



STRATEGIC PLAN SFY 2024 – 2028

OUR MISSION:

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



July 1, 2023



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 1, 2023

Dear Idahoans,

At the Department of Health and Welfare, our dedicated mission is to strengthen the health, safety, and independence of the people of Idaho. We are deeply committed to prioritizing the safety and well-being of our communities and families.

The department provides critical and valued services to more than a third of all Idahoans, and we continue to strive to be a vital partner to other agencies and communities in our state, both in leadership and supportive roles.

The impact we have on those we serve is rewarding and helps make Idaho communities stronger. We work with underserved Idahoans 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. Through our work, we can have a positive and lasting effect on the lives of Idahoans.

As we take 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? To answer these questions, we are monitoring the operations and tools we use to ensure that our services are the best they can be. This year that means we are adopting resources and tools to help us better use technology for more effective and efficient processes. We always work with dedication so that our essential services are not disrupted.

Our agency's 2024-2028 Strategic Plan outlines our path as we collaborate with healthcare providers and partners to address state and community issues. It also serves as our roadmap 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 vital work to be done. We introduce each objective by directly identifying the problems we are trying to solve. Our proposed solutions pave the way for a brighter future for those we serve.

While this message provides an overview, I encourage you to read the complete 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: Establish the Department of Health and Welfare as an employer of choice for current and future employees.**
 - o A talented, engaged, and skilled workforce is at the heart of our work in serving Idahoans, so the department seeks to promote a highly engaged workforce that feels supported and accomplished by the work they do. Engaged employees are enthusiastic and dedicated to the Department of Health and Welfare (DHW) and its mission. The department will enhance the work experience for staff, boost employee retention rates, and recruit new staff to increase accessibility and deliver uninterrupted services to Idahoans.
- **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. And we are incorporating information backed by data to ensure success in these measures.
- **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. To address these goals, we are prioritizing a data-driven response. And, we are striving to improve the work environment for our staff, so we can continue to deliver uninterrupted services to Idahoans.
- **Goal 4: Strengthen trust and confidence in the Department of Health and Welfare**
 - 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 we will ensure that Idahoans are safe, and that they feel safe, by improving the efficiency of our regulatory activities. And we will maximize use of the modern tools available to us to assure a strategic approach.

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: Establish the Department of Health and Welfare as an employer of choice for current and future employees

Performance measure:

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

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 measure:

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

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

Performance measure:

- Improve the Customer Effort Score baseline metric by 10 percent for the customer experience project, by July 1, 2025.

GOAL 1

STRATEGIC GOAL 1

Establish the Department of Health and Welfare as an employer of choice for current and future employees

Strategic Objectives

1.1

Use engagement surveys and employee feedback to improve the employee experience by June 30, 2025.

1.2

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

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 preventative in-home services by July 1, 2026.

2.2

Implement the Youth Empowerment Services Implementation plan and the Idaho Behavioral Health Council strategic action plan to improve the behavioral healthcare system in Idaho so that children, youth and their families and adults get the services they need, when they need them by July 1, 2024.

2.3

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

2.4

Engage in collaborative activities for seniors that support access to services and improve their well-being by Dec. 31, 2024.

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 at least 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 Department of Health and Welfare program delivery framework by June 30, 2025.

3.4

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

3.5

Evaluate opportunities to limit Medicaid spending growth through legislatively proposed and approved cost-containment strategies by July 1, 2025.

GOAL
4

STRATEGIC GOAL 4

Strengthen trust and confidence in the Department of Health and Welfare

Strategic Objectives

4.1

Enhance public health and safety by improving the effectiveness and visibility of regulatory activities, reducing regulatory burden, and improving stakeholder engagement in these processes between April 1, 2021, and June 30, 2027.

4.2

Strengthen the trust and confidence of those we serve, the media, employees, legislators, and other stakeholders through communication and customer experience strategies that support our mission and vision by June 30, 2027.

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.



STRATEGIC GOAL 1

Establish the Department of Health and Welfare as an employer of choice for current and future employees

Establish the Department of Health and Welfare as an employer of choice for current and future employees

The department is committed to serving Idahoans by ensuring that:

- our workforce feels supported and valued
- engagement surveys are effectively utilized to promote staff engagement
- staff are involved in decisions affecting staff work experience
- priorities in department leadership align with engaging staff in their work
- leadership development programming is available to staff

Performance Measure

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

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

- the ability to implement a comparable employee engagement survey in subsequent years.
- the ability to identify division-specific information from surveys to address the unique needs of division employees and cultures.
- industry/market demand and economic challenges.



STRATEGIC GOAL 1

Establish the Department of Health and Welfare as an employer of choice for current and future employees

Objective 1.1: Use engagement surveys and employee feedback to improve the employee experience by Dec. 31, 2025.

Leads: Jessica Garrison, Laura Stute, Staci Phelan, Monica Young

Problem Statement: Only 39 percent of respondents to the 2022 Employee Engagement Survey believe that positive change will happen as a result of their survey feedback.

Objective Summary: Engaged employees are more invested in the success of the Department of Health and Welfare’s (DHW) mission and work better as a team to deliver services to Idahoans. Employers who focus on improving employee engagement achieve more positive outcomes.

The department has been participating in employee engagement surveys since 2013. Participation in these surveys throughout the years has ranged from 77 percent to as high as 83 percent of employees, which represents a large majority of our staff. These surveys have provided insightful employee perspective and actionable data that DHW can use to help ensure leadership is responsive to factors that impact employee engagement.

To facilitate positive change, department leadership will involve staff in efforts to improve the work environment.

TASKS:

1.1.1

Establish an Employee Engagement Advisory Council of department staff to collaborate with department leadership on the action plan and provide recommendations to improve employee engagement by June 30, 2024.

1.1.2

Increase the overall employee engagement score from 68 percent to 71 percent by Dec. 31, 2025, by implementing the action plan based on the 2022 employee engagement survey, recommendations of the Employee Engagement Advisory Council, and other activities to be determined.

1.1.3

Coordinate with the Employee Engagement Advisory Council and agency leadership to develop and launch communications informing DHW employees of interventions to improve employee engagement through Dec. 31, 2025.



STRATEGIC GOAL 1

Establish the Department of Health and Welfare as an employer of choice for current and future employees

Objective 1.2: Reduce the department’s employee voluntary turnover rate from 21.7 percent to 14 percent by June 30, 2026.

Lead: Jessica Garrison

Problem Statement: Industry and economic pressures are creating employment challenges making it difficult to hire and retain employees, which in turn can negatively impact services to customers.

Objective Summary: One resource above all others—our staff—enables the Department of Health and Welfare (DHW) to succeed in its mission to provide services and help Idahoans live their best lives. More than 3,000 employees choose to work at DHW. Employees enjoy the ability to work in desirable towns and cities found throughout Idaho’s majestic landscape, and many appreciate the flexibility of telecommuting offered by the Department. Employees also value the State’s robust benefit package.

Unfortunately, like many other employers, the department has seen an increased voluntary turnover rate, partly due to the changing economic landscape across the country. While pay remains a focus, DHW is taking a more proactive approach to attract and retain skilled and talented employees by listening to their feedback, providing more professional development opportunities, and providing key metrics to leadership to develop a better understanding of what influences DHW employees stay or make the choice to leave.

TASKS:

1.2.1

Review and update DHW’s exit interview program for use in the development and implementation of a stay interview program by Jan. 1, 2024.

1.2.2

Reengineer ‘Managing Your Workforce’ and ‘Supervisor Workshops’ to enhance the knowledge and skills of DHW’s current and future leaders while partnering with the IDHR Training team to begin implementing a leadership development program by July 1, 2024.

1.2.3

Design an HR dashboard to provide leadership with key HR metrics that can be utilized to create action plans focused on areas to improve the overall workplace for current and future employees by Jan. 1, 2025.



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 Department of Health and Welfare 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.

GOAL 2

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.1: Ensure children who have experienced abuse or neglect, who can be served safely in their homes, receive preventative in-home services by July 1, 2026.

Lead: Cameron Gilliland

Problem Statement: Idaho lacks a comprehensive 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, 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.
- The program achieves an increase of in-home prevention cases.
- The program achieves a decrease in the number of children coming into care following an in-home prevention case.

TASKS:

2.1.1

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

2.1.2

Provide or contract with at least 3 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 interventions to improve time to permanency for children in foster care by 10 percent by July 1, 2025.

2.1.4

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

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.2: Implement the Youth Empowerment Services Implementation plan and the Idaho Behavioral Health Council strategic action plan to improve the behavioral healthcare system in Idaho so that children, youth and their families and adults get the services they need, when they need them 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.

Access to an effective behavioral healthcare system in Idaho needs to be enhanced to meet the diverse needs of Idahoans with behavioral health conditions, including access to new types of services, implementation of standards of care, and development of methods for monitoring the impact of behavioral healthcare.

Objective Summary: The department is working with partners and stakeholders to enhance the behavioral healthcare system in Idaho.

The department is working with the Idaho Behavioral Health Council (IBHC) and the council's committees to address priorities such as implementation of Certified Community Behavioral Health Clinics (CCBHCs), development of in-state Psychiatric Residential Treatment Facilities (PRTFs), Early Engagement of individuals involved in the justice system, and plans for workforce development.

Additionally, the department has been working closely with Youth Empowerment Services (YES) partners and stakeholders to continue developing plans for improving children's mental health services in response to the [Jeff D. Lawsuit](#).

Together, these efforts have resulted in two statewide strategic plans for Idaho's behavioral health system. The plans advance the work Idaho has been doing to improve the behavioral healthcare system, through initiatives such as implementing CCBHCs, developing youth crisis centers, implementing new housing models, and securing better funding to serve corrections populations, advancing behavioral healthcare standards, and creating new methods for monitoring and improving the quality and impact of care.

Many of the necessary elements of a comprehensive system are already in place. However, the development and implementation of these two plans will establish an organized and systematic approach to continuous improvement of behavioral healthcare delivery in Idaho. The expectation of the result of the plans is a transformed behavioral healthcare system that will be able to demonstrate improved service effectiveness for children, youth and adults with serious emotional disturbance, serious mental illness, and substance use disorders.

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Objective 2.2 continued**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, and as part of the plan will implement four Certified Community Behavioral Health Clinics by Dec. 31, 2024.

2.2.2

The department will complete the implementation of the Youth Empowerment Services implementation assurance plan to improve the children's mental health system of care as measured by an increase in access to Intensive Home and Community Based Services and Intensive Care Coordination by 10 percent, and improve the Child and Adolescent assessment (CANS) score demonstrated by an overall increase in total useful strengths and a decrease in total actionable needs by July 31, 2025.

2.2.3

The department will work with stakeholders to provide access to emergency behavioral healthcare services to children and youth experiencing a behavioral healthcare crisis through implementation of seven youth crisis centers by Dec. 31, 2024.

2.2.4

The department will develop and implement a better service coordination system for Idahoans with developmental disabilities and mental illness to improve the customer experience as measured by the establishment of a Customer Effort Score (CES), by Dec. 1, 2022, and improvement of the CES by 10 percent by July 1, 2025.

2.2.5

Increase access to naloxone in a minimum of two areas identified in Idaho with high overdose rates through the implementation of naloxone leave-behind programs with first responder agencies by Dec. 31, 2024.

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

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

Leads: Cameron Gilliland, Juliet Charron, Staci Phelan

Problem Statement: The Developmental Disability system in Idaho lacks a full continuum of care, with gaps that do not allow for effective treatment of individuals with complex needs that result in unsafe behaviors.

Objective Summary: The department's goal is for people with disabilities to remain in their communities, living in the same places as people without disabilities, with opportunities to make choices about their lives. 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 for Individuals with Intellectual Disabilities (ICF/IID) 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. When treatment must occur outside of the community, the department will serve individuals in two newly constructed campus-based 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.

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Objective 2.3 continued

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 department is currently seeking federal funding authority from the Centers of Medicare and Medicaid Services (CMS) for this service. 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.
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 also create a new service that will be offered by the specialized teams. The department is currently seeking federal funding authority from CMS for this new service.

3. **Capacity Building:** The department will build the capacity community and ICF/IID providers so that they can better meet the needs of individuals with DD and complex behavioral needs. Through creating increased support levels for individuals with complex needs, improving access to existing Home and Community Based Services, requiring increased qualifications and/or training for providers serving individuals with complex 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.



STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.3 continued

TASKS:

2.3.1

Work with stakeholders to identify and implement strategies to support and rebuild provider capacity to best serve individuals with complex needs in the most appropriate setting by July 1, 2025.

2.3.2

Work with Centers of Medicare and Medicaid Services (CMS) on federal authority submissions for Medicaid federal financial participation by July 1, 2024.

2.3.3

Identify, prioritize, and implement at least one enhancement in regional crisis beds to better support individuals with complex needs in the community by Oct. 1, 2024.

2.3.4

Work towards a 4-year national certification by partnering with the Center for START Services to complete a statewide system analysis and support staff in the implementation of START tools by June 1, 2024.

2.3.5

Complete design and construction documents for the new Facilities Physical Plant projects by July 30, 2024, and complete construction by July 30, 2026.

STRATEGIC GOAL 2

Protect children, youth, and vulnerable adults

Objective 2.4: Engage in collaborative activities for seniors that support access to services and improve their well-being by Dec. 31, 2024.

Leads: Elke Shaw-Tulloch, Cameron Gilliland

Problem Statement: There is a looming crisis in senior health and well-being and the department has limited resources in place to support aging populations.

Objective Summary: Idaho's Medicare population has grown significantly over the last few years. For the first time in history, people aged 65 and over will outnumber children under age five. The aging populations are increasing in numbers with advancements in medicine, improvements in health and longevity, and declines in fertility. It is important to be aware of the diverse needs of older Idahoans. While there are improvements in health over time, Idahoans aged 65 and older are also more likely to experience multiple chronic diseases, need more advanced medical care, have fewer financial resources to cover that care, have fewer family members to offer support, and are less likely to live independently. With decreased financial resources to access care, seniors are relying more and more on family caregiving.

This initiative focuses on expanding our capacity to collaboratively support issues such as Alzheimer's Disease and Related Dementias (ADRD), medical care, housing, nutrition, physical abilities, opportunities for social participation, navigation, homelessness, and independent living for seniors. Supporting healthy aging is a cross-sectoral effort, and each sector plays a crucial role in ensuring all people have equal opportunity to maintain health as they age.

TASKS:

2.4.1

Increase the number of providers and other professionals receiving education about Alzheimer's Disease and Related Dementias, brain health and wellness, and family caregiver topics by 25 percent by Dec. 31, 2024.

2.4.2

Work with existing external efforts to do an environmental scan of the services available for Idaho's aging population and gaps in those services by June 30, 2024.

2.4.3

Increase the number of Idahoans accessing the local Fit and Fall Proof™ courses offered across the state by seven percent by Sept. 30, 2024.

2.4.4

Review available Department of Health and Welfare services that support seniors and create a resource directory and pathway to provide a timely 'no wrong door' approach to navigation by Dec. 31, 2024.



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.
- there is a measurable reduction in abuse, neglect, and other damaging adverse childhood experiences in Idaho families.
- healthcare workforce shortages are addressed so Idahoans in all areas of the state have access to needed healthcare services.
- 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

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 2025

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

- the level of financial resources appropriated to deliver services.
- our continued partnerships with federal agencies and changes in federal requirements.
- forming new partnerships with Idaho funders.
- dispelling the myths about the reasons people die by suicide.
- the willingness of healthcare providers to become certified to treat addiction and the availability of illicit opioids in the state, such as heroin and fentanyl.
- economic and social stress that impacts families and increases risk for adverse childhood experiences.
- overcoming the current shortage of healthcare workers.

GOAL 3

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 ninth leading cause of death, suicide is a critical public health issue in Idaho.

Objective Summary: Suicide brings tragic loss to individuals and entire communities each year. Suicidality, a disease of despair, is one of the three classes of behavioral-related conditions that also includes drug abuse and alcoholism. In 2021, Idaho's suicide rate ranked 12th highest in the United States and was 1.4 times the national average. 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 suicide rate from 1999-2018 has had an upward trend. The report states: "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)

Objective 3.1 continued

TASKS:

3.1.1

Work toward a three-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 pilot sites in Idaho and work with community health partners for implementation and support by June 30, 2024.

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

Improve standardization of crisis call response by increasing utilization of the Idaho Crisis and Suicide Hotline as Idaho's 988 call center to 100 percent and increasing Idaho's in-state answer rate to 90 percent or above by June 30, 2024.

3.1.4

Implement a three-phase cross-sector pilot project that convenes strategic partners to examine diseases of despair (suicidality, drug abuse, alcoholism), implement two cooperative pilot projects, and identifies quality improvement evaluation metrics that support prevention, intervention, and postvention activities by June 30, 2025.

Objective 3.2: Address health disparities in Idaho communities by implementing at least three strategies that focus on the social determinants of health (SDOH) by June 30, 2025.

Leads: Elke Shaw-Tulloch, Shane Leach

Problem Statement: Social determinants of health including employment opportunities, housing options, transportation, education level, access to medical care, healthy affordable food options, and social connectedness have a more significant impact on the health of Idahoans than their genetic make-up. Across Idaho communities, there are big and avoidable differences in a person's life expectancy, well-being, and overall cost of healthcare based on where and how they live.

Objective Summary: 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.

U.S. studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while SDOH and environmental factors affect as much as 50 percent of health outcomes. Within SDOH, socioeconomic factors such as poverty, employment, and education have the largest impact on health outcomes².

Socially disadvantaged populations experience health disparities – preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health – due to the SDOH 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. For instance, in data published in 2023 among Idaho's counties, estimates for diabetes prevalence ranged from 8 percent in Ada County and several other counties to 12 percent in Clark County, obesity prevalence ranged from 27 percent in Blaine and Valley Counties to 40 percent in Shoshone County, and life expectancy ranges from 74.8 years in Benewah County to 85.2 years in Blaine County ([County Health Rankings](#)). SDOH differences among these counties include population size, urban versus rural geography, income and education levels, and access to healthcare and mental health services.

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 SDOH categories. In addition to using the CDC's SVI to identify higher risk communities, the department tracks the SDOH measures used to calculate SVI to better understand the factors contributing to significant health challenges Idahoan's face. In 2020, Teton County was estimated to have the lowest social vulnerability in Idaho while Washington County had the highest ([CDC/ATSDR SVI](#)).

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²<https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>

Objective 3.2 continued

A critical population impacted by SDOH is ALICE (Asset Limited Income Constrained Employed). The ALICE Report – 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, 32 percent of households are ALICE. Because of their income level, these working 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. As Idaho’s cost of living rises, driven by skyrocketing growth in house prices outpacing growth in wages, more households are finding their financial stability jeopardized.

In Idaho:

- 38.98 percent of children enrolled in public schools were eligible for free or reduced price lunch³.
- 45 percent of renters and 19 percent of homeowners (including 25.9 percent of homeowners with a mortgage), or 170,189 households, were considered cost burdened or severely cost burdened⁴.
- 11.4 percent of Idahoans overall lived in poverty. The poverty rate is higher for several different populations⁵:
 - o 24.6 percent of Black and African Americans
 - o 25.8 percent of American Indian/Alaska Natives
 - o 16.6 percent of Hispanic or Latino populations and
 - o 16.2 percent of Idahoans aged 18-34 live below the poverty level.
- There is a shortage of 24,710 rental homes affordable to extremely low-income renters in Idaho⁶.

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³Idaho Department of Education, CNP Lunch Eligibility Reports, 2022-2023, accessed online April 28, 2023.

⁴US Census Bureau. American Community Survey 5-year Estimates: DP04 Selected Housing Characteristics 2017-21. 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.

⁵U.S. Census Bureau. American Community Survey. 2017-2021 American Community Survey 5-year Estimates Subject Tables.

⁶National Low Income Housing Coalition. 2023 Idaho Housing Profile. https://nlihc.org/sites/default/files/SHP_ID.pdf



STRATEGIC GOAL 3

Help Idahoans become as healthy and self-sufficient as possible

Objective 3.2 continued

TASKS

3.2.1

Analyze and prioritize the Social Determinants of Health (SDOH) conditions that are most impactful to the health of Idahoans and can be addressed by Department of Health and Welfare. Implement at least one community-level and one inter-agency statewide-prevention effort that addresses one or more priority SDOHs by June 30, 2026.

3.2.2

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.

3.2.3

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

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

Leads: Elke Shaw-Tulloch, Ross Edmunds

Problem Statement: Trauma experienced during childhood severely increases the likelihood of poor physical and mental health throughout life. There is a dose-response relationship between the number of ACEs a person has experienced and negative outcomes in adulthood. Research has shown the more ACEs a person experiences, the more likely they will be to suffer physical and mental health challenges as well as financial, education, and social challenges throughout their life⁷.

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 working to prevent needs when possible. Adverse Childhood Experiences (ACEs) are serious childhood traumas occurring between 0-17 years of age that result in harmful levels of stress that can change a child's brain development and affect how their body responds to stress. According to the Centers for Disease Control and Prevention, ACEs have been linked to risky health behaviors, chronic health conditions, low life potential such as reduced graduation rates and more missed days of work, as well as early death⁸.

By engaging with other family-serving programs and providers to implement services 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, witness to domestic violence, and witness of a parent or adult attempting to take their own life. Research indicates the more ACEs a child experiences, the greater their risk for negative, long-term physical, emotional, economic, and social outcomes as adults.

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.

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⁷<https://www.cdc.gov/violenceprevention/aces/about.html>

⁸<https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Objective 3.3 continued

Data from the Idaho Behavioral Risk Factor Surveillance System (BRFSS) collected in 2020, indicate:

- 31 percent of Idaho adults experienced three or more ACEs as a child;
- 51 percent of Idaho adults experienced one or more household challenge ACEs including divorce or parents with mental illness, heavy alcohol use, drug use, or incarceration as a child; and
- 48 percent of Idaho adults experienced one or more abuse ACEs including physical, verbal, or sexual as a child.

Data from the Idaho ACEs BRFSS dashboard⁹ also indicate in those adults experiencing three or more ACEs as a child:

- 36 percent reported ever being diagnosed with depression, compared to 10 percent of those reporting no ACEs;
- 15 percent reported 14 or more days of poor physical health in the last 30 days, compared to 9 percent of those reporting no ACEs; and
- 23 percent report not seeking medical care due to cost, compared to 6 percent of those reporting no ACEs.

There can be an inter-generational cycle to ACEs. As children grow into adulthood, if their ACEs are not addressed, they are vulnerable to repeating the patterns they learned in childhood, and ACEs will be passed down generation after generation. Research shows establishing Positive Childhood Experiences (PCEs), such as safe environments, a sense of belonging, and support for families to talk about emotions and things that are hard, can have a significant and positive impact on a child who has experienced ACEs. One study showed adults who reported high levels of PCEs as a child had 72 percent lower levels of depression or poor mental health than those who did not have PCEs¹⁰.

This year, the department has continued work with Idaho Children's Trust Fund (ICTF) to create a network of ACEs-informed and trained health professionals to implement the new ACEs screening in their practices. This work will transition to a community-based organization that will expand training to more providers in the Treasure Valley and other regions in future years. The department also focused on learning more about the ACEs-related work occurring in the agency and identifying agency data and how it might be used or combined to provide a more comprehensive view of ACEs impacting the population. These data will be used for program planning and identifying opportunities for collaboration. The data workgroup developed and published an ACEs dashboard using data from 2018-2020 publicly available here: [Behavioral Risk Factor Surveillance System \(BRFSS\)](#).

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⁹<https://www.gethealthy.dhw.idaho.gov/adverse-childhood-experiences-brfss>

¹⁰<https://www.childandadolescent.org/positive-childhood-experiences/>



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

The Division of Behavioral Health will collaborate with Echo Idaho in developing and implementing training that increases trauma awareness and produces more trauma informed practitioners by June 30, 2024.

3.3.3

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.

Objective 3.4: Develop and implement cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2024.

Leads: Laura Stute, Elke Shaw-Tulloch, Ross Edmunds, Juliet Charron

Problem Statement: Idahoans in some areas of the state may not have adequate or any access to needed healthcare services due to healthcare workforce shortages.

Objective Summary: Healthcare workforce shortages 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.

The objective includes work in the following focus areas:

- 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.
- Addressing direct care workforce retention and recruitment challenges. The Division of Medicaid is working with stakeholders to Providers across the continuum to report ongoing 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.

Objective 3.4 continued

- Collaborating to implement workforce recommendations. The Division of Behavioral Health is working with the Idaho Behavioral Health Council to realize their recommendations.
- Improving individual and community health through healthcare extenders. Care extenders, such as community health workers (CHW) and community health emergency medical services (CHEMS) play a crucial role in individual and community health. They can serve as a bridge between their community and the healthcare system through educating, connecting, and assisting vulnerable individuals, as well as strengthening communication between patients and care providers.
- Collaborating with stakeholders to promote access to the Certified Nursing Assistants (CNA) field. CNAs provide basic care and assistance with activities of daily living in skilled nursing facilities. There is a critical shortage of CNAs to provide this care, especially in rural communities. The department can work with stakeholders to develop a CNA training program that will allow for on the job training, leading to greater access for those wanting to enter the field.

TASKS:**3.4.1**

Develop and implement a nursing loan repayment program with 50 nurses awarded to help address the nursing shortages in rural communities by Dec. 31, 2024.

3.4.2

Develop strategies to retain and recruit the direct care workforce by leveraging collaborative work between the department and stakeholder groups by June 30, 2024.

3.4.3

Work with the Idaho Behavioral Health Council to implement the Council's recommendation for developing a comprehensive workforce plan by June 30, 2024.

3.4.4

Approve Nurse Aid Training and Competency Evaluation Program in five skilled nursing facilities by June 30, 2024.

3.4.5

Increase the number of healthcare extenders, such as community health workers and community health emergency medical service providers in Idaho by 5 percent by Dec. 31, 2024.

Objective 3.5: Evaluate opportunities to limit Medicaid spending growth through legislatively proposed and approved 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 evaluate cost-containment opportunities through consultant reports provided during SFY23 and work to either determine appropriate next steps to implement or work with policy makers to make decisions towards that implementation. The Division of Medicaid will also evaluate funding needs following the end of the Medicaid continuous enrollment requirements and a reduction in total caseload.

TASKS:

3.5.1

Identify data-driven regional and national benchmarks by which Medicaid can track and trend costs by May 31, 2024.

3.5.2

Evaluate short- and long-term cost-containment opportunities through consultant reports provided during SFY23 to draft a cost-containment roadmap by Dec. 31, 2023. Use the roadmap to determine feasibility to implement the cost-containment strategies by June 30, 2025 and beyond for those taking multiple years.

3.5.3

Review and revise Medicaid budget reporting educational materials for stakeholders to help ensure their understanding of how the Medicaid budget works and how cost drivers have impact within the program by Nov. 30, 2023.

3.5.4

Begin the process to create a master data management strategy, using data standards implemented across the enterprise to develop a single source of truth for improving transparency and analytics for Medicaid data by July 1, 2024.

Some 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
4

STRATEGIC GOAL 4

Strengthen trust and confidence in the Department of Health and Welfare

The department is committed to serving Idahoans by ensuring that:

- the regulatory burden on the public imposed by our administrative rules is reduced.
- we make clear to the public how our work improves the lives of Idahoans in need.
- our money, people, physical space, and technology resources are managed to best serve the people of Idaho.
- a focus on improving the effectiveness and visibility of regulatory activities will enhance public health and safety.
- we communicate the role and impact of compliance in the work of the department through stakeholder, public and staff outreach and education.

Performance Measure

The department reports on a selection of the measures from the Strategic Plan in the annual Department of Health and Welfare Performance Report. 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, 2025.

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.
- funding for the analytics platforms.
- lack of alignment with department priorities.
- complexity of background checks that can impact timeliness.
- obtaining necessary staff to develop reporting within the new Enterprise Resource Planning (ERP) system.
- the public perception of the department’s work as it relates to the political environment in the state.

Objective 4.1: Enhance public health and safety by improving the effectiveness and visibility of regulatory activities, reducing regulatory burden, and improving stakeholder engagement in these processes between April 1, 2021, and June 30, 2027.

Leads: Staci Phelan, Laura Stute

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

Objective Summary: 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 inspections of licensed healthcare providers and residential care facilities, background checks, regulation review and simplification, and compliance. 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 its ability to conduct on-site inspections in facilities with outbreaks of COVID. This limitation resulted in overdue inspections for skilled nursing 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 background checks.

The department plans to increase Background Check Unit (BCU) staffing at key locations around the state to maximize our availability to 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 background checks.

Objective 4.1 continued**Administrative Rules**

Excessive regulation at all levels of government can impose high costs on businesses and can inhibit economic growth. Starting in Jan. 2020, per Idaho Executive Order 2020-01, the Department's Administrative Rules Unit (ARU) began to collaborate with stakeholders to review and simplify the administrative rule chapters. This process was intended to enable businesses and the public to engage in meaningful input on rules being reviewed. ARU's goal was to identify and eliminate costly, ineffective, and outdated regulations. ARU will continue to collaborate with stakeholders to decrease the overall number of words (including restrictive words) until 100 percent of the department's administrative rule chapters have been reviewed.

Bureau of Compliance

A commitment to compliance is essential in creating and sustaining trust and is expected of each employee and of the department as a whole. Compliance ensures that the work we do is ethical, legal, and aligned with our values. It establishes the baseline of expectations and guides conduct.

The Bureau of Compliance aims to achieve department-wide compliance awareness and communication through forums, trainings, and surveys. In addition, we will gather data to identify department compliance strengths and weaknesses and establish benchmarks to track improvements over time.

TASKS:**4.1.1**

Complete at least 25 percent of the overdue work in skilled nursing facilities, in addition to the required re-certification surveys by June 30, 2024.

4.1.2

Leverage federal grant funding to implement a federally endorsed background check system and optimize both staff levels and operations at fingerprint locations to improve the timeliness of background checks by June 30, 2024.

4.1.3

Strengthen Department of Health and Welfare's Bureau of Compliance capacity to support regulatory compliance throughout the department via tracked reporting, awareness, and education in the department by June 30, 2025.

4.1.4

For each chapter scheduled for rewrite and any additional ad hoc rulemakings initiated by the department, conduct at least two public meetings, and develop redline versions highlighting rule changes for the legislators by Dec. 31, 2025.

Objective 4.2: Strengthen the trust and confidence of those we serve, the media, employees, legislators, and other stakeholders through communication and customer experience strategies that support our mission and vision by June 30, 2027.

Lead: Monica Young

Problem Statement: The complexities of the Department of Health and Welfare (DHW) as an organization and the work completed are barriers to timely, clear, and consistent communications to our customers.

Objective Summary: Idahoans need timely, clear, and consistent communications from DHW to make informed decisions about their own and others' health, safety, and independence. To help improve communications, the department's Office of Communications will develop and implement proactive communication and customer experience strategies for all audiences. This includes our customers, the media, the public, legislators, healthcare providers, DHW employees, and other partners and stakeholders. These communication and customer experience strategies will be implemented through collaborative efforts with leadership in the department's eight divisions.

Communications shall demonstrate that DHW is compassionate, trustworthy, transparent, and supportive. Program and initiative successes will be highlighted through internal channels, video, blog, social media, the department website, and the media.

Customer experience improvements may be measured by customer effort scores (establish baselines, make improvements, and then measure again).

Additionally, the Office of Communications will:

- Continue periodic communications to key stakeholders and customers.
- Continue development of thought leadership strategies.
- Continue building internal culture via branded and inclusive internal communications strategies.
- Expand review and implementation of plain language initiative throughout DHW.
- Write in plain language.

GOAL
4

STRATEGIC GOAL 4

Strengthen trust and confidence in the Department of Health and Welfare

Objective 4.2 continued

TASKS:

4.2.1

Expand the use of plain language throughout DHW to be audience-specific and to improve the customer experience. The Office of Communications will assist DHW divisions to determine which communications materials are appropriate for assessment. At least 50 percent of the materials issued between Jan. 1, 2024 and Dec. 31, 2024 shall have a Flesch Reading Ease Score of 60 or above and a Flesch-Kincaid Grade Level Score of 8th grade (or under). This will be a collaborative effort between the divisions preparing written communications and the Office of Communication.

4.2.2

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.

4.2.3

Respond to 80 percent of all media inquiries submitted between Jan. 1, 2024, and Dec. 31, 2024, within one day. This will be a collaborative effort between the divisions receiving inquiries and the Office of Communications and acknowledges that complex inquiries may require more time for a response.

4.2.4

Develop and implement a customer experience strategic plan that establishes service standards, solicits customer feedback, and identifies metrics to define current and target end states by July 1, 2024

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: Staci Phelan, Chuck Weber

Problem Statement: Established tools 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) in conjunction with the state is updating the resource management tools currently in use. These new tools will assist DHW in its ability to more quickly respond to changing circumstances.

In this Strategic Objective, DHW plans to continue to modernize the way it approaches resource management. Beginning July 1, 2020, DHW began building the foundation for a resource management strategy which is no longer based primarily on annual or bi-annual reactive strategies. These new strategies, once fully developed, will look at least five years into the future, recognizing known and perceived risks, and assuming that adjustments to forecasts will be needed as DHW adapts to change.

The overall goal of this Strategic Objective is to maximize the use of resources allocated to DHW to reduce costs and 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).

GOAL 4

STRATEGIC GOAL 4

Strengthen trust and confidence in the Department of Health and Welfare

TASKS:

4.3.1

Financial contingency planning, using their State Fiscal Year 2024 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 June 30, 2024.

4.3.2

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 Department of Health and Welfare Board, our Division Administrators, and our Executive Leadership Team) by July 1, 2025.

4.3.3

Ensure DHW personnel are adequately trained and supported to utilize the statewide Enterprise Resource Planning (ERP) functions (i.e., Luma) and maximize the opportunities of those functions including, reporting and data analytics through post go-live sustainment to June 30, 2024.

4.3.4

To maximize the department's use of physical space, Facilities and Business Operations (FBO) will implement a system for automated employee space usage data, create a 5-year reduction plan, and reduce the department's footprint by 25 percent by June 30, 2025.

4.3.5

Develop and implement a departmental wide data and document retention plan by June 30, 2025.

4.3.6

Develop and implement an enterprise data repository including data from at least three divisions by June 30, 2026.

Last year's tasks with an end date prior to July 1, 2023, have either been removed from the SFY 2024-2028 Strategic Plan or due dates have been extended.

GOAL REVISED:

In our SFY 2020-2024 through 2023-2027 Strategic Plans, the Goal 1 title was:

Ensure affordable, available healthcare that works

In this year's SFY 2024-2028 Strategic Plan Goal 1 has been revised, the new title is:

Establish the Department of Health and Welfare as an employer of choice for current and future employees

With this new Goal 1, we will continue working to ensure affordable, available healthcare that works but we are shifting our focus specifically to the people and employees that support those efforts. A talented, qualified, and engaged workforce is at the heart of what we do as an organization. Workforce shortages cause access issues that prevent some Idahoans from getting the healthcare services they need in a timely manner. We will begin concentrating our efforts on improving the work experience for our staff and boosting staff retention rates, so we can increase accessibility and continue to deliver uninterrupted services to Idahoans.

COMPLETED OBJECTIVES:

SP 23-27 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

Idaho Medicaid has been working towards paying for value over volume and connecting provider payments to improved health outcomes. Through the launch of the Healthy Connections Value Care program, work with hospitals and nursing facilities, as well as managed care plans, the Department has made significant progress increasing value-based payments to 41.3 percent.

REORGANIZED OBJECTIVES:

SP 23-27 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.

Leads: Staci Phelan/Laura Stute

Work related to this objective has been rolled into Objective 4.4 “Enhance public health and safety by improving the effectiveness and visibility of regulatory activities, reducing regulatory burden and improving stakeholder engagement in these processes between April 1, 2021, and June 30, 2027”.

SP 23-27 Objective 1.1 has been moved from Goal 1 to SP 24-28 Goal 3, Objective 3.4.

SP 23-27 Objective 1.3 has been moved from Goal 1 to SP 24-28 Goal 3, Objective 3.5.

SP 23-27 Objective 3.4 has been moved from Goal 3 to SP 24-28 Goal 1, Objective 1.2.

SP 23-27 Objective 4.4 is now Objective 4.1 in SP 24-28.

DISCONTINUED TASKS:

SP 23-27 Objective 3.3, Task 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.

Lead: Juliet Charron

Until additional work is done to train and educate providers, the Medicaid Division is pausing on this task.