education, retailer permitting, and inspections for a comprehensive program to reduce sales of tobacco products to youth under age 18. The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases.

	CY2004	CY05	CY06	CY07	CY08 (10/27/08)
Permittees	1,804	1,752	1,692	1,739	1,756
Inspections	1,529	1,955	1,826	1,548	1,873
Violations	244	221	220	161	177
Non-Compliance Rate	15.6%	12.3%	12.4%	13.0%	12.5%

# State Hospital South

## Tracey Sessions, Administrator, 785-8402

State Hospital South provides psychiatric inpatient treatment and skilled nursing care for Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital, located in Blackfoot, works in partnership with the Regional Mental Health Centers, family members and community providers to enable clients to receive treatment and return to community living. The facility includes 90 psychiatric adult beds, 29 skilled nursing beds, and 16 beds for adolescents. The hospital also has a specific criminal justice program to help restore competency for people who are charged with a serious crime, but are mentally unfit to proceed in the criminal justice process.

The 29 skilled nursing beds in the Syringa Chalet nursing facility offers services to residents with a history of behavioral or psychiatric illness. The average age of a resident is 69. Adolescents between the ages of 11 and 17 are treated in an adolescent psychiatric unit that is geographically separate from adult treatment.

Treatment is provided through an interdisciplinary team, including psychiatrists and other physicians, psychologists, nurses, therapeutic recreational specialists, and social workers. The team works with patients and their families to develop and implement individual treatment plans. Treatment includes evaluation, medications, individual and group therapy, education, recreation, and discharge counseling. State Hospital South is accredited by the Joint Commission, which is considered the gold standard for healthcare accreditation. SHS also is certified by the Centers for Medicare and Medicaid Services.

### Inpatient Psychiatric/Skilled Nursing Services

	SFY 05	SFY 06	SFY 07	SFY 08
Adult Psychiatric Patient Days	27,562	27,701	26,534	25,507
Number of Admissions	326	312	344	253*
Avg. Daily Census	75.5	75.9	72.7	69.7
Daily Occupancy Rate	83.9%	84.3%	80.8%	77.4%
30-Day Readmission	0.3%	0.6%	1.7%	0.4%
180-Day Readmission	5.2%	5.8%	6.4%	6.3%
Syringa Skilled Nursing Patient Days	7,661	9,284	9,788	9,667
Daily Occupancy Rate	70.0%	87.7%	92.5%	91.1%
Adolescent Unit Admissions	63	79	68	70
Daily Occupancy Rate	66.3%	75.0%	75.2%	67.7%
30-Day Readmission	1.6%	0%	0%	0%
180-day Readmission	4.8%	7.6%	5.9%	5.7%
<b>Cost Per Patient Day</b>	<b>\$445</b>	<b>\$472</b>	<b>\$464</b>	<b>\$554**</b>

\*During SFY 08, SHS was required by the Joint Commission and the Centers for Medicaid and Medicare Services to reduce admissions due to a shortage of psychiatrists at the hospital. This negatively impacted the census in SFY 08.

\*\*A federal audit required SHS to submit \$1.6 million in SFY 08 for the state's share of Medicare payments from previous years' expenses. This settlement increased cost per patient day.

# State Hospital North

**Gary Moore, 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 60 days.

At present, admissions to State Hospital North require commitment through the court system. Treatment is individualized and is delivered within interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, masters prepared clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian and support personnel.

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

In SFY 2008, State Hospital North maintained an average census of 51 patients. Starting October 1, 2008, State Hospital North expanded the maximum licensed capacity from 55 to 60 beds, and strives to remain above a 95% occupancy rate.

### Inpatient Psychiatric Services

	SFY 05	SFY 06	SFY 07	SFY 08
Psychiatric Patient Days	16,101	15,677	17,513	18,712
Number of Admissions	192	187	231	220
Average Daily Census	44	43	48	51
Daily Occupancy Rate	88%	86%	89%	93%
<b>Readmission Rates</b>				
30 Day	1.6%	1.1%	1.7%	0%
180 Day	9.4%	5.9%	10%	5.4%
<b>Cost Per Patient Day</b>	<b>\$380</b>	<b>\$438</b>	<b>\$410</b>	<b>\$444</b>

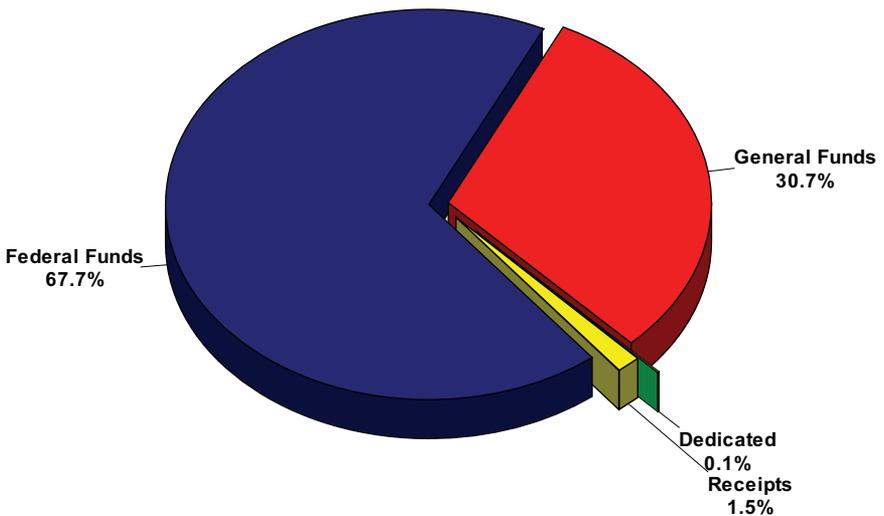
## Division of Welfare

**Russell Barron, Administrator, Phone 334-5696**

The Division of Welfare promotes stable, healthy families through program access and support services. The Division manages state and federal programs including Child Support, Food Stamps, Child Care, Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind, and Disabled (AABD). These programs, also called Self-Reliance Programs, provide critical aid and options for low-income families and individuals while encouraging participants to improve employment and become more self-reliant.

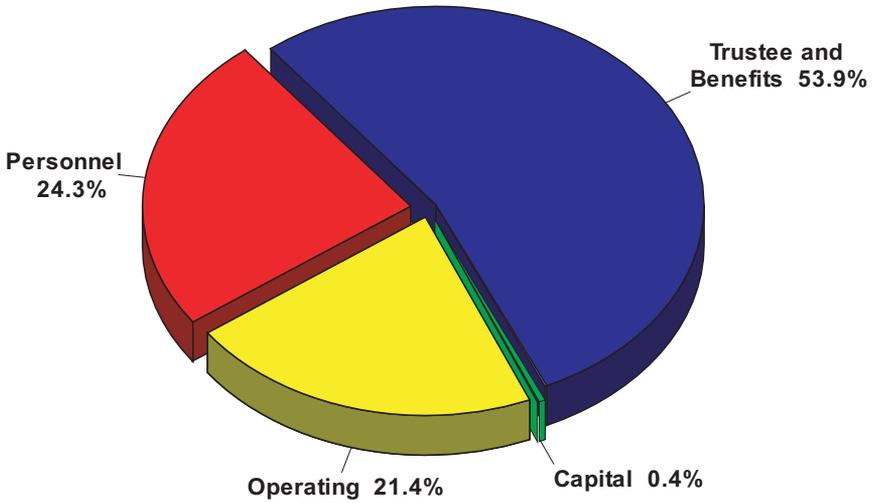
The Division does not manage the Medicaid Program, but does determine Medicaid eligibility. Other programs managed through contracts with local organizations include food commodities, energy assistance, telephone assistance, and weatherization assistance.

**Welfare SFY 2009 Funding Sources**

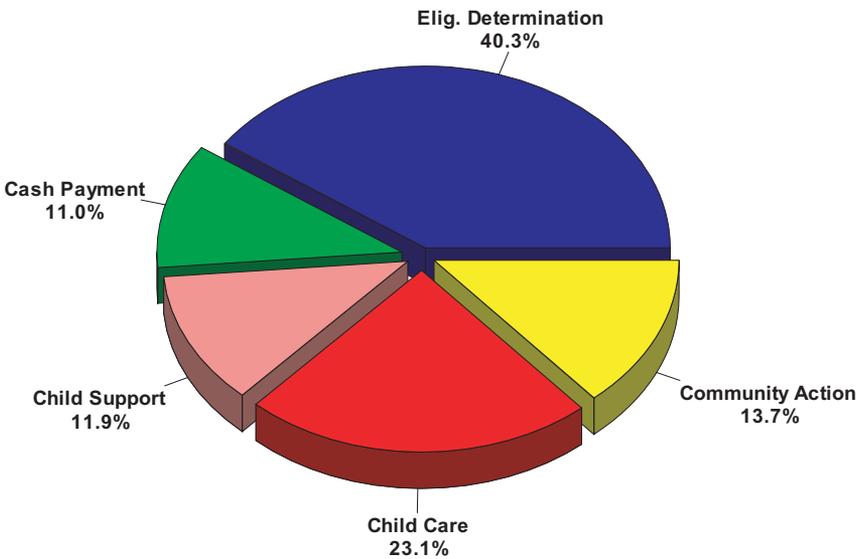


*Authorized FTP: 617.7. Original Appropriation for 2009: General Fund: \$44.8 million; Total Funds: \$145.9 million; 7.7% of Health and Welfare funding.*

### Welfare SFY 2009 Expenditure Categories



### Welfare Spending by Program



## 2008 Self-Reliance Highlights

In SFY 2008, the Division of Welfare gained new performance heights in accuracy and timeliness to achieve the highest composite performance in the Division since the late 1980s. A focus on new technology and revised business processes, and an extensive review of Child Support cases, has helped the Division improve and maintain performance in all programs and services. These improvements have come despite hitting the highest Food Stamp caseload in Idaho's history (increasing by nearly 18% from June '07 to June '08) and experiencing continued caseload growth in Medicaid, Child Support, as well as other programs.

In the Food Stamp and Medicaid Programs, streamlined business processes and new automation provided capacity to significantly reduce the average length of time to approve new applications for assistance. The Division also improved the Food Stamp payment accuracy rate to a level that exceeds federal standards. As a measure of achievement, the federal government is now asking Idaho to share best practices and methods of success with other states.

The Idaho Child Support Program also has reached a new performance standard. In the most recent annual federal data reliability audit, the program passed all performance standards.

These performance improvements reflect the Division's relentless focus on quality assurance and business process improvements. The Division has made many changes and will continue to make additional improvements during the next year. A critical accomplishment in this process has been the continued enthusiasm and energy of the employees whose jobs are changing, but who have supported our new processes and technology.

### **Business Modernization Projects**

The Division initiated a major effort to modernize service delivery and sustain performance improvements through creating more effective business processes and developing new technology.

The EPICS Replacement (ER) Project is a three-year project that began in SFY 2007 to modernize the 22-year-old automated benefit eligibility determination system, known as EPICS, that is used by staff for case management and application processing. During the second year of the ER Project, the project team refined tools developed during the first year while working to complete the case management component under a tight timeline. ER Project Managers were recognized with an Achievement Award from the state's Information Technology Resource

Management Council for the project management methods used to improve eligibility performance during replacement of a complex system.

The Child Support Modernization Project is a one-year project in SFY 2009 to enhance the existing Child Support automated system as improved business processes are developed. Leveraging project management methodology developed during the ER Project will maximize what can be accomplished within the one-year project timeline.

## Challenges

The worsening economic conditions are creating a paradox: As the economy deteriorates, more people than ever need assistance. Because of the same deteriorating economy, the state must tighten its spending. As more people look for assistance and resources decrease, Division of Welfare services are being met with new challenges. Specifically, the monthly Food Stamp, Medicaid, cash assistance for the aged, and Child Support caseloads are projected to continue to increase, partly due to the worsening economy.

Food Stamp Program participation typically reflects our economic conditions. As conditions worsen, monthly Food Stamp caseloads rise. Idaho is currently at an all-time high for Food Stamp participation, due to more people coming on the program and often staying on the program for longer duration. In October 2008 Food Stamp enrollments reached 111,838 participants, a 24% increase from October 2007, which experienced 90,059 participants.

While staff performance is very high in most programs the Division administers, that level of performance is being tested as record numbers of people come through our doors for assistance. Over the last few years, Welfare staff absorbed increased workload through improved business practices and automation updates. However, the Division is seeing early signs of declining performance as programs set enrollment records. If caseloads of our largest programs (Medicaid, Food Stamps, and Child Support) continue to rise beyond "carrying capacity," maintaining high performance levels will be increasingly difficult.

Other challenges for SFY 2009 are the completion of the Division's EPICS Replacement and Child Support Modernization projects described above. These two major projects will bring more change to Division technology, staff, and the delivery of programs and services.

The Division of Welfare also is coordinating technology development and implementation with the Division of Medicaid and its replacement of their Medicaid Management Information System. The replacement of these systems is a critical step in continuing to meet the needs of Idaho citizens.

A number of other challenges are anticipated as the Division works to meet ongoing as well as new federal requirements, including:

- Changes to the Food Stamp Program required by the 2008 Farm Bill, such as the eliminating the cap on household child care expenses;
- Reductions in Child Support funding under the 2005 federal Deficit Reduction Act (DRA);
- Reauthorization of the federal Temporary Assistance for Needy Families Program, which has established new standards to help families find and retain employment. While Idaho has performed better than most states with work services since welfare reform, these additional requirements are more labor-intensive for our staff and will require workload realignment;
- New federal quality assurance review and reporting requirements in Medicaid, TANF, and Child Care to ensure that only eligible individuals participate and that they receive accurate benefit payments; and
- An increase in the number of federal audits and reviews on federal program operations.

SFY 2009 will be a year of unprecedented changes and incredible challenges. Much work remains to be done in completing projects, meeting increased caseloads, and complying with federal requirements. Rising to these challenges will require effective use of available resources as we strive to continually improve in providing service to Idaho citizens. The Division remains committed to serving Idahoans in the most effective and efficient manner.

## Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:

- Food assistance (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 for Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD).

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

2. **Child Support** services can help families by:

- Locating an absent parent, conducting paternity testing, and creating a new, or enforcing an existing, child support order;
- Provide medical support enforcement to ensure children are covered by available health insurance;
- Mandating child support participation for individuals receiving Food Stamps, Medicaid, or TAFI. This requirement is an effort to encourage participant self-reliance and increase household income while receiving benefit program services; and
- Providing help to other states to enforce and collect child support for parents living in Idaho. These interstate services account for about one-fifth of Idaho's cases.

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

3. **Other Community-based Services** include:

- Nutrition-related services and food commodities;
- Low-income home energy assistance;
- Telephone assistance for low-income people;
- Child care provider education; and
- Weatherization to help low-income people conserve energy and save money.

Community-based Services are provided by contractors, such as the Community Action Agencies, who are funded through various federal and state funds; the Division maintains some administrative and fiscal responsibilities.

## Program Participation

Participation in Benefit Programs, Child Support, and other Community-based Services traditionally is measured by the average monthly caseload or the average monthly number of individuals served. Reporting these numbers does not give a true picture of the number of people served during the year. Today, services are designed to promote self-reliance and provide temporary assistance. Food Stamps and family cash assistance have work participation requirements for those receiving benefits to help people achieve self-sufficiency. As people served become self-reliant, they no longer need state and federal services.

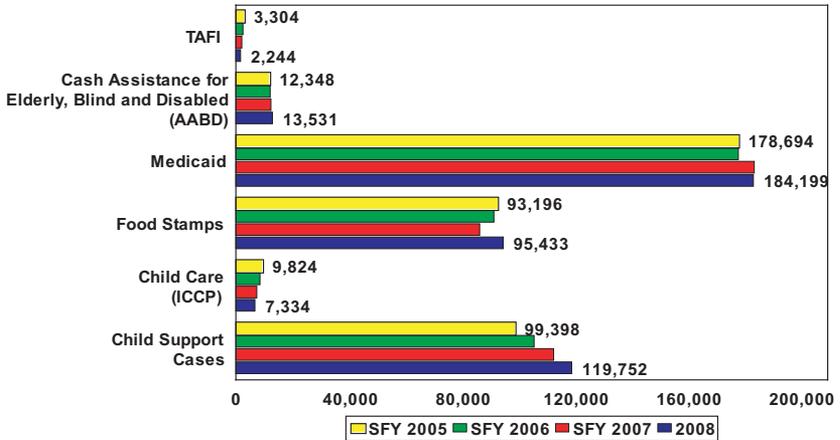
Comparing total participants in a year to the monthly average, illustrates program success in helping people become more self-sufficient. As expected, services for the elderly do not change much compared to programs with work requirements. This table summarizes annual participation rates compared to the monthly average.

### SFY 2008 Monthly Served vs. Annual Participation

	Monthly Avg. Served	Annual Individuals Participating	Turnover
<b>Cash Assistance for Families (TAFI)</b>	<b>2,244</b>	<b>4,797</b>	<b>114%</b>
<b>Food Stamps</b>	<b>95,433</b>	<b>157,653</b>	<b>65%</b>
<b>Medicaid</b>	<b>184,199</b>	<b>231,604</b>	<b>26%</b>
<b>Elderly, Blind and Disabled (AABD) (cash and non-cash)</b>	<b>43,502</b>	<b>49,797</b>	<b>14%</b>

*Note: TAFI has a 24-month lifetime limit on benefits which encourages temporary use. As expected, elderly and disabled participants in AABD have little annual turnover.*

### Average Monthly Individuals Served



*Note: All counts are individuals except Child Support, which is a case count. Program totals should not be added together because many participants receive services from more than one program. In June of 2008, there were 215,317 people receiving benefits, excluding child support cases.*

### Numbers Served by Region

In June of 2008, 215,317 people received assistance services from the Department in the form of cash, Medicaid, Food Stamps and Child Care. This compares to 205,396 in June 2007 and 179,901 in June 2003.

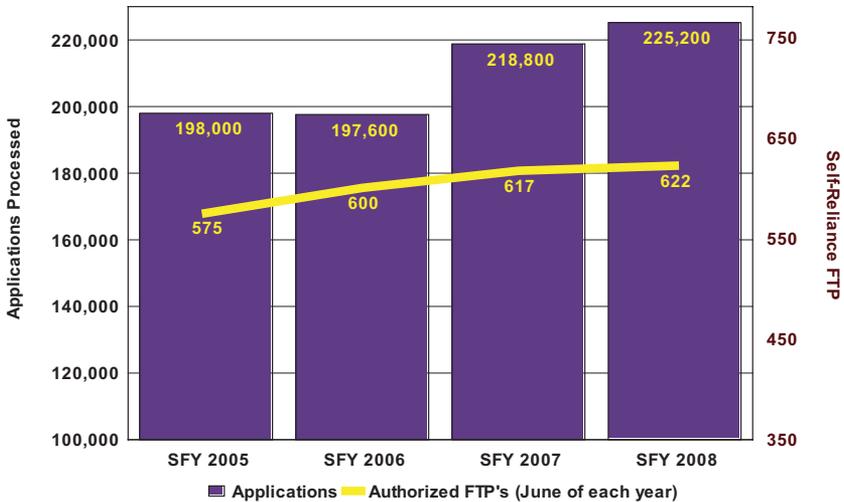
Region 3 in southwest Idaho had the highest utilization of services, leading the state in enrollment in Medicaid, Food Stamps and Child Care. 21.9 percent of Region 3's population participated in a IDHW benefit program. In eastern Idaho, over 16 percent of residents received services, while Idaho's most populous area, Region 4 which includes Boise, had the lowest use of benefit programs, with only nine percent of the regional population receiving benefits.

### Idaho population, People Receiving Assistance, Percent of Regional Population Receiving Assistance during June 2008

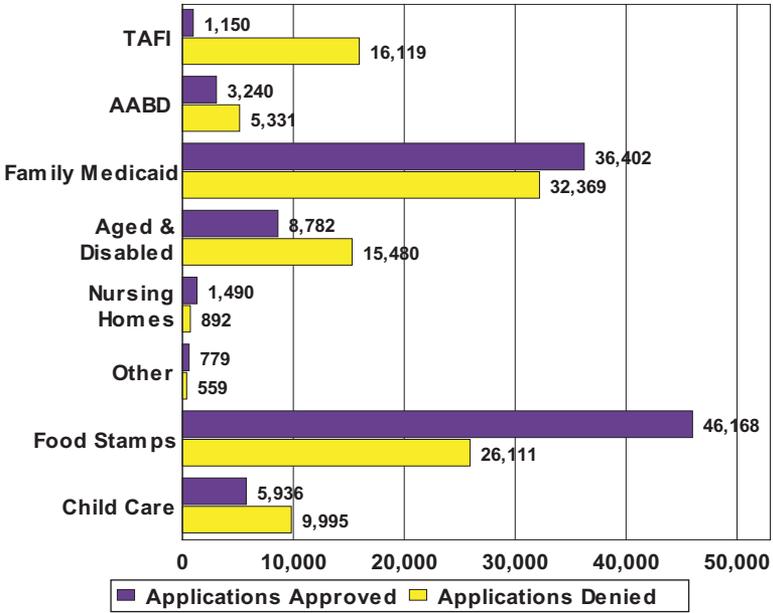
Region	Estimated Population	Receiving Cash Payments	Medicaid	Food Stamps	Child Care Assistance	Totals
1	208445 13.91%	2635 1.3%	23221 11.0%	12731 6.1%	817 .4%	26572 12.7%
2	102388 6.8%	1579 1.5%	11363 11.1%	6467 6.3%	324 .3%	12847 12.5%
3	243156 16.2%	3350 1.4%	47474 19.5%	25152 10.3%	1683 .7%	53279 21.9%
4	418778 27.9%	3076 .7%	31555 7.5%	20118 4.8%	1204 .3%	37,573 9%
5	174057 11.6%	1706 1%	24358 14%	11675 6.7%	962 .6%	26932 15.5%
6	160109 10.8%	2133 1.3%	22,522 14.1%	13821 8067%	813 .5%	26169 16.3%
7	192469 12.8%	1525 .8%	28903 15%	14093 7.3%	914 .5%	31945 16.6%
<b>Totals</b>	<b>1499402 100%</b>	<b>16004 1.1%</b>	<b>189396 12.6%</b>	<b>104057 6.9%</b>	<b>6717 .4%</b>	<b>215317 14.4%</b>

NOTE: Estimated population percentage is of the state's total population. All other percentages for each category are the percentage of each region's population. Many participants receive services through more than one program. The total is an unduplicated count of these four self-reliance programs.

### Estimated Annual Benefit Applications and Child Support Cases Processed in Relation to Self-Reliance FTP



## SFY 2008 Applications Approved and Denied



## Benefit Program Services

The Division of Welfare manages benefit payments in four major programs:

1. 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).

### Food Stamp Program

The Food Stamp Program helps low-income families maintain good health and nutrition. Federally funded, the program is managed by the state and helps families buy the food they need using an Electronic Benefits Transfer card, which works like a debit card.

Idaho's Food Stamp Program has experienced high growth in the past year. As Idaho faces continued growth in the Food Stamp caseload, we are challenged to ensure applications are processed timely to ensure

Idahoans receive needed food as quickly as possible, while accurate determinations for these services is maintained.

**Caseload Growth:**

Idaho's Food Stamp caseload is the highest in history, reaching a caseload of 42,425 families in June 2008. This represents 104,057 Idahoans who received Food Stamp benefits in June. These figures reflect an 18% increase since June of 2007. Projections estimate the Food Stamp caseload will continue to grow due to economic pressures and population growth. The Food Stamp caseload also continues to show significant growth at the national level.

Despite this significant growth in caseload, the Idaho Food Stamp Program continues to improve in performance through:

**Program Integrity:**

In recent years (FFY 2004, 2005), the Idaho Food Stamp Program was financially penalized for poor performance with a payment error rate that exceeded national standards. Through process improvements and a reliance on quality assurance, Idaho improved the Food Stamp payment error rate from 8.34% in FFY 2005 to 4.64% in FFY 2006, making Idaho the second most improved state in the nation and earning a bonus from the federal government. Idaho has maintained high performance in Food Stamp payment accuracy through FFY 2007 and 2008. As of June 2008, Idaho's state-reported payment error rate was 2.98%.

Idaho's most impressive improvements are in the area of the "negative error rate," a measurement of the percentage of applications wrongly denied or closed. In FFY 2007, Idaho's negative error rate was 5.21%. Nine months into FFY 2008, Idaho's negative error rate has declined to only 0.93%.

One of the challenges of administering the Food Stamp Program is to ensure that not only Food Stamp payments are determined accurately, but also that families in the need of food assistance are helped as quickly as possible.

As of June 2008, more than 96% of Idaho Food Stamp applications are approved within the federal standard of 30 days; Idaho averages 11 days to approve non-emergency food stamp applications and one day to approve emergency Food Stamp applications. Efforts to improve processing time have come through technology improvements as well as service delivery changes. Whenever possible, self-reliance staff attempt to serve a customer the same day they come into our offices to apply for services.

As we continue to see the record numbers of people needing food and other assistance, it becomes more challenging to maintain current performance levels.

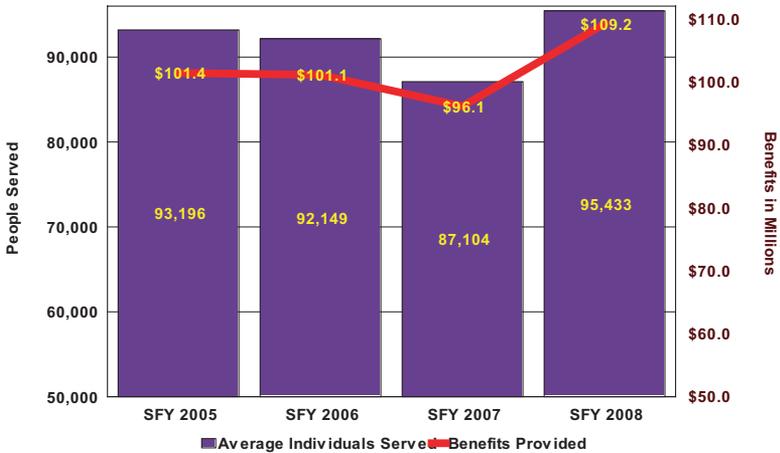
**Access:**

Access to food assistance is another important factor to the citizens of Idaho. As more Idahoans are faced with unemployment and difficult economic situations, the Food Stamp Program becomes critical in the short-term to ensure children and families have food on their tables. Idaho has improved participation rates in Idaho from 49% in 2002 to an all time high of 62% in 2005 (the most recent data available). Improving access to the Food Stamp program is an indication that we are better meeting the nutritional needs of Idaho's elderly, adult, and child populations.

**Hunger in Idaho:**

After being ranked as the 8th hungriest state in the nation in 2004, the Idaho Hunger Relief Task Force was formed in 2006. In one year, Idaho's ranking improved to the 13th hungriest state. The Idaho Food Stamp program is actively involved in this task force, joining with the public and private sector to identify the root causes of hunger in Idaho and to eliminate hunger in this abundant state. While still in its infancy, the Hunger Task Force promises to coordinate efforts statewide geared toward ending hunger in Idaho.

**Food Stamps Average Individuals Served Monthly and Total Benefits Provided**



**Idaho Child Care Program**

The Idaho Child Care Program (ICCP) subsidizes child care expenses for low-income families so they can maintain employment. Child care subsidies are calculated on a sliding fee scale, dependent on the parents' income. Because of the high costs of child care, many parents earning

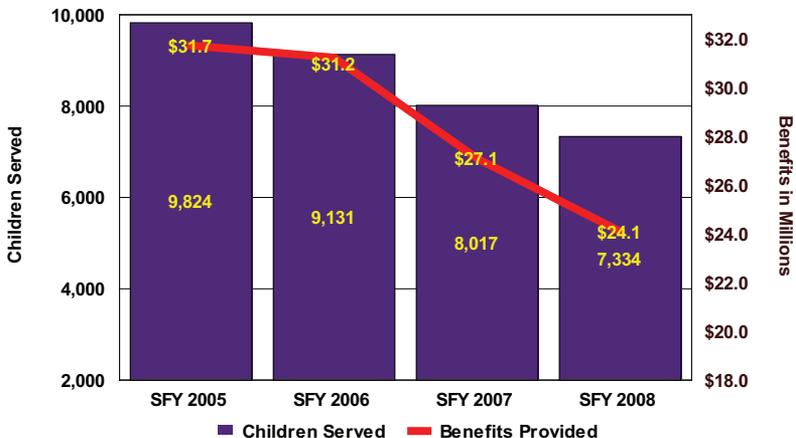
near minimum wage could not afford to work and pay for child care without ICCP assistance. Payments for assistance are made directly to child care providers.

ICCP continues to be an integral supporting service in helping families become self-reliant and employed. One of the core values of the program is the importance of a working parent role model for children in the family.

The decline in the ICCP caseload in 2007 was attributed to the fact that eligibility was limited to 150% of 1998 FPL. During the 2008 legislative session, the eligibility level was increased to 135% of 2007 Federal Poverty Level so that more families would be eligible. This change took place in May of 2008. However, the caseload continues to decline, now the decline can be attributed to the economic down turn. Experience has taught us that during difficult economic times people lose their jobs or cannot find work. When this happens child care caseloads decline and the Food Stamp caseload grows. Child Care subsidies remain a critical element in allowing low income families to maintain employment.

ICCP, in partnership with the University of Idaho and the Idaho Association for the Education of Young Children, also provides professional development and referral services for Idaho child care providers. 1,956 Idaho child care providers are enrolled in the program, benefitting from 576 trainings conducted in the state in SFY 2008. Facilities also participated in a pilot program to develop a quality rating system for child care providers.

### ICCP Average Monthly Children Served and Total Annual Benefits Provided



## **Health Coverage (Medicaid)**

The Division of Welfare determines financial and personal eligibility for individuals who apply for Medicaid Services. The Division of Medicaid determines health care services or “coverage” that enrollees receive, depending on the Medicaid program approved or the type of care a person requires.

In SFY 2008 the Division of Welfare processed more than 100,000 applications for health coverage and determined eligibility for continuing coverage for over 55,000 cases. More than 230,000 people access health coverage through Medicaid programs each year, with approximately 189,000 being children.

Idaho Medicaid includes a number of eligibility categories and corresponding differences in benefits. Groups such as pregnant women, low-income children, and individuals with disabilities have different eligibility requirements and slightly different coverage. Medicaid also provides a program that helps eligible families pay premiums for private or employer sponsored health insurance.

A number of Medicaid programs serve the aged, blind, and disabled, including individuals who require nursing facility or in-home care. In an average month, approximately 47,500 people receive health coverage in this category, which includes approximately 3,500 people residing in long-term care facilities, 35,000 disabled or aged adults who live in the community or in residential facilities, and approximately 8,500 disabled children.

## **Temporary Assistance for Families in Idaho (TAFI)**

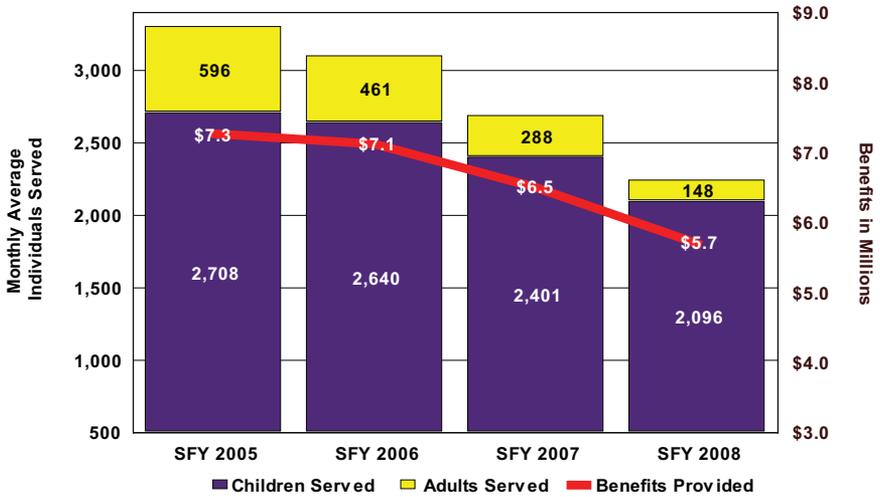
TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. TAFI replaced Idaho's historical AFDC or “Welfare” program in 1997. Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become more self-reliant. In Idaho, the work participation rate of families receiving TAFI met or exceeded the federally required rate of 50% every month in SFY 2008.

A typical TAFI family consists of a single mom with one or two children under the age of eight. Each family receives a maximum of \$309 monthly, regardless of family size. Idaho has set a lifetime limit of 24 months of TAFI cash assistance for adults. Families receiving TAFI can also receive short-term training to become employed or to sustain employment. A typical TAFI family is on assistance for only four months.

Approximately 91% of TAFI cases are “child-only” cases (up from 84%

in SFY 2007) where children receive assistance while living with a relative. The relative providing care is most often a grandparent. Typically these children do not have parents to care for them due to drug problems or incarceration. There is no work participation requirement for these TAFI cases.

### TAFI Average Individuals Served and Total Annual Benefits Provided

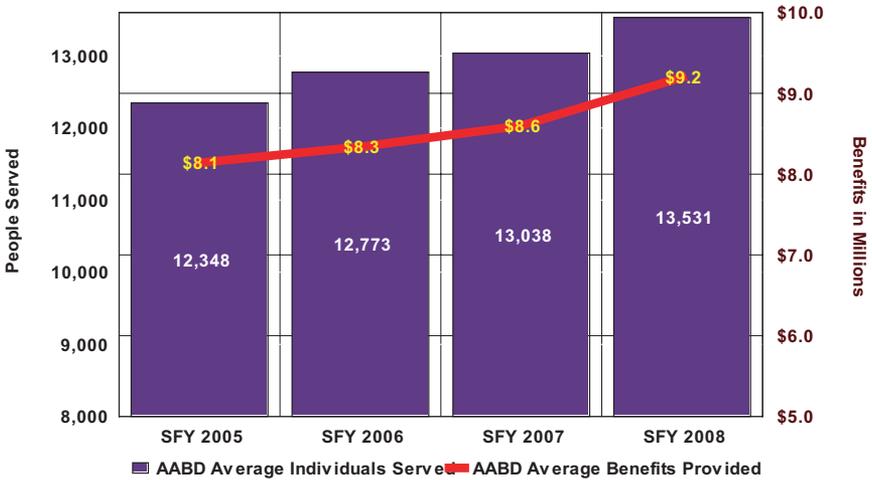


### Aid to the Aged, Blind, and Disabled (AABD)

AABD provides cash assistance to certain low-income individuals who also receive medical assistance because they are blind, disabled, or age 65 or older. Approximately 13,500 individuals receive an AABD cash payment each month. Of this number, 2,200 are over age 65, 1,500 are disabled children, and the rest are disabled adults. AABD cash assistance is intended to supplement the individual's low income to help them meet the needs of everyday living.

Cash assistance payments are based on the person's living arrangement. Individuals living in facilities that provide specialized care or supervision generally receive a higher payment. The average monthly payment for a person receiving AABD cash assistance is \$57. Individuals living in their own home receive an average of \$47 per month, while the highest average cash payment is for individuals who live in certified family homes. On average, these individuals receive monthly assistance of \$257.

## AABD Average Monthly Individuals Receiving Cash Payment and Total Annual Benefits Provided



## Child Support Services

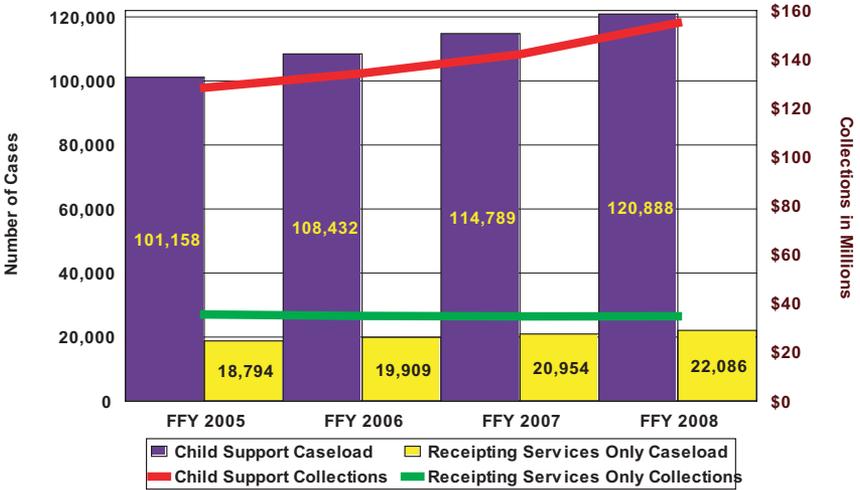
The Child Support Program promotes the physical and economic health of families by ensuring parents are responsible for their children. The program helps parents meet their obligations to provide financial and medical support for their children.

In FFY 2008, Child Support Services administered a monthly average of 120,888 non-county child support cases, collecting and distributing \$155 million.

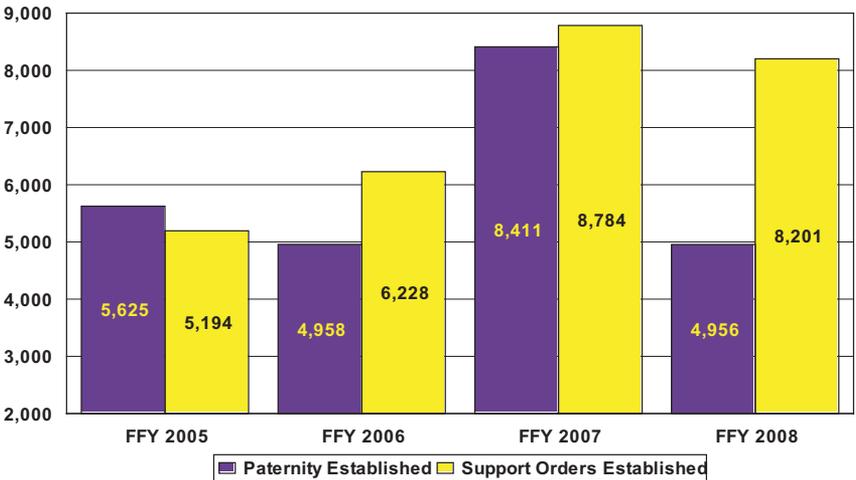
In 1998, the Legislature chose the department to administer all child support cases. This includes administering an additional 22,000 cases from counties, collecting and distributing \$35 million in the process. The department refers to county cases as Receiving Services Only (RSO). Including RSO cases, the Department of Health and Welfare administered 143,000 child support cases, collecting and distributing \$190 million during FFY 2008.

Services include establishing paternity, locating non-custodial parents, establishing court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

### Monthly Average Child Support Caseload and Total Dollars Collected



### Paternity and Support Orders Established



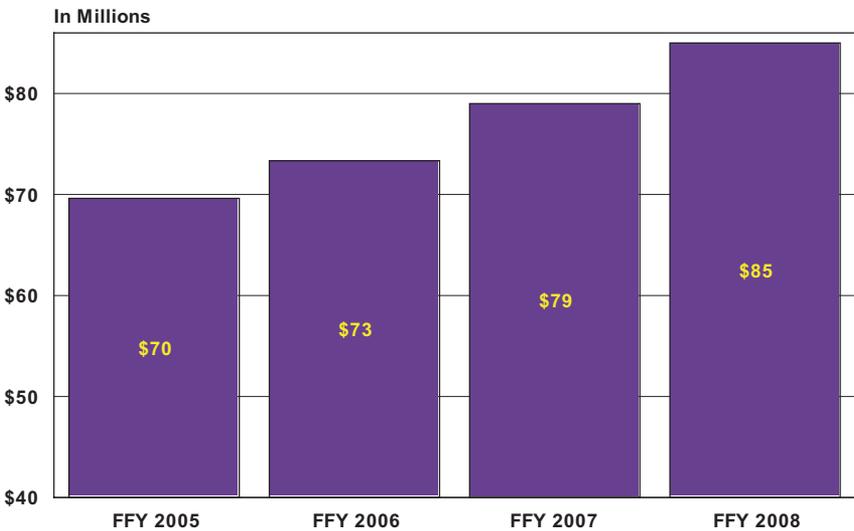
Note: In FFY 2007, the Child Support Program focused efforts on improving case accuracy and integrity, causing unusually high numbers in both paternity establishments and support order establishments that year.

## Child Support Enforcement Methods

Child Support Services 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.

**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 tests, and implementation of the new hire reporting system. In FFY 2008, \$85 million was collected using this tool.

### Child Support Collected Through Wage Withholding



*Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with the expanded use of data matching for in-state and out-of-state parents. In 1997, wage withholding was responsible for 32 percent of all state child support case collections. In 2008, it accounted for 55 percent.*

**New Hire Reporting-Electronic Data Matching:** The department electronically matches parents responsible for paying child support with those taking new jobs, according to files from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin new jobs. The department matched an average of 1,718 people per month in FFY 2008.

**License Suspension:** Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include driver's licenses, fishing and hunting licenses, and professional licenses. About half of all people with existing obligations who were notified their licenses were about to be suspended are meeting their payment obligations.

As a result of the license suspension process, payments have been collected for many families. There were more than 2,937 licenses suspended during FFY 2008.

**Federal and State Tax Offset:** Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2008, households who receive child support enforcement services received \$13 million in tax offset dollars.

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

### 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

## Contracted Services

**Enhanced Work Services:** Works with Self-Reliance participants to help them gain, sustain, or upgrade employment opportunities. Adults receiving services through TAFI (Cash Assistance), Food Stamps, non-custodial parents in child support cases, and those at risk of coming onto TAFI are candidates for Enhanced Work Services. Four contractors deliver these services statewide and served 10,455 participants in SFY 2008.

**Child Support Customer Service:** Delivers professional and proficient child support receipting, case management, financial analysis audits, and customer service call center services for Idaho Child Support. This contractor receipted 620,311 transactions in SFY 2008, amounting to \$127.9 million. The contractor completed 2,292 financial audits, 316,123 customer service calls, 1.3 million interactive voice response calls, and 9,241 web site emails.

**Financial Institution Data Match:** Transmits bi-weekly data match information to the Department from financial institutions and public utilities on non-custodial parents with child support cases in arrears. This contractor transmitted 33,817 data matches in SFY 2008.

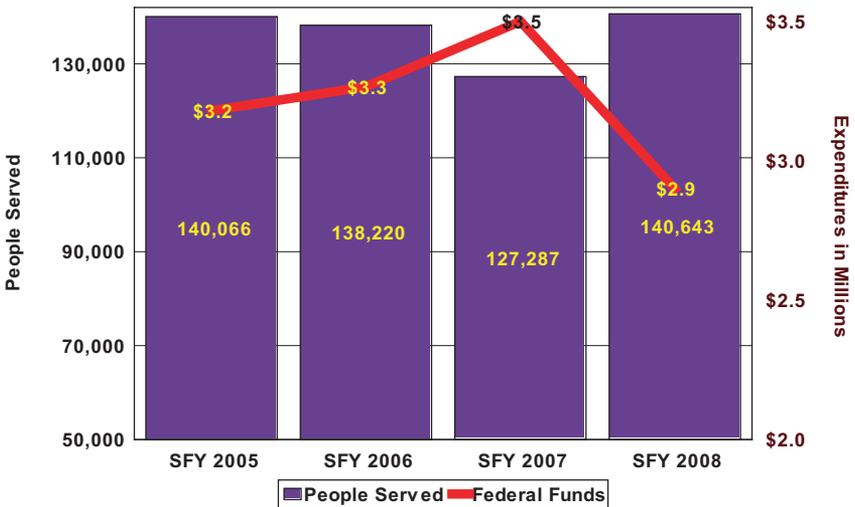
**IdahoStars:** This contract with the University of Idaho ensures a consistent, statewide Child Care Resource and Referral system, along with a Professional Development Registry and Career Pathway system, that are consumer-driven to increase public awareness and improve the quality of child care in Idaho. 2-1-1 Idaho CareLine is the universal point of access. In SFY 2008, there were 4,742 child care referrals to parents, 9,346 ICCP providers registered, and 1,511 participants enrolled in the Professional Development Registry.

**Community Services:** The Division of Welfare contracts with the Community Action Association Partnership of Idaho for the administration of several federal grant programs to improve living conditions for low-income households and encourage self-reliance. The programs include Community Services Block Grant, the Emergency Food Assistance Program, Low Income Home Energy Assistance Program, the Idaho Telephone Service Assistance Program, and the Weatherization Assistance Program. Together these Community Service Programs served over 127,200 Idahoans in SFY 2008.

**Community Action Partnerships in Idaho:** Community Action Partnership in Idaho provides many services that revitalize communities and serve low-income families. They provide these services through a variety of funding sources that are administered by Community Action Partnership of Idaho through a contract with the Department of Health and Welfare.

**Community Services Block Grant (CSBG):** The grant is used to provide programs that help eliminate the causes of poverty and enables families and individuals to become self-reliant. Services are delivered through locally operated and managed Community Action Agencies and the Community Council of Idaho (formerly known as the Idaho Migrant Council.) Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent \$2.9 million serving 146,327 people during SFY 2008.

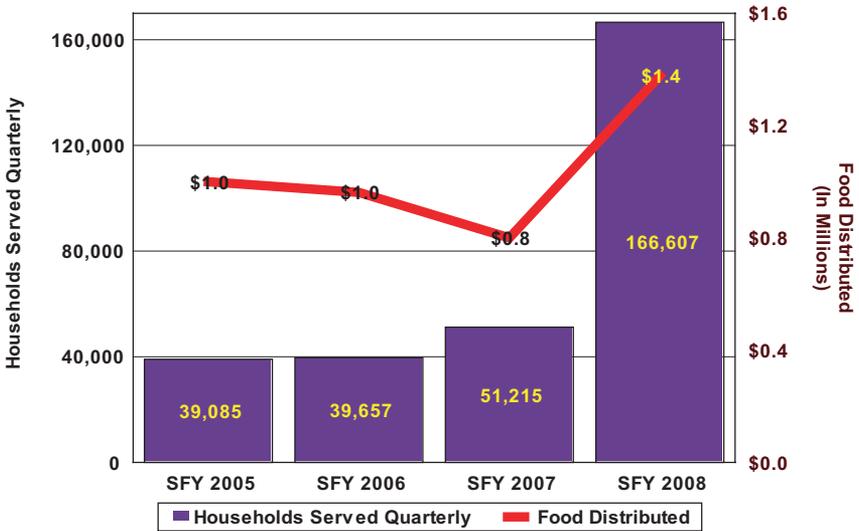
### Community Services Block Grant



**The Emergency Food Assistance Program (TEFAP):** TEFAP helps supplement the diets of Idaho's low-income citizens. This program is a federally administered program of the U.S. Department of Agriculture, which purchases surplus food commodities from American food producers and distributes them to states. TEFAP's administrative budget is 98 percent federally funded.

In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2008, TEFAP provided over 160,000 families with food. For the year, 1.8 million pounds of food valued at \$1.4 million was distributed to low-income Idahoans.

### The Emergency Food Assistance Program (TEFAP)

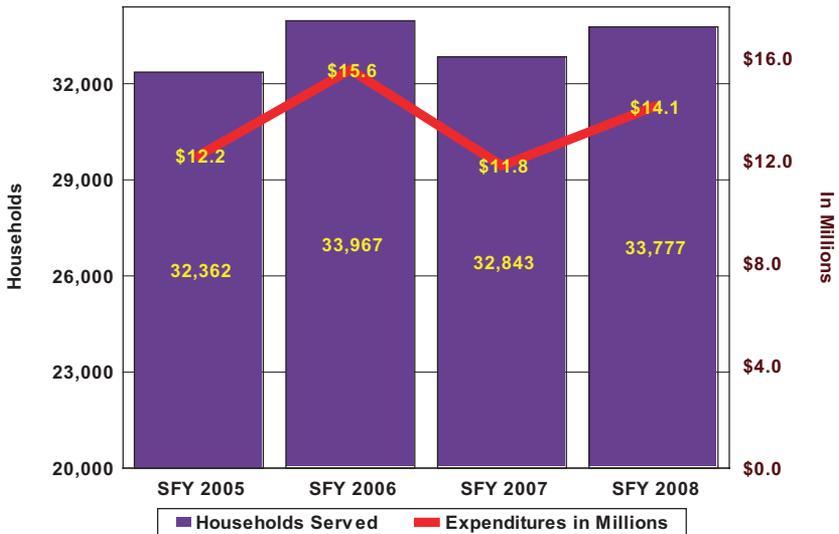


*Note: Until recently, Idaho's foodbanks and soup kitchens did not have a data collection system to record TEFAP participation. A new data system is now collecting this information and is responsible for much of the SFY 2008 increase.*

**Low-Income Home Energy Assistance Program (LIHEAP):** LIHEAP funding pays for several energy conservation and education programs for low-income people, along with paying a portion of energy costs for qualifying households. The program is administered through Community Action Programs.

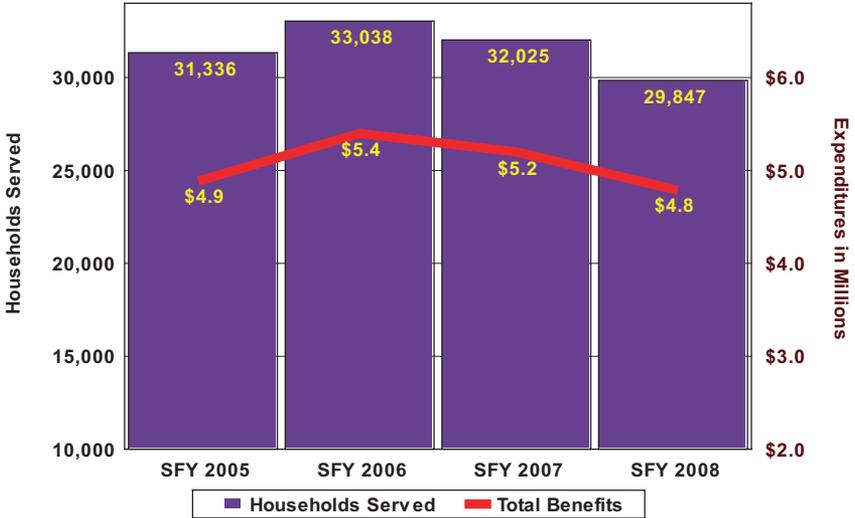
Payment for energy costs is made directly to energy suppliers and vendors. \$14.1 million was spent in SFY 2008, serving 33,777 Idaho households. \$11.6 of this funding was used as direct payment of energy costs for low-income households.

### Low-Income Home Energy Assistance Program



**Telephone Service Assistance Program:** Assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 21 telephone companies using monthly fees collected from Idaho telephone service customers. During SFY 2008, the program served an average of 29,847 households per month, with a monthly benefit of approximately \$13.50. Benefits for the state fiscal year totalled over \$4.8 million.

### Telephone Service Assistance Program



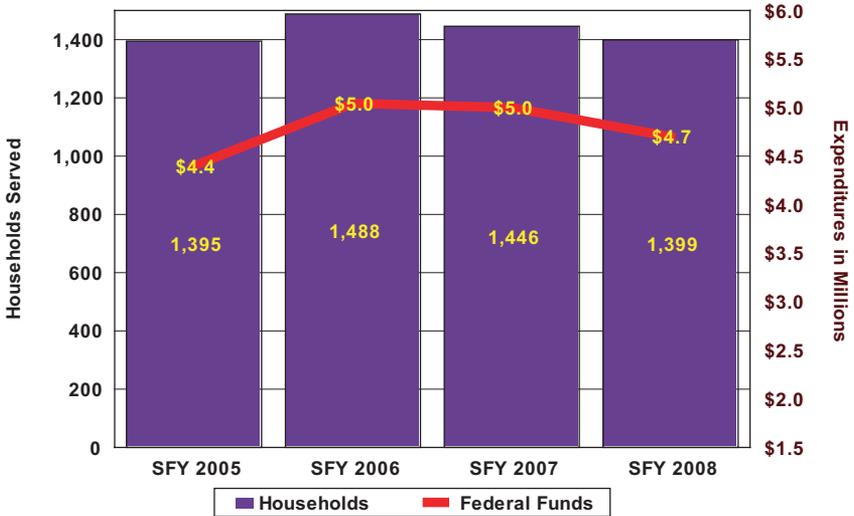
Note: Benefits cannot be used to pay for wireless (cell phone) service. Participation is expected to decline around 6% each year as more people replace their landline with wireless.

**Weatherization Assistance Program :** Helps low-income families conserve energy, save money, and improve their living conditions. Projected energy savings from 2008 weatherization activities returned \$5 in energy-related benefits for every \$1 invested.

Idaho's weatherization program is funded by utilities, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. In calendar year 2008, approximately \$4.7 million was spent on 1,399 homes.

Weatherization measures include repair or replacement of heat sources, insulation, weather stripping, and caulking windows and doors.

### Weatherization Assistance Program (Federal Expenditures)



## Division of Public Health

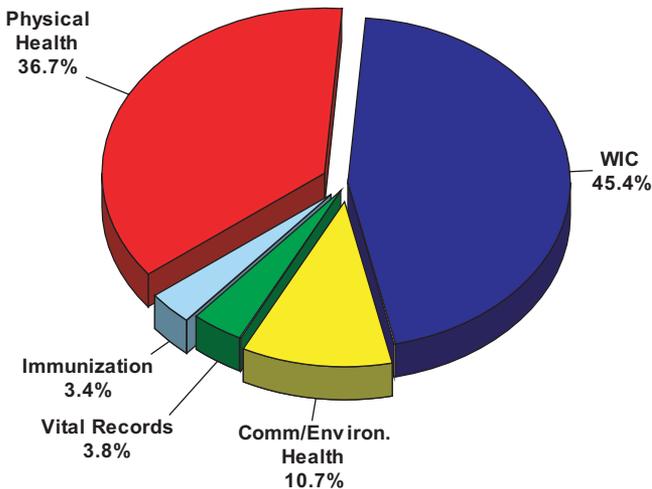
**Jane Smith, Administrator, 334-5932**

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

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

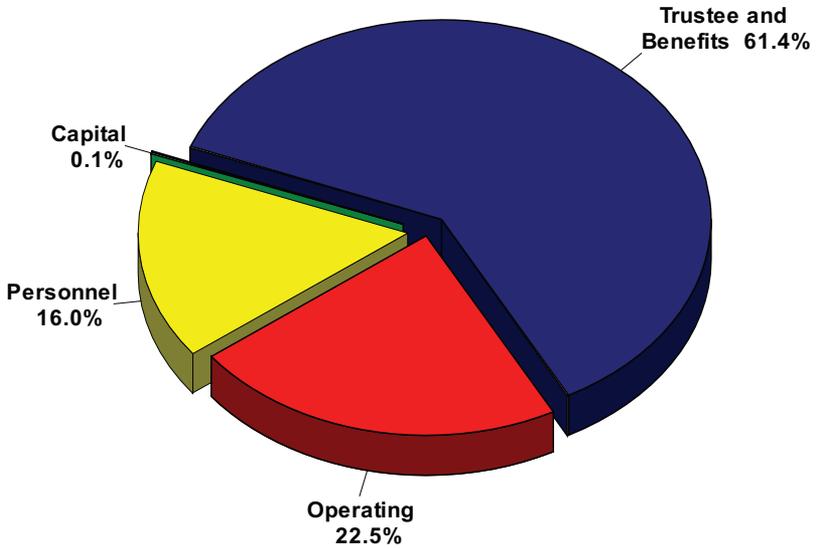
The division includes the Bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Laboratories, Health Planning and Resource Development, Vital Records and Health Statistics, and Epidemiology and Food Protection.

**Public Health SFY 2009 Funding Sources**

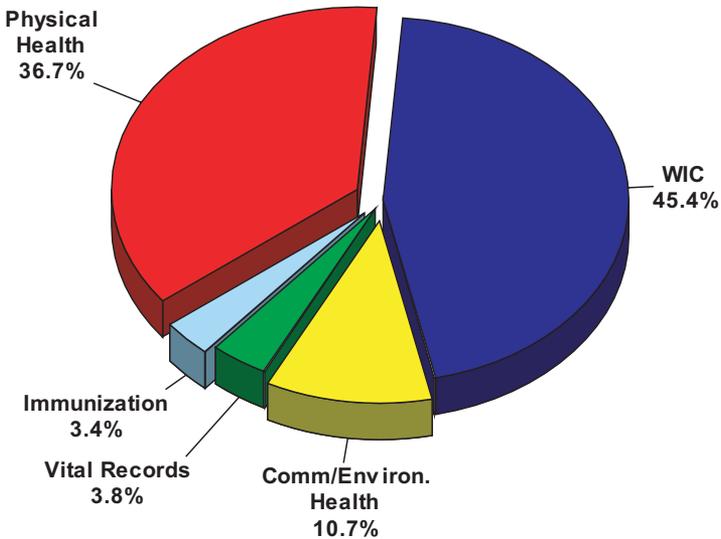


SFY 2009 Authorized FTP: 205.6; General Fund Appropriation: \$9.8 million; Total Funds: \$83.7 million; 4.4% of Health and Welfare funding.

### Public Health SFY 2009 Expenditure Categories



### Public Health Spending by Program



## 2008: Improving the Health of Idaho Citizens

The Division of Public Health protects the health of Idaho citizens and promotes responsible behaviors and interventions to encourage people to lead healthy lifestyles. This years accomplishments include:

- The Idaho Community Health Center Grant Program was established and awarded grants to Community Health Centers to improve access to healthcare for Idahoans. The 2008 Legislature approved a one-time, \$1 million appropriation for the critical infrastructure needs of Idaho Community Health Centers. The grant awards are limited to \$500,000 and can be used for the purchase, construction, or renovation of property; and the purchase of equipment, including electronic information technology and electronic health records.
- The Bureau of Vital Records and Health Statistics has completed functional documentation for an Electronic Death Registration System, with testing in November and estimated implementation in January. The on-line submittal of death records will provide a more timely submission of higher quality death information to the State Registrar and enable the State to better serve families by providing copies of death certificates to them quicker and more efficiently.
- The Office of Epidemiology and Food Protection partnered with local public health districts to develop and produce a multi-media, statewide campaign to inform the public on how to help prevent recreational waterborne illnesses such as cryptosporidiosis. The campaign included public service announcements airing on radio and television mid-June through Labor Day; posters for aquatic facilities, healthcare providers, and large daycares; brochures and children's temporary tattoos for health district use; and a new web presence at [www.rwi.dhw.idaho.gov](http://www.rwi.dhw.idaho.gov)
- The Idaho Immunization Program brought together immunization stakeholders from around the state in November 2007 to discuss ways to increase the state's immunization rates, which are below the national average. As a result of this meeting, physicians from across the state are forming an immunization coalition to support providers and increase immunization rates.
- The Family Planning, STD and HIV Programs collaborated with the Hispanic community to improve access to screening, treatment and partner services for populations disproportionately affected by HIV/STD by implementing a media campaign targeted to Hispanics. Testing and calls to the 2-1-1 CareLine increased because of radio public service announcements, outdoor billboards, sponsored dances, free testing

at health fairs, press releases, Spanish language brochures, an internet website, and radio talk shows with prominent members of the Hispanic community regarding STD/HIV. Tracking from the Idaho 2-1-1 CareLine from April to July showed that over 60 callers indicated they were calling for testing information because of this social marketing campaign, and 38 individuals were tested for HIV at a Hispanic health fair offering rapid testing.

- Idaho recently received Coordinated School Health funding through a federal Centers for Disease Control and Prevention grant awarded to the State Department of Education. Through a partnership with Education, the Bureau of Community and Environmental Health received funds to hire a Coordinated School Health Specialist. The Coordinated School Health Specialist is responsible for increasing and strengthening intra-agency and interagency collaborative partnerships at the state level to provide coordinated support to schools, communities and local organizations in developing and implementing the Coordinated School Health program.

## Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Sexual and Reproductive Health, Immunizations, Children's Special Health, Women's Health Check, and Women, Infants and Children (WIC) nutritional program.

### Sexual and Reproductive Health Program

The Sexual and Reproductive Health Program serves as the Title 10 grantee and administers funding for seven delegate agencies that provide family planning services throughout Idaho. The 45 clinics managed by local public health districts work to ensure access to family planning services for residents in 40 of Idaho's 44 counties.

The national target for Healthy People 2010 is to reduce the pregnancy rates of teens 15-17 years old to 43 pregnancies per 1,000. Idaho's teen pregnancy rate has historically remained well below the national rate and the Healthy People 2010 goal. Ten years ago, the Idaho teen pregnancy rate was 29.0 per 1,000 females aged 15-17. In the past five years, the rate reached a low of 20.8 in 2005, but has increased the last two years and in CY 2007 was 23.9 per 1,000 females aged 15-17.

<b>Idaho Teen pregnancy number and rate, females aged 15-17</b>
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<b>Year</b>	<b>Number</b>	<b>Rate per 1,000 females aged 15-17</b>
2007	788	23.9
2006	762	22.9
2005	659	20.8
2004	655	20.9
2003	653	20.9
2002	714	22.6
2001	736	23.2
2000	801	25.1
1999	926	29.3
1998	928	29.0

*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. If U.S. rates were based on live births and abortions only, the U.S. teen pregnancy rate would be 36.3 per 1,000 females aged 15-17 in 2002 (latest year U.S. data are available).*

The Sexual and Reproductive Health Program also operates the sexually transmitted disease (STD), HIV/AIDS, and Hepatitis C prevention control projects. The projects work in partnership with local public health districts and community-based organizations to prevent the transmission of Chlamydia, gonorrhea, syphilis, HIV, AIDS, and Hepatitis C through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

Syphilis rates rose dramatically in 2002 and continued to rise through 2004, when rates hit 5.6 cases per 100,000 population, for a total of 77 cases reported in 2004. With additional training for health care providers, epidemiologic surveillance and aggressive investigation of infected partners, rates decreased to 0.8 cases per 100,000 population with only 12 cases reported in 2006 and 14 cases reported in 2007.

Chlamydia and gonorrhea rates also have increased. Chlamydia rates rose from 203.8 cases per 100,000 in 2004 to 248.2 cases per 100,000 in 2007, a 21.8 percent increase. The rate of gonorrhea per 100,000 population increased 139 percent during the same time period. A total of 3,722 cases of chlamydia and 269 cases of gonorrhea were reported in CY 2007.

To curb the spread of chlamydia and gonorrhea, the Division of Public Health funded an aggressive media campaign, increased partner management efforts, alerted private providers about the increases and appropriate treatments, and encouraged the use of expedited partner therapy to treat exposed partners.

#### Rate of Sexually Transmitted Diseases

	Chlamydia	Gonorrhea	Syphilis
<b>2007</b>	248.2	17.9	0.9
<b>2006</b>	234.1	14.1	0.8
<b>2005</b>	195.9	8.3	3.8
<b>2004</b>	203.8	7.5	5.6

*Note: Rates per 100,000 of population. For HIV/AIDS data, see Bloodborne Diseases.*

### Immunization Program

The Idaho Immunization Program (IIP) is a multifaceted program which strives to increase immunization rates and awareness of childhood vaccine preventable diseases. The IIP provides educational resources to the general public and healthcare providers. It also distributes vaccines to private and public healthcare providers free of charge. Healthcare providers can charge a fee for administering a state-supplied vaccine, but cannot charge for the vaccine itself. This practice ensures all Idaho children have access to recommended vaccines, regardless of their ability to pay.

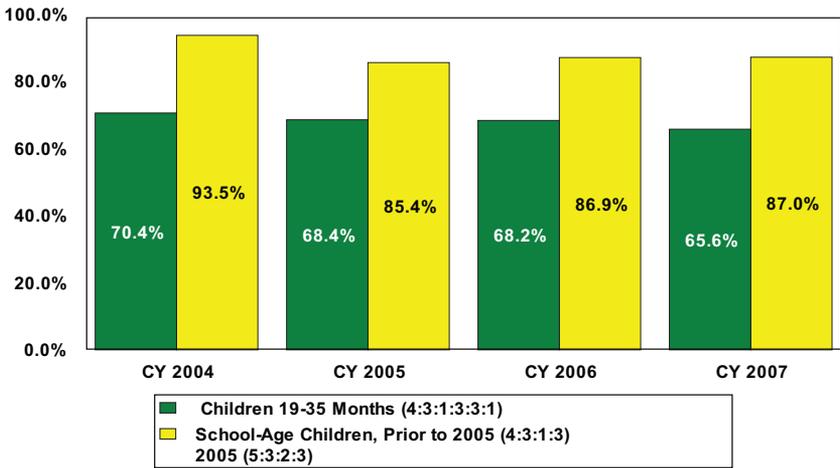
The IIP also oversees the national Vaccines For Children (VFC) program and conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy, updates regarding state and national immunization trends, disease outbreaks,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

#### Number of Childhood Vaccine Preventable Diseases

Disease	CY 04	CY 05	CY 06	CY 07
Hemophilus influenzae B (HIB, invasive)	1	2	1	8
Measles	0	0	0	0
Mumps	3	0	7	7
Pertussis (whooping cough)	66	211	88	45
Rubella	0	0	0	0
<b>Total</b>	<b>70</b>	<b>213</b>	<b>96</b>	<b>60</b>

The IIP has recently sharpened focus on increasing the number of school-aged children who have received all recommended childhood immunizations. The school and child care activities include quality assurance site visits and educational opportunities for school nurses, school staff, and child care staff. During these visits the IIP staff reviews immunization records and provides trainings to increase the knowledge of school nurses and staff regarding the immunization schedule, school immunization rules, and protocols for vaccine preventable disease outbreaks among students.

### Percent of Children Fully Immunized



*Note: 4:3:1:3:3:1 is 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, one or more doses of MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more dose of varicella vaccine. The national average is 77.4% for children 19-35 months. 5:3:2:3 is 5 doses of DTaP, 3 doses of poliovirus vaccine, two doses of MMR and 3 doses of HepB.*

### Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization registry that allows health care providers, schools, and child care facilities access to vaccination records for people of all ages residing in Idaho. It is a statewide, secure system that individuals and parents must 'opt-in' to for vaccination records to be stored. IRIS is utilized by 334 medical providers and 369 school and child care facilities in Idaho. Currently, 47,710 children under 2-years of age are enrolled in the registry, which is approximately 95 percent of all Idaho children in this age group.

Number of Idahoans Enrolled in Registry by Year				
	FY 2005	FY 2006	FY 2007	FY 2008
Ages 0-35 Months	56,650	59,527	61,219	64,059
Ages 3-5 Years	48,064	51,628	56,341	62,859
Ages 6-18 Years	86,170	103,018	122,765	150,893
Ages > 18 Years	77,548	86,364	99,781	112,222
Total	268,432	300,537	340,106	390,033

*Note: Patients in the registry on July 1, 2008 totaled 390,033. In 2008, there were 18,887 Idahoans enrolled in the registry without vaccinations.*

### Vaccine Distribution

The Immunization Program purchases vaccines through the Vaccines for Children Program sponsored by the federal Centers for Disease Control and Prevention. For each of the last four years, the program distributed more than 500,000 vaccine doses statewide to more than 330 providers, local public health districts, clinics, and private physicians.

The Immunization Program began offering varicella in 1999, hepatitis A in 2000, Prevnar in 2001, and Pediarix in 2003, Tdap and Menactra in 2005, Rotavirus and ProQuad in 2007, and human papillomavirus (HPV) as a Vaccines for Children (VFC) only vaccine in 2007.

### Vaccine Adverse Event Reporting System (VAERS)

The Immunization Program strives to distribute more combination vaccines to reduce the number of injections a child must receive to be fully immunized. These include ComVax (hepatitis B/Haemophilus Influenzae, type B), Pediarix (diphtheria, tetanus, acellular pertussis/hepatitis B/polio), and Twinrix (hepatitis A/hepatitis B). By using combination vaccines, more vaccines are being administered, but with fewer injections.

The majority of adverse reactions vary from pain and swelling around the vaccination site to fever and muscle aches. A more serious and rare adverse reaction to a vaccine is an allergic reaction.

In SFY 2008, Idaho submitted 38 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.

**Number of Adverse Reactions and Rate per 10,000 Vaccinations**

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2008	38	590,342*	0.6
SFY 2007	38	512,393	0.7
SFY 2006	48	502,516	1.0
SFY 2005	58	468,121	1.2

\*Note: The number for SFY 2008 is an estimate and will increase as health-care provider reports are received.

**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 \$55 per month in vouchers for prescribed healthy foods based on physical assessment, along with counseling in nutrition and breastfeeding, to more than 70,000 participants annually. The average food voucher increased \$7 in 2008 due to increasing food prices. WIC services are delivered through the local public health districts, Benewah Health and Nimiipuu Health.

**Clients Served Monthly and Average Voucher Value**

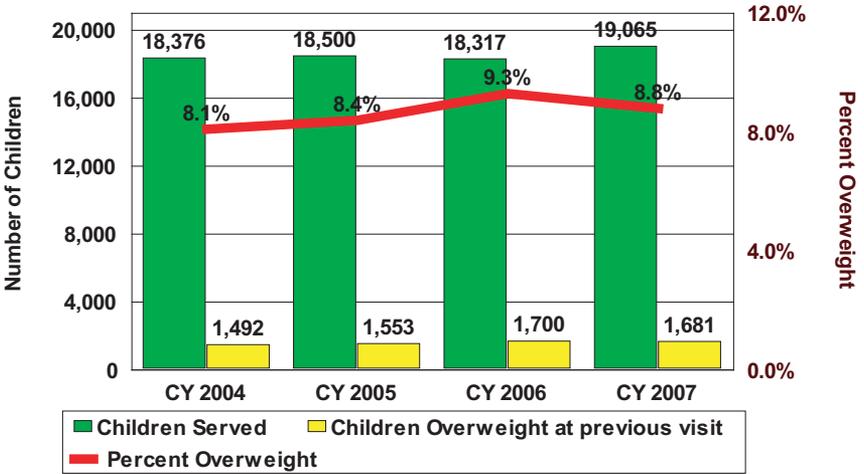
Year	SFY 2005	SFY 2006	SFY 2007	SFY 2008
<b>Clients Served (Monthly Average)</b>	<b>37,737</b>	<b>37,278</b>	<b>37,593</b>	<b>40,539</b>
<b>Average Voucher (Per Month)</b>	<b>\$46</b>	<b>\$46</b>	<b>\$48</b>	<b>\$55</b>

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.

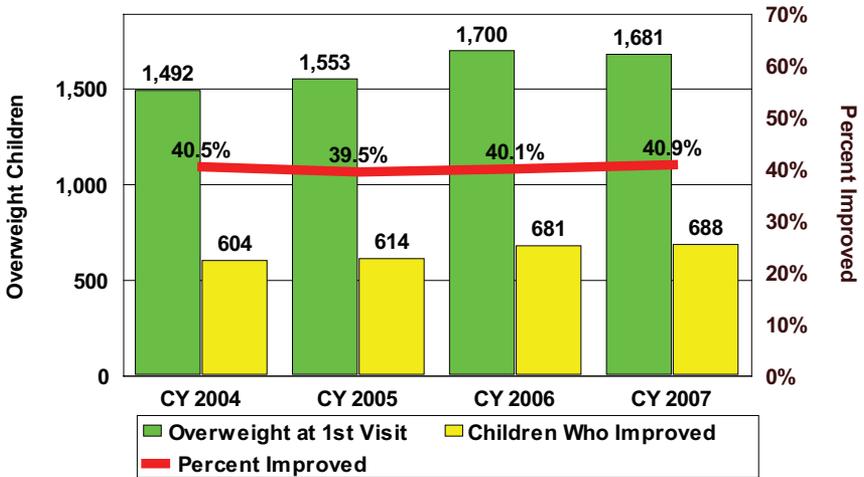
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure status of their weight with their height to obtain their Body Mass Index (BMI).

In 2006, 1,700 children served by WIC aged 2 to 5 years (9.3 percent) were overweight at a previous visit to WIC. Of those children, 40.1 percent improved their weight status at their recertification visit. For 2007 the number of WIC children overweight at a previous visit was 1,681 (8.8 percent) with 688 showing an improved status at the next recertification visit for a rate of 40.9% showing an improvement of at least one percentile point of BMI at age, with 19,065 served.

### 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 50-64 years of age, and Pap tests to women 40-64 years of age, who have income 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.

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

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

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer* Diagnosed	Pre-Cervical* Cancer Diagnosed
SFY 2008	4,264	52	3	44
SFY 2007	3,813**	43	3	31
SFY 2006	3,508	47	3	32
SFY 2005	3,579	47	3	27

*\* Data for cervical cancer diagnosed is based on Cervical intraepithelial neoplasia (CIN) diagnosed greater than stage III. The numbers of cervical cancer cases in SFY 2005-2006 have been revised based on this definition. Data for pre-cervical cancer cases diagnosed is new to the report in 2008.*

*\*\* Revised number of women screened in SFY 2007.*

## Office of Epidemiology and Food Protection

The Office of Epidemiology and Food Protection tracks disease trends and epidemics and works with the Centers for Disease Control and Prevention (CDC) to respond and report to outbreaks. The office also:

- Offers consultation and direction to district health departments on the investigation and intervention of diseases and developing interventions to control outbreaks and prevent future cases;
- Delivers tuberculosis consultation and treatment services;
- Provides medical direction for programs in the Division of Health; and
- Provides oversight on food inspection programs.

Epidemiology capacity has significantly increased with the placement of additional epidemiologists in the local District Health Departments and at the state level. The authority to isolate individuals and quarantine sites was added to the State statutes in 2003. In addition, legislation was passed that made smallpox, transmissible spongiform encephalopathies, West Nile Virus, and SARS reportable conditions in Idaho, and shortened the timeframe for reporting of other diseases of public health concern.

Idaho has progressed from a completely paper-based disease reporting system to full implementation of a web-based electronic disease reporting system (base version of NEDSS) and has begun to implement electronic laboratory disease reporting, shortening significantly the amount of time it takes to receive disease reports.

### Bloodborne Diseases

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

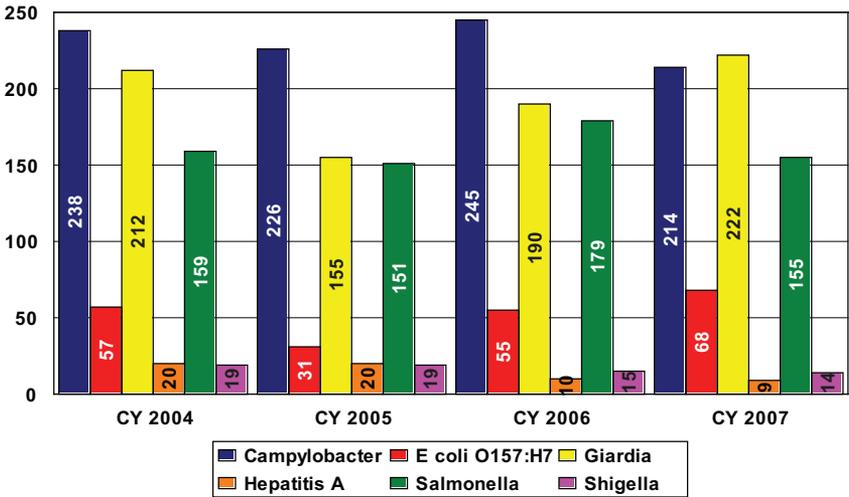
Bloodborne Diseases	CY 03	CY 04	CY 05	CY 06	CY 07
<b>New HIV Reports</b>	23	23	25	27	28
<b>New AIDS Reports</b>	20	16	26	31	14
<b>Idaho Residents Living with HIV/AIDS*</b>	777**	813**	845**	921	992
<b>Acute Hepatitis B</b>	8	14	16	16	17
<b>Acute Hepatitis C</b>	1	1	1	1	7

*\*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. Reports among residents of Idaho at first diagnosis with AIDS or with HIV.*

*\*\*Data have been revised for CY 2003-2005.*

## Enteric Diseases (Diseases of the Intestine)

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



## Food Protection

The Office of Epidemiology and Food Protection work to protect the public from illness associated with the consumption of food. The Food Protection Program provides oversight, training, and guidance to environmental health specialists in local public health districts in Idaho. These environmental health specialists perform inspections of food facilities and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and district health departments investigate foodborne illness and outbreaks. They work closely with the food protection program and environmental health specialists to investigate suspected and confirmed foodborne illnesses arising from both licensed food establishments and other sources, taking steps to reduce disease and prevent future outbreaks.

	SFY 05	SFY 06	SFY 07	SFY 08
<b>Foodborne outbreaks</b>	8	8	10	10
<b>From licensed food est.</b>	6	6	4	4
<b>From home, church, picnics</b>	2	2	6	6
<b>People ill</b>	539*	120	52	103

NOTE: Only confirmed and probable outbreaks and cases counted.

\*Two large outbreaks accounted for the majority of ill persons listed in 2005.

## West Nile Virus

West Nile virus (WNV), a mosquito-borne virus affecting humans, horses, birds, and other animals, entered the eastern U.S. in 1999. Over subsequent years it slowly migrated westward across the continent, introduced into new locations by infected birds and then maintained in a bird-mosquito cycle. Local mosquito-borne virus transmission to humans was first documented in Idaho in 2004.

In 2006, Idaho led the nation in reported WNV infections with 996 reported clinical cases that included 23 deaths. Subsequent WNV seasons in Idaho have shown a sharp decline in reported human and animal cases, with 132 human cases (1 death) reported in 2007, and 39 cases (1 death) in 2008. Disease prevention was accomplished by the promotion of the "Fight the Bite" campaign, a public information campaign that included radio, television, and print materials, as well as education of healthcare providers regarding disease trends and testing options through the Idaho Disease Bulletin and Health Alerts. The state laboratory was instrumental in providing testing for those with serious illness to determine if West Nile virus was the cause.

The WNV season is dependent on the first appearance of mosquitoes until the first killing frost in the Fall. WNV is now established in the local ecosystems for much of Idaho. As it has in other states, WNV is expected to cause illness in humans and animals every mosquito season.

## Laboratory Services

The Public Health Laboratory provides a wide range of services including:

- Testing for communicable diseases;
- Analyzing environmental samples;
- Testing for bioterrorism agents;
- Administering state and federal regulations governing operation of private physician and hospital clinical laboratories; and
- Testing required for transportation and disposal of hazardous materials.

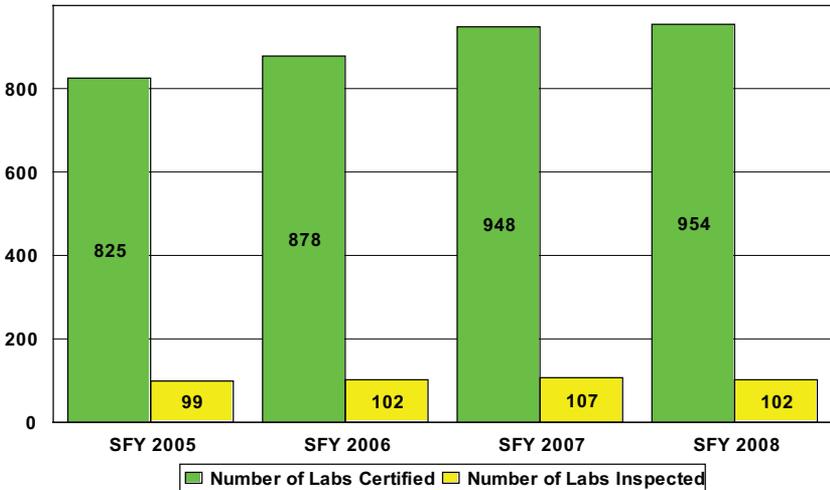
Laboratory services are provided by a central state Public Health laboratory in Boise where facilities and capacity have been significantly upgraded. The state lab conducts environmental tests on air pollution, environmental chemistry, environmental terrorism, and water bacteriology. Environmental tests include testing for mercury in fish, and testing public drinking water for regulated chemicals such as arsenic and cyanide.

The state lab also conducts microbiology, virology, and serology tests. These test for sexually transmitted diseases such as Chlamydia and gonorrhea; food and enteric bacteriology such as salmonella and E. coli O157:H7; vaccine preventable diseases such as Pertussis; respiratory diseases such as influenza, SARS, and Hantavirus; and rabies in animals and humans. The State Lab continues to be invaluable in the surveillance and testing of West Nile virus, testing samples from both mosquito pools and people.

Laboratory services provides registration and inspection of clinical laboratories. The number of inspected laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 45 JCAHO, CAP, and COLA laboratories.\*

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

### Number of Labs Certified and Inspected



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

## Bureau of Community and Environmental Health

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

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

The Bureau is comprised of the following programs:

- Comprehensive Cancer Control;
- Respiratory Health (Tobacco and Asthma);
- Physical Activity and Nutrition;
- Oral Health;
- Diabetes Prevention and Control;
- Cardiovascular Disease and Stroke Prevention; and
- Environmental Health and Injury Prevention, which includes Sexual Violence Prevention, Adolescent Pregnancy Prevention, Indoor Environment, Environmental Health Education and Assessment, Injury Prevention and Surveillance, and Toxicology.

### Tobacco Prevention and Control

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

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

Idaho ranks 21st in the nation for the lowest percentage of adults who smoked in 2007, at 19.1 percent. The national percentage of adults who smoked was 19.7 percent.

Idaho Adults aged 18+	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007
<b>Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)</b>	18.9%	17.4%	17.9%	16.8%	19.1%

*Note: According to the 2007 Youth Risk Behavior Survey, 20 percent of Idaho students in grades 9-12 smoked one or more cigarettes in the last 30 days. The Youth Risk Behavior Survey is conducted every two years, in odd-numbered years.*

## Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (PAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. PAN 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 2007 was 63 percent based on the median of all states and U.S. territories.

Idaho Adults 18 and Over	CY 2004	CY 2005	CY 2006	CY 2007
<b>Overweight Adults (Body Mass Index &gt;25)</b>	58.2%	61.4%	59.7%	63.1%

*Note: According to the 2007 Youth Risk Behavior Survey, 11 percent of Idaho students in grades 9-12 are overweight and an additional 12 percent are at risk for becoming overweight. The Youth Risk Behavior Survey is conducted every two years, in odd-numbered years.*

During SFY 2008, PAN contracted with each of Idaho's local public health districts to assess the weight status of 3rd grade public school students using the Body Mass Index (BMI) and associated weight status categories. The response rate for participation in the BMI assessment among schools was 92%, while the student response was 89%, for a combined response rate of 82% of all 3rd grade students.

Among Idaho 3rd grade students; 13% were overweight, 15% were considered at risk for overweight, 70% were a healthy weight, and 2% were underweight based on their body mass index-for-age percentile. Among sexes, male 3rd grade students in Idaho were slightly more likely than female 3rd grade students to be categorized as overweight (14% and 12% respectively).

When compared to the rest of the United States, a smaller proportion of Idaho's 3rd grade students are considered overweight; 13% of Idaho 3rd graders compared to a national estimate of 16%. However, Idaho 3rd graders have a greater percentage of overweight students compared to neighboring Utah, which has an estimated 10% of 3rd grade students who were overweight.

Definition of Standardized Weight Status Categories (Percentile Range):  
 Underweight.....Less than the 5th percentile  
 Healthy Weight.....5th percentile to less than 85th percentile  
 At Risk for Overweight.....85th to less than the 95th percentile  
 Overweight.....Equal to or greater than the 95th percentile

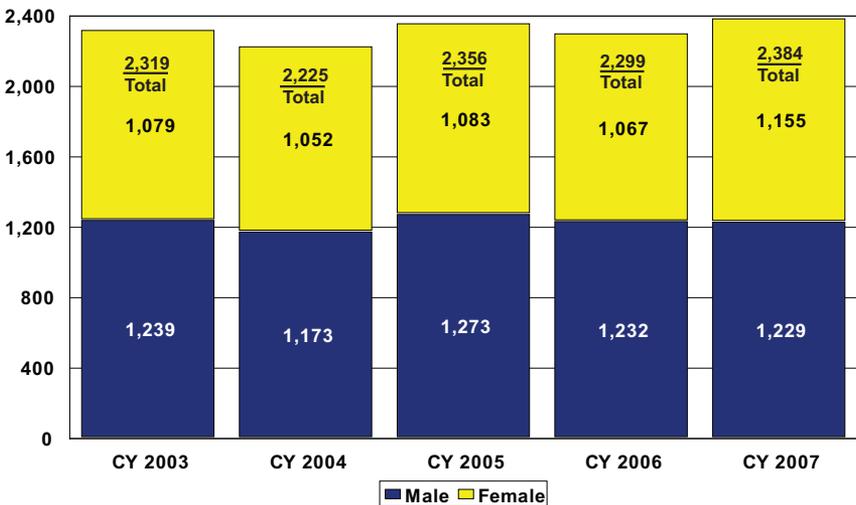
## Idaho Comprehensive Cancer Control Program

Cancer is the second leading cause of death in Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal cancer, skin (specifically melanoma), prostate, oral, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer. Idaho has some of the lowest screening rates in the U.S. for these cancers, which the Comprehensive Cancer Control Program is working to improve.

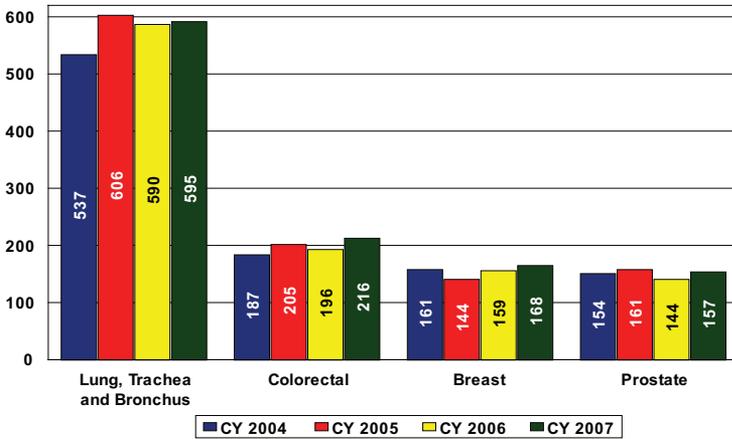
The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

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

### Cancer Deaths of Idahoans



### Idaho Cancer Deaths by Primary Site of Malignancy



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

### Injury Prevention

The Unintentional Injury Prevention Program contracts with local public health districts to implement a fall prevention exercise program (Fit and Fall Proof) for older adults. Fit and Fall Proof focuses on improving balance, strength, flexibility and mobility to reduce the risk of falling.

From 2004-2007, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. A total of 53 percent of all accidental injury deaths to the 65-plus age group were due to accidental falls.

The Fit and Fall Proof program continues to expand in local public health districts with a total of 65 active class sites at the end of September 2008. It is anticipated that 76 active sites will be maintained during SFY 2009. A refresher workshop for Fit and Fall Proof Master Trainers was conducted in June 2008 and new Master Trainers will be added during SFY 2009. Boise State University has concluded a controlled research study of the Fit and Fall Proof program and is writing a final report for inclusion in peer-reviewed journals and periodicals.

**Injury Death Rate, Death Due to Accidental Falls\***

	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2007</b>	2.2	60.6	9.0
<b>CY 2006</b>	1.6	70.9	9.6
<b>CY 2005</b>	1.1	53.1	7.1
<b>CY 2004</b>	1.6	59.2	8.2

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

**Number of Deaths Due to Accidental Falls**

	<b>&lt;65</b>	<b>65+</b>	<b>Total</b>
<b>CY 2007</b>	29	106	135
<b>CY 2006</b>	21	120	141
<b>CY 2005</b>	14	87	101
<b>CY 2004</b>	20	94	114

**Diabetes Prevention and Control**

The Diabetes Prevention and Control Program, funded by the Centers for Disease Control and Prevention, focuses on seven national diabetes objectives including:

- Monitor the impact of diabetes through surveillance and data collection;
- Clinical Measure: Increase utilization of the A1c test;
- Clinical Measure: Increase the rate of foot exams;
- Clinical Measure: Increase the rate of eye exams;
- Clinical Measure: Increase the rate annual flu vaccinations and pneumonia vaccinations;
- Focus diabetes prevention and control initiatives in high risk, disparate populations; and
- Promote wellness initiatives, such as nutrition, physical activity, healthy weight, and tobacco cessation, among people with diabetes.

The Idaho Diabetes Prevention and Control Program also addresses quality of care statewide by promoting professional education to health care professionals

A statewide network of contractors, including the local public health districts, and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that positively influence the Centers for Disease Control and Prevention (CDC) National Diabetes Program by preventing diabetes, preventing complications including disabilities and the burden associated with diabetes, and eliminating diabetes health-related disparities. Partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

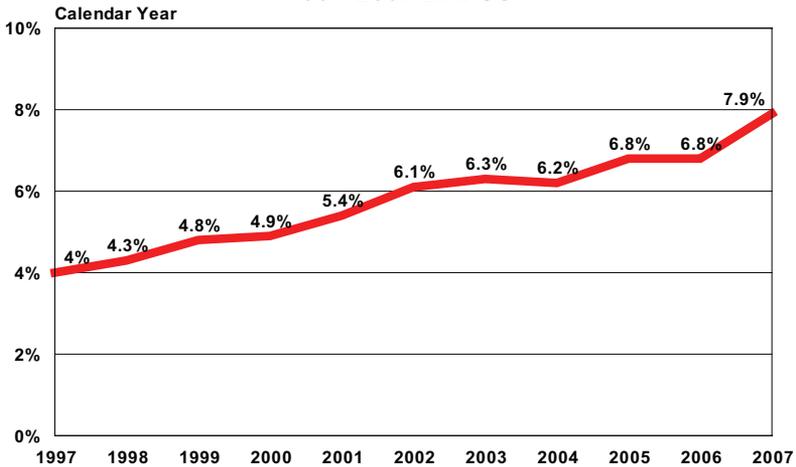
The Diabetes Prevention and Control Program recently facilitated the development and launch of the Idaho Diabetes 5-Year State Plan 2008-

2013. The Plan serves as a framework for the state program and partners to conduct 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 increasing rate of people who are overweight and obese, the aging population, and the increasing number of minorities who are a high risk for developing diabetes.

### Percent of Idaho Adults who have been Diagnosed with Diabetes 1997-2007 BRFSS



### Oral Health

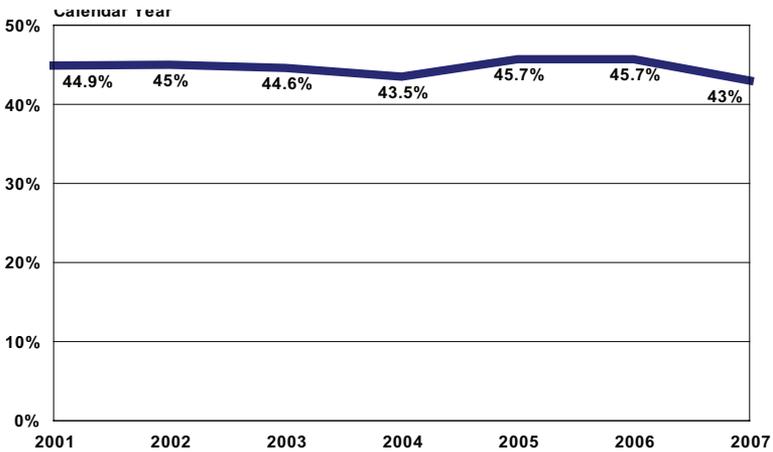
The Idaho Oral Health Program, funded by the Maternal and Child Health Block Grant, focuses on improving dental care for children and pregnant women, especially those at high risk for poor oral health because of socioeconomic status. The Oral Health Program participates in educating the public and health professionals about oral health care across the life span. 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 through schools with programs focused on fluoride mouth rinse, dental sealants, fluoride varnish, and school-based education programs;
- Surveying third grade children to assess the impact of childhood dental caries;
- 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;

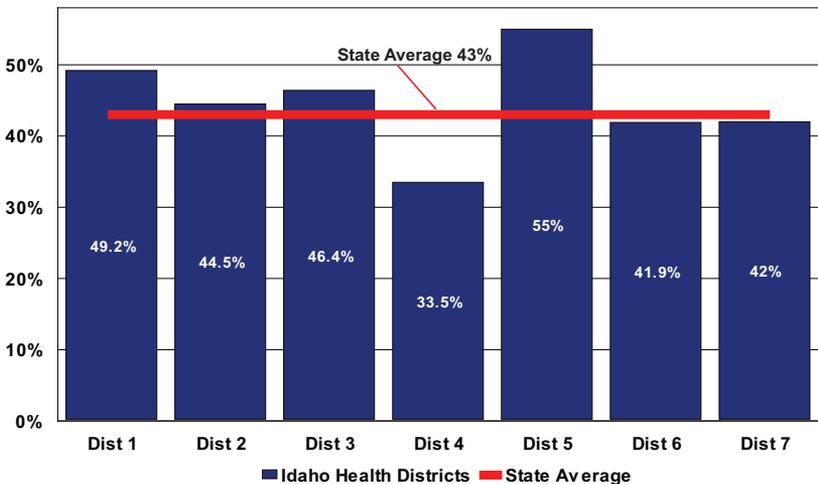
- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, and organizations and others with a dental health focus.

Currently the Idaho Oral Health Program is facilitating the development of the Idaho Oral Health 5-Year State Plan 2009-2014 with Oral Health Alliance members. The program also is developing a systematic approach to gathering and reporting Idaho oral health data.

### Percent of Idaho Adults Without Dental Insurance 1997-2007 BRFSS



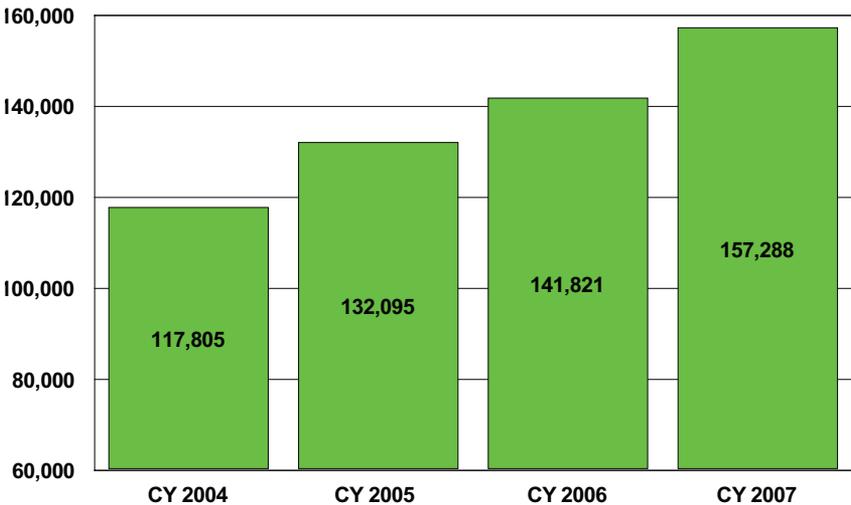
### Percent of Idaho Adults Without Dental Insurance by Health District 2007



## Bureau of Vital Records and Health Statistics

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

### Birth, Death, Marriage and Divorce Certificates Issued



## Bureau of Health Planning and Resource Development

The Bureau of Health Planning and Resource Development combines the Health Preparedness Program and the Office of Rural Health and Primary Care to more easily integrate complementary activities. Both programs work closely with hospitals, federally qualified health centers, emergency medical service providers, local public health districts, associations, universities and other key entities in the health system. This reorganization/integration will avoid program duplication and help share vital resources, increasing the overall capacity for planning and supporting systems' sustainability.

## Health Preparedness Program

The Health Preparedness Program is charged with 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:

- Upgrade infectious disease surveillance and investigation;
- Improve Idaho's hospitals, emergency medical services and clinics to adequately care for large numbers of patients (surge capacity) and/or victims with unusual or highly specialized medical needs;
- Expand public health laboratory and communication capacities; and
- Develop influenza pandemic response capabilities, and provide for the distribution of antibiotics and vaccines.

The Health Preparedness Program 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. It has recently implemented the Idaho Hospital Bed Tracking System, a web-hosted system available to all licensed hospitals in Idaho, and a statewide automated, emergency system for the advanced registration of volunteer health professionals during emergencies.

This program is funded by the Centers for Disease Control and Prevention and the Hospital Preparedness Program, Assistant Secretary for Preparedness and Response.

## Office of Rural Health and Primary Care

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

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

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

Medical doctors in a primary care shortage area provide direct patient

and out-patient care in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not counted.

**Idaho Geographic Area with Health Professional Shortage Designation**

	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>
Primary Care	88.9%	90.0%	95.3%
Dental Health	92.9%	92.4%	92.4%
Mental Health	100.0%	100.0%	100.0%

The Office of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities. The federal Small Hospital Improvement Program (SHIP) helps hospitals meet requirements of the Medicare Prospective Payment System, comply with HIPAA requirements and support quality improvement initiatives. Twenty-eight Idaho hospitals are eligible for improvement grants; 26 hospitals completed the terms of participation and received federal funds in FFY 2007 totaling \$225,180.

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

**State Grants for Rural Health Care Access Program**

	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>
Grant Requests	\$1,258,366	\$1,537,436	\$1,141,898
Amount awarded	\$ 236,800	\$ 272,900	\$ 220,000
Organizations Applying	14	19	14
Organizations Awarded	5	7	5

## Emergency Medical Services

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

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

### EMS Personnel Certification

An individual is certified by the EMS Bureau for a two- or three-year period, indicating minimum standards of EMS proficiency have been met. All Idaho certified personnel are trained in courses which meet or exceed the national standard curriculum.

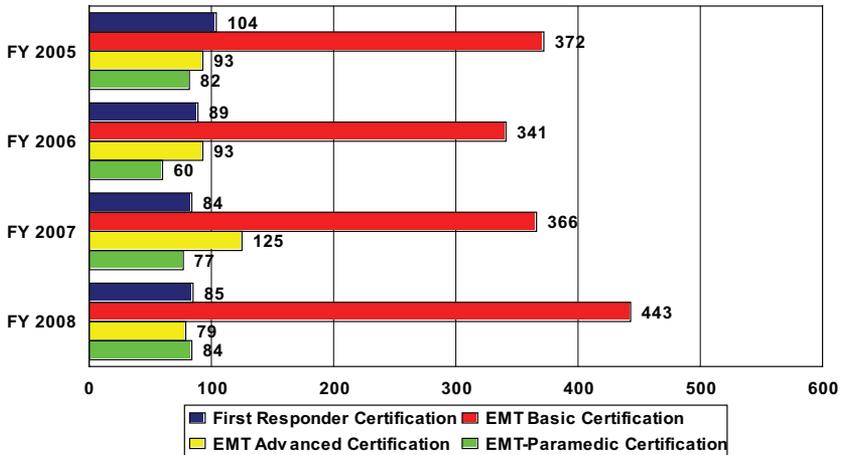
Recertification is the process of renewing certification at the same level. For recertification, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. Recertification is offered in June and December each year. Bureau workload consists of approving instructors to teach courses related to EMS, administering National Registry examinations, processing applications for certification, recertification, and reciprocity with other states.

Personnel are certified at one of four levels:

1. First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator.
2. Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning, and operating an automated external defibrillator (AED).
3. Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions, and drawing peripheral blood specimens; and
4. EMT-Paramedic courses require an additional 1,000 hours of didactic,

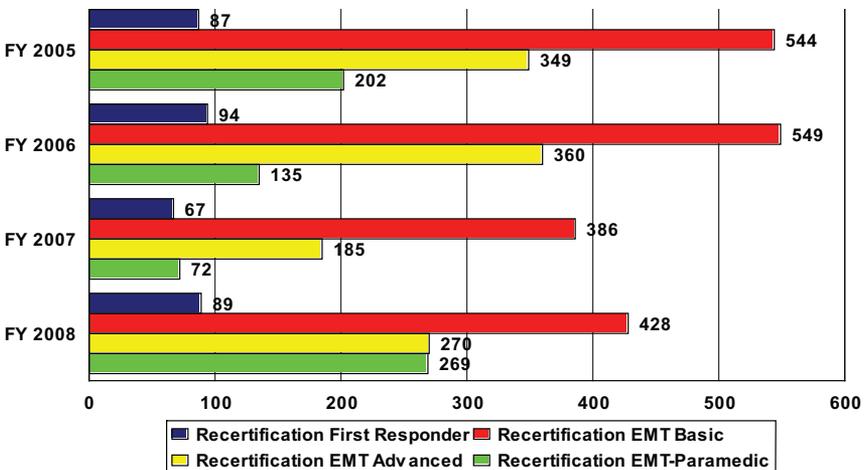
clinical, and field internship training. Personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician, and needle decompression of tension pneumothorax.

### EMS Personnel Certifications



*Note: First responders require a minimum of 55 hours training, EMT Basic requires an additional 110 hours training plus clinical training, Advanced EMT requires additional 50 hour training plus clinical training, and paramedics require 1,000 additional hours of training plus clinical and field internship training.*

### EMS Personnel Recertifications



## Training Grants

EMS Training Grants are available to all Idaho licensed EMS agencies to assist with initial and refresher EMS training courses. Funds may be used for payment of instructors, purchasing books or training supplies, testing, criminal history background check fees, or tuitions.

Year	SFY05	SFY06	SFY07	SFY08
Grant Requests	\$255,980	\$184,702	\$199,053	\$123,503
Grants Awarded	\$112,259	\$ 62,237	\$ 63,270	\$ 53,860
Agencies Applying	73	67	70	58
Agencies Awarded	61	57	58	55

## Dedicated Grants

The EMS Dedicated Grant program has operated for five years, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 194 licensed Idaho EMS agencies, approximately 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 moving, rescue, safety, spinal immobilization, splinting, and vital signs monitoring.

Year	SFY05	SFY06	SFY07	SFY08
Grant Requests	\$3.7 mil.	\$4.1 mil.	\$3.0 mil.	\$2.7 mil.
Grants Awarded	\$1.1 mil.	\$1.3 mil.	\$.86 mil.	\$1.1 mil.
Vehicle Requests	49	45	31	29
Vehicles Awarded	14	14	11	12
<b>Patient Care Equipment</b>				
Agencies Applying	61*	64	57	58
Agencies Awarded	42*	54	47	41

*\*Numbers for patient care equipment in SFY 2005 were revised in 2008 to reflect agencies applying and agencies awarded patient care equipment; numbers for SFY 2005 in prior publications were based on vehicles and patient care equipment.*

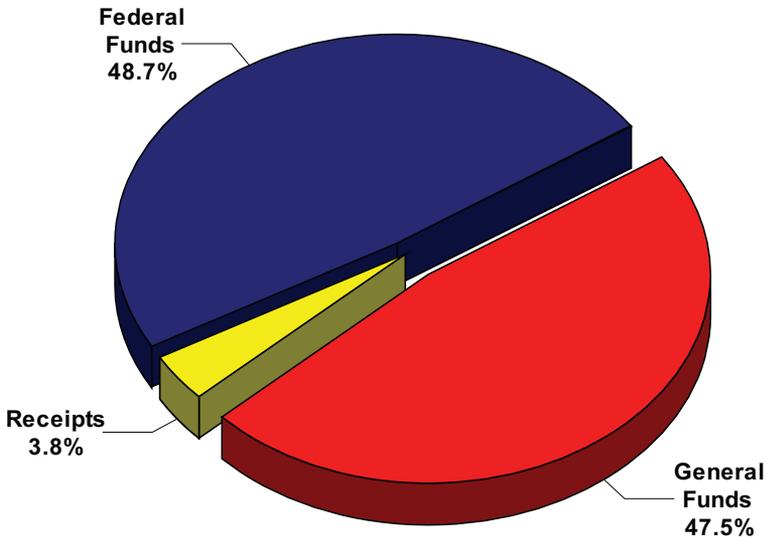
## Indirect Support Services

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, Management Services, Human Resources, Information and Technology Services, 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.

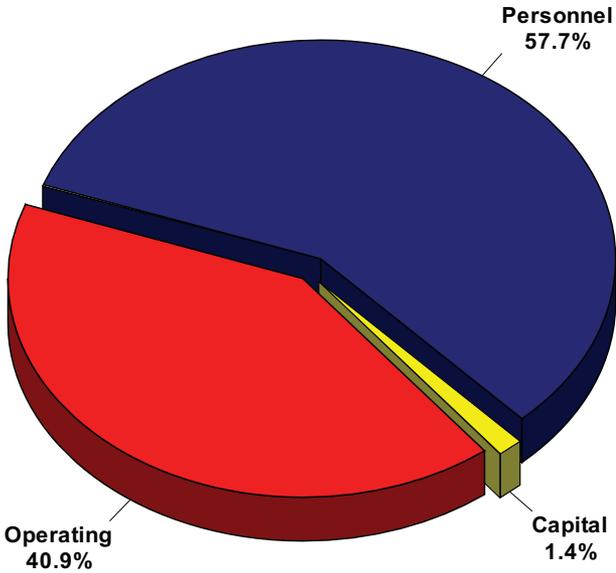
The staff of Legal Services are contracted through the State Attorney General's office and provide legal advice and litigation services. Management Services provides administrative and financial support for the Department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Regional and department administrative support is provided through the Director's Office. Human Resources supports the department's workforce of more than 3,000 employees throughout the state.

### Indirect Support SFY 2009 Funding Sources

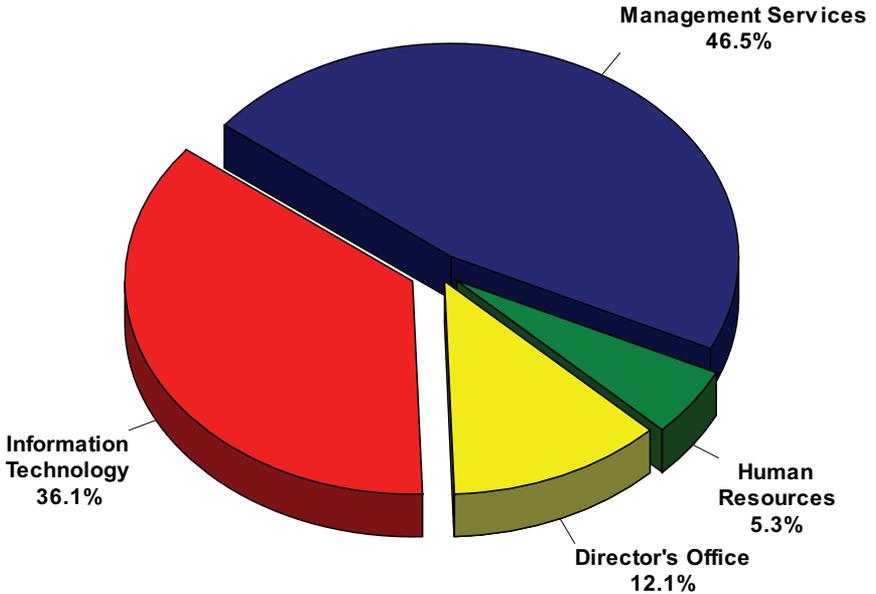


*Authorized FTP: 323.5; Original 2009 Appropriation — General Fund: \$17.9million; Total Funds: \$ 37.8 million; 2% of Health and Welfare funding.*

### Indirect Support SFY 2009 Expenditure Categories



### Indirect Support Spending



## Office of the Director

***Richard M. Armstrong, Director, 334-5500***

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

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

- The Director
- A Deputy Director responsible for Health Services
- A Deputy Director responsible for Family and Welfare services
- A Deputy Director responsible for Support Services.

## Division of Management Services

***Dick Humiston, Administrator, 334-5581***

The Division of Management 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, Management Services provides guidance and support to ensure resources are managed responsibly.

## Bureau of Financial Services

Financial Services consists of Financial Management, General Ledger, Accounts Payable, and Electronic Benefits sections.

### **Financial Management**

Financial Management ensures adequate cash is available for the department to meet its financial obligations and functions 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 department programs. The largest of these federal grants is Medicaid, for which the FY 2008 award was \$885 million;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and 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 various financial analysis and reporting for division and executive management;
- Monitoring established FTE positions; and
- Researching and compiling historical expenditure and revenue information.

### General Ledger

This unit supports the automated accounting systems used by the department. It also provides system support including design, testing, troubleshooting, interface with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. The unit supports these systems:

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting;
- BARS — Primary accounts receivable, receipting, and collections system;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- P-Card — Electronic purchasing and payment system;
- Navision — Front-end data entry and approval processing of vendor payments;
- I-Time — Web-based employee time entry system; and
- Contraxx -- Electronic contract operation and management system.

## **Accounts Payable**

This unit is the statewide accounts payable unit that performs all accounts payable interaction with the Navision accounting system. This unit is responsible for:

- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, and re-issue;
- Rotary Fund payments;
- Interagency payments and collections;
- Central Office receipting;
- Navision approver technical assistance; and
- Invoice/payment audit.

## **Accounts Receivable**

This unit is responsible for billing and collection activity. Accounts Receivable pursues debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

Accounts Receivable is located in Twin Falls, and its primary responsibilities are:

- Statewide collection of provider fraud and individual fraud overpayments;
- Statewide collection of welfare benefit program overpayments;
- Statewide billing and collection for the Department's fee for service programs;
- State Lab billings;
- Statewide Criminal History Unit billing; and
- Interagency billings.

## **Payroll**

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

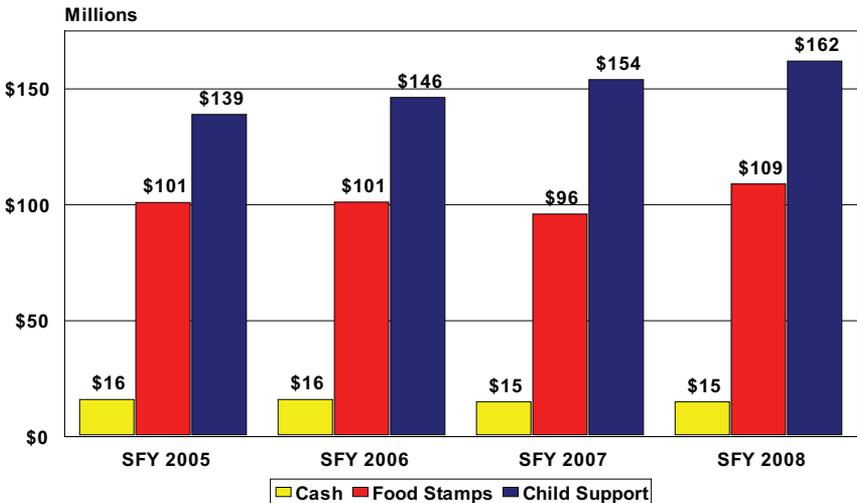
- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional, Central Office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and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

## Electronic Benefit Transfers (EBT)

The Electronic Benefits Transfer Program is responsible for implementation, development, and daily operations of the Department's electronic food benefits and cash payments activities. During SFY 2008, there were more than 5.1 million transactions processed through this program. The Department contracts with a vendor to set up and maintain accounts for Food Stamp benefits, Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind, and Disabled (State Supplement), and Child Support payments. Participants can access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with a Visa debit card, an EBT debit Quest Card, or the funds can be deposited directly into their personal bank account.

The areas of responsibility of the EBT program includes: Administration, Customer Support, Systems Management, and Field Operations.

### Electronic Payments Distributed



# Bureau of Operational Services

## Contracts and Purchasing

- Purchases products that cost between \$5,000 and \$75,000 and coordinates with the Department of Administration's Division of Purchasing for items greater than \$75,000;
- Provides technical expertise and administration of all Department competitive bidding, contract and sub-grant creation, implementation and product purchase. There were over 1,100 active contracts and sub-grants Department-wide during SFY 2008, with a total value of over \$700 million;
- Has responsibility for use, training, and daily operation of the electronic CONTRAXX management system; and
- Develops and maintains the Department contract and purchasing manual, policy, and procedures, provides staff training, and collaborates with the Department of Administration's Division of Purchasing to ensure compliance with purchasing rules and regulations.

## Facilities Management

Bureau responsibilities for facility management and motor pool operations include, but are not limited to the following:

- Plans space for relocations and new facilities;
- Coordinates and oversees office relocations statewide;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Ensures the maintenance and care of DHW leased and owned facilities at 57 locations statewide;
- Compiles project listings to maintain facilities in a manner that meet code requirements, ADA compliance, and program needs;
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget request to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Coordinates and monitors construction of the Department's buildings and major maintenance projects in collaboration with the Department of Administration, Division of Public Works;
- Monitors, negotiates, and coordinates leases, for more than 600,000 square feet of space, in collaboration with the Division of Public Works; and
- Ensures proper regional allocation, maintenance, and use of Department motor pool vehicles.

## HUB Units

These units have field staff in seven locations throughout the state to provide administrative, financial, motor pool, and facilities support for field program staff:

- North HUB — Coeur d'Alene and Lewiston;
- West HUB — Boise and Caldwell; and
- East HUB — Twin Falls, Pocatello, and Idaho Falls

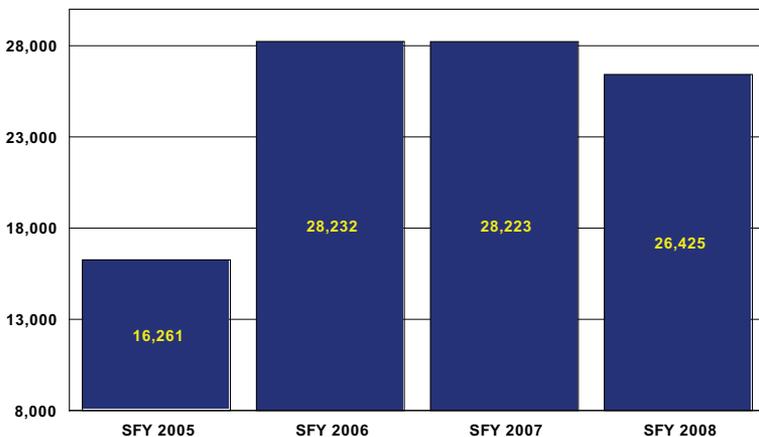
## Bureau of Audits and Investigations

The Bureau of Audits and Investigations consists of Criminal History Unit, Internal Audit Unit, Medicaid Program Integrity Unit and Welfare Fraud Investigations Unit

### Criminal History Unit

The Criminal History Unit conducts required background checks and is central repository of agency background check information received from the FBI and the Idaho State Police Bureau of Criminal Identification. Background checks are required for people who provide direct care and services for program participants including staff, contractors, licensed child care providers, and foster and adoptive parents. From October 2005 through September 2007, the department participated in a federal pilot project to conduct criminal history and background checks on those who have access to the elderly, disabled adults and children in long term care settings. This resulted in a 74 percent increase in the number of applications processed. When the pilot ended, the department continued the requirement of background checks for long term care.

**Criminal History Checks by Year**



### Internal Audit Unit

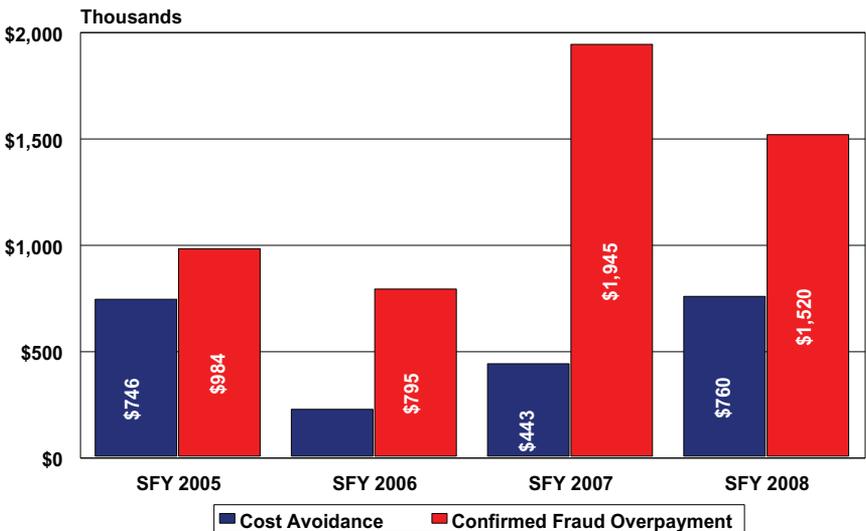
The Internal Audit Unit provides an independent appraisal of various operations and systems of control to determine whether processes are following legislative requirements and established policies, procedures and standards. Internal Audit also has authority to determine if resources are used efficiently and economically, and planned objectives are accomplished effectively.

### Medicaid Program Integrity Unit

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

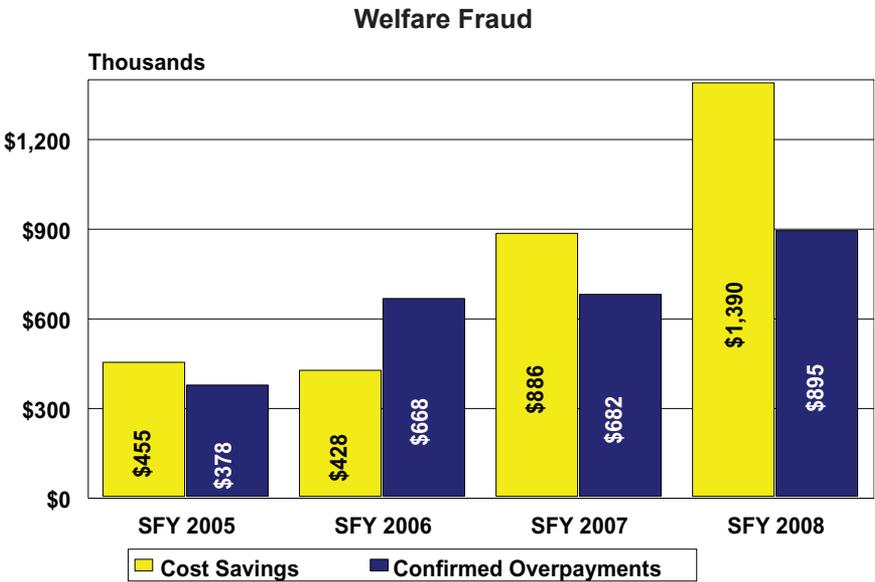
Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties imposed, provider agreement termination or program exclusion, or referral for prosecution. Efforts for Medicaid provider fraud concentrate on cases which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

### Medicaid Provider Fraud



### Welfare Fraud Unit

The Welfare Fraud Unit investigates allegations of welfare program fraud that includes food stamps, cash assistance, Medicaid, child care programs, or other benefits. In every region of the state, investigators work with program staff and local law enforcement, along with county prosecutors, to investigate welfare fraud. In SFY 2008 the department received 1,493 complaints alleging welfare benefit fraud and closed 1,253 investigations. Of the closed investigations, 466 were confirmed program violations that resulted in program sanctions confirmed overpayments. In 24 cases, the violations resulted in criminal prosecution. In the prior year, there were 220 program sanctions and confirmed overpayments, with 16 convictions.



## **Division of Human Resources**

***Paul J. Spannknebel, Administrator, 334-0632***

The IDHW Division of Human Resources supports hiring, developing, and retaining the right people with the right skills to achieve the department's mission, vision, and goals. The division's focus is on supporting the department's Strategic Plan through the management of the Employee Life Cycle, by:

1. Providing resources, tools, programs, systems and processes which assist DHW employees in maximizing their individual contributions and performance;
2. Providing human resources guidance, consultation, coaching and subject matter expertise to assist DHW supervisors in managing employees, and achieving their organizational objectives;
3. Providing human resources assistance and support to DHW executives in managing and leading Department and/or Division projects, initiatives and programs; and
4. Interpreting and ensuring DHW compliance with applicable federal and state laws, rules and policies, and the state's classification and compensation system.

Specific services include:

### **Civil Rights/Affirmative Action/Equal Employment Opportunity (EEO)**

- Supports department 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; and
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews.

### **Staff Development and Learning Resources**

- Promotes, coordinates, and provides leadership and management development, succession planning, supervisory development,

- organizational development, and skills and knowledge development;
- Assists staff in trend forecasting, scenario planning, strategic plan improvement, workforce planning, and special projects; and
- Facilitates development and implementation of online learning opportunities for department staff.

### **Talent Acquisition and Management**

- Provides management consultation on effective recruitment and selection strategies for filling current and future needs;
- Develops and implements recruitment campaigns to fill department openings, to include partnerships with Idaho and regional universities for awareness of department career opportunities, internships, and scholarships leading to hiring; and
- Partners with department supervisors to efficiently orient and train new employees.

### **Human Resource Systems and Compensation**

- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification; and
- Researches, develops, and implements human resource system enhancements.

### **Employee Relations and Human Resource Policy Procedure**

- Coaches management and supervisors in promoting positive employee contributions through the performance management process;
- Consults with management and supervisors to consistently resolve employee issues related to discipline;
- Provides consultation to employees and supervisors in the Problem-Solving process;
- Manages the Department's Drug and Alcohol Free Workplace program; and
- Develops and maintains the department's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state laws and rules.

### **Employee Benefits**

- Provides employees with information and resources to promote healthy and safe lifestyles.
- Provides timely information to employees about benefit opportunities and changes.

### **Office of Privacy and Confidentiality**

The department's programs offer services ranging from medical care at the state hospitals to child protection and self-reliance services. The privacy of individuals receiving these services is a top priority of the department.

The department develops, implements and maintains policies and procedures protecting privacy/confidentiality and access to information in department records. The department's Privacy Office oversees all Privacy/Confidentiality activities statewide. It is responsible for assuring that department actions are in compliance with federal and state laws, and that the department's information privacy practices are closely followed.

### **Administrative Procedures Section**

The Administrative Procedures Section (APS) consists of a Rules Unit, Hearings Coordinator, and the Custodian of the Record for the Department. APS primary functions are to assist in the processing and writing of the Department's rules, processing of appeals, and public records request.

## Division of Information and Technology

**Michael Farley, Administrator, 334-6598**

The Information Technology Services Division (ITSD) provides office automation, information processing, local, wide area, and Internet connectivity for the department statewide. The division provides IT leadership and services by working in partnership with our internal customers to determine and develop the most effective and efficient use of technology to support our mission - to promote the social, economic, mental, and physical health of all Idahoans.

The Information Technology Services Division is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Providing review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies;
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Securing information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications internally and with external stakeholders; and
- Providing direction for development and management of Department-wide information architecture standards.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective information technology solutions, working with our business partners to identify and prioritize products and services required to support our Department's mission. The division is divided into three distinct bureaus; IT Operations, IT infrastructure, and IT Application Support and Development. The responsibility and functionality of each bureau is identified as follows:

### Bureau of IT Operations

The Operations Bureau provides technical support services and coordinates resources to promote them efficient use of technology throughout the Department. The bureau consists of:

- ITSD Service Desk — Provides department staff with technical support services for all computer-related issues including hardware, software, and network;
- Prep Team and Print Support — Single point of contact for all network

- printing services, including multi-function systems ;
- Remedy application development and support for DHW Help Desks;
- Education - Development and maintenance of the Remedy Knowledge Management System and other training tools;
- Projects - Coordination of desktop support for special IT-related projects; hardware/software testing; image creation;
- Statewide Technical Support — IT support staff located throughout the state provides on-site Information Technology services;
- Application Support Helpdesk -- Provides department staff with support for applications such as WEB and SharePoint ; Knowledge Learning Center (KLC); VistA (Veterans Administration) Hospital Management System, Idaho Benefit Information Systems (IBIS), modernization of the Idaho Child Support Enforcement System (ICSES), and several other business-related applications;
- HOST Data Operations — Coordinates printing and distribution of all HOST-related data, including restricted federal (IRS) information;
- Data Center Operations — Provides support for data center facilities and associated computer systems; and
- Technology Reviews (Research and Development)- Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.

## **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, and SQL database system support. The IT Infrastructure Bureau consists of:

- Wide Area and Local Area Network support statewide;
- Data telecommunications support Data Center operations;
- User and Data Security and Forensics support;
- Database and Data Warehouse security and support;
- Server deployment and maintenance;
- Storage Area Network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server and Desktop PC vulnerability patching;
- Network infrastructure support of enterprise projects;
- Support for Bureau of Operations and Bureau of Applications Support Development, and DHW business units.

## Bureau of IT Application Support and Development

The bureau's primary responsibility is operation, maintenance, and support of the Department's business applications. It also is responsible for ongoing enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the Department's application framework. The bureau has four functional areas:

- Application WEB Support is responsible for operation, maintenance, and support of department web-based applications;
- Application Development is responsible for enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the department's application framework;
- Application Delivery includes quality assurance, application testing, system production support and technical documentation; and
- Provide implementation strategies on Information Technology Infrastructure Library (ITIL), and e-governance methodologies for electronic service delivery to public and private entities.

### ITSD Highlights

The Division of IT has embarked on a number of initiatives to better meet the department's growing and evolving needs for information technology. Some of these initiatives include:

- Video conferencing and Secure Meeting technology in support of reduction of travel expenses and environmental impact;
- Unified Communications supporting business unit services consolidations;
- WLAN –mobility network infrastructure supporting new hospital work processes and business functions utilizing wireless technology;
- Workforce optimization / skills update allowing staff to broaden their abilities; and
- Workforce alignment in support of enterprise projects such as The Medicaid Management Information System (MMIS), Eligibility Programs Integrated Computer System (EPICS) changing to the new Idaho Benefit Information System (IBIS), and the modernization of the Idaho Child Support Enforcement System.

## Medicaid Management Information System (MMIS)

**Function** - The MMIS is a highly complex computer system that maintains information on 175,000 Medicaid clients and is responsible for managing payments to 17,000 Medicaid providers. A total of 40,000 claims are processed through the MMIS every day, with \$21 million in payments to providers made each week. The MMIS interfaces with multiple systems to exchange data and will have the flexibility to be configured to meet federal and state statutes, rules, and policies.

**Status** - The contract for operation and maintenance of the MMIS expired in December 2007. The department has received an exemption from CMS and the State Division of Purchasing to extend the current contract until July 2010.

**Replacement Strategy** -The following contracts were signed in November 2007:

- Unisys: Claims Processing System, Systems Integration Services and Fiscal Agent Services;
- Thomson Health Care: Decision Support System;
- Unisys: Electronic Data Management System;
- ACS: Pharmacy Benefits Management System; and
- Public Knowledge: Quality Assurance Independent Verification and Validation

Implementation of these systems is scheduled to go live in the winter of SFY 2010.

## Eligibility Programs Integrated Computer System (EPICS)

**Function** - EPICS is an automated system used to determine eligibility and process applications in Self-Reliance Programs that include Medicaid, Food Stamps, and cash assistance. The EPICS system enables Self-Reliance workers to manage more than 300,000 cases each year. Providing case management in the Division of Welfare's Benefit programs is a highly complex process that takes into account an individual's personal, financial, and household information and allows Self Reliance Specialists to determine and continuously review eligibility based on federal and state eligibility criteria. The system must be dependable and deliver accurate benefit determinations to avoid federal penalties.

**Status** - EPICS is 22 years old and antiquated by technology standards. The system is labor-intensive, cumbersome to work with, and fails to meet department needs. Programming is difficult and expensive when changes are necessary due to either federal or state rule/statute changes or when improving functionality.

**Replacement Strategy** - The approach is to acquire components and build a new technology framework that establishes a foundation for incremental replacement of the current system. This foundation is an initial investment in proven technology which is new to the department and creates an opportunity for hosting a mission-critical application within the Department. The components chosen will not only replace EPICS with a more efficient, flexible, and user-friendly system, they will allow for additional programs and functions to be incorporated into the system in the future, maximizing the return on the investment. The replacement system is called the Idaho Benefit Information System (IBIS).

The department received appropriations in FY07, FY08, and FY09 toward the incremental replacement of EPICS. This funding was used for requirements and analysis, business process evaluation, development of system interfaces, creating and deploying software tools to build business capacity, foundational hardware and software, and development of streamlined business processes. The FY09 appropriation will be used for completion and integration of system changes to IBIS, the creation and training of integrated business processes, and an extended pre-implementation safety check to ensure all processes and technology function as designed before going live in the fall of 2009.

## Idaho Child Support Enforcement System (ICSES)

**Function** - The ICSES system supports processing and administration of child support cases. This can include locating absent parents, establishing and enforcing child support orders, receipting and dispersing child support payments to custodial parents, medical insurance data management, and financial record keeping. The ICSES system also supports incoming and outgoing data interfaces, triggers processing, case worker notification features, as well as federal reporting mechanisms. The Idaho Child Support program currently experiences a caseload growth annually but has not had an increase in personnel to manage the growing caseload.

**Status** - The ICSES system first became operational in December 1996. The system is complex in design and contains a total of 570 screens that case managers can navigate. ICSES system modifications are both costly and time-intensive.

**Improvement strategy** - In 2008, the legislature granted the Idaho Child Support Program an appropriation to implement technology that would allow increasing caseload demands to be met without increasing personnel. This appropriation will be used, in part, to improve efficiency of ICSES by enhancing current functionality as well as adding new functionality to the ICSES system.

# Council on Developmental Disabilities

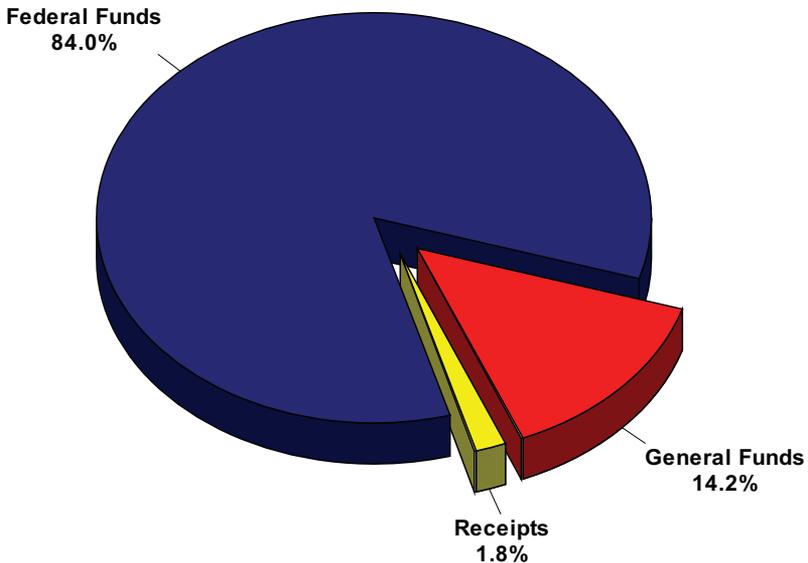
**Marilyn Sword, Executive Director, 334-2178**

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

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

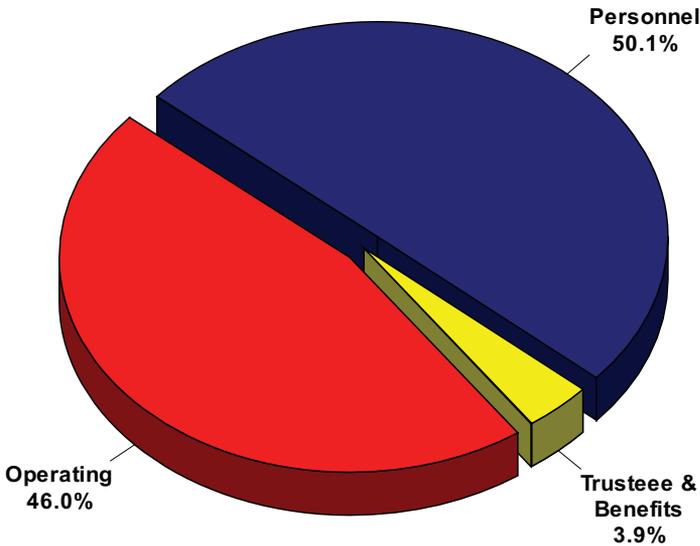
**Council Mission:** To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

## Council on Developmental Disabilities SFY 2009 Funding Sources



*Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 6; General Fund: \$118,900 Total Funds: \$835,800*

### FY 2009 Expenditure Categories



### Council Initiatives 2008

#### Education

The Council provided funding for 14 Idaho Falls high school students to participate in Disability Mentoring Day; for a Youth Development Project that helped 20 young people to develop independent living skills; and for students, professionals, and others to participate in the Annual Tools for Life Conference. The Council also served on the Interagency Council on Secondary Transition; contracted with the Center on Disabilities & Human Development (CDHD) to study barriers to inclusive education in Idaho; developed, funded, and disseminated transition kits for students and others and presented transition information in a variety of venues; assisted the Dept. of Education to recruit parents for IEP facilitator training; and presented information on guardianship alternatives. The Council coordinated the Statewide Youth Leadership Forum for 17 high school students and is collaborating with the State Independent Living Council on a National Youth Leadership Network grant.

#### Public Awareness

The Council published two editions of its newsletter, reprinted and distributed several successful publications, issued press releases on a variety of topics, printed and mailed the 2007 Annual Report, disseminated a wide range of information via the Council web site, and provided funding for parents and self advocates to attend conferences.

### **Self-Determination**

Eighty graduates of Partners in Policymaking attended a 3-day training summit where they formed Community Now!, a new initiative aimed at organizing cross-disability groups in local areas to address community issues and needs. The Idaho Self Advocate Leadership Network (SALN) incorporated into its own organization and applied for non-profit status. Chapters are being formed and a proposal to conduct presentations on abuse and neglect of people with disabilities has been presented to the Idaho Community Foundation. A delegation from SALN attended the national Self Advocacy conference in Indianapolis. The Council supports SALN in conjunction with its network partners, Co-Ad and the Center on Disabilities and Human Development. The Determined to Vote! Project – a partnership with the Secretary of State and Co-Ad – is providing training on the electoral process and voting rights to high school students and residents of Idaho's 3 public institutions in preparation for the 2008 general election. The Council continued its collaboration with Medicaid on the development of a self-directed service option for adults with developmental disabilities, participating in quality assurance efforts and training presentations for interested consumers. Self-advocates on the Council have conducted research on alternatives to guardianship.

### **Transportation**

The Council serves on the Interagency Work Group on Public Transportation and participated in a statewide transportation conference in Boise. The Council brokered collaboration between the newly developed Idaho Mobility Action Plan of the State Division of Public Transportation and the AmeriCorps Accessible Transportation Network project of the State Independent Living Council. The Council is underwriting the program director costs for the Accessible Transportation Network and provided funds for additional transportation for people with developmental disabilities in the Magic Valley through a grant to LINC in Twin Falls.

### **Employment**

The Council continued to promote integrated work through participation in Vocational Rehabilitation's Roundtable on Extended Employment Services. The Council also supported and facilitated the development of an Idaho Chapter of the Association for Persons in Supported Employment (APSE) which will hold its first statewide meeting in October, 2008. Council funds have also been granted to the ADA Task Force to assist in the development of an Idaho Business Leadership Network.

### **Housing**

The Council is collaborating with IHFA to build capacity for people with disabilities to purchase their own homes.

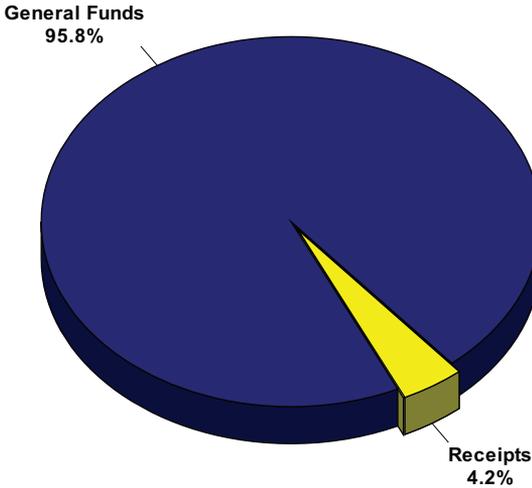
### **Community Supports**

The Council continued its partnership with Medicaid to develop a model of family-directed services for families of children with developmental disabilities. The Council is working with Medicaid and the Center on Disabilities and Human Development to develop and implement a person-centered-planning and resource network in Idaho funded by a three-year grant from the Centers on Medicare and Medicaid. The Council participates as a member of the Family Support Policy Council, is a partner in the Idaho pilot of the College of Direct Support training effort; and provided funding for direct support staff and others to attend the annual Human Partnerships training conference. The Council continued to partner with the Idaho Bureau of Homeland Security on training and technical assistance for disaster preparedness for people with disabilities.

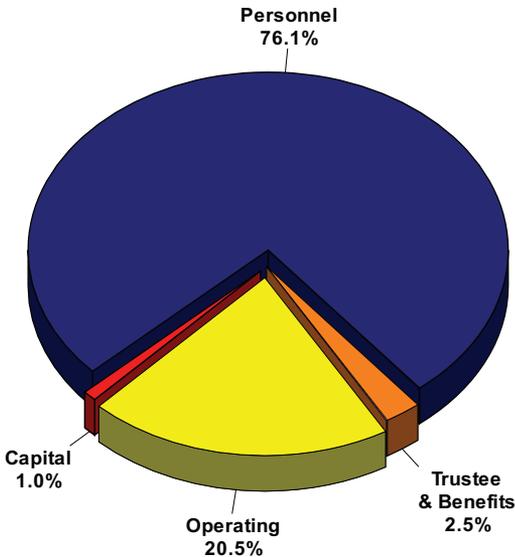
# Council on the Deaf and Hard of Hearing

Steven Snow, Executive Director, (866) 928-0960

## FY 2009 Funding Sources



## FY 2009 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 2; General Fund: \$171,500; Total Funds: \$179,000.

The Council serves 150,000 Idahoans who are hard of hearing and more than 3,500 people who are deaf. The Council's primary activities for SFY 2008 are:

### **Demonstration and Loan Centers**

The Council continues to support assistive technology demonstration and loan centers throughout the state that provide telecommunication devices, amplified telephones, and alerting and signaling devices for Idahoans to borrow to determine if they would work for them. Should they decide to purchase the equipment, we provide subsidy program through Assistive Technology grant to assist them in making the necessary purchase.

### **Public Forum: Information Collection**

The Council has implemented a new tradition of hosting multi-town hall meetings throughout the state. The town hall meetings create opportunities for the deaf and hard of hearing community to participate and become well adjusted and active members of their community and are afforded opportunities to make differences by voicing on the floor the issues that affect their lives and the need to change in order to make their lives better for them. The Council collects and records all concerns/issues/ideas from the individuals and community to develop an unambiguous plan to address them.

### **Deaf and Hard of Hearing Education Reform**

The Council has conducted extensive research and wrote a comprehensive report with recommendations to the State Board of Education and other policymakers regarding essential components that must be in place within Idaho's system. The Council is involved in a collaborative effort with the State Board of Education to develop an infrastructure plan to advance the educational delivery system for deaf and hear of hearing children.

### **Public Awareness and Outreach**

The Council conducts many workshops around the state to increase awareness of resources for deaf and hard of hearing people. The Council trains agencies, organizations, and individuals on ADA requirements. Staff receives hundreds of phone calls yearly and they provide valuable information and referral services.

### **Council Goals**

- Idahoans of all ages with a hearing loss have equal access to education, jobs, and recreation, along with programs and services that are easily accessible to those Idahoans without a hearing loss;
- Disseminate information regarding resources and available technology, and pursue education and work opportunities where communication is critical to success;
- Work with state agencies and organizations to help them better understand the issues/concerns faced by the deaf and hard of hearing individuals;
- Resolve budgetary issue pertaining the use of interpreters for CDHH related functions;
- Develop strategies how to reduce the deaf and hard of hearing under/unemployment rate of 80-90%;
- Strengthen collaboration with state agencies and organizations;
- Educate and inform people of the dangers of noise-induced hearing loss and promote ear protection; and
- Public and private businesses are aware of the communication access needs of people who have a hearing loss.

The Council continues to provide more services to clients. Last year, the Council:

- Distributed more than 5,000 e-newsletters;
- Responded to more than 450 requests for information and assistance;
- Provided demonstration of assistive devices and loans to people who are deaf or hard of hearing at demonstration and loan centers in Idaho Falls, Pocatello, Twin Falls, Boise, Caldwell, Moscow, and Coeur d'Alene;
- Provided assistance for Idahoans who are deaf or hard of hearing through a program funded from an Assistive Technology grant to help them purchase assistive technology that they otherwise could not afford

# Council on Domestic Violence and Victim Assistance

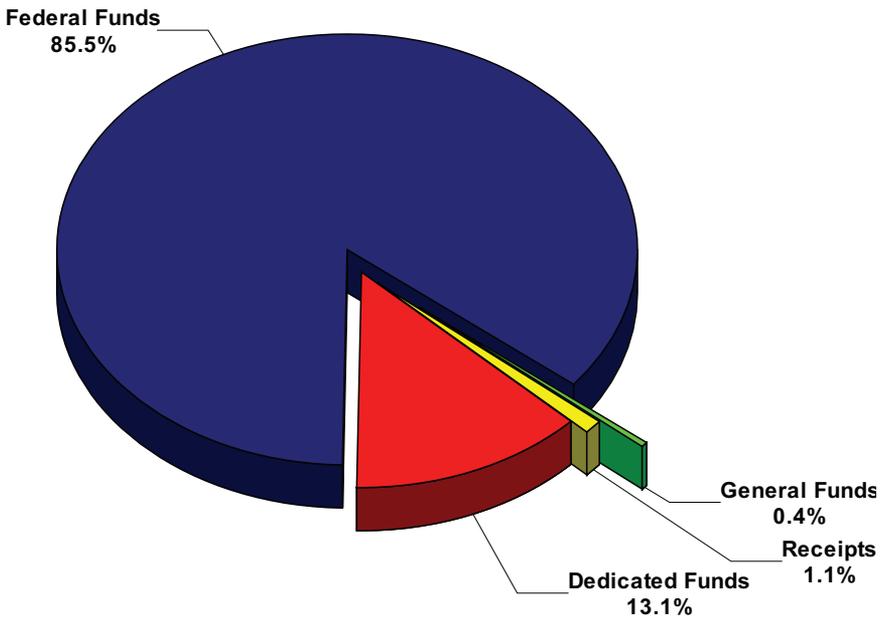
*Luann Dettman, Executive Director, 334-5609*

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 programs, sexual assault programs, and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

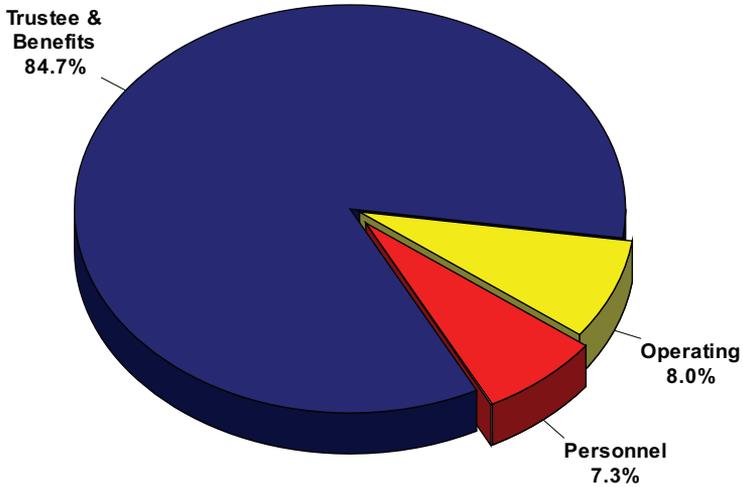
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

**Council on Domestic Violence and Victim Assistance  
FY 2009 Funding Sources**



*Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 4; General Fund: \$15,100; Total Funds: \$3.8 Million.*

### Council on Domestic Violence and Victim Assistance FY 2009 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho. The members are: Sonyalee Nutsch (Region 2); Reverend Douglas Yarbrough (Region 3); Tore Beal Gwartney (Region 4); Dan Bristol (Region 5); and Karen Hayward (Region 6). Regions 1 and 7 are currently vacant.

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 48 programs throughout the state that provide direct victim and batterer treatment services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance.

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

*Note: For more information, visit [www2.state.id.us/crimevictim](http://www2.state.id.us/crimevictim).*

## 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
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
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
EMT-P	Emergency Medical Technician - Paramedic
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
IDHW.....	Idaho Department of Health and Welfare
IIP.....	Idaho Immunization Program
IRIS.....	Immunization Reminder Information System
ISSH.....	Idaho State School and Hospital in Nampa
ITSAP.....	Idaho Telephone Service Assistance Program
JCAHO.....	Joint Commission on Accreditation of Hospital Organizations
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
PH.....	Public Health
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.....	Receiving 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
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
WNV.....	West Nile Virus

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