

Part 1 – Agency Profile

Agency Overview

Mission: To promote and protect the health and safety of Idahoans.

Role in the Community: IDHW's primary role in the community is to provide services and oversight to promote healthy people, safe children, and stable families. The Department accomplishes this through several core functions that include:

- Administer state and federal public assistance (Food Stamps) and health insurance (Medicaid) programs;
- Provide direct care services for certain disadvantaged or underserved populations;
- Protect children and vulnerable adults;
- License or certify specific types of care facilities;
- Promote healthy lifestyles; and
- Identify and reduce public health risks.

Leadership: The Department of Health and Welfare serves under the leadership of Idaho Governor James Risch. IDHW's Director, Richard Armstrong, oversees all Department operations and is advised by the State Board of Health and Welfare. The Board has nine voting members, seven members appointed by the Governor, along with two members who serve as citizen legislators and chair the Health and Welfare legislative committees.

The Director appoints Deputy Directors to assist in managing the Department's business. A deputy is responsible for oversight and coordination of each of the following four areas: Regional and Legislative Operations; Family and Welfare Services; Health Services; and Support Services.

Organization: Idaho is a leader in the area of integrated service delivery for health and human services. In some states, the organization of health and human services is divided into a number of departments with separate administrations. Idaho is fortunate to have these services under one umbrella and a single administration. This is not only cost-effective from an administration standpoint, but it allows the Department to more effectively coordinate services for struggling families so they can become self-reliant, without government support. Many states are currently studying or adopting an umbrella structure similar to Idaho's health and human services system.

The Department is comprised of eight Divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare, Health, Management Services, Human Resources, and Information and Technology Services. The Division of Behavioral Health is a new division formed by executive order of Governor James Risch on June 6.

Each Division is composed of individual programs or bureaus that provide services to help people in local communities. As an example, the Division of Family and Community Services provides direct services for child protection, and partners with community providers or agencies to help people with developmental disabilities.

There are seven Regional Offices in the state with headquarters in Boise, Caldwell, Lewiston, Coeur d'Alene, Twin Falls, Pocatello, and Idaho Falls. IDHW has 34 field offices geographically located to reach each area of the state, three state hospitals, and 3,037 authorized full-time employees in State Fiscal Year 2006.

Each of the seven Regional Offices has a Regional Director who helps carry out the mission of the Department. They work with community leaders and groups to develop partnerships and community resources so the Department can serve more people than it could by itself. The Regional Directors also serve as the Director's community representatives.

DIVISIONS

The Department is organized in eight Divisions. Each Division contains programs and bureaus that provide an administrative structure for the delivery of services and accountability.

1. Division of Medicaid

A. Overview

The Division of Medicaid administers a comprehensive medical coverage program for pregnant women, people with disabilities, the elderly, and children from low-income families. Covered services include hospitalization, physician services, prescription drugs, and nursing home care.

Medicaid collaborates with other Divisions and community partners to administer the program effectively and efficiently. The Division of Welfare determines the eligibility of those applying for Medicaid benefits. Age, pregnancy, and disability are factors considered in determining risk and eligibility based on state and federal requirements. The Division of Medicaid does not provide direct medical services, but contracts and pays for services through providers.

Coverage is provided through regular Medicaid (Title XIX) and S-CHIP (Title XXI). Medicaid also licenses and inspects health facilities such as nursing homes, hospitals, and residential and assisted living facilities.

B. Highlights

Idaho and a handful of other states became the focus of the health care industry in 2006 with implementation of Medicaid Reform. This ambitious effort, begun by former Governor Dirk Kempthorne with strong support by the Idaho Legislature, radically changed the "one size fits all" approach to caring for Medicaid participants. The Division identified three distinct groups of Medicaid eligibility, based on different health needs:

- 1) Low income children and working age adults;
- 2) Individuals with disabilities or special needs; and
- 3) Elders, or those who are 65 and older (who are also dually eligible for Medicare and Medicaid).

The Division of Medicaid also developed three distinct benefit plans to meet the needs of these groups:

- 1) Medicaid Basic Plan;
- 2) Medicaid Enhanced Plan; and
- 3) Medicare-Medicaid Coordinated Plan.

The Medicaid Basic Plan and Medicaid Enhanced Plan were implemented in July 2006, and the Medicare-Medicaid Coordinated Plan is slated for implementation in early 2007.

Medicaid serves an average of 180,000 participants each month, although the total number participating in the program throughout the year is much higher. Most participants are eligible for the Medicaid Basic Plan, which emphasizes prevention and services that promote healthy behaviors. The Basic Plan also covers appropriate levels of mental health services for those without serious mental illnesses. The Medicaid Enhanced Plan covers people with disabilities and other special needs, as well as those who need mental health services not covered in the Basic Plan. The Coordinated Plan will be an optional plan for individuals who are eligible for both Medicare and Medicaid. "Dual eligibles" can also be covered by the Enhanced Plan.

Benefits in all three plans are designed to emphasize healthy behaviors and to promote responsible use of the health care system.

2. Division of Family and Community Services

A. Overview

The Division of Family and Community Services directs many of the Department's social and human service programs. These include child protection, adoptions, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. The programs work together to provide services for children and families that focus on the entire family, building on family strengths while supporting and empowering families.

One state hospital is a part of this Division; Idaho State School and Hospital in Nampa provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

During SFY 2006, Family and Community Services also administered programs for adult and children's mental health, and substance abuse. This included overseeing State Hospitals North and South. Idaho Governor James Risch formed the Division of Behavioral Health in June 2006. This new division will oversee the mental health and substance abuse service programs and the two state mental health hospitals during SFY 2007.

B. Highlights

- Children and Family Services successfully completed its Program Improvement Plan (PIP) as a result of the federal Child and Family Services Review that took place in Idaho in May 2003. To meet the requirements of the PIP, Idaho reduced the rate of repeat maltreatment, reduced foster care re-entries, increased timely reunification of families, and increased the stability of foster care placements. In addition, the program successfully implemented major systemic initiatives that included instituting the statewide Continuous Quality Improvement (CQI) review system, using data as a feedback and management tool, improving the FOCUS data system, developing practice standards, and enhancing training.
- The 2-1-1 Idaho CareLine call volume increased 26 percent during SFY 2006.
- Services to individuals with developmental disabilities were refined through the addition of Supportive Counseling, a subset of psychotherapy, and a Comprehensive Assessment for Intensive Behavioral Interventions. Requests for services continued to increase for Intensive Behavioral Interventions and Early and Periodic Screening, Diagnosis, and Treatment service coordination.
- With support from the Access to Recovery federal grant, substance abuse services expanded to 8445 people in SFY 2006, a 44 percent increase over the previous year.
- Children's mental health provided services to an additional 3,200 children in SFY 2006, an 11 percent increase. The 26-year-old Jeff D. lawsuit is scheduled for trial in September, with a possible decision during the 2007 legislative session.
- With federal guidance, Child Welfare is in the process of developing a Statewide Automated Child Welfare Information System that will interface with Idaho's Title IV-A (TANF) (EPICS) system, Title XIX (Medicaid) (AIM) and Title IV-D (Child Support Enforcement) (ICSES) system to avoid duplicate data entry, exchange information electronically, and to issue Medical cards to children in foster care.
- The Idaho Child Welfare Partnership formed in March. This is a public/private workforce development partnership between the Casey Family Program, Boise State University's Child Welfare Center, and Eastern Washington University's Idaho Child Welfare Research and Training Center. This partnership also includes Idaho State University, Northwest Nazarene University, Lewis and Clark State University, College of Southern Idaho and North Idaho College. The partnership combines the educational abilities of the universities and colleges with the expertise of Casey Family Programs and the resources of the Department to help serve the children and families involved with child protection cases.

3. Division of Welfare (Self Reliance)

A. Overview

The Division of Welfare administers Self-Reliance programs serving low-income individuals and families. Field-based personnel, located in offices around the state, process applications for services that help families in crisis situations; those services also assist families in becoming more self-reliant.

The Division manages programs providing critical aid to families such as Child Support, Food Stamps, Child Care, Temporary Assistance for Needy Families (TANF), and Aid to the Aged, Blind, and Disabled (AABD), while requiring participants to strive for employment and self reliance. 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. The Division of Welfare is committed to promoting stable, healthy families through both access to and services provided by the programs.

B. Highlights

- With legislative support, the Division began a three year project to replace the antiquated EPICS system that determines eligibility for assistance programs. Replacing the EPICS system allows the Division to streamline the eligibility process and meet performance goals with limited staffing.
- The Deficit Reduction Act will be a challenge for the Child Support Program, which could lose up to \$2.3 million in federal funds. The Act also mandates new rules for assistance eligibility determination to verify citizenship, which requires additional FTE.
- Legislative support in 2006 allowed the Low-income Home Energy Assistance Program to distribute an additional \$3.7 million for heating costs for people who are low-income. This provided an average heating bill payment of \$110 per household.
- The Division of Welfare continues to focus on improving business practices for better efficiencies that included consolidating functions statewide in Child Support, Medicaid eligibility and Child Care. Improvements in the Food Stamp Program continue to be refined, with the goal of meeting all performance requirements.

4. Division of Health

A. Overview

The Division of Health provides a wide range of services that includes vaccines, testing for communicable diseases, regulating food safety, certifying emergency medical personnel, vital record administration, compilation of health statistics and bioterrorism preparedness. 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 District Health Departments 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 departments. The Division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Health Preparedness (Bioterrorism), Health Policy and Vital Statistics, Laboratories, Epidemiology and Food Protection, and Rural Health and Primary Care.

B. Highlights

During the past year, the Division of Health focused on:

- Health Preparedness: Working with District Health Departments, a statewide emergency exercise was held in June to test the state's ability to receive shipments from the Strategic National Stockpile and mass dispense medications to a significant portion of the state's population. The State Pandemic Flu Plan also was updated, and preparedness efforts continue to develop a health system that can respond efficiently and effectively to disease outbreaks or disasters.
- Epidemiology: Worked closely with health districts, health care providers and government leaders to reduce the health impacts of West Nile virus. Expanded surveillance capacity throughout state for influenza-like illnesses for early detection of possible pandemic flu. Continued to refine the Health Alert Network (HAN) communications with healthcare providers.
- Health Promotion: Developed the Idaho Comprehensive Strategic Plan for Cancer Prevention 2006-2010. The Idaho Physical Activity and Nutrition Program (IPAN) developed a state action plan to increase physical activity and improve nutrition, identifying six major goals to be acted upon in the next two years. Health Promotion initiated a comprehensive campaign to reduce injuries to senior citizens from accidental falls. A campaign also was adopted against the spread of STDs, targeting sexually active teens and young adults.
- Health Information and Vital Statistics: Began planning for implementation of the Intelligence Reform and Terrorism Prevention Act and the Real ID Act. These two federal requirements address security of identification documents and issuance of drivers' licenses which will be verified by birth records, which are maintained by the Division of Health. This is a significant project in response to the findings of the 911 Commission to protect the public from fraudulent use of identification and potential terrorism activities.

5. Division of Human Resources

A. Overview

The Division provides Human Resources technical assistance, facilitation, and consultation for the Department. Specific areas of support includes: recruitment and retention, workforce and staff development, compensation and classification, employee relations, equal employment opportunity, employee and client civil rights, privacy and confidentiality, language assistance program, and employee benefits.

B. Highlights

While the Division of Human Resources had much success in supporting the Department's business, five issues stand out:

- Implemented and institutionalized a compensation reporting and analysis system to support recruitment and retention of qualified staff;
- Successfully collaborated with legislators to provide additional compensation to help retain employees in critical positions;
- Developed and implemented Human Resource Management reports to track staffing-related areas including data from exit interviews, turnover, compensation, and employee relations. Will expand reports based on recommendations and needs during the year;
- Initiated implementation of a comprehensive performance management program. First stage was to adopt and fully implement the new IDHR performance rating system. Over 90% of employees attended classroom training on the new performance rating system; and
- Continue to implement an online learning content management system to support and sustain staff training throughout the Department.

6. Information and Technology Services Division

A. Overview

The Information and Technology Services Division (ITSD) provides leadership, direction, and services in the use of information technology to support the Department's mission to promote the social, economic, mental, and physical health of all Idahoans. For example, it is responsible for:

- Securing Department information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Maintaining all Department information technology resources, ensuring availability, backup, and disaster recovery for all systems; and
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer, network, and data communication services.

B. Highlights

To better meet the Department's growing and evolving needs, ITSD has embarked on a three primary activities:

- Continue reorganization of ITSD to minimize duplication of effort and resources while allowing more flexible responses to new program needs. As part of the division's reorganization efforts and in response to audit finding, we have successfully converted IT contractors to state staff; and
- Work with other divisions to evaluate business systems to determine an appropriate life cycle for replacement as they become too costly to update and maintain. The eligibility systems are the first slated for modernization. The current project initiatives under way are EPICS and MMIS (Medicaid Management Information System). Regular updates on the progress of both of these projects are provided to the Board, Germane Committees, and JFAC; and
- Acquire framework to develop new IT systems and modernize legacy systems that will result in a reduction in duplication of efforts and training, while maximizing technology investment.

7. Division of Management Services

The Division of Management Services provides important administrative support for the Department's operations and service delivery units. Centralized office services include budgeting, cash flow management, fixed asset tracking, management of physical plant projects, general ledger accounting and reconciliation, financial reporting, internal audit, surveillance utilization reviews, accounts receivable and receipting, accounts payable, and payroll services.

Management Services provides services that are located in regional field offices, as well as in the central office including administrative support, electronic benefits services, fraud investigation services, institutional accounting services, contract preparation, contract review and monitoring, criminal history and background verifications, motor pool control and maintenance, and purchasing services.

8. Division of Behavioral Health

The Division of Behavioral Health was created by Governor James Risch by Executive Order on June 6, 2006, becoming operational the following month. Behavioral Health administers programs in Adult and Children's Mental Health, and Substance Abuse. Prior to this, these programs were administered by the Division of Family and Community Services. In this report for SFY 2006, mental health and substance abuse data can be found under Family and Community Services.

STATUTORY RESPONSIBILITIES

Specific statutory responsibilities of the Department are outlined in Idaho Code:

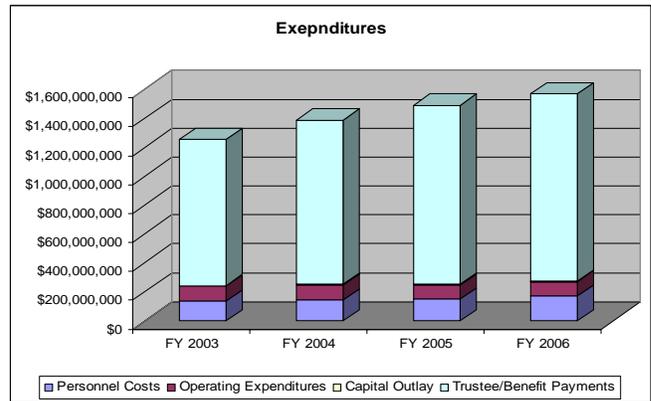
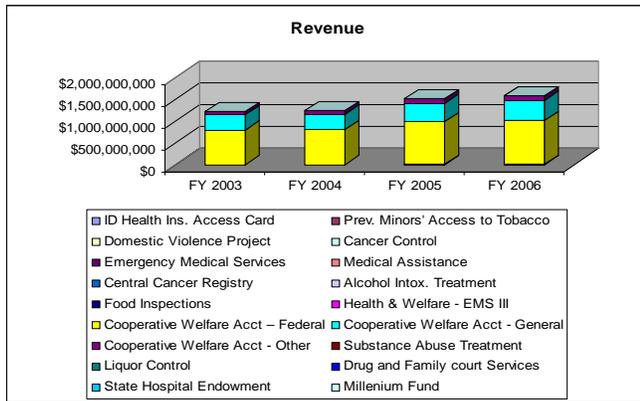
Title and Chapter	Heading
Title 7, Chapters 10, 11 and 12	Child Support
Title 16, Chapter 1	Interagency Coordination Council on Early Intervention
Title 16, Chapter 15	Adoption of Children
Title 16, Chapter 16	Child Protective Act
Title 16, Chapter 20	Termination of Parent and Child Relationship
Title 16, Chapter 24	Children's Mental Health Services
Title 18, Chapter 2	Persons Liable, Principals and Accessories (Fitness to Proceed)
Title 18, Chapter 6	Abortion and Contraceptive
Title 32, Chapter 12	Child Support
Title 37, Chapter 1	Food, Drugs and Cosmetics
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Substance Abuse
Title 39, Chapter 6	Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and PKU
Title 39, Chapter 10	Syphilis Prevention
Title 39, Chapter 11	Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 15	Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services Act
Title 39, Chapter 33	Board and Care Act
Title 39, Chapter 35	Residential Care for the Elderly
Title 39, Chapter 37	Blood, Organ and Tissue Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 43	Medical Consent
Title 39, Chapter 46	Idaho Developmental Disabilities and Facilities Act
Title 39, Chapter 48	Immunization Act
Title 39, Chapter 51	In-Home Financial Assistance
Title 39, Chapter 54	Artificial Insemination

Title 39, Chapter 55	Indoor Smoking
Title 39, Chapter 56	Personal Care Services
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Rural Health Care Access Fund
Title 39, Chapter 75	Interstate Compact on Adoption and Medical Assistance
Title 39, Chapter 77	Registration of Free Medical Clinics
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance
Title 56, Chapter 8	Hard-To-Place Children
Title 56, Chapter 9	Telecommunications Service Assistance
Title 56, Chapter 10	Department of Health and Welfare
Title 57, Chapter 17	Central Cancer Registry Fund
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of the Mentally Ill
Title 67, Chapter 65	Local Land Use Planning Act

Revenue and Expenditures

Revenue	FY 2003	FY 2004	FY 2005	FY 2006
ID Health Ins. Access Card	\$0	\$0	\$1,650,300	\$1,879,300
Prev. Minors' Access to Tobacco				\$71,500
Domestic Violence Project	\$71,400	\$71,500	\$71,500	
Cancer Control	\$394,300	\$397,000	\$568,300	\$605,700
Emergency Medical Services	\$401,600	\$401,700	\$401,700	\$401,700
Medical Assistance	\$1,860,400	\$1,875,200	\$2,086,500	\$2,374,900
Central Cancer Registry	\$2,500	\$2,500	\$2,500	\$6,000
Alcohol Intox. Treatment	\$182,700	\$182,700	\$182,700	\$182,700
Food Inspections	\$2,424,200	\$2,306,300	\$2,306,300	\$2,306,300
Health & Welfare - EMS III	\$413,800	\$565,400	\$638,000	\$638,000
Cooperative Welfare Acct – Federal	\$1,205,400	\$1,205,400	\$1,205,400	\$1,400,000
Cooperative Welfare Acct - General	\$786,326,100	\$795,055,300	\$976,013,300	\$1,001,473,300
Cooperative Welfare Acct - Other	\$353,208,200	\$360,810,800	\$425,024,200	\$462,456,200
Substance Abuse Treatment	\$64,956,900	\$74,235,300	\$99,559,300	\$102,531,600
Liquor Control	\$8,800	\$8,800	\$8,800	\$8,800
Drug and Family court Services	\$639,200	\$671,600	\$650,000	\$650,000
State Hospital Endowment	0	0	0	\$266,700
Millenium Fund	\$2,990,300	\$2,580,100	\$2,605,100	\$5,291,400
	\$700,000	\$500,000	\$500,000	\$0
Total	\$1,215,789,300	\$1,240,873,100	\$1,513,477,400	\$1,582,544,100
Expenditure	FY 2003	FY 2004	FY 2005	FY 2006
Personnel Costs	\$140,021,400	\$142,768,200	\$151,261,700	\$169,965,300
Operating Expenditures	\$101,985,400	\$106,700,400	\$99,023,800	\$102,548,800
Capital Outlay	\$2,599,800	\$6,292,400	\$3,308,100	\$4,056,900
Trustee/Benefit Payments	\$1,010,962,800	\$1,133,564,100	\$1,239,319,200	\$1,296,701,300
Total	\$1,255,569,400	\$1,389,325,100	\$1,492,912,800	\$1,573,272,300

Note: Some revenue and expenditures do not show up on the graphs due to their small percentage relative to the other financial figures.



Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2003	FY 2004	FY 2005	FY 2006
DIVISION OF MEDICAID				
<u>Medicaid</u>				
• Total Medicaid Expenditures (w/.Admin)	\$899,153,800	\$1,005,855,200	\$1,110,116,100	\$1,156,638,400
• Medicaid T&B Expenditures Only	\$869,558,800	\$969,307,200	\$1,071,948,900	\$1,116,009,908
% Spent as payments to providers	96.71%	96.37%	96.56%	96.49%
• Total Average Medicaid enrollees per month (As reported in IDHW's "Facts, Figures,Trends.") ¹	152,679	162,585	170,512	170,585
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees) ^{1 2}	158,630	169,518	178,633	Avail. Nov. 15
• Avg. Low Income Children (0-20 yrs) ²	106,183	113,647	120,033	Avail. Nov. 15
• Avg. Monthly Eligible Low Income Adults ²	17,210	18,733	19,637	Avail. Nov. 15
• Avg. Monthly Eligible Special Needs Children (0-20 yrs) ²	6,042	6,518	7,038	Avail. Nov. 15
• Avg. Monthly Eligible Special Needs Adults ²	17,314	18,263	19,128	Avail. Nov. 15
• Avg. Monthly Eligible Elders (65+ yrs) ²	11,881	12,357	12,798	Avail. Nov. 15
DIVISION OF FAMILY & COMMUNITY SERVICES				
<u>Idaho Careline/211</u>				
• Total # of call received by the Idaho Careline/211	35,701	83,726	130,902	164,643
<u>Child Protection, Prevention, Foster Care, Adoptions</u>				
• Total Child Protection and Prevention Referrals	16,073	17,622	18,598	19,170
• # of children placed in foster care.	2,382	2,904	3,197	3,335
• Adoptions finalized ³	118	161	147 (revised)	Avail. Nov. 15

¹ Two figures for "Total Average Medicaid Enrollees Per Month" are reported. The first figure is the one reported in IDHW's annual data report, "Facts, Figures, and Trends." The second figure is reported since the account is reconciled to include retroactive enrollees.

² The data can only be accurately reported 90 days after SFY ends. Data will be available Nov. 15.

³ Data collected by Federal Fiscal Year. Data will be available November 1, 2006.

• # of children receiving monthly adoption assistance	805	905	989	1,079
<u>Children's Mental Health Services</u>				
• Total mental health services provided to children. ⁴	19,300	24,231	28,608	31,767
• Total support services provided to children and families ⁵	414	558	594	733

Cases Managed and/or Key Services Provided	FY 2003	FY 2004	FY 2005	FY 2006
<u>Adult Mental Health Services</u>				
• Total adult mental health clients served	14,032	18,270	19,573	20,051
<u>Substance Abuse Services</u>				
• Total adult and adolescent substance abuse clients served ⁶	6,461	7,381 (revised)	5,863 (revised)	8,445
<u>Developmental Disabilities Services</u>				
• Individuals Served in the Infant Toddler Program	2,481	2,744	3,195	3,241
• Service Coordination for Children from birth to 21 years	3,554	4,101 (revised)	4,666 (revised)	4,981
• Intensive Behavior Intervention for children	193	329	492	612
<u>State Hospital South</u>				
• Number of census days	41,704	39,334	39,301	41,651
• Daily occupancy rate	88.2%	82.9%	84.1%	83.9%
• Number of admissions	402	369	405	405
• Cost per patient day	\$396	\$427	\$438	\$465
<u>State Hospital North</u>				
• Number of census days	17,152	16,446	16,285	15,826
• Daily occupancy rate	94%	88%	89%	86%
• Number of admissions	239	228	192	187
• Cost per patient day	\$326	\$355	\$380	\$438
<u>Idaho State School and Hospital</u>				
• Total clients served	123	116	104	105
○ Dangerous/Aggressive	67	60	62	59
○ Developmentally Disabled	35	34	30	31
○ Developmentally Disabled and Medically Fragile	21	22	12	15
• Cost per patient day	\$538	\$572	\$615	\$684
DIVISION OF WELFARE/ SELF-RELIANCE				
<u>Applications</u>				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	20,326	22,735	21,371	18,891

⁴ Count reflects multiple mental health services provide to children such as referrals, case management, clinical, assessments, and psychosocial rehabilitation. Some children receive multiple services.

⁵ Count reflects support services such as respite care, therapeutic foster care, placement at State Hospital South, and family support. Some children receive multiple services.

⁶ Figures for adult and adolescent substance abuse clients served were revised for FY2004 and FY2005 to eliminate duplicated counts.

•Aid to the Aged Blind and Disabled (AABD) applications processed	6,326	7,275	7,197	7,024
•Medicaid applications processed (excluding nursing home)	58,516	64,475	70,163	73,446
•Nursing home applications processed	2,364	2,127	2,182	2,386
•Child care applications processed	19,551	19,885	15,278	14,824
•Food Stamps applications processed	54,750	64,573	67,346	66,595
•Total applications processed	161,833	181,070	183,537	183,166

Cases Managed and/or Key Services Provided	FY 2003	FY 2004	FY 2005	FY 2006
Self-Reliance Benefit Programs				
•TAFI cash assistance avg. monthly participants	2,902	3,361	3,304	3,101
•TAFI annual benefits provided	\$6,468,422	\$7,215,308	\$7,270,831	\$7,121,030
•AABD cash assistance avg. monthly participants	11,224	11,768	12,348	12,773
•AABD annual benefits provided	\$7,578,396	\$7,794,156	\$8,140,954	\$8,338,839
•Food Stamps avg. monthly participants	78,336	89,904	93,196	92,149
•Food Stamps annual benefits provided	\$72,772,823	\$88,628,144	\$101,379,520	\$101,524,492
•Child Care avg. monthly participants	9,718	9,413	9,824	9,131
•Child Care annual benefits provided	\$28,942,454	\$29,489,689	\$31,737,321	\$31,239,161
Self-Reliance-Child Support Services^L				
•Paternity established	5,562	5,562	5,625	Avail. Nov. 15
•Support orders established	4,238	5,115	5,194	Avail. Nov. 15
•Child support caseload	102,815	111,283	119,922	Avail. Nov. 15
•Total child support dollars collected	\$147,570,700	\$155,249,554	\$163,834,483	Avail. Nov. 15
o Collections through wage withholding	\$60,094,016	65,612,126	\$69,619,593	Avail. Nov. 15
Community Services Block Grant^L				
•Grant amount	\$3,309,800	\$3,210,533	\$3,191,441	Avail. Nov. 15
•Total Served Quarterly	22,966	24,416	35,015	Avail. Nov. 15
DIVISION OF HEALTH				
Vaccines				
•Children's vaccines administered	500,545	472,952 (revised)	440,971	500,487
•Immunization Rates (19-35 Months) ⁸	73.9%	82.5%	82.8%	Avail. Nov. 15
•Immunization Rates (School Age Children) ^{8 9}	95.2%	94.5%	93.5%	85.4%*
•Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella) ^{8 10}	157	83	70	213
WIC				
•Women, Infants and Children (WIC) served monthly	34,341	35,756	37,737	37,278
•(WIC) Average Monthly Voucher Value	41	45	46	46

⁷ Data collected by Federal Fiscal Year.

⁸ Data collected by Calendar Year (Calendar Years 2002, 2003, 2004, 2005).

⁹ The number of vaccinations administered is declining because many new vaccines are combination vaccines; they contain several vaccines in one shot. Immunization requirement was changed to 5 DTaP and 2 MMR in 2005. This is the reason for the decrease in the immunization rate.

¹⁰ Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough). In Calendar Year 2005, 211 of the 213 cases were whooping cough.

Women's Health Check				
• Women's Health Check (Women Screened)	2,487	3,067	3,579 (revised)	3,508
• Women's Health Check (Breast Cancer Diagnosed)	44	46	47	47
• Women's Health Check (Cervical Cancer Diagnosed)	0	3	1	2

Cases Managed and/or Key Services Provided	FY 2003	FY 2004	FY 2005	FY 2006
Bloodborne Diseases ⁸				
• New HIV Reports	26	23	23 (revised)	25
• New AIDS Reports	24	20	16	26
• Idahoans living with HIV/AIDS	732	772	805	840
• Acute Hepatitis B	7	8	14	16
• Acute Hepatitis C	1	1	1	1
• Total New Bloodborne Diseases	58	52	54	68
EMS				
• Total EMS Personnel Certifications	767	796	655	545
• Total EMS Personnel Recertification	2,111	2,028	1,548	1,117
• EMS grant requests for vehicles and care equipment	\$3,700,000	\$3,200,000	\$3,700,000	\$4,100,000
• EMS grants for vehicles and care equipment	\$700,000	\$1,200,000	\$1,100,000	\$1,300,000
INDIRECT SERVICES				
Management Services				
• Criminal History Background Checks	14,725	15,467	16,261	28,232
• Medicaid fraud collections and penalties	\$712,737	\$955,000	\$1,201,483	\$710,206
Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	\$85,000,000	\$103,000,000	\$117,000,000	\$116,707,518
• Child Support electronic payments	\$126,000,000	\$134,000,000	\$139,000,000	\$146,304,346

Part II – Performance Measures

Performance Measure	2003	2004	2005	2006	2011 Target
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	74.24%	75.05%	74.78%	Data Not Yet Available	75.40%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	67.53%	66.95%	Data Not Yet Available	Data Not Yet Available	70.33%
3. Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	Data Not Collected	76.52%	77.25%	Data Not Yet Available	84.31%

⁸ Data collected by Calendar Year (Calendar Years 2002, 2003, 2004, 2005).

4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	Data Not Collected	Data Not Collected	45.89%	Data Not Yet Available	55.48%
5. Percent of children who are safe as measured by the Safety Composite (SC)	90.27%	90.09%	Data Not Yet Available	Data Not Yet Available	89.85%
6. Number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite (HCAC).	Data Not Collected	Data Not Collected	44.75%	45.17%	50.00%
7. Percent of Idahoans with health and dental care coverage	75.63%	76.62%	75.03%	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	Data Not Collected	89.52%	84.92%	Data Not Yet Available	92.75%
9. Accuracy rates of key identified programs.	Data Not Collected	Data Not Collected	92.34%	Data Not Yet Available	93.50%
10. The Department will improve customer service annually in the areas of caring, competence, communication, and convenience.	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Target to be set by July 1, 2007

Performance Measure Explanatory Notes:

1. Performance Measure #1 Explanatory Note

A. Objective

Improve healthy behaviors of adults to 75.40% by 2011.

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

F. Interpretation

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

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

2. Performance Measure #2 Explanatory Note

A. Objective

Increase the use of evidence-based clinical preventive services to 70.33% by 2011.

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

F. Interpretation

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

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

3. Performance Measure #3 Explanatory Note

A. Objective

Increase the percent of Department clients living independently to 84.31% by 2011.

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

F. Interpretation

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

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

4. Performance Measure #4 Explanatory Note

A. Objective

Increase the percent of individuals and families who no longer use Department services to 55.48% by 2011.

B. Performance Measure

Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

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

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving towards or out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The "all family" and "two-parent" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to take part in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households. However, for two parent households, an increase in the work participation rates for both parents also will be measured;
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, and TAFI program in a State Fiscal year that do not enroll in those services the following State Fiscal Year).

E. How Target Was Created

The overall target of 55.48% was created by using the average of the individual targets (i.e., a composite target).

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

F. Interpretation

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

- Graduation from the Infant Toddler Program - **Approximately 109 more graduating from program.**
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving towards or out of Department programs) - **Approx. 120 more children showing improvement.**
- Successful completion of substance abuse treatment program - **Approximately 248 more completing treatment successfully.**
- Amount of current child support collected vs. current child support owed - **Approximately \$7,331,700 more current child support collections.**
- The "all family" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 150 more "All Family" TAFI Participants per year;**
- The "two-parent" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 48 more "2-Parent" TAFI Participants per year**
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing) - **Approximately 7,600 more Food Stamp participants per year.**
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, and TAFI, program in a State Fiscal year that do not enroll in those services the following State Fiscal Year). **Approximately 16,800 more leaving and not returning to these programs per year.**

5. Performance Measure #5 Explanatory NoteA. Objective

The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2011.

B. Performance Measure

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

C. Rationale for Objective and Performance Measure

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

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

D. Performance Measure Description

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

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;

- Rate of unsubstantiated complaints of abuse; and
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry.
- Percent of children 19 to 35 months who have up-to-date immunizations.

E. How Target Was Created

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

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

The target used for the immunization rate was determined after examining the trend since 1997, a seven-year projection, and comparisons to the U.S. value and state high and low values.

One of the primary reasons for the slight decline in the Child Welfare target from the 2004 data is that there will be a change in the Child Abuse Central Registry in June 2007. The new system will allow substantiated complaints of abuse or neglect without the names going into the registry, which should increase the number of substantiated complaints of abuse.

F. Interpretation

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

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

6. Performance Measure #6 Explanatory Note

A. Objective

Improve the access to dental, behavioral and primary care services to Idahoans to 50.00% by 2011.

B. Performance Measures

Number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite (HCAC).

C. Rationale for Objective and Performance Measure

- Access to primary health services and providers is integral to protect the health, safety, and self-reliance of Idahoans.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans cannot get the care they need to be healthy.

D. Performance Measure Description

The performance measure is a composite of three indicators that measure shortages of primary care, mental health, and dental health providers. The shortages are known as **Health Professional Shortage Areas** (HPSA). The three types used are:

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

A Health professional(s) shortage area means any of the following which has been designated through a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility (42 U.S.C. 254e).

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

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

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

E. How Target Was Created

The overall target of 50.00% was created by using the average of the individual targets (i.e., a composite target).

The target for the dental health professional, mental health professional, and primary care health professional shortage area was determined after evaluating existing data and a projection of the data.

F. Interpretation

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

- Primary Care HPSA - **Approximately 36,000 more people live in non-shortage areas; or**
- Mental Health HPSA - **Approximately 36,000 more people live in non-shortage areas; or**
- Dental Health HPSA - **Approximately 36,000 more people live in non-shortage areas**

7. Performance Measure #7 Explanatory Note

A. Objective

Increase the percent of Idahoans with health care coverage to 78.67% by 2011.

B. Performance Measures

Percent of Idahoans with health and dental care coverage.

C. Rationale for Objective and Performance Measure

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

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

F. Interpretation

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

- Adults with health care coverage - **Approximately 30,000 more adults have health care coverage**
- Adults with dental insurance - **Approximately 28,000 more adults have dental insurance.**
- Children with health care coverage - **Approximately 11,000 more children have health care coverage.**

8. Performance Measure #8 Explanatory Note

A. Objective

By 2011, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

B. Performance Measures

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

C. Rationale for Objective and Performance Measure

- Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.
- Timely application and recertification processing increases the accuracy of those functions.
- The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

D. Performance Measure Description

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

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

E. How Target Was Created

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

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

F. Interpretation

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

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

9. Performance Measure #9 Explanatory Note

A. Objective

The Department accuracy rates of key identified programs will reach 93.50% by 2011.

B. Performance Measures

Accuracy rates of key identified programs.

C. Rationale for Objective and Performance Measure

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

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

D. Performance Measure Description

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

- Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
- Medicaid - Client Financial Eligibility Accuracy Rate;
- Child Protection - Educational needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection - Physical health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection - Mental health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Support - Financial Accuracy; and
- Child Support - Data Reliability Standards.

E. How Target Was Created

The overall target of 93.50% was created by using the average of the individual targets (i.e., a composite target).

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

F. Interpretation

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

- Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS) - **Approximately 8% improvement in Food Stamp payment errors compared to 2005; or**
- Food Stamps - Federally Adjusted Negative Accuracy Rate (FNS) - **Approximately 8% improvement in Food Stamp closures and/or denials compared to 2005; or**
- Medicaid - Client Financial Eligibility Accuracy Rate - **(New Data)**
- Child Protection - Educational needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - **Approximately 8 more cases meeting educational needs of child; or**
- Child Protection - Physical health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - **Approximately 9 more cases meeting physical health needs of child; or**
- Child Protection - Mental health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided - **Approximately 8 more cases meeting mental health needs of child; or**
- Child Support - Financial Accuracy - **(New Data)**
- Child Support - Data Reliability Standards - **(New Data)**

10. Performance Measure #10 Explanatory Note

A. Objective

The Department will improve customer service annually in the areas of caring, competence, communication, and convenience.

B. Performance Measures

- 1) Caring - Percent of IDHW clients treated with courtesy, respect, and dignity.
- 2) Competence - Percent of IDHW clients that have a high level of trust and confidence in the knowledge and skills of Department personnel.
- 3) Communication - Percent of IDHW clients that are communicated with in a timely, clear, and effective manner.
- 4) Convenience - Percent of IDHW clients that that can easily access Department services, resources and information.

C. Rationale for Objective and Performance Measures

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

The four areas of improvement (Caring, Competence, Communication, and Convenience), were selected because research has identified that these are core underlying factors that have the biggest impact on quality customer service.

D. Performance Measure Description

- 1) Caring - The performance measure is a composite of four indicators that measure how well clients are treated with courtesy, respect, and dignity.
 - The performance indicators are survey questions asked of clients.
- 2) Competence - The performance measure is a composite of nine indicators that measure the percent of Idaho clients that have a high level of trust and confidence through our consistent demonstration of a high level of knowledge and skill.
 - Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);

- Food Stamps - Federally Adjusted Negative Accuracy Rate (FNS);
 - Medicaid Client Financial Eligibility Accuracy Rate;
 - Payment Error Rate in Medicaid (PERM) Rate;
 - Percentage of Agency Hearings Upheld (gets to the accuracy of the public's perception of our competence);
 - Child Support Data Reliability Standards (ICSES Data Reliability);
 - Survey question asked of clients.
- 3) Communication - The performance measure is a composite of seven indicators that measure the percent of Idaho clients that are communicated with in a timely, clear, and effective manner.
- Percent of Regions/Offices with at least one multi-lingual employee (and/or other workers (e.g., volunteers));
 - Call Wait/On Hold Time - 2-1-1 Careline, Child Support, and Benefits Call Center data;
 - Percent of Calls Re-routed More Than Twice - 2-1-1 Careline, Child Support, and Benefits Call Center data;
 - Percent of Calls Returned by Department Personnel When Asked/Required by the Client - 2-1-1 Careline, Child Support, and Benefits Call Center data;
 - Survey questions asked of clients.
- 4) Convenience - The performance measure is a composite of six indicators that measure the percent of Idaho clients that that can easily access Department services, resources and information.
- Percent of WIC appointments scheduled (by the District Health Departments) from initial call (Data collected from contractor);
 - Percent of TAFI and Food Stamp applicants that meet with a Work Services Contractor within 5 days of the client's referral to the contractor by the Department (Data collected from contractor);
 - Average Completion Days of Mail Order Requests for Certified Copies of Vital Records;
 - Percent of unscheduled down time of IDHW Web Pages;
 - Navigation Survey;
 - Survey questions asked of clients.

How Targets Were Created

Currently, the Department collects a wide variety of customer service related indicators. Not all divisions, or regions, gather such data. Consequently, we will develop a set of new measures and targets that can be used department-wide to improve customer service. A baseline target for each measure will be created by July 1, 2007.

For More Information Contact

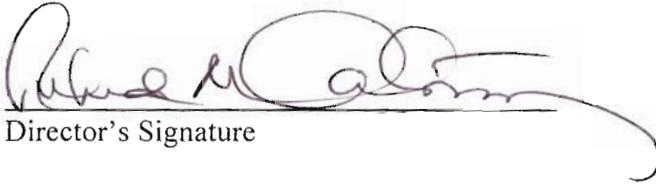
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SEP 01 2006

Director Attestation for Agency Profile

In accordance with *Idaho Code 67-1904*, I certify the data provided in the Agency Profile has been internally assessed for accuracy, and, to the best of my knowledge, is deemed to be accurate.

Department: HEALTH AND WELFARE


Director's Signature

9-1-06
Date

Please return to:

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