

## Part 1 – Agency Profile

### Agency Overview

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

Role in the Community: The Department of Health and Welfare'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 and health insurance programs, which includes Food Stamps and Medicaid;
- 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 C.L. "Butch" Otter. DHW's Director, Richard Armstrong, oversees all Department operations and is advised by the State Board of Health and Welfare. The Board consists of 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 three areas: 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, Behavioral Health, Public Health, Family and Community Services, Welfare, Human Resources, Information and Technology Services, and Management Services.

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

DHW has 34 field offices geographically located to reach each area of the state, three state institutions, and 3,137 authorized full-time employees in SFY09.

### 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 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 private health insurance plans. Medicaid

provides services for low-income families, which includes children and pregnant women; the elderly; and people with disabilities. Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

### *B. Highlights*

- In SFY09 severe economic conditions forced Governor Otter to direct all state agencies to hold back four percent of their 2009 general fund and asked for further reductions in SFY10. The Department of Health and Welfare strategically planned reductions that would minimize the impact on the people it serves. For Medicaid, four percent equaled \$10.4 million in state general funds. To date, Medicaid has been able to preserve programs and eligibility to maintain coverage for everyone enrolled, while continuing to serve the most vulnerable people in our state.
- The federal government significantly increased its share of Medicaid expenses during SFY09 through the American Recovery and Reinvestment Act (ARRA). This significantly reduced matching state funds. As a condition of the ARRA's increased federal match, State Medicaid Programs must ensure that no changes are made to reduce eligibility.
- The following budget reduction actions were implemented in SFY09:
  - Administrative Costs: Reductions in administrative costs included mandatory furlough days, reducing state temporary staff positions, freezing vacancies, reducing travel expenses, and delaying equipment purchases. The Division relies on external contractors to accomplish significant administrative activities and obtained contract reductions from these contractors.
  - Hospitals: Hospital reductions included reducing ambulatory surgical center reimbursement and interim hospital payments.
  - Medical Supplies: Pricing reductions were implemented for incontinent supplies.
  - Pharmacy: Atypical anti-psychotic medications were added to the program's prior-authorization program to obtain state supplemental rebates.
  - Mental Health Services: As part of the Medicaid Reform Project, existing benefits were evaluated to determine needed changes. The changes resulted in some cost containment objectives and were combined with increased standards to improve the quality of mental health services rendered by providers. The specific adjustments reduced the maximum amount of service hours for psycho-social rehabilitation (PSR), partial care, and service coordination.
  - Developmental Disability Services: Medicaid reduced the maximum benefit hours available to be billed by developmental disability agencies and service coordination providers.
  - Contingency Plan: Medicaid implemented its contingency plan to hold the final week of claims payments at the end of the SFY09, pushing the payments into SFY10. This action was necessary due to a funding shortfall.
  - Other Planned Reductions: Some proposed budget reductions required statutory changes that could not be made without legislative action. Statute changes were approved in the 2009 session with implementation effective in SFY10. These include further changes to hospital reimbursement, reductions in skilled nursing home payments, and freezes on physician, dental, and intermediate care facilities.

## **2. Division of Behavioral Health**

### *A. Overview*

The Division of Behavioral Health is comprised of the children's and adult mental health programs, and the substance abuse prevention and treatment program. Division clinicians provide mental health services to primarily uninsured adult clients. Private providers, managed through the Division, deliver children's mental health and substance use disorder services. Acute mental health care is available at the state's two psychiatric hospitals, State Hospitals North and South, which also are part of the Division. Additionally, the Division staffs assertive community treatment (ACT) teams that provide clinical services for mental health courts in each state region.

### *B. Highlights*

- ACT teams are often characterized as bringing psychiatric hospital services into a community setting, at a much lower expense. They 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. During SFY09, 587 clients received ACT team services from the Division's regionally-based ACT teams. This includes 234 people who are participants in the state's mental health courts.

- During SFY09 the Bureau of Substance Use Disorders, through private treatment providers, served 14,905 clients. This is up from 7,960 in SFY08. Of the 14,905 clients served:
  - 3,120 were non-criminal justice involved adults,
  - 9,700 were adults involved in the criminal justice system – misdemeanants and felons
  - 290 were non-criminal justice involved adolescents
  - 1,795 were adolescents involved in the criminal justice system
- On July 1, 2009 the Bureau put into operation the GAIN bio-psycho-social assessments via a web based interface with our new data management system – WITS. This new way to conduct assessments is the Bureau's first step in moving towards a paperless system.
- During SFY 09 the percentage of clients completing treatment successfully stayed stable for all client types. Length of stay dropped slightly to 153.6 days for clients who successfully complete treatment, down from 181 days in SFY 08.
- The Bureau, along with the Interagency Committee on Substance Abuse Prevention and Treatment, fully implemented several client specific projects that began July 1, 2008. These include:
  - **Prison re-entry project:** This project specifies the protocols for Idaho Department of Corrections and DHW for clients returning to Idaho communities after prison 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. In SFY 09 DHW served 1,400 re-entry clients.
  - **Adult Misdemeanant Protocol:** In SFY 09 DHW worked with the Idaho Association of Counties in creating a county directed approach to serving the misdemeanant population. This included protocols and processes to easily move a misdemeanant into the treatment system. During SFY 09 3,700 misdemeanant clients were served.
  - **Court ordered Clients through Adult Felony 19-2524 and Adolescent 20-520I:** DHW continues to work with judges and pre-sentence investigators to refine the process for assessments and treatment for court ordered clients. In SFY 09 we served 1,460 19-2524 adult clients and 130 20-520I adolescent clients.

### **3. Division of Public Health**

#### *A. Overview*

The Division of Public Health protects the health of Idaho citizens through a wide range of services that include vaccinations, disease surveillance and intervention, 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 and coordinates with local District Health Departments to provide many services throughout the state.

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

#### *B. Highlights*

- Idaho Health Careers, a free web-based program that helps match health care providers to job openings in rural and underserved health care facilities in Idaho was launched by the State Office of Rural Health and Primary Care. The site is an innovative tool to provide healthcare providers to rural and underserved communities in Idaho. For more information please visit: <http://www.idahohealthcareers.org>
- The Health Preparedness Program launched a health preparedness website, READYidaho, to promote health preparedness for all-hazard emergencies in Idaho. Being prepared at the individual, family, and community level for public health emergencies is critical. <http://www.READYidaho.org>.

- The Heart Disease and Stroke Prevention (HDSP) Program completed development of the State Plan. The HDSP program collaborated with 11 Critical Access Hospitals to increase community education on the risk factors for heart disease and stroke, the signs and symptoms of heart attack and stroke, and the importance of calling 911. The program also convened a Cardiac Level One Advisory Committee, a Cardiac EMS Subcommittee, a Cardiac Public Education Subcommittee, and expanded the membership of the Heart Disease and Stroke Prevention Advisory Committee. The HDSP program also developed a new webpage.
- In August, 2008 the Bureau of Laboratories opened a new 3,000 sq. ft. Biosafety Level 3 (BSL3) laboratory. BSL-3 laboratories are used to contain and study biological agents (bacteria, viruses and fungi) that can be transmitted through the air and cause serious or potentially lethal diseases.
- The Bureau of Vital Records and Health Statistics implemented the Electronic Death Registration System (EDRS) in April 2009. Online death records provide a more timely submission of higher quality death information to the State Registrar. The EDRS enables the state to better serve families by providing copies of death certificates to them more quickly and efficiently. In July 2009, 67.5% of all death certificates were submitted electronically thru the EDRS. Of all death certificates submitted to Vital Statistics in July 2009, over 71% were received within six days from the date of death.
- The Office of Epidemiology and Food Protection responded to the outbreak of swine influenza during Spring 2009. The office worked with the public health districts to investigate and respond to suspected cases, advising agencies and employers on managing cases and outbreaks in their institutions, providing guidance to physicians and hospitals, and handling media inquiries. As of August 27th, Idaho had 312 confirmed cases. Epidemiology is teaming with the Preparedness Program to develop and coordinate plans for renewed influenza activity in the Fall.
- Due to declining immunization rates, along with funding issues facing the program in SFY10, the Idaho Immunization Program developed a task force of healthcare providers, insurance carriers, the Idaho Medical Association, and other stakeholders. The task force is working on long-term solutions that can be presented to the Legislature for consideration.
- The recession has greatly increased the demand for the Supplemental Nutrition Program for Women, Infants and Children (WIC). The Idaho WIC program has seen a 12% increase in participants over the past year. Each month 47,000 women, infants and children across Idaho receive nutritious supplemental foods and education about healthy eating.

#### **4. 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, adoption, 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 institution 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.

##### *B. Highlights*

- The Child Welfare program was evaluated in April 2008 as part of a nationwide federal review to improve foster and adoptive services in states. As a result of that review, the federally mandated Program Improvement Plan, or PIP, has been developed and submitted to federal partners in April 2009 and is being implemented. The PIP has been designed with federal oversight and technical assistance. It is critical to improve the child welfare system not only for children in Idaho, but also to avoid financial penalties that can be assessed on states that do not demonstrate expected improvements. Each region of the state has developed a plan to assure improvements locally.

- The Child Welfare program has been emphasizing permanent homes for children placed in foster care, both through reunification or adoption. Increased efforts have doubled the number of adoptions since 2006. This increase from 136 adoptions in FFY06 to an estimated 300 in FFY09 has also increased the number of families receiving adoption assistance by 45%, from 1,079 in 2006 to 1,564 at the end of 2009. This has resulted in hundreds more children who now live in permanent homes, which has increased costs in the program, but will ultimately result in safer, healthier, and stronger families.
- The Division completed a federal financial audit of Title IV-E adoption assistance payments. While many states had a failure rate of 20-50%, Idaho's failure rate was less than 2%. Idaho's rate was less than .3% of all cases.
- Family and Community Services actively provided technical assistance in the passage of the new daycare licensing legislation. As part of the legislation, the Division will use negotiated rulemaking to develop rules to be considered by the 2010 Legislature. Additionally, the Division is working to develop a more stream-lined, statewide complaint system through the 2-1-1 Careline.
- Crisis response and capacity for individuals with developmental disabilities has been a primary focus of the Division. As a result, the census at ISSH continued to decline from 80 residents at the end of SFY08 to 74 in SFY09. To reduce new admissions and assist in community placements, four staff positions were reassigned from direct care to a community crisis team with members strategically located in Coeur d'Alene, Nampa, and Blackfoot. These crisis team members have been instrumental in continuing the census reduction.
- The Division continues to meet challenging federal program performance requirements in the Infant and Toddler Program. As a result, the state has been notified by the U.S. Department of Education that Idaho continues to meet requirements for Part C of the Individuals with Disabilities Education Act. This status was achieved by 26 States and territories.
- Economic conditions affected both Navigation Services and the 2-1-1 Idaho Careline, which help people and families through health and social service referrals. Navigation Services experienced a four percent overall increase in referrals and a 15 percent increase in Emergency Assistance cases. The 2-1-1 Idaho Careline experienced a 34 percent increase in the number of calls over the previous year—from 159,970 calls in 2008 to 213,730 in 2009—easily setting the record for the most calls ever received in a year.
- Navigation services continues to leverage community funds for families and individuals. In SFY09 for every Emergency Assistance dollar spent, 40 cents (a statewide total of \$277,308) was secured from community partners to support the family plan to prevent homelessness and keep families together. Also, almost \$123,000 in other community money and goods was secured for struggling people through the collaborative efforts of Navigation Services.

## **5. Division of Welfare (Self Reliance)**

### ***A. Overview***

The Division of Welfare is committed to promoting stable, healthy families through both access to and services provided by the programs.

The Division of Welfare administers Self Reliance Programs that provide critical assistance to low-income individuals and families in crisis situations and help them become self-reliant. Each of the assistance programs administered by the Division of Welfare require participants to engage in self-reliance activities, such as looking for employment or attending job training and development courses.

Self Reliance Programs include: Child Support, Food Stamps, Child Care, Temporary Assistance for Needy Families (TANF), and Aid to the Aged, Blind, and Disabled (AABD). 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.

## *B. Highlights*

- With legislative support, the Division of Welfare continues development and implementation of the Idaho Benefit Eligibility System (IBES). The new system is aimed at modernizing and streamlining business processes and automation for eligibility determination of services. The project is on track to “turn on” the system statewide during October 2009.
- The slow economy has continued to impact caseloads. Participation in the Food Stamp Program has skyrocketed, even more so than last year. Idaho has seen a 38% increase in FS households from June of 2008 to June 2009. The number of people in the program has increased by 41% over the same time period. Medicaid, AABD Cash, and Child Support Program participation has also increased in the last year.
- Even with increasing caseloads, the Division has maintained or increased program performance in two programs. In the Food Stamp Program, the state received a Federal performance bonus award for having the 3<sup>rd</sup> best negative error rate in the nation at 0.72%. The negative error rate is a measure of incorrectly closing a case or denying an application approval. The program’s application processing timeliness is near 98% and its payment accuracy rate is more than 97%. In Medicaid, application timeliness is above 96% and case renewal timeliness is above 98%. The Child Support Program also met all of its Federal performance requirements.

## **6. Division of Human Resources**

### *A. Overview*

The 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.

## **7. Division of Information Technology**

### *A. Overview*

The Division of Information Technology 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.
- Overseeing development, maintenance, and enhancement of business applications, systems, and programs for all computer, network, and data communication services.

## **8. Division of Management Services**

### *A. Overview*

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 State 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.

**STATUTORY RESPONSIBILITIES**

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

<b>Title and Chapter</b>	<b>Heading</b>
Title 6, Chapter 26	Clandestine Drug Laboratory Cleanup Act
Title 7, Chapters 10	Uniform Interstate Family Support Act
Title 7, Chapters 11	Proceedings to Establish Paternity
Title 7, Chapters 12	Enforcement of Child Support Orders
Title 7, Chapters 14	Family Law License Suspensions
Title 15, Chapter 3	Probate of Wills and Administrations
Title 15, Chapter 5	Protection of Persons Under Disability and their Property
Title 16, Chapter 1	Early Intervention Services
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
Title 18, Chapter 6	Abortion and Contraceptive
Title 18, Chapter 15	Children and Vulnerable Adults
Title 18, Chapter 45	Kidnapping
Title 18, Chapter 86	Human Trafficking
Title 19, Chapter 25	Judgment
Title 19, Chapter 56	Idaho Drug Court and Mental Health Court Act
Title 20, Chapter 5	Juvenile Corrections Act
Title 32, Chapter 4	Marriage Licenses, Certificates, and Records
Title 32, Chapter 7	Divorce Actions
Title 32, Chapter 10	Parent and Child
Title 32, Chapter 12	Mandatory Income Withholding for Child Support
Title 32, Chapter 16	Financial Institution Data Match Process
Title 37, Chapter 1	Idaho Food, Drug, and Cosmetic Act
Title 37, Chapter 31	Narcotic Drugs – Treatment of Addicts
Title 39, Chapter 2	Vital Statistics
Title 39, Chapter 3	Alcoholism and Intoxication Treatment Act
Title 39, Chapter 6	Control of Venereal Diseases
Title 39, Chapter 9	Prevention of Blindness and other Preventable Diseases in Infants
Title 39, Chapter 10	Prevention of Congenital Syphilis
Title 39, Chapter 11	Basic Day Care License
Title 39, Chapter 12	Child Care Licensing Reform Act
Title 39, Chapter 13	Hospital Licenses and Inspection
Title 39, Chapter 14	Health Facilities
Title 39, Chapter 15	Care of Biological Products
Title 39, Chapter 16	Food Establishment Act
Title 39, Chapter 24	Home Health Agencies
Title 39, Chapter 31	Regional Mental Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program
Title 39, Chapter 33	Idaho Residential Care or Assisted Living Act
Title 39, Chapter 34	Revised Uniform Anatomical Gift Act
Title 39, Chapter 35	Idaho Certified Family Homes
Title 39, Chapter 37	Anatomical Tissue, Organ, Fluid Donations
Title 39, Chapter 39	Sterilization
Title 39, Chapter 45	The Medical Consent and Natural Death Act
Title 39, Chapter 46	Idaho Developmental Disabilities Services and Facilities Act
Title 39, Chapter 48	Immunization
Title 39, Chapter 51	Family Support and In-Home Assistance
Title 39, Chapter 53	Adult Abuse, Neglect and Exploitation Act
Title 39, Chapter 54	Artificial Insemination
Title 39, Chapter 55	Clean Indoor Air

Title and Chapter	Heading
Title 39, Chapter 56	Personal Assistance Services
Title 39, Chapter 57	Prevention of Minors' Access to Tobacco
Title 39, Chapter 59	Idaho Rural Health Care Access Program
Title 39, Chapter 60	Children's Trust Fund
Title 39, Chapter 61	Idaho Conrad J-1 Visa Waiver Program
Title 39, Chapter 75	Adoption and Medical Assistance
Title 39, Chapter 82	Idaho Safe Haven Act
Title 46, Chapter 12	Statewide Communications Interoperability
Title 49, Chapter 3	Motor Vehicle Driver's License
Title 54, Chapter 11	Morticians, Funeral Directors, and Embalmers
Title 54, Chapter 33	Freedom of Choice of Dentures Act
Title 56, Chapter 1	Payment for Skilled and Intermediate Services
Title 56, Chapter 2	Public Assistance Law
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 56, Chapter 13	Long-Term Care Partnership Program
Title 56, Chapter 14	Idaho Hospital Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 66, Chapter 1	State Hospitals
Title 66, Chapter 3	Hospitalization of Mentally Ill
Title 66, Chapter 4	Treatment and Care of the Developmentally Disabled
Title 66, Chapter 13	Idaho Security Medical Program
Title 67, Chapter 4	Legislature
Title 67, Chapter 14	Attorney General
Title 67, Chapter 24	Civil State Departments -- Organization
Title 67, Chapter 30	Criminal History Records and Crime Information
Title 67, Chapter 31	Department of Health and Welfare – Miscellaneous Provisions
Title 67, Chapter 65	Local Land Use Planning
Title 67, Chapter 69	Food Service Facilities
Title 67, Chapter 73	Idaho State Council for the Deaf and Hard of Hearing
Title 67, Chapter 74	Idaho State Lottery
Title 67, Chapter 81	Idaho Housing Trust Fund
Title 67, Chapter 88	Idaho Law Enforcement, Firefighting, and EMS Medal of Honor
Title 68, Chapter 14	Court Approved Payments or Awards to Minors or Incompetent Persons
Title 72, Chapter 13	Employment Security Law
Title 72, Chapter 16	State Directory of New Hires

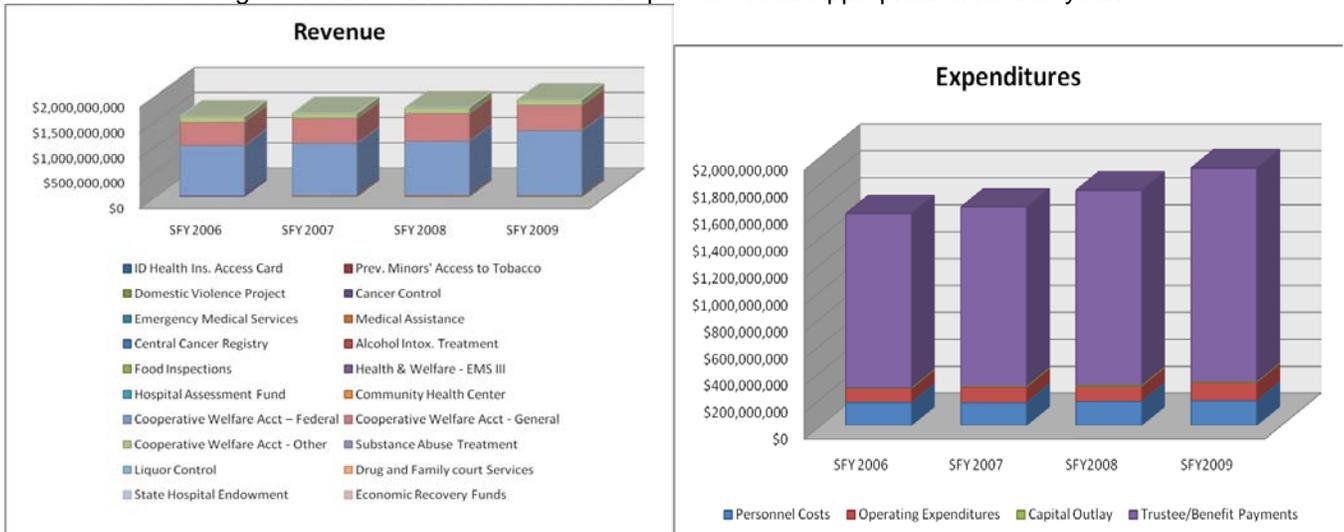
**Revenue and Expenditures**

Revenue	SFY 2006	SFY 2007	SFY 2008	SFY 2009
ID Health Ins. Access Card	\$1,879,300	\$2,899,100	\$3,212,600	\$3,580,400
Prev. Minors' Access to Tobacco	\$71,500	\$71,500	\$71,500	\$50,000
Domestic Violence Project	\$605,700	\$500,300	\$486,100	\$495,800
Cancer Control	\$401,700	\$401,700	\$401,700	\$404,700
Emergency Medical Services	\$2,374,900	\$2,831,800	\$2,665,600	\$2,912,600
Medical Assistance	\$6,000	\$6,000	\$6,000	\$6,000
Central Cancer Registry	\$182,700	\$182,700	\$182,700	\$182,700
Alcohol Intox. Treatment	\$2,306,300	\$2,554,100	\$4,556,500	\$3,232,900
Food Inspections	\$638,000	\$638,000	\$638,000	\$0 <sup>1</sup>
Health & Welfare - EMS III	\$1,400,000	\$1,400,000	\$1,400,000	\$1,400,000
Hospital Assessment Fund <sup>2</sup>	NA	NA	NA	\$2,813,300
Community Health Center <sup>3</sup>	NA	NA	NA	\$1,000,000
Cooperative Welfare Acct – Federal	\$1,001,473,300	\$1,039,162,000	\$1,084,238,400	\$1,283,302,900
Cooperative Welfare Acct - General	\$462,456,200	\$497,863,900	\$546,880,200	\$503,984,200
Cooperative Welfare Acct - Other	\$102,531,600	\$101,498,000	\$114,163,700	\$114,918,500
Substance Abuse Treatment	\$8,800	\$9,000	\$0	\$0 <sup>4</sup>
Liquor Control	\$650,000	\$650,000	\$650,000	\$650,000
Drug and Family court Services	\$266,700	\$266,700	\$266,700	\$265,500
State Hospital Endowment	\$5,291,400	1,681,200	\$2,118,500	\$2,208,800
Economic Recovery Funds	0	\$3,109,600	\$303,400	\$0 <sup>5</sup>
Millennium Fund	0	\$300,000	\$500,000	\$1,481,100
<b>Total</b>	<b>\$1,582,544,100</b>	<b>\$1,656,025,600</b>	<b>\$1,762,741,600</b>	<b>\$1,922,889,400</b>

Expenditure	SFY 2006	SFY 2007	SFY2008	SFY09
Personnel Costs	\$169,965,300	\$169,350,200	\$178,418,500	\$182,974,900
Operating Expenditures	\$102,548,800	\$114,163,200	\$110,755,200	\$136,205,400
Capital Outlay	\$4,056,900	\$4,664,400	\$5,433,700	\$2,606,300
Trustee/Benefit Payments	\$1,296,701,300	\$1,334,145,100	1,452,202,100	\$1,591,146,700
<b>Total</b>	<b>\$1,573,272,300</b>	<b>\$1,622,322,900</b>	<b>\$1,746,809,500</b>	<b>\$1,912,933,300</b>

**Note:** Some revenue and expenditures do not show up on the graphs due to their small percentage relative to the other financial figures. SFY09 Revenue is based upon the Total Appropriation for that year.



1 Responsibility for collecting Food Inspection revenues was transferred to Idaho Public Health Districts.  
 2 Hospital Assessment funding stream was initiated in SFY09.  
 3 Community Health Center funding stream was initiated in SFY09.  
 4 Substance Abuse Treatment revenue was rolled into Alcohol Intox. Treatment revenue.  
 5 Economic Recovery Funds were not appropriated in SFY09.

**Profile of Cases Managed and/or Key Services Provided**

Cases Managed and/or Key Services Provided	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>DIVISION OF MEDICAID</b>				
• Total Medicaid Expenditures (w/Admin)	\$1,156,638,400	\$1,198,761,900	\$1,301,346,200	\$1,436,967,500
• Medicaid T&B Expenditures Only	\$1,116,009,908	\$1,148,802,900	\$1,259,524,100	\$1,376,483,991
% Spent as payments to providers	96.49%	95.83%	96.8%	95.79%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	178,858	184,508	185,092	192,006
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs) <sup>6</sup>	115,953	122,354	117,693	121,137
• Avg. Monthly Eligible Basic Plan Adults <sup>6</sup>	19,952	16,110	13,368	14,132
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs) <sup>6</sup>	10,010	12,298	18,477	19,872
• Avg. Monthly Eligible Enhanced Plan Adults <sup>6</sup>	19,617	19,956	21,342	22,269
• Avg. Monthly Eligible Coordinated Plan Adults (65+ yrs) <sup>6</sup>	13,326	13,790	13,889	14,596
<b>DIVISION OF BEHAVIORAL HEALTH</b>				
<u>Children's Mental Health Services</u>				
• Total mental health services provided to children. <sup>7</sup>	31,767	39,291	39,086	40,689
• Total support services provided to children and families <sup>8</sup>	733	890	817	717
<u>Adult Mental Health Services</u>				
• Total adult mental health clients served	20,051	19,168	19,649	12,885
<u>Substance Abuse Services</u>				
• Total adult and adolescent substance abuse clients served <sup>9</sup>	9,564	9,309	7,960	14,905
<u>State Hospital South</u>				
• Number of census days	41,651	40,806	39,141	40,955
• Daily occupancy rate	83.9%	92.5%	79.2% <sup>10</sup>	82.9%
• Number of admissions	405	427	332	463
• Cost per patient day	\$472 (Revised)	\$464 (Revised)	\$554 (Revised)	\$502
<u>State Hospital North</u>				
• Number of patient days	15,677	17,513	18,712	19,175
• Daily occupancy rate	86%	89%	93%	89%
• Number of admissions	187	231	220	249
• Cost per patient day	\$438	\$410	\$444	\$467

<sup>6</sup> The titles of the eligible groups have been changed to correspond with the current Medicaid naming conventions. Low income is now Basic Plan, Special Needs is now Enhanced Plan, and Elders is now Coordinated plan.

<sup>7</sup> Count reflects multiple mental health services provide to children such as referrals, case management, clinical, assessments, and psychosocial rehabilitation. Some children receive multiple services.

<sup>8</sup> Count reflects support services such as respite care, therapeutic foster care, placement at State Hospital South, and family support. Some children receive multiple services.

<sup>9</sup> Count reflects outpatient, detox, adult residential, adolescent residential services, transitional housing for women and half-way housing. Some participants may receive multiple services. SFYs 2007-2009 includes an additional category of services, "Recovery Support Services," which includes activities such as staffed safe and sober housing, drug testing, and Family/Marriage/Life Skills Education. The prison re-entry project and treatment for misdemeanants increased significantly in the latter half of SFY 2009, with the Dept. of Corrections sharing treatment costs. This allows more people to be treated with available funding.

<sup>10</sup> Occupancy rate declined because the hospital had to limit admissions due to high turnover of professional psychiatric staff. Contracts for professional staffing are now in place to maximize hospital occupancy.

Cases Managed and/or Key Services Provided	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>DIVISION OF HEALTH</b>				
<u>Vaccines</u>				
• Children’s vaccines administered	502,516	512,393	610,022	541,018 <sup>11</sup>
• Immunization Rates (19-35 Months) <sup>12</sup> (4:3:1:3:3:1 series)	68.2%	65.6%	60.4%	Available August 2010
• Immunization Rates (School Age Children) <sup>13</sup>	85.4%	86.9	87.0	85.2
• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella) <sup>13</sup>	213	96	60	54
<u>WIC</u>				
• Women, Infants and Children (WIC) served monthly	37,278	37,593	40,539	45,415
• (WIC) Average Monthly Voucher Value	\$46	\$48	\$55	\$54
<u>Women’s Health Check</u>				
• Women’s Health Check (Women Screened)	3,508	3,813	4,283 (revised)	4,179
• Women’s Health Check (Breast Cancer Diagnosed)	47	43	52	62
• Women’s Health Check (Cervical Cancer Diagnosed)	2	3	3	2
<u>Bloodborne Diseases</u> <sup>13</sup>				
• New HIV Reports	25	27	28	38
• New AIDS Report	25	31	14	31
• Idahoans living with HIV/AIDS <sup>14</sup>	845	921	992	1,095
• Acute Hepatitis B	16	16	17	16
• Acute Hepatitis C	1	1	7	6
• Total New Bloodborne Diseases	67	75	66	91
<u>EMS</u>				
• Total EMS Personnel Certifications	583	652	691	665
• Total EMS Personnel Recertification	1,138	710	1,056	1,259
• EMS grant requests for vehicles and care equipment	\$4,100,000	\$3,000,000	\$2,700,000	\$3,229,565
• EMS grants for vehicles and care equipment	\$1,300,000	\$860,000	\$1,100,000	\$1,259,375
<b>DIVISION OF FAMILY &amp; COMMUNITY SERVICES</b>				
<u>Idaho Careline/211</u>				
• Total # of call received by Careline/211	164,643	151,726	159,970	213,730
<u>Child Protection, Prevention, Foster Care, Adoptions</u>				
• Total Child Prot. and Prev. Referrals	19,170	20,323	18,972	18,662
• # of children placed in foster care.	3,335	3,421	3,349	3,031
• Adoptions finalized	136	195	237	Available Nov.15, '09
• # of children receiving monthly adoption assistance	1,079	1,185	1,336	1,564

<sup>11</sup> The number of vaccines for SFY2009 will increase as health care provider accountability reports continue to be received.  
<sup>12</sup> Data collected by Calendar Year (Calendar Years 2005, 2006, 2007, 2008).  
<sup>13</sup> Almost all vaccine-preventable diseases are outbreaks of pertussis (whooping cough).  
<sup>14</sup> This is the highest total number of HIV and AIDS cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

Cases Managed and/or Key Services Provided	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>Developmental Disabilities Services</b>				
• Individuals Served in the Infant Toddler Program	3,221	3,600	3,679	3,251
• Service Coordination for Children from birth to 21 years	4,981	5,183	5,534	5,874
• Intensive Behavior Intervention for children	612	606	604	549
<b>Idaho State School and Hospital</b>				
• Total clients served	105	102	102	86
○ Dangerous/Aggressive	59	56	57	49
○ Developmentally Disabled	31	31	30	23
○ Developmentally Disabled and Medically Fragile	15	15	15	14
• Cost per patient day	\$684	\$681	\$718	\$798
<b>DIVISION OF WELFARE/SELF RELIANCE</b>				
<b>Applications</b>				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	18,891	17,487	16,992	16,735
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,024	7,631	9,445	7,130
• Medicaid applications processed (excluding nursing home)	73,446	94,221	98,232	101,560
• Nursing home applications processed	2,386	2,452	2,585	2,567
• Child care applications processed	14,824	15,013	15,931	13,141
• Food Stamps applications processed	66,595	67,607	67,091	90,279
• Total applications processed	183,166	204,411	210,276	231,412
<b>Self-Reliance Benefit Programs</b>				
• TAFI cash assistance avg. monthly participants	3,101	2,688	2,244	2,363
• TAFI annual benefits provided	\$7,121,030	\$6,542,558	\$5,682,314	\$6,040,352
• AABD cash assistance avg. monthly participants	12,773	13,038	13,531	14,024
• AABD annual benefits provided	\$8,338,839	\$8,603,283	\$9,182,363	\$9,115,301
• Food Stamps avg. monthly participants	92,149	87,104	95,433	124,826
• Food Stamps annual benefits provided	\$101,524,492	\$96,132,052	\$109,235,462	\$171,968,943
• Child Care avg. monthly participants	9,131	8,017	7,334	6,883
• Child Care annual benefits provided	\$31,239,161	\$27,108,458	\$24,092,890	\$22,065,107
<b>Self-Reliance-Child Support Services <sup>15</sup></b>				
• Paternity established	4,958	8,411	4,956	Available Nov. 15, 2009
• Support orders established	6,228	8,784	8,201	Available Nov. 15, 2009
• Child support caseload	128,341	135,743	142,974	Available Nov. 15, 2009
• Total child support dollars collected	\$169,155,311	\$176,758,741	\$189,681,735	Available Nov. 15, 2009
○ Collections through wage withholding	\$73,340,484	\$79,248,847	\$84,780,360	Available Nov. 15, 2009
<b>Community Services Block Grant</b>				
• Grant amount	\$3,265,823	\$3,287,714	\$3,428,113	Available Nov. 15, 2009
• Total Served Quarterly	34,555	31,822	46,829	Available Nov. 15, 2009

<sup>15</sup> Data collected by Federal Fiscal Year. Data is reported November 15, 2009.

Cases Managed and/or Key Services Provided	SFY 2006	SFY 2007	SFY 2008	SFY 2009
<b>INDIRECT SERVICES</b>				
<u>Management Services</u>				
• Criminal History Background Checks <sup>16</sup>	28,232	28,223	26,425	24,436
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions) <sup>17</sup>	\$1.3	\$2.5	\$2.3	\$5.7
<u>Electronic Payment System/Quest Card</u>				
• Food Stamp and cash assistance payments	\$116,707,518	\$111,2267,275 (Revised)	\$124,064,720 (Revised)	\$186,764,807
• Child Support electronic payments	\$146,304,346	\$153,804,461 (Revised)	\$161,785,475 (Revised)	\$165,444,967

<sup>16</sup> Criminal History Unit continues to deter ineligible participation and is improving over time. The number of disqualified, or self-disqualified applicants is decreasing as applications remain fairly constant. Disqualifications applicants numbered 435, 380, 277, and 228 in Fiscal Years 2006, 2007, 2008, and 2009 respectively.

<sup>17</sup> The Medicaid Program Integrity Unit continues to improve productivity. In addition to the increases in overpayments and cost savings, they are investigating more cases with the same number of staff. The number of cases closed was 139, 199, 190, and 309 in Fiscal Years 2006, 2007, 2008, and 2009 respectively.

**Part II – Strategic Plan Performance Measures**

Performance Measure	SFY 2006	SFY 2007	SFY 2008	SFY 2009	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	75.23%	74.74%	75.12%	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).	67.79%	67.73% (Revised)	67.72%	Data Not Yet Available	70.33%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	75.52%	72.52%	76.70% (Revised)	84.31%	84.31%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite (NLUSC).	44.66% (Revised)	47.31% (Revised)	49.94%	Data Not Yet Available	50.54% <sup>18</sup>
5. Percent of children who are safe as measured by the Safety Composite (SC)	90.04% (Revised)	89.18% (Revised)	89.56%	Data Not Yet Available	89.85%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation. <sup>19</sup>	100%	100%	100%	Data Not Yet Available	100%
7. Percent of Idahoans with health and dental care coverage	75.15%	75.20%	76.23%	Data Not Yet Available	78.67%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	85.90%	85.91%	90.79%	92.82%	92.75%
9. Accuracy rates of key identified programs.	Data Not Available	79.74%	82.31%	Data Not Yet Available	84.17% <sup>20</sup>
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	84.52%	88.36%	Data Not Collected <sup>21</sup>	84.57%

The data that being reporting are composites from several sources. Data that is not available is due to several reasons:

- Some of these are based on federal reporting standards. Before data can be shared, it often takes 12 to 18 months for federal agencies to confirm the accuracy of data.
- Some of the data items used to construct the composites are collected every other year.

<sup>18</sup> Benchmark for this performance measure was changed from 42.405 to 50.54%.

<sup>19</sup> Measure was rewritten and the trend recalculated.

<sup>20</sup> Benchmark for this performance measure was changed from 92.86% to 84.57%.

<sup>21</sup> The customer service standard had been attained and due to budgetary constraints, the Customer Satisfaction Survey was not administered for SFY09.

## Performance Measure Explanatory Notes:

### 1. Performance Measure #1 Explanatory Note

#### A. Objective

Improve healthy behaviors of adults to 75.40% by 2014.

#### 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 healthy behavior indicators for Idaho adults who:

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

#### 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 vegetables/day; or**
- Are not heavy drinkers of alcoholic beverages - **Approximately 51,000 more people will report that they are not heavy drinkers; or**
- Have not used illicit drugs in the past 12 months – **Approximately 49,000 more people will report they have not used illicit drugs in the past 12 months.**

### 2. Performance Measure #2 Explanatory Note

#### A. Objective

Increase the use of evidence-based clinical preventive services to 70.33% by 2014.

#### 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 evidence-based clinical preventive services is directly related to improving individual health.

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

#### D. Performance Measure Description

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

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

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

#### 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 ages 19-35 months will have meet the recommended immunization schedule.**

### **3. Performance Measure #3 Explanatory Note**

#### A. Objective

Increase the percent of Department clients living independently to 84.31% by 2014.

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

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

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

**4. Performance Measure #4 Explanatory Note**A. Objective

Increase the percent of individuals and families who no longer have to rely on benefit programs provided by the Department to meet their needs to 50.54% by 2014.

B. Performance Measure

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

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 benefit programs are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support program. This program is a long-term service to promote financial responsibility in families which leads to less dependence on government services. The Division of Family and Community Services also 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 the Department's benefit programs.

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

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children improving or graduating out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The “all family” work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to participate in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households;
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food Stamp, Medicaid, TAFI, 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 50.54% was created by using the average of the individual targets (i.e., a composite target).

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

#### 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 children 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) - **Approximately 120 more children showing improvement.**
- Successful completion of substance abuse treatment program - **Approximately 248 more people completing treatment successfully.**
- Amount of current child support collected vs. current child support owed - **Approximately \$7,331,700 more current child support collections.**
- The “all family” work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program - **Approximately 150 more "all family" TAFI participants per year;**
- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing) - **Approximately 7,600 more Food Stamp participants per year.**
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in Food 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 Note**

#### A. Objective

The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2014.

#### 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 measure includes:

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

#### 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.

#### F. Interpretation

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.**
- Rate of unsubstantiated complaints of abuse or neglect - **Approximately 313 more complaints not substantiated.**
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry - **Approximately 83 more one-time foster care entries.**
- Percent of children 19 to 35 months who have up-to-date immunizations - **Approximately 2,000 more children who are 19-35 months old will be up-to-date on recommended immunizations.**

## **6. Performance Measure #6 Explanatory Note**

#### A. Objective

Assure that in 2014, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

#### B. Performance Measures

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

#### C. Rationale for Objective and Performance Measure

- Assure Idaho is reviewing areas of the state for HPSA designation eligibility. These designations establish eligibility for federal and state resources such as National Health Service Corps (NHSC) scholarship and loan repayment programs, the Medicare Incentive Payment Program, and Rural Health Care Access Program funding. Programs such as these and others can strengthen the health care system and improve health care access.
- On-going primary and prevention services are less expensive to the state than emergency services.

- The number, distribution and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans can't get the care needed to be healthy.

#### D. Performance Measure Description

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

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

Health Professional Shortage Areas means any of the following which has been designated through a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services); (2) An area with a population group such as low-income persons or migrant farm workers; or (3) A public or nonprofit private medical facility which may have a shortage of health professionals (42 U.S.C. 254e). The types of health professionals counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not included.

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

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

#### E. How Target Was Created

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

#### F. Interpretation

In 2014, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for Health Professional Shortage Area designation. Areas designated as a Health Professional Shortage Areas are prioritized for a number of federal and state programs aimed at supporting health care infrastructure and, ultimately, improve access to health care.

## **7. Performance Measure #7 Explanatory Note**

#### A. Objective

Increase the percent of Idahoans with health care coverage to 78.67% by 2014.

#### 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 2014, 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 eligible Infants and Toddler children enrolled within 45 days after referral; and
- 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 eligible Infants and Toddler children enrolled within 45 days after referral. **Approximately 14 more clients enrolled within 45 days.**
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases. **Approximately 5,390 more Food Stamp Applications meet timeliness standard per year**

### **9. Performance Measure #9 Explanatory Note**

#### A. Objective

The Department accuracy rates of key identified programs will reach 84.17% by 2014.

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

#### E. How Target Was Created

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

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

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

## 10. Performance Measure #10 Explanatory Note

### A. Objective

The Department will improve customer service (in the areas of caring, competence, communication, and convenience) to 84.57% by 2014.

### B. Performance Measures

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

1. *Caring* - Percent of IDHW clients treated with courtesy, respect, and dignity.
2. *Competency* - Percent of IDHW clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
3. *Communication* - Percent of IDHW clients who are communicated with in a timely, clear, and effective manner.
4. *Convenience* - Percent of IDHW clients who 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, reduced job stress, and increased cost effectiveness.

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

### D. Performance Measure Description

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

1. ***Caring*** - The Caring Composite is made up of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
  - Survey question - I was treated with respect;
  - Survey question - The staff cared about my reason for contacting IDHW; and
  - Survey question - Overall, I would rate my most recent contact with IDHW as (Good, Fair, or Poor).
2. ***Competency*** - The Competency Composite is made up of indicators that measure the percent of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel. The performance indicators are:
  - Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
  - Food Stamps - Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
  - Department - Percent of agency hearings upheld;
  - Child Support - Child Support data reliability standards (ICSES Data Reliability);
  - Survey question - The staff was capable in helping me; and
  - Survey question - The staff was knowledgeable about the reason why I contact IDHW.

3. **Communication** - The Communication Composite is made up of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:

- Careline - Percent of 2-1-1 Careline phone calls with wait/hold times of 60 seconds or less;
- Survey question - The information I received was easy to understand; and
- Survey question - The staff understood me.

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

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

#### How Targets Were Created

The overall target of 84.57% was created by using the average of the caring, competency, communication, and convenience composite targets.

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

#### **For More Information Contact**

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