



ANNUAL REPORT







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

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Dear Governor C. L. "Butch" Otter and Members of the Legislature:

Following this letter of introduction you will find the Annual Report of the Idaho Board of Health and Welfare. This report includes the activities of the Board for state fiscal year 2007.

The Board has enjoyed working together during our first year since the onset of the new responsibilities enacted by the 2006 Idaho Legislature. It has truly been a learning, fulfilling, and productive year. Our Idaho Department of Health and Welfare Director, Richard Armstrong, has worked well with us explaining the intricacies of coordinating and running an agency with over 3,000 personnel and a budget of \$620 million in state funds matched by \$1.043 billion in federal funds. The personnel in the Department are to be commended for the hard work they do in a growth state such as Idaho.

The Department's strong fiscal restraint has resulted in being under budget in several of its many items. Our state population is growing substantially, but we are committed to holding budgetary increases as low as possible. At the same time we plan to fulfill our mission of promoting the health and safety of Idahoans through implementation of the current 2008-2012 Strategic Plan.

Medicaid reform continues in a positive direction. The Medicaid division was one of the components of the Department that completed the year under budget. Our Healthy Connections Program, use of co-pays, and prevention programs helped make this possible.

Mental health and substance abuse disorders remain a major problem in our state but we continue to make progress affecting treatment. In the first quarter of SFY 2008 we have almost doubled treatment retention time from 25 percent of our clients completing treatment successfully in SFY07 to 41 percent. The number of children receiving mental health care has increased by 11 percent. The Board supports the Department's concept to develop a secure mental health facility in our state. This site would preferably be in the Treasure Valley because of its population density.

During this year we had some changes in Board personnel. Bonnors Ferry citizen/mayor Darrell Kerby replaced Donald Gross from Coeur d'Alene. We thank Don for his service and welcome Darrell to the Board.

We also would like to express our gratitude and appreciation for the support the Board has received from the Governor, the Legislature, Director Armstrong, and the Department's dedicated staff.

Sincerely,

Richard Roberge, M.D.  
Board Chairman

## TABLE OF CONTENTS

Message from the Chairman	1
Managerial and Overall Performance	3-5
Strategic Plan	3
Office of Performance Evaluations Report	4
Confirmation and Administrative Appointments	5
Proposed and Ongoing Departmental Initiatives	5-7
Medicaid Reform	5
EPICS Replacement	6
Medicaid Management Information System	6
Secure Mental Health Facility	6
Approval of Rules	7
Fiscal and Policy Issues	8-13
Ongoing fiscal issues	13
The Board Overview	14-17
History	14
Composition and Responsibilities	14-15
Membership	16-17
Organization	17
The Department Overview	17-21
Leadership and Organization	17
Family and Welfare Services	18
Health Services	18
Support Services	19
Administrative Staff	20



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- (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.”*  
*(Idaho Code Section 56-1005, subsection 11)*

Effective July 1, 2006, the Board of Health and Welfare’s role and responsibilities changed as a result of legislative enactment of House Bill 832. One result was to increase the board’s involvement in the operations of the Idaho Department of Health and Welfare (IDHW).

## **IDHW Strategic Plan**

During State Fiscal Year 2007, the board reviewed the Strategic Plan FY2008-2012 developed by the Idaho 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 2012.
- Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2012.

### **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 2012.
- Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2012.
- Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2012.

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

- Objective 1: Improve the access to dental, behavioral, and primary care services to Idahoans to 50% by 2012.
- Objective 2: Increase the percent of Idahoans with health care coverage to 78.67% by 2012.
- Objective 3: By 2012, department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.
- Objective 4: The department accuracy rates of key identified programs will reach 93.50% by 2012.
- Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication and convenience) to 84.48% by 2012.

Following its review of the Strategic Plan, board members recommended that the plan elements be presented clearly and concisely to staff in IDHW’s regional offices to familiarize them with efforts of the department to affect and change behaviors of Idaho citizens to promote healthier lifestyles. In addition, the board suggested members of the Idaho legislature be fully informed of the plan’s elements.

*(The full text of the IDHW Strategic Plan FY2008-2012, “Road to the Future,” is found at <http://www.healthandwelfare.idaho.gov/site/3429/default.aspx>. Data measuring progress on each objective should be available before the end of 2007.)*

The board had opportunities to comment on and make suggestions regarding IDHW's plan. Board members have been particularly interested in progress on Objective 3 of Goal #3 and in discussions with IDHW staff have continued to emphasize the importance of minimizing the amount of time applicants must wait before receiving needed services.

## Office of Performance Evaluations Report

In July of 2006, the board met with Rakesh Mohan, director of the Office of Performance Evaluations, to discuss a five-month-old study of IDHW's management structure and a more recent status report submitted by IDHW. The report had several significant components, including an observation that the Board of Health and Welfare had a more limited role and less involvement in the agency than did boards overseeing other large state agencies. One consequence of the report was enactment of legislation expanding the role of the Board of Health and Welfare with regard to IDHW.

More specifically, the OPE report included several recommendations to expand the board's role. Those recommendations, and the subsequent action, include:

1. Increasing board oversight to include supervision, management, planning, and budgeting. HB832 of the 2006 session clarified the role of the Board of Health and Welfare and specifically added "oversight" of IDHW to its responsibilities.
2. Requiring annual reports from the board to the Governor and Legislature detailing how the board has addressed its statutory mandate to adopt rules pertaining to health and relevant licensure and certification, hear appeals, and review management appointments by the director of Health and Welfare. HB832 requires the board to provide an annual report to the Governor and the Legislature that addresses key IDHW fiscal and policy issues, IDHW's managerial and overall performance, and the department's major proposed and ongoing initiatives.
3. Requiring board concurrence on departmental budgets and strategic plans. The Board of Health and Welfare reviews and monitors IDHW budget requests, on-going spending, and progress on objectives of IDHW's strategic plan.
4. Requiring the administrators of all Department of Health and Welfare divisions to report to the board at each meeting on specific issues of interest to the board, or on established performance measures (currently, only the director reports to the board regarding the agency as a whole). Top administrators of IDHW meet regularly with the board to report on activities and issues in their areas. In addition, the board has divided itself into three subcommittees—Support Services, FACS and Welfare Services, and Health Services—to more closely monitor selected issues. Each subcommittee is staffed by an IDHW deputy director.
5. Ensuring board members possess appropriate professional expertise or have access to additional training as needed to carry out the charge of protecting the health of the state. Currently the board is staffed by administrators of IDHW. However, a search is continuing for an administrative position whose primary responsibility will be to serve as board staff.

In addition, the OPE study listed a variety of issues that have affected IDHW employee relations, including questions regarding management, communication, the employee problem solving procedure, turnover, stress and workload, low morale, pay, and supervision. Each unit of IDHW submitted its own analysis and plan for addressing these areas. Results of a follow-up survey are expected before the end of 2007.

During this first year of expanded Board of Health and Welfare responsibility for oversight of IDHW, board members have been appreciative of the time spent by department staff to ensure that the board is up-to-date on the major issues of concern to the board and the agency.

## Confirmation of Administrative Appointments

During State Fiscal Year 2007, the Board of Health and Welfare confirmed a number of administrative appointments recommended by Idaho . Those included:

- Richard Schultz, Deputy Director, Health Services
- Kathleen Allyn, Division Administrator, Behavioral Health
- Michelle Britton, Division Administrator, Family and Community Services
- Leslie Clement, Division Administrator, Medicaid
- Jane Smith, Division Administrator, Public Health
- Susan Broetje, Administrative Director, Idaho State School and Hospital
- Karen Cotton, Regional Director, Region 1
- Tanya McElfresh, Regional Director, Region 2

## PROPOSED AND ONGOING DEPARTMENTAL INITIATIVES

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

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- (Idaho Code Section 56-1005, subsection 11)*

During SFY2007, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Idaho Department of Health and Welfare. Among the IDHW initiatives monitored by the board were the following:

### MEDICAID REFORM

In 2006, the Idaho Legislature enacted the Idaho Medicaid Simplification Act. To date, IDHW has implemented almost all of the reform and simplification elements recommended or required by the Legislature and authorized by the federal Health Care Financing Administration. Among the reforms implemented are three “benchmark” benefit plans: a basic plan for low-income children and working-age adults who have average health needs; an enhanced plan for individuals with disabilities and/or special needs, and a Medicare/Medicaid coordinated plan for adults over 21 who have Medicare coverage and also qualify for Medicaid because of low income.

### Other areas implemented include:

- Incentives to make good health decisions and take advantage of preventive medicine programs, including weight loss and tobacco cessation efforts;
- A Healthy Schools Initiative to provide preventive services and promote child wellness in school districts that have high percentages of low-income students;
- Reimbursement for well child exams and wellness exam benefits for adults;
- Obtaining best prices for pharmaceuticals through a multi-state purchasing pool;
- Negotiating best prices for providers for commonly used medical supplies; and
- Strengthening Medicaid's estate recovery program.

### **ELIGIBILITY PROGRAM INTEGRATED COMPUTER SYSTEM (EPICS) REPLACEMENT PROJECT**

EPICS is the 20-year-old automated system used to determine eligibility and process applications for Medicaid, Food Stamps, cash assistance, and child care. It is now antiquated. SFY2007 was the first full fiscal year of an anticipated three-year EPICS Replacement Project to update automation and improve processing. The first-year focus was on real-time eligibility determination, on-line case management, data entry, electronic application submission, and automated interfaces. The replacement process is incremental, allowing staff time to get used to each improvement. Already the modernization is having a positive impact on services delivered to clients: since December of 2006, the average number of days to release Food Stamp benefits to clients dropped from 22 days to 17 days, while the number of days to make Family Medicaid eligibility determinations dropped by nearly half, from 39 days to 20 days.

### **MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) REPROCUREMENT**

MMIS is a highly complex computer system that maintains information on 184,000 Medicaid clients and is responsible for managing payments to 17,000 Medicaid providers. About 40,000 claims are processed through the MMIS each day, with \$21 million in payments made to providers each week. The federal government requires Idaho to replace (reprocure) the MMIS system, and the Idaho Legislature appropriated \$8.7 million for SFY2007. However, only \$970,000 was spent, mainly because the process was slowed over challenges for seeking, evaluating, and scoring proposals. Proposals were sought for major components of the project, rather than for the entire project, to take advantage of commercially available software, reduce reliance on any single vendor, improve competition within the vendor community, and conform to information technology industry standards. (The process was reviewed by an independent consultant that complimented IDHW for the high degree of professionalism followed by the department.) The reprocurement will continue with the design, development, and implementation of the new MMIS.

### **SECURE MENTAL HEALTH FACILITY**

The state is in dire need of a secure mental health facility. When people with a serious mental illness are charged with a crime, but are not mentally competent to stand trial, a judge will often place the person in the custody of the Department of Health and Welfare. The department's role is to provide intensive psychiatric services to help these individuals become fit for trial. They are sometimes charged with extremely serious crimes and may pose a danger to themselves or others, however, the department does not have a secure facility to provide them with services.

At present, these individuals are provided services by the department in various settings. Every effort is made to provide the services so the patient, staff and public are safe.

Another issue surrounds people with severe mental illness who are charged with serious crimes, but are never capable to stand trial because of their illnesses. These individuals are not convicted of a crime, so they cannot be placed in a jail or prison facility. Without a secure mental health facility, the state has no viable options to provide them with safe, secure and humane treatment if they are considered to be dangerous to themselves or others.

The Department of Correction is proposing a forensic facility that would provide Health and Welfare with needed beds. The proposed facility, if approved, could take years to become operational. In the interim, the Department of Health and Welfare proposes to make modifications to an existing building at Idaho State School and Hospital in Nampa, and use that as a secure mental health facility. This would help alleviate potential problems over the ensuing years until a secure mental health facility is a reality.

### **APPROVAL OF RULES**

During SFY2007, the Board of Health and Welfare responded to petitions and approved a number of administrative rules, many of them reflecting IDHW's program initiatives. Among those decisions are:

**Approved a "grandfather clause" for requiring residential care or assisted living care facilities to install fire-suppression sprinkler systems by July 1, 2010.** By that time, those facilities that accept residents incapable of self-evacuation must either have sprinkler systems installed or must cease admitting or retaining residents who cannot self-evacuate.

**Denied a petition for rulemaking to require a "certificate of need" before any health facility can be developed, constructed or expanded, or major medical equipment purchased.** The petition was submitted on behalf of the Idaho Hospital Association. Following lengthy testimony, the board concluded that it did not have authority to suspend the processing of hospital applications for licensure and certification.

**Gave physicians greater flexibility for immunization schedules for children.** By approving a rule change referring to immunization by kindergarten age, rather than by pre-school age, the board gave physicians more discretion to determine when to administer the required shots.

**Converted a pilot program on background criminal checks to permanent status.** Through several rule approvals, the board determined that the criminal history and background check requirements will apply to workers who have access or provide care to residents living in long-term care facilities; to home health agency workers who have access or provide care to individuals living in their own homes; to workers who have access to or provide care to residents in Intermediate Care Facilities for the Mentally Retarded; and for workers who have access to or care for individuals living in semi-independent group residential facilities for the developmentally disabled and mentally ill. The decision followed a pilot criminal history and background check program supported by federal funds.

**Amended the rule governing the Child Abuse Registry.** The changes included a new system for classifying the level of risk to children posed by individuals with substantiated reports of abuse, abandonment, or neglect, and added a process through which an individual on the registry can request to have his/her name removed when the time period assigned to the individual's risk level has elapsed.

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Throughout the year, the Board of Health and Welfare has monitored IDHW expenditures. As State Fiscal Year 2007 ended, IDHW reported to the board that the agency had underspent its 2006-2007 budget of \$1.7 billion by \$33.7 million, which included \$14.1 million in general funds. Of this, \$12.4 million was carried forward to SFY 2008 and \$1.7 million was returned to the state general fund. The balance of the amount not spent was primarily federal spending authority.

### **THE REASONS FOR THE UNDERSPENDING INCLUDE:**

- The slow progress on the Medicaid Management Information System (MMIS) reprocurement. Only \$970,000 of the \$8.7 million appropriation was spent. At the request of the Governor, a second bidders’ conference was held and an external review of the scoring process and procedures was commissioned. The final report to the Governor complimented IDHW on its high degree of professionalism during the procurement process.
- A healthy state economy that allowed for stabilization of the welfare and Medicaid populations.
- Implementation of the federal Medicaid Modernization Act, “Part D,” which shifted the prescription drug benefit from Medicaid (state and federal funding) to Medicare (federal funding).
- A significant effort on the part of IDHW to ensure that its programs and services are both easily accessible and efficiently offered. For example, during SFY2007 the agency launched two pilot programs intended to reduce eligibility examiners’ work time while still responding to clients’ needs. In one program (at Mountain Home), to apply for assistance, new applicants use computers to provide required information. As a result, eligibility examiners have that information in hand when they meet with the client and eligibility determination time is reduced. In another program (at Boise), operators at a call center have been able to reduce by 60 percent the number of telephone inquiries sent on to eligibility personnel. Both of these projects are still being monitored.

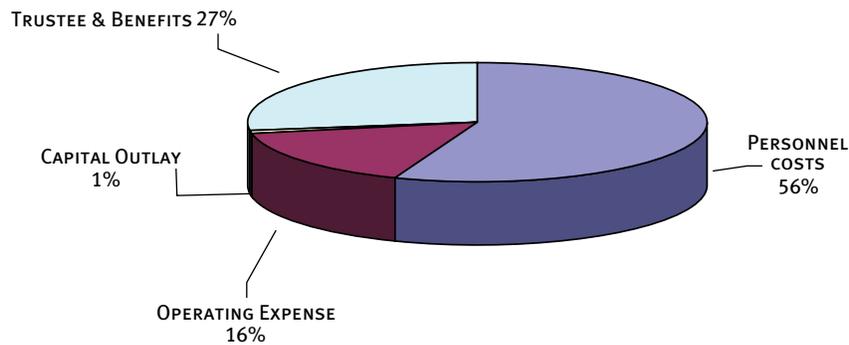


Following is a three-year comparison of spending by IDHW's major divisions, as well as a year-to-year employee count:

### Division of Family and Community Services

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$79,022,200	\$89,494,200	\$47,739,200
OPERATING EXPENSE	23,073,200	25,398,800	13,959,200
CAPITAL OUTLAY	504,300	946,700	587,100
TRUSTEE & BENEFITS	33,920,700	38,685,800	23,312,600
TOTAL	\$136,520,400	\$154,525,500	\$85,598,100
FULL TIME EQUIVALENT POSTIONS (FTE's)	1,552	1,587	920

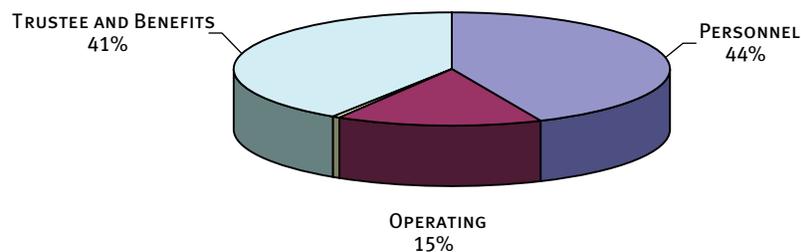
#### Division of Family & Community Services Expenditures



### Division of Behavioral Health

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS			\$42,283,400
OPERATING EXPENSE			15,016,600
CAPITAL OUTLAY			451,200
TRUSTEE & BENEFITS			40,064,500
TOTAL			\$97,815,700
FULL TIME EQUIVALENT POSTIONS (FTE's)			734

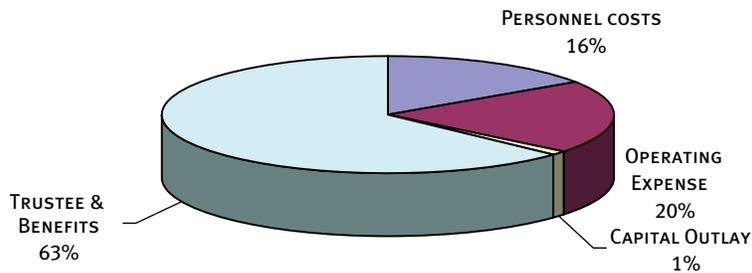
#### Division of Behavioral Health Expenditures



## Division of Public Health Services

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$11,400,500	\$12,652,400	\$11,306,400
OPERATING EXPENSE	17,756,000	17,530,100	14,625,700
CAPITAL OUTLAY	1,317,500	1,727,700	917,900
TRUSTEE & BENEFITS	53,092,500	57,620,300	45,588,100
TOTAL	\$83,566,500	\$89,530,500	\$72,438,100
FULL TIME EQUIVILENT POSTIONS (FTE's)	215	217	206

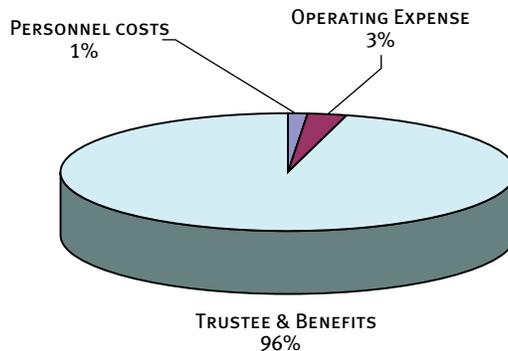
### Division of Public Health Services Expenditures



## Division of Medicaid

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$15,046,700	\$16,297,800	\$15,686,800
OPERATING EXPENSE	22,983,800	24,153,700	33,348,500
CAPITAL OUTLAY	36,700	177,100	923,700
TRUSTEE & BENEFITS	1,071,948,900	1,116,009,800	1,148,802,900
TOTAL	\$1,110,016,100	\$1,156,638,400	\$1,198,761,900
FULL TIME EQUIVILENT POSTIONS (FTE's)	259	263	275

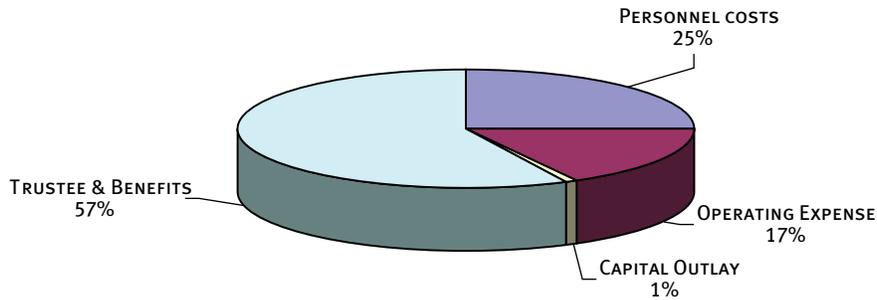
### Division of Medicaid Expenditures



## Division of Welfare

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$27,340,600	\$31,606,400	\$32,333,600
OPERATING EXPENSE	18,849,800	20,106,200	21,852,600
CAPITAL OUTLAY	158,600	247,500	1,194,700
TRUSTEE & BENEFITS	77,078,400	81,424,900	74,067,300
TOTAL	\$123,427,400	\$133,385,000	\$129,448,200
FULL TIME EQUIVALENT POSTIONS (FTE's)	586	635	638

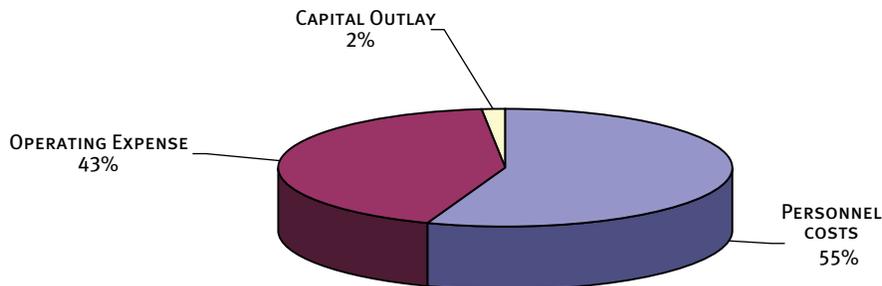
### Division of Welfare Expenditures



## Indirect Support Services

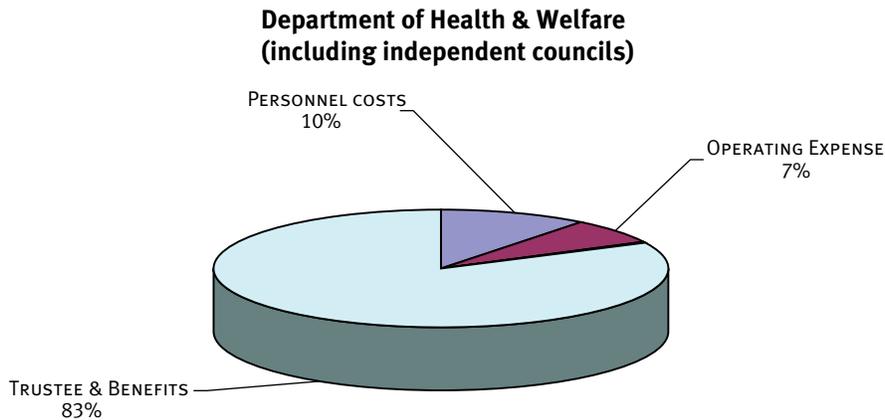
	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$17,788,000	\$19,170,500	\$19,354,800
OPERATING EXPENSE	15,861,800	14,928,900	14,911,800
CAPITAL OUTLAY	1,184,600	945,900	584,300
TRUSTEE & BENEFITS			
TOTAL	\$34,834,400	\$35,045,300	\$34,850,900
FULL TIME EQUIVALENT POSTIONS (FTE's)	322	322	324

### Indirect Support Services Expenditures



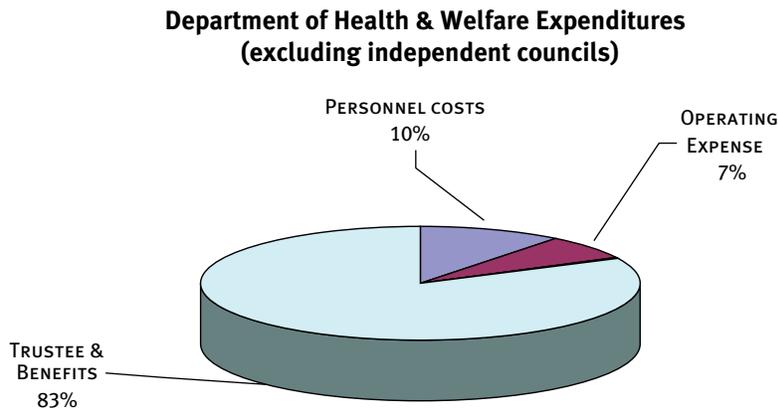
## Independent Councils

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$663,700	\$744,000	\$646,000
OPERATING EXPENSE	499,200	431,100	448,800
CAPITAL OUTLAY	6,400	12,000	5,500
TRUSTEE & BENEFITS	3,278,700	2,960,500	2,309,700
TOTAL	\$4,448,000	\$4,147,600	\$3,410,000
FULL TIME EQUIVILENT POSTIONS (FTE's)	11	13	13



## Expenditures Excluding Independent Councils

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$150,598,000	\$169,221,300	\$168,704,200
OPERATING EXPENSE	98,524,600	102,117,700	113,714,400
CAPITAL OUTLAY	3,201,700	4,044,900	4,658,900
TRUSTEE & BENEFITS	1,236,040,500	1,293,740,800	1,331,835,400
TOTAL	\$1,488,364,800	\$1,569,124,700	\$1,618,912,900
FULL TIME EQUIVILENT POSTIONS (FTE's)	2,934	3,024	3,097



## Grand Total

	<u>2005</u>	<u>2006</u>	<u>2007</u>
PERSONNEL COSTS	\$151,261,700	\$169,965,300	\$169,350,200.00
OPERATING EXPENSE	99,023,800	102,548,800	114,163,200.00
CAPITAL OUTLAY	3,208,100	4,056,900	4,664,400.00
TRUSTEE & BENEFITS	1,239,319,200	1,296,701,300	1,334,145,100.00
TOTAL	1,492,812,800	1,573,272,300	1,622,322,900.00
FULL TIME EQUIVALENT POSTIONS (FTE's)	2,945	3,037	3,110

### Ongoing Fiscal Issues

The board is following the Department of Health and Welfare's continuing negotiations with the U.S. Department of Health and Human Services over appropriate use of TANF – Temporary Assistance for Needy Families – funding. IDHW ceased use of the funds for poison control activities and the state's immunization program, with the 2007 Legislature appropriating replacement funding. The department believes the TANF funding was appropriately used for the activities of the Governor's Coordinating Council for Families and Children, and is addressing this issue with our federal partners.

For the future, two services – Medicaid and substance abuse/mental health – will continue to engage the attention of the board and the department.

The costs of the Medicaid program continue to rise, despite significant efforts at the state level to streamline, modernize, and control the program and its expenditures. Medicaid services accounted for roughly 74 percent of IDHW's appropriation (from both state and federal sources) in SFY2007.

IDHW has implemented a number of Medicaid reform initiatives intended to use state and federal resources more effectively. Among the examples are joining a multi-state pharmacy purchasing pool to reduce total pharmacy costs; initiating a chronic disease management program; expanding coverage for preventative health screenings and services; requiring higher-income families to pay a share of their costs; and providing incentives to individuals to purchase long-term care insurance. Still, the board and IDHW are mindful that health care costs are rising and that ongoing attention to efficiencies is necessary.

In Behavioral Health, a federal judge dismissed the 27-year-old Jeff D. lawsuit. This will allow our Children's Mental Health program to focus its resources on emerging best practices and improving the program as opposed to focusing on compliance with court orders established years ago. In Adult Mental Health, we continue to struggle with poor data, which is the result of multiple uncoordinated, old and inadequate information systems. The program requires a good system that can track needs, treatment and outcomes to evaluate and improve the program. It also is critical for the state to consider constructing a secure mental health facility so that people with a severe mental illness who are dangerous to themselves or others can receive treatment while reducing risk to patients, staff or the public. We support the department's proposal for an interim facility to meet this extreme need.

## History

Idaho'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 7-member board.

Two years later, as part of an Idaho state government reorganization into twenty major departments, the Idaho Department of Health and Welfare (IDHW) 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 IDHW'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 11 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 IDHW director on the department's fiscal, policy, and administrative matters;
- Review and advise the IDHW director on the department's strategic plan and performance measurements;
- Develop goals and standards for measuring the efficiency and effectiveness of IDHW;
- 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, IDHW'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 IDHW 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 IDHW 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 IDHW, 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



*Front Row, left to right: Janet Penfold, Quane Kenyon Sr., Tom Stroschein.  
Back Row, left to right: Daniel Fuchs, Dr. Richard Roberge, Darrell Kerby and Stephen Weeg*

## 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 District 7 Health and Welfare Advisory Board, and the 2003 Idaho Farm Bureau Woman of the Year.

### **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 a member of the Republican Central Committee.

### **QUANE KENYON, SR., BOISE**

Mr. Kenyon, a 42-year veteran journalist who retired from the Associated Press in 1998, 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. He is immediate past chairman of the Board of Health and Welfare.

### **DARRELL KERBY, BONNERS FERRY**

Mr. Kerby is mayor of Bonners Ferry; 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. In 2007 he received the Harold Hurst Award, the highest award given to a city elected official in Idaho, from the Association of Idaho Cities.

### **TOM STROSCHEIN, MOSCOW**

A Latah County Commissioner, Mr. Stroschein is the owner of Stroschein Ranches, Inc., a 1,000-acre potato and wheat irrigated farm; a former staff assistant to U.S. Rep. Richard Stallings; and a former Idaho Wheat Commission District 4 Commissioner. In 1996 he received the Governor’s Lifetime Achievement Award for Service to Agriculture.

### **STEPHEN C. WEEG, M. ED., CHE, POCATELLO**

Mr. Weeg, executive director for Health West in southeast Idaho, a community health center with clinics in five communities, is a 33-year veteran of health and human services. He is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

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

**Representative Sharon Block**, Twin Falls, Chairman of the House Health and Welfare Committee and State Representative from District 24

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

**Sara Stover** of the Division of Financial Management (Governor's designee)

**Richard M. Armstrong**, Boise, secretary to the board and Director of the Idaho 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 IDHW director.

### Board Organization

The board has organized itself into three subcommittees: Support Services, Family and Welfare Services, and Health Services. Each subcommittee is assigned a few key issues to study and is asked to report back to the full board on its findings and recommendations.

In addition, a nominating committee is appointed each year to recommend nominees for the chair and vice chair positions.

## DEPARTMENT OVERVIEW

The Idaho Department of Health and Welfare (IDHW) 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. IDHW responds to federal, state, and local mandates.

### LEADERSHIP

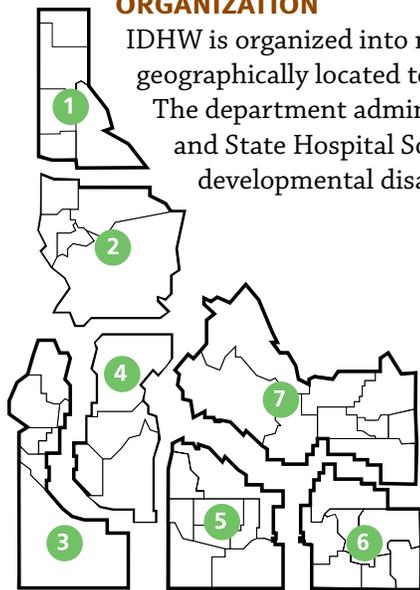
The Department of Health and Welfare serves under the leadership of the Idaho Governor and under the oversight of the Board of Health and Welfare.

The director of IDHW is appointed by the Governor, subject to confirmation by the State Senate; oversees all operations of IDHW; and 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 IDHW's programs and services.

## ORGANIZATION

IDHW is organized into nine divisions, seven regional offices and 34 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; and a specialized care facility for people with developmental disabilities, Idaho State School and Hospital in Nampa.



### The seven regions are:

- 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

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

## Family and Welfare Services

### DIVISION OF FAMILY AND COMMUNITY SERVICES (FACS)

FACS directs many of IDHW'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 Idaho State School and Hospital at Nampa, which provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications.

### 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 includes 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 local organizations.

## Health Services

### DIVISION OF MEDICAID

The Division of Medicaid administers a comprehensive medical coverage program for 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.

### **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, certifying emergency medical personnel, maintaining vital records, compiling health statistics, and bioterrorism preparedness. The division contracts with District Health Departments to provide services such as immunizations, epidemiology, prevention of sexually transmitted diseases, food protection, and oral health.

### **DIVISION OF BEHAVIORAL HEALTH**

The Division of Behavioral Health administers Adult and Children's Mental Health and Substance Abuse 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 and prevention oriented, and are focused on helping children, adults, and families address and manage personal challenges that result from mental illnesses and/or substance abuse problems.

## **Support Services**

### **DIVISION OF HUMAN RESOURCES**

This internal division supports the entire department with services such as recruitment and retention, workforce and staff development, compensation and classification, employee relations, equal employment opportunity, employee and client civil rights, privacy and confidentiality, language assistance, and employee benefits.

### **DIVISION OF INFORMATION AND TECHNOLOGY**

The Division of Information and Technology provides support to the agency by maintaining all IDHW information technology resources; ensuring that IDHW's information technology meets all state, federal, and local requirements and policies to maintain client confidentiality and protect sensitive information; and overseeing development, maintenance, and enhancement of application systems and programs for all computer, network, and data communication services.

### **DIVISION OF MANAGEMENT SERVICES**

The Division of Management Services provides administrative support for all IDHW operations and service delivery units through centralized budgeting, cash flow management, fixed asset tracking, physical plant management, general ledger accounting and reconciliation, financial reporting, internal audit, surveillance utilization reviews, accounts receivable and receipting, accounts payable, and payroll services.

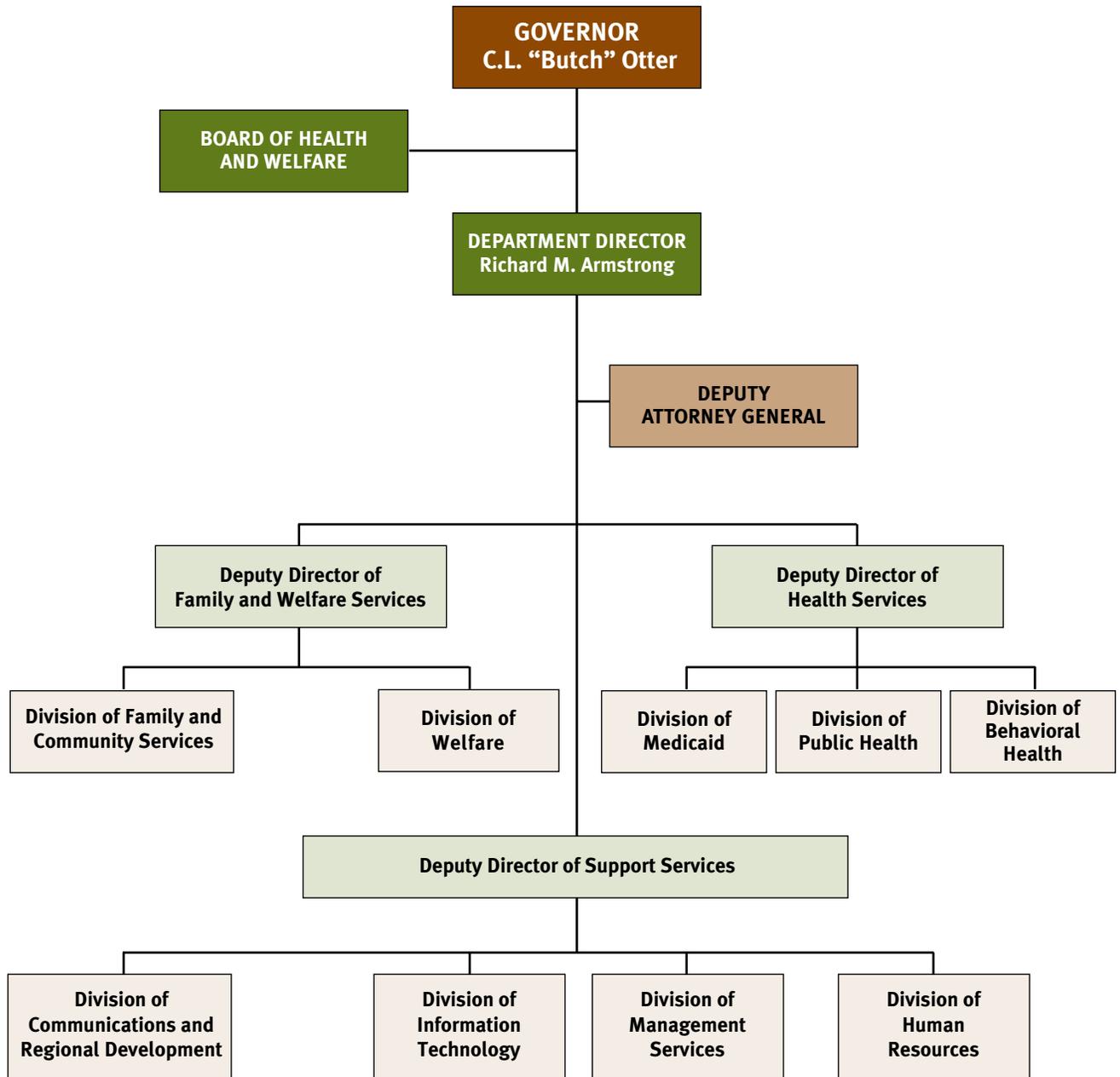
### **DIVISION OF COMMUNICATIONS AND REGIONAL DEVELOPMENT**

The newest division of IDHW encompasses several areas with the agency, including the Rules Unit, which provides technical assistance throughout the department on the researching, writing, formatting, and scheduling of rules to ensure compliance with state laws; communications activities, both external and internal; and responsibility for the IDHW Regional Directors and their regional operations.

## ADMINISTRATIVE STAFF

Director.....	Richard M. Armstrong
Deputy Director, Family and Welfare Services .....	George Thomas
Deputy Director, Health Services.....	Richard Schultz
Deputy Director, Support Services.....	David Taylor
Family and Community Services Division.....	Michelle Britton, Administrator
Welfare Division.....	Russ Barron, Administrator
Medicaid Division .....	Leslie Clement, Administrator
Public Health Division .....	Jane Smith, Administrator
Behavioral Health Division.....	Kathleen Allyn, Administrator
Human Resources Division .....	Paul Spannkebel, Administrator
Information and Technology Division.....	Bruce Dunham, Administrator
Management Services Division.....	Richard Humiston, Administrator
Communications and Regional Development Division .....	Heather Wheeler, Administrator
Region 1, Coeur d'Alene.....	Karen Cotton, Director
Region 2, Lewiston.....	Tanya McElfresh, Director
Region 3, Caldwell.....	Ross Mason, Director
Region 4, Boise.....	Landis Rossi, Director
Region 5, Twin Falls .....	John Hathaway, Director
Region 6, Pocatello.....	Nick Arambarri, Director
Region 7, Idaho Falls.....	Tracey Sessions, Director
Idaho State School and Hospital, Nampa .....	Susan Broetje, Administrator
State Hospital North, Orofino .....	Robert Bourassa, Administrator
State Hospital South, Blackfoot .....	Tracy Farnsworth, Administrator
Legal Services .....	Jeanne Goodenough, Chief

# ORGANIZATIONAL CHART





IDAHO BOARD OF  
HEALTH AND WELFARE