

OUR MISSION:

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





IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Dear Idahoans,

The Department of Health and Welfare (DHW) is dedicated to strengthening the health, safety, and independence of Idahoans. It's our mission. Our goal is to help the people we serve become self-reliant by working with them to identify solutions to their problems, so they won't need to seek assistance from the state in the future.

To carry out our mission, DHW has nearly 3,000 staff and an annual budget of \$5.5 billion. With the use of these resources, I am committed to improving the health and well-being of all Idahoans, and this 2025-2028 Strategic Plan outlines our strategy.

As we advance the goals outlined in this strategic plan, we will do so with the transparency and accountability demanded of public service.

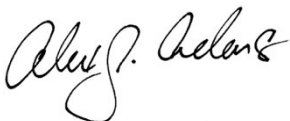
Given the size and complexity of the department, it is imperative that we stay laser-focused on our statutory mission so that we can improve the lives of Idahoans, often in their time of most need.

Given the recency of my start as director relative to the statutory submission of this plan, I have updated Goal 1 to focus on my top priority: improving child welfare outcomes. The remaining elements are carried over from last year's strategic plan and will be analyzed critically over the next year.

Our strategic goals are:

- **Goal 1: Improve child welfare outcomes**
 - Improving child welfare outcomes is the unifying goal of all DHW divisions. Our efforts under this goal will be focused on family preservation, promoting adoption opportunities, and removing barriers in support of the heroes who are willing to step up and serve as foster families. As we work to achieve this goal, the North Star guiding our actions will always be in the best interest of children.
- **Goal 2: Become an employer of choice for current and future DHW employees**
 - A talented, engaged, and skilled workforce is at the heart of the department's work in serving Idahoans. As such, the department seeks to promote a highly engaged workforce that is supported and feels accomplished by the work they do. This will be done by enhancing the work environment for staff, boosting employee retention rates, and recruiting new staff to increase accessibility and deliver uninterrupted services to Idahoans.
- **Goal 3: Protect children, youth and vulnerable adults**
 - 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 4: Help Idahoans become as healthy and self-sufficient as possible**
 - We are committed to a future that optimizes health and crisis prevention. We believe that every suicide is preventable. 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 5: Strengthen trust and confidence in DHW**
 - 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.

Sincerely,



Alex J. Adams, PharmD, MPH
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 AND PERFORMANCE MEASURES

The department reports on a selection of the measures from the strategic plan in the annual DHW Performance Report.

Strategic Goal 1: Improve child welfare outcomes

Performance measures:

- Double the rate of qualified resource families in 24 months, from 0.75 homes per child to 1.5 homes per child by July 2026.
- Improve time to permanency for children in foster care by 10% by July 1, 2025.

Strategic Goal 2: Become an employer of choice for current and future Department of Health and Welfare Employees

Performance measure:

- Reduce the department's employee voluntary turnover rate from 16.1% to 14% by June 30, 2026.

Strategic Goal 3: Protect children, youth, and vulnerable adults

Performance measure:

- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, as evidenced by an increase in the number of children/youth who access intensive home and community-based services or intensive care coordination/wraparound by June 30, 2026.

Strategic Goal 4: 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 June 30, 2025.

Strategic Goal 5: Strengthen trust and confidence in the Department of Health and Welfare

Performance measure:

- Improve the Customer Effort Score baseline metric by 10% for the customer experience project, by June 30, 2025.

GOAL
1

STRATEGIC GOAL 1

Improve child welfare outcomes

Strategic Objectives

1.1

Double the rate of qualified resource families in 24 months, from 0.75 homes per child to 1.5 homes per child by July 2026.

GOAL
2

STRATEGIC GOAL 2

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

Strategic Objectives

2.1

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

2.2

Reduce the department's employee voluntary turnover rate from 16.1% to 14% by June 30, 2026.

GOAL
3

STRATEGIC GOAL 3

Protect children, youth, and vulnerable adults

Strategic Objectives

3.1

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 June 30, 2026.

3.2

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

GOAL

4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Strategic Objectives

4.1

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

4.2

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.

4.3

Develop and implement cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2025.

GOAL

5

STRATEGIC GOAL 5

Strengthen trust and confidence in the Department of Health and Welfare

Strategic Objectives

5.1

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, 2025.

5.2

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, 2025.

5.3

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, 2026.



GOAL
1

STRATEGIC GOAL 1

Improve child welfare outcomes

The department is committed to serving Idahoans by ensuring that:

- our actions are in the best interest of children
- we safely decrease the number of children entering the foster care system
- we provide improved support for foster families
- we support family preservation
- we promote adoption opportunities

Performance Measures

We will know we have succeeded when we:

- Double the rate of qualified resource families in 24 months, from 0.75 homes per child to 1.5 homes per child by July 2026.
- Improve time to permanency for children in foster care by 10% by July 1, 2025.

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

- availability of services in the community to provide timely treatment to children, youth, and families or prevent the need for children and youth to enter foster care
- availability of providers qualified, appropriate, and willing to serve as placements for children and youth with complex needs
- caseloads being too high or staff levels being too low to allow workers to sufficiently support foster parents
- housing costs, childcare costs, and other economic drivers making it increasingly difficult for many people to add foster parenting to their lives

STRATEGIC GOAL 1

Improve child welfare outcomes

Objective 1.1: Double the rate of qualified resource families in 24 months, from 0.75 homes per child to 1.5 homes per child by July 2026.

Leads: DHW Executive Leadership Team

Problem Statement: Challenges have been identified in Idaho's child welfare system.

Objective Summary: The Office of Performance Evaluation (OPE) has identified challenges in Idaho's child welfare system and opportunities for improvement. OPE reports, and the ongoing work of the Child Protection Legislative Oversight Committee, have highlighted the need for DHW and other entities to develop and implement new strategies to help reduce the risk of adverse childhood outcomes.

To achieve this objective DHW must increase the number of qualified resource families and decrease the number of children entering the foster care system through effective prevention. In preparation for the initiatives that will be completed as part of this objective, DHW Director Alex Adams has simplified licensure for foster families by removing unnecessary restrictions, implemented a temporary rule to waive adoption fees, and implemented a Foster Parent Bill of Rights to inform foster parents about their rights while caring for children.

TASKS:

1.1.1

Work to build partnerships with non-profit providers to better serve parents and babies by June 30, 2026.

1.1.2

Identify and implement efforts to promote adoption and reduce barriers for adoption for children in the department's care by June 30, 2026.

1.1.3

Identify and implement opportunities to increase the number and types of foster families by June 30, 2026.

1.1.4

Promote early intervention programs that identify and target services to at-risk youth and families to help prevent involvement in the child welfare system by June 30, 2026.

1.1.5

Ensure a complete continuum of care for children by enhancing inter-agency coordination by June 30, 2026.

1.1.6

Embed family-centered decision-making into rules, grants, sponsorships, and other key agency decisions by June 30, 2026.

1.1.7

Implement interventions to improve time to permanency for children in foster care by 10% by June 30, 2025.



GOAL
2

STRATEGIC GOAL 2

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 used to promote staff engagement
- staff are involved in decisions affecting staff work experience
- priorities in department leadership align with engaging staff in their work

Performance Measure

We will know we have succeeded when we:

- Reduce the department's employee voluntary turnover rate from 16.1% to 14% 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
- having specific and clear enough understanding of the results of the surveys to make actionable recommendations for change

STRATEGIC GOAL 2

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

Objective 2.1: Use engagement surveys and employee feedback to improve the employee experience by June 30, 2025.

Lead: Jessica Garrison (interim), Laura Stute

Problem Statement: Many staff do not believe that positive change will happen as a result of their feedback such as employee engagement surveys.

Objective Summary: Engaged employees are more invested in the success of DHW's 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% to as high as 83% of employees, which represents a large majority of 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.

TASK:

2.1.1

Increase the overall employee engagement score from 68% to 71% 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.

GOAL 2

STRATEGIC GOAL 2

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

Objective 2.2: Reduce the department's employee voluntary turnover rate from 16.1% to 14% by June 30, 2026.

Lead: Keri Norton

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: 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 retain the best staff possible, by gathering crucial feedback directly from employees, offering more professional development opportunities, and providing key internal stakeholder data that will help focus efforts on areas of opportunity.

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. The department is looking into what more can be done to recruit, retain, and develop staff. This effort includes developing a better understanding about what makes current DHW staff want to stay and reasons for leaving. 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 2023 was 16.1%. The department will work to reduce this rate with a goal of achieving and maintaining a

voluntary turnover rate of 14% by June 30, 2026 and maintaining that rate going forward.

TASKS:

2.2.1

Provide an HR dashboard /report monthly that provides 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.

2.2.2

To enhance the knowledge and skills of DHW's current and future leaders, partner with the IDHR Training team to align 'Managing Your Workforce' to the Statewide Supervisor Orientation and create and implement Supervisor micro-learning (previously Supervisor Workshops) by June 30 2025.

2.2.3

Establish and review key recruitment metrics to develop a strategy utilizing those metrics to improve recruitment methods and processes by Jan 1, 2026.



GOAL
3

STRATEGIC GOAL 3
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

We will know we have succeeded when we:

- 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% to 50%, by June 30, 2024.

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
- our continued partnerships with state and federal agencies
- changes in federal requirements or federal funding

Objective 3.1: 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 June 30, 2026.

Lead: Ross Edmunds

Problem Statement: Idaho's current behavioral health care 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 health care.

Objective Summary: The department is working with partners and stakeholders to develop a comprehensive 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, securing better funding to serve corrections populations, advancing behavioral health care 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 expectations, as a 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.

TASKS:

3.1.1

Implement improvements to Youth Empowerment Services, the children's mental health system of care. Success will be measured by an increase in access to intensive home and community based services and intensive care coordination/wraparound by June 30, 2026.

Objective 3.2: Engage in collaborative activities for seniors that support access to services and improve their well-being by Dec. 31, 2024.

Lead: Elke Shaw-Tulloch

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 5. The aging populations are increasing in number 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 healthcare 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 to ensure all people have equal opportunity to maintain health as they age.

TASK:

3.2.1

Increase the number of providers and other professionals receiving education about ADRD, brain health and wellness, and family caregiver topics by 25% by December 31, 2024.



GOAL
4

STRATEGIC GOAL 4
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

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 June 30, 2025

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

- the level of financial resources appropriated to deliver services
- our continued partnerships with local, state, federal agencies, and policy makers 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; including new healthcare workers coming to Idaho and existing healthcare workers leaving Idaho

GOAL 4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Objective 4.1: 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% 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% by July 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.

TASK:

4.1.1

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

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

GOAL 4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Objective 4.2: 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.

Lead: Elke Shaw-Tulloch

Problem Statement: Trauma experienced during childhood severely increases the likelihood of poor physical and mental health throughout life. There is a dose-response relationship—or exposure-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 life².

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 death. By engaging with other family-serving programs and providers to implement services that support families and children in Idaho, DHW 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% of children in Idaho have experienced two or more ACEs. This is higher than the national average of 21.7%. Additional data indicates 50.9% of Idaho children have experienced one ACE compared to 46.3% nationally.

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

- 31% of Idaho adults experienced three or more ACEs as a child
- 51% 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
- 48% of Idaho adults experienced one or more abuse ACEs including physical, verbal, or sexual as a child

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²<https://www.cdc.gov/violenceprevention/aces/about.html>

GOAL 4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Objective 4.2 Continued

Data from the Idaho ACEs BRFSS dashboard³ also indicate in those adults experiencing three or more ACEs as a child:

- 36% reported being diagnosed with depression, compared to 10% of those reporting no ACEs
- 15% reported 14 or more days of poor physical health in the last 30 days, compared to 9% of those reporting no ACEs
- 23% report not seeking medical care due to cost, compared to 6% 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% lower levels of depression or poor mental health than those who did not have PCEs⁴.

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. This 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).

TASK:

4.2.1

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

⁴<https://www.childandadolescent.org/positive-childhood-experiences/>

GOAL 4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Objective 4.3: Develop and implement cross-divisional initiatives to help reduce healthcare workforce shortages by Dec. 31, 2025.

Lead: Elke Shaw-Tulloch

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% 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% 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. Providers across the continuum 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.
- Collaborating to implement workforce recommendations. The Division of Behavioral Health is working with the Idaho Behavioral Health Council to realize their recommendations.

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GOAL 4

STRATEGIC GOAL 4

Help Idahoans become as healthy and self-sufficient as possible

Objective 4.3 Continued

The objective includes work in the following focus areas:

- Improving individual and community health through health care 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 bridges between their communities 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.

TASK:

4.3.1

Increase the number of individuals completing a community health worker or community health emergency medical services training by 25% by Dec. 31, 2025.



GOAL
5

STRATEGIC GOAL 5

Strengthen trust and confidence in the Department of Health and Welfare

The department is committed to serving Idahoans by ensuring that:

- we make clear to the public how our work improves the lives of Idahoans in need
- our 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

We will know we have succeeded when we:

- Improve the Customer Effort Score baseline metric by 10% for the customer experience project, by June 30, 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
- funding for the analytics platforms
- lack of alignment with department priorities

Objective 5.1: 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.

Lead: Staci Phelan

Problem Statement: 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: 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.

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

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.

TASK:

5.1.1

Strengthen DHW'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.

STRATEGIC GOAL 5

Strengthen trust and confidence in the Department of Health and Welfare

Objective 5.2: 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 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 the department to make informed decision 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 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 nine 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 effective internal communications strategies
- Expand review and implementation of plain language initiative throughout DHW
- Write in plain language

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Objective 5.2 Continued**TASKS:****5.2.1**

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% of materials issued between Sept. 1, 2024, and Dec. 31, 2025, 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 Communications.

5.2.2

Respond to 80% of all media inquiries submitted between Sept. 1, 2024, and June 30, 2025, 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.

5.2.3

Measure customer experience improvements that have resulted from implementation of a better service coordination system for Idahoans with developmental disabilities and mental illness using the baseline Customer Effort Score (CES) established in December 2022. The goal is a 10% improvement of the CES by June 30, 2025.

Objective 5.3: Mature DHW's enterprise data and document resources for all divisions by June 30, 2026.

Leads: Chuck Weber

Problem Statement: Data and information are important for decision making, tracking progress of initiatives and for transparency. The department does not have a standardized way for cross divisional initiatives to report on trends or point in time activities. Data and document retention is defined by departments without a clear and concise retention schedule.

Objective Summary: The Department of Health and Welfare operates primarily in data/document silos without a way to share or access data/documents in a standardized manner. The goal of these initiatives is to have appropriate policies, procedures, and auditability of data/documents.

To meet this Strategic Objective, DHW will continue to modernize the way it approaches data/document management. Beginning July 1, 2023, DHW began building the foundation for a data/document strategy from an enterprise perspective. These new strategies, once fully developed, will allow for increased data sharing, appropriate retention, and retrieval of data/documents, as well as improving the department's analytic capability.

The overall goal of this objective is to maximize the use of data/document resources allocated to DHW to reduce costs and develop and implement a long-term, mission-focused data/document 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 2025, it will enable proactive, long-term strategies for:

- Secure data controls for data sharing, storage, and retrieval
- Departmental Data Governance
- Improved analytics for historical as well as predictive needs
- Curated data for use across multiple departments

TASKS:**5.3.1**

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

5.3.2

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

2024-2028 Strategic Plan Tasks that were completed or discontinued have been removed from this SFY 2025-2028 Strategic Plan.

GOALS/OBJECTIVES REORGANIZED:

SFY 2024-2028 goals continue in this SFY 2025-2028 Strategic Plan. However, DHW's new Goal 1 is:

Improve child welfare outcomes

SP 24-28 Goal 1 and related Objectives have moved to SP 25-28 Goal 2.

SP 24-28 Goal 2 and related Objectives have moved to SP 25-28 Goal 3.

SP 24-28 Goal 3 and related Objectives have moved to SP 25-28 Goal 4.

SP 24-28 Goal 4 and related Objectives have moved to SP 25-28 Goal 5.

SP 24-28 Objective 2.1 and continuing tasks have been rolled into the new Goal 1.

COMPLETED OBJECTIVES:

SP 24-28 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.

Lead: Cameron Gilliland, Juliet Charron, Staci Phelan

Most tasks related to this objective have been completed. Work will continue on outstanding tasks until all have been completed. However, ongoing tasks from this objective were not carried over to SP 25-28.

SP 24-28 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.

Lead: Elke Shaw-Tulloch, Shane Leach

Most tasks related to this objective have been completed. Work will continue on outstanding tasks until all have been completed. However, ongoing tasks from this objective were not carried over to SP 25-29.

SP 24-28 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

Tasks related to this objective have been completed. Medicaid has evaluated cost-containment opportunities through consultant reports provided during SFY23. Medicaid's efforts in this area continue as they work to determine feasibility of the strategies identified and develop additional cost containment strategies going forward.