



STRATEGIC PLAN SFY 2023 – 2027

OUR MISSION:

Dedicated to strengthening the health, safety, and independence of Idahoans.



July 1, 2022



IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 1, 2022

Dear Idahoans,

The Department of Health and Welfare is dedicated to strengthening the health, safety, and independence of Idahoans. This is our mission, and we are committed to delivering services that provide for the safety and well-being of our communities and families.

The positive impact we have on those we serve is often immeasurable. We provide critical and necessary services to more than a third of all Idahoans. We work with underserved families to make sure they have a safe place to raise their children. We assist people in a physical or mental health crisis. We help people access public assistance, while keeping those we serve on the path to self-reliance. And, we engage in preventative work that can make a positive lifelong impact to the lives of Idahoans.

As the department takes the opportunity each year to update and refresh our Strategic Plan, we ask ourselves: what has changed in the world in the past year? And how can we make sure our ship is headed in the right direction? In Idaho, we have collectively experienced unprecedented changes resulting from the pandemic and population growth. There has also been a sea change at the core of the workforce, which is an essential part of how we carry out our mission.

Our agency's 2023-2027 Strategic Plan highlights our course as we address state and community issues alongside healthcare providers and partners. It also serves as our timeline for meeting measurable objectives and delivering on our promises to better serve the people of Idaho. Our plan aligns with the state's strategic plan and values.

Each Strategic Objective represents critical work to be done. We introduce each objective by directly identifying the problems we are trying to solve. Our proposed solutions represent a better future for those we serve.

This message includes the highlights, but I encourage you to read the plan. Performance updates on each strategic goal and performance measure will be provided in a separate report later this year.

Our strategic goals are:

- **Goal 1: Ensure affordable, available healthcare that works**
 - o Healthcare workforce shortages may prevent Idahoans from accessing the healthcare services they need. The department is focused on improving accessibility of healthcare services by increasing Idaho's healthcare workforce. The department is also working with the healthcare community to address the rising cost of healthcare in the Medicaid program, while delivering better health outcomes.
- **Goal 2: Protect children, youth, and vulnerable adults**
 - o We are dedicated to making sure children who have experienced abuse or neglect have safe, permanent homes. We are also focused on improving the ongoing care system by implementing plans for both the behavioral health system and the long-term care system for Idahoans with developmental disabilities.
- **Goal 3: Help Idahoans become as healthy and self-sufficient as possible**
 - o We are committed to a future that optimizes health and crisis prevention. We believe that every suicide is preventable. We are developing ground-breaking work focusing on social determinants of health to reduce health disparities that disproportionately affect Idahoans in some communities. We are working to positively impact lifelong outcomes for children by reducing the number of Adverse Childhood Experiences they experience. And, we are working to improve the work environment for our staff, so we can continue to deliver uninterrupted services to Idahoans.
- **Goal 4: Strengthen the public's trust and confidence in DHW**
 - o We will work to build the trust and confidence of those we serve by delivering on our promises and engaging in meaningful communication with our customers and partners. We will ensure the resources entrusted to us are allocated in ways that best serve the people of Idaho. And, we will ensure that Idahoans are safe, and that they feel safe, by improving the efficiency of our vital activities.

We will always remain true to our calling to public service. The people of Idaho who count on us guide our compassion and challenge us to be innovative in our services and programs. We will continue to serve Idahoans so they can live their best lives. This plan is our guide.

Sincerely,



Dave Jeppesen

Director

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Our mission

Dedicated to strengthening the health, safety, and independence of Idahoans.

Our vision

Provide leadership for a sustainable, integrated health and human services system.

Our values

Integrity, high quality customer service, and compassion are the foundation for all department activities. A focus on these values will lead to success.

STRATEGIC GOALS

Strategic Goal 1: Ensure affordable, available healthcare that works

Performance measure:

- Increase the percentage of Medicaid dollars that are paid under a value-based payment from 1 percent to 50 percent, by July 1, 2023.

Strategic Goal 2: Protect children, youth, and vulnerable adults

Performance measures:

- Improve time to permanency for children in foster care by 10 percent by July 1, 2025.
- Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing six of the nine prioritized recommendations to improve the Idaho behavioral healthcare system as approved in the Idaho Behavioral Health Council strategic action plan, by July 1, 2024.
- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30 percent to 50 percent, by June 30, 2024.

- Implement three new crisis system components for adults with developmental disabilities so they can access a full continuum of crisis care that supports them in remaining in their communities whenever possible, by July 1, 2026.

Strategic Goal 3: Help Idahoans become as healthy and self-sufficient as possible

Performance measures:

- Reduce Idaho's suicide rate from 23.8 to fewer than 19.0 per 100,000 by June 30, 2025.

Strategic Goal 4: Strengthen the public's trust and confidence in the Department of Health and Welfare

Performance measures:

- Improve the Customer Effort Score baseline metric by 10 percent for the customer experience project, by July 1, 2024.

GOAL

1

STRATEGIC GOAL 1

Ensure affordable, available healthcare that works

Strategic Objectives

1.1

Develop and implement four cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2024.

1.2

By July 1, 2023, 50 percent of Medicaid payments will be tied to measurable outcomes of better health and cost-efficient care.

1.3

Limit Medicaid spending growth to a defined annual per member cost increase through the implementation of cost-containment strategies by July 1, 2025.

GOAL

2

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Strategic Objectives

2.1

Ensure children who have experienced abuse or neglect, who can be served safely in their homes, receive in-home preventative services by July 1, 2025.

2.2

Develop and implement a behavioral healthcare system in Idaho that provides the services that people need, when they need them through implementation of the Youth Empowerment Services implementation plan and the Idaho Behavioral Health Council strategic action plan by July 1, 2024.

2.3

Implement three new crisis system components for adults with development disabilities so they can access a full continuum of crisis care that supports them to remain in communities whenever possible, by July 1, 2026.

GOAL

3

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Strategic Objectives

3.1

Reduce Idaho's suicide rate from 23.8 to fewer than 19.0 per 100,000 by June 30, 2025.

3.2

Address health disparities in Idaho communities by implementing three strategies that focus on the social determinants of health (SDOH) by June 30, 2025.

3.3

Prevent or reduce the impact of Adverse Childhood Experiences (ACEs) across the lifespan of Idahoans by creating a coordinated DHW program delivery framework by June 30, 2025.

3.4

Reduce the department's employee voluntary turnover rate from 21.7 percent to 14 percent by June 30, 2026.

GOAL

4

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Strategic Objectives

4.1

Prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden by collaborating with the public to review and simplify 100 percent of the department's administrative rule chapters between April 1, 2021 and Dec. 31, 2025.

4.2

Build the trust and confidence of the media, employees, those we serve, and other stakeholders through communication strategies that support our mission and vision, demonstrate successes, enhance engagement, and strengthen relationships. Communications strategies and customer experience improvements may be measured by Customer Effort Scores (establish baselines, make improvements, and then measure again.)

4.3

Mature our resource management strategies related to money, people, physical space, and technology, ensuring resources are allocated in ways that best serve the people of Idaho, by June 30, 2024.

4.4

Enhance public health and safety by improving the effectiveness and visibility of specific regulatory activities between July 1, 2021 and June 30, 2024.



GOAL

1

STRATEGIC GOAL 1

Ensure affordable, available healthcare that works

The department is committed to serving Idahoans by ensuring that:

- healthcare workforce shortages are addressed so Idahoans in all areas of the state have access to needed healthcare services.
- care makes people healthier.
- care is based on quality, focusing on a positive patient experience.
- the growth of healthcare costs is slowed, and healthcare affordability is improved.

Performance Measure

The department reports on a selection of the measures from the Strategic Plan in the annual DHW Performance Report. We will know we have succeeded when we:

- increase the percentage of Medicaid dollars that are paid under a value-based payment from 1 percent to 50 percent, by July 1, 2023.

Key external factors – the success of this goal depends upon:

- overcoming the current shortage of healthcare workers.
- the engagement of stakeholders within the healthcare delivery system, and their participation in the evaluation, planning, and implementation of new strategies and approaches.
- the availability of providers in rural areas of Idaho.
- the willingness by patients and their families to actively participate in improving their own health.
- our continued partnerships with federal agencies.
- the availability of funding for workforce.

Objective 1.1: Develop and implement four cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2024.

Leads: Elke Shaw-Tulloch, Ross Edmunds, and Juliet Charron

Problem Statement: Idahoans in some areas of the state may not have access to needed healthcare services due to healthcare workforce shortages and limited access points.

Objective Summary: Healthcare workforce shortages and the cost of healthcare may prevent Idahoans from accessing the healthcare services they need. The department will work to improve accessibility of healthcare services by supporting cross-divisional initiatives focused on increasing Idaho's healthcare workforce.

This objective includes work in four focus areas:

- Increasing the number of National Health Service Corps (NHSC) sites. The NHSC designation supports healthcare access by offering a sliding fee scale for patients and loan repayment opportunities for providers. Idaho currently has 269 NHSC sites that provide primary care, dental health, or mental health services. We will focus on increasing healthcare access points for underserved Idahoans by conducting outreach for clinics to become NHSC certified. By increasing the number of NHSC certified sites in the state, underserved Idahoans at or below 200 percent of the federal poverty level will have improved access to healthcare services.
- Developing a new initiative to recruit and retain nurses in rural communities. There is a shortage of Registered Nurses (RNs) statewide and, from 2018 to 2020, there was an 8 percent decrease of RNs living in rural Idaho communities. Idaho fails to produce enough RNs to meet the demand and rural areas are disproportionately impacted. Idaho is below the national standard for the RN to population ratio and 29 percent of RNs are nearing retirement. Compounding the issue is Idaho's population growth, which places additional demands on the healthcare system. There is a significant migration of RNs from rural to urban areas of the state. Rural hospitals report chronic, longstanding, and burdensome RN vacancies that leads to reduced bed census, diversion, and patient transfers to distant facilities. Loan repayment is one strategy to support the recruitment and retention of nurses in rural communities.
- The Division of Medicaid is working with stakeholders to address direct care workforce retention and recruitment challenges. All hospitals, long-term care, and assisted living facilities, and behavioral healthcare providers report ongoing and sporadic direct care staff vacancies from a lack of applicants. The direct care workforce for Home and Community Based Services has been impacted by the pandemic and changes in workforce. Many providers share that it is difficult to retain and recruit staff to provide critical services to participants across the state.

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STRATEGIC GOAL 1

Ensure affordable, available healthcare that works

Objective 1.1 continued:

- The Division of Behavioral Health is working with the Idaho Behavioral Health Council to implement Council workforce recommendations.

TASKS:

1.1.1

Develop and implement a nursing loan repayment program to help address the nursing shortages in rural communities by Dec. 31, 2024.

1.1.2

Increase the number of National Health Service Corps clinic sites by 12 percent, from 257 clinics to 287 clinics, by Dec. 30, 2023.

1.1.3

The Division of Behavioral Health will work with the Idaho Behavioral Health Council to implement the Council's recommendation to develop and implement a comprehensive workforce plan by June 30, 2024.

1.1.4

Develop strategies to retrain and recruit the direct care workforce by leveraging collaborative work between the Division of Medicaid and stakeholder groups, by June 30, 2023.

STRATEGIC GOAL 1

Ensure affordable, available healthcare that works

Objective 1.2: By July 1, 2023, 50 percent of Medicaid payments will be tied to measurable outcomes of better health and cost-efficient care.

Lead: Juliet Charron

Problem Statement: Under a fee for service healthcare delivery system, providers are paid more when they provide more services, not for delivering a higher quality of care. Providers are being paid for services that may be inefficient or that do not contribute to better health outcomes.

Objective Summary: The Division of Medicaid's mission is to pay for better health. Today, we pay for many medical procedures, community-based services, and supports for people with disabilities. However, few if any payments are directly linked to actual health outcomes for the people we serve.

Generally, healthcare providers are paid more when they do more, not for delivering quality care. Providers want to do the right thing and deliver high-quality care, but our current financial model is not structured to support this goal.

Medicaid is moving to reimburse for value over volume. By restructuring Medicaid payments to hold providers accountable for costs and quality, we can reward healthcare providers who are driving towards improved health outcomes and deliver on our mission.

TASKS:

1.2.1

Prepare a preliminary report on the statewide value-based payment program implementation, to include cost-efficiency and quality performance metrics for State Fiscal Year 2022, by Dec. 31, 2023.

1.2.2

Work with value care organizations, contractors, and stakeholders to add the Medicaid Expansion population to the Healthy Connections Value Care program by Jan. 1, 2023.

1.2.3

Establish a Medicaid quality strategy with focused quality measures and initiatives across populations. The strategy will include input from partners within and outside the department to set meaningful quality metrics and goals for Medicaid value-based, managed care, and fee for service programs by Sept. 1, 2023.

STRATEGIC GOAL 1

Ensure affordable, available healthcare that works

Objective 1.3: Limit Medicaid spending growth to a defined annual per member cost increase through the implementation of cost-containment strategies by July 1, 2025.

Lead: Juliet Charron

Problem Statement: If Medicaid funding needs exceed overall growth in state revenues, the state will be in the difficult position of either pulling funding from other state programs or increasing taxes to fund Medicaid.

Objective Summary: To address this problem of Medicaid funding needs, the Division of Medicaid will begin tracking a rate of per member per year (PMPY) growth. The goal will be to achieve a growth rate that does not exceed a pre-set benchmark in alignment with state tax revenue growth.

The Medicaid team will use the goal as a benchmark for cost containment activities. The benchmark will also be used as a yardstick for funds available to meet needs for provider rate increases and operational expenses.

Future efforts to limit costs include further developing our strategies in the following areas¹:

- Value Based Payment (Healthy Connections Value Care)
- Managed Care Program Cost-Containment (Duals Managed Care Plans, Idaho Behavioral Health Plan, and dental and transportation managed care contracts)
- Utilization Management strategies for medical care quality

TASKS:

1.3.1

Identify a data-driven per member per year cost-containment goal and modify the Medicaid budget report to track progress towards that goal, by May 31, 2025.

1.3.2

Implement a new utilization management governance structure to monitor and manage high-cost services, and implement strategies to limit the use of low value, medically unnecessary services with the goal of cost-avoiding \$5M in State Fiscal Year 2023, by Sept. 1, 2022.

¹Some growth in Medicaid funding is not easily controlled without changing state or federal law. Medicaid is an entitlement program that guarantees benefits to qualifying individuals. When more or fewer individuals qualify due to changes in income, disability status, or other factors outside of the control of the program, Medicaid expenses will increase or decrease accordingly. For this reason, Medicaid expenses are best considered on a per member basis to account for changes in the number who qualify for the program over time.



GOAL

2

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

The department is committed to serving Idahoans by ensuring that:

- all children who have experienced abuse or neglect have safe and permanent homes, as quickly as possible.
- adults with serious mental illness and addiction receive services within a comprehensive behavioral healthcare system.
- we improve the treatment and support provided to children and youth with serious emotional disturbances, and to their families.
- adults with developmental disabilities who exhibit severe behaviors receive services that are person centered, trauma informed, and delivered in the least restrictive environment possible.

Performance Measures

The department reports on a selection of the measures from the Strategic Plan in the annual DHW Performance Report. We will know we have succeeded when we:

- improve time to permanency for children in foster care by 10 percent by July 1, 2025.
- transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing six of the nine prioritized recommendations to improve the Idaho behavioral healthcare system as approved in the Idaho Behavioral Health Council strategic action plan, by July 1, 2024.
- improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30 percent to 50 percent, by June 30, 2024.

- implement three new crisis system components for adults with developmental disabilities so they can access a full continuum of crisis care that supports them in remaining in their communities whenever possible by July 1, 2026.

Key external factors – the success of this goal depends upon:

- the availability of behavioral health professionals in rural and urban settings.
- behavioral health provider priorities and practice patterns.
- resources available in local communities to support individuals with chronic mental illness or substance use disorders.
- economic and social factors contributing to family crises, which can result in abuse and neglect of children and vulnerable adults.
- our continued partnerships with federal agencies.
- changes in federal requirements or federal funding.

Objective 2.1: Ensure children who have experienced abuse or neglect, who can be served safely in their homes, receive in-home preventative services by July 1, 2025.

Lead: Cameron Gilliland

Problem Statement: Idaho lacks a comprehensive statewide evidenced based service continuum for children and families for children who experience abuse or neglect.

Objective Summary: This Strategic Objective is to ensure children and their families have access to services that meet their needs. Expanding both the quality and quantity of services will enable more children to remain safely in their own homes.

For children entering foster care, increased quality and quantity of services that heal trauma can either expedite a return home or help create stability in a permanent placement. Movement to permanency is important particularly for very young children given their developmental needs, and for youth in congregate care, as youth thrive best within family settings.

This objective is focused on strengthening processes to serve children who have experienced abuse or neglect to ensure:

- Children are only removed from their homes when the safety issues cannot be effectively managed with an in-home safety plan.
- Children who have been removed from their homes for their safety are returned to their families as soon as safety concerns have been addressed in the home.
- When it is not possible to safely return children to their families, children are placed in a timely manner with a family who can meet their lifelong needs through adoption or guardianship.
- Children ages 0-3 are prioritized for expedited permanency.
- Children are only placed in residential treatment settings when these settings are necessary to meet their specific treatment needs.
- Children who have been placed in residential treatment settings are able to return to their families as soon as their treatment needs are met.
- The program achieves a 10 percent increase of in-home safety cases by July 1, 2023.
- The program achieves a 10 percent decrease in the number children coming into care following an in-home safety case by July 1, 2024.

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Objective 2.1 continued:**TASKS:****2.1.1**

Implement an intensive standardized in-home case management structure in each region by Jan. 3, 2024.

2.1.2

Provide or contract with at least three well-supported evidence-based services, for in-home and foster care cases, in the North, West, and East Hubs by July 1, 2024.

2.1.3

Implement a family risk assessment tool that identifies needed planning and/or service provisions to be delivered through in-home prevention case management, by March 31, 2023.

2.1.4

Implement in-home and evidenced-based interventions to improve time to permanency for children in foster care by 10 percent by July 1, 2025.

2.1.5

Implement initiatives to improve staff retention in key work areas including safety assessment, case management, licensing, and permanency services to above 80 percent by June 30, 2023, and above 85 percent by June 30, 2024.

Objective 2.2: Develop and implement a behavioral healthcare system in Idaho that provides the services that people need, when they need them through implementation of the Youth Empowerment Services implementation plan and the Idaho Behavioral Health Council strategic action plan by July 1, 2024.

Lead: Ross Edmunds

Problem Statement: Idaho's current behavioral healthcare services are not structured in a system that maximizes the potential effectiveness of the services to meet the diverse needs of Idahoans with behavioral health conditions.

Objective Summary: The Division of Behavioral Health is working with partners to develop a comprehensive behavioral healthcare system in Idaho. This transformation has been progressing for years. Now, the department is working with a broad stakeholder team (the Idaho Behavioral Health Council). Additionally, the Youth Empowerment Services (YES) team is developing an updated implementation plan in response to the Jeff D. lawsuit.

Together, these efforts will result in a statewide, comprehensive strategic plan for Idaho's behavioral health system. The plan advances the work Idaho has been doing to improve the behavioral healthcare system, through initiatives such as developing crisis centers, implementing new housing models, and securing better funding to serve corrections populations.

Many of the necessary pieces of a strong system are already in place. However, the development and implementation of this plan will organize those components into a structured, systematic

approach to behavioral healthcare delivery in Idaho. The system will improve service effectiveness for children, youth, and adults with serious emotional disturbance, serious mental illness, and substance use disorders.

TASKS:

2.2.1

The department will lead the implementation of six of the nine prioritized recommendations to improve the Idaho behavioral healthcare system as approved in the Idaho Behavioral Health Council strategic action plan, by July 1, 2024.

2.2.2

The department will complete implementation of the YES implementation assurance plan to improve the children's mental health system of care as measured by an improvement of the Child and Adolescent Needs and Strengths assessment (CANS) score from 30 percent to 50 percent, by July 1, 2024.

2.2.3

The department will work with stakeholders to implement 988 and the Idaho behavioral health crisis system to provide access to emergency behavioral healthcare services to Idahoans experiencing a behavioral health crisis, by Dec. 31, 2023.

2.2.4

The department will develop and implement a better service coordination system for Idahoans with developmental disabilities and mental illness to improve customer experience as measured by the establishment of a Customer Effort Score (CES), by Dec. 1, 2022, and improvement of the Customer Effort Score by 10 percent by July 1, 2024.

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.3: Implement three new crisis system components for adults with development disabilities so they can access a full continuum of crisis care that supports them to remain in communities whenever possible, by July 1, 2026.

Lead: Cameron Gilliland

Problem Statement: The developmental disability system in Idaho lacks a full continuum of care, with gaps in acute and subacute care. Most individuals with developmental disabilities are successfully supported in the community. However, current community provider capacity does not allow for effective treatment of individuals with complex needs that result in unsafe behaviors.

Objective Summary: Some individuals who have a Developmental Disability (DD) have complex behavioral, mental health, or medical needs that result in unsafe behaviors and prevent them from receiving care in the community. For these individuals, it is essential that they receive services that are person-centered, trauma-informed, and delivered in the least restrictive environment possible. In addition, safety for clients and the community must be maintained.

This Strategic Objective will implement new crisis system components to create a more robust continuum of care for individuals with the most complex needs in the state. The new components will be part of a treatment model that will ensure that individuals with DD receive appropriate treatment, whether they are living on a state-owned campus, in the community, or are transitioning from a campus setting back to the community.

Upon the recommendation of the Southwest Idaho Treatment Center Advisory Board, Idaho's system of services for adults with DD and complex needs is transitioning from a long-established Intermediate Care Facility to a treatment model that covers crisis, stabilization, and transition services. The new model will enable people to continue living in the community when they can be served there safely and when treatment must occur outside of the community. The department will serve individuals in two new care settings.

A cross-divisional department project team has been established to develop the new treatment model for individuals with DD and complex needs. Sponsorship of the project comes from the Divisions of Family and Community Services, Medicaid, Licensing and Certification, and Behavioral Health.

Under the cross-divisional project team's direction, three new crisis system components will be added to the existing continuum of care, including:

1. **Residential:** The department will create a new service that will support individuals living in newly constructed campus-based settings (The Assessment, Observation and Stabilization Unit and Step-Down Housing) and will seek federal funding authority from the Centers of Medicare and Medicaid Services. The department will monitor progress on the construction of these settings through the Facilities Physical Plant tracking updates. In addition to new campus settings, the department will make enhancements to current regional community crisis beds to better support individuals in the community.

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STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.3 continued:

2. **Teaming:** The department will create new Specialized Clinical Teams to support individuals whose needs cannot be met using traditional community or crisis services. These Specialized Clinical Teams will be nationally certified in best practices and will provide expert services to individuals in all types of care settings. The department will create a new service that will be offered by the specialized teams and will seek federal funding authority from the Centers of Medicare and Medicaid Services.
3. **Capacity Building:** The department will build the capacity of traditional Home and Community Based Service providers so that they can better meet the needs of individuals with complex behavioral needs. Through creating support levels for individuals with exceptional needs, improving access to existing Home and Community Based Services, requiring increased qualifications and/or training for providers serving individuals with exceptional needs, and improving our transition processes, the department believes more individuals will be able to remain in the community. This will reduce the number of people needing to utilize campus-based services.

In addition to this Strategic Objective work, the department is undertaking an effort to work with stakeholders to identify and support strategies to retain and recruit within the direct care workforce. This related work is captured as part of the Strategic Plan Objective 1.1.

TASKS:**2.3.1**

Collaborate with the Centers for Medicare and Medicaid Services (CMS) on a Medicaid reimbursement strategy for campus residential services and specialized teams through Nov. 30, 2022.

2.3.2

Submit Medicaid policy products to CMS for formal review and approval by Dec. 31, 2022.

2.3.3

Prepare for a national START Program Certification¹ for specialized teams by implementing a contract with the Center for START Services at the University of New Hampshire Institute by June 30, 2023.

2.3.4

Complete an evaluation and report on the implementation of pilot design elements to determine their inclusion in the new model by June 30, 2023.

2.3.5

Complete design and construction documents for the new Facilities Physical Plant projects by Nov. 30, 2023, and begin construction by March 31, 2024.

¹The START (Systemic, Therapeutic, Assessment, Resources, Treatment) model was implemented in 1988 by Dr. Joan B. Beasley and her team to provide community-based crisis intervention for individuals with Intellectual or Developmental Disabilities and mental health needs. The model is evidence-informed and utilizes a national database.



GOAL

3

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

The department is committed to serving Idahoans by ensuring that:

- the suicide rate in Idaho is reduced.
- Idahoans become as healthy and self-sufficient as possible as a result of community-driven, place-based health initiatives, including work to assist households that are ALICE (Asset Limited Income Constrained Employed).
- there is a measurable reduction in abuse, neglect, and other damaging adverse childhood experiences in Idaho families.
- the department is able to recruit and retain employees to provide uninterrupted service delivery to customers.

Performance Measures

We will know we have succeeded when we:

- reduce Idaho's suicide rate from 23.8 to fewer than 19.0 per 100,000 by June 30, 2025.
- dispelling the myths about the reasons people die by suicide.
- the willingness of healthcare providers to become certified to treat addiction.
- the availability of illicit opioids in the state, such as heroin and fentanyl.
- the impact of COVID-19 on the physical and mental health of Idahoans, on the accessibility of community and mental health support, and on the economic viability of community programs.
- economic and social stress that impacts families and increases risk for adverse childhood experiences.

Key external factors – the success of this goal depends upon:

- the amount of financial resources appropriated to deliver services.
- our continued partnerships with federal agencies.
- changes in federal requirements.
- forming new partnerships with Idaho funders.

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.1: Reduce Idaho's suicide rate from 23.8 to fewer than 19.0 per 100,000 by June 30, 2025.

Lead: Elke Shaw-Tulloch

Problem Statement:

As the seventh leading cause of death, suicide is a critical public health issue in Idaho. It brings tragic loss to individuals and entire communities each year. In 2020, Idaho's suicide rate ranked fifth highest in the United States and was 1.6 times the national average.

Objective Summary:

While the reasons for suicide are complex and highly individual, suicide is preventable. Every Idahoan has a role in preventing deaths by suicide. A 20 percent reduction in the rate is aspirational, yet possible through comprehensive, evidence-based public health efforts.

Suicide is rarely caused by any single factor. The Center for Disease Control and Prevention's "Vital Statistics Rapid Release" report (Nov. 2021)¹ explains that the national trend in suicide rate from 1999-2018 has had an upward trend. The report states that "Suicide is a complex, multifaceted public health issue with societal, environmental, interpersonal, biological, and psychological components."

The department, in collaboration with the Idaho Suicide Prevention Action Collective (ISPAC) and the Idaho Council on Suicide Prevention (ICSP), has participated in the development of a suicide prevention strategic plan and annual action plan. This statewide collaborative effort engages multiple sectors to create a public/private collective to address suicides across the state. The goal is to reduce suicides by 20 percent by 2025. This equates to 19.0 deaths per 100,000 from the baseline in 2018.

The first area of focus is on training and education. In State Fiscal Year 2021, the department and partners trained more than 25,000 Idahoans on the identification of signs of suicide and how to refer individuals to suicide care. Following this work, the department will work with partners to implement a Zero Suicide care model. This model is based on the realization that people experiencing suicidal thoughts and urges often fall through the cracks in a sometimes fragmented healthcare system. It is a system-wide approach to improve outcomes and close gaps through guidance, including readings, tools, and multimedia.

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¹<https://www.cdc.gov/nchs/nvss/vsrr/reports.htm> (Report No. 16, Nov. 2021)

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.1 continued:

The second area of focus is to support the Idaho Suicide Prevention Plan activities on postvention strategies, which help support communities to reduce suicide contagion.

The department's Suicide Prevention Program will, in partnership with its stakeholders, implement multi-year strategies to:

- Develop healthy and resilient individuals, families, and communities.
- Develop and implement intervention, preventive services, and postvention supports to communities across the state.
- Continue to fund youth suicide prevention.
- Continue to fund the Idaho Suicide Prevention Hotline.
- Implement health system based universal screening, intervention, and follow up for suicidal patients.
- Address gaps in data research and evaluation of suicide in Idaho.

TASKS:

3.1.1

Work toward a 3-year Zero Suicide care model initiative by supporting participating healthcare providers in implementing Zero Suicide Institute trainings and programs. Establish a minimum of four Zero-Model model pilot sites in Idaho by June 30, 2024, and work with community health partners for implementation and support.

3.1.2

Improve state, tribal, and local capacity to use data to identify and address equity and risk disparities in high suicide risk population segments by June 30, 2024.

3.1.3

Support and increase the utilization of the Idaho Crisis & Suicide Hotline and Behavioral Health Crisis Centers, as evidenced by a 50 percent increase in callers who receive support from a crisis call responder, by June 30, 2024.

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.2: Address health disparities in Idaho communities by implementing three strategies that focus on the social determinants of health (SDOH) by June 30, 2025.*Leads: Elke Shaw-Tulloch, Juliet Charron, and Shane Leach*

Problem Statement: Conditions in the places where people live, learn, work, and play (social determinants of health) contribute to preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations within Idaho communities.

Objective Summary: In the United States, more is spent on healthcare than in any other developed country, yet health outcomes in nearly every indicator rank the U.S. below those of comparable countries². Americans experience worsening trends in life expectancy, infant mortality, and chronic conditions than our peers around the world.

Having a healthy quality of life is determined more by social and environmental factors than by medical care alone. The underlying social and economic conditions in which people are born, grow, live, work, and age are called social determinants of health (SDOH). These factors include poverty, unemployment, education, housing, social support, the physical environment, and access to care.

Socially disadvantaged populations experience health disparities – preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health – due to the social determinants of health in their communities. They disproportionately experience poor health outcomes such as obesity, diabetes, heart disease, suicide, illicit drug use, youth violence, social isolation, and mental health issues.

The Centers for Disease Control (CDC) and Prevention developed the Social Vulnerability Index (SVI) to identify communities at higher risk for poor health outcomes based on selected social determinants of health. In addition to using the CDC's SVI to identify higher risk communities, the department tracks the social determinants of health measures used to calculate SVI to better understand the factors contributing to significant health challenges Idahoans face.

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²<http://www.debeaumont.org/about-us>

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.2 continued:

The ALICE report (Asset Limited Income Constrained Employed – in Idaho), led by the United Way, identifies and defines households whose income is above the federal poverty level, but is not enough to afford basic necessities. In Idaho, 28 percent of households are ALICE. Because of their income level, these households often do not qualify for state or federal benefit programs, and are left to make difficult decisions such as choosing between paying rent or paying for childcare.

In Idaho:

- 36.1 percent of children enrolled in public schools were eligible for free or reduced-price lunch¹.
- 47 percent of renters and 35 percent of homeowners, or 168,000 households, were considered cost burdened or severely cost burdened².
- 13.1 percent of Idahoans lived in poverty³.

TASKS:

3.2.1

Invest in one high-risk community each year through June 30, 2024.

3.2.2

Explore a cross-division braided funding strategy that sustains funding to support communities place-based work to address the SDOH in Idaho, by June 30, 2024.

3.2.3

Develop a strategy that supports improved data sharing between Department of Health and Welfare divisions, to support data-driven SDOH initiatives with shared, cross-divisional priorities, by June 30, 2024.

3.2.4

Deliver Child Care Services to 20 percent more ALICE Idaho workforce families by June 30, 2025.

¹Idaho State Department of Education, CNP Lunch Eligibility Reports, 2020-2021-online, accessed July 13, 2021

²US Census Bureau. American Community Survey 5-year Estimates: DP04 Selected Housing Characteristics 2016-20. The US Census Bureau defines “cost burdened” as people who pay more than 30 percent of household income on housing; and define “severely cost burdened” as people who pay more than 50 percent of household income on housing.

³U.S. Census Bureau. American Community Survey. 2015-2019 American Community Survey 5-year Estimates Subject Tables.

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.3: Prevent or reduce the impact of Adverse Childhood Experiences (ACEs) across the lifespan of Idahoans by creating a coordinated DHW program delivery framework by June 30, 2025.

Leads: Elke Shaw-Tulloch, Juliet Charron, Cameron Gilliland, Ross Edmunds, and Shane Leach

Problem Statement: Trauma experienced during childhood severely increases the likelihood of poor physical and mental health throughout life.

Objective Summary: Success in the department's mission to strengthen the health, safety, and independence of Idahoans includes not just helping when people are in need, but also helping to prevent needs when possible.

Adverse Childhood Experiences (ACEs) are serious childhood traumas that result in toxic stress that can harm a child's brain. The toxic stress may prevent a child from playing in a healthy way with other children and can result in long term health problems. According to the Centers for Disease Control and Prevention, ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. By engaging with other family-serving programs and providers to implement programs that support families and children in Idaho, we can have a long-lasting, positive impact on the health, safety, and independence of Idahoans.

ACEs include physical abuse, emotional and sexual abuse, physical and emotional neglect, family member mental illness, family member substance abuse, family member in jail, parent separation or divorce, and witness to domestic violence. Research indicates the more ACEs a child experiences, the greater their risk for negative, long-term physical or emotional outcomes.

According to data from the Idaho Children's Trust Fund, 23.4 percent of children in Idaho have experienced two or more ACEs. This is higher than the national average of 21.7 percent. Additional data indicates 50.9 percent of Idaho children have experienced one ACE compared to 46.3 percent nationally.

In State Fiscal Year 2021, the department worked with the Idaho Children's Trust Fund (ICTF) to develop trauma-informed, human-centered ACEs screening guidelines for physicians. Six focus groups were conducted to understand perceived barriers to physicians conducting ACEs screening and learn how the ACEs screening process could be administered in a way that makes patients feel safe and supported. ICTF staff created a parent advisory committee to help guide the project and started working with St. Luke's Health System to create provider training addressing solutions to perceived barriers.

In State Fiscal Year 2023, the department will continue work with ICTF to create a network of ACEs-informed and trained health professionals to implement the new guidelines for ACEs screening in their practices. The pilot will focus on a cohort of providers in the Treasure Valley and expand to other regions in future years.

In State Fiscal Year 2022, the department convened a cross-division team to focus on learning more about the ACEs-related data that currently exists or is missing across department programs. This team has begun to form a better understanding of how these data should be shared to inform program work. The tasks to be completed in the coming year are the next steps to these initial conversations, and will move the department toward the goal of addressing ACEs at all intersections of a person's life we touch.

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STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.3 continued:

TASKS:

3.3.1

Create and share a central repository for cross-divisional and collaborative efforts with both internal and external partners, by June 30, 2024.

3.3.2

Develop a department-wide staff training program that focuses on social-emotional learning to build awareness and understanding of how ACEs impact adult health and functioning, by June 30, 2023.

3.3.3

Identify opportunities to increase the number of trauma informed providers and increase awareness of these providers in Idaho by June 30, 2023.

3.3.4

Implement three initiatives identified by the Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Tool (SPACECAT) as opportunities for ACEs- related connections across the department, by June 30, 2025.

3.3.5

The Division of Medicaid will evaluate reimbursement for screening for Adverse Childhood Events and opportunities to incorporate screenings into the Medicaid Quality Strategy by June 30, 2024.

3.3.6

The Division of Behavioral Health will develop an ACEs continuing education training program for providers, with data and information specific to Idaho, by June 30, 2023.

STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.4: Reduce the department's employee voluntary turnover rate from 21.7 percent to 14 percent by June 30, 2026.

Lead: Monica Young

Problem Statement: Economic pressure is making it difficult to hire and retain employees, which in turn can negatively impact services to customers.

Objective Summary: One resource, above all others, enables DHW to succeed in its mission to provide services and help Idahoans live their best lives: our staff. Unfortunately, like many other employers, the department has seen an increased voluntary turnover rate, partly due to the changing economic landscape across the country. Now, DHW is taking a more proactive approach to attract and keep the best staff possible, by improving pay and providing more professional development opportunities.

More than 3,000 employees have chosen to work at DHW, and staff are proud to support the mission to help Idahoans improve their lives. Staff are drawn to the ability to work in the desirable towns and cities found throughout Idaho's majestic landscape, and many employees now work from home full-time. Staff also enjoy an excellent benefits package.

Now, the department is looking into what more can be done to recruit, retain, and develop staff. DHW will work to ensure that compensation is more competitive. The department will also develop a better understanding about what makes current DHW staff want to stay. And finally, the department understands that professional development is important to DHW staff, so it will work to provide opportunities to enhance the knowledge and skills for current and future leaders.

The current voluntary turnover rate during State Fiscal Year 2021 was 21.7 percent. The department will work to reduce this rate over the next four years, with a goal of achieving and maintaining a voluntary turnover rate of 14 percent by June 30, 2026.

TASKS:

3.4.1

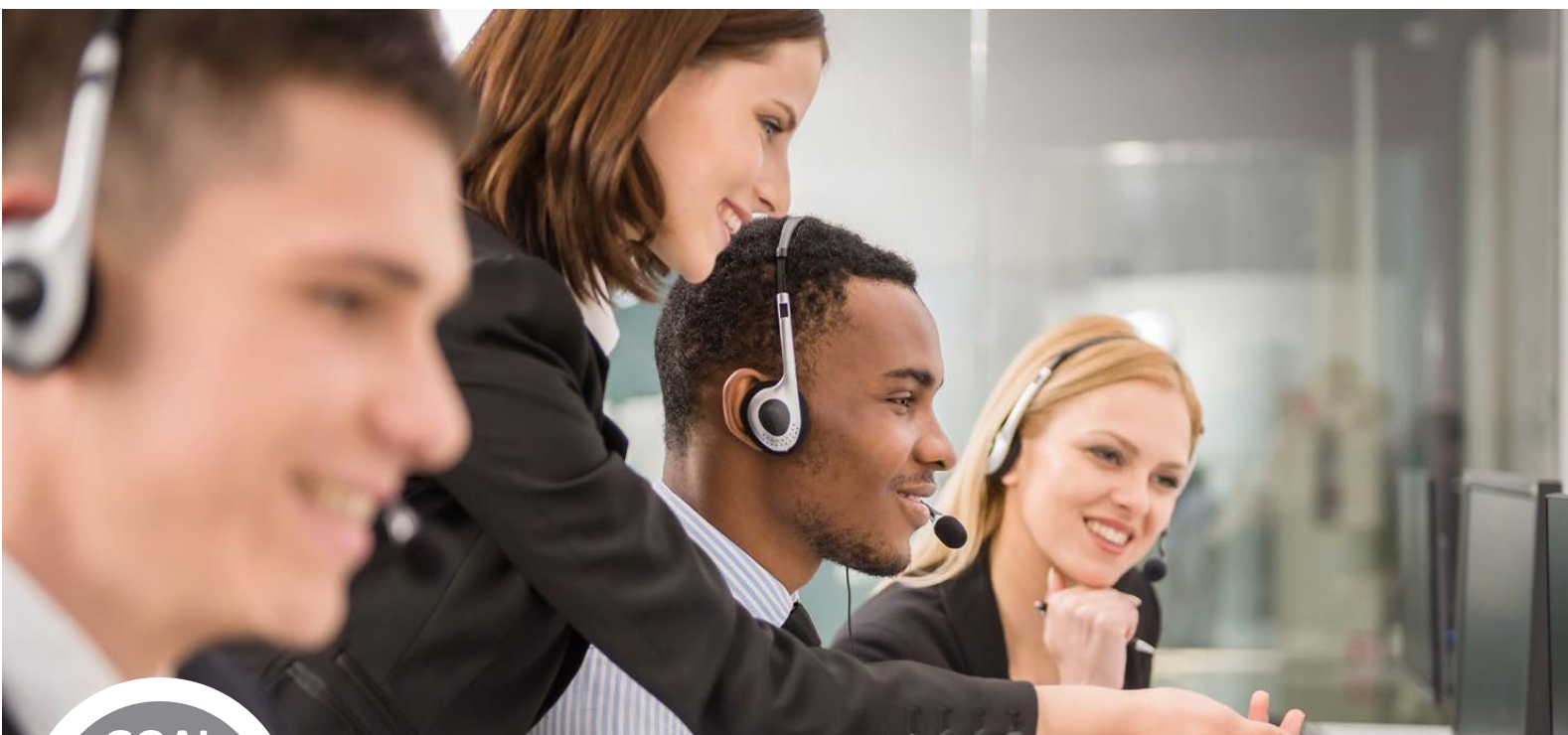
Develop and implement a stay interview program to assess employee job satisfaction and why employees are "staying" with DHW, by Jan. 1, 2023.

3.4.2

Implement a leadership development program to enhance the knowledge and skills of DHW's current and future leaders, by July 1, 2023.

3.4.3

Conduct a compensation study within each division at least every other fiscal year, beginning July 1, 2022.



GOAL

4

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

The department is committed to serving Idahoans by ensuring that we:

- reduce the regulatory burden on the public imposed by our administrative rules.
- proactively communicate with the public about how our work improves the lives of Idahoans in need.
- manage our money, people, physical space, and technology resources to best serve the people of Idaho.
- enhance public health and safety by improving the effectiveness and visibility of regulatory activities.

Performance Measures

We will know we have succeeded when we:

- improve the Customer Effort Score baseline metric by 10 percent for the customer experience project, by July 1, 2024.

Key external factors – the success of this goal depends upon:

- legislative buy-in and funding for new ways of approaching the services the department provides.
- access to external innovations that can be leveraged.
- the public perception of regulation in Idaho.
- overcoming the current shortage of healthcare workers.

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.1: Prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden by collaborating with the public to review and simplify 100 percent of the department's administrative rule chapters between April 1, 2021 and Dec. 31, 2025.

Lead: Tamara Prisock

Problem Statement: Rules, regulations, and oversight activities are necessary to ensure the health and safety of Idahoans but are less effective when outdated, overly restrictive, or when oversight activities are inefficient or not completed on time.

Objective Summary: Excessive regulation at all levels of government can impose high costs on businesses and can inhibit economic growth.

In Jan. 2020, Gov. Little signed Executive Order 2020-01: Zero-Based Regulation. The intent of this executive order is to institutionalize the process Idaho underwent under the "Red Tape Reduction Act" in 2019, where agencies must justify every regulation that they want to keep in effect. The executive order also requires every rule chapter in effect to be reviewed by the agency according to a five-year schedule. This process will enable businesses and the public to engage in meaningful input on rules being reviewed.

We will measure our progress in further reducing the regulatory burden by completing the required review of 13 rule chapters in 2022. We will track the full implementation of each new requirement in the Zero-Based Regulation Order, as well as the decreases in the overall number of words in administrative rule chapters and in the number of restrictive words, such as "must," "shall," "required," "prohibited" and "may not".

TASKS:

4.1.1

Meet all established rulemaking deadlines for the 12 chapters scheduled for review and rewrite by Dec. 31, 2022.

4.1.2

Conduct at least one negotiated rulemaking session and two public hearings for each rule chapter scheduled for review and rewrite by Dec. 31, 2022.

4.1.3

For each chapter scheduled for review and rewrite in 2022, develop a redline version of the chapter that clearly communicates to legislative committees the significant changes made to the chapter, by Dec. 31, 2022.

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.2: Build the trust and confidence of the media, employees, those we serve, and other stakeholders through communication strategies that support our mission and vision, demonstrate successes, enhance engagement, and strengthen relationships. Communications strategies and customer experience improvements may be measured by Customer Effort Scores (establish baselines, make improvements, and then measure again.)

Lead: Niki Forbing-Orr

Problem Statement: Idahoans would be more able to make informed decisions about their health, safety, and independence if they had improved exposure to timely, clear, consistent communications from the Department of Health and Welfare (DHW).

Objective Summary: To build affinity for DHW and to improve understanding of our work, the department's Office of Communications will develop and implement proactive communication strategies for all audiences. This includes our customers, the media, subsets of the general public, legislators, healthcare providers, DHW employees, and other partners and stakeholders.

All communications strategies are focused on narratives that demonstrate that DHW is compassionate and trustworthy. This work will highlight successes of programs and initiatives. Narratives are shared through internal channels, video, blog, social media, the department website, and the media. All communications strategies are designed to position the department as fully transparent to, and supportive of, all we serve and those to whom we are accountable.

Additionally, the Office of Communications will:

- Continue periodic communications to key stakeholders and customers.
- Engage more effectively with community organizations through a community engagement framework and strategy.
- Continue development of thought leadership strategies.
- Continue building internal culture via branded and inclusive internal communications strategies.
- Continue review and implementation of plain language into all communications materials.
- Write in plain language.

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STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.2 continued:

TASKS:

4.2.1

Help DHW employees better engage with the media, improve internal communications, and adhere to branding guidelines by providing communications training materials and a DHW Photo Library by June 1, 2023.

4.2.2

Promote transparent, cross-divisional work and support among DHW employees to staff and the public through monthly "Living Strategic Plan" communications, through June 30, 2023. This project will be a collaboration between the Office of Communications and the Division of Management Services.

4.2.3

Implement the use of plain language to improve the customer experience. Commitment to plain language will be measured by a Flesch Reading Ease Score of 60 or above and a Flesch-Kincaid Grade Level Score of 8th grade (or under). The Office of Communications will commit to meeting these goals in 75 percent of reviewed and new material between Jan. 1, 2022, and Dec. 1, 2023.

4.2.4

Collaborate with DHW staff throughout the department to develop a report on how information is shared with medical providers by Oct. 1, 2022. Implement a communications strategy to fill communication gaps within the provider community by June 1, 2023.

4.2.5

Establish a DHW News Network to provide community partners and others with news releases, a quarterly newsletter, and other communications by Oct. 1, 2022.

4.2.6

New public relations, marketing, and communications strategies and activities will be measured by the Earned Media Value (baseline to be established by Dec. 1, 2022 and will be increased by 10 percent by Dec. 1, 2024).

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.3: Mature our resource management strategies related to money, people, physical space, and technology, ensuring resources are allocated in ways that best serve the people of Idaho, by June 30, 2024.

Leads: Brad McDonald and Chuck Weber

Problem Statement: Established strategies for resource planning across divisions over multiple fiscal years do not currently support a degree of flexibility sufficient to respond to emerging economic, social, and technological changes in the “global” environment.

Objective Summary: The Department of Health and Welfare (DHW) has a long history of serving Idahoans, no matter the circumstances. This has been possible through a resource management strategy that quickly adapts to unforeseen challenges and opportunities, whether that is economic recession, population growth, or a global pandemic. Whatever the challenge, whatever the opportunity, we adapt and problem-solve to find the people, money, physical space for operations, and technology we need to serve the Idahoans who depend on us.

However, in today's environment, the old rules of resource management no longer serve us as they once did. Now, the waves of change strike larger, harder, and more frequently than in decades past. Adapting to each change as it comes sometimes requires quick realignment of resources for multiple simultaneous waves of varying sizes and sources, increasing our vulnerability and reducing opportunities for course-correction as we continue to do the best we can for Idahoans.

In this Strategic Objective, DHW plans to modernize the way we approach resource management. In the new information age, we have the benefit of broad cultural wisdom and the necessary tools to adapt to both best- and worst-case scenarios. Beginning July 1, 2020, DHW began building the foundations for a proactive forward-facing resource management strategy which is no longer based primarily on annual or bi-annual reactive strategies. Rather, this new strategy looks at least five years into the future, recognizes known and perceived risks, and assumes that adjustments to forecasts will be needed as we adapt to change yet keep steady progress toward our mission.

The overall goal of this Strategic Objective is to develop and implement a long-term, mission-focused resource management strategy that is transparent among department leaders, informed by collaboration across the department, and designed to allow for adjustments when necessary.

Once this new infrastructure is in place, in 2024, it will enable proactive, long-term strategies for:

- Procurement of goods and services
- Maintenance and upgrades for technological needs
- Acquisition, maintenance, and operation of buildings and facilities
- Resource reporting and planning (Luma)

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STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.3 continued:

TASKS:

4.3.1

Financial contingency planning, using their State Fiscal Year 2023 budget distributions, divisions will start a spending evaluation to address how they would reduce general fund spending by 5 percent in the event of a financial emergency without significantly effecting public services. These internal plans will be due to the executive leadership team by Dec. 1, 2022.

4.3.2

To ensure the best value on department purchases, the Contracts Team will implement a comprehensive, outcome-based plan to complete an annual contracts review, provide leadership with semi-annual service contract reports, and broaden training opportunities for contract managers and monitors by June 30, 2023.

4.3.3

Enhance all resources, tools, and communications distributed to and used by the organization's key stakeholders (including state agencies such as the Division of Financial Management, the Department of Administration, and the Legislative Services Office; and other stakeholders such as the Idaho Board of Health and Welfare, our division administrators, and our executive leadership team) by July 1, 2023.

4.3.4

Ensure DHW is fully ready to implement the statewide Enterprise Resource Planning (ERP) functions (i.e., Luma) when the Human Capital Management/Payroll and Financial Management/Procurement phases go live.

4.3.5

Ensure the technological environment will continue to support business continuity by developing a plan to buy and upgrade technological needs on a consistent basis as part of an operating model by June 30, 2023.

STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.4: Enhance public health and safety by improving the effectiveness and visibility of specific regulatory activities between July 1, 2021 and June 30, 2024.

Leads: Brad McDonald and Tamara Prisock

Problem Statement: Rules, regulations, and oversight activities are necessary to ensure the health and safety of Idahoans but are less effective when outdated, overly restrictive, or when oversight activities are inefficient or not completed in a timely manner.

Objective Summary: The department's regulatory activities are focused on two important outcomes:

- Being Safe: Performing regulatory activities that lead to improved health and safety.
- Feeling Safe: Making the results of regulatory activities visible to the public so that Idahoans feel safer.

A key determinant of government effectiveness is how well regulatory systems achieve their policy objectives. Equally important is how well regulators communicate the benefits to overall public health and safety that result from their work. Some of the major regulatory activities carried out by the department include criminal history background checks and inspections of licensed healthcare providers and residential care facilities. These activities help ensure that the citizens being served remain safe and receive high quality care.

Regulatory Activities

The COVID-19 pandemic interrupted the department's normal regulatory activities by limiting the department's ability to conduct on-site inspections in facilities with outbreaks of COVID. This limitation resulted in overdue inspections for skilled nursing facilities and assisted living facilities.

The department will improve safety by developing and implementing plans to complete inspections. We will measure our progress by monitoring the decrease in the number of overdue inspections.

Background Checks

Idahoans requiring fingerprint checks must visit one of the department's 10 background check locations throughout Idaho, within 21 days of initial application. The current background check system is heavily reliant on manual processing, and staffing challenges in some regions may hinder prompt completion of required criminal history background checks.

The department plans to increase Criminal History Unit (CHU) staffing at key locations around the state to maximize our availability to our customers. The department will also implement a well-established, federally endorsed background check system, which will enable improved automation of background check processes. We will measure our progress by the length of time it takes to complete criminal history background checks.

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STRATEGIC GOAL 4

Strengthen the public's trust and confidence in the Department of Health and Welfare

Objective 4.4 continued:

TASKS:

4.4.1

By June 30, 2023, complete at least 25 percent of the overdue inspections not completed during State Fiscal Year 2022 due to COVID-19 restrictions and staff shortages, in addition to the required inspections due in State Fiscal Year 2023.

4.4.2

Implement the federally endorsed Criminal History Background Check system to offer an enhanced user experience and reduce manual processing by Oct. 31, 2023.

4.4.3

Improve Criminal History Background Check average resolution time, from the date finger prints are received, from 30 days to 6 days, by June 30, 2024.

STRATEGIC OBJECTIVE 1.1

In the previous Strategic Plan (2022 – 2026), Strategic Objective 1.1 was:

Increase the number of National Health Service Corps clinic sites by 12 percent by June 30, 2023.

The work in this Strategic Objective will continue. This objective has been expanded to include cross-divisional work focused on reducing healthcare workforce shortages. The previous objective title has now been restructured as Task 1.1.2.

New titles:

Objective 1.1: Develop and implement four cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2024.

Task 1.1.2: Increase the number of National Health Service Corps clinic sites by 12 percent, from 257 clinics to 287 clinics, by Dec. 30, 2023.

STRATEGIC OBJECTIVE 4.1

The work in Strategic Objective 4.1 from the previous Strategic Plan will continue, but has been moved to Objective 4.2, Task 4.2.3 in the current plan. The Strategic Objectives in Goal 4 have been renumbered.

New title (Task 4.2.3):

Implement the use of plain language to improve the customer experience. Commitment to plain language will be measured by a Flesch Reading Ease Score of 60 or above and a Flesch-Kincaid Grade Level Score of 8th grade (or under). The Office of Communications will commit to meeting these goals in 75 percent of reviewed and new material between Jan. 1, 2022, and Dec. 1, 2023.

STRATEGIC OBJECTIVE 4.3

The work in Strategic Objective 4.3 from the previous Strategic Plan will continue. Some aspects of this work will be included in the Division of Information and Technology Strategic Plan, and will no longer be included in the department Strategic Plan. Other aspects of this task will remain in 4.3 (combined with work in the Strategic Objective previously numbered 4.5). This is now Task 4.3.5 in the current department Strategic Plan.

Previous title:

Secure, protect and optimize the use of information entrusted to us by Idahoans, by defending our network against threats for both in-office and at-home workers, ensuring compliance requirements are met, protecting confidential data while ensuring only authorized access, controlling physical access to worksites, and maintaining a 100 percent annual completion rate for security awareness training for employees.

New title (Task 4.3.3):

Ensure the technological environment will continue to support business continuity by developing a plan to buy and upgrade technological needs on a consistent basis as part of an operating model by June 30, 2023.