Part I – 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, which 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 seven voting 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; Medicaid, Behavioral Health, and Public Health; and Support Services/Licensing and Certification.

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, Operational Services, Licensing and Certification, and Information and Technology Services. In addition to the eight divisions, the Department's organizational structure includes the Office of Healthcare Policy Initiatives, the Bureau of Audits and Investigations, and the Bureau of Financial Services.

Each division contains individual programs or bureaus which 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.

The Department has 23 field offices geographically located to reach each area of the state, three state institutions, and 2,853 authorized full-time employees in State Fiscal Year 2016 (FY 2016).

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.

Division of Medicaid

A. Overview

The Division of Medicaid administers comprehensive healthcare coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The Division contracts with individual

healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income families, including children, pregnant women, the elderly, and people with disabilities.

B. Highlights

- *2015 Legislative Update* – The Division of Medicaid promulgated rules to:
  - Align Home and Community Based Services (HCBS) to more closely match federal regulations by protecting the rights of people with developmental disabilities.
  - Clarify requirements, reduce administrative burden, and provide for telehealth coverage for school based services and physical, occupational, and speech therapy.
  - Modify the Healthy Connections Program requirements and reimbursement model to incentivize providers to transform to a patient centered medical home (PCMH) model of care.
- *Electronic Health Records* – Idaho Medicaid Electronic Health Record (EHR) Incentive Program successfully launched the 2015 Modified Objectives Program Stage 2 Meaningful Use on April 13, 2016. The EHR incentive program is the result of the American Recovery and Reinvestment Act (ARRA) of 2009 which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During SFY16, Idaho Medicaid paid one hospital $320,381 and 173 medical professionals $2,387,084 in federal incentive payments. Since 2012, Idaho Medicaid had distributed federal incentive payments to 51 hospitals ($23,232,579) and 1,463 medical professionals ($22,921,502).

  The incentive program will run through 2021 and is expected to provide in excess of $60 million to Idaho hospitals and medical professionals during that time. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.
- *Technology Performance* – The Division of Medicaid continues to work closely with Idaho's Medicaid Management Information System (MMIS) contractors to make system enhancements, improve services to stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. MMIS contractors include:
  - Molina Medicaid Solutions (fee for service medical claims processing). The Molina system processes approximately 130k claims weekly. Over 99 percent of finalized approved claims were paid within 5-15 days of receipt. The weekly payout from the Molina system averaged $33.3 million. This represents total payments, including fee for service claims and managed care fees.
  - Magellan Medicaid Administration (pharmacy benefits management). The Magellan system processed an average of 44,624 claims weekly and collected corresponding rebates from drug manufacturers. All pharmacy claims were paid within seven days. The weekly payout was approximately $3.8 million.
  - Truven Health Analytics (data warehouse and decision support system). The Truven system continued to serve as the Medicaid data warehouse and to support reporting and information analytics needs of the Division of Medicaid.
- *Governor's Patient-Centered Medical Home Collaborative* – Originally convened under Executive Order 2010-10, this multi-payer collaborative supported development and implementation of patient-centered medical homes throughout Idaho. The Idaho Medical Home Collaborative (IMHC) executive order sun-setted in September 2014, and was considered a success with the final evaluation demonstrating a decrease in hospital admissions and emergency room utilization for patients served in the pilot

clinics. The work of the collaborative served as a stepping stone and played a critical role in Idaho's receipt of a $39 million grant to implement the State Healthcare Innovation Plan (SHIP). This grant was awarded by the Centers for Medicare and Medicaid Innovation (CMMI) in February 2015. The Idaho Healthcare Coalition (IHC), established through Executive Order 2014-02, provides oversight for the grant. The IMHC continues to be involved in the ongoing expansion and sustainability of patient-centered medical homes (PCMHs) in Idaho by serving as a workgroup for the IHC. The IMHC has been helpful in informing Medicaid's efforts to incentivize primary care providers to adopt patient centered medical home models of care.

- *Idaho Home Choice* - The Idaho Home Choice Program which implemented in October 2011, rebalances long-term care spending from institutionalized care to home and community-based care. The program is now in its sixth year of operation, and has been extended through calendar year 2020. Since implementation, Idaho Home Choice has helped 370 participants transition into the community. At the end of the ten-year grant period, the program expects to have diverted $3,531,977 of Medicaid state general fund spending from institutionalized care to home and community-based care to support the transition of 546 individuals. The Division of Medicaid, Idaho Commission on Aging (ICOA), State Independent Living Council (SILC), and service providers from the Centers for Independent Living and Area Agencies on Aging, continue to build the necessary infrastructure to support Idaho Home Choice and Aging and Disability Resource Center projects to facilitate additional transitions.

- *Mental Health Managed Care* – The Idaho Behavioral Health Plan (IBHP) has been in operation for three full years. The Office of Performance Evaluations (OPE) reviewed the IBHP implementation and delivered a report to the Joint Legislative Oversight Committee in 2016. The report recommended that Medicaid conduct an independent analysis to determine and quantify opportunities and risks of including inpatient psychiatric services in the Idaho Medicaid Behavioral Health Plan managed care contract. Medicaid is working with Oregon Health Science University's Center for Health Systems Effectiveness to conduct this analysis. This report will be delivered to the Legislature in 2017. The IBHP Contract was also extended 15 months through June 30, 2017. Medicaid and Optum Idaho continue to work collaboratively toward transforming the Idaho Behavioral Health System. Our most recent efforts have been focused toward the implementation of Youth Empowerment Services (YES) to reform the system of behavioral health care for children and youth with serious emotional disturbance in alignment with the Jeff D settlement agreement.

- *Managed Care for Dual Eligibles* – The Centers for Medicare and Medicaid Services (CMS) has been engaged in continuous collaboration with states, health care providers, and other stakeholder groups to ensure that beneficiaries dually eligible for Medicare and Medicaid have full access to seamless, high-quality, cost-effective health care via an integrated, coordinated, and managed care system. Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health related services for Medicare and Medicaid including hospital services, medical services, prescription drug services, and behavioral health services.

  The expanded Medicare Medicaid Coordinated Plan was implemented July 1, 2014, and includes Aged and Disabled Waiver benefits, Developmental Disability Targeted Service Coordination, Community Based Rehabilitative services, Personal Care services, and Nursing Home and ICF/ID services. Additional benefits available through the program are Dental, Vision, and Care Management.

  The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is available through voluntary enrollment by dual-eligible participants. On January 1, 2016, the program was eligible in 42 out of 44 Idaho counties. Enrollment in the second year of the expanded program increased by 49 percent due to the excellent care management Blue Cross is providing to Idaho's Duals.

- *Managed Care Changes* – There have been several changes to managed care in the past year which include:

  - Liberty Healthcare Corporation replaced Idaho Center for Disabilities Evaluation (ICDE) as the vendor to complete assessments for individuals with disabilities. This change took effect August 24, 2016.

  - The Idaho Department of Health and Welfare entered into a contact with a new Non-Emergency Transportation (NEMT) contractor, Veyo, in March 2016. Veyo provides all NEMT services for Idaho Medicaid participants to and from their medical appointments. Veyo began operations on July 1, 2016, and has been providing an average of 3,000 trips per day. While changes of this scope are never easy Veyo is a very responsive partner and has brought innovative transportation ideas to Idaho to enhance Idaho Medicaid participant's use of the NEMT system.

  - A Request for Proposal (RFP) was issued for Idaho Medicaid's managed care dental services in late 2015, and an intent to award letter was sent out to the apparent successor of the RFP bid process. An injunction was filed by the bidder who placed third in the competitive bid process restricting Medicaid from signing a contract with the apparent successor. To date, the injunction is still in place and Medicaid is awaiting the court's decision before we are able to move forward with awarding a contract.

  - A Request for Proposal (RFP) was issued for Quality Improvement Organization (QIO) services in March 2016. The RFP resulted in an award to Telligen, an Iowa based healthcare company. Beginning September 1, 2016, Telligen will take over utilization review and case management services previously provided by Qualis Health.

Division of Licensing and Certification

A. Overview

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. Each unit within the Division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

The Division currently manages seven programs. The programs include:
- Long-Term Care
- Medicare Certification
- Intermediate Care Facilities for the Intellectually Disabled
- Facility Fire Safety and Construction
- Certified Family Homes
- Therapeutic Residential Programs
- Residential/Assisted Living Facilities

B. Highlights

- The Long-term Care Team and the Residential Assisted Living Facilities Team made significant progress in completing overdue surveys and complaint investigations. Between the two teams, there were 227 overdue licensure surveys and 143 overdue complaint investigations in December 2015. As of July 2016, there were 123 overdue surveys and 79 overdue complaint investigations.

- The Residential Assisted Living Facilities Program fully implemented a new automated system. The new system results in a paperless survey process and includes a portal in which the Department and assisted living facilities can communicate electronically and in real time.
- The Certified Family Homes Program maintained a current survey workload despite the addition of over 100 new homes across the state.
- The Therapeutic Residential Programs Team also implemented technology and changes in business processes to support a paperless survey process.

Division of Behavioral Health

A. Overview

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

The division is comprised of the Children and Adult Mental Health programs, as well as the Substance Use Disorders program. The division also administers the state's two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody.

B. Highlights

- *Behavioral health and primary health integration.* In December 2015, the Idaho Health Care Coalition established a Behavioral Health Integration sub-committee headed by the division. This committee supports the work of the State Healthcare Innovation Plan (SHIP) by leading the transformation and development of an integrated and coordinated behavioral health care system. Integrated Primary Care combines medical and behavioral health services to address the full spectrum of health concerns for each patient.

  Idaho recognizes the critical importance of integrating behavioral health into the Patient Centered Medical Home (PCMH) to increase quality of life and life expectancy for people with behavioral health conditions. It is important to note that integration is not a replacement for specialty behavioral health care. Close collaboration between specialty behavioral health and primary care is critical to ensure that people receive clinically appropriate services. Integration and collaboration are the means to increased community-based services. The primary goal of the sub-committee is to support the public health district SHIP managers and the Regional Collaborative as they integrate behavioral health into the PCMH.

- *Behavioral health program approval.* Behavioral health transformation focuses on a combined mental health and substance use disorders system of care. DHW recognizes the benefit and necessity of integrated monitoring and credentialing of community mental health and substance use disorders treatment programs and has established a behavioral health program approval rule chapter (IDAPA 16.07.15) that allows community mental health and substance use disorders treatment agencies to obtain state approval as a behavioral health program. This change is the result of a statewide negotiated rulemaking process that included partnering agencies, contractors, providers, and other system stakeholders. This change will further efforts to integrate Idaho's mental health and substance use disorders systems by establishing uniform requirements for health, safety, environment of care, and program administration.

- *Behavioral Health Community Crisis Centers.* During the 2016 session of the Idaho Legislature, the division asked lawmakers to approve a third behavioral health crisis center, modeled after successful

facilities established in Idaho Falls and Coeur d'Alene. Legislators approved a third center and included a fourth crisis center in their appropriation. The two new crisis centers are planned to open in Boise and Twin Falls (Regions 4 and 5).

Crisis centers provide a humane and affordable alternative to jails or hospital emergency departments for people who are in crisis from a mental illness or substance use disorder. The centers are open 24/7. Individuals in crisis are stabilized and then connected to community resources that can help them effectively deal with their situations and avoid further crises, frequently avoiding incarceration or a trip to the emergency department.

The Behavioral Health Crisis Center of Eastern Idaho, located in Idaho Falls, opened in December 2014. The Northern Idaho Crisis Center, located in Coeur d'Alene, opened in December 2015.

Behavioral Health Community Crisis Centers

			SFY2015	SFY2016
Behavioral Health Crisis Center of Eastern Idaho	Crisis Center Visits		735	1950
	Clients Served (unduplicated)		377	689
	Average Length of Stay (In Hours)		11.51	16.66
	Diagnosis Type	Substance Use Only	82	157
		No Significant Mental Health or Substance Use Diagnosis	22	37
		Mental Health Only	264	876
		Mental Health & Substance Use Diagnosis	298	835
		Inadequate Information	34	19
Northern Idaho Crisis Center	Crisis Center Visits		-	615
	Clients Served (unduplicated)		-	414
	Average Length of Stay (In Hours)		-	7.05
	Diagnosis Type	Substance Use Only	-	25
		No Significant Mental Health or Substance Use Diagnosis	-	29
		Mental Health Only	-	214
		Mental Health & Substance Use Diagnosis	-	146
		Inadequate Information	-	72

NOTE: The Behavioral Health Crisis Center of Eastern Idaho, located in Idaho Falls, opened in December 2014. The Northern Idaho Crisis Center, located in Coeur d'Alene, opened in December 2015.

- *Recovery Community Centers. I*daho will soon be home to eight Recovery Community Centers after a Millennium Fund Grant proposal was approved in 2016 to provide start-up funding for new centers in Lewiston, Coeur d'Alene, Pocatello, and Idaho Falls. The start-up funding was requested by the Idaho Association of Counties.

  These new centers will follow four others that opened in 2015 in Boise, Emmett, Moscow and Caldwell. Those centers were approved to receive additional money from the Millennium Fund in 2016, through a proposal submitted by Recovery Idaho.

  Recovery Community Centers provide a free, community-based meeting place for people to work on and maintain their recovery from substance use disorders and mental illnesses. The centers offer connections to other community resources and provide a venue for people in recovery to interact with and be

supported by peers who have navigated successful recovery in the past. Activities are volunteer-driven and unique to each of the centers, which act as a face for recovery in their communities.

- *Homes with Adult Residential Treatment (HART).* A survey conducted in 2016 by the Idaho Small Provider Association estimates there are 500-600 Idahoans diagnosed with a Serious Mental Illness (SMI) who currently live in Residential Assisted Living Facilities (RALFs). While these facilities provide a place to stay for people unable to live on their own, the facilities are not designed to provide the care this group needs, including constant supervision to ensure that people take medication, eat, and manage their other health-related needs.

  In late 2015, a workgroup was formed to design a new model to provide long-term support to help these Idahoans remain stable and out of expensive hospitals. The workgroup is comprised of providers, advocates, stakeholders and both Medicaid and Behavioral Health staff from DHW. The workgroup plans to have the Homes with Adult Residential Treatment (HART) model ready to present to the Idaho Legislature during the 2017 legislative session.

  The 2016 Idaho Legislature appropriated $1 million in bridge funding to the division to help RALFs deliver services for this population by providing supplemental payments for these patients while the HART model is developed.

- *Peer Support Specialists, Family Support Partners and Recovery Coaches.* For the past several years, the division has worked with families, clients, advocates, community partners and other stakeholders to establish certification and training standards to support the development and implementation of peer services in Idaho. During SFY 2016, the division focused efforts on workforce development for peer support specialists, family support partners and recovery coaches. These efforts included: development of training curricula, sponsoring peer support specialist trainings and family support partner trainings, conducting ongoing recovery coach trainings, and providing agency readiness trainings to employers.

  In September 2015, the division began to implement certification requirements for peer specialists. Implementation of certification requirements for family support partners began in February 2016. As of July 12, 2016, the division has certified 246 peer support specialists and 51 family support partners.

- *Behavioral health needs of felony probation offenders.* In 2015, DHW and the Department of Correction collaborated to contract with the Western Intermountain Commission on Higher Education (WICHE) to evaluate the behavioral health needs of Idaho's felony probation offenders. This gap analysis is required annually by the Idaho Legislature as a result of the Justice Reinvestment Initiative. DHW is responsible for the delivery of mental health treatment, and the Department of Correction is responsible for the substance use disorders treatment for the felony probation and parole offenders.

  The Justice Reinvestment Initiative recommends the focus of resources toward those offenders with the highest risk of recidivism and highest risk to the community. The WICHE evaluation identified a total of 7,388 offenders with moderate to high risk and high mental health needs and provided estimates for the delivery of mental health and substance use disorder treatment services.

- *Secure mental health facilities.* Over the past several years, Idaho has seen an increase in the number of mental holds from law enforcement and physicians. Although this has not resulted in an increase in the number of civil commitments, there has been an increase in the number of commitments under I.C. 18-212 for restoration to competency. In addition to the increase in number of restoration to competency patients, staff members have observed that civilly committed patients have become more dangerous. These patients are difficult to discharge because it is difficult to find appropriate housing and treatment to meet their diverse and challenging needs. When patients are not discharged in a timely fashion, it creates a bottleneck at the state hospitals and requires patients to be held longer in community psychiatric hospitals. When community psychiatric hospitals are holding the division's patients waiting to be admitted to our state hospitals, it causes the community psychiatric hospitals to fill up; patients are being cared for in emergency departments and in critical access hospitals that are unable to adequately and appropriately meet their needs.

The division is researching the feasibility of establishing secure mental health facilities to provide a safe setting for dangerous patients to receive treatment with an appropriate environment to deal with the violence. It will also provide a secure setting to prevent the patients from absconding/escaping.

- *Youth Empowerment Service.* An estimated 9,000 Idaho children with serious emotional disturbance (SED) could have better access to community-based mental health services as a result of the June 2015 settlement agreement that was reached in the Jeff D. federal class action lawsuit. The Idaho Implementation Plan was approved in May of 2016, the first step in completing requirements outlined in the settlement agreement. The Idaho Implementation Plan describes the transformational process needed to create a new system of care for Idaho children with serious emotional disturbance (SED) by 2020. This system of care is called Youth Empowerment Services (YES). Following implementation, there will be a three-year sustainability period during which monitoring of the system will continue to ensure the system works as it is intended.

  The Idaho Implementation Plan lists seven objectives, or areas of work, that describe strategies and tasks for meeting the requirements listed in the settlement agreement. Meeting the objectives will ensure Idaho children with SED have sufficient access to an enhanced continuum of care to facilitate a home and community-based approach to service delivery. Multiple pathways will be built to help families gain access to assessment and services. The need for workforce development will be addressed. A cross-system complaint process will be developed to ensure that complaints made by families and youth are addressed and resolved and to ensure children and their families have a due process for addressing their concerns. A governance team will be put in place to ensure successful implementation and oversight of the plan. A statewide Quality Management, Improvement and Accountability (QMIA) system will be developed to provide ongoing measurement of the impact of the new system of care.

  The work is being led by the Division of Behavioral Health and includes Division of Medicaid, Division of Family and Community Services, Idaho Department of Juvenile Corrections and State Department of Education.

  More information can be found on the website for the project: YouthEmpowermentServices.idaho.gov.

Division of Public Health

A. Overview

The Division of Public Health protects the health of Idahoans through a wide range of services including immunizations, chronic and communicable disease surveillance and intervention, regulating food safety, licensing emergency medical personnel, vital records administration, compilation of health statistics, laboratory services, 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 Idahoans. The Division contracts and coordinates with local district health departments and other local providers to deliver many of these services throughout the state.

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

B. Highlights

- *Division of Public Health* – The Division of Public Health launched the first Division of Public Health Workforce Development Plan on July 1, 2016. The purpose of this plan is to provide the foundation for how the Division will respond to the training needs of the workforce, improve communication, and implement change identified through more consistent assessment and feedback from employees. It is a three-year plan with ongoing evaluation and annual review. Along with the plan, the 2017 Training Plan was released that includes Division required courses for all staff. These trainings complement the Department's Core+More curriculum, but are public health focused. The first two trainings launched on July 1, 2016 are *Workforce Development Plan Overview* and *Embracing Quality in Public Health.*

In FY2016, the Joint Finance and Appropriations Committee appropriated approximately $970,000 in ongoing general funds and four full-time positions to the Division of Public Health to establish the Suicide Prevention Program. This Program will begin a comprehensive approach to suicide prevention by undertaking implementation strategies developed in support of the Idaho Suicide Prevention Plan. This approach begins with a public awareness campaign, supporting the Idaho Suicide Prevention Hotline and supporting youth training in resilience and well-being.

- *Public Health Business Operations* – The Bureau continues to lead the Division's public health accreditation efforts. The accreditation teams finalized the collection of required documentation and it was submitted it to the Public Health Accreditation Board (PHAB) in August 2016. The next phase will involve a site visit from the PHAB team.

  The Bureau continues to lead work across the Department to improve compliance and oversight of sub-recipients receiving federal funding. The Sub-recipient Workgroup consists of staff from all bureaus in the Division of Public Health that hold sub-grants, as well as leadership from the Contracts and Procurement Unit, Internal Audits and Investigations, and Financial Services within the Department. This group instituted a new Risk Assessment Process as required by federal regulations and is in the process of proposing a new, detailed policy around sub-recipient monitoring requirements.

- *Bureau of Rural Health and Primary Care* – This bureau is a key partner in the State Healthcare Innovation Plan (SHIP), with a focus on efforts to improve access to healthcare services in rural and underserved communities. These efforts include establishing Community Health Emergency Medical Service (CHEMS) programs, Community Health Worker (CHW) programs, expanding telehealth in Patient Centered Medical Homes (PCMH), and establishing seven Regional Health Collaboratives through partnership with local public health districts. These new and innovative projects are successfully underway. All public health districts established a Regional Health Collaborative, a new CHW training program is being offered in partnership with Idaho State University, paramedics are attending training to establish new CHEMS programs, and a new telehealth grant program for PCMHs is in development.

- *Bureau of Community and Environmental Health* – The Bureau of Community and Environmental Health (BCEH) facilitated the Collaborating for Health: Building Blocks for a Healthier Idaho conference in May 2016. The conference was a collaborative effort of the BCEH Diabetes Prevention and Control, Heart Disease and Stroke Prevention, Comprehensive Cancer Control, Oral Health, Project Filter and Physical Activity and Programs. Conference goals were to provide opportunities to learn about best and promising practices, strategies and research in public health and healthcare; create a supportive and collaborative environment for multi-sector innovative ideas and approaches to public health practice, policy and research that build a strong foundation for a healthier Idaho; and provide a venue for public health, healthcare and community professionals at all stages of their career to forge new connections, collaborate and innovate to support the health and well-being of Idahoans.

- *Bureau of Clinical and Preventive Services* – The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN). The identified CoIIN strategies are tobacco cessation for women of reproductive age and safe sleep. Currently, Idaho has pilot activities underway to address the two strategies. A pilot of two health care provider clinics is assessing the impact of electronic referrals versus the paper fax referral method that has historically been in place. To address safe sleep, Idaho has a pilot occurring with child care providers in the northern part of the state. Forty-five child care providers have been trained on giving safe sleep messages by the CoIIN partner, Inland Northwest SIDS Foundation staff. The Idaho Pregnancy Risk Assessment Tracking System (PRATS) conducts an annual survey of new mothers regarding maternal experiences and health behaviors surrounding pregnancy. PRATS added two questions on safe sleep.

  The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has begun the process to move from paper benefits to electronic benefits. A contractor, Public Knowledge, is completing the alternative analysis for a variety of approaches to eWIC implementation. Upon completion of the analysis, the preferred approach will become part of the Implementation Advanced Planning Document Update (IAPDU) which will be reviewed and approved by the Food and Nutrition Services

(FNS). An internal advisory group has been formed which consists of staff from IT, the program, bureau, division, fiscal, contracts and procurement and EBT operations. The program goal is to make the transition by 2018; it is required federally by 2020.

- *Bureau of Vital Records and Health Statistics* - In response to legislation passed during the most recent legislative session, the Bureau will now file records of miscarriages. This process must be requested by the parents and be certified by a medical professional.

  Idaho Vital Statistics has been working in cooperation with the National Center for Health Statistics to increase voluntary physician participation in the Electronic Death Registration System. This system facilitates the electronic submission of death information by funeral homes, coroners and physicians. Use of this system results in more accurate and timely submission of data. When this initiative started, Idaho had a double electronic signature rate of 69.3%. Efforts by bureau staff have resulted in seeing this improve upwards to 77% to 79% for each month in 2016.

- *Bureau of Laboratories* – The Idaho Bureau of Laboratories (IBL) responded to several emerging and re-emerging disease testing requests over the last year as well as working to improve hospital laboratory biosafety practices.

  For the last two summers, IBL has been working with other state agencies to monitor plague in southern Idaho. IBL has identified the plague bacterium *Yersinia pestis* in both rodents and domestic cats. This information was used to create a public awareness campaign to protect Idahoans living in impacted areas.

  The bureau began performing new methods for the detection of Zika virus. The lab also conducted a statewide exercise with clinical laboratories to evaluate dangerous goods packaging a shipping competency. This information gained from this exercise will be used to help improve biosafety practices in Idaho clinical laboratories.

- *Bureau of Communicable Disease Prevention* – The Bureau expanded the staffing capacity in the Healthcare Associated Infections (HAI) Prevention program to take on activities to help combat antibiotic resistant bacteria emergence. The HAI Program provided funding support for staff working in Idaho's acute care hospitals to attend regional trainings on building antimicrobial stewardship programs to help reduce the emergence of pathogens that are resistant to antibiotics. The HAI Program is providing consultation and resources to Idaho healthcare facilities regarding building surveillance capacity for antimicrobial resistant pathogens and ensuring infection control and prevention capacity is available to reduce infections.

  The Immunization Program received a Healthy People 2020 Immunization Coverage Award in recognition of accomplishment in achieving the most improved average coverage rates in the nation for three vaccinations (Tdap, Meningococcal, and HPV vaccines) among adolescents aged 13 through 17 years of age. This award was based on improvements from 2011 to 2014.

  The Epidemiology Program assisted Idaho's public health districts in responding to the largest foodborne outbreak in Idaho history in 2015. The outbreak, associated with a deli located in Boise, resulted in 275 outbreak-associated cases of salmonellosis identified among residents of 10 states, including multiple communities in Idaho. However, because of the timely identification of the outbreak and the immediate response by local public health district staff, additional illnesses were prevented.

  The Food Protection Program updated the Idaho Food Rules to reflect the 2013 Food and Drug Administration Model Food Code. Adoption of the updated Idaho Food Rules in 2015 will increase the ability of the Department and the public health districts to protect the food supply in Idaho by modernizing the criteria by which retail food establishment inspections are conducted.

- *Bureau of Emergency Medical Services (EMS) and Preparedness* - The Business Operations and Support Section is taking the lead on the IGEMS (Idaho's Gateway for EMS) project that is multifaceted

and very complex project that has been blue printed to provide a new and robust online licensure system for our agencies and providers. This new system will include several interfaces to speed the processes for the expressed purpose of improving timeliness, accuracy, and customer satisfaction. The interfaces being developed and implemented are for the PERCS (patient care reporting system), Criminal History Unit, National Registry of EMTs, National Provider Database, and the Access Idaho payment portal, identified areas for improvement.

The Public Health Preparedness and Response Section lead the Department's participation in the Region 10 Cascadia Rising Functional Exercise the week of June 6-10. Planning efforts were underway for nearly a year and proved to be an incredible opportunity for public health officials at all levels of government to interact and respond to a catastrophic 9.0 magnitude earthquake affecting all of the Pacific Northwest. During the exercise, the State Public Health Operation Center was activated for the first time and supported local health districts by sharing information and providing resources. Local efforts were focused on mutual aid and medical sheltering. Lessons learned are being documented in an After-Action Report that will be used to update the Idaho Department of Health and Welfare Emergency Response Plan.

State Communications Center (StateComm) has begun the process of becoming an Emergency Medical Dispatch (EMD) Accredited Center of Excellence (ACE). The National Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency medical dispatch, providing the tools to achieve this high standard at both the dispatcher level through Certification, and at the communication center level through the Accreditation Program. If successful, StateComm will be the only EMD ACE in Idaho and will join a growing number of ACE across the U.S. and in other countries who provide superior, up-to-date public care and efficient resource utilization to achieve maximum results in emergency medical dispatch situations.

- *The Time Sensitive Emergency (TSE) Program has been busy implementing Idaho's TSE System.* All of the 6 Regional TSE Committees are stood-up, and are composed of local CAH's (Critical Access Hospitals), larger tertiary facilities, and many different EMS agencies

  The TSE program began accepting applications for designations from facilities for trauma, stroke, and cardiac centers in January 2016. Since that time, we have received 12 applications for designation, 7 have been approved and designated by the TSE Council, 3 are pending site surveys, and 2 are waiting on approval. It is anticipated that within the next few years, the majority of hospitals in Idaho will be designated under the Idaho TSE System.

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's developmental disabilities, and screening and early intervention for infants and toddlers. The Division also serves a wide variety of Idahoans through the Navigation and CareLine (211) programs. 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: Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.
B. Highlights

- *Child Welfare Program*

  - *Enhanced Child Safety Practice* – Child Welfare social workers, supervisors, and managers from across the state continue to utilize the Idaho Child Welfare safety practice model to conduct

comprehensive assessments with families. The safety practice model assists the child welfare social workers in determining when to intervene and provide services to families. Intervention and services are provided when a dangerous condition clearly threatens the safety of the children in the home.

- *2016 Legislative Changes* – New legislation provides foster families and designated officials at children's licensing facility/agencies, whom provide placements for children and youth placed through the foster care system, the ability to make day-to-day decisions regarding a foster child's participation in extracurricular, enrichment, and social activities without seeking the approval of DHW. These activities may include participating in after school events, staying the night at a friend's house, going to the movies, etc. The involvement of the birth parents is encouraged in making these day-to-day decisions. The legislation also includes liability coverage for foster parents/designated officials in making these day-to-day decisions for the children placed in their care. Training specific to normalcy for children and youth in foster care has been developed and is a pre-licensure requirement for all foster parents.

  Additional legislative changes specify judicial approval is necessary in contested placement decisions and require the identification of prospective adoptive parents in the permanency plan approved by the court. Supervisory approval of placement changes is also required and the Department must provide written notice to foster parents of placement changes, regardless if they are a planned or an unplanned placement change.

  Other modifications to the Child Protective Act include provisions for judicial inquiry regarding the placement of siblings together, the educational stability of children, the oversight of psychotropic medications for children, children's involvement in the development of their permanency plan, and transitional services for older youth in foster care.

- *Child Adolescent Needs and Strengths (CANS) Tool* – The CANS tool was developed to help facilitate the linkage between the assessment process and the design of individualized service plans that include the application of evidence-based practices. The primary objectives of utilizing the CANS tool are strengthening and enhancing permanency, safety, and providing an improved quality of well-being. The CANS tool is being rolled-out within the program in a phased implementation, which started in October of 2015. Currently, 50% of the case-carrying staff within the child welfare program are certified users of the CANS tool. Phase three will start in December of 2016, and all of the case-carrying staff will be certified users of the tool. The CANS tool is used for families with unsafe children to gather information, guide service planning, identify needs, and to initiate appropriate referrals based on responses within the tool.

- *The FACS Crisis Prevention & Court Services (CPCS)* teams provide training, technical assistance, and consultation to families and agencies who support individuals with a disability at risk of a community placement disruption due to a behavioral, mental health, or medical crisis. As a first priority, the team assists in maintaining the individual in their home and community. If that is not possible, the team assists in locating community placement options meeting their needs. If community options are unavailable, treatment and stabilization at Southwest Idaho Treatment Center is accessed through the CPCS team. The CPCS team also determines Developmental Disabilities eligibility and completes court evaluations for guardianships, civil commitments, assessment of legal competency and restoration training in criminal proceedings. CPCS also provides legal over sight for individuals committed to DHW under the DD civil commitment act. CPCS provided support to 761 individuals at risk this past year.

- *Southwest Idaho Treatment Center* – The Southwest Idaho Treatment Center (SWITC) census increased from 24 to 26 individuals in SFY 2016 as people who have disabilities chose to receive services in their communities, maintaining close connections with their families and friends. In addition to the Nampa facility, SWITC maintains a six-bed residential facility in northern Idaho. This small facility allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care. The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible.

- *Infant Toddler Program* – Enrollment in the Infant Toddler Program stabilized at 3,825 in SFY2016. The program continues to refine implementation of its early intervention evidenced based practice model. The Infant Toddler Program received full SFY2016 grant approval from the federal Office of Special Education Programs (OSEP) and maintained the successful federal rating of "Meets Requirements." This is the highest rating that can be achieved by an Infant Toddler Program.

- *Children's Developmental Disabilities* –Enrollment in the Children's Developmental Disabilities Program continues to rise from 2,100 participants July 1, 2013 to a total of 3,342 children accessing services end of SFY2016. This is a 59% overall increase since services were redesigned and fully implemented in 2013. The family directed services program itself has increased to 23% of the total population served which has continued to exceed original projections to a total of 784 families accessing services through Family Direct as of July 1, 2016. As of the same date, 2,558 families are accessing traditional services.

- *Navigation* – During SFY2016, Resource and Service Navigation received 9,459 referrals. Navigation services distributed $1.2 million in emergency assistance, career enhancement, and kinship funds to Idaho families. For every Navigation dollar spent, the community donated funds or provided goods in the amount of $.21 in SFY2014, $.33 in SFY2015, and $.46 in SFY2016. This demonstrates Resource and Service Navigation's continued efforts toward focusing on the health, safety, and stability of Idahoans, while also maintaining close and collaborative community ties.

- *211 CareLine* – The Idaho CareLine received 113,276 information and referral contacts during SFY 2016. CareLine exceeded the federal standards answering 90 percent of calls within 60 seconds. CareLine's referral database currently has 11,984 active Services, relating to 3,643 programs. CareLine also brought on a Community Resource Development Specialist, and participated in 41 community outreach events. This promoted various Department and community campaigns designed to increase the health, stability, and safety of Idahoans.

Division of Welfare (Self Reliance)

A. Overview

The Division of Welfare promotes stable, healthy families by helping Idahoans meet basic needs and gain financial and health stability. Programs administered by the Division include: Child Support Services, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Needy Families (TANF-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). These programs, also called Self Reliance Programs, provide critical support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant. In addition, the Division determines eligibility for Health Coverage Assistance (Medicaid and Tax Subsidies) as well as helping Idaho families live better through Nutrition Education, Work and Training Programs, access to quality child care and early learning, and other supports to improve success in the workforce.

The Division also administers several additional programs through contracts with local community partner organizations that provide food assistance, help paying home energy and telephone assistance, and home weatherization.

B. Highlights

- As the economy improves, we continue to see participation in Supplemental Nutrition Assistance Program (SNAP) decline. In SFY 2016, the Division processed nearly 8,000 SNAP applications and approximately 11,000 recertifications on average each month. Idaho's SNAP program does enforce mandatory work requirements for all abled-bodied adults, so non-disabled adults who are receiving SNAP benefits are required to work or participate in an employment and training program as a condition of eligibility. Those who do not participate or move to work will be sanctioned and closed from the program.

  Idaho continues to be recognized for high performance in SNAP, and was recognized again for our outstanding performance for the highest performance in the nation for timeliness in processing

applications. Investments in better technology and improved business processes have made it possible to improve application processing, contributing also to improved accuracy and better customer service.

- Child Support collections increased with $212 million collected in FFY 2015. The Division of Welfare kicked off the Child Support Migration and Modernization Project in July 2016 after receiving funding from the legislature to migrate the current Child Support Enforcement System off the State Controller's Office mainframe system and begin modernization efforts to improve functionality and User Interface Design. The project is expected to last 3 years.

- Federal standards for accuracy in all of the Division's self-reliance programs were met or exceeded. Efforts to streamline processes have helped to prevent backlogs of critical work and have promoted performance accomplishments. Idaho continues to be a front runner in the nation for efficient and effective service delivery models.

- The Division of Welfare continues to determine eligibility for all Health Coverage Assistance Programs in Idaho. In SFY2016, we processed approximately 92,000 applications for Medicaid or Advanced Payment of Tax Credit (APTC). The Division of Welfare partners with Your Health Idaho, Idaho's State Insurance Exchange, to determine eligibility for the tax subsidy used by consumers to purchase private health insurance for families up to 400% of the FPL who do not have access to employer sponsored insurance coverage.

- The Division of Welfare signed a new contract for our Employment and Training Program which supports families receiving SNAP or TANF benefits to find employment or receive training to support transition to the workforce. The new contract was designed using the philosophies of the Career Pathways model which is based on assessments of individuals needs in determining the optimal path to long term employment. This will be accomplished through case management activities as well as building critical partnerships with community organizations and other agencies to leverage programs and services which support education, training, and job placement. The new contract was signed June 2, 2016.

- The Division of Welfare has also been working to migrate the Child Care Eligibility System into the Idaho Benefit Eligibility System (IBES) for improved program integration. This effort accomplishes two things: first, it removes another system from the State Controller's Office mainframe system, and it leverages current technology already in place that administers other benefit determination programs such as TANF, SNAP, and Health Coverage Assistance for improved efficiency. This transition is expected to be completed by October 1, 2016 and will support Idaho's efforts in implementing new federal rules in the Idaho Child Care Program (ICCP) required through the Child Care Reauthorization Act.

- The Division of Welfare launched a new consumer website called Live Better Idaho (livebetteridaho.org). This website provides a simple but revolutionary way to connect people to services in their communities. Providing the opportunity to leverage and combine resources, agencies, talents, and services into one location for the betterment of Idahoans, essentially creating a virtual one-stop in every service delivery location in the state. The Division of Welfare continues to work with partner agencies to develop this service and ensure we are working together to bridge the silos of bureaucracy and improve the opportunity for consumers to discover and connect with services that improve their lives.

Division of Operational Services

A. Overview

The Division of Operational Services provides a wide range of support to the Department in the areas of human resources planning and management, management of facilities and contracts, and other administrative support services.

The Office 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 focus is on supporting the Department's Strategic Plan through the management of the Employee Life Cycle.

The Office of Facility and Business Operations provides support for the Department's business delivery units through building facilities management. Facilities management is comprised of security, telephones, space planning, leasing, administering all alteration and repair projects, and contracting for maintenance and repair services. This office also manages motor pool utilization, fuel purchases, and maintenance.
The Office of Contracting and Procurement Services provides support for Department operations through service contract preparation, contract review and monitoring, and purchasing products.

The Office of Administrative Services supports the Department's operations through the management of administrative hearings and public record requests, resolution of concerns reported to the Governor's and Director's offices, and support to the Idaho Board of Health and Welfare. In June 2016, the Director's Office and Idaho Board of Health and Welfare administrative support functions were transferred to the Director's Office.

B. Highlights

- The Human Resources unit replaced the Department's Learning Management System with a new web-based, hosted system, continued its collaboration with the Idaho Department of Labor and the Idaho Division of Human Resources on enhancements to the State's online application system, and coordinated the Department's second agency-wide employee engagement survey.

- The Contracts and Procurement Unit was instrumental in developing, coordinating and implementing critical contracted services and purchases of unique products to support the Department's Live Better project and SHIP initiatives. The unit has also updated procurement processes and in process of updating internal contract training courses for staff.

- The Facilities and Business Operations Unit is progressing with the development and planning on the master plan for the SWITC property and surrounding land in coordination with the Division of Public Works, City of Nampa and public works contractors. The unit also increased safety measures around the state by updating building access systems, lobby and client flow areas and updating ID badges in most offices.

- The Privacy Officer has been participating in work groups that support the Department's Data Governance Project. Presently the Privacy Officer is helping the Information HUB work group design a prototype of a SharePoint Site, which will serve as a single location employees can go to regarding protecting sensitive data. The Privacy Officer also worked with the Division of Information Technology to confer the Department's Privacy and Confidentiality Database to a newer system. Finally, the Privacy Officer worked with the Administrative Procedures Section to update shared components in the Privacy Manual, which were necessary due to the Public Records Act being moved from Title, 9, chapter 3, Idaho Code to Title 74, Chapter 1, Idaho Code.

- The Division worked across the Department to facilitate the transfer of some of its fair hearings from the contractor to the Office of the Attorney General.

- The Administrative Procedures Section and Division of Welfare created a Public Record Tracking System in SharePoint to streamline the processing of requests for public records.

- The Office of Administrative Services - Director's Office, worked with the Division of Information Technology to convert the Issue Tracker System to SharePoint.

Division of Information Technology

A. Overview

The Information Technology Services Division (ITSD) provides office automation, information processing, local and wide area networking, including unified communications and collaboration, and Internet connectivity for the Department statewide. The Division utilizes best practices and sound business processes to provide innovative, reliable, high quality, and cost-effective information technology (IT) solutions to improve the efficiency and effectiveness in providing services and support to the health and human service divisions that make up the

agency and ultimately the citizens of Idaho. The Division also provides leadership and direction in support of the Department's mission to actively promote and protect the social, economic, mental and physical health, as well as safety, of all Idaho residents. For example, the Division is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security.
- 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 departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communication internally and with external stakeholders.
- Providing project management, support, and direction in the planning, development, implementation, and evaluation of large-scale IT projects.
- Providing direction for development and management of Department-wide information architecture standards.
- Overseeing the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies.
- Participating in the Information Technology Leadership Council (ITLC), an advisory council to the Information Technology Authority (ITA), providing IT guidance and solutions for statewide business decisions.
- Implementing ITA directives, strategic planning and compliance.
- Collaborating with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITA initiatives or directives.

B. Highlights

- Technological improvements to support Department programs include:
  - Continued development and implemented enhancements for the Infant Toddler web application (ITPKids) improving performance which reduced processing time by 85%, enhancing administrative functionality, application continuity, capture of disclosure log data, collection of initial evaluation data for compliance with Medicaid billing standards and extending the library of online documentation and video training resources.
  - Implemented Multi-Factor Authentication to meet authentication requirements for Federal Security compliance.
  - Upgraded all Department network switches to support Cisco Identity Service Engine to meet security compliance requirements.
  - The Medicaid Readiness Initiative implemented automatic re-evaluation for the new enrollment period in support of the State Based Marketplace and are in the process of moving toward a single rules engine.
  - Completed the conversion of the Department Intranet to SharePoint.

- Updated the Service Desk module of the LANDesk Total User Management System to enable us to more efficiently manage service desk calls within IT and business applications.

- Acquired and installed Privilege Manager Software to eliminate the need for administrative rights for application users. Rollout is in process and will be deployed statewide.

- Continued progress in deployment and implementation of network infrastructure at a Department co-location site to provide critical information systems fail-over for Disaster Recovery and Business Continuity.

- Rewrite of the Privacy and Confidentiality Database replacing non-supported third party software and providing an up-to-date system that meets security requirements and allows for support and future development.

- Continued use of data analytics to manage the utilization of data through the adoption and meaningful use of electronic medical records; data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the adoption of health information exchanges.

- Deployed Application Delivery Controller framework for consolidation of application delivery for external and internal customers and to meet data services delivery growth.

- Network Admission Control implementation providing authentication for wired and wireless devices for security compliance has been deployed Statewide in Open mode with 30% of sites in Closed mode.

- Installed Cisco FirePOWER Intrusion Prevention System to protect the Department's network from intrusion and track in-coming connections.

* Accomplishments directly associated with protecting the health and safety of Idahoans include:

  - Completed Phase V of the Health Alert Network (HAN) providing text messaging alerts, removing options for Fax alerting for new users and improving administrative management capabilities.

  - Year 5 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing & tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.

  - Implementation of the Ekahau people-tracking security system at State Hospital South, providing staff-to-staff communication for life safety and immediate response in crisis situations.

  - Rollout of a web-based hosted solution for Nursing Home Certification and Inspection, improving efficiency by replacing paper processes.

  - Successful integration with the Idaho Health Insurance Exchange providing interfaces with carriers, the Department of Insurance, the Centers for Medicare and Medicaid Services and the Department of Health and Welfare to get an eligibility determination for Medicaid or the Advance Payment of the Premium Tax Credit (APTC) via an Affordable Care Act Capitalization State Based Marketplace for Idahoans to purchase Qualified Health Plans (QHP) and obtain APTC.

* Initiatives to "Go Green" include:

  - Continued virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.

- Pilot of thin client technology at State Hospital South reducing the cost of workstations and maintenance by providing virtual desktops.

- Continuing to provide users at smaller hospitals and laboratories access to the Bureau of Laboratories' Laboratory Information Management System WebPortal. This access allows electronic transfer of laboratory results, eliminating the need for manual faxing, which saves staff time and reduces faxing costs.

- Completed the Fax over IP (FoIP)technology rollout statewide replacing legacy analog fax machines and integrating with Enterprise messaging. FoIP allows the Department to realize savings by reducing the number of analog telephone line charges and reduces printing of paper faxes.

- Completed the implementation of Voice over IP (VoIP) phones for funded locations, saving tax dollars by not replacing aging and obsolete PBX-based telephone systems and reducing long distance calling costs.

Office of Healthcare Policy Initiatives

A. Overview

The Office of Healthcare Policy Initiatives (OHPI) was created on February 1, 2015 and is housed within the Director's Office. This office was created to manage a Center for Medicare and Medicaid Innovation (CMMI) grant received by the Department for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The SHIP was developed to redesign Idaho's healthcare system to improve Idahoan's health by strengthening primary and preventive care through the patient-centered medical home and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The OHPI currently has eight employees for the implementation of this initiative.

B. Highlights

- Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The 6-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Governor Otter established the Idaho Healthcare Coalition (IHC), which has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community representatives. In December 2014 the Department of Health and Welfare received the CMMI grant for $39.7 million. The grant funds a four-year model test that began on February 1, 2015, to implement the SHIP. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services.

SHIP's Goals

The SHIP identifies seven goals that together transform Idaho's healthcare system:

- **Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs):** Idaho is testing the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH focuses on preventive care, keeping patients healthy and stabilizing patients with chronic conditions. Grant funding is used to provide training, technical assistance and coaching to assist practices in this transformation.

- **Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood:** Idaho's plan includes significant investment to connect PCMHs to the Idaho Health Data Exchange (IHDE) and enhance care coordination through improved sharing of patient information between providers.

- **Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical health neighborhood:** At the local level, Idaho's seven public health districts convened Regional Collaboratives that support provider practices as they transform to PCMHs.

- **Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs:** This goal includes training Community Healthcare Workers (CHWs) and integrating telehealth services and Community Health Emergency Medical Services (CHEMS) into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.

- **Goal 5: Build a statewide data analytics system:** Grant funds also support the development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaborative(s). At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.

- **Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:** Idaho's four largest commercial insurers, Blue Cross of Idaho, Regence Blue Shield, PacificSource and Select Health, along with Medicaid are participating in the model test. Payers have agreed to evolve their payment models from paying for volume of services to paying for improved health outcomes.

- **Goal 7: Reduce healthcare costs:** Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by $89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.

- The first year of the award period, February 1, 2015, through January 31, 2016, was considered a pre-implementation year.
  - Eight project staff were hired to provide support for the grant, manage the multiple contracts and provide staff support for the Idaho Healthcare Coalition, the advisory group for the SHIP, and the workgroups that report to the coalition.

- Over 100 PCMH final applications were scored by a DHW evaluation team and 55 clinics were selected for the first cohort, beginning February 1, 2016. By the end of the SHIP initiative, Idaho will have 165 practices around the State transformed from a traditional primary care practice to a well-integrated, coordinated PCMH model supported by value-based payment models.

- In September 2015, DHW selected Briljent, LLC to become the PCMH Contractor for SHIP. The consulting firm Health Management Associates (HMA) serves as the Briljent PCMH Technical Assistance Subcontractor and the certified public accounting (CPA) firm Myers and Stauffer is the Briljent PCMH Incentives Subcontractor.

- SHIP's PCMH transformation model recognizes the challenges that many primary care practices face in converting to a value-based healthcare environment. Support is provided in multiple formats, including on-site training and coaching, virtual training and coaching, and a web-based quality improvement portal. All types of primary care practices are represented in the first cohort of clinics, ranging from rural single practitioner offices, to medium-sized practices, to large practice networks and Federally Qualified Health Centers.

- Vendor procurement processes were initiated and completed for the following major contracts:
  - Project Management and Financial Analysis (Goals 1-7)
  - PCMH Transformation Training and Technical Assistance (Goal 1)
  - Health Information Data Exchange (Goal 2)

  - Data Analytics Contract (Goal 5)
  - Contracts with the seven Public Health Districts for formation of Regional Collaboratives, Medical-Health Neighborhoods, and PCMH Transformation support (Goal 3)
  - State Evaluator Contract (Goals 1-7)

- IHC and workgroup charges, roles, responsibilities, standards, and expectations were defined.
- A SHIP Communications Plan that maps internal and external communication was developed to meet stakeholders' needs for accurate and consistent messages and updates regarding the transformation.
- The Idaho SHIP website, www.ship.idaho.gov, was launched and creates a meta-platform that serves to: 1) create unity out of diverse interests and 2) convey the range of solutions needed to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Bureau of Financial Services
A. Overview

The Bureau of Financial Services provides important administrative support for the Department's operations and service delivery units. Centralized office services include budgeting, grant reporting and monitoring, cash flow management, fixed asset tracking, general ledger accounting and reconciliation, financial reporting, accounts receivable and receipting, accounts payable, and payroll services.

Financial Services staff is in regional field offices, as well as in the central office, and provides administrative support, electronic benefits services, and institutional accounting services.

B.Highlights

The Financial Systems and Operations Unit took the first step of identifying core financial requirements in anticipation of the implementation of a new statewide financial system.

Bureau of Audits and Investigations
A. Overview

The Bureau of Audits and Investigations includes four separate units that perform compliance and integrity reviews for the Department. The Internal Audit evaluates the Department's overall system of controls; the Medicaid Program Integrity Unit audits Medicaid provider claims for fraud, waste, and abuse; the Welfare Fraud Investigation Unit investigates allegations of public assistance fraud; and the Criminal History Unit conducts background checks for various Department programs and services.

B. Highlights

- For the second consecutive year, the Medicaid Program Integrity Unit set a record in recoveries. The unit recovered $3.5 million with total costs of $1.2 million.
- The Welfare Fraud Unit continues to expand the use of data analysis. In the six years the cases identified through data analysis has grown from 58 to 2,400. Public complaints, which had been running 3,000 per year has decreased this year. Investigation of child care providers and food stamp retailers is improving. Collections from child care providers increased from $34,000 in FY 13 to $288,304 in FY 16. The Unit has experienced significant turnover this last year, but we have hired and are training 6 new investigators.
- The Internal Audit Unit is implementing the "LEAN" process improvement methods as part of it's basic services to the Department, and has begun its first project (the Criminal History Unit's Mail-in Application

process). A Data Analyst was hired in March, 2016 and the Data Governace initiative has been resumed.

- The number of criminal history and background checks completed by the Department increased by 2% in SFY2016. In order to handle this increase, the unit was authorized to add two full time positions to its roster. These vacancies will be filled as revenue permits.

Core Functions/Idaho Code

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

Title and Chapter	Heading
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 5	Pain-Capable Unborn Child Protection Act
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 31, Chapter 35	Medically Indigent
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 32, Chapter 17	De Facto Custodian Act
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 Behavioral Health Services
Title 39, Chapter 32	Idaho Community Health Center Grant Program

Title and Chapter	Heading
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 54, Chapter 17	Relating to Pharmacy
Title 39, Chapter 55	Clean Indoor Air
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 41, Chapter 61	Idaho Health Insurance Exchange 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 55, Chapter 8	Requirements Regarding a Request for Notice of Transfer or Encumbrance—Rulemaking
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 56, Chapter 16	Idaho Intermediate Care Facility Assessment Act
Title 57, Chapter 17	Central Cancer Registry Fund
Title 57, Chapter 20	Trauma Registry
Title 63, Chapter 30	Relating to Tax Information
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 and Chapter	Heading
Title 72, Chapter 16	State Directory of New Hires

Revenue and Expenditures

Revenue	FY 2013	FY 2014	FY 2015	FY 2016
ID Health Ins. Access Card	$ 5,780,500	$ 3,842,300	$ 3,842,300	$ 1,290,300
Prev. Minors' Access to Tobacco	$ 50,300	$ 50,400	$ 50,400	$ 50,400
Domestic Violence Project	$ 490,200	$ 491,900	$ 496,400	$ 605,100
Cancer Control	$ 400,800	$ 401,700	$ 404,000	$ 341,500
Emergency Medical Services	$ 2,629,000	$ 2,647,900	$ 2,705,700	$ 2,756,400
Medical Assistance	$ 6,000	$ 3,500	$ 3,500	$ 0
Central Cancer Registry	$ 182,700	$ 182,700	$ 182,700	$ 135,000
Alcohol Intox. Treatment	$ 0	$ 0	$ 0	$ 0
Health and Welfare – EMS III	$ 1,400,000	$ 1,400,000	$ 1,400,000	$ 1,400,000
Hospital Assessment Fund	$ 58,989,300	$ 30,000,000	$ 30,000,000	$ 30,000,000
Coop.Welfare Acct – Federal	$1,523,743,700	$1,609,559,300	$1,602,046,600	$ 1,650,954,800
Coop.Welfare Acct – General	$ 606,099,500	$ 615,357,900	$ 620,120,600	$ 648,395,000
Coop.Welfare Acct – Other	$ 165,258,900	$ 213,475,200	$ 261,437,700	$ 278,358,800
Liquor Control	$ 650,000	$ 650,000	$ 650,000	$ 650,000
Drug and Family Court Services	$ 257,800	$ 257,800	$ 257,800	$ 257,800
State Hospital Endowment	$ 3,691,900	$ 3,846,500	$ 4,672,800	$ 5,814,000
Economic Recovery Funds	$ 0	$ 0	$ 0	$ 0
Immunization Dedicated Vaccine Fund	$ 17,300,000	$ 18,970,000	$ 18,970,000	$ 18,970,000
Millennium Fund	$ 2,250,000	$ 2,245,000	$ 2,825,000	$ 2,706,700
Time-Sensitive Emergency Fund (new for FY 2015)			$ 225,800	$ 225,800
Total	**$2,389,180,600**	**$2,503,382,100**	**$2,550,291,300**	**$ 2,642,911,600**
Expenditures	**FY 2013**	**FY 2014**	**FY2015**	**FY 2016**
Personnel Costs	$ 171,755,500	$ 171,218,700	$ 180,658,200	$ 187,355,900
Operating Expenditures	$ 154,526,200	$ 160,098,600	$ 155,557,800	$ 142,479,400
Capital Outlay	$ 1,941,000	$ 2,336,300	$ 7,305,000	$ 1,604,200
Trustee/Benefit Payments	$1,999,564,000	$2,040,016,300	$2,131,458,700	$ 2,215,851,600
Total	**$2,327,786,700**	**$ 2,373,669,900**	**$2,474,979,700**	**$ 2,547,291,100**

Note: Some revenue and expenditures do not show up on the graphs due to their small percentages relative to other financial figures. FY 2016 revenue is based upon the Total Appropriation for that year.

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
• Total Medicaid Expenditures (w/ Admin)	$1,875,835,200	$1,920,439,500	$1,997,242,800	$2,062,325,800
• Medicaid T&B Expenditures Only	$1,813,459,700	$1,852,831,300	$1,943,230,871	$2,012,561,700
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
% Spent as payments to providers	96.7%	96.5%	97.3%	97.6%
• Total Average Medicaid enrollees per month (Adjusted to include retroactive enrollees)	236,352	252,778	277,567	288,105
• Avg. Monthly Eligible Basic Plan Children (0-20 yrs)	148,043	155,399	178,257	185,915

• Avg. Monthly Eligible Basic Plan Adults	23,016	25,926	26,892	27,304
• Avg. Monthly Eligible Enhanced Plan Children (0-20 yrs)	25,189 (corrected number)	30,842	30,037	30,877
• Avg. Monthly Eligible Enhanced Plan Adults	23,352	17,099	17,483	18,014
• Avg. Monthly Dual-Eligible Coordinated Plan Adults	23,058	23,513	24,928	25,995
• Total number of initial licensing or certification surveys conducted	218	263	286	312
• Total number of re-licensure or recertification surveys conducted	2,345	2,379	2,426	2,521
• Total number of follow-up surveys conducted	173	218	308	343
• Total number of fire/life safety surveys conducted	330	321	362	381
• Total number of complaint-only surveys conducted	215	253	311	392
• Total number of other surveys conducted	30	27	22	21
Children's Mental Health Services				
• Total children's mental health clients served	2,468	2,554	2,487	2,320
• Court-ordered clients (20-511A)	528	600	583	603
• Total support services provided to children and families[1]	239	237	203	222
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
Adult Mental Health Services				
• Total adult mental health clients served	10,921	13,207	13,503	13,940
Substance Use Disorders Services				

[1] Support services include Wraparound, Functional Family Therapy, and Parenting with Love and Limits.

• Total adult and adolescent substance abuse clients served [2]	6,619	2,214 (unduplicated client count)	3,178[3] (unduplicated client count)	4,861
State Hospital South				
Adult Psychiatric				
• Patient days	26,241	27,375	26,005	28,112
• Number of Admissions	550	608	547	640
• Percentage of Occupancy	79.9%	83.3%	79.2%	85.3%
• Indirect/Direct Costs Allocation Cost per Patient Day	$533	$533	$600	$589
Syringa Skilled Nursing				
• Patient days	8,986	8,856	8,837	9,355
• Number of Admissions	15	11	14	17
• Percentage of Occupancy	84.9%	83.7%	83.5%	88.1%
• Indirect/Direct Costs Allocation Cost per Patient Day	$568	$588	$621	$604
Adolescent Unit				
• Patient days	4,176	4,181	4,562	4,574
• Number of Admissions	110	122	149	131
• Percentage of Occupancy	71.5%	71.6%	78.1%	78.1%
• Indirect/Direct Costs Allocation Cost per Patient Day	$676	$643	$724	$747
State Hospital North				
• Number of patient days	17,408	16,153	16,834	18,026
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2106**
• Daily occupancy rate	79.0%	74%	77%	82%
• Number of admissions	278	217	243	233
• Cost per patient day	$463	$506	$509	$492
Public Health				
• Children's vaccines distributed	709,255	710,766	737,269	728,688
• Immunization Rates (19-35 Months)[4] (4:3:1:3:3:1 series)	63.0%	70.2.0%	67.2	Date not yet available
• Immunization Rates (School Age Children - Kindergarten)	81.7%	82.4%	84.0%	85.8%

[2] FY 2015 is the first full year in which Idaho Department of Health and Welfare (IDHW) data is being reported without the inclusion of the Idaho Department of Correction (IDOC), Idaho Department of Juvenile Corrections (IDJC), and Idaho Supreme Court (ISC). FY 2014 represented a partial year of data due to the transition of data systems. The reduction in clients served from FY 2013 to FY 2014 was because of the transition of Medicaid clients to Optum Idaho and the sun-setting of Access to Recovery (ATR) III. Access to Recovery (ATR) III funding ended in 2014, and Access to Recovery (ATR) IV funding began 2014.

[3] Error corrected.

[4] The 4:3:1:3*:3:1:4 series includes 4+ doses DTaP, 3+ doses poliovirus vaccine, 1+ dose MMR vaccine, 3 doses Hib vaccine (of any type), 3+ doses HepB, 1+ dose varicella vaccinations given at age 12 months or older.

• Total number of childhood vaccine preventable diseases (HIB, Measles, Mumps, Whooping Cough, Rubella)[3]	235	341	393	203
• Women, Infants, and Children (WIC) served monthly	43,887	41,616	40,951	39,473
• (WIC) Average Monthly Voucher Value	$52.86	$52.81	$57.92	$51.56
• Women's Health Check (Women Screened)	4,717	3,972	3,063	3,665
• Women's Health Check (Breast Cancer Diagnosed)	79	56	36	49
• Women's Health Check (Cervical Cancer Diagnosed)	4	5	1	5
• New HIV Reports[5]	41	39	41	43
• Idahoans living with HIV/AIDS[6]	1,356	1,535	1,589	1,648
• Acute Hepatitis B	6	12	9	13
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
Family and Community Services				
Idaho CareLine/211				
• Total # of call received by CareLine/211	158,570	142,718	132,063	113,276
Navigation Program				
• Total referrals to Navigation	10,318	9,890	8,298	9,181
Child Protection, Prevention, Foster Care, Adoptions				
• Total Child Prot. and Prev. Referrals	19,324	20,755	21,013	22,346
• # of children placed in foster care	2,388	2,481	2,434	2,559
• Adoptions finalized	230	203	215	195
Infant Toddler Program				
• Number of children served	3,611	3,773	3,712	3,825
Developmental Disabilities Services				
• Service Coordination utilization	5,325	4,793	3,036	3,342
• Intensive Behavior Intervention for children	1,012	1,356	1,678	1,851
Southwest Idaho Treatment Center				
• Census	37	31	24	26
• Crisis Bed Admissions	6	6	6	4
• Cost per patient day	$819	$788	$758	$769
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**

[5] Reports among residents of Idaho at first diagnosis with HIV infection.
[6] Total number of HIV infection cases ever reported in Idaho that have not been reported deceased, regardless of residence at first diagnosis.

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
Applications				
• Temporary Assistance for Families in Idaho (TAFI) applications processed	7,363	6,425	5,466	4,886
• Aid to the Aged Blind and Disabled (AABD) applications processed	7,060	6,966	7,034	7,281
• Medicaid applications processed (excluding nursing home)	65,701	70,481	122,555[7]	92,389
• Child care applications processed	12,825	10,140	10,181	9,326
• Food Stamps applications processed	109,365	102,805	96,146	94,329
• Total applications processed	202,314	196,817	241,382	208,211
Self-Reliance Benefit Programs				
• TAFI cash assistance avg. monthly participants	2,906	2,825	2,833	2,881
• TAFI annual benefits provided	$6,855,668	$6,768,193	$6,850,079	$7,017,961
• AABD cash assistance avg. monthly participants	15,363	15,586	16,045	16,846
• AABD annual benefits provided	$8,283,728	$8,418,368	$8,683,753	$9,140,379
• Food Stamps avg. monthly participants	229,586	217,553	201,094	189,910
• Food Stamps annual benefits provided	$350,139,641	$309,656,830	$277,346,735	$261,187,686
• Child Care avg. monthly participants	6,734	7,100	7,246	7,396
• Child Care annual benefits provided	$19,698,010	$22,453,661	$25,488,800	$26,403,403
Self-Reliance Child Support Services				
• Paternity established[8]	5,918	5,924	4,821	Available Nov. 15, 2016
• Support orders established[9]	5,860	6,021	6,560	Available Nov. 15, 2016
• Child support caseload[10]	151,787	156,326	159,310	Available Nov. 15, 2016
Cases Managed and/or Key Services Provided	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
• Total child support dollars[11] collected	$205,159,608	$205,349,282	$212,943,934	Available Nov. 15, 2016
• Collections through wage withholding[12]	$103,792,831	$105,821,933	$107,472,774	Available Nov. 15, 2016

[7] The significant increase in Medicaid applications is due to the requirement that individuals applying for the advance premium tax credit to purchase insurance on the state insurance exchange must first have a determination made whether or not they qualify for Medicaid.
[8] Data collected by Federal Fiscal Year. Data is reported November 15, 2016.
[9] Data collected by Federal Fiscal Year. Data is reported November 15, 2016.
[10] Data collected by Federal Fiscal Year. Data is reported November 15, 2016.
[11] Data collected by Federal Fiscal Year. Data is reported November 15, 2016.
[12] Data collected by Federal Fiscal Year. Data is reported November 15, 2016.

Community Services Grant				
• Grant amount	$3,304,029	$3,479,189	$3,513,458	$3,716,239
• Total Served	90,353	92,833	87,021	92,022

Indirect Services				
Financial Services – Electronic Payment System/Quest Card				
• Food Stamp and cash assistance payments	$366,627,692	$326,404,625	$294,347,896	$277,346,515
• Child Support electronic payments	$178,028,591	$185,862,921	$192,446,635	$193,796,257
Bureau of Audits and Investigations				
• Criminal History Background Checks[13]	26,629	27,881	28,642	Measure discontinued
• Fingerprints processed.[14]				25,491
• Medicaid Program Integrity: Identified Overpayments and Cost Savings (Millions)[15]	$4.6	$5.8	$3.9	$5.9
• Internal Audit Reports Issued[16]	5	8	5	3
• Welfare Fraud Investigation Unit: Identified Overpayments and Cost Savings (in millions)[17]	$3.8	$5.6	$2.5	$2.3

[13] Criminal History Unit continues to deter ineligible participation over time. The number of disqualified or self-disqualified applicants was 263, 277, 303, and 339 in Fiscal Years 2013, 2014, 2015, and 2016 respectively.
[14] This measure replaces the number of criminal history background check starting with FY 2016. Fingerprints processed is a more accurate measure of the work—the previous measure includes abandoned applications.
[15] The Medicaid Program Integrity Unit overpayments confirmed, in millions, were $2.6, $2.3, $2.5, and $4.1 in Fiscal Years 2013, 2014,2015, and 2016. Penalties and interest were $873,960, $875,474, $732,029, and $821,151 in Fiscal Years 2013, 2014, 2015, and 2016. Cost savings in millions were $1.1, $2.5, $.7, and $1 in Fiscal Years 2013, 2014, 2015 and 2016.
[16] Internal Audit measures its performance by tracking audit reports issued and successful resolutions to audit issues.
[17] The Welfare Fraud Investigation Unit continues to see a high volume of leads and complaints to be investigated. Complaints were 3,577, 4,497, 4,537, and 4,283 in Fiscal Years 2013, 2014, 2015, and 2016. Data leads were 6,524, 15,539, 25,651, 17,068, and 12,654 in Fiscal Years 2012, 2013, 2014, 2015, and 2016.

Part II – Performance Measures

Old Performance Measure	FY 2012	FY 2013	FY 2014	FY 2015	Benchmark
1. Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).	74.1%**	73.1%	74.6%	Data no longer available	77.1%
2. Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).	69.4%**	67.9%	68.5%	Data no longer available	70.3%
3. Percent of DHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).	83.8%**	81.4%**	82.2%	78.8% ^	84.3%
4. Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).	40.2%	41.4%	42.2%	Data no longer available	50.5%
5. Percent of children who are safe as measured by the Safety Composite (SC)	89.2%**	94.6%	89.8%	Data not yet available	89.9%
6. Geographic areas of Idaho that meet Health Professional Shortage Area (HPSA) criteria which have been submitted for Health Professional Shortage Area designation.[18]	100%	100%	100%	100%	100%
7. Percent of Idahoans with health and dental care coverage	75.4%	75.2%	76.9%	Data not yet available	78.7%
8. Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.	96.2%	96.1%	96.2%	89.7%	97.2%
9. Accuracy rates of key identified programs.	94.7%	88.9%	90.2%	93.1%	87.6%
10. Customer service performance at DHW based on four key indicators (Caring, Competency, Communication, and Convenience).	Data Not Collected	72.5%	75.5%	Data no longer available	85.6%

** Figure changed due to minor data updates
^ Composite includes changes to individual measure calculation

The data 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.

Performance Measure Explanatory Notes
(For Performance Measures SFY 2012 through SFY 2015)

1. Performance Measure #1 Explanatory Note

A. Objective
Improve healthy behaviors of adults to 77.1 percent by 2018.

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 77.1 percent is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the U.S. state median, high, and low values, and seven-year projections, along with relevant Healthy People 2010 goals.

2. Performance Measure #2 Explanatory Note

A. Objective
Increase the use of evidence-based clinical preventive services to 70.3 percent by 2018.

B. Performance Measure
Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC). Note that the immunization measure was updated. The trend and targets were recalculated.

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 healthcare 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 70.3 percent was created by using the average of the individual targets (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.

3. Performance Measure #3 Explanatory Note

A. Objective
Increase the percent of Department clients living independently to 84.3% by 2018.

B. Performance Measure
Percentage of Department 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 84.3 percent was created by using the average of individual targets (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.

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 50.5 percent by 2018.

B. Performance Measure
Percentage 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 administers 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 the Department 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 percent 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, or TAFI in a state fiscal year who do not enroll in those services the following state fiscal year).

E. How Target Was Created
The overall target of 50.5 percent was created by using the average of the individual targets (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.

5. Performance Measure #5 Explanatory Note

A. Objective
The percent of children who are safe from maltreatment and preventable illness will reach 89.9 percent by 2018.

B. Performance Measure
Percent of children who are safe as measured by the Safety Composite (SC). Note that the immunization measure was updated. The trend and targets were recalculated.

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 89.9 percent was created by using the average of the individual targets (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.

6. Performance Measure #6 Explanatory Note

A. Objective
Assure that in 2016, 100 percent of Idaho's geographic areas that meet Health Professional Shortage Area (HPSA) criteria will be submitted for designation as areas of health professional shortage.

B. Performance Measures
Geographic areas of Idaho that meet HPSA criteria that 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 healthcare system and improve healthcare 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 healthcare. Without access, Idahoans cannot 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 Area (HPSA) means any of the following that has been designated though a federal formula to have a shortage of health professional(s): (1) An area that 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 that 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 that 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 who 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 percent was created by consulting with the division administrator and program manager and discussing program performance.

7. Performance Measure #7 Explanatory Note

A. Objective
Increase the percent of Idahoans with healthcare coverage to 78.7 percent by 2018.

B. Performance Measures
Percentage 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 healthcare 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 healthcare coverage. The performance measures are:

- Adults with healthcare coverage;
- Adults with dental insurance; and
- Children with healthcare coverage.

E. How Target Was Created
The overall target of 78.7 percent was created by using the average of the individual Performance Indicator targets (a composite target).
- The target for adult healthcare coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the U.S. 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 healthcare coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, comparisons to the U.S. value, and high and low values.

8. Performance Measure #8 Explanatory Note

A. Objective
By 2018, Department timeliness standards will be met for 97.2 percent 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 Program 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 97.2 percent was created by using the average of the individual performance indicator targets (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.

9. Performance Measure #9 Explanatory Note

A. Objective
The Department accuracy rates of key identified programs will reach 87.6 percent by 2018.

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 a child's placement provider home or a child's own home;
- Child Support – Financial Accuracy; and
- Child Support – Data Reliability Standards.

E. How Target Was Created
The overall target of 87.6 percent was created by using the average of the individual targets (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.

10. Performance Measure #10 Explanatory Note

A. Objective
The Department will improve customer service to 85.6 percent by 2018.

B. Performance Measures
Customer service performance at the Department is a composite of indicators in four areas:
1. *Caring* – Percentage of Department clients treated with courtesy, respect, and dignity.
2. *Competency* – Percentage of Department clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
3. *Communication* – Percentage of Department clients who are communicated with in a timely, clear, and effective manner.
4. *Convenience* – Percent of Department 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
The composite measure is made up of separate performance measures or indicators.
- Food Stamps – Federally Adjusted Payment Accuracy Rate (U.S. Food and Nutrition Services (FNS));
- Food Stamps – Federally Adjusted Negative (closure and denial) Accuracy Rate (FNS);
- Department – Percentage of agency **hearings upheld**;
- Child Support – Child Support data reliability standards (Idaho Child Support Enforcement System Data Reliability)
- CareLine – Percentage of 2-1-1 CareLine telephone calls with wait/hold times of 60 seconds or less;
- Welfare – Percentage of Temporary Assistance for Families in Idaho (TAFI) and Food Stamp applicants who meet with a Work Services Contractor within five days of the client's referral to the contractor by the Department;
- Vital Statistics – Percentage of time Vital Statistics responded to mail requests in four days or less;
- IT – Percentage of time that Department computing servers are functioning; and

E. How Targets Were Created
The overall target of 85.6 percent 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.

FY2016 Measures

The Department revised its strategic plan for FY 2016. The Department's strategic goals have not changed. They are:

Goal 1: Improve the health status of Idahoans.
Goal 2: Increase the safety and self-sufficiency of individuals and families.
Goal 3: Enhance the delivery of health and human services.

Performance measures for the new plan are tied to three strategic objectives developed to help reach the Department's strategic goals. Benchmarks have not yet been set for all measures.

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
Goal 1: Improve the health status of Idahoans						
Transform primary care centers and tribal health clinics across the state into patient-centered medical homes (PCMH).	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	19%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Improve rural patient access to patient-centered medical homes by developing virtual PCMHs.	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Establish seven regional collaboratives to support the integration of each PCMH with the broader medical/health neighborhood.	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	100%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Improve care coordination through the use of electronic health records and health data connections among PCMHs and across the medical neighborhood.	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Build a statewide data analytics system.	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Align payment mechanisms across payers to transform payment methodology from volume to value.	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	Available in November 2016	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Goal 2: Increase the safety and self-sufficiency of individuals and families						
Number of women receiving adequate prenatal care	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	79.4%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Number of children 19-35 months who have up-to-date immunizations	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	67.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Percent of the year diverted from state hospital stay	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	54.0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
One-time admission rates to a state hospital	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	97.2%	-----------

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Percentage of severe and persistent mental illness diverted to community-based services	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	85.3%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Current federal fiscal year child support collected vs. child support owed	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	63.1%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Percent of Idahoans on Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamp Benefits	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	10.9%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Number of children with no recurrence of maltreatment	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	95.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Absence of child abuse or neglect for children in foster care	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	99.5%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Rate of non-substantiated complaints of child abuse	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	86.3%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
One-time foster care entries within 12 months	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	94.0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Timeliness of health facility inspections	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	86.4%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Rate of non-substantiated health facility complaints	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	43.7%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Number of adults with health care coverage	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	85.9%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Number of adults with dental insurance/coverage	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	55.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Number of children with health care coverage	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	92.0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Timeliness of child protection investigations	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	95.6%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Timeliness of health facility complaint investigations	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	54.3%	-----------

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Goal 3: Enhance the delivery of health and human services						
Application timeliness for Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamp Benefits	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	99.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Individuals who are not current smokers	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	86.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Individuals participating in leisure time physical activity	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	78.8%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Individuals who consume five or more fruits and vegetables a day	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	17.5%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Individuals who are not heavy drinkers	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	94.7%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Individuals who have not used illicit drugs in the past 12 months	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	95.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Adults screened for cholesterol level	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	72.3%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Women older than 40 receiving a mammogram	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	62.5%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Adults older than 50 ever receiving colorectal cancer screening a sigmoidoscopy or colonoscopy	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	66.4%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Adults with dental visit	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	64.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Graduation from Infant Toddler Program	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	23.5%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Children and Adolescent Functional Assessment Scale (CAFAS) scores	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	75.0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Substance Abuse treatment completed successfully	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	35.6%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Current FFY child support collected vs current child support owed	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	63.1%	-----------
	benchmark	*New for SFY*	*New for SFY*	*New for SFY*	*Not yet*	*Not yet*

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
		2017	*2017*	*2017*	*developed*	*developed*
FFY TAFI "All Family" Work Participation Rate	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	Data not yet available	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Medicaid application timeliness	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	97.6%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Infant & Toddler – percent of children enrolled within 45 days	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	97.6%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Food Stamp application timeliness (non-expedited)	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	99.2%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Food Stamp federally adjusted payment accuracy rate	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	Data not yet available	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Food Stamp federally adjusted negative accuracy rate	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	Data not yet available	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Percent of children receiving a caseworker visit each and every month in care	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	96.9%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*
Percent of months in which caseworker visits occurred in child's placement provider or own home	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	74.1%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Child Support data reliability standards	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	Data not yet available	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*Not yet developed*	*Not yet developed*
Percent of 2-1-1 CareLine phone calls with wait/hold times of 60 seconds or less	actual	New for SFY 2017	New for SFY 2017	New for SFY 2017	90.0%	-----------
	benchmark	*New for SFY 2017*	*New for SFY 2017*	*New for SFY 2017*	*100%*	*100%*

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