

BOARD OF HEALTH AND WELFARE 2010 ANNUAL REPORT



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



IDAHO DEPARTMENT OF
HEALTH & WELFARE



IDAHO DEPARTMENT OF HEALTH & WELFARE

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It is my privilege to write my fourth introduction to the annual Idaho Board of Health and Welfare report, chronicling the noteworthy activities of the Department of Health and Welfare (DHW) and its interaction with the Board during State Fiscal Year 2010.

The work we do is not always easy, especially as our state continues to experience budget difficulties. State revenues have declined at the same time that DHW has served a growing number of Idahoans impacted by economic troubles. Finding ways to meet this need with fewer resources has been a major challenge.

Our board has closely monitored DHW's ability to respond to Idahoan's needs after reductions forced closure of nine of 29 field offices and elimination of more than 100 positions last April. I can report with amazement and respect that our personnel continue to exhibit high morale and strong work ethic.

DHW continues to do good work. For example, it is responsible for accurate and timely administration of the federal Food Stamp program. Several years ago, we fell woefully behind in this area, resulting in a significant fine. Now, our error rates are around 3 percent -- some of the best in the nation. We are processing three-quarters of Food Stamp cases on the day of application. Our staff's exemplary work is also evident in their accuracy in determining Medicaid, cash assistance, and childcare assistance.

This continued strong performance is aided by improved business practices and the new Idaho Benefit Eligibility System (IBES), implemented in November 2009 without a hitch. IBES replaced a 22-year-old automated benefit eligibility determination system that has proven fast and effective.

The year has not been without challenges. In June 2010, a new system to reimburse Medicaid providers came online. While Molina Healthcare, the company contracted to administer the system, assured the state it was ready to go live, major problems immediately arose, causing prolonged payment delays for many providers. Problems continued over the summer and are still being corrected. Director Armstrong has assured the Board that DHW will continue closely monitoring the system's performance until it meets contractual requirements. Eventually, the system should enhance the department's work in keeping our citizens healthy.

We know that good health requires more than responding to medical needs. The department has goals in its strategic plan to encourage all Idahoans to develop healthy lifestyles. Quitting smoking is key to this effort, and a proposed tax on tobacco products could raise money that could be targeted to smoking cessation efforts and our Medicaid program. The Board will watch the progress of this proposal.

We hope this report is helpful in your guidance of our great state. We thank you for your support.

Richard Roberge, M.D.
Board Chairman

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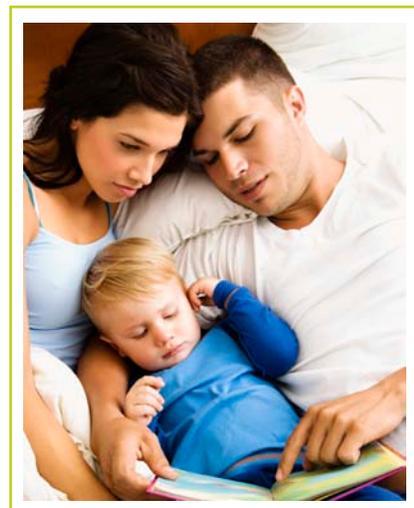
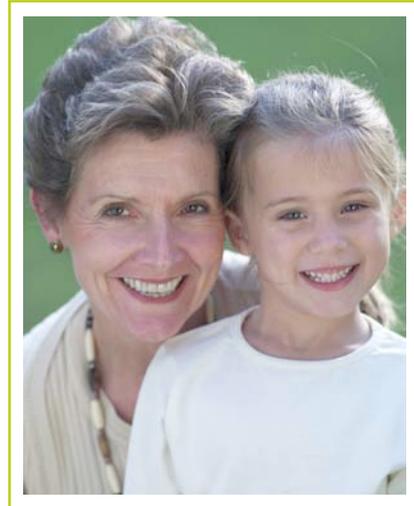


Table of Contents

Message from the Chairman	3
Fiscal and Policy Issues	6-11
Economic Impacts and Stimulus Funds	6
Ongoing Fiscal Issues	11
Managerial and Overall Performance	12-13
Strategic Plan	12
Confirmation and Administrative Appointments	13
Proposed and Ongoing Department Initiatives	14-17
Budget Reductions	14
Medicaid Management Information System	14
Idaho Benefits Eligibility System Implementation	15
Idaho State School and Hospital	15
H1N1 Response	16
Childhood Immunizations	17
Approval of Rules	17
Board Overview	18-21
History	18
Composition and Responsibilities	18
Membership	19
Organization	21
Department Overview	22-26
Leadership and Organization	22-23
Family and Welfare Services	24
Health Services	24
Support Services	25
Administrative Staff	26

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 and Stimulus Funds

Idaho’s economy continued to struggle in the first half of SFY 2010 and this struggle had far-reaching impacts on the Department of Health and Welfare. All divisions within the department experienced cutbacks, including layoffs in all divisions and all regions of the state.

The Division of Medicaid represents the largest share of the budget and some of the most dramatic shortfalls. It is especially difficult to make rapid reductions in Medicaid because such reductions often require policy changes that in turn require federal approval. In addition, 96% of Medicaid’s \$1.5 billion budget is paid out to the private businesses that provide services to Medicaid participants. Any reductions in Medicaid spending impact these Idaho businesses as well. During SFY 2010, Medicaid experienced a substantial caseload growth -- about 9% -- causing additional demands on the state’s reduced resources.

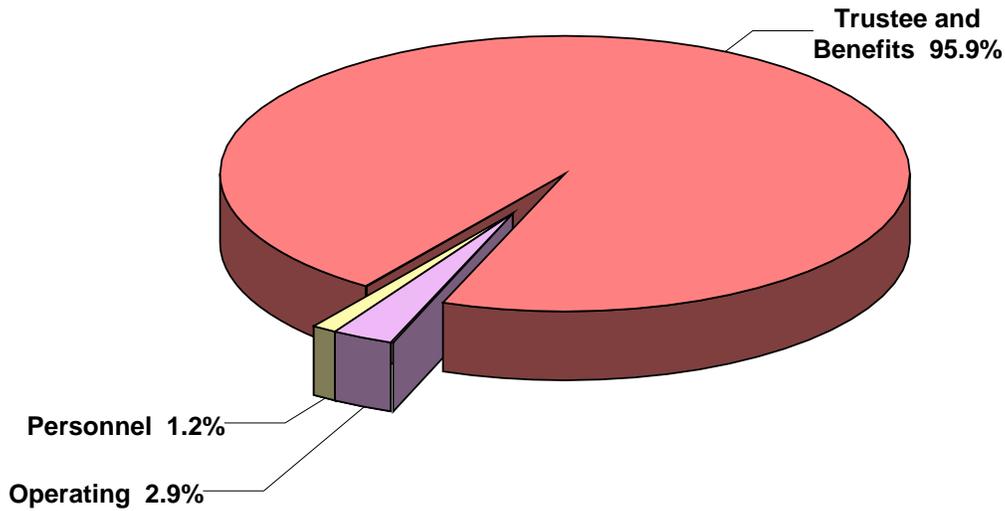
To address the substantial shortfall in SFY 2010, Medicaid reduced its personnel budget by \$885,000 through furloughs and not filling vacant positions. The division also cut back its operating budget by renegotiating contracts. The biggest reductions came in the division’s Trustee and Benefit payments, the bulk of its budget.

Medicaid held payments to providers for several weeks at the end of the fiscal year. The division also worked on a legislative directive to gather input from Medicaid providers about potential cost savings to address an even larger shortfall looming in SFY 2011. Since October 2008, the federal American Recovery and Reinvestment Act (ARRA) increased the federal share of Medicaid expenses, meaning a match rate of about 79.18% in SFY 2010. That match rate goes back to the average 70% level beginning in SFY 2012. The reduced funding will have an annualized impact on state general funds of approximately \$150 million in SFY 2012. Medicaid funding will be one of the most difficult tasks faced by the 2011 Legislature. Following is a three-year comparison of spending by major divisions, as well as a year-to-year employee count:

Fiscal and Policy Issues

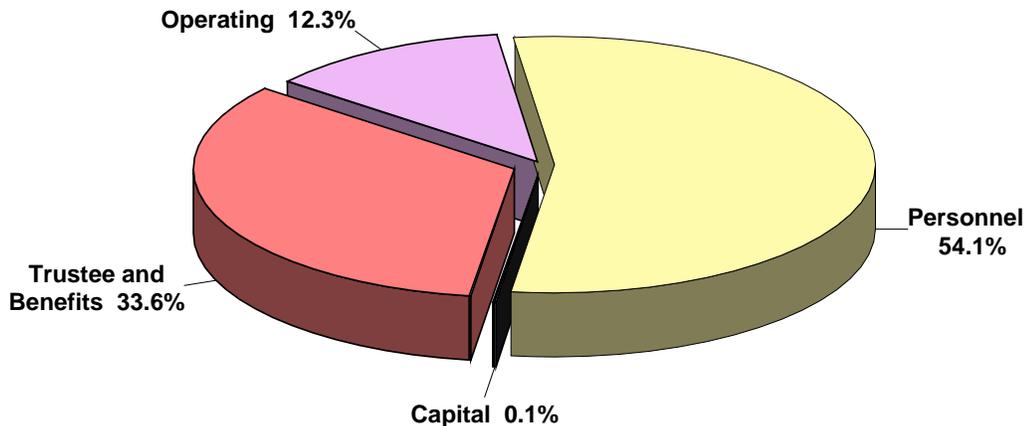
Division of Medicaid

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$16,710,900	\$18,172,200	\$17,852,100
Operating Expense	24,720,000	42,225,800	41,836,800
Capital Outlay	391,200	85,500	2,400
Trustee & Benefits	1,259,524,100	1,376,484,000	1,409,568,700
Total	\$1,301,346,200	\$1,436,967,500	\$1,469,260,000
Full Time Equivalent Positions (FTE)	276	291	283



Division of Family and Community Services

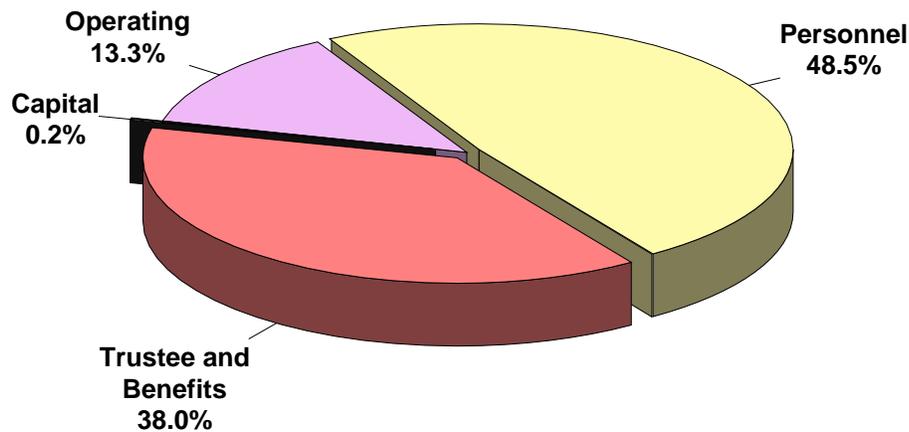
	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$51,617,200	\$52,963,300	\$48,845,800
Operating Expense	13,703,200	13,119,000	11,090,900
Capital Outlay	1,734,500	183,400	63,000
Trustee & Benefits	31,695,400	31,804,900	30,365,400
Total	\$98,750,300	\$98,070,600	\$90,365,100
Full Time Equivalent Positions (FTE)	957	976	977



Fiscal and Policy Issues

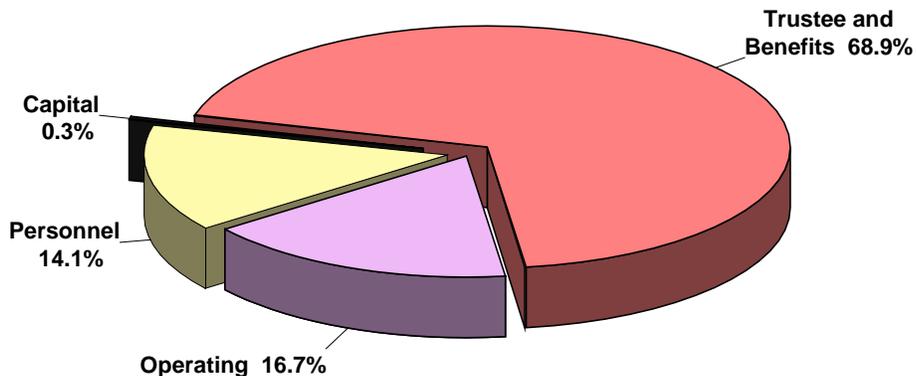
Division of Behavioral Health

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$45,245,800	\$45,689,000	\$43,212,900
Operating Expense	16,395,400	14,891,500	11,849,900
Capital Outlay	913,900	320,200	158,300
Trustee & Benefits	32,968,700	38,457,800	33,878,800
Total	\$95,523,800	\$99,358,500	\$89,099,900
Full Time Equivalent Positions (FTE)	742	726	726



Division of Public Health

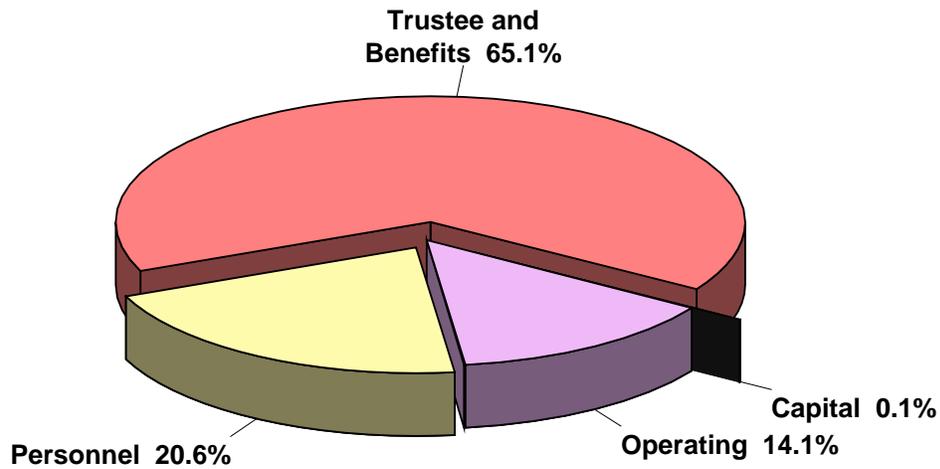
	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$11,973,300	\$12,582,000	\$12,148,900
Operating Expense	16,233,500	16,786,300	14,374,400
Capital Outlay	403,000	467,200	284,000
Trustee & Benefits	52,580,900	56,445,900	59,261,100
Total	\$81,190,700	\$86,281,400	\$86,068,400
Full Time Equivalent Positions (FTE)	206	206	206



Fiscal and Policy Issues

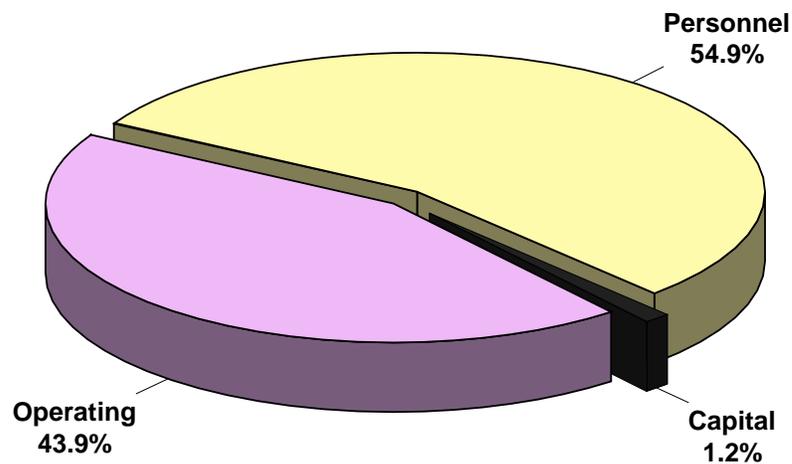
Division of Welfare

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$32,677,800	\$33,695,000	\$32,942,200
Operating Expense	24,121,400	34,343,800	22,528,000
Capital Outlay	1,246,300	932,600	163,800
Trustee & Benefits	72,901,100	85,121,000	103,984,300
Total	\$130,946,600	\$154,092,400	\$159,618,300
Full Time Equivalent Positions (FTE)	622	632	632



Indirect Support Services

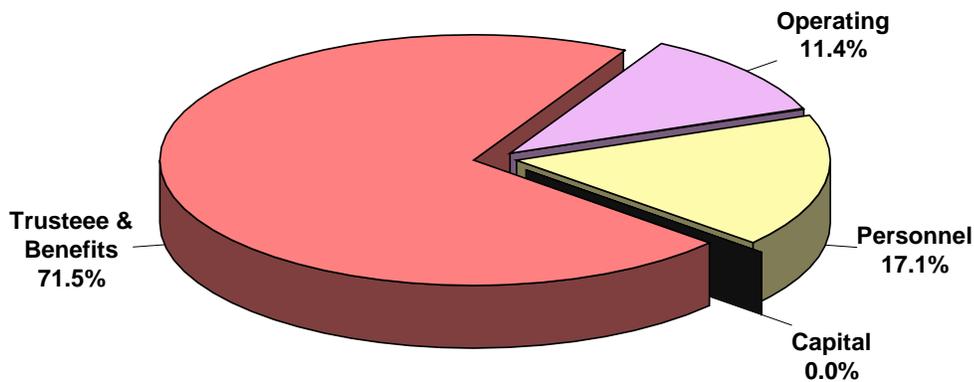
	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$19,554,200	\$19,149,700	\$18,327,700
Operating Expense	15,143,900	14,392,200	14,637,600
Capital Outlay	737,800	616,100	414,600
Trustee & Benefits	---	---	---
Total	\$35,435,900	\$34,158,000	\$33,379,900
Full Time Equivalent Positions (FTE)	303	294	303



Fiscal and Policy Issues

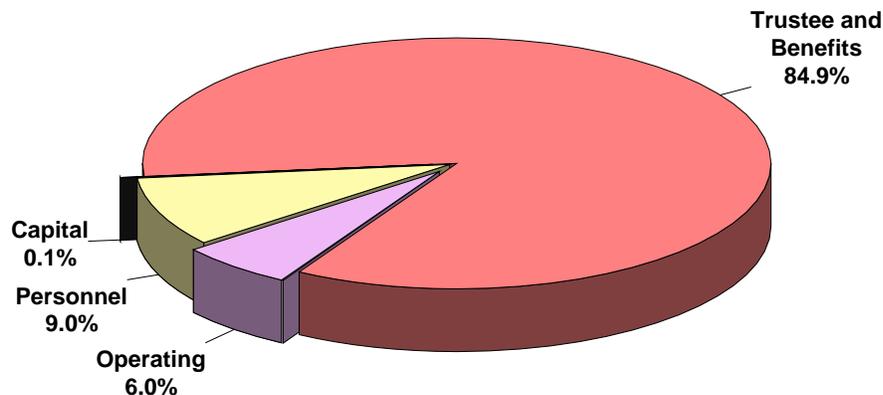
Independent Councils

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$639,300	\$723,700	\$725,500
Operating Expense	437,800	446,800	481,100
Capital Outlay	7,000	1,300	1,200
Trustee & Benefits	2,531,900	2,833,100	3,028,200
Total	\$3,616,000	\$4,004,900	\$4,236,700
Full Time Equivalent Positions (FTE)	13	12	12



Department of Health and Welfare (including independent councils)

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Personnel Costs	\$178,418,500	\$182,974,900	\$174,141,700
Operating Expense	110,755,200	136,205,400	116,804,100
Capital Outlay	5,433,700	2,606,300	1,087,300
Trustee & Benefits	1,452,202,100	1,591,146,700	1,640,086,500
Total	\$1,746,809,500	1,912,933,300	\$1,932,119,600
Full Time Equivalent Positions (FTE)	3,119	3,137	3,141



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. Idaho leads the nation in growth in the Food Stamp program. While the growth rate is slowing down, many Idaho families continue to struggle.

Economic Impacts

Along with Food Stamps, 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 department 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 the department can 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 the department operates 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 in this section, Medicaid faces 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. The Board will continue to monitor the impacts of health care reform on Medicaid.

Child Welfare

The Board continues to monitor the Child Welfare program and potential fiscal impacts therein. Families continuing to feel the stresses of poverty are more likely to have child protection issues. We could see an increase in the caseload. At the same time, there is concern about child welfare social worker burnout. Historically, there has been high turnover in this area. Protecting the health and safety of children is one of the department's primary responsibilities. It is vital that the department continue to make improvements in this program and continue efforts to recruit and maintain qualified staff. Failure to continue to improve the program could also result in federal financial penalties.

Managerial and Overall Performance

"...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)

DHW Strategic Plan

During SFY 2010, the Board reviewed the Strategic Plan FY2011-2015 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 2015.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2015.

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 2015.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2015.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2015.

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

Objective 1: Assure that in 2015, 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 2015.

Objective 3: By 2015, 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 2015.

Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication, and convenience) to 84.57% by 2015.

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 FY2011-2015 is found at <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=VV2-M0SUGWk%3d&tabid=134&mid=1195>.)

Confirmation of Administrative Appointments

During SFY 2010, the Board of Health and Welfare had no new administrative appointments to confirm.

Proposed and Ongoing Department Initiatives

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(I.C. §56-1005, subsection 11)

During SFY 2010, 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:

Budget Reductions

Worsening economic conditions in SFY 2010 caused state revenues to come in below projections resulting in mid-year budget cuts throughout the agency. This included a furlough requirement for all employees.

With a grim budget outlook for SFY 2011, DHW was forced to close 9 of its 29 field offices and layoff more than 100 employees. In addition, the Division of Medicaid implemented a number of cost containment strategies including price freezes and reductions, benefit changes, reductions in administrative contracts, and new parental cost sharing requirements.

At the end of SFY 2010, it became apparent that Medicaid would need to delay provider payments for several weeks in order to finish the fiscal year in the black. At the same time, the Division of Medicaid was given legislative direction to work with providers on ideas on how to reduce spending in SFY2011. Meetings with stakeholders around the state were planned for the summer. The most significant opportunities to find general fund savings came from hospitals and nursing homes by using an assessment tool. However, Medicaid continues to face a shortfall in SFY 2011 that will likely be even worse in SFY 2012.

Medicaid Management Information System

Idaho Medicaid implemented the new Medicaid Management Information System (MMIS) at the end of SFY 2010, contracting with Molina Medicaid Solutions. The highly complex computer system maintains information on more than 200,000 Medicaid clients and is responsible for managing payments to about 18,000 Medicaid providers.

Implementing this new MMIS was especially challenging given the claims payment holdbacks during the last three weeks in June. Most providers were expecting payments to begin again during the first week of July. However, major issues plagued the system at initial implementation and many providers did not receive expected payments. The department

Proposed and Ongoing Department Initiatives

made extra payments to providers to ensure providers could continue to operate while MMIS issues were resolved. The state, under the leadership of the governor and DHW director, demanded the system be corrected. Eighteen significant issues were identified and put into a Corrective Action Plan. DHW continues to monitor progress on these issues and to work closely with Molina to resolve them to ensure that provider payments are made in a timely and accurate fashion.

Idaho Benefits Eligibility System Implementation

Earlier in the fiscal year (November 2009), the Division of Welfare successfully implemented the Idaho Benefits Eligibility System (IBES), which replaces the 22-year-old automated system used to determine eligibility and process applications for Medicaid, Food Stamps, cash assistance, and child care.

This replacement and the accompanying streamlined business processes have been instrumental in the division's ability to keep pace with tremendous growth in the number of people seeking assistance.

Worsening economic conditions led to record setting enrollment in the Food Stamp program, which is now called the Supplemental Nutrition Assistance Program (SNAP). Participation in the program grew by nearly 40 percent in Idaho over the past fiscal year. The average monthly enrollment in Food Stamps during SFY 2010 was 179,000 people, up from 125,000 in SFY 2009. Fourteen percent of Idahoans (223,000) were enrolled in the program as of December 2010.

The Division of Welfare has continued to meet accuracy goals in its administration of the federal SNAP program. The majority of applications are processed on the day they are received. The Board will closely monitor the department's ability to continue to meet these goals with its reduced workforce.

Idaho State School and Hospital

In the 2009 Legislative Session, the Joint Finance and Appropriation Committee developed legislative intent language that directed the department to determine what resources would be needed to transition clients living at the Idaho State School and Hospital (ISSH) into the community.

DHW convened a committee of legislators, providers, emergency responders, parents, consumers, staff from the Governor's office, and advocates to review the status of the services at ISSH and respond to recommendations made by the department regarding the future of ISSH. A written report of the findings and recommendations was submitted to the chairs of the House and Senate Health and Welfare Committees and Joint Finance and Appropriation Committee of the Idaho Legislature. No legislative action was taken on

Proposed and Ongoing Department Initiatives

the recommendations in the 2010 Legislative session because of the focus on the state's financial challenges. However, the department continues to work on reducing the census at ISSH and improving crisis prevention and response services in the community to prevent admission to the facility.

The census at the Idaho State School and Hospital (ISSH) continues to decrease. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care. The census at ISSH was 93 on July 1, 2007 and was reduced to 63 as of July 1, 2010. The institution will continue to monitor admissions and discharges very carefully as community services and supports develop

H1N1 Response

The department's Public Health Division continued in SFY 2010 to respond to an outbreak of a new influenza A H1N1 virus first identified in April 2009 in Mexico. The H1N1 virus quickly spread nationwide, and Idaho's first case was reported in May. On June 11, 2009, the World Health Organization declared a pandemic because the virus was widespread throughout the world.

Symptoms of 2009 H1N1 virus infection are similar to seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Most people with the flu recovered without medical treatment. However, soon after the start of the outbreak, it became clear that illness caused by the new strain of influenza virus seemed to impact younger people disproportionately, including some serious hospitalizations and deaths; it rarely causes disease or deaths in adults over 65 years of age.

The Division of Public Health's successful public health response to pandemic H1N1 influenza over the last year provided the opportunity to test and implement influenza plans developed over the last five years. Over the course of the response efforts, roles and responsibilities were redefined to strengthen public and private partnerships together with public health, hospitals, tribes, community health centers, pharmacies, and regional partners, to name a few. The division utilized several strategies in its response to the disease, including establishing a new hospital-based surveillance system, allowing for the ability to track numbers of influenza-related hospitalizations.

Because novel influenza infections and hospitalizations became reportable, health officials were better able to evaluate the flu severity in a timely fashion. These tools can be utilized in future outbreaks.

Proposed and Ongoing Department Initiatives

Childhood Immunizations

Due to the lack of state funds to continue purchasing all children's vaccines, the Division of Public Health partnered with providers, health insurance companies, and physicians to develop a new funding mechanism for the vaccine program. Under the new system, the state purchases children's vaccines from the Centers for Disease Control and Prevention at a discounted rate. The funding for purchasing the vaccines is provided through an assessment of health insurance carriers. This alternative method of vaccine funding continues coverage for all of Idaho's children, while saving money for both the state and insurance carriers who provide coverage for immunizations.

The immunization program also was strengthened through statute changes that improve tracking of vaccinations and the formation of the commission to advise state leaders on strategies to improve immunization rates. One statute changed the immunization registry from being opt-in to opt-out. Another established a Childhood Immunization Policy Commission which will advise the Board on policy and advise the legislature on legislative action to improve immunization rates.

Approval of Rules

During SFY 2010, 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 to add novel influenza A virus to the list of reportable diseases. This change was in response to the H1N1 outbreak and allowed health officials to better protect and respond to the outbreak. The changes include reporting requirements, investigation requirements and restrictions needed to help control the spread of the virus infection.

Approved amended rules that change the certification for Developmental Disabilities Agencies from two years to three years. This change will align the department's certification period with the Commission on Accreditation of Rehabilitative Facilities and will help meet legislative intent to encourage service providers to obtain national accreditation.

Approved rules changes related to daycare licensing. These rules 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 day care licensing legislation passed in the 2009 session. The legislation consolidates all licensing and oversight functions into one organizational unit to standardize the department'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

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 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 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.



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. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

The Board of Health and Welfare

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 for Governor Otter.



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

Department Overview

The 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.

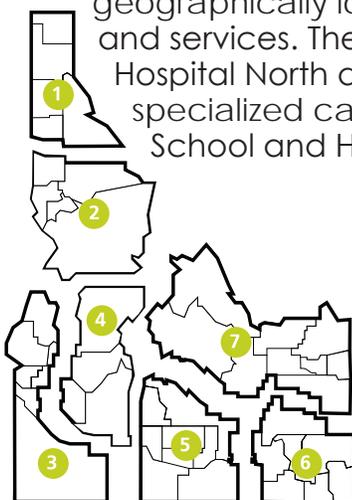
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

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 of the germane committees for the State Health and Welfare committees.

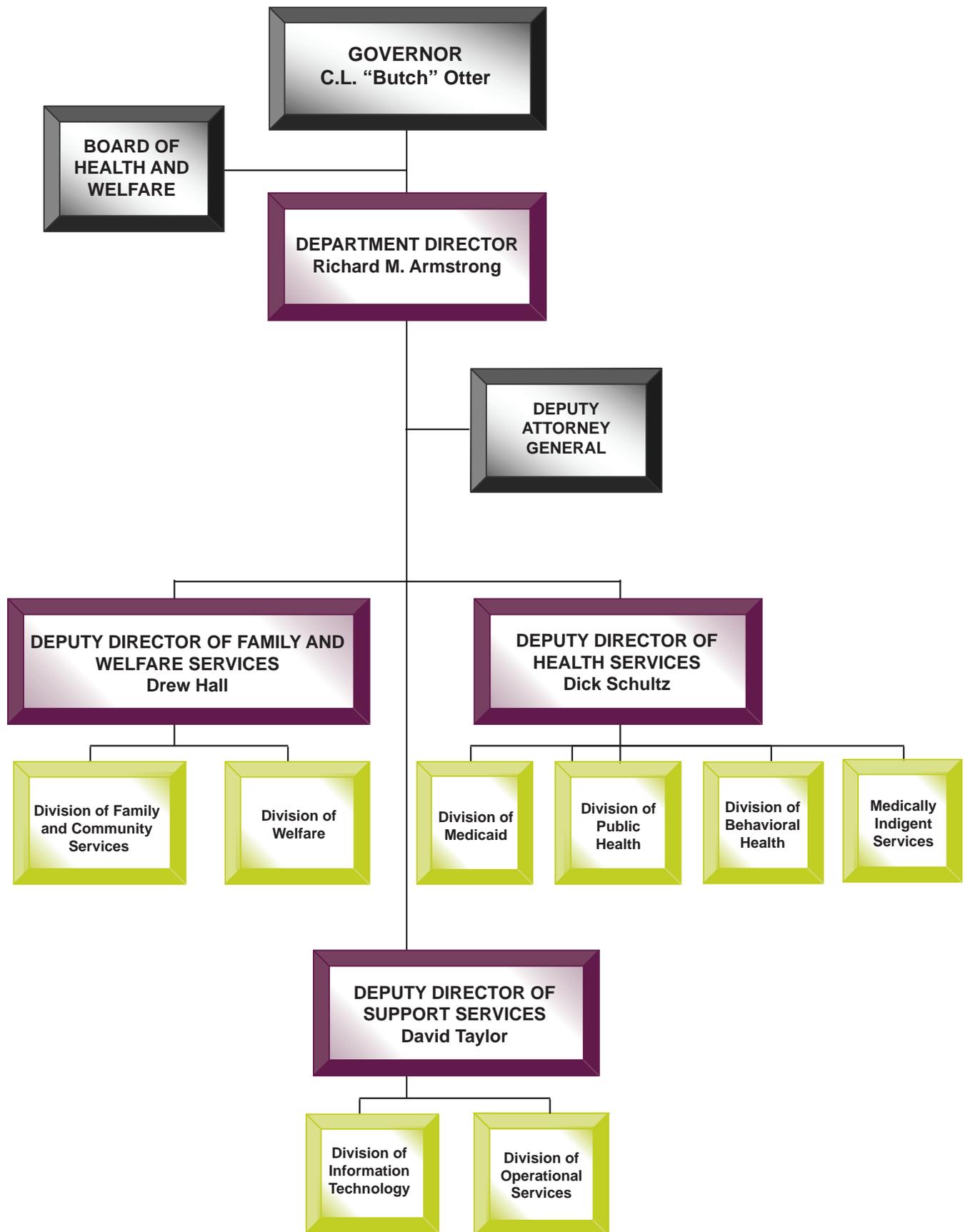
DHW Organization

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, Idaho State School and Hospital 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



Department Overview

Department Divisions

DHW also is divided into seven 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 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 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 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.

HEALTH 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.

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.

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.

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 of DHW's 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.

Department Overview

Administrative Staff

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



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