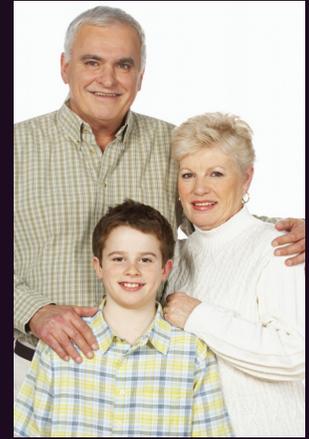


# Board of Health and Welfare 2011 Annual Report



OUR MISSION: TO PROMOTE AND PROTECT THE HEALTH AND SAFETY OF IDAHOANS



IDAHO DEPARTMENT OF  
HEALTH & WELFARE





C. L. "Butch" Otter – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

Board of Health and Welfare  
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It is time again to submit a report to the Idaho Legislature from the Idaho Board of Health and Welfare reflecting on significant developments in SFY 2011, even as we begin to address the challenges of the new fiscal year. We held four meetings in Boise during the year, and in each of these, we tried to understand the tasks of the roughly 2,800 DHW employees overseeing the \$436 million general fund budget of the Idaho Department of Health and Welfare. We heard again and again of the dedication and caring DHW's employees give to their clients and of their high performance in the face of increasing workloads.

The Food Stamp program is an example of this. The program continues to help meet the nutritional needs of record numbers of Idaho citizens in a timely and efficient manner. Qualified applicants now receive their card the same day they apply as opposed to the 21-day wait in 2007. This superior performance resulted in a \$1.2 million Federal bonus in 2011.

Successes like this in the Food Stamp program are plaudits to an agency that has experienced workforce reductions and whose employees have had no pay hikes in the past four years. Because of this, we have seen some fine workers beginning to seek employment in the private sector where a substantial increase in pay may be realized. We are concerned that this turnover will jeopardize DHW's ability to continue to meet the needs of Idaho's most vulnerable citizens.

The Board also has major concerns about the implementation of the national health care reform in 2014. When this happens, we expect more than 100,000 Idahoans to be newly eligible for Medicaid. DHW's role lies in eligibility determinations and enrollment in Medicaid. The Department of Insurance is responsible for the Health Insurance Exchange, and it remains unclear at this point whether Idaho will go forward in developing its own exchange. Regardless of what happens, the Board will be watching carefully. While this is outside the purview of the Department of Health and Welfare, the Board encourages the Legislature to perform due diligence in researching the costs and options in order to decide on a system that works best for Idaho.

The Board also will be closely watching Medicaid costs and the effects of budget-reducing measures. We know we need to find a long-term solution to the ever-increasing costs of Medicaid. An increase in the use of managed care may be a way to help quell the cost increase. The Board will continue to monitor this in 2012.

We hope this report is helpful to you as you make the decisions that will guide our great state into the future. We thank you for your support.

Richard Roberge, M.D.  
Board Chairman

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OFFICE OF THE GOVERNOR  
Tammy Perkins



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# Fiscal and Policy Issues

*“...The board shall provide an annual report to the governor and to the legislature prior to the start of each legislative session, addressing:*

- (a) The key department fiscal and policy issues;**
  - (b) The department's managerial and overall performance; and*
  - (c) The major proposed and ongoing departmental initiatives.”*
- (I.C. §56-1005, subsection 11)*

## **Economic Impacts of Unsteady Economy**

The beginning of SFY 2011 was a difficult time for the Department of Health and Welfare. In order to meet a 20% reduction in general funds for personnel and operating expenses during the economic collapse, DHW closed nine of its 29 offices and laid off more than 100 workers at the beginning of the fiscal year. Staff reductions cut across divisions and required DHW to redouble its efforts to consolidate work and operate more efficiently.

DHW employees rose to the challenge and were able to find ways to support an increasing number of Idaho families who needed help putting food on the table and staying afloat in what would be an unsteady recovery from the economic meltdown. Enhancements to the electronic benefits processing system as well as business processes allowed fewer staff to perform more work. This led to Idaho being recognized for its efficiency at the same time it experienced the highest growth rate in the nation for Food Stamps.

Impacts of the ongoing state budget shortfall also loomed for Medicaid. Payments to providers from SFY 2010 had to be delayed until the start of SFY 2011, expanding the shortfall the 2011 Legislature would have to address. DHW leadership kept the Board apprised throughout the year about what that shortfall would mean – and how it would be compounded when supplemental funding from the federal government was scheduled to end for the following fiscal year.

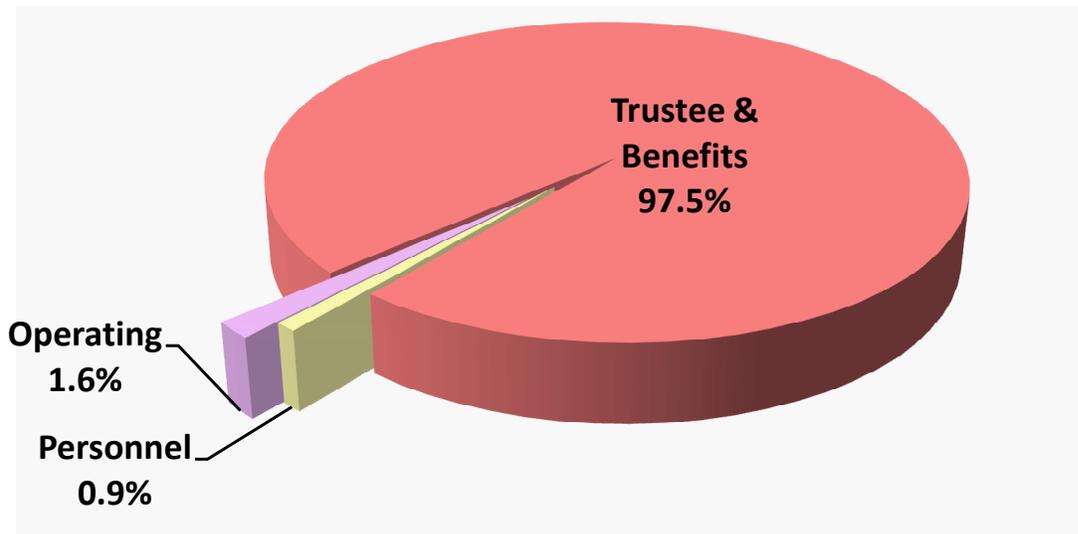
To address the substantial shortfall, the 2011 Legislature passed HB260, a series of measures targeted at reducing state spending in Medicaid by \$26.8 million in general funds and \$89.5 million in total funds. The measures range from reducing benefits such as adult dental services and chiropractic visits to exploring managed care options. The Board will continue to monitor whether these measures meet the projected savings and how the reductions impact Medicaid providers and recipients.

The following provide a three-year comparison of spending by major divisions, as well as a year-to-year employee count:

# Fiscal and Policy Issues

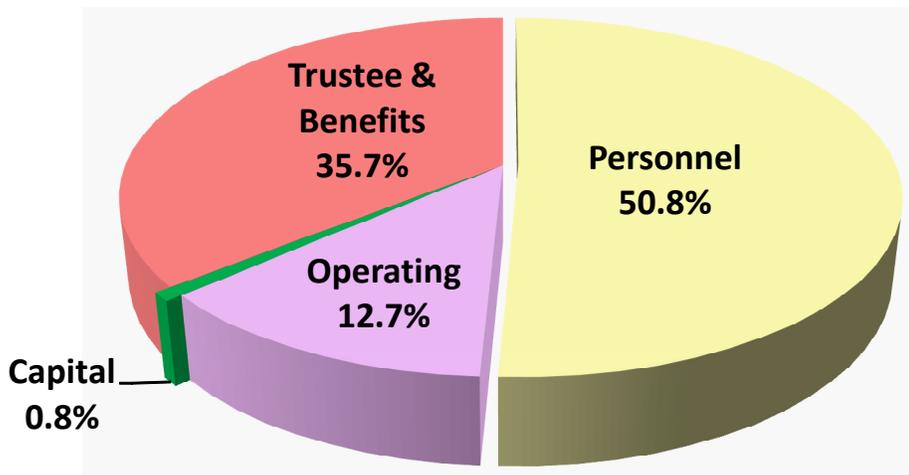
## Division of Medicaid

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$18,172,200	\$17,852,100	<b>\$16,597,200</b>
Operating Expense	42,225,800	41,836,800	<b>31,056,300</b>
Capital Outlay	85,500	2,400	<b>20,200</b>
Trustee & Benefits	1,376,484,000	1,409,568,700	<b>1,834,469,300</b>
Total	\$1,436,967,500	\$1,469,260,000	<b>\$1,882,143,000</b>
Full Time Positions (FTP)	291	283	<b>283</b>



## Division of Family and Community Services

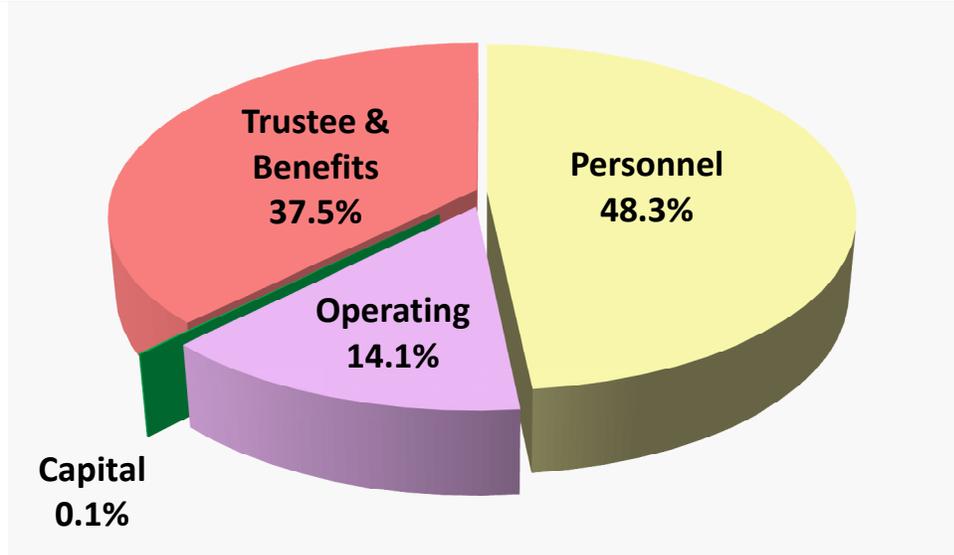
	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$52,963,300	\$48,845,800	<b>\$45,128,100</b>
Operating Expense	13,119,000	11,090,900	<b>11,279,800</b>
Capital Outlay	183,400	63,000	<b>718,500</b>
Trustee & Benefits	31,804,900	30,365,400	<b>31,755,700</b>
Total	\$98,070,600	\$90,365,100	<b>\$88,882,100</b>
Full Time Positions (FTP)	976	977	<b>968</b>



# Fiscal and Policy Issues

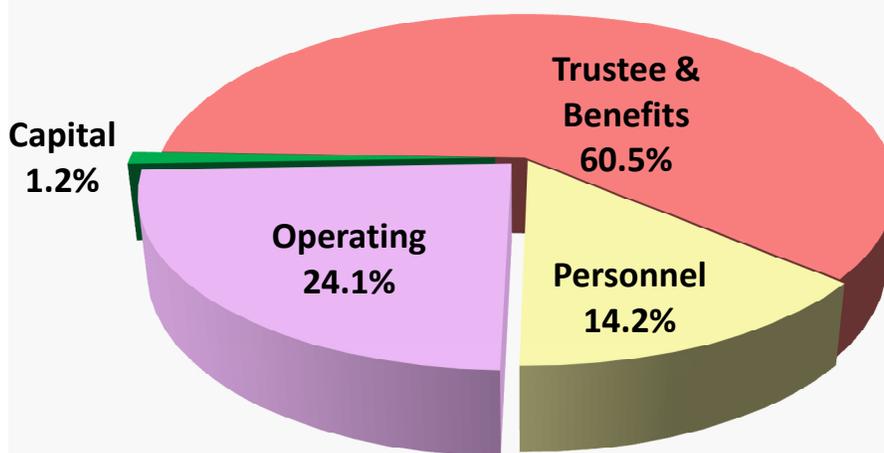
## Division of Behavioral Health

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$45,689,000	\$43,212,900	<b>\$39,422,600</b>
Operating Expense	14,891,500	11,849,900	<b>11,488,600</b>
Capital Outlay	320,200	158,300	<b>70,800</b>
Trustee & Benefits	38,457,800	33,878,800	<b>30,611,000</b>
Total	\$99,358,500	\$89,099,900	<b>\$81,593,000</b>
Full Time Positions (FTP)	726	726	<b>709</b>



## Division of Public Health

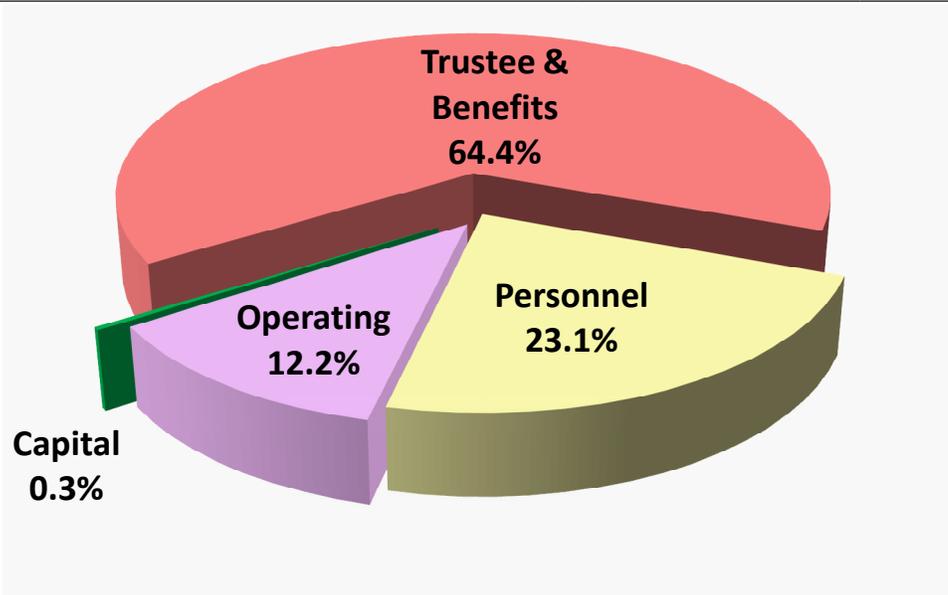
	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$12,582,000	\$12,148,900	<b>\$12,353,600</b>
Operating Expense	16,786,300	14,374,400	<b>20,983,900</b>
Capital Outlay	467,200	284,000	<b>1,086,500</b>
Trustee & Benefits	56,445,900	59,261,100	<b>52,688,100</b>
Total	\$86,281,400	\$86,068,400	<b>\$87,112,100</b>
Full Time Positions (FTP)	206	206	<b>213</b>



# Fiscal and Policy Issues

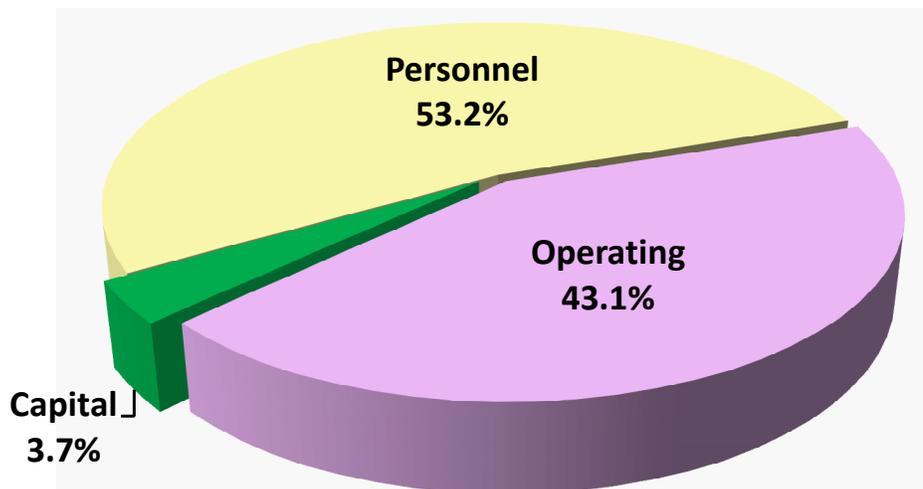
## Division of Welfare

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$33,695,000	\$32,942,200	<b>\$31,443,700</b>
Operating Expense	34,343,800	22,528,000	<b>16,688,000</b>
Capital Outlay	932,600	163,800	<b>370,000</b>
Trustee & Benefits	85,121,000	103,984,300	<b>87,822,700</b>
Total	\$154,092,400	\$159,618,300	<b>\$136,324,400</b>
Full Time Positions (FTP)	632	632	<b>622</b>



## Indirect Support Services

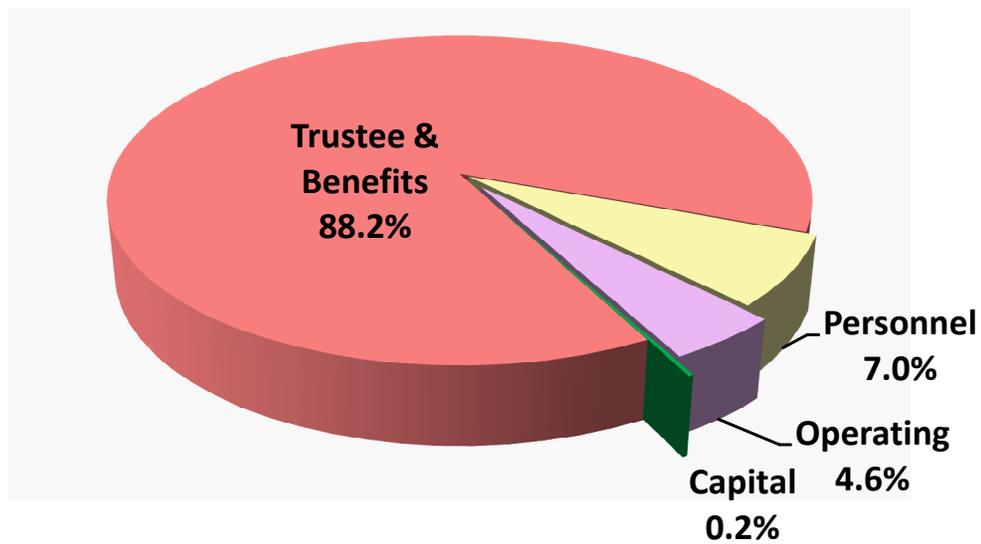
	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$19,149,700	\$18,327,700	<b>\$17,265,800</b>
Operating Expense	14,392,200	14,637,600	<b>13,968,100</b>
Capital Outlay	616,100	414,600	<b>1,212,300</b>
Trustee & Benefits	---	---	<b>---</b>
Total	\$34,158,000	\$33,379,900	<b>\$32,446,200</b>
Full Time Positions (FTP)	294	303	<b>294</b>



# Fiscal and Policy Issues

## Department of Health and Welfare

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Personnel Costs	\$182,974,900	\$174,141,700	<b>\$162,320,200</b>
Operating Expense	136,205,400	116,804,100	<b>105,471,100</b>
Capital Outlay	2,606,300	1,087,300	<b>3,478,300</b>
Trustee & Benefits	1,591,146,700	1,640,086,500	<b>2,037,346,800</b>
Total	1,912,933,300	\$1,932,119,600	<b>\$2,308,500,800</b>
Full Time Positions (FTP)	3,137	3,141	<b>3,090</b>



# Fiscal and Policy Issues

## Ongoing Fiscal Issues

The greatest concern of the Board is maintaining services, along with strong customer service by DHW staff, for Idaho residents who continue to be affected by the economic problems that struck our nation in the fall of 2008. While the growth rate in public assistance programs is slowing down, many Idaho families continue to struggle.

### Economic Impacts

Continued unemployment and rising poverty levels could impact other department programs such as child welfare, mental health services, substance use disorder services, child support, and other public assistance programs. The Board feels that DHW services will be integral to helping families and communities cope with the pressures and stress that occur during difficult economic times. By providing health and social services during this challenging period, the Board feels DHW can continue to help stabilize struggling families. Strategic intervention will not only help preserve families, but also help families become self-reliant as the economy recovers.

The Board recognizes that maintaining services to struggling Idahoans will be challenging as DHW continues to operate with reduced offices, staff and other resources. The Board's primary concern is that good public policy is maintained as much as possible. We plan to monitor the coming months to offer support and guidance when necessary.

### Medicaid and Health Care Reform

As mentioned earlier, Medicaid began SFY 2011 facing a historically severe shortfall. In addition, Medicaid will be impacted by the Patient Protection and Affordable Care Act signed into law by President Obama in 2010, the new law affects many areas of Medicaid now and in the future. By 2014, the law expands Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 133 percent of the federal poverty guidelines. In addition, DHW will need to develop an online eligibility system that will interface with either a state or federally created health insurance exchange. The Medicaid Readiness Project must be completed by January 2014 to begin enrolling people newly eligible. The Board will continue to monitor the progress and impacts of these initiatives to offer any needed guidance or support.

### Child Welfare

The Board continues to monitor the Child Welfare program and potential fiscal impacts. DHW expected to see an increase in caseload as families continuing to feel the stresses of poverty are more likely to have child protection issues. However, this has not occurred, and, in fact, caseloads have decreased somewhat as services to families in their homes increased. Protecting the health and safety of children is one of DHW's primary responsibilities. It is vital that the Child Welfare program continue to make improvements, including recruitment of qualified staff and foster parents. The Board learned in FY 2010 that Idaho ranks No. 1 among states in timeliness of adoptions and achieving permanent homes for youth in foster care for long periods of time. The Board would like to see this kind of success continue.

# Managerial and Overall Performance

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- (I.C. §56-1005, subsection 11)

## DHW Strategic Plan

**D**uring SFY 2011, the Board reviewed the Strategic Plan FY2012-2016 developed by the Department of Health and Welfare. The plan establishes major goals of the agency and sets forth performance measurements to determine progress. The three goals and related objectives are:

### **Goal #1: Improve the health status of Idahoans.**

Objective 1: Improve healthy behaviors of adults to 75.40% by 2016.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2016.

### **Goal #2: Increase the safety and self-sufficiency of individuals and families.**

Objective 1: Increase the percent of department clients living independently to 84.31% by 2016.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2016.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2016.

### **Goal #3: Enhance the delivery of health and human services.**

Objective 1: Assure that in 2016, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

Objective 2: Increase the percent of Idahoans with health care coverage to 78.67% by 2016.

Objective 3: By 2016, department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

Objective 4: The department eligibility determination accuracy rates of key identified programs will reach 84.17% by 2016.

Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication, and convenience) to 84.57% by 2016.

# Managerial and Overall Performance

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2012-2016 is found on the agency's web site at <http://healthandwelfare.idaho.gov>)

## **Confirmation of Administrative Appointments**

During SFY 2011, the Board of Health and Welfare confirmed administrative appointments recommended by DHW:

- Rob Luce, Division Administrator for Family and Community Services.

# Proposed and Ongoing Department Initiatives

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- (c) The major proposed and ongoing departmental initiatives.”**  
*(I.C. §56-1005, subsection 11)*

**D**uring SFY 2011, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare. Among the DHW initiatives monitored by the Board were the following:

## **Economic Uncertainty**

Economic conditions continued to remain uncertain in SFY 2011. Tax revenues led to a decreased appropriation for SFY 2012 by the Idaho Legislature. For the first time in its history, the Joint Finance and Appropriations Committee held two public hearings prior to setting the SFY 2012 budget. One of those hearings was devoted to discussing DHW's budget. During several hours of emotional testimony, Medicaid providers and the clients they serve spoke of the importance of Medicaid services and how it improves the lives of some of Idaho's most vulnerable citizens.

Through the process, the Legislature worked with DHW to craft a series of reductions for the SFY 2012 budget aimed at meeting budget projections while still maintaining important services. The Board is hopeful that the budget reductions put in place will reduce the need for future measures like these.

## **Medicaid Management Information System**

The Division of Medicaid faced many challenges at the beginning of SFY 2011. Payments to the majority of Medicaid providers were delayed in the final three weeks of SFY 2010 and up to six weeks for larger institutional providers such as hospitals and nursing homes, which carried over a SFY 2010 budget shortfall into the new fiscal year. In addition, problems with the implementation of the new Medicaid Management Information System at the start of the fiscal year meant additional problems with payments for some providers.

To aid providers through the transition, DHW issued interim payments totaling \$118 million and began working in earnest with Molina Medicaid Solutions, the contractor operating the complex claims processing system, to address system issues and customer service problems. Medicaid staff worked on this through much of SFY 2011, updating the Board as needed.

Efforts included working with Molina to ensure its call center was adequately staffed so that providers working to enroll in the system and submit claims had the support necessary. By

# Proposed and Ongoing Department Initiatives

the end of the fiscal year, the system, which issues payments to more than 25,000 Medicaid providers serving more than 235,000 Medicaid participants, was largely operating as planned. DHW continues to work to collect the interim payments loaned to providers, and the Board will be monitoring those efforts in SFY 2012.

## Food Stamp Issuance

Enrollment in the Food Stamp program reached an all-time high in Idaho, with about 235,000 individuals receiving help through the program by November of 2011, up from 219,000 in the year prior. In fact, Idaho's Food Stamp growth rate topped the nation between November 2009 and 2010. Idaho's growth rate dropped to 8th highest in the nation in March 2011.

Certainly, high unemployment and other economic factors led to this increase. The increase also reflects the reality that many families who might have qualified prior to the economic downturn hadn't yet sought help because they were able to scrape by. The recession hit so hard and so deep that many families were forced to turn to DHW for help.

The Division of Welfare continued to be able to meet the growing demand for Food Stamps during SFY 2011. Even if the economy strengthens in SFY 2012 and beyond, the Board will continue to monitor DHW's ability to meet the need. The Board also will monitor a proposal that first came up during the 2011 Legislature to switch from distributing benefits at the first of each month to issuing benefits over several days during the month. Some grocery stores are requesting the change because of the strain due to so many people shopping at the first of the month. DHW has indicated there are ongoing costs to this measure; it is a decision the Legislature will need to make.

## Southwest Idaho Treatment Center

Since 2009, the Southwest Idaho Treatment Center (formerly known as the Idaho State School and Hospital) has worked to transition people with developmental disabilities whom it serves into a community setting. The institution provides specialized service for this population and works to help clients develop the skills they need for independent living, including improved social skills and the ability to control their behaviors. In recognition of this role, legislation was proposed and approved in SFY 2011 to change the name of the facility. It has not operated as a school or hospital for 20 years.

There has been a slow but steady decline in the number of residents at the facility in the past several years. In SFY 2010, a total of 82 clients were served at the facility; in SFY 2011, 66 were served. The institution will continue to monitor admissions and discharges very carefully as more robust community services and supports continue to develop. Policy makers will need to make future decisions about how best to manage the land and buildings at SWITC as the scope of its role continues to decline.

# Proposed and Ongoing Department Initiatives

## **Behavioral Health Reductions**

The Division of Behavioral Health has also been impacted by the recession and several years of budget reductions. In SFY 2011, the division was allocated \$91.1 million. The budget set for SFY 2012 by the Legislature is \$76 million. This reduction has resulted in the division refocusing its efforts to serve only those who have no other benefits – such as Medicaid – available to them. Even with the transition, the division is serving more clients.

The division also continues to serve people in crisis. In SY 2008, the number of mental health holds by police that require a designated exam (which DHW provides) was 3,644. In SFY 2011, the number rose to 4,338. Much of this work has been with people who have not been served by DHW in the past and likely reflects the continued stresses on the lives of many Idahoans due to high unemployment and other economic factors.

## **Medicaid Managed Care Efforts**

The 2011 Legislature directed DHW to begin to explore utilizing managed care to reduce continually rising health care costs. The current fee-for-service health care delivery system does not include incentives to health care providers to manage costs. A managed care system incorporating tools such as capitation and selective contracting can help move toward a more accountable care system that results in improved health outcomes.

The Division of Medicaid will initiate managed care efforts in three different areas in the SFY 2012: mental health and substance use disorder services; services for people who are eligible for both federal Medicare and state Medicaid coverage; and medical services. The process will include holding community forums to gather input and creating web sites with additional information. The Board will monitor progress on these initiatives.

# Proposed and Ongoing Department Initiatives

## Approval of Rules

During SFY 2011, the Board of Health and Welfare responded to petitions and approved a number of administrative rules, many of them reflecting DHW's program initiatives. Among those decisions are:

***Approved amended rules related to childhood immunizations.*** The updated rules revise immunization requirements for children entering daycare and school in order to protect children from disease and increase the number of fully immunized Idaho children.

***Approved rules related to Developmental Disability Agencies to meet budget requirements.*** Changes to these rules include the removal of supportive counseling and collateral contact service and the clarification of the assessment requirements for receiving Developmental Disability services. The changes are associated with HB701, which outlined ways in which DHW should reduce spending.

***Approved rules changes related to daycare licensing.*** These changes provide requirements for areas related to daycare licensing including fees, criminal history checks, safety and health standards, licensure requirements, suspension, denial and revocation of licenses. A set of Board-approved rules was rejected by the House Health and Welfare Committee in the 2010 legislative session. A new set of temporary rules was approved in the summer of 2010. The rules correlate with daycare licensing legislation passed in the 2009 session. The legislation consolidates all licensing and oversight functions into one organizational unit to standardize DHW's response to complaints as well to assure consistency in the licensing process. This centralized oversight will assure better safety for young children in child care.

# The Board of Health and Welfare

## History

**I**daho's Department of Health and Welfare had its beginnings in 1885 with the establishment of the Idaho Insane Asylum at Blackfoot, followed by the Idaho Soldier's Home at Boise (1893), and the North Idaho Insane Asylum at Orofino (1905). Then, in 1907, Gov. Frank R. Gooding appointed three physicians, Idaho's attorney general, and the state engineer to serve on the first State Board of Health.

In the years following, responsibility for public health and welfare programs in Idaho fell to a variety of boards and organizational structures. At times the functions were separated and at other times combined. By 1972, the departments of Public Assistance and Public Health were united with the state's environmental protection programs to become the Department of Environmental and Community Services (DECS) with its own seven-member board.

Two years later, as part of an Idaho state government reorganization into twenty major departments, the Department of Health and Welfare (DHW) was created by combining DECS with the state's Department of Social and Rehabilitation Services, the Idaho Veterans Affairs Commission, and the Idaho Veterans Home. At the same time, the Board of Environmental and Community Services became the Board of Health and Welfare.

In 1995, responsibility for juvenile criminal and detention cases was shifted to the newly-established Department of Juvenile Corrections. In 2000, two more entities – the Department of Environmental Quality and the Department of Veterans Services – were separated from the Department of Health and Welfare. The span of DHW's responsibilities has remained stable since that time, although the role of the Board of Health and Welfare has changed.

## Composition and Responsibilities

During the 2006 legislative session, membership on the Board of Health and Welfare was expanded from seven to eleven members: seven appointed by the governor, two representing the legislature, one representing the Office of the Governor, and the director of the Idaho Department of Health and Welfare, who also serves as the Board's secretary. Of the members appointed by the governor and subject to state senate confirmation, four are to be chosen based on their knowledge and interest in health and social services; two are selected based on business or financial experience; and one is representative of the public at large. In 2007, voting privileges were limited to the seven gubernatorial appointees.

In addition to expanding Board membership, the 2006 legislation added oversight responsibilities to the Board's rulemaking and advisory roles. By law, the Board's oversight responsibilities are to:

- Advise the governor and the DHW director on the department's fiscal, policy, and administrative matters;
- Review and advise the DHW director on the department's strategic plan and performance measurements;

# The Board of Health and Welfare

- Develop goals and standards for measuring the efficiency and effectiveness of DHW;
- Review and advise the governor and the department director about initiatives; and
- Report annually to the governor and to the Idaho Legislature on key fiscal and policy issues, DHW's managerial and overall performance, and major proposed and ongoing initiatives.

The Board also has the authority to confirm or reject certain appointments made by the DHW director, including division administrators, regional directors, and state hospital administrators.

As a rulemaking entity, the Board of Health and Welfare has the power to adopt, amend, or repeal regulations and standards of DHW in areas of licensure and certification, personal health, emergency medical services, and vital statistics. Like other state rule-making authorities, the Board may be asked to review actions or inactions of DHW, and any person adversely affected by a final determination of the Board may file a petition for review with the district court.

## Membership of the Board of Health and Welfare

The seven members appointed by the Governor include:



**Richard "Dick" Roberge, M.D.**, Caldwell, Chairman. A retired physician who practiced for 30 years in Caldwell, Dr. Roberge is a member of the Caldwell School District Board of Trustees, a trustee of the College of Idaho, and a member of the Southwest District Health Department Board of Directors.



**Janet Penfold**, Driggs, Vice Chairman. Mrs. Penfold is part of a third generation seed potato farm operation in the Teton Valley, a volunteer for a variety of activities, a former member of the Eastern Idaho District Health Department Advisory Board, and the 2003 Idaho Farm Bureau Woman of the Year. She was the first woman to serve on the Teton City Planning and Zoning Board and also served on the Teton City Hospital Board.



**Daniel "Dan" S. Fuchs, RPH**, Twin Falls. A pharmacist and part owner of Dick's Pharmacy, Mr. Fuchs is a member and past president of the Magic Valley Pharmacy Association, a member of the Idaho State Pharmacy Association, and past member of the Republican Central Committee. Mr. Fuchs also is part owner of Medical Office Pharmacy, Orchard Drug, Home I.V. and Medical Supply, Kwik-Meds, and Woodriver Electronics.

# The Board of Health and Welfare



**Quane Kenyon, Sr.**, Boise. Mr. Kenyon, a 42-year veteran journalist who retired from the Associated Press in 1998, served on the Board of Health and Welfare through January 2011. He serves as consultant and copy editor for several companies, volunteers for various organizations and political campaigns, and was a delegate to the 2006 GOP state convention. In 2009, he co-authored "Bizkaia to Boise: The Memoirs of Pete T. Cenarrusa."



**Darrell Kerby**, Bonners Ferry. Mr. Kerby is president of Pace-Kerby & Co., an independent insurance agency and real estate brokerage firm, and board president of Kaniksu Health Services, a non-profit health clinic with locations in Boundary and Bonner counties. As former mayor of Bonners Ferry, he received the Harold Hurst Award in 2007, the highest award given to a city elected official in Idaho, from the Association of Idaho Cities.



**Tom Stroschein**, Moscow. A native of Aberdeen and graduate of the University of Idaho, Mr. Stroschein is serving his third-term as a Latah County Commissioner. In that role, Mr. Stroschein has been focused on the County's Land Use Comprehensive Plan, assisting in a long-term water plan for the Palouse by supporting water adjudication, and he continues his work on mental health reform. He has a strong agricultural background, operating a row crop farm and sheep operation until the 1990s, while concurrently serving on the State Farm Service Agency Board, the Idaho Wheat Commission and Idaho Sheep Commission. Mr. Stroschein received the Governor's Lifetime Achievement Award for Service to Agriculture in 1996.



**Stephen C. Weeg, M. Ed., FACHE**, Pocatello. Mr. Weeg is executive director for Health West in southeast Idaho, a community health center with clinics in six communities. He is a 35-year veteran of health and human services and also a board member for the new Portneuf Medical Center Community Benefit Organization. He serves as a member of the Health Quality Planning Commission and as a member of Gov. Otter's executive leadership team for the Idaho Health Care Council. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

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**Jim Giuffré, Boise.** Mr. Giuffré brings more than 30 years of experience in patient engagement, health education, healthcare technology, and marketing from management positions held with Healthwise, WebMD, and three of Idaho's seven public health districts. Giuffré, who has a Masters of Public Health degree, currently works at Healthwise where he leads the development and distribution of the newest generation of Healthwise consumer health information products and services. He was appointed to the Board in April 2011.



***Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare serve without vote:***



**Richard M. Armstrong,** Boise, secretary to the Board and Director of the Department of Health and Welfare since June of 2006. Mr. Armstrong retired as Senior Vice President of Sales and Marketing for Blue Cross of Idaho, a private health care

insurance company, where he worked for 36 years prior to his appointment as DHW director.



**Representative Janice McGeachin,** Idaho Falls, Chairman of the House Health and Welfare Committee and State Representative from District 32.



**Tammy Perkins,** Senior Special Assistant for Health and Social Services to Governor Otter.



**Senator Patti Anne Lodge,** Huston, Chairman of the Senate Health and Welfare Committee and State Senator from District 13.

# Department Overview

**T**he Department of Health and Welfare (DHW) is dedicated to fostering a productive, healthful, and independent quality of life in Idaho. Services and regulatory programs are designed to promote public health and assist vulnerable children and adults. DHW responds to federal, state, and local mandates.

## Leadership

The Department of Health and Welfare serves under the leadership of the Idaho governor and under the oversight of the Board of Health and Welfare.

The director of DHW is appointed by the governor and oversees all operations of DHW. The director is advised by the Board of Health and Welfare. The Office of the Director is responsible for the overall direction of the department, strategic planning, departmental relations, administration, and executive leadership.

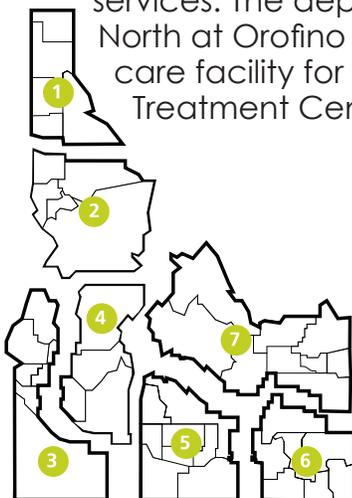
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

## The Board

- The Board of Health and Welfare helps guide the department to promote and protect the public health and well-being of Idaho citizens.
- The Board is a rulemaking and advisory body that can adopt, amend, or repeal rules and standards of the department. Executive and administrative powers of the department belong solely to the director of the department.
- The Board's seven citizen members are appointed by the governor, each representing one of seven geographic regions of the state. They are the voting members of the Board. The Board also includes the department director, a representative from the Governor's office, and the chairs the Senate and House Health and Welfare committees.

## DHW Organization

DHW is organized into seven divisions, seven regional offices and 20 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, the Southwest Idaho Treatment Center at Nampa.



**Region 1:** Benewah, Bonner, Boundary, Kootenai and Shoshone counties, headquartered at Coeur d'Alene

**Region 2:** Clearwater, Idaho, Latah, Lewis and Nez Perce counties, headquartered at Lewiston

**Region 3:** Adams, Canyon, Gem, Owyhee, Payette and Washington counties, headquartered at Caldwell

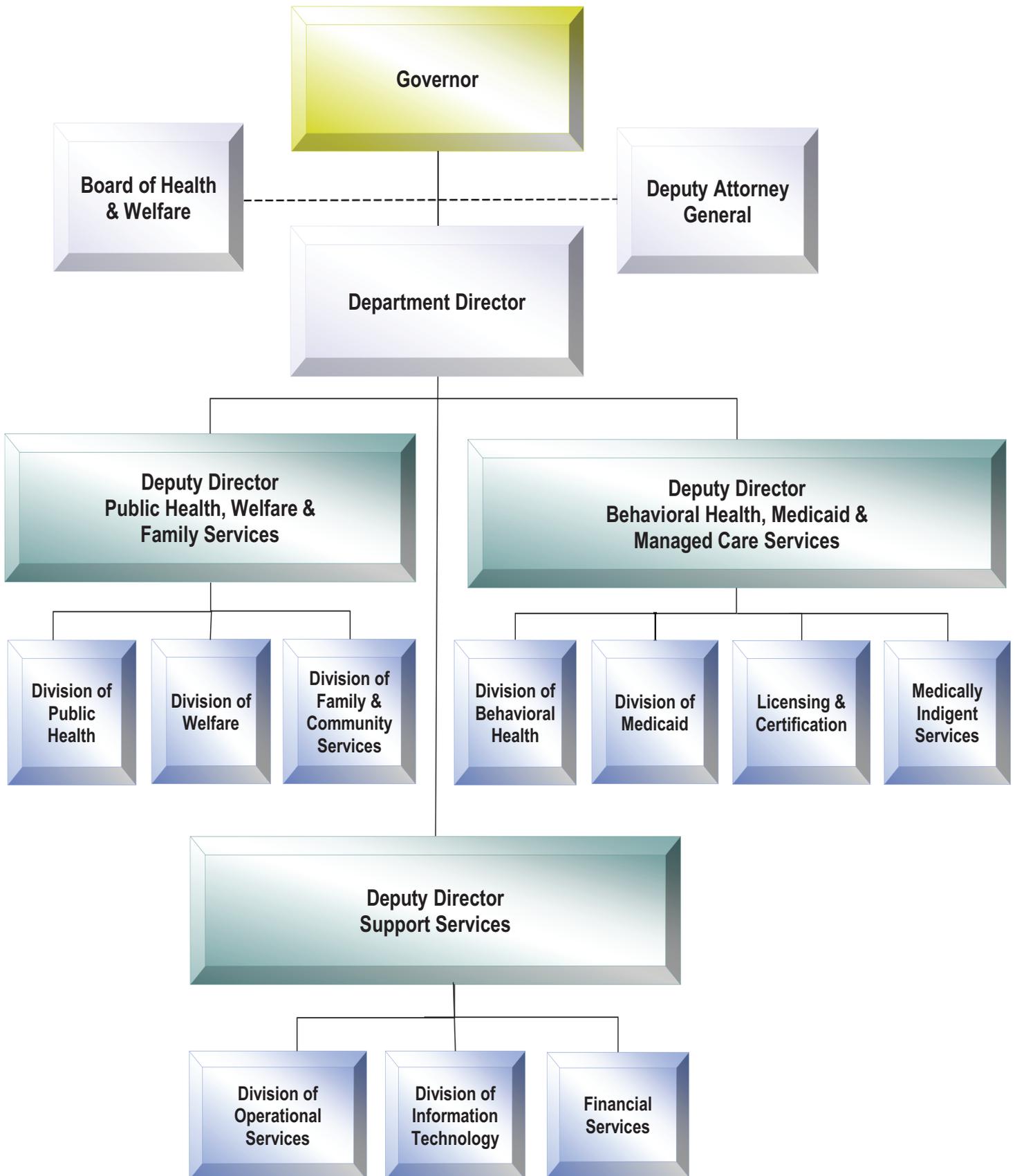
**Region 4:** Ada, Boise, Elmore and Valley counties, headquartered at Boise

**Region 5:** Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls counties, headquartered at Twin Falls

**Region 6:** Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power counties, headquartered at Pocatello

**Region 7:** Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties, headquartered at Idaho Falls

# Department Overview



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## Department Divisions

DHW also is divided into divisions, each containing programs and bureaus that provide an administrative structure for the delivery of services and accountability.

### **PUBLIC HEALTH, WELFARE AND FAMILY SERVICES**

#### **Division of Public Health**

The Division of Public Health actively promotes healthy lifestyles and prevention activities; monitors and intervenes in disease transmission and health risks; and administers a variety of services that include vaccines, communicable disease testing, food safety regulation, emergency medical personnel certification, maintaining vital records, health statistics compilation, and emergency preparedness. The division contracts with District Health Departments to provide services such as immunizations, epidemiology, prevention of sexually transmitted diseases, nutritional education, food protection, and oral health.

#### **Division of Welfare**

The Division of Welfare administers self reliance programs serving low-income individuals and families. These include child support, Food Stamps, child care, and cash assistance programs that consist of Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind and Disabled (AABD). Other programs such as food commodities and energy, telephone, or weatherization assistance are handled through contracts with Community Action Agencies.

#### **Division of Family and Community Services (FACS)**

FACS directs many of DHW's social and human service programs that focus on the entire family, including child protection, adoptions, foster care, children and adult developmental disabilities, and screening and early intervention for infants and toddlers. This division also includes the Southwest Idaho Treatment Center at Nampa, which provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

### **BEHAVIORAL HEALTH, MEDICAID & MANAGED CARE SERVICES**

#### **Division of Medicaid**

The Division of Medicaid administers a comprehensive medical coverage program for low-income pregnant women, people with disabilities, the elderly, and children from low-income families. It also licenses and inspects health facilities such as nursing homes, hospitals, and residential and assisted living facilities. Going forward, the Division is working on exploring managed care options and separating out Licensing and Certification into its own Division.

# Department Overview

## **Division of Behavioral Health**

The Division of Behavioral Health administers Adult and Children's Mental Health and Substance Use Disorder programs. It also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North at Orofino and State Hospital South at Blackfoot. The division's services are consumer driven, prevention oriented, and are focused on helping children, adults, and families address and manage personal challenges that result from mental illnesses and/or substance use disorders.

## **Medically Indigent Services**

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

## **SUPPORT SERVICES**

### **Division of Operational Services**

This internal division oversees contract management and purchasing; building maintenance for DHW hospitals and offices; strategic planning and business support; and human resource management of the department's 2,800 workers.

### **Division of Information and Technology**

The Division of Information and Technology provides support to the agency by maintaining all DHW information technology resources. It ensures that all DHW information technology meets state, federal, and local requirements and policies to maintain client confidentiality and protect sensitive information. It also manages development, maintenance, and enhancement of application systems and programs for all computer, network, and data communication services.

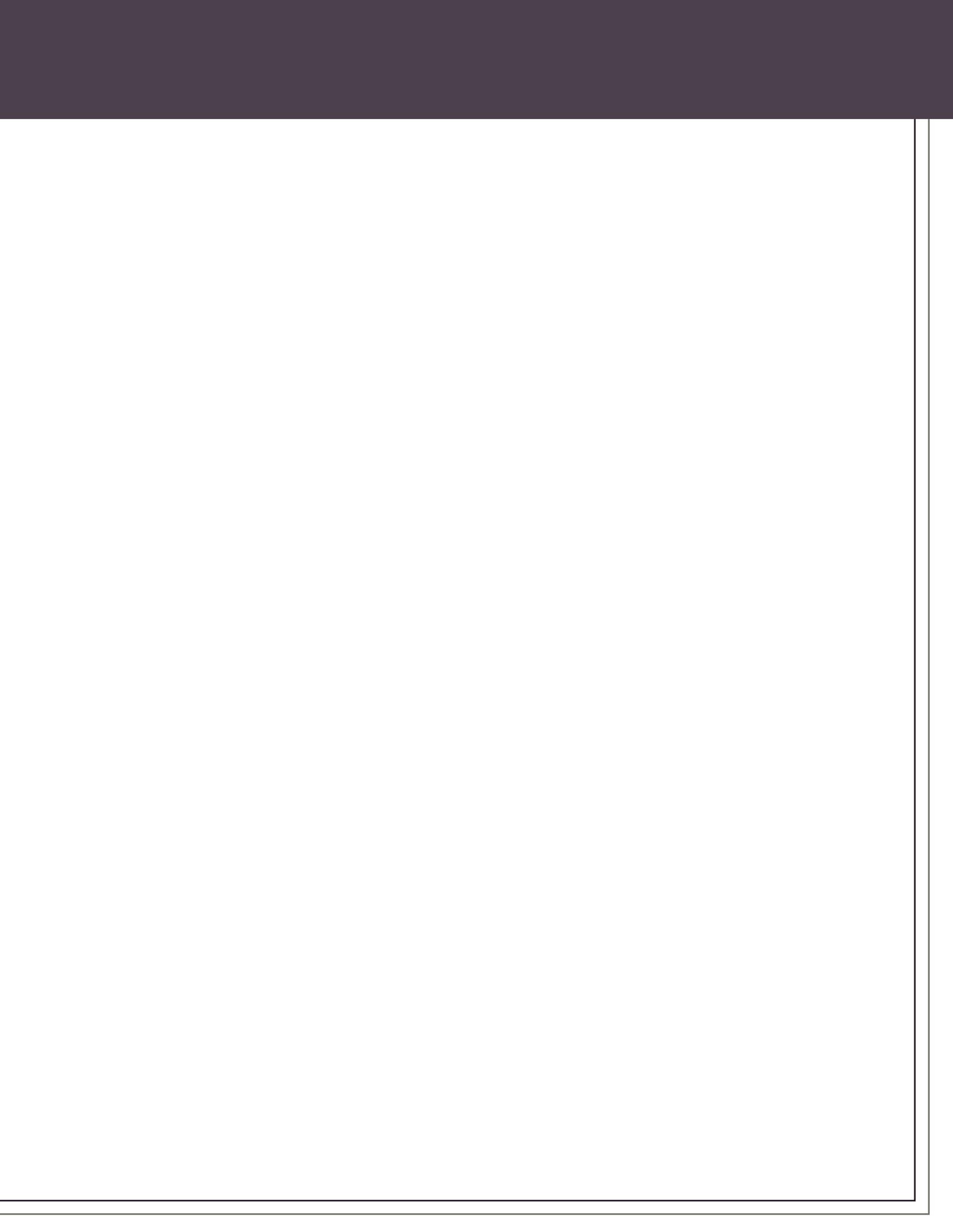
### **Financial Services**

Financial Services consists of Financial Management, Financial Systems & Operations, Accounts Payable, Accounts Receivable, Employee Services and Electronic Benefits.

# Department Overview

## Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Public Health, Welfare and Family Services.....	Drew Hall
Deputy Director, Behavioral Health, Medicaid and Managed Care Services.....	Leslie Clement
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Rob Luce, Administrator
Information and Technology Division.....	Michael Farley, Administrator
Medicaid Division.....	Paul Leary, Administrator
Operational Services Division.....	Paul Spannknebel, Administrator
Public Health Division.....	Jane Smith, Administrator
Welfare Division.....	Russ Barron, Administrator
Region 1, 2, Lewiston, Coeur d'Alene.....	Ron Beecher, Regional Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Regional Director
Region 5, 6, 7 Twin Falls, Pocatello, Idaho Falls.....	John Hathaway, Regional Director
Southwest Idaho Treatment Center.....	Susan Broetje, Administrator
State Hospital North, Orofino.....	Ken Kraft, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Peg Dougherty, Lead Deputy





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