

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
February 27, 2020**

The Board of Health and Welfare convened at:
Pete T. Cenarrusa Building
450 W. State Street
Boise, Idaho 83720

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
James Giuffré, Vice-Chairman
Dave Jeppesen, Secretary
Tom Stroschein
Wendy Jaquet
Dr. Linda Hatzenbuehler
Dr. Timothy Rarick
Sara Stover
Senator Fred Martin

STAFF PRESENT

Lisa Hettinger, Deputy Director, Support Services
Lori Wolff, Deputy Director, Family and Community Services (FACS) and Welfare Services
Tamara Prisock, Division Administrator, Licensing and Certification
Elke Shaw-Tulloch, Division Administrator, Public Health
Dieuwke A. Dizney-Spencer, Deputy Division Administrator, Public Health
Elizabeth Hoyt, Health Program Manager, Public Health
Kathy Turner, Bureau Chief, Public Health
Matt Wimmer, Division Administrator, Medicaid
Brad McDonald, Division Administrator, Management Services
Chris Freeburne, Regional Director
Kathie Brack, Special Assistant to the Director
Kelly Petroff, Communications Director
Bill Evans, Ops and Support Analyst, IT
Niki Forbing-Orr, Public Information Officer
Lynn Overman, Liaison to the Board

OTHERS PRESENT

Nicole McKay, Division Chief, Deputy Attorneys General
Jared Tatro, Principal Budget & Policy Analyst, Legislative Services Office
Sarahi Juarez, Contractor, FACS Division
Casey Moyer, Optum Idaho
Georganne Benjamin, Optum Idaho
Liz Woodruff, Idaho Voices for Children

CALL TO ORDER

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Darrell Kerby, Chairman of the Board, at 8:10 a.m. Thursday, February 27, 2020 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Jeppesen, Secretary, called the roll. Roll call showed six (6) members present. With five (5) voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Fred Wood, Senator Fred Martin, Sara Stover and Timothy Rarick. (Timothy Rarick arrived at 8:20 a.m. and Sara Stover arrived at 10:00 a.m.)

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. There being none, the Board advanced to the next order of business.

ADOPTION OF MINUTES FROM BOARD MEETING ON NOVEMBER 14, 2019

Motion: Wendy Jaquet moved that the minutes of the November 14, 2019 Board meeting be adopted as prepared.

Second: Tom Stroschein

Vote:

Ayes: **Kerby, Giuffré, Stroschein, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

COMMENTS FROM BOARD MEMBERS

Jim Giuffré expressed his continued concern regarding the effects of teen vaping in Idaho. He requested an update on the outcome of the motion he made at the November Board meeting to “provide Governor Little with a comprehensive list of options to consider regarding health issues related to and/or regulation of vaping in Idaho.” This topic will be covered today during Elke Shaw-Tulloch’s discussion on vaping.

Wendy Jaquet received correspondence regarding government accountability for Maximus - the State’s contractor for employment training. Idaho was not highlighted in the report and **Ms. Jaquet would like a statement from the Department addressing concerns made in the report regarding Maximus.** Director Jeppesen reminded Board members that correspondence received individually and requesting Board attention should be forwarded to and dispersed by Board Liaison, Lynn Overman.

Mr. Giuffré asked if health care directives could be relocated from the Secretary of State's office to the DHW and managed by a free mobile application "My Directive". This would provide availability to Idahoans and health care providers. Director Jeppesen reported he has met with legislative committee members to discuss options regarding advance care directives.

WI-FI INSTRUCTIONS

Bill Evans, Operations and Support Analyst, reviewed instructions for Board members to access the DHW Wi-Fi.

Mr. Giuffré expressed frustration accessing and using the SharePoint site designated for Board member use and **requested the Department investigate alternative sites designed for board use.**

CONCURRENCE OF APPOINTMENT: DENNIS MESAROS - TIME SENSITIVE EMERGENCY (TSE) COUNCIL, EMERGENCY MEDICAL SERVICES (EMS)

Elke Shaw-Tulloch provided a copy of Mr. Mesaros' curriculum vitae. (See Attachment 1). She advised the Board of Mr. Mesaros' experience and skill as a hospital administrator for St. Luke's Medical Center in Meridian. The medical center is a TSE Level 4 Trauma center, Level 2 stroke center and Level 1 STEMI (heart) center, making Mr. Mesaros an excellent contributor to the Council.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare concur with the appointment of Dennis Mesaros as a member of the Time Sensitive Emergency Council, Emergency Medical Services.

Second: Jim Giuffré

Vote:

Ayes: **Kerby, Giuffré, Stroschein, Jaquet, Hatzenbuehler, Rarick**

Nays: **None**

Motion Carried

CONCURRENCE OF APPOINTMENT: BRAD McDONALD – DIVISION ADMINISTRATOR, MANAGEMENT SERVICES

Lisa Hettinger, Deputy Director of Support Services, introduced Brad McDonald as Division Administrator for the newly formed Management Services Division and endorsed his experience in finance, contracts and compliance. A copy of his Curriculum Vitae was provided (See Attachment 2).

Mr. McDonald briefly addressed the Board regarding his management training and length of service in the United States Air Force. He is originally from Kimberly, Idaho and comes to the Department with a desire to serve the citizens of Idaho.

Mr. Kerby and Mr. Giuffré thanked him for his military service.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare concur with the appointment of Brad McDonald as Division Administrator of Management Services in the Department of Health and Welfare.

Second: Linda Hatzenbuehler

Vote:

Ayes: **Kerby, Giuffré, Stroschein, Jaquet, Hatzenbuehler, Rarick**

Nays: **None**

Motion Carried

Ms. Jaquet inquired about professional development and advancement opportunities within the Department. Director Jeppesen responded that there are several training classes offered to all state employees, including an introductory course for supervisors as well as a two-year certificate in public management course. The Department of Health and Welfare is the largest contributor of trainees for these courses. Efforts continue to create professional development opportunities for employees working in smaller regional offices.

STATUS OF DEPARTMENT RULES AND BILLS: TAMARA PRISOCK – DIVISION ADMINISTRATOR, LICENSING AND CERTIFICATION

Tamara Prisock indicated that the omnibus dockets have been prepared to renew all Department of Health and Welfare rule chapters. **(See Attachments 3 and 4)**. This is a pro-active step advised by the Division of Financial Management (DFM) to avoid the expiration of administrative rules due to the 2019 Legislature's non-authorization of the Administrative Code. An Executive Order from Governor Little in June 2019 was necessary to make all rules temporary until the next session.

There was discussion about the vital statistics rule regarding changes to gender on birth certificates. This rule was adopted by the Board in 2018 to comply with a federal court order. It is scheduled to be heard by the Legislature March 4 and is expected to pass. Non-compliance with the federal court order would cause costly litigation, per Nicole McKay.

Ms. Jaquet requested a one-page update on the number of birth certificate gender marker change requests.

ZERO BASED RULE MAKING: TAMARA PRISOCK – DIVISION ADMINISTRATOR, LICENSING AND CERTIFICATION

Ms. Prisock provided Board members a copy of Executive Order No. 2020-01 **(See Attachment 5)**, repealing and replacing the Red Tape Act with the Zero-Based Regulation process. Also provided was an outline of the points of the Regulation. **(See Attachment 6)**. The process

requires on-going reviews of rules. A schedule listing review dates will be published in 2021. Temporary rules may be made if there is a change in statute, compliance with federal requirements, or a well-documented imminent public safety issue. Board action is only required on rules that fall under Board purview.

DISCUSSION ON VAPING: ELKE-SHAW TULLOCH – DIVISION ADMINISTRATOR, PUBLIC HEALTH

Elke Shaw-Tulloch provided documentation requested by Ms. Jaquet regarding birth certificate gender change applications, as well as a graph showing applications received by month and year. **(See Attachments 7 & 8).**

Ms. Tulloch then introduced Elizabeth Hoyt from the Public Health Division's Tobacco Prevention Program - Project Filter. Ms. Hoyt shared data on youth vaping trends obtained from a 2019 survey from the Department of Education. According to the survey, 48% of high school students reported using vaping products at least once, with continued use reported at 9%. Visits to high schools by Project Filter staff reveal the number of current vape users is closer to 80%. It is believed that fear of detection and punishment are responsible for inaccurate survey reporting by students.

Nicotine potency in vaping products is higher than traditional products, creating quicker addiction, with traditional product use at only 5%. E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI) has caused 2,800 hospitalizations or deaths in the United States, with the first lung transplant of a 17-yr. old due to EVALI. There have been 13 cases of EVALI in Idaho. Manufacturers of over 15,000 vaping products target youth with inexpensive products, such as \$1 "candy sticks" that provide over 300 uses, and flavor names such as Cotton Candy and Gummi Bear that would not typically appeal to adults. A recent FDA flavor enforcement policy was aimed at reducing flavors that would appeal to youth but did not limit new flavors and did not include disposable products, such as the candy sticks.

Banning vaping in other states has created political and legal problems that have been counter-productive and costly, according to Ms. Shaw-Tulloch. Ms. Hoyt added that social media posts indicate Idahoans support an individual's right to vape. State legislation is currently being proposed to raise the age limit for vaping from 18 to 21 and to create the same regulations for vaping stores as those for traditional tobacco retailers. Currently, vaping stores are unregulated because there has been no funding for compliance checks. Ms. Shaw-Tulloch provided an 8-page document outlining measures to address vaping in Idaho, including legislative submission updates. **(See Attachment 9).**

Education efforts rather than legal limitations appear to be received well, according to Ms. Hoyt. Common misconceptions about vaping products by youth, parents and grandparents include the belief that vaping products are an aid to tobacco cessation and are a healthy form of hydration. The liquid used in vaping products to make nicotine inhalable is not water, but Vitamin E Acetate or tetrahydrocannabinol (THC) - strongly linked to the EVALI outbreak. Both products have been found in product samples as well as patient lung fluids tested by FDA and state laboratories.

A new program “My Life, My Quit” offers strategies for individuals who desire vaping/tobacco cessation. The program promotes meeting people wherever they are in their desire to quit. It was launched in December 2019 and has been promoted via social media, public transportation advertisements, and high school counseling. Rather than suspend students for tobacco use, schools are offering enrollment in “My Life, My Quit”. The program utilizes anonymous text and chat capabilities that appeal to youth and provides free Nicotine Replacement Therapy (NRT) to individuals under 18 years of age. It also sponsors public figures such as athletes and race-car drivers to speak at school assemblies about healthy and appealing activities that provide a high, rather than nicotine use. **Mr. Giuffré requested documentation of the number of people enrolled in the program, particularly those under age 18.**

CORONAVIRUS/FLU UPDATE, ADVANCED CARE DIRECTIVE: ELKE SHAW-TULLOCH – DIVISION ADMINISTRATOR, PUBLIC HEALTH

Ms. Shaw-Tulloch introduced Kathy Turner, Public Health Communicable Disease Prevention Bureau Chief to provide information regarding the novel coronavirus. According to Ms. Turner, there are currently 15 cases of COVID-19 (the disease caused by the coronavirus) in the continental United States. There are also 45 repatriated citizens on a cruise line that have been infected.

Tom Stroschein asked what qualifies an illness as a pandemic. Ms. Turner stated a pandemic is determined by the number of continents with confirmed infections. We are close to that number being reached.

Today California announced it now has cases of community spread – meaning the patients have no known travel history and no known contact with COVID-19 positive patients. This is important because infected individuals who are asymptomatic can spread the disease. There are currently no cases in Idaho, but 26 residents who have traveled from China where the virus originated are being monitored.

The Division of Public Health Emergency Operations Center is monitoring the situation closely. Center staff meet three times per week to review the pandemic flu plan and to receive guidance from the Centers for Disease Control and Prevention (CDC). Currently the risk for the general population is low, but the DHW and Health District Offices are prepared to work with schools and community partners if the need for school closures and cancellation of large events become necessary. Staff are also working to educate citizens regarding mitigation efforts such as washing hands, covering coughs and staying home when sick.

There have been some questions about the availability of testing kits. The State Lab has received operative testing kits from the CDC and currently have enough kits to test all samples provided. Patients who test positive are to remain in self-isolation for 14 days. Symptomatic individuals awaiting test results are also asked to self-quarantine. There is no specific treatment for COVID-19 – hospitals provide supportive care for severe cases.

Wendy Jaquet asked about projected costs for testing and isolation units. Ms. Shaw-Tulloch indicated that initial testing costs are the responsibility of the patient. Isolation/Quarantine costs

are still being calculated. Washington is the first state to request funds from the federal Emergency Preparedness Plan (EPP). A Disaster Declaration from the Governor is required to release federal funds, which can then be distributed to the regional Health Districts.

In addition to COVID-19, Idaho is still in the middle of the influenza season. The rate of infection is higher in children and young adults than in previous years and there has been one pediatric death in Idaho. This is in contrast to the novel coronavirus which seems to have a mild effect on youth and children and displays the most severe symptoms in adults over 55 years. Influenza B was predominant at the beginning of the season, but rates of Influenza A are now higher.

Advanced Care Planning: According to Ms. Shaw-Tulloch, the Senate Health and Welfare committee has recommended HB436 to pass. This proposed legislation transfers responsibility for the health care directive registry from the Secretary of State to the Department of Health and Welfare. The cost to design, build, and implement an advanced care directive database system in the Department of Health and Welfare is estimated at about \$250,000 for onetime costs and \$500,000 for ongoing operation of the system.

MEDICAID WAIVERS AND VALUE-BASED CARE INFORMATION AND UPDATE; **MATT WIMMER – DIVISION ADMINISTRATOR, MEDICAID**

Mr. Wimmer reported the Division of Medicaid has been working with stakeholders to move to a value-based standard of care by 2023. The program is titled Healthy Connections Value Care. The first contract was signed with St. Luke's Health Partners. Four other providers are in the process of signing agreements: St. Alphonso's Health Alliance, Catalyst, Saltzer-Nampa, and Primary Health Medical Group. These four providers service 20% of Idaho citizens. HB351 has passed, directing hospitals and the Department of Health and Welfare to work together toward value-based payments for providers. Mr. Giuffr  asked if there has been any reticence from providers about accepting the risk for quality of care. Mr. Wimmer indicated that this is a risk providers are willing to take and are incentivized by sharing in the savings for increased quality outcomes.

An 1115 waiver application was submitted to the Centers for Medicare and Medicaid Services (CMS) in September 2019. This waiver would implement work requirements outlined in SB1204 for Medicaid Expansion. Ten other states with work requirements have been unable to implement the plans because of legal issues. Six of the states have lawsuits pending. CMS has stated the decision to approve work requirement waivers is not contingent on litigation.

An Institutions for Mental Diseases (IMD) waiver application was also submitted in January 2020 to provide Medicaid coverage for substance use disorder (SUD) and mental health inpatient service in non-hospital facilities. The department will be submitting a Comprehensive Implementation Plan for mental health coverage. Coverage for SUD patients who do not have mental health issues does not require a waiver.

SB1204 requires a referral for Family Planning Services for Medicaid patients who cannot obtain those services from a Primary Care Provider (PCP). A waiver application was submitted in October. Two other states have also applied for this waiver. One has been approved.

Mr. Wimmer reported that 13,000 residents were transferred from the Idaho Insurance Exchange to Medicaid since Medicaid coverage has expanded. A Coverage Choice Waiver has been requested from CMS for those who would like to remain on the Exchange. This waiver has not been enthusiastically received by CMS because Medicaid participants have lower premium costs and more benefits than the Exchange offers. Over 60,000 Idaho residents are newly enrolled in Medicaid.

FINANCIAL SERVICES, OPERATIONAL SERVICES, JFAC UPDATE: LISA HETTINGER – DEPUTY DIRECTOR, SUPPORT SERVICES

Ms. Hettinger provided a graph of FY2019 funding sources. **(See Attachment 10)**. The department has managed budget well and will be able to implement the Governor's requested one percent General Fund reduction for FY2020. A comparative summary of IDHW requested funds and the Governor's budget recommendations was provided. **(See Attachment 11)**.

Ms. Hettinger noted the largest budget is Medicaid. The continuing Child Welfare IT project (CWIS) is also a priority. Monies have been appropriated for CWIS, but the department must also obtain spending authority from the Joint Finance Appropriations Committee (JFAC).

JFAC granted \$500,000 for the state's Community Recovery Centers. Mr. Stroschein asked if the funds would be sent to Recovery Idaho to disperse to individual centers according to need. Ms. Hettinger stated that equal amounts will be sent to each community center to be spent at their discretion per the legislative intent language.

Ms. Jaquet requested a column for JFAC Appropriations be added to the summary and emailed to Board members. She also requested it be added to the minutes as part of the permanent record.

Ms. Hettinger also provided a copy of a letter to the Division of Financial Management (DFM) outlining DHW's plan for general fund savings. **(See Attachment 12)**. A requested two percent reduction for FY2021 will be difficult to achieve without negative impacts to services.

WELFARE/ FAMILY AND COMMUNITY SERVICES (FACS) UPDATE: LORI WOLFF – DEPUTY DIRECTOR, WELFARE/FACS

Ms. Wolff provided copies of a Legislative Report and Report Highlights regarding Southwest Idaho Treatment Center (SWITC). **(See Attachments 13 and 14)**. There have been significant improvements to previous staffing issues at the center. The department continues to work with the SWITC Advisory Board to address the unique and complex needs of the residents.

Mr. Giuffré inquired about any press coverage to show things have turned around at the center. Director Jeppesen informed the Board that full presentations have been made to appropriate

legislative committees which has resulted in considerably reduced concern about the facility. Communication strategies are also being worked on with the Public Information Office and Communications Director, Kelly Petroff.

Regarding the report about Maximus received by Ms. Jaquet, the department has managed the contract closely and will not pay for non-performance. Cost controls have reduced expenditures \$2 million per year.

Dr. Hatzenbuehler requested the standard length of stay for SWITC residents and deviations to that standard.

She also requested that Medicaid coverage for mental health patients be tracked for six months and provided in a report at the August Board meeting. Specifically, she would like to know:

- 1. The waiting periods for individuals stabilized at crisis centers who need ongoing care.**
- 2. Mental health services that weren't available prior to Medicaid Expansion.**
- 3. How many mental health clients use Telehealth.**

According to Director Jeppesen, records from Optum, the mental health provider contractor, can help fulfill this request.

PRESENTATION OF ANNUAL REPORT: KELLY PETROFF – COMMUNICATIONS DIRECTOR

Ms. Petroff showed Board members an on-screen version of the new Annual Report. A printed version will be provided upon completion and approval. The report is being produced in-house so the only cost will be printing at \$1,000.

The report is intended to be a proactive representation of the Department of Health and Welfare and its employees and to tell the story behind the Strategic Plan. The layout and wording are simple but follow strategic goals and highlight department employees as Idaho residents. For example, the scenic picture used on the front of the report was taken by Director Jeppesen. So far, community feedback about the report obtained via social media has been positive.

The communications team has also been working on journey-mapping department processes to improve customer experience.

DIRECTOR'S UPDATE: DAVE JEPPESEN

Director Jeppesen provided a copy of the Strategic Plan (**See Attachment 15**). Each week, members of the Strategic Workgroup focus on one of the four goals in the plan. Metrics are used to make sure the plan remains action oriented and meetings are to report accountability rather than updates. The Strategic Plan will be updated after the legislative session. Child protection services and foster care will be the top priority. State goals will be integrated with department goals as applicable.

Mr. Kerby asked about the department's authority regarding Idahoans having a living wage and other state goals. Director Jeppesen cited the availability of work training, including resume assistance for residents receiving services like food stamps – also known as the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). The department also facilitates the Sources of Strength (SOS) program at schools for suicide prevention, and the Youth Empowerment Services (YES) program for youth with Serious Emotional Disturbance (SED). The department has done much to respond to the needs of Idahoans with mental health and substance use disorders, but more needs to be done.

Director Jeppesen provided Board members with a copy of Governor Little's Executive Order to create the Idaho Behavioral Health Council. **(See Attachment 16)**. This 13-member council will work collaboratively with local government, educators, and community partners and will include representatives from all three branches of state government. A copy of the Supreme Court Proclamation as well as the Legislative Resolution were also provided. **(See Attachments 17 and 18)**. The goals of the council will include improved services and better utilization of existing funds for mental health and substance use treatment. The first meeting will be held in March and the strategic plan will be presented to the three government branches by October 31, 2020. This is the first known model of a state plan involving all three branches of government.

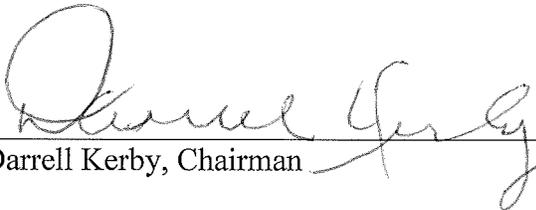
Board members expressed their support of the council and requested updates on the progression and outcomes of the strategic plan. **Mr. Kerby requested a future Board meeting to include a visit from a Drug Court Judge to explain what is done in the courts.**

Mr. Rarick expressed his support for the work of the department and for the action and accountability of the Strategic Plan.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held May 21, 2020. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 1:07 p.m.

Respectfully signed and submitted by:



Darrell Kerby, Chairman



Dave Jeppesen, Secretary



Lynn Overman, Liaison to the Board

Dennis Mesaros

3451 W. Dublin Street

Eagle, ID 83616

Cell: 301.728.2809 / email: dmesaros@centurylink.net

EXPERIENCE

St. Luke's Meridian Medical Center Site Administrator

07/2014 - Present

Site Administrator for 200 bed medical center and ambulatory care facilities. Direct oversight for all patient care and facility operations generating \$300M in net revenue. Lead team in strategies and operations to deliver on patient centered care. Collaborative partner with Medical Staff and System to drive value, improve quality, safety, engage staff and reduce variation.

- Leader - System discretionary spend and OR load leveling initiatives
 - Establish SOPs to reduce operational variation & reduce System expenses by 10%
 - Standardize OR utilization metrics, identify opportunities for efficiency
- Leader / Facilitate site based accountability:
 - Staff Safety - Initiated case conferences to respond to staff safety concerns and reduce LOS
 - Quality / Patient Safety - Decreased falls (3.3/mo. to .83/mo)
 - Patient Experience - Hardwire leader rounding; FY18 HCAHPS Hospital rating 72% vs. target of 62%
 - Stewardship - Eliminate variation in labor practices (reduced all departments to AOI targeted productivity) - FY18 labor under budget by 7%
 - Stewardship - Respond to value ask with 4% reduction in expenses / APD while exceeding EBIDA target by 13%
- Co-leader - operational readiness for SHLS Hospital Epic implementation (10/16).
- Collaborative effort with medical staff to develop site based general surgery and OR governance teams for increased medical staff engagement.
- Model servant leadership behaviors via patient and staff rounding, visibility at events, follow through, team building, recognition, transparency and communication.

Providence Centralia Hospital / Providence Southwest Region

08/2008 - 06/2014

Chief Operating Officer / Site Administrator (promoted to role July 2013)

Site administrator for Providence Centralia Hospital (PCH), a 128 bed facility. Direct oversight for nursing, surgical services, respiratory care, ancillary services & clinical informatics. Leader for overall operating (quality / safety, satisfaction, financial) and strategic goals.

COO/ Executive Leader for Ancillary Services & Clinical Informatics

Previous role included oversight for Providence Saint Peter Hospital (PSPH, a 390 bed Ministry) and 26 physician clinics within the Southwest Washington Service Area. Strategic & operational leader for ancillary services (600 FTEs and a \$90 million operating budget) covering 2 acute care ministries (500 beds / \$500 million in net operating revenue) and physician clinics. Accountable executive for implementation and oversight of Epic (BHR); serve as service area representative at System IS governing committees.

Stewardship & Operational Improvement

- Maintained quality and efficiencies in surgical services (i.e. 24 minute turnaround times, > 70% 1st cases start on time) while accommodating a 9% surgical growth.
- Achieved provider-based status for laboratory and radiology services at multiple sites.
 - Reduced expenses of laboratory and radiology services by \$547,876; Additional revenue capture of lab reference testing yielding gross revenues of \$1,449,718.
- Completed regional restructures of Lab, Imaging, Clinical Informatics & Pharmacy services.

Dennis Mesaros

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- Productivity for Hospital = 102%; year-end expenses 6% under budget.
- Employee engagement scores @ 82% participation / Culture of Safety = 81% participation.
- Completed core lab discernment inclusive of Swedish Health System recommending systemic cost improvement tactics.
- Facilitated replacement of professional services.
 - Pathology - Improved access to subspecialty pathology & safety via specimen labeling; reduced diagnosis time via telepathology; improved surgeon satisfaction.
 - Radiology – Addressed sustainability by expanding relationship with a larger group
- Leader in efforts to improve patient satisfaction with Studer principles and defined focus on pain, comfort, and environment.
- Completed Mission Leadership Formation & implemented Mission Leadership program for staff (improving internal mission score to 91%).
- Led campus projects to improve safety/security & environment of care compliance.

Collaboration / Strategy

- Epic
 - Coordinated PH&S strategy implementing EHR at PCH, PSPH & 26 clinics.
 - Responsible for all phases of implementation, stabilization & optimization (Assessment, Engagement, Readiness & Adoption).
 - Met all go-live dates and meaningful use targets to over \$10M in ARRA funding.
- Implemented PCH Palliative Care and Inpatient Hospice programs.
 - Increased % of deaths receiving palliative care consults (0 to 20%).
 - Increased hospice referrals by 13% & hospice days from 9 to 59.
- Negotiated / implemented medical staff contracts (orthopedics, radiology); led exclusivity discussions with medical staff & board.
- Established PSPH PacLab Network Laboratory equity partnership.
- Implemented Tobacco Free campus at PCH and PSPH (and separate / non PH&S hospital).
- Sponsored Green team resulting in \$132,000 in cost savings (reduced energy consumption in PPC, kinguard donation, occupancy sensors, bike lockers, single stream recycling, computer energy management, Styrofoam free).

Trinity Health / Holy Cross Hospital, Silver Spring, MD

06/00 – 08/2008

Vice President, Patient Care Services

Led operations of multiple departments and programs in a 420 bed hospital to assure effective delivery of care and facilitate the accomplishment of department, program and organizational goals including, but not limited to, growth, finances, community benefit and quality.

Operational Improvement

- Plan, develop and operated programs/services (inclusive of nursing supervision - Home Care/Hospice, Imaging, Pain Management, Dialysis, Patient Throughput, Transitional Care, Palliative Care, Ambulatory Care, Private Home, Adult Day Care, as well as Physical Medicine & Rehabilitation and Laboratory).
 - Leader to over 300 FTEs and an operating budget of > \$30 million; FY07 volumes exceeded budget by 4% while operating expenses were under budget by (4%); Manpower = 104%; Gallup scores = 4.69.
- Led patient flow processes (e.g. daily bed management briefing, short stay, ancillary turnaround) to ensure patient flow/reduce diversions/increase volumes. Six Sigma champion.

Dennis Mesaros

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- Supported 30% volume growth in Pain Management via development of ARNP position.
- Conducted mission discernments on ADC, Dialysis, TCC, & Home Care.
 - Implemented financial initiatives for improved revenue capture (ADC, Dialysis), increased productivity (Home Care), and decreased contractual write-offs (TCC).
 - Led closure of transitional care center.
- Developed / implemented Palliative Care to enhance end of life care & decrease ICU LOS.

Strategy

- Develop, open and operate the HCH Health Center @ Montgomery College to increase primary care access to County's 120,000 uninsured.
 - Led discussions with College, facilitated design, construction and completion of Center.
 - Developed operating plans & budgets, recruited / hired staff, opened Center on schedule.
 - Coordinated with College to provide nursing student rotation.
 - Increased visits by 19% over FY06, no-show rate @ 4%, increased ED referrals.
- Oversee HCH interests in joint venture activities.
 - Chairperson, Board of Surgery Center of Maryland, LLC, a partnership with a neighboring hospital and MD investors.
 - Led re-syndication process to restore financial viability.
 - Led Center's strategic planning process to identify growth initiatives.
 - Participate with Managed Care and MD Contracting processes.
 - HCH Sports & Orthopedic Services, LLC – assessed/dissolved HCH owner interest.
- Structured 7-year physician sub-lease agreement to re-coup over \$200,000 in build-out costs.

Construction

- Operational lead in facility \$80M construction/renovation to development Ambulatory Care.
 - Conduct FMV analysis and conduct financial/feasibility studies and assess community demand to determine opportunities for new service development and physician lease agreements.
 - Negotiate with practitioners (MDs, therapists) to establish complimentary services (continence, acupuncture), and expansion of programs (express care).
 - Facilitate interest via flexibility of terms and opportunities for partnering; negotiate terms (scope of services, agreed fees for services and provider reimbursement).

Executive Director, Patient Access

06/00 –07/02

Operational Improvement

- Led a multidisciplinary team (nursing staff, physicians, admin) to improve obstetrical capacity and efficiency via improved clinical protocols, scheduling practices and operations.
 - Lowered elective inductions (22% to 19%).
- Developed hospital-wide strategy & operating protocols to manage 23-hour patients.
- Integrated the collection, storing/sharing of patient information via the implementation of a hospital-wide scheduling system.
 - Reduced annual denials by \$400,000 via increased Medicare and payor compliance.
- Implemented processes that improved patient flow & patient experience (e.g. pagers, maps).
- Designed/implemented multicultural program to ensure limited English patient access.

Dennis Mesaros

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The Lewin Group, Fairfax, VA

03/98 – 06/00

Senior Associate, Health Care Organizations

Developed strategic solutions for healthcare providers to achieve mission and respond to regulatory and marketplace challenges. Responsibilities included proposal writing, client management, presentations (to board members, senior management, and physician leaders), and managing junior staff. Within four months of hire date assumed client management responsibilities and established new business.

Strategy / Analytics

- Assisted in the development of strategic plans at academic medical centers, children's hospitals, and community based providers. Major elements included:
 - Building political/financial support among stakeholders to drive change.
 - Assessing the impact of demographic shifts and managed care penetration on volumes / revenues.
- Conducted comprehensive environmental analysis to assess demographics, utilization, market share, payer dynamics, productivity, as well as the impact of public policy.
- Analyzed market share by service line, geographic access and patient origin.
- Analyzed internal client databases to gauge productivity of physicians, facility and ambulatory sites.
- Developed visioning exercises, interviewed management, medical staff and Board leadership.
- Developed and quantified strategic initiatives to validate impact on market share:
 - Establishing multi-specialty and primary care sites
 - Promoting centers of excellence
 - Increasing in-migration of patients from secondary markets and remote sites
- Developed presentations depicting strategic planning process, data, finances, patient volume, physician staffing and geographic coverage to facilitate strategic planning sessions.
- Managed a study analyzing the efficiencies of specialty hospitals. Study analyzed:
 - Actual vs. expected cost per case
 - Quality of care/outcomes and the impact of patient focused care & Community impact
- Facilitated a process improvement initiative for a local community hospital's ED.
- Facilitated Affiliation Agreement negotiation between a UTSW and their primary teaching hospital.
- Developed an economic model to project the cost impact associated with a CON application.
- Developed an ambulatory surgery utilization model / provide expert witness testimony re: SMFHP.

QualChoice Health Plan, Cleveland, OH

08/97 – 03/98

Manager, Contracting & Provider Relations

Led the network development and management of a provider based health plan's Hospital and Physician relationships. Leadership responsibility for ensuring member access within targeted costs.

The MetroHealth System, Cleveland, OH

06/93 – 08/97

Manager, Program Development & Marketing

- Negotiated contractual terms and reimbursement arrangements for Hospital and Medical Staff.
- Improved leader responsiveness and lowered costs via the re-engineering of customer services.
- Collaborated with physicians to develop global pricing models (CABG, TBI, SCI).

OTHER EXPERIENCE

Seton Hall University, Sr. Graduate Assistant, Career Services, South Orange, NJ (01/92 – 06/93)

Automatic Data Processing, New York, NY (06/90 – 12/91)

Vail Ski Rentals, Vail, CO (10/89 – 05/90)

Calvert Group, Bethesda, MD (02/88 – 09/89)

Dennis Mesaros

3451 W. Dublin Street

Eagle, ID 83616

Cell: 301.728.2809 / email: dmesaros@centurylink.net

EDUCATION

Seton Hall University, South Orange, NJ

01/92 – 08/96

Master of Public Administration, Health Policy and Management

University of Maryland, College Park, MD

09/83 – 12/87

Bachelor of Arts, Economics, December 1987

PERSONAL

Board Member - Meridian Chamber of Commerce. IHA.

Completed VHA Executive Learning Network for Patient Safety, Physician Leadership Institute.

Cyclist, runner, snowboarder.

References available upon request

Bradley W. McDonald
2860 S. Swallowtail Lane, Boise, ID 83706
(208) 761-7147
bk3mcdonald@yahoo.com

PROFESSIONAL SUMMARY Proactive and accomplished strategic executive currently serving as the Division Administrator of Management Services in the Idaho Department of Health and Welfare. Building on a 25-year career, grounded by a proven record of delivering innovative and cost-effective solutions in ever-changing environments that meet customer expectations. Key Qualifications include:

- Executive Leadership
- Health and Welfare Sector
- Audits and Investigations
- Public Sector
- Financial Services
- Facility Services
- Contracts and Procurement Services
- Legislative Affairs

EXPERIENCE

**Division Administrator, Management Services
Idaho Department of Health and Welfare**

**December 2019 –Present
Boise, ID**

- Leading a team of 135 professionals, dedicated to the Department of Health and Welfare’s mission of promoting and protecting the health and safety of Idahoans. In collaboration with our division partners, we provide guidance and support to ensure the responsible management of resources. Our team possesses expertise and capabilities ranging from financial management, operational services including facilities and procurement, and compliance activities including audits and investigations.

Independent Strategy/Business Consultant

**September 2018 –November 2019
Boise, ID**

- Provided valuable strategic/business insights and leadership to organizations and companies ranging from startups to non-profits to family businesses. Key highlight was creation of the Idaho Technology Council’s 83-page 2019 Idaho KnowLEDGE Report. In this engagement, I led a 50+ person collaborative team in the development of key metrics, analytics, and recommendations for business, education, economic development, and governmental decision-makers to continue maturing Idaho’s \$72 Billion GDP economy and our 700,000-person workforce. The broad team was comprised of members from the Idaho Departments of Labor and Commerce, Idaho Policy Institute, a consortium of private companies, as well as regional governmental, business, and educational organizations.

UNITED STATES AIR FORCE, Active Duty Officer

June 1994 – August 2018

Chief Executive Officer (Wing Commander)

**June 2016 –August 2018
88th Air Base Wing, Wright-Patterson AFB, OH**

- Led over 5,500 members at the Air Force’s Center of Innovation. Provided facilities, audits and investigations, financial services, medical, utilities, natural resource management, disaster preparations, physical and cyber security, engineering, food, lodging, communications, transportation, and fire protection support for Ohio’s largest single site employer of over 28,000 personnel; responsible for a \$4 Billion annual local economic impact and a \$375 Million annual budget, enabling critical acquisition programs, research, intelligence, and educational missions.
- Established and communicated organizational strategic plans and needs to federal/state/local officials, Chambers of Commerce, and Economic Development organizations, enhancing results and reputation.
- Proactive partnership resulted in enhanced medical capabilities via base to private hospital and university relationships; environmental stewardship with the Ohio EPA/conservation groups to include a focus on addressing potential future regional drinking water concerns; secured \$330 Million in facility investments.

Chief Operating Officer (Vice Wing Commander) July 2014- May 2016
10th Air Base Wing, United States Air Force Academy, CO

- Led over 4,000 members at the Air Force's most visible installation. Provided all base support including facilities, audits and investigations, financial services, contracts and procurement services, and medical services for 25,000 personnel; responsible for a \$1 Billion annual local economic impact and a \$198 Million annual budget, enabling education and leadership development of over 4,000 officer candidates.
- Proactive partnership results include enhanced medical capabilities and efficiencies via consortium with other local military bases and private hospitals; stood up organization's Inspector General function and ultimately shepherded organization through first successful Unit Effectiveness Inspection; assured safe access for over 3 Million visitors to events including a President of the United States-officiated Academy graduation.

Budget Director (Chief, Financial Analysis Division) July 2013-June 2014
Headquarters Air Force Space Command, Peterson AFB, CO

- Led 33 members in budget policy, strategy, and execution of an \$11 Billion annual budget, enabling the provision of resilient and affordable space and cyberspace capabilities to the nation.
- Innovated around federal budget pitfalls, specifically mitigating a \$305 Million sequestration reduction by leading General Officer/Senior Executive Service member Tiger Team to prioritize resource needs.

Master's Student, Eisenhower School for Nat'l Security & Resource Strategy July 2012-June 2013
National Defense University (NDU), Fort McNair, Washington, D.C.

- Hand-selected by Air Force board to attend prestigious NDU in-residence program; earned a Master's Degree with emphases in strategic leadership, resource management, acquisition, and government-industry relations.

Assistant Vice President, Management Services/Public Works (Deputy Commander) June 2010 – June 2012
82nd Mission Support Group, 82nd Training Wing, Sheppard AFB, TX

- Led over 2,200 members at the Air Force's largest vocational (technical) training wing and busiest pilot training wing, operating a \$24 Billion infrastructure, 6,158 acres, 434 facilities, and 4 runways.
- Envisioned and executed installation infrastructure modernization program, garnering over \$67 Million in energy, dormitory, demolition, and sustainment projects, improving support to vital training missions.

Executive Officer to the Air Force Chief Budget Director August 2009 – May 2010
Deputy Assistant Secretary (Budget), Pentagon, Washington, D.C.

- Served as the principle advisor to the Air Force 2-star General Budget Director and Senior Executive Service Civilian Budget Deputy Director, as well as serving as the primary liaison to a 150-person staff.
- Marshaled the \$170 Billion annual Air Force budget through Capitol Hill and media engagements; secured Department of Defense, Office of Management and Budget, and Congressional support.

Congressional Budget & Appropriations Liaison January 2009 – July 2009
Pentagon, Washington, D.C.

- Protected \$72 Billion (62 percent) of the Air Force budget as readiness portfolio lead, including daily operations and maintenance (environmental resources, a part) and human resources appropriations.
- Proactively led the effort to obtain \$366 Million in F-22 fighter jet spare parts and \$47 Million in special pays needed for personnel retention by personally educating and partnering with Congressional staff.

U.S. Capitol Hill Military Legislative Fellow August 2007 – December 2008
U.S. Capitol Hill, Washington, D.C.

- Hand-picked by the Air Force to interview for and subsequently selected by the United States Senate Majority Whip to serve as his Department of Defense Fellow and Military Legislative Assistant.
- Wrote Traumatic Brain Injury-related treatment words that became law as part of the Veterans Affairs/Military Construction bill; additionally, secured a military member's posthumous promotion.

Comptroller**January 2007 – June 2007****332 Air Expeditionary Wing, Balad Air Base, Iraq**

- Led 12 member deployed team responsible for planning, programming, budgeting, strategy, policy, and execution of a \$77 Million contingency budget across nine geographic locations; provided full-service finance support to 8,200 Airmen, 5,000 aircraft sorties and 25,000 flying hours in support of Operation Iraqi Freedom.
- Enhanced the mission focus of deployed troops by accurately executing over 10,000 entitlements, including \$1.35 Million of hostile fire pay transactions and collecting \$1.5 Million into the United States Savings Deposit Program; improved operations by financing a new Emergency Operations Center and Passenger Terminal.

CFO (Commander/Comptroller)**March 2005– December 2007****377th Comptroller Squadron, 377th Air Base Wing, Kirtland AFB, NM**

- Led a 60 member team of accounting, finance, cost, and budget professionals in providing total financial support to over 100 mission partners, 40,000 personnel, dependents, and retirees; planned, programmed, budgeted, established policy, and executed a \$265 Million (operations and maintenance, investment, Military Construction, and Military Family Housing) annual budget.
- Team achieved amazing results across the board, including: deployed 16 fully-trained, expert Airmen in support of the Global War on Terrorism, acquired \$692 Thousand to fund Kirtland's expeditionary forces, advocated/received 3 funded manpower slots for mission growth, reduced interest penalty payments by \$40 Thousand, garnered \$44 Thousand in reimbursements for support to 93 Hurricane Katrina evacuees, and reduced the government travel charge card delinquency rate from 6.5% to 1.2%.

Speechwriter to the Commander, Pacific Air Forces**April 2004 – February 2005****Headquarters Pacific Air Forces, Hickam AFB, HI**

- Hand-picked from 407 staff action officers to serve as speechwriter to the Commander of Pacific Air Forces, one of twelve four-star generals in the Air Force; authored the Commander's vision, mission, intent, and priorities article distributed to all 55,000 Pacific Air Forces team members; authored over fifty speeches for the Commander to present to civilian, military, state and federal government, business, and foreign audiences.

Command Budget Analyst**April 2003 – March 2004****Headquarters Pacific Air Forces, Hickam AFB, HI**

- Served as the analyst responsible for planning, programming, budgeting, strategy, policy, and execution \$970 Million Korea and Alaska bases (operations and maintenance, investment, Military Construction, and Military Family Housing); garnered over \$500 Million for emerging requirements and Global War on Terrorism needs.
- Led Andersen Air Force Base (Guam) future basing options site survey's financial management working group; briefed results to Commander of Pacific Air Forces, impacting strategy and future force structure.

Wing Executive Officer**April 2002 – March 2003****341st Space Wing, Malmstrom AFB, MT**

- Hand-picked from 470 junior officers to serve as principle advisor to the wing commander, the leader of 4,000 personnel responsible for providing strategic nuclear deterrence by operating, maintaining, securing, and supporting 20 missile alert facilities (MAF) and 200 Minuteman III Intercontinental Ballistic Missiles deployed over 23,500 square miles, constantly ready to launch at the direction of the President.
- Authored exceptional news articles, speeches and briefings; adroitly handled highly sensitive correspondence; driving force behind wing's daily operations; executed \$120 Thousand command section fund; \$20 Thousand for civilian awards, and \$13 Thousand in Special Morale and Welfare funds.

Budget Officer**April 2001 – March 2002****341st Comptroller Squadron, 341st Space Wing, Malmstrom AFB, MT**

- Led a 10 member team in planning, programming, budgeting, policy, strategy, and execution of a \$93 Million annual budget (operations and maintenance, investment, Military Construction, and Military Family Housing), ensuring combat readiness of 200 Minuteman III Intercontinental Ballistic missiles.

- Leadership critical to immediate 9/11 aftermath success, obtaining \$127 Thousand for emerging needs; efforts recognized by wing's #1 junior officer and Air Force's Budget Officer (Runner-up) recognition.

Budget Officer

December 2000 – March 2001

Joint Task Force Southwest Asia, Eskan Village, Saudi Arabia

- Led planning, programming, budgeting, policy, strategy, and execution of a \$180 Million contingency O&M budget, supporting 30 financial management personnel at 6 locations in 4 foreign countries.
- Served as lead to regulate and track of \$41 Million in funds tied to shifting the mission and fighting locations into the future, identified over \$15 Million in opportunities to glean additional assistance-in-kind from foreign countries, and organized and hosted first in-theater financial management conference to support teammates.

Deputy Chief, Cost Analysis

October 1999 – November 2000

Electronic Systems Center, Hanscom AFB, MA

- Served as deputy of the 11-member cost analysis team for \$7 Billion in air traffic control upgrades, as part of the 700-member Global Air Traffic Management (GATM) and Mobility Command/Control Program Office. Air traffic control programs supported ranged from new research and development, to fully operational with on-going field and depot-level support, and all were geographically dispersed.
- Led cost estimating efforts on three major programs: synchronized efforts of Global Positioning System and GATM programs, revealing potential \$5 Billion in life cycle savings; kept the \$1 Billion National Airspace System on track through impeccable organization and intra-agency management skills, and secured an additional \$30 Million for the Mobile Approach Control System (MACS) program through his analysis.

Weapons System Cost Analyst

October 1998 – September 1999

Electronic Systems Center, Hanscom AFB, MA

- Served as Air Traffic Control and Landing Systems (ATCALs) cost analyst; lead cost analyst for Local Area Digital Global Positioning source selection, uncovered \$7 Million in proposal errors and key contributor to completing acquisition in record 78 days; expertly managed cost services contract award, assuring correct vendor won bid, based upon expertise, past performance, and fair/equitable price.

Master's Student, Air Force Institute of Technology

April 1997 – September 1998

Logistics/Acquisitions Management School, Wright-Patterson AFB, OH

- Hand-selected by Air Force board to attend prestigious AFIT in-residence program; earned a Master's Degree with an emphasis on cost management, quantitative analysis, statistical methods, cost modeling and analysis, project risk analysis, and research methodologies; thesis entitled, "A Return on Investment Model for Air Force Technology Transfer" awarded best Project Management effort and overall quality award (1 of only 3).

Deputy Budget Officer

May 1996 – March 1997

366th Comptroller Squadron, 366th Wing, Mountain Home AFB, ID

- Served as deputy of 10-member team responsible for planning, programming, budgeting, policy, strategy, and execution of a \$144 Million annual budget (operations and maintenance, investment, Military Construction, and Military Family Housing), ensuring combat readiness of the wing's fighter, bomber, and tanker aircraft.
- Excelled as Distinguished Graduate of Budget Officer training course; building off this foundation, prepared unit for Inspector General visit, resulting in unit "Excellent" rating and his "Superior Performer" recognition.

Deputy, then the Financial Services Officer

June 1994 – April 1996

366th Comptroller Squadron, 366th Wing, Mountain Home AFB, ID

- Served as deputy, then led 22-member team responsible for all disbursements and collections of appropriated funds required to ensure the combat readiness of the wing's aircraft, as well as personnel. Results included outstanding execution of \$44 Million in vendor disbursements, accounting for \$164 Million in accounting across nine separate funding appropriations, and over \$87 Million in payroll disbursements.

EDUCATION

- Masters in National Security and Resource Strategy, National Defense University, Washington, D.C.
- Masters in Cost Analysis, U.S. Air Force Institute of Technology, Wright-Patterson AFB, OH
- Bachelors in Mathematics, U.S. Air Force Academy, Colorado Springs, CO
- High School Diploma, Kimberly High School, Kimberly, ID
- Ernest Hemingway Scholars Program, Boise State University, Boise, ID

EXECUTIVE-LEVEL LEADERSHIP TRAINING

- Leadership Development Program, Center for Creative Leadership, San Diego, CA
- Enterprise Perspective Seminar, Capitol Hill Club, Washington, D.C.
- Enterprise Leadership Seminar, Kenan-Flagler Business School, UNC Chapel Hill, NC

LEADERSHIP TRAINING (ADDITIONAL)

- Air Force Executive Leadership Program (Air War College) -- via correspondence
- Air Force Senior Leaders Program (Air Command and Staff College) -- via correspondence
- Air Force Financial Management Staff Officer Course, Sheppard AFB, TX
- Air Force Junior Officer Training Course (Squadron Officer School), Maxwell AFB, AL
- Air Force Financial Management Officer Course, Sheppard AFB, TX

OTHER ACHIEVEMENTS/CERTIFICATIONS OBTAINED

- Air Force Master Financial Management Officer (*recognized for over 16 years of service in FM specialty*)
- Air Force, Level III Certification, Financial Management
- Certified Defense Financial Manager, American Society of Military Comptrollers
- Acquisition Professional Development Program, Level II Certification, Financial Management
- Certified Cost Estimator/Analyst, Society of Cost Estimating and Analysis
- United States Air Force Budget Officer of the Year, Runner-up

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

DOCKET NO. 16-0000-2000F

NOTICE OF ONMIBUS RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule(s) being adopted through this omnibus rulemaking is upon the adjournment date of the second regular session of the 65th Idaho State Legislature (Sine Die).

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Sections 7-1206, 16-1629, 16-2102, 16-2433, 19-2524, 20-511A, 32-1207, 32-1209, 32-1214G, 32-1217, 39-242, 39-309, 39-1105, 39-1107, 39-1111, 39-1209 through 1211, 39-1210(10), 39-1211(4), 39-1213, 39-3137, 39-3305, 39-3505, 39-3520, 39-5403, 39-5603, 39-5604, 39-7501, 39-9109, 56-202(b), 56-203(2), 56-203A, 56-204A, 56-803, 56-1003, 56-1004, 56-1004A, 56-1005, 56-1005(8), 56-1007, 56-1009 56-1023, 56-1028, 56-1041, 56-1043, 66-404(7), 15-5-308(4), 15-5-311(5), 15-5-316(5), Title 39, Chapter 3 and 31, Title 66, Chapters 1 and 3, and Title 67, Chapter 52, Idaho Code, and 42 USC Section 9858f.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

This temporary rule adopts the following chapter(s) under IDAPA 16:

- IDAPA 16.01.07, Emergency Medical Services (EMS) -- Personnel Licensing Requirements
- IDAPA 16.02.01, Idaho Time Sensitive Emergency System Council
- IDAPA 16.02.08, Vital Statistics Rules
- IDAPA 16.02.13, State of Idaho Drinking Water Laboratory Certification Program
- IDAPA 16.02.14, Construction and Operation of Public Swimming Pools
- IDAPA 16.02.25, Fees Charged by the State Laboratory
- IDAPA 16.02.26, The Idaho Children's Special Health Program
- IDAPA 16.02.27, Idaho Radiation Control Rules
- IDAPA 16.03.03, Child Support Services
- IDAPA 16.03.18, Medicaid Cost-Sharing
- IDAPA 16.03.19, Certified Family Homes
- IDAPA 16.03.22, Residential Assisted Living Facilities
- IDAPA 16.04.07, Fees for State Hospital North and State Hospital South
- IDAPA 16.05.06, Criminal History and Background Checks
- IDAPA 16.06.01, Child and Family Services
- IDAPA 16.06.02, Child Care Licensing
- IDAPA 16.07.01, Behavioral Health Sliding Fee Schedules

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1) and 67-5226(2), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

These temporary rules are necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These temporary rules implement the duly enacted laws of the state of Idaho, provide citizens with the detailed rules and standards for complying with those laws, and assist in the orderly execution and enforcement of those laws. The expiration of these rules without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by these rules.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein:

The fees or charges, authorized in Sections 56-1023, 56-1007, 56-1003, 56-264, 32-1207, 56-203A, 66-327, 66-118, 56-354, 39-1107, 16-2433, 19-2524, 20-511A, 39-3137, 56-253, 56-257, 39-3358, and Title 39, Chapter 2, Idaho Code, are part of the agency's 2020 budget that relies upon the existence of these fees or charges to meet the state's obligations and provide necessary state services. Failing to reauthorize these temporary rules would create immediate

danger to the state budget, immediate danger to necessary state functions and services, and immediate danger of a violation of Idaho's constitutional requirement that it balance its budget.

Licensing, Certification, Permit, or Registration Fees:

- IDAPA 16.01.07, Emergency Medical Services (EMS) -- Personnel Licensing Requirements -- Fees paid by emergency medical personnel, for licensure and renewal of licensure
- IDAPA 16.02.13, State of Idaho Drinking Water Laboratory Certification Program -- Fees paid by laboratories for certification to test drinking water
- IDAPA 16.02.14, Construction and Operation of Public Swimming Pools -- Establishes reasonable fees for services for all public swimming pools.
- IDAPA 16.02.27, Idaho Radiation Control Rules -- Establishes licensing fees for all radiation producing machines in the State.
- IDAPA 16.03.19, Certified Family Homes -- Fees paid by Certified Family Homes for application and certification.
- IDAPA 16.06.02, Child Care Licensing -- Fees paid by childcare providers for licensing.

Designation Fees:

- IDAPA 16.02.01, Idaho Time Sensitive Emergency System Council -- Fees paid by hospitals for designation under the Idaho Time Sensitive Emergency System.

Records Fees:

- IDAPA 16.02.08, Vital Statistics Rules -- Fees paid to the Department for copies of vital records, searches, and other services.

Fee for Service:

- IDAPA 16.02.25, Fees Charged by the State Laboratory -- Fees paid to the Department for laboratory testing and services.
- IDAPA 16.02.26, The Idaho Children's Special Health Program -- Fees paid by Children's Special Health Program clients for program services.
- IDAPA 16.03.03, Child Support Services -- Fees paid by clients of the Department's child support program.
- IDAPA 16.03.22, Residential Assisted Living Facilities -- Fees paid by providers for building evaluation and survey services.
- IDAPA 16.04.07, Fees for State Hospital North and State Hospital South -- Fees for services provided at State Hospitals.
- IDAPA 16.05.06, Criminal History and Background Checks -- Fees charged by the Department for criminal history and background checks.
- IDAPA 16.06.01, Child and Family Services -- Fees charged by the Department for child protection central registry checks.
- IDAPA 16.07.01, Behavioral Health Sliding Fee Schedules -- Sliding fee schedules for behavioral health services.

Premiums:

- IDAPA 16.03.18, Medicaid Cost-Sharing -- Establishes premium fee schedule for Youth Empowerment Services (YES) program participants.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Administrative Rules Unit, dhwrules@dhw.idaho.gov, 450 W State St., 10 Floor, Boise, ID, 83720.

DATED this _____ day of _____, 2020.

Tamara Prisock
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

DOCKET NO. 16-0000-2000

NOTICE OF ONMIBUS RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule(s) being adopted through this omnibus rulemaking is upon the adjournment date of the second regular session of the 65th Idaho State Legislature (sine die).

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Sections 6-2604, 16-107, 16-1623, 16-2403, 16-2404, 16-2406, 16-2423, 16-2433, 31-3503C, 37-121, 39-242, 39-605, 39-906, 39-909, 39-910, 39-1003, 39-1118, 39-1301 through 39-1314, 39-1306, 39-1307, 39-1307A, 39-1307B, 39-1603, 39-2401(2), 39-3133, 39-3140, 39-3308, 39-3508, 39-4505(2), 39-4601 et seq., 39-4605, 39-4801, 39-5209, 39-5403, 39-5508, 39-5704, 56-133, 56-135, 56-201 et seq., 56-202, 56-202(b), 56-203, 56-204A, 56-209, 56-216, 56-221, 56-222, 56-227, 56-239, 56-250 through 257, 56-260 through 56-266, 56-1001, 56-1003, 56-1004, 56-1004A, 56-1005, 56-1007, 56-1009, 56-1011 through 56-1023, 54-1119, 56-1610, 66-317, Idaho Code, and 45 CFR Parts 260 - 265, Parts 400 and 401, by Section 412E, Title IV, Pub. L. 96-212, and Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173, Section 231, Section 1937 of the Social Security Act, the Low-Income Home Energy Assistance Act of 1981, 42 U.S.C Sections 8621 to 8629, 42 USC 5101 et seq., and 7 USC 7501 et seq.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

This temporary rule adopts the following chapter(s) under IDAPA 16:

- IDAPA 16.01.01, Emergency Medical Services (EMS) - Advisory Committee (EMSAC)
- IDAPA 16.01.02, Emergency Medical Services (EMS) - Rule Definition
- IDAPA 16.01.03, Emergency Medical Services (EMS) - Agency Licensing Requirements
- IDAPA 16.01.04, Emergency Medical Services (EMS) - Account III Grants
- IDAPA 16.01.05, Emergency Medical Services (EMS) - Education, Instructor, & Examination Requirements
- IDAPA 16.01.06, Emergency Medical Services (EMS) - Data Collection and Submission Requirements
- IDAPA 16.01.12, Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions
- IDAPA 16.02.02, Idaho Emergency Medical Services (EMS) Physician Commission
- IDAPA 16.02.06, Quality Assurance for Idaho Clinical Laboratories
- IDAPA 16.02.10, Idaho Reportable Diseases
- IDAPA 16.02.11, Immunization Requirements Licensed Daycare Facility Attendees
- IDAPA 16.02.12, Newborn Screening
- IDAPA 16.02.15, Immunization Requirements for Idaho School Children
- IDAPA 16.02.19, Idaho Food Code
- IDAPA 16.02.23, Indoor Smoking
- IDAPA 16.02.24, Clandestine Drug Laboratory Cleanup
- IDAPA 16.03.01, Eligibility for Health Care Assistance for Families and Children
- IDAPA 16.03.02, Skilled Nursing Facilities
- IDAPA 16.03.04, Idaho Food Stamp Program
- IDAPA 16.03.05, Eligibility for Aid to the Aged, Blind, and Disabled (AABD)
- IDAPA 16.03.06, Refugee Medical Assistance
- IDAPA 16.03.07, Home Health Agencies
- IDAPA 16.03.08, Temporary Assistance for Families in Idaho (TAFI)
- IDAPA 16.03.09, Medicaid Basic Plan Benefits
- IDAPA 16.03.10, Medicaid Enhanced Plan Benefits
- IDAPA 16.03.11, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
- IDAPA 16.03.13, Consumer-Directed Services
- IDAPA 16.03.14, Hospitals
- IDAPA 16.03.17, Medicare/Medicaid Coordinated Plan Benefits
- IDAPA 16.03.21, Developmental Disabilities Agencies (DDA)

- IDAPA 16.03.23, Uniform Assessments for State-Funded Clients
- IDAPA 16.03.24, The Medically Indigent Program - Request for Medicaid Eligibility Determination
- IDAPA 16.03.25, Idaho Medicaid Promoting Interoperability (PI) Program
- IDAPA 16.04.14, Low-Income Home Energy Assistance Program (LIHEAP)
- IDAPA 16.04.17, Residential Habilitation Agencies
- IDAPA 16.05.01, Use and Disclosure of Department Records
- IDAPA 16.05.03, Contested Case Proceedings and Declaratory Rulings
- IDAPA 16.05.04, Idaho Council on Domestic Violence and Victim Assistance Grant Funding
- IDAPA 16.05.07, The Investigation and Enforcement of Fraud, Abuse, and Misconduct
- IDAPA 16.06.05, Alleged Medical Neglect of Disabled Infants
- IDAPA 16.06.12, Idaho Child Care Program (ICCP)
- IDAPA 16.06.13, Emergency Assistance for Families and Children
- IDAPA 16.07.17, Substance Use Disorders Services
- IDAPA 16.07.19, Certification of Peer Support Specialists and Family Support Partners
- IDAPA 16.07.25, Prevention of Minors' Access to Tobacco Products
- IDAPA 16.07.33, Adult Mental Health Services
- IDAPA 16.07.37, Children's Mental Health Services
- IDAPA 16.07.39, Appointment of Designated Examiners and Dispositioners

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1) and 67-5226(2), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

These temporary rules are necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These temporary rules implement the duly enacted laws of the state of Idaho, provide citizens with the detailed rules and standards for complying with those laws, and assist in the orderly execution and enforcement of those laws. The expiration of these rules without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by these rules.

FEE SUMMARY: This rulemaking does not impose a fee or charge.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Administrative Rules Unit, dhwrules@dhw.idaho.gov, 450 W State St., 10 Floor, Boise, ID, 83720.

DATED this _____ day of _____, 2020.

Tamara Prisock
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail



*Executive Department
State of Idaho*

*State Capitol
Boise*

**EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2020-01

ZERO-BASED REGULATION

WHEREAS, excessive regulation at all levels of government can impose high costs on businesses, inhibit job growth, and impede private sector investment; and

WHEREAS, Governor Little issued Executive Order No. 2019-02, the Red Tape Reduction Act, with a goal of identifying and eliminating costly, ineffective, and outdated regulations; and

WHEREAS, the Governor's efforts to eliminate regulations were augmented by the expiration of all administrative rules in 2019 pursuant to Section 67-5292, Idaho Code, creating an impetus for quicker action by state agencies; and

WHEREAS, this effort changed the dynamic for agencies. Previously, each rule the agency wanted to eliminate had to be justified as a new rulemaking action; however, in 2019, every regulation that agencies wanted to keep had to be justified, changing the burden of proof and combatting bureaucratic inertia; and

WHEREAS, Idaho state agencies did a tremendous job of embracing this opportunity, holding more than 150 public meetings and making significant progress toward regulatory reform; and

WHEREAS, the new process proved to be successful, leading to historic regulatory reform with 75-percent of all rules cut or simplified in less than one year. The effort led to the elimination of 250 rule chapters, 1,804 pages of regulations, and close to 31,000 restrictions. For every new rule chapter added, 83 were eliminated, and Idaho become the least regulated state in the country; and

WHEREAS, the collaboration between the executive and legislative branches was unprecedented and enabled this success; and

WHEREAS, the proven success of this new process should be institutionalized to prevent the accumulation of costly, ineffective, and outdated regulations over time; and

WHEREAS, there is an opportunity to pair this process with a more thorough retrospective review of the cost and benefit of each rule, if agencies are provided adequate lead time; and

WHEREAS, given the volume of rulemaking in 2019, there is a need to provide businesses with certainty in the regulatory environment.

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me by the Constitution and laws of this state, do hereby order that:

- 1. Executive Order No, 2019-02, the Red Tape Reduction Act, is hereby repealed and replaced with the Zero-Based Regulation process specified in this Executive Order.*

Ongoing Review Process for Existing Rules

- 2. Each rule chapter effective on June 30, 2020, shall be reviewed by the agency that promulgated the rule according to a schedule established by the Division of Financial Management (DFM) as follows:*
 - a. All rule chapters, excluding those issued by Constitutional officers, shall be reviewed and, if applicable, be promulgated as specified in this Executive Order no later than sine die in 2026;*
 - b. The agency review schedule shall be staggered across agencies and within agencies if the agency has five (5) or more rule chapters. DFM shall ensure the volume of rules that are reviewed by the agencies in any given year is such that the public can engage and provide meaningful input in any individual rulemaking, with approximately twenty percent (20-percent) of rule chapters subject to review each year; and*
 - c. The agency review schedule shall be posted on the website of the office of administrative rules coordinator no later than October 1, 2020, and a date for agency review shall be published on the cover sheet of each individual rule chapter.*
- 3. Prior to the agency review date established by DFM, each agency must publish a notice of proposed rulemaking in accordance with the provisions of the Idaho Administrative Procedure Act, Chapter 52, Title 67, Idaho Code to repeal the existing rule chapter. The agency must finalize the chapter repeal as a pending rule for legislative review during the legislative session that coincides with the agency review date.*
- 4. An agency wishing to renew a rule chapter beyond the agency review date must promulgate a new rule in accordance with the provisions of the Idaho Administrative Procedure Act, Chapter 52, Title 67, Idaho Code:*
 - a. The agency must perform a retrospective analysis of the rule chapter to determine whether the benefits the rule intended to achieve are being realized, whether those benefits justify the costs of the rule, and whether there are less-restrictive alternatives to accomplish the benefits. This analysis should be guided by the legislative intent articulated in the statute or act giving the agency the authority to promulgate the rule.*
 - i. DFM shall develop a standardized process for the required retrospective analysis. Any such forms shall be posted on the website of the office of administrative rules coordinator no later than October 1, 2020.*

- ii. *Agencies should start the new rulemaking from a zero-base, and not seek to simply reauthorize their existing rule chapter without a critical and comprehensive review. Agencies must use the retrospective analysis to guide which regulations, if any, should be re-promulgated in order to carry out the legislative intent articulated in the statute or act giving the agency the authority to promulgate the rule.*
- b. *The agency must publish a notice of intent to promulgate rules and hold, at a minimum, two public hearings that are designed to maximize public participation in the rulemaking process. A copy of the retrospective analysis must be published on the agency's website prior to the public hearings.*
- c. *The new rule chapter that the agency finalizes must reduce the overall regulatory burden, or remain neutral, as compared to the previous rule chapter.*

Process for New or Amended Rules

- 5. *For the current year, there is a moratorium on rulemaking in order to create a more stable regulatory environment and provide businesses with certainty following the significant rulemaking volume undertaken in 2019. State agencies shall not conduct any new rulemaking action from the date of this Executive Order through December 31, 2020, unless all the following conditions apply or unless waived by the Office of the Governor:*
 - a. *The rulemaking is narrowly-tailored to achieve one or more of the following objectives:*
 - i. *To reduce or remove a regulatory burden;*
 - ii. *To remove obsolete, outdated, or unnecessary regulations;*
 - iii. *To advance the objectives of the Licensing Freedom Act;*
 - iv. *To comply with a new statutory requirement or court order; or*
 - v. *To prevent a substantiated and well-documented threat to public health, peace, or safety.*
 - b. *At least one existing rule is repealed or significantly simplified in conjunction with the new or amended rule so that the net regulatory burden is decreased or neutral. Upon approval from the Office of the Governor, this condition will not apply if the rulemaking is mandated by new federal or state law or by court order;*
 - c. *At least one public hearing is conducted;*
 - d. *The agency completes a prospective analysis of the new or amended rule, using a standardized form developed by DFM.*
 - i. *Any such forms shall be posted on the website of the office of administrative rules coordinator no later than June 1, 2020.*
 - ii. *A copy of the prospective analysis must be published on the agency's website prior to the negotiated rulemaking session.*
- 6. *All proposed amendments to an existing chapter must be contained within a single rulemaking docket.*
- 7. *If the new rulemaking action results in a new chapter, it shall be reviewed by sine die five (5) years from when the rule becomes final.*

- a. *The rules coordinator shall publish the agency review date on the cover sheet of each individual rule chapter.*
8. *Temporary rules shall be limited to those that are intended to avoid an immediate danger or are required to meet a specific deadline specified in statute or a court order.*
9. *Beginning January 1, 2021, state agencies shall, to the extent practicable, only amend rules in conjunction with the renewal of a rule chapter as specified in item 4 of this Executive Order.*



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 16th day of January in the year of our Lord two thousand and twenty and of the Independence of the United States of America the two hundred forty-fourth and of the Statehood of Idaho the one hundred thirtieth.

BRAD LITTLE
GOVERNOR

LAWRENCE DENNEY
SECRETARY OF STATE

Executive Order 2020-01 Zero-based Regulation



2020  Continuing

Moratorium on Rulemaking

Rulemaking must achieve one of these objectives:

- Reduce/remove regulatory burden;
- Remove obsolete, out-dated, or unnecessary regulations;
- Advance the objectives of the Licensing Freedom Act;
- Comply with a new statutory or federal requirement or court order;
- Prevent a substantiated threat to public health, peace, or safety

Other conditions that must be met for the rulemaking:

- At least one existing rule is repealed or significantly simplified;
- At least one public hearing is held;
- The agency completes a prospective analysis of the new rule.

One Rule Docket per Chapter

All proposed changes to a chapter must be contained within a single rulemaking docket.

New Criteria for Temporary Rules

“Confers a benefit” no longer valid criteria. Temporary rules are limited to those required to meet a specific deadline in statute or court order.

Ongoing Chapter Review

- Each rule chapter reviewed every five years according to staggered schedule published on the agency’s web site. Review must include a retrospective analysis.
- Chapter review date must be included on the rule chapter cover page in the Idaho Administrative Code.
- Beginning January 1, 2021, agencies must, to the extent possible, amend rules in conjunction with the renewal of a rule chapter.

**Gender Change Applications
Cumulative Statistics***

	Total	%
Applications Received	176	100%
Applications Completed	169	96%
Transition to Female	91	52%
Transition to Male	85	48%
Residence: Idaho	88	50%
Residence: All Other States	88	50%
Minors (less than 18 yrs of age)	28	16%
Age Range	7 to 78	
Number of Idaho births 1940-2011**	1,226,075	
Percentage of Idaho births for which gender change applications have been received (for years 1940-2011)	0.014%	

*April 6, 2018 through January 31, 2020

** Span of years in which applicants for gender change were born.

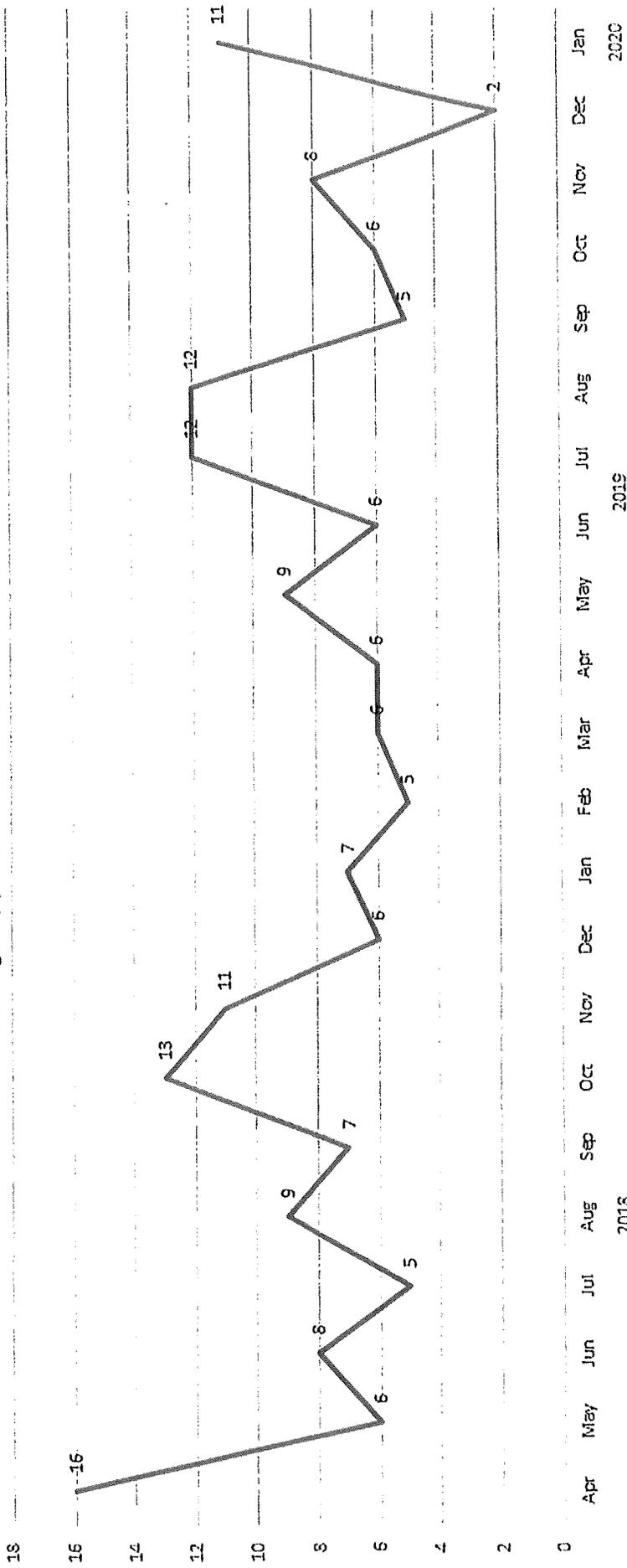
**Gender Change Applications for Minors
Distribution of Age***

Age	N	%
7	1	4%
8	1	4%
9	0	0%
10	0	0%
11	2	7%
12	3	11%
13	2	7%
14	2	7%
15	5	18%
16	3	11%
17	9	32%
Total	28	100%

* At time of application

April 6, 2018 through January 31, 2020

Gender Change Applications Received by Month and Year



April 6, 2018 through January 31, 2020

Source: Bureau of Vital Records and Health Statistics, Division of Public Health, Idaho Department of Health and Welfare

MEASURES TO ADDRESS VAPING IN IDAHO



ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
<p>Social Media Counter-marketing Campaign</p>	<p>Youth and young adults are being inundated with social media posts by tobacco/e-cigarette industry “influencers” to use their products. Counter-marketing industry messages with impactful, factual, catchy and modern messages will provide better information for adolescents to make healthier choices.</p> <p>Co-brand all messages with Project Filter and Idaho Quitline messages.</p>	<p>Reach target populations through social media and impact their decision making with factual and accurate messages.</p> <p>Counter dangerous misconceptions these products are safe, about the effects of vaping, which has led to increasing use among Idaho youths in middle school and high school.</p>	<p>Reduce the number of new individuals who choose to use e-cigarettes and vape.</p> <p>Educate Idaho adults and adolescents on free resources to help them quit through the Idaho Quitline.</p>	<p><u>Health Impact:</u> Moderate. These activities will educate individuals on resources to assist them in their quit attempt, but they will still need motivation to quit.</p> <p><u>Economic Impact:</u> Low. Project Filter already receives Millennium Fund dollars for Counter-Marketing Campaigns.</p> <p><u>Other Potential Impacts:</u> The vaping community will counter an increased public education campaign and they have a strong presence on social media. There is a #wevapevotemovement that is applying strong political pressure across the country.</p>
<p>Facilitated Negotiation</p>	<p>It is important to identify and bring all stakeholders, including vaping retailers and the tobacco industry, into the conversation. They have an important role to play in any negotiated decision making. Robust community consultation and roundtable negotiations are key to get community buy-in for any vaping related policies.</p>	<p>There would be better buy in from stakeholders, including the vaping community, for decision making in Idaho.</p>	<p>All key stakeholders will have the opportunity to contribute to decision making and tailor a response specific to the needs and interests of Idaho families and businesses.</p>	<p><u>Health Impact:</u> Moderate. Health related policies that could result from the roundtables can impact the health of Idahoans who are currently or considering vaping.</p> <p><u>Economic Impact:</u> Moderate. Funding will be needed to host community round tables.</p> <p><u>Other Potential Impacts:</u> This is likely to be viewed favorably by retailers as they will be included in key decision making.</p>
<p>Legislative Update: Sen Brackett is proposing to change language in the current tobacco tax statute to dedicate a portion of new revenue generated from taxes on vaping products be allocated to local education programs. Best practices indicate successful local programs be supported by a comprehensive statewide counter-marketing campaign. Sen. Brackett’s potential bill is dependent on HB 498 passing so vaping products are taxed as a tobacco product. There is currently no Bill or RS number as they are waiting on HB 498.</p>				

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<p>Legislative Update: HB 498 would require all vaping stores to obtain a permit to sell their products, this would assist the state in identifying the number of retailers in Idaho. We currently do not have a method in place to identify vaping retailers within our state.</p>	<p>Project Filter, Idaho's tobacco prevention and control program, has a strong presence and recognizable brand addressing traditional use of combustible/oral tobacco. Using the strong Project Filter brand to address vaping will provide an effective path forward.</p>	<p>Additional Millennium Funds would allow Project Filter to continue current work, reach more Idahoans and address vaping with proven evidence-based strategies. More resources are needed to prevent youth initiation with school-based education programs.</p>	<p>Expand Project Filter messaging and services through a proven, effective and recognizable brand.</p>	<p><u>Health Impact:</u> Moderate. These activities will educate individuals on resources to assist them in their quit attempt, but they will still need motivation to quit.</p> <p><u>Economic Impact:</u> Low. The structure is already in place for the Legislature to provide Project Filter with additional funding through the Millennium Income Fund Committee.</p>
<p>Additional Millennium Funds for Public Health to Address Youth Vaping Epidemic</p>	<p>Legislative Update: HB 498 would increase tax revenue coming into the state by requiring all vaping retailers to obtain a permit to sell and then taxing them as a tobacco product. This has the potential to increase funding to Project Filter to address the youth vaping epidemic. HB 498 had its initial hearing in the House Health and Welfare Committee and members voted to send the bill to General Order, so the sponsors could work on addressing some concerns of the Committee.</p>	<p>Sen. Brackett Legislation. It is being proposed additional language be added to the current tobacco tax statute which would allocate a portion of the tobacco tax dollars collected on vaping products be allocated directly to supporting local educational programs. We do not have a Bill or RS number currently for this legislation as it is dependent on HB 498 passing.</p>	<p>Vaping stores would be investigated and monitored to ensure they are not selling to youth populations. This would have a significant impact, as it will allow Public Health to track and monitor</p>	<p><u>Health Impact:</u> High. Data over time shows states with strong policies preventing the sales of tobacco products to minors have significantly lower youth rates.</p> <p><u>Economic Impact:</u> Moderate. There will be resistance from the tobacco industry. Funds from the state would need to be allocated to the Tobacco Project to issue permits and conduct investigations.</p> <p><u>Other Potential Impacts:</u> The tobacco industry and retailer association will not be in support of this policy. However, this change is necessary to</p>
<p>Clarify current Statute to include E-Cigarettes and Vaping Products as a "Tobacco Product" and Require Permits for Vaping Products.</p>	<p>According to Idaho statute 39-5702 (14), "Tobacco Product means any substance that contains tobacco including, but not limited to, cigarettes, pipes, snuff, smoking tobacco, tobacco papers or smokeless tobacco." In 2016, the FDA classified e-cigarettes as a tobacco product. There is a need for parity between similar products.</p>	<p>Retailers who sell tobacco products are permitted and subject to inspections to ensure they are not selling to minors. This would be clarified to include e-cigarettes and vaping related products. Currently, the state does not require a permit to sell vaping products.</p>	<p>Retailers who sell tobacco products are permitted and subject to inspections to ensure they are not selling to minors. This would be clarified to include e-cigarettes and vaping related products. Currently, the state does not require a permit to sell vaping products.</p>	<p>Health Impact: High. Data over time shows states with strong policies preventing the sales of tobacco products to minors have significantly lower youth rates.</p> <p>Economic Impact: Moderate. There will be resistance from the tobacco industry. Funds from the state would need to be allocated to the Tobacco Project to issue permits and conduct investigations.</p> <p>Other Potential Impacts: The tobacco industry and retailer association will not be in support of this policy. However, this change is necessary to</p>

ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
			sales and then use this data to inform future efforts. It will also increase revenue streams as vaping products will be placed under the same guidelines as tobacco products.	support the recent FDA announcements on T21 and the flavor enforcement policy.
<p>Legislative Update: HB 498, it is the intent of this bill to clarify the existing language in statute to include vaping products. HB 498 had its initial hearing in the House Health and Welfare Committee and members voted to send the bill to General Order, so the sponsors could work on addressing some concerns of the Committee.</p>				
<p>Require Permit Fees for Tobacco Sales Including E-cigarettes and Vaping Products</p>	<p>Permitting of vaping products is necessary to support the federal announcements from the FDA on the flavor enforcement policy.</p> <p>Permits to sell tobacco are currently free. Revenue from licensure fees would help support the additional costs to retailer monitoring and investigations by the Tobacco Project.</p>	<p>Increased revenue stream from the annual permit would offset budgetary impact of monitoring and compliance.</p>	<p>Permitting would allow vaping retailers to be investigated and monitored to ensure they are not selling to youth.</p> <p>Increased monitoring and compliance will strengthen data collection to inform future efforts. It will also increase revenue streams, which could be used</p>	<p><u>Health Impact:</u> High. Data over time shows states with strong policies preventing the sales of tobacco products to minors have significantly lower youth rates.</p> <p><u>Economic Impact:</u> Moderate. There may be resistance from the business sector.</p> <p><u>Other Potential Impacts:</u> The tobacco industry and retailer association will not be in support of this policy.</p>

ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
<p>Legislative Update: HB 498, it is the intent of this bill to clarify the existing language in statute to include vaping products and require all vaping retailers to obtain a permit to sale from the Department. HB 498 had its initial hearing in the House Health and Welfare Committee and members voted to send the bill to General Order, so the sponsors could work on addressing some concerns of the Committee.</p>			<p>for compliance checks.</p>	
<p>Clarify Clean Indoor Air Statute to include Vaping</p>	<p>Clarifying the statute would ensure non-smokers are not exposed to secondhand vaping aerosol from vaping devices (also called smoke and cloud) and would treat vaping aerosol and cigarette smoke as similar air pollutants. Recent research has shown unhealthy chemicals exist in vaping aerosol that are potentially harmful for non-vapors.</p>	<p>Protect the public health, comfort and environment, the health of employees who work at public places and the rights of Idahoans to breathe clean air by prohibiting smoking and vaping in public places and at public meetings.</p>	<p>Reduce the number of people exposed to secondhand smoke and vaping aerosol.</p>	<p><u>Health Impact:</u> High. Workers and the public's exposure to incidental secondhand vaping aerosol in public places will be reduced.</p> <p><u>Economic Impact:</u> Low. National studies show increases in revenue after passage of clean indoor air policies.</p> <p><u>Other Potential Impacts:</u> Retailers and hospitality groups may oppose increased regulation, however there are already grass roots efforts across Idaho to include vaping in local clean air policies.</p>
<p>Legislative Update: A group of High School students from Eagle High school presented a RS bill for printing in the House Health and Welfare Committee which would prohibit smoking in cars when young children are present. The proposal passed out of the Committee and will be printed for a hearing.</p> <p>Support from the Millennium Fund to Increase Funding for Behavioral Health Tobacco Project (permitting and monitoring tobacco retailers)</p>	<p>The clarified language around "tobacco products" would require retailers who sell e-cigarettes and vaping products to obtain a permit to sell tobacco products and be subject to monitoring. The Department's Division of Behavioral Health, Tobacco Project would need the resources to adequately provide additional services.</p>	<p>The State of Idaho would be able to permit and monitor all tobacco retailers and conduct inspections to ensure youth are not receiving tobacco products, including e-cigarettes and vaping materials through local vendors.</p>	<p>Youth tobacco and e-cigarette use rates will decrease with increased monitoring of tobacco retailers.</p>	<p><u>Health Impact:</u> Moderate to high. A strong licensure program will lead to a decrease in youth usage.</p> <p><u>Economic Impact:</u> Moderate to low. Additional Millennium Fund money may be in competition for other uses.</p> <p><u>Other Potential Impacts:</u> Business and retailer associations may oppose increased regulation.</p>
<p>Legislative Update: HB 498, it is the intent of this bill to clarify the existing language in statute to include vaping products and require all vaping retailers to obtain a permit to sale from the Department. The Bill does include language which would allow the department, through rules promulgation, to set a fee on permits to cover the costs associated with monitoring retailers. HB 498 had its initial hearing in the House Health and Welfare Committee and members voted to send the bill to General Order, so the sponsors could work on addressing some concerns of the Committee.</p>				

ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
Support the Implementation of Tobacco 21 (T21) and enforce compliance	<p>On December 20, 2020, the US President signed legislation to amend the Federal Food, Drug and Cosmetic Act and raise the federal minimum age of sale of tobacco products from 18 to 21 years</p> <p>The federal law has taken effect and retailers must comply immediately. Key stakeholders are working together with the Governor's office to bring relevant statutes and Idaho Administrative Code IDAPA (Idaho Administrative Procedures Act) into compliance with the federal law.</p>	<p>Implementation of T21 legislation has proven to reduce youth tobacco use rates.</p> <p>Raising the age to purchase tobacco products from 18 to 21 years reduces the pool of friends where youth can obtain tobacco products. Many high school and middle school students have friends who are 18 and able to purchase tobacco products.</p>	<p>Lower youth tobacco use/vaping rates.</p> <p>This policy needs to identify whether there will be Idaho specific exemptions, for example, military personnel.</p>	<p><u>Health Impact:</u> High. Evidence based research shows that implementation of T21 leads to reduced youth and young adult smoking/vaping rates.</p> <p><u>Economic Impact:</u> Moderate budgetary impact to the state. Funding needs to be made available to carry out enforcement and compliance investigations. Retailers need to be supported as this policy is implemented across the state. Moderate fiscal impact to retailers.</p> <p><u>Other Potential Impacts:</u> The tobacco industry may try and add Idaho specific exemptions. Exempting military and grandfathering 18-year old's are exemptions currently receiving attention in Idaho.</p>
Legislative Update: 21.	<p>The Department is working on SB 1308 which will amend the current tobacco tax statute to change all the age requirements from 18 to 21. This bill will allow Idaho to become compliant with the federal law changing the legal age to purchase tobacco products from 18 to 21.</p>	<p>Expanding monitoring efforts to include vaping products and strengthening age verification processes will restrict underage youth access and overall access to unregulated products.</p>	<p>Lower youth tobacco use/vaping rates.</p>	<p><u>Health Impact:</u> High. This will limit sales to minors and youth access.</p> <p><u>Economic Impact:</u> Low.</p> <p><u>Other Potential Impacts:</u> Local businesses support taxation of internet sales. This measure protects local businesses. The industry is likely to be supportive of this measure as it will channel buyers to shopfronts rather than online platforms.</p>
Monitor Internet Sales of Vaping Products and Strengthen Age Verification Processes	<p>Youths and consumers can purchase unregulated and counterfeit e-cigarette products online. The Idaho Office of the Attorney General office monitors internet sales of traditional tobacco products (cigarettes and chewing tobacco) to ensure state taxes are being paid. To support the implementation of T21, age authorization for online purchases can be strengthened.</p>	<p>The Department is not currently aware of any legislation currently being drafted to address online sales of e-cigarette products.</p>	<p>Research shows that increasing tobacco prices by 20 percent</p>	<p><u>Health Impact:</u> High. There is a broad evidence base that shows price increases significantly</p>
Legislative Update:	<p>Idaho has one of the lowest tobacco tax rates in the country. Idaho's cigarette excise tax rate</p>	<p>The revenue from increasing tobacco taxes can also be used to fund</p>		
Increase the Tobacco Tax				

ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
	<p>has not been changed in over a decade.¹</p> <p>Increased tax revenues could be used to provide strengthened wrap around services to individuals attempting to quit while also counter-marketing the tobacco industry messaging targeting new users and disparate populations.</p> <p>Increased tobacco prices deter people from initiating tobacco use and promote tobacco cessation, meaning states can generate cost savings in the form of lower healthcare expenditures.</p>	<p>tobacco control programs in the state.</p> <p>Youths are especially price sensitive. Raising the prices of tobacco products will be a deterrent for young people².</p>	<p>results in healthcare cost savings ranging from -\$0.14 to \$90.02 per smoker per year in addition to averted productivity losses³.</p> <p>Lower youth tobacco usage rates.</p>	<p>decrease sales among youth⁴. Lower smoking rates among vulnerable populations leads to better health outcomes.</p> <p><u>Economic Impact:</u> High. Cost savings from reduced burden on health care services due to lower numbers of tobacco users. Revenue from increased tobacco taxes could also help support the additional costs to retailer monitoring and investigations by the Tobacco Project.</p> <p><u>Other Potential Impacts:</u> The tobacco industry has committed significant resources to oppose tobacco tax increases across the country.</p> <p>Over 6 out of 10 Idaho residents are in favor of raising the tobacco tax (currently at \$0.57) to more closely match the national average of \$1.73/pack⁵.</p>
<p>Legislative Update:</p>	<p>The Department is not currently aware of any legislation currently being drafted to increase the currently tobacco tax. The strategy has been discussed pending the outcome of HB 498.</p>			
<p>Ban Vape Products and E-Liquids Containing the Compound Vitamin E Acetate</p>	<p>E-cigarette, or vaping, product use-associated lung injury (EVALI) is a health crisis. Vitamin E acetate has been used as an additive in the production of e-cigarette, or vaping, products and can also be used as a thickening agent in THC products. Investigations have found that inhalation of vitamin E acetate</p>	<p>Limit the production and distribution of products containing Vitamin E acetate.</p>	<p>Reduce the exposure of Idahoans to compounds identified as a potential toxin of concern.</p>	<p><u>Health Impact:</u> Moderate to High. Exposure to a potential toxin of concern will be reduced.</p> <p><u>Economic Impact:</u> Moderate. Budget will be needed for enforcement and monitoring.</p> <p><u>Other Potential Impacts:</u> Vaping retailers are more likely to be supportive of this measure. Most of the lung illness cases involved people who vaped illegally obtained THC, either with or without nicotine.</p>

¹ <https://www.salestaxhandbook.com/idaho/tobacco>

² https://cancercontrol.cancer.gov/brp/tcrb/monographs/14/m14_12.pdf

³ Trust for America's Health report, February 2019

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582704/>

⁵ www.tobacco21idaho.org

ACTION	RATIONALE	PROJECTED IMPACT	PROJECTED OUTCOME	ADDITIONAL CONSIDERATIONS
	<p>might impair lung function⁶. The specific compound Vitamin E acetate has been implicated as a potential toxin of concern in the vaping-related lung injury outbreak following laboratory samples of bronchoalveolar lavage that were tested.</p>			
<p>Vaping Juice Flavor Restrictions</p>	<p>Legislative Update: The Department is not currently aware of any legislation currently being drafted to ban vape products and e-liquids containing the compound Vitamin E Acetate. HB 498 requiring permitting and monitoring of vaping devices and liquid by all retailers if believed to be the first step in addressing the youth vaping epidemic.</p> <p>Product flavoring, packaging and marketing by e-cigarette companies target young people, as they have sought out a new generation of users. Most of the youth using vaping products have reported it is due to the variety of flavors they can obtain.</p> <p>The FDA's enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children is a step in the right direction. Additional state-specific action, which includes restricting juice flavors for mods and tanks, will help reduce access of flavors that appeal to children.</p>	<p>Strong restrictions on flavoring will reduce the number of new users who are deciding to start vaping.</p>	<p>Lower youth vaping rates.</p> <p>The vaping community will oppose this measure, as they argue vaping is a valuable cessation tool.</p>	<p><u>Health Impact:</u> High. Youth initiation will decrease.</p> <p><u>Economic Impact:</u> High. Budget will need to be allocated for enforcement and monitoring. Retailers may experience loss of business due to a flavor ban.</p> <p><u>Other Potential Impacts:</u> There is likely to be strong pushback from industry.</p>
<p>Ban All Vaping Products</p>	<p>Primarily adolescents and young adults are becoming ill and dying from (EVALI). There has not been</p>	<p>A reduction in the number of Idahoans who report getting sick from</p>	<p>Fewer EVALI induced illnesses</p>	<p><u>Health Impact:</u> High. Youth initiation will decrease.</p>
	<p>Legislative Update: The Department is not currently aware of any legislation currently being drafted to restrict vaping juice flavors. HB 498 requiring permitting and monitoring of vaping devices and liquid by all retailers if believed to be the first step in addressing the youth vaping epidemic.</p>			

⁶ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6845e2.htm>

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	<p>a national response to pull the product, like what happens with food product recalls related to foodborne illnesses. Although some states have tried this response.</p> <p>The FDA's enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children is a step in the right direction. Additional state-specific action will help reduce access of flavors that appeal to children.</p>	<p>vaping by removing the product responsible for the illness.</p>	<p>and deaths in Idaho.</p>	<p><u>Economic Impact:</u> High. Budget will need to be allocated for enforcement and monitoring. Retailers may experience a loss of business revenue.</p> <p><u>Other Potential Impacts:</u> There will be strong pushback from industry.</p>
<p>Legislative Update: The Department is not currently aware of any legislation currently being drafted to ban all vaping products. HB 498 requiring permitting and monitoring of vaping devices and liquid by all retailers if believed to be the first step in addressing the youth vaping epidemic.</p>				

Additional considerations:

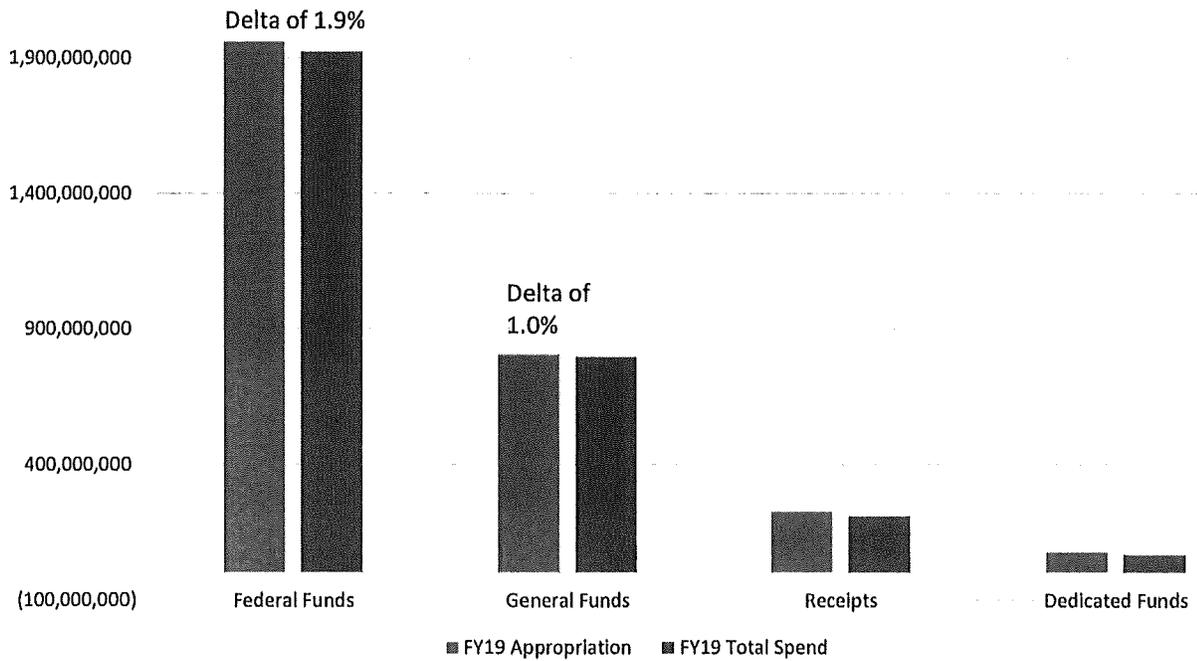
- Evidence-based long-term data highlighting health implications from vaping is unavailable.
- Long term implications for E-cigarette, or vaping, product use-associated lung injury (EVALI) are not known.
- Anecdotal reports from staff and students suggest vaping rates are much higher than youth data sources indicate.



IDAHO DEPARTMENT OF HEALTH & WELFARE
 DIVISION OF PUBLIC HEALTH

February 21, 2020

Fiscal Year 2019 by Funding Source



**Department of Health and Welfare
Comparative Summary**

	IDHW Request			Governor's Recommendation		
	FTP	General	Total	FTP	General	Total
FY2020 Original Appropriation	2,917.11	865,297,500	3,420,095,900	2,917.11	865,297,500	3,420,095,900
Supplementals						
Child Welfare						
1. Child Welfare IT System	-	0	2,876,000	0	0	2,876,000
4. Foster Care Growth	-	2,946,800	5,338,000	0	2,946,800	5,338,000
Independent Councils						
8. Use of VOCA Funds	-	0	1,600,000	0	0	1,600,000
9. Living Well Grant	-	0	61,600	0	0	61,600
Division of Medicaid						
2. FY 2019 Held Payments	-	13,504,000	36,726,200	0	8,735,000	36,726,200
3. Medicaid Forecast Shortfall	-	8,829,800	15,845,600	0	9,612,800	16,628,600
5. Medicaid Accountant Contracts	-	255,000	510,000	0	255,000	510,000
7. Health Data Exchange Connections	-	0	24,900,000	0	0	24,900,000
Psychiatric Hospitalization						
6. SHS Fund Shift	-	(400,000)	0	0	(400,000)	0
Rescissions						
Sick Leave Rate Reduction					(221,800)	(514,000)
1% General Fund Reduction	-	0	0	0	(8,653,100)	(8,653,100)
FY 2020 Total Appropriation	2,917.11	890,433,100	3,507,953,300	2,917.11	877,350,400	3,499,055,200
Noncognizable Funds and Transfers	-	-	-	-	-	-
FY 2020 Estimated Expenditures	2,917.11	890,433,100	3,507,953,300	2,917.11	877,350,400	3,499,055,200
Removal of Onetime Expenditures	-	(25,400,900)	(120,732,600)	0	(20,391,700)	(120,492,400)
Base Adjustments	-	0	0	0	0	0
Restore Ongoing Rescissions	-	0	0	0	8,634,700	8,926,900
FY 2021 Base	2,917.11	865,032,200	3,387,220,700	2,917.11	865,593,400	3,387,489,700
Benefit Costs	-	2,644,600	6,101,300	0	(441,600)	(996,200)
Inflationary Adjustments	-	28,100	219,200	0	28,100	219,200
Replacement Items	-	236,000	428,600	0	236,000	428,600
Statewide Cost Allocation	-	119,200	212,900	0	119,200	212,900
Annualizations	-	13,349,300	191,622,300	0	2,806,100	191,644,100
Change in Employee Compensation	-	829,300	1,929,000	0	1,586,800	3,692,400
Nondiscretionary Adjustments	-	42,710,300	96,220,200	0	41,707,300	93,208,200
Endowment Adjustments	-	(286,200)	0	0	(286,200)	0
FY 2021 Program Maintenance	2,917.11	924,662,800	3,683,954,200	2,917.11	911,349,100	3,675,898,900
Line Items						
Child Welfare						
1. Child Welfare Initiative	-	5,348,000	10,696,000	0	5,348,000	10,696,000
2. Child Welfare Staffing	5.00	199,700	399,400	5.00	198,100	396,200
Independent Councils						
13. VOCA Staffing	1.00	0	77,800	1.00	0	77,100
14. Use of VOCA Funds	-	0	2,600,000	0	0	2,600,000
Indirect Support Services						
4. Regional Office Relocation	-	351,000	702,000	0	73,800	147,600
Division of Medicaid						
3. NEMT Contract Increase	-	0	0	0	0	0
5. Electronic Visit Verification	-	545,700	2,374,400	0	545,700	2,374,400
9. Health Data Exchange Connections	-	0	8,300,000	0	0	8,300,000
16. Ambulatory Surgical Centers	-	0	0	0	0	0
17. MMIS Re-Procurement	-	0	0	0	0	0
Mental Health Services						
6. State Hospital West Adolescent	(1.00)	(64,700)	(64,700)	(1.00)	(64,700)	(64,700)
Psychiatric Hospitalization						
6. State Hospital West Adolescent Unit	50.33	3,000,000	3,000,000	50.33	2,964,600	2,964,600
7. SHS Nursing Home Bond Payment	-	1,000,000	4,335,400	0	1,000,000	4,335,400
Public Health Services						

Department of Health and Welfare

Comparative Summary

	IDHW Request			Governor's Recommendation		
8. Move HPI to Health	2.00	284,200	1,134,200	2.00	284,600	1,132,600
10. Home Visitation Program	-	2,000,000	2,000,000	0	1,000,000	1,000,000
Advance Directive Registry	-	0	0	0	500,000	500,000
Substance Abuse Treatment & Prevention						
Community Recovery Centers	-	0	0	0	500,000	500,000
Health Care Policy Initiatives						
8. Move HPI to Health	(2.00)	(284,900)	(1,134,200)	(2.00)	(284,600)	(1,132,600)
Multi-Agency Decisions						
OITS 1 – Operating Costs	-	0	0	0	23,100	39,800
OITS 2 – Servers and Licensing	-	0	0	0	1,900	3,300
OITS 4 – Agency Billings	-	0	0	0	800	1,300
2% SFY21 base reductions	-	0	0	0	(17,300,700)	(17,300,700)
FY 2021 Total	2,972.44	937,041,800	3,718,374,500	2,972.44	906,139,700	3,692,469,200
Chg from FY 2020 Orig Approp.	55.33	71,744,300	298,278,600	55.33	40,842,200	272,373,300
% Chg from FY 2020 Orig Approp.	1.9%	8.3%	8.7%	1.9%	4.7%	8.0%



BRAD LITTLE – Governor
DAVE JEPPESEN – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

OFFICE OF THE DIRECTOR
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December 11, 2019

Sara Stover
Division of Financial Management
STATEHOUSE MAIL

Dear Ms. Stover:

The Department of Health and Welfare (DHW) has developed a plan for implementing the SFY20 one percent general fund reversion of \$8,653,100 (\$8,651,000 for DHW and \$2,100 for the Councils). The plan, built from the division level up, maximizes the department's ability to promote and protect the health and safety of Idahoans with the minimum impact to those who receive our services and supports. We have loaded our reversions in the STARS system in a manner that both recognizes current statutes and budget bill intent language as well as affording the department as much flexibility as possible to address program execution realities and avoid cuts to services. This memo provides details highlighting the relationship between the plan and the information loaded into STARS.

Plans for generating general fund savings:

- **Medicaid trustee and benefits (T&B) rate reductions (\$6,875,000)**
As expected, the largest share of the necessary reversions (\$6,875,000) will come from rate reductions that generate savings in the Medicaid trustee and benefits appropriation. These changes are limited to reductions for hospitals and nursing facilities, who are currently paid at 100 percent of the cost of their services with minimal limitations. These providers can recapture some of the reductions through upper payment limit reimbursements. Medicaid will also be working with managed care partners on reductions to rates to support the reversions.
- **Personnel management changes (\$665,000)**
Divisions will make personnel management changes that aim to avoid \$665,000 in personnel spending (excluding classified child welfare field staff).
- **Contractor expenditure reductions (\$129,000)**
Divisions are managing contractor expenses to avoid \$129,000 in operating expenditures.
- **Vehicle purchase reduction (\$202,000)**
A new fleet management process will reduce vehicle purchases by \$202,000.
- **T&B reductions beyond Medicaid reductions (\$782,100)**
Most of these additional T&B reductions come from reductions in Aid to the Aged, Blind, and Disabled (AABD) discretionary funding as we are seeing an unexpected trend of declining caseloads.

Regardless of the risk mitigation strategy we used for our STARS entries, it is the intention of the department reduce general fund spending in each division as follows:

- Division of Public Health - \$91,000
- Division of Self-Reliance - \$441,000
- Division of Family and Community Services - \$387,000
- Division of Behavioral Health - \$635,000
- Division of Medicaid - \$6,875,000
- Division of Licensing and Certification - \$20,000
- Indirect Support Services - \$202,000
- Domestic Violence Council - \$200
- Developmental Disabilities Council - \$1,900

Moving forward for the remainder of SFY20, we will assure transparency by presenting a report on any needed transfers quarterly as divisions actualize savings that were greater or less than what is represented in the above list. Given the current fiscal year's absence of the flexibility to adjust between object class and budget units without restrictions at the department level, the method we used for the SFY20 STARS reductions presents the lowest risk to our ability to avoid reducing services to the public.

Unfortunately, for SFY21 and the associated two percent budget reduction, we are not as likely to be able to effectively apply the same strategy without risking negatively impacting services. That is why we are very supportive of the Governor being able to work with the legislature to create an exemption to Section 67-3511, Idaho Code for the period the two percent reductions remain in place. We are confident that we can produce reports with an appropriate level of detail regarding transfers between budget units and object classes to ensure that the suppression of these restrictions will not remove the transparency regarding how the department uses our general funds appropriation.

Sincerely,

Lisa Hettinger
Deputy Director

Southwest Idaho Treatment Center

Legislative Report 2020

JANUARY 29, 2020

**Idaho Department of Health and Welfare
Division of Family and Community Services**



**DIVISION OF
FAMILY &
COMMUNITY
SERVICES**



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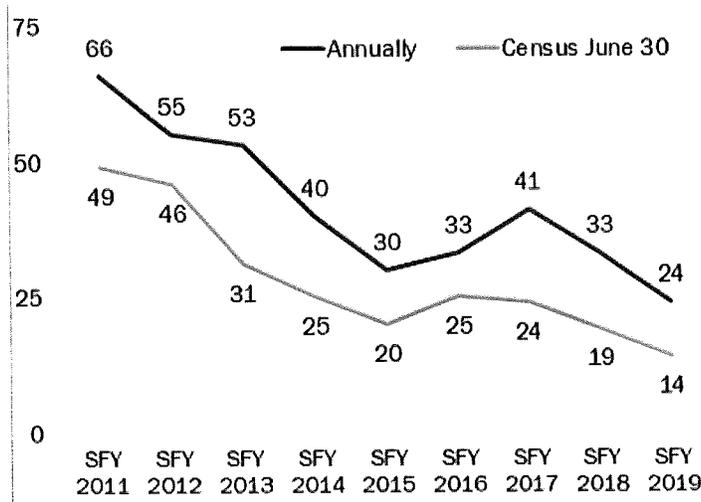
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Introduction/Historical Reminder

Transition of Mission and Goals: In 2009, the Southwest Idaho Treatment Center (SWITC), was directed by the legislature to reduce the population at SWITC. This direction resulted in SWITC downsizing rapidly from a population of 75 clients in 2008 to 17 clients in 2018. The purpose for this transition was to support individuals with developmental disabilities in their communities whenever possible. At that time, the mission of SWITC also changed from being a long-term home for clients to a short-term stabilization and treatment center for individuals in crisis.

SWITC fulfills its mission of a short-term treatment center. The population at SWITC continues to decrease.



The state was effective in reducing placements at SWITC, however, with that reduction, the profile of the population that remained and their treatment needs also changed. Residents at SWITC are individuals with developmental disabilities who have the most complex, behavioral needs in the state.

All of SWITC's residents have significant developmental disabilities, often in combination with mental illness, and aggressive and/or self-abusive behaviors that preclude them from being supported in the community for extended periods of time. Residents only come to SWITC and remain at the facility when there are no community options or placements currently available to them.

The licensure and treatment at SWITC must address the changing behavioral and service needs of our clients. SWITC is licensed as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The ICF/IID license is designed for the general population of people with developmental disabilities for long term residential care. Although this licensure is very effective in treating the general population with Development Disabilities, SWITC has "grown out" of this licensure as this type of license is not designed to effectively deal with the acute mental illness, aggressive behaviors, or significant self-abusive behaviors exhibited by the residents at SWITC.

The residents at SWITC all have unique and complex needs.

100%
of the residents
have the following:

- Intellectual Disability
(mild, moderate, severe or profound impairment)
- Mental Health Diagnosis
(bipolar, psychosis, major depression, anxiety)
- Dangerous Behavior
(physical aggression or self injurious behavior)

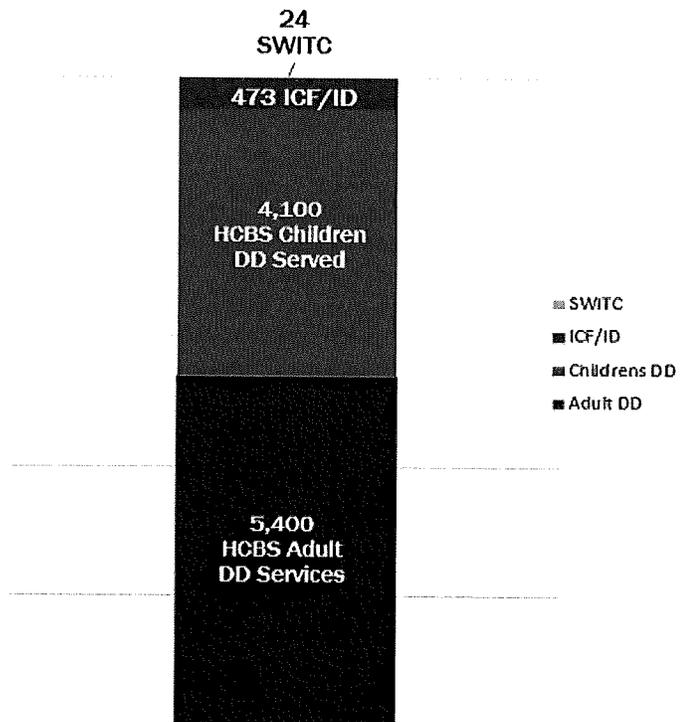
History of Facility Issues: In 2015, the department attempted to sell the land at SWITC and rebuild the facility in another location, but the land sale was not completed, and the project was abandoned. In 2017, SWITC administration discovered that a small group of SWITC staff had engaged in acts that were abusive to clients and corresponding investigations resulted in six staff either being terminated for cause or resigning from the facility. The investigations brought scrutiny to the facility in the form of licensure investigations and findings requiring improvements over the next year and a half. In the fall of 2018, both Disability Rights Idaho (DRI) and the Office of Performance Evaluation (OPE) released reports and recommendations to address issues at the facility.

OPE Recommendations: The Office of Performance Evaluations made recommendations to address system-wide issues and issues with SWITC’s operations and treatment standards. The Office of Performance Evaluations believed the key to making long-term progress rested with two core recommendations. Those recommendations were for the Department of Health and Welfare to:

- Develop a strategic plan and a formal quality improvement process at SWITC.
- Develop a long-term vision for Idaho’s system of crisis care and its role as provider of last resort for those with intellectual disabilities.

The Department Seeks Solutions: As reported in the OPE report, addressing the issues at SWITC ultimately comes down to finding an appropriate treatment model for the very small sub-set of individuals with developmental disabilities that have the complexity of treatment needs as the residents at SWITC.

Today 99.8 percent of DD clients in Idaho are effectively and successfully served in community placements or in their own homes with resources and services through Home and Community Based Services. Less than one percent of the population have not been successful in a long-term community setting because of the complex and difficult behaviors and trauma they have faced. This small group of individuals who would be well supported by a new model of care.



Over the past year, the department has had over **60 meetings** with stakeholders, experts, department leaders and community partners to develop a strategic plan and to identify a long-term vision for the population currently served at SWITC. The department welcomes this opportunity to provide you with our progress on our Strategic Plan, Quality Improvement, and Long-Term Vision for Individuals with Developmental Disabilities and Complex Needs.

Strategic Plan and Quality Improvement

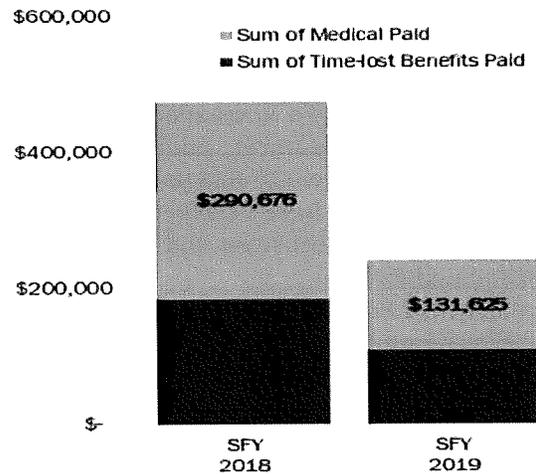
In 2019, the department developed a Strategic Plan to proactively address priority areas of improvement. These areas included staff safety, facility improvements and management and professional development. The department is pleased to report our successes in these areas.

Staff Safety

Staff trauma and injury: SWITC has seen a decrease in Worker Compensation injuries and claims over the past two years. The following improvements related to staff trauma and injury have been made:

- SWITC formed a safety workgroup that includes direct care staff. This workgroup reviews staff injuries and safety issues to reduce injuries and threats at the facility.
- Self-Care and Employee Assistance Provider information is provided and promoted weekly
- A 24-hour Response Team has been hired and is being trained to react to and deescalate client behaviors and prevent injury. The team will be deployed in February 2020.

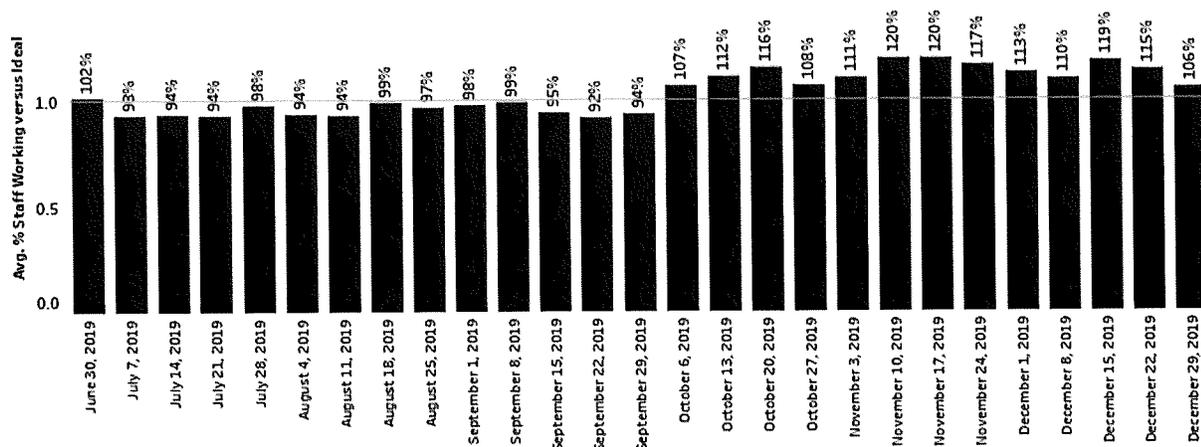
Workers Compensation claims are decreasing.



Understaffing: SWITC has improved staffing in both quality and quantity. SWITC is currently at or above our ideal staffing and over the last nine months, SWITC has hired more staff than it has lost. The following improvements related to understaffing have been made:

- Direct Care staff have moved to four ten-hour shifts which allows for flexibility in scheduling and better overall shift coverage. According to a recent staff survey, staff also like this schedule.
- A full-time recruiter was hired to help fill key direct care and supervisory positions.
- Pay schedule changes in 2018 provide incentives for staff to continue developing their skills through training and certifications and staff are rewarded for performance and longevity.
- SWITC hired more employees than it lost in five of the past nine months.

SWITC is currently at or above ideal staffing.

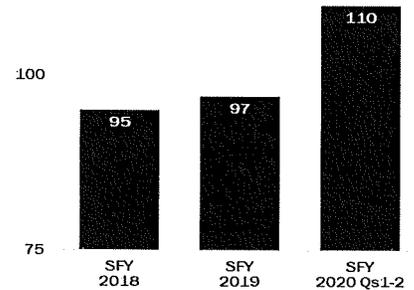


Facility and Staffing Improvements

Shift to proactive approach to treatment: SWITC has made strides to become less reactive to crisis and move towards more proactive, organized methods of improvements. In 2019, the following improvements related to a proactive approach to treatment have been made.

- A Sensory Room was created for each unit. These areas are places where residents can calm and work on sensory processing needs as identified by assessment.
- The department has approved the installation of key card access to the units. This safety measure will not prevent egress from the buildings but will limit who can enter.
- The department hired a Recreational Therapist to improve day to day client activities and learning. Additionally, a therapy dog is being trained to work with our clients as a new feature this spring.
- The department has hired additional Board Certified Applied Behavioral Analysts to improve expertise and informed care models for Active Treatment planning.
- Four Licensed Practical Nurse positions have been reclassified and filled with Registered Nurses to improve medical oversight and treatment.
- An Investigator was hired in May of 2019. He received certification training and pursuing certification as Certified Forensic Interviewer.
- A Licensed Clinical Social Worker was hired to provide counseling to families and clients.
- SWITC's Qualified Intellectual Disabilities Professional attended national certification training and is in the process of completing certification requirements.
- Two clinical staff were trained to teach advanced Crisis Prevention Interventions.
- Client to staff ration supports active treatment goals at an average of two direct care staff for every three residents.

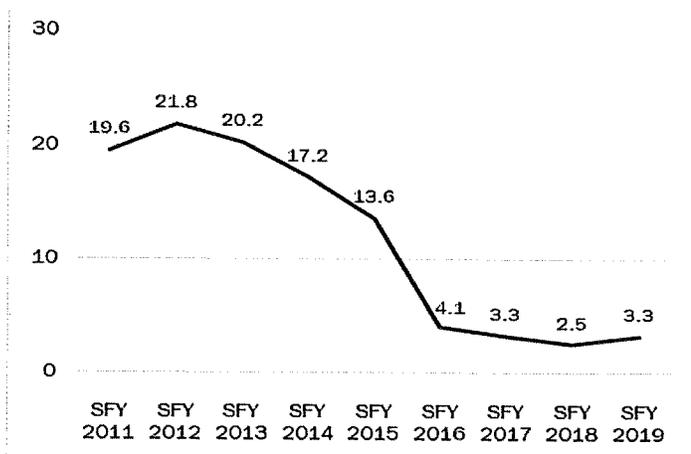
Improvements at the facility includes the hiring of key positions. Staff census has increased.



Discharge process: SWITC continues to fulfill its mission to transition individuals to effective community placements for long-term services as quickly as possible. The average number of residents serviced, and their average length of stay, has declined since 2011. In 2019, the department coordinated across programs to improve the discharge process for residents transitioning to the community. Coordination activities included:

- SWITC and the DD Crisis Prevention and Court Services Team worked together to develop outcome measures that will be used in post discharge plans of care.
- Improved availability of Crisis and SWITC staff to the residents and private providers after the resident has discharged from the facility.
- Meetings with the Division of Medicaid to develop a long-term plan on how to expediate discharge and access to community service once a client is ready to transition.

Improvements to the discharge process occurred as average lengths of stay (in years) continue to be low.



Management and Professional Development

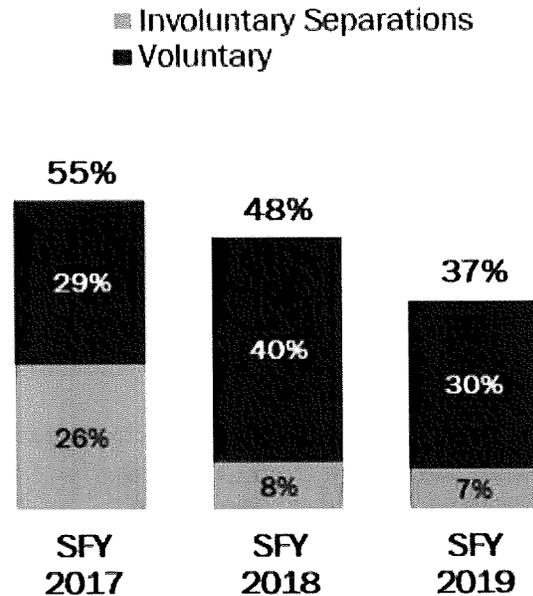
Leadership and management: SWITC has made improvements to the leadership and management of staff at the facility. In 2019, the following improvements related to management have been made:

- The management team formed specialized workgroups with crisis teams and treatment teams to conduct individualized analysis of client population.
- An extensive Quality Management program was adopted with two staff assigned quality assurance/quality improvement as their primary duty.
- With the addition of five Board Certified Behavioral Analysts, SWITC is now able to offer direct care staff supervision, and national certification of direct care staff as Registered Behavioral Technicians.

Increased training and supervision

- Staff received additional training from the National Association of Dual Diagnosis around providing trauma informed services.
- All staff and clients are trained on abuse and neglect identification and prevention.
- New staff orientation training increased to two weeks of class time followed by a full week of job shadowing.

Staff turnover has reduced as improvements are made to management and professional development.



Long-Term Vision for Individuals with Developmental Disabilities and Complex Needs

The director of the department convened a SWITC Advisory Board in the fall of 2018 and tasked it with making recommendations and exploring options for the right treatment model to serve SWITC’s unique population. The Advisory Board membership is comprised of members of the Idaho Legislature, a representative of the Governor’s office, a parent of an individual residing at SWITC, advocacy groups, law enforcement, corrections, and the courts.

This Board met several times throughout the past year to explore current systems and ideas related to individuals with disabilities and complex needs. Through this exploration, the Board identified that the developmental disability system in Idaho needs clearly identified services or structures for individuals with a developmental disability and acute or subacute needs.

	Corrections	Behavioral Health	Medical	Dev. Disabilities
Acute Limit movement, high staff credentials, precautionary levels, restrict: visitors, food	Jail/Prison	IMD Psych. Hospital	Hospital	
Subacute Transitional, 24 hr monitoring, supervised movement, required treatment team	Supervised Probation	PRTF Partial Day	Rehab Hospital	
Crisis Services: Emergency Rooms, 911, Community Crisis Programs				
LTSS Least Restrictive Setting choice of provider, specific restrictions	Unsupervised Probation	Outpatient Sober Living	Nursing Home RALF	ICF/ID
Home/Community Full autonomy, restrictions based on need, paraprofessional staff	Police	Counseling	Home Health Doctor Visits	Supported Living

Based on this conclusion, the Board created a new treatment model for individuals with developmental disabilities and complex needs at SWITC. The new model includes a more robust continuum of care and will better serve the population of individuals who currently reside at SWITC.

New Treatment Model

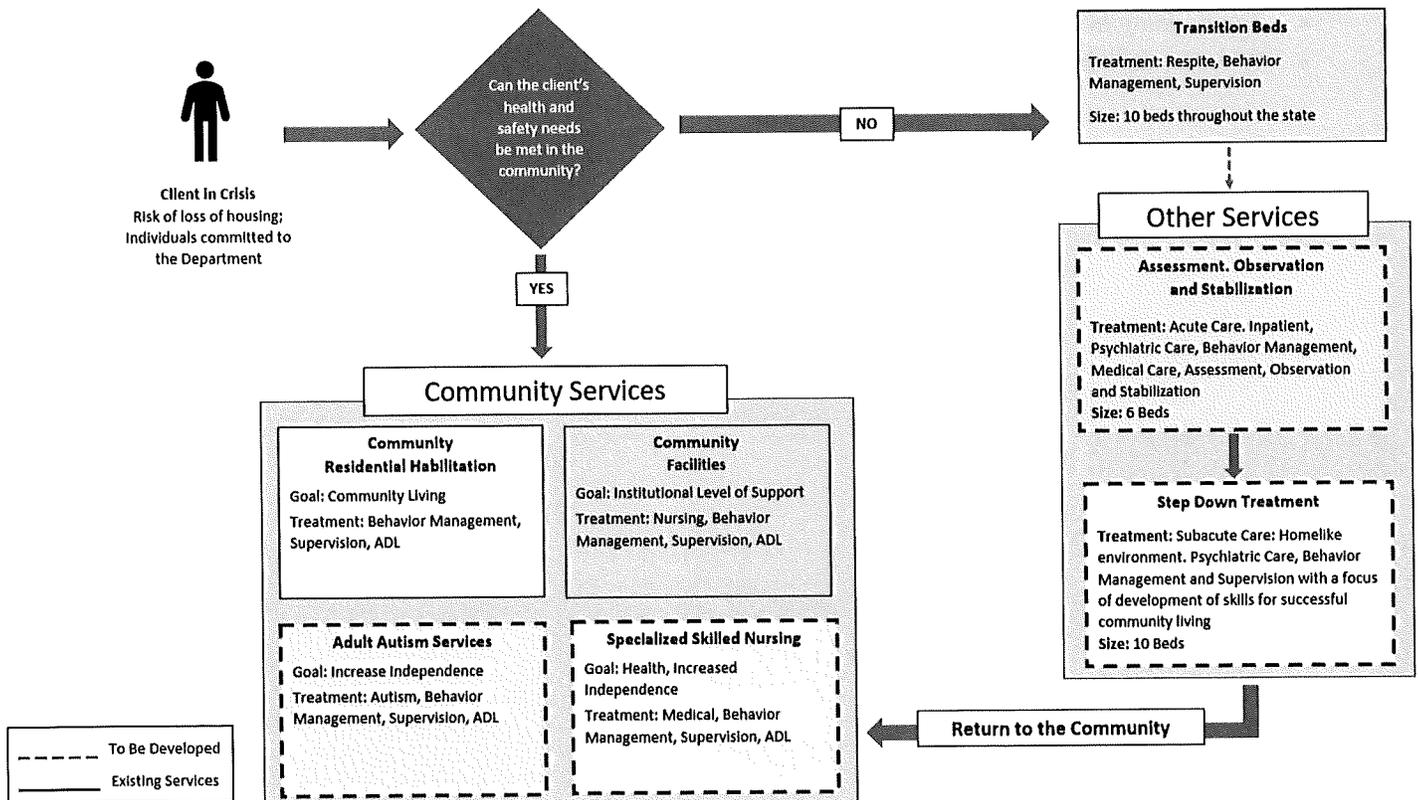
Three new components will be added to Idaho’s continuum of care at SWITC; an assessment and observation unit, a step-down facility and enhanced community placements.

Assessment, Observation and Stabilization Unit: This unit will serve clients in crisis, often who need extensive and urgent psychiatric and behavioral intervention. This new acute level of care may feature some restrictive elements as determined individually by patient need. Clients may stay at this level of care until they can tolerate a lower level of services, but the length of stay is intended to last approximately three to six months.

Step Down Treatment: As a client's acute needs stabilize, they will move to this step-down facility. The step-down facility will model community living with residents living in small apartment like-units with one or two individuals per units. These units would be on a shared campus so that staff resources could be shared. Significant psychiatric and behavioral services will be available to residents, but the primary focus in this subacute level of care will be to assist residents in developing skills that are necessary to live in the community. Clients will stay in the step-down facility until they can safely move to the community, but the length of stay is intended to last less than three years.

Community Capacity Building: There are two subsets of residents currently living at SWITC that can be served in the community with the development of specialized providers. Currently, a few clients with significant communication limitations and behaviors often associated with autism, and clients who have specialized skilled nursing needs along with significant behaviors cannot be served safely in the community. The Advisory Board recommended capacity building of private providers to enable safe and effective care in the community. Capacity building efforts may include the development of new services with specially trained and resourced providers.

Below is a visual representation of the Advisory Board's recommended treatment model with the new components to Idaho's continuum of care represented by boxes with dashed lines.



Implementation Plan

Implementing an effective system of care for individuals with developmental disabilities and complex needs is one of the department's Strategic Objectives. Over the past year, the department has worked with the Advisory Board, stakeholders, department leaders, and community advocates to develop the proposed treatment model. Based on that work, we know what services should be added, but must now grapple with how to provide these services under new licenses, funding streams, possibly in new locations and with new staff expertise.

A cross-divisional department project team has been developed to address these needs. Sponsorship of the project comes from the Divisions of Behavioral Health, Medicaid, Family and Community Services, and Licensing and Certification. Under their direction, the implementation of the new treatment model will require significant policy and operational work such as stakeholder engagement, provider negotiations, construction of buildings and communication with federal partners. This work will occur within each of the three prongs of development:

1. Assessment Observation and Stabilization Unit
2. Step-Down Treatment
3. Community Capacity Development

The department's goal is to bring a plan and foundation that establishes the new treatment model to the 2021 Legislative Session. With legislative approval, the department can move forward with its plan to transition to the new model of care. Many factors will affect future timelines including:

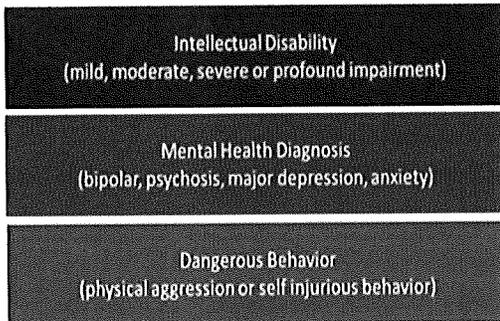
- The possible use of private providers
- The building of facilities
- Whether solutions will require federal approval

Southwest Idaho Treatment Center Report Highlights

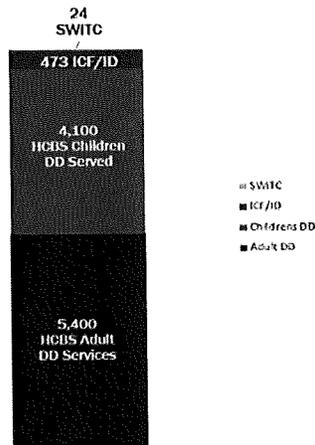
The Southwest Idaho Treatment Center is a short-term stabilization and treatment center for individuals with developmental disabilities who are in crisis.

Residents at SWITC have unique and complex needs.

100%
of the residents
have the following:



Residents at SWITC represent less than 1% of individuals who receive DD services in Idaho.



In 2019, the Department developed a Strategic Plan to proactively address priority areas of improvement.

Plan implementation has resulted in the following:

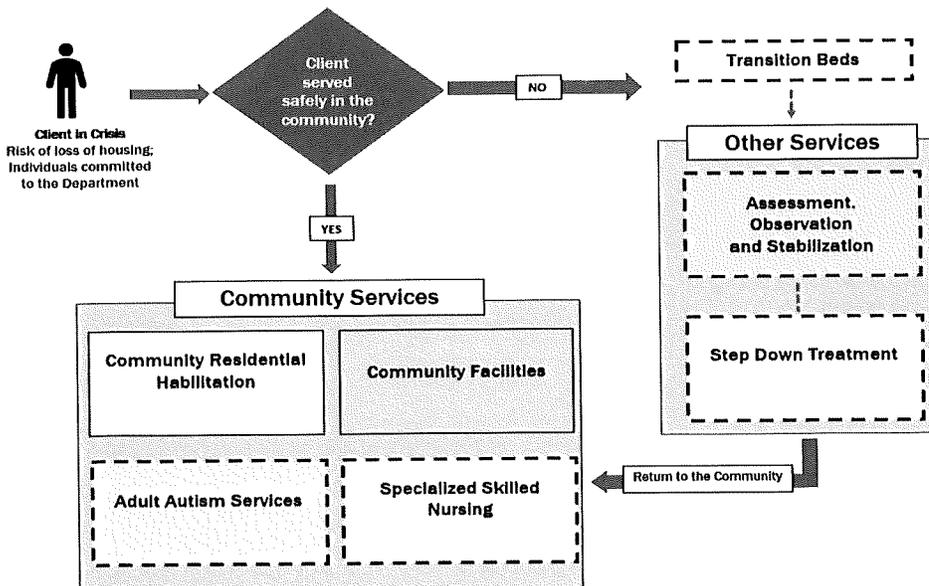
- Workers Compensation claims are decreasing.
- SWITC is currently at or above Ideal staffing.
- SWITC hired more employees than it lost.
- Key positions were filled. Staff census increased.
- Staff turnover has reduced.
- Client to staff ratio supports active treatment.
- Resident census continues to decline.
- Resident length of stay continues to be low.

Over the past year, the Department worked with:

- An Advisory Board,
- Community Stakeholders,
- Department Leaders, and
- Disability Advocates

to develop a new treatment model for individuals with developmental disabilities and complex needs.

Treatment Model Components



More than....
60
meetings were held
to identify a
long-term vision.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Strategic Plan

SFY 2020-2024

July 1, 2019

Our mission:

Promote and protect the health and safety of Idahoans





IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

OFFICE OF THE DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5500
FAX 208-334-5926

July 1, 2019

Dear Idahoans,

The Department of Health and Welfare is dedicated to promoting and protecting the health and safety of all Idahoans. We have a tremendous impact on the lives of all those we serve. We work with struggling families to make sure they have a safe place to raise their children. We assist people in crisis – whether they are experiencing a mental or physical health crisis. We also help people who need public assistance, while always keeping the path to self-reliance in our sight.

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

Our agency's 2020-2024 Strategic Plan lays the path for us to address state and community issues with a vision that is coordinated with healthcare providers and partners. It is our timeline for meeting measurable objectives to attain goals to better serve the people of our state. It aligns with the state's strategic plan, as well as to our state's values.

Each strategic objective represents critical work to be done, and I want to share some highlights and encourage you to read the plan. Performance updates on each strategic goal and performance measure will be provided in a separate report later this year.

Our strategic goals are:

- Goal 1: Ensuring affordable, available healthcare that works
 - It's imperative that we help others in the healthcare community address the rising cost of healthcare. We are focused on slowing the growth rate of healthcare spending, and we will be tying Medicaid reimbursements to better and more efficient care that leads to healthier patients. Additionally, we will focus on improving access to providers in primary care shortage areas across the state.

- Goal 2: Protect children, youth and vulnerable adults
 - We are focused on improving the ongoing care system by implementing plans for both the behavioral health system and the long-term care system for Idahoans with developmental disabilities. We also are dedicated to making sure children who have experienced abuse or neglect have safe, permanent homes.
- Goal 3: Help Idahoans become as healthy and self-sufficient as possible
 - We are a helping hand to Idahoans, and part of that is helping individuals to become employed, or to gain additional training or education so they can get better jobs to support their families.
- Goal 4: Strengthen the public's trust and confidence in the Department of Health and Welfare
 - We will deliver on our promises. By creating a customer-centric, innovative culture, and implementing a pro-active communications strategy, we will strengthen the public's trust in our vision, our mission, and our ability to support our fellow citizens.

We won't lose focus on the work that fuels our compassion and drives us to be more innovative in our thinking: preventing suicides; helping those with substance use disorders achieve and maintain their recovery; making sure children live in safe, permanent homes; and implementing a statewide plan for youth and their families who access the children's mental health system in Idaho. We are committed to delivering services that provide for the safety and well-being of Idaho's families as effectively and efficiently as possible. This plan is our guide.

Sincerely,



Dave Jeppesen
Director

Strategic Plan Overview

2020-2024

OUR MISSION

Promote and protect the health and safety of Idahoans.

OUR VISION

Provide leadership for a sustainable, integrated health and human services system.

OUR VALUES

Integrity, high quality customer service, and compassion are the foundation for all department activities. A focus on these values will lead to success.

STRATEGIC GOALS

PERFORMANCE MEASURES

Strategic Goal 1:

Ensure affordable, available healthcare that works

- Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023
- Improve access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66% by July 1, 2024
- Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30% to 50%, by June 30, 2024

Strategic Goal 2:

Protect children, youth, and vulnerable adults

- Improve time to permanency for children in foster care by 10% by July 1, 2021
- Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024
- Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022

Strategic Goal 3:

Help Idahoans become as healthy and self-sufficient as possible

- Reduce Idaho suicide deaths by 20% by 2025
- Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52% by June 1, 2021

Strategic Goal 4:

Strengthen the public's trust and confidence in the Department of Health and Welfare

- Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022
- Simplify our administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, by July 1, 2021

Strategic Goal 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVES:

- By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the funding amount from 29% to 50% in transformative payment arrangements (paying providers based on positive health outcomes), while improving access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66%
 - Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023
 - Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services from 30% to 50%, by June 30, 2024
 - Ensure eligible Idahoans have access to health coverage by implementing Medicaid expansion on January 1, 2020
-

Strategic Goal 2: Protect children, youth, and vulnerable adults

STRATEGIC OBJECTIVES:

- Ensure children who have experienced abuse or neglect have safe, permanent homes by improving their time to permanency by 10%, by July 1, 2021
 - Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024
 - Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022
-

Strategic Goal 3: Help Idahoans become as healthy and self-sufficient as possible

STRATEGIC OBJECTIVES:

- Reduce Idaho's suicide rate by 20% by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan
- Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52%, by June 1, 2020
- Catalyze community-driven, place-based health initiatives addressing determinants of health in high priority communities, by developing and activating a data-driven approach to guide resources, planning, and strategic implementation by June 30, 2020

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

STRATEGIC OBJECTIVES:

- Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022
- Reduce regulatory burden and simplify the administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021
- Secure and protect information entrusted to us by Idahoans, by defending our network against threats, controlling physical access to worksites, and achieving a 100% annual completion rate for security awareness training for employees
- Build the trust of the public and other stakeholders through pro-active, frequent, intentional, simplified, and audience-specific communications strategies that will improve awareness of the department's work, to be developed and implemented by July 1, 2020
- Create consistent, respectful experiences for customers throughout their DHW journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by a relevant customer effort metric and improved by 10 percent by July 1, 2024

Strategic Goal 1

Ensure affordable, available healthcare that works



The department is committed to serving Idahoans by ensuring that:

- the growth of healthcare costs is slowed, and healthcare affordability is improved.
- care makes people healthier.
- care is based on quality, focusing on a positive patient experience.
- we improve the treatment and support provided to children and youth with functional impairment, and to their families.
- Idahoans have access to health coverage by implementing Medicaid expansion.

Performance Measures

We will know we have succeeded when we:

- shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023.
- Improve access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66% by July 1, 2024.
- improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services¹ from 30% to 50%, by June 30, 2024.

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

- the engagement of stakeholders within the healthcare delivery system, and their participation in the evaluation, planning, and implementation of new strategies and approaches.
- the availability of providers in rural areas of Idaho.
- the willingness by patients and their families to actively participate in improving their own health.
- our continued partnerships with federal agencies.

¹ as measured by the Child and Adolescent Needs and Strengths assessment (CANS)
Idaho Department of Health and Welfare
Strategic Plan SFY 2020-2024
July 1, 2019

Strategic Objective

By July 1, 2024, slow the growth rate of healthcare costs in Idaho by increasing the funding amount from 29% to 50% in transformative payment arrangements (paying providers based on positive health outcomes), while improving access to healthcare providers by decreasing the primary care shortage in federally designated areas from 67% to 66%*

*Data source: Annual Financial Analysis completed by OHPI.

Lead: Lisa Hettinger

Since the nineties, an increasing amount of financial burden was being placed on Idahoans as healthcare costs continued to inflate at a higher rate than general inflation. In 2013, key Idaho healthcare stakeholders created the State Healthcare Innovation Plan (SHIP). The goal of the plan was to transform the State's healthcare delivery system from a system that rewards providers for the volume of care without delivering good health outcomes, to one that incentivizes and rewards care that delivers better health outcomes while cost growth is contained. The pilot demonstration of this plan concluded in early 2019 and delivered reduced spending and improved infrastructure. Now, the SHIP plan needs to be expanded and evolved to engage with as many providers as possible to provide an accelerating reduction in the rate of healthcare cost growth. All of this must be done while holding providers accountable for increasing the quality of care and improving Idahoans' health outcomes.

Through the initiatives outlined in the SHIP, work will continue to enhance the infrastructure that allows primary care to deliver a whole-person model of care, where all necessary providers coordinate to ensure the best health outcome possible for their patient. Early work in this objective will include expansion of the number of providers who practice within a patient centered medical home (PCMH). The business model is only as effective as the completeness and quality of health data available to the clinic. Therefore, work will continue increasing provider participation in the Idaho Health Data Exchange (IHDE), which was created during the SHIP pilot. This tool allows the providers and health systems to have a centralized location of medical data, and have access to their patients' records anytime, anywhere. This allows primary care clinics to avoid treatments that the patient has already received, or that would be harmful to a patient because of complicating factors or other incompatible treatments. By avoiding situations like these, the affordability of healthcare starts to improve.

Value within healthcare is achieved when quality is increased, and cost is reduced. The SHIP pilot demonstrated both outcomes, but it was only a pilot. The plan now needs to be effectuated with as many providers as possible to achieve the same improvements for the Idahoans who were not

reached by the pilot. Implementing this phase of the SHIP is the charge of the Healthcare Transformation Council of Idaho (HTCI), with support from DHW leadership and the Office of Healthcare Policy Initiatives (OHPI). Collectively, we will continue the implementation of the SHIP to achieve the goal of increasing the percent of all healthcare payments made in Idaho through value-based arrangements with providers from the 29% measured in 2018 to 50% by July 1, 2023. This shift will move proactively towards ensuring affordable, available healthcare that works.

Tasks:

- OHPI will create the meeting support structure to facilitate and guide the HTCI as they work to identify the one-year initiatives/tasks necessary to craft a strategic plan for the next 4 years.
METRIC: Ability to show 1-2 initiatives that reasonably demonstrate progress would be made on the goal.
TARGET: August 1, 2019
- Contract with a vendor who will gather the healthcare expenditure data and produce an annual report to measure Idaho's progress toward implementing efficient payment models. DHW will also do the necessary work to assure the contractor can obtain the data from the majority of payers.
METRIC: Ability to show evidence of one DHW contract with a vendor to produce the annual financial analysis, and written agreements from the top five payers illustrating their commitment to providing the necessary data to the DHW contractor.
TARGET: Report available by July 1, 2020
- Produce a full strategic plan for HTCI by mid-September 2019
METRIC: Ability to show strategic plan, formally adopted by HTCI, reflected in the meeting minutes.
TARGET: One (1) by October 1, 2019

Strategic Objective

Shift toward making Medicaid spending payments to providers that deliver better health results and more efficient care, from 1% of payments to 50% by July 1, 2023

Lead: Matt Wimmer

The Division of Medicaid's mission is to pay for better health. Today, we pay for many medical procedures, community-based services, and supports for people with disabilities, but few if any payments are directly linked to actual health outcomes for the people we serve. Generally, providers are paid more when they do more, not for delivering quality care. Providers want to do the right thing and deliver high-quality care, but our current financial model is not structured to support this goal. By restructuring Medicaid payments to hold providers accountable for costs and quality, we can reward providers who do better and deliver on our mission.

Tasks:

- 100,000 Medicaid participants will be cared for by accountable care organizations that are paid based on their success at improving health and controlling costs, by July 1, 2020.
- 80% of Medicaid participants eligible for both Medicare and Medicaid will be served through a managed care plan with accountability for improving the health outcomes of their members by July 1, 2020.

Strategic Objective

Improve the children's mental health system in Idaho by providing treatment and support to children, youth, and their families, evidenced by an increase in the number of children/youth whose functional impairment has improved upon completion of services* from 30% to 50%, by June 30, 2024

*as measured by an improvement of the Child and Adolescent Needs and Strengths assessment (CANS) score

Leads: Ross Edmunds and Matt Wimmer

Idaho's children's mental health system is effective for most of the children, youth, and families that need publicly funded services. However, the system does not always meet the needs of families that have the most challenging emotional and behavioral disorders. The primary reasons for the difficulty include coordinating a full continuum of services in the services array, coordinating intensive care, and collaborating effectively between child-serving agencies.

The department and partner agencies are working together on a project called Youth Empowerment Services, or YES. The YES project is transforming the children's mental health service delivery system in the state of Idaho. The project is being guided by a settlement agreement under the Jeff D. lawsuit.

The implementation of the YES project will result in a better system in Idaho for meeting the needs of children with serious emotional and behavioral health disorders. The improvements include: better access to a full array of services, better coordination of care between department programs and other programs that serve children, and care coordination for children, youth, and families up to the highest levels of need. When appropriate, YES will leverage the Medicaid behavioral health plan to implement these improvements in a cost-effective and comprehensive way.

Tasks:

- Deliver comprehensive service coordination to 50% of the children, youth and their families who have a person-centered plan, by December 31, 2019.
- Develop a statewide crisis response system plan for children, youth and their families by June 30, 2020.
- Implement an interim solution for providing services to families of children and youth over 300% of the federal poverty level by December 31, 2019.
- Provide a full range of case management options to children with serious emotional disturbance that enable every family to successfully navigate the Idaho system of care for children with mental health needs, by July 1, 2020.

Strategic Objective

Ensure eligible Idahoans have access to health coverage by implementing Medicaid expansion on January 1, 2020

Leads: Julie Hammon and Matt Wimmer

This strategic objective will provide affordable health insurance for low-income Idahoans who would otherwise not have access to healthcare. The Medicaid expansion law provides that the department must amend its Medicaid state plan to provide healthcare coverage adults between 0-138% of the Federal Poverty Level (FPL) as described in the Code of Federal Regulations. The department will implement Medicaid Expansion in Idaho by January 1, 2020, based on the legal requirements in the appropriation and statute. We will achieve this strategic objective by enrolling newly eligible adults and ensuring their access to primary care through simple and easy-to-use processes.

Medicaid expansion will allow about 62,000 adults without access to comprehensive healthcare coverage treatment opportunities that have not been available to them in the past, and allow access to a new form of coverage for about 28,000 adults who are currently eligible for coverage through Your Health Idaho. This represents a great opportunity to improve the population health of Idaho. It also represents a significant challenge for managing a transition from existing sources of care to Medicaid coverage. Many in this population have significant physical and behavioral health needs. To help meet those needs, we want to ensure that everyone enrolling in Medicaid as part of expansion has strong access to primary and behavioral healthcare as the foundation for meeting their overall health needs to promote their overall well-being, including increased participation in Idaho's economy and community life.

Tasks:

- Implement streamlined enrollment processes by ensuring all rules and system changes are in place, to ensure individuals eligible for the new expansion program are accurately enrolled and have access to coverage on January 1, 2020.
- Enroll 65% of the estimated 91,000 individuals projected to be eligible for Medicaid expansion group by January 1, 2020.
- Enroll 100% of the identified Substance Use Disorder/mental health customers who apply for and are eligible for Medicaid by January 1, 2020.
- Ensure that all newly eligible adults enrolled on January 1st are connected with a primary care provider within 90 days.
- Ensure that all newly eligible adults with known behavioral health needs are identified and connected with services within the Medicaid system of care within 14 days or less from the date of enrollment.

Strategic Goal 2

Protect children, youth, and vulnerable adults



The department is committed to serving Idahoans by ensuring that:

- all children who have experienced abuse or neglect have safe and permanent homes, as quickly as possible.
- adults with serious mental illness and addiction receive services within a comprehensive behavioral healthcare system.
- individuals with developmental disabilities who exhibit severe behaviors receive services that are person centered, trauma informed, and delivered in the least restrictive environment possible.

Performance Measures

We will know we have succeeded when we:

- improve time to permanency for children in foster care by 10%* by July 1, 2021.
*reduce reunification time to permanency from 8.2 months to 7.4 months;
reduce adoption time to permanency from 27.3 months to 24.6 months;
reduce guardianship time to permanency from 17.9 months to 16.1 months
- transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024.
- implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors by July 1, 2022.

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

- our continued partnerships with federal agencies.
- changes in federal requirements or federal funding.
- the availability of behavioral health professionals in rural and urban settings.
- behavioral health provider priorities and practice patterns.
- resources available in local communities to support individuals with chronic mental illness or substance use disorders.
- economic and social factors contributing to family crises, which can result in abuse and neglect of children and vulnerable adults.

Strategic Objective

Ensure children who have experienced abuse or neglect have safe, permanent homes by improving their time to permanency by 10%*, by July 1, 2021

*reduce reunification time to permanency from 8.2 months to 7.4 months;
reduce adoption time to permanency from 27.3 months to 24.6 months;
reduce guardianship time to permanency from 17.9 months to 16.1 months

Lead: Miren Unsworth

This strategic objective is to ensure all children who have experienced abuse or neglect have safe and permanent homes. Children who have experienced trauma need and deserve permanency in their living situations in order to heal, develop, and thrive. Lack of permanency and stability is detrimental to children's sense of safety, security and overall well-being. This is particularly true for very young children.

This objective is focused on strengthening processes within the Child Welfare Program to ensure:

- children who have been removed from their homes for their safety are returned to their families as soon as safety concerns have been addressed in the home.
- when it is not possible to safely return children to their families, children are placed in a timely manner with a family who can meet their lifelong needs through adoption or guardianship.
- children ages 0-3 are prioritized for expedited permanency.

Tasks:

- Beginning in July 2019, regional offices will review a report that identifies permanency plans for all children ages 0-3 who are in care for over 3 months. Children who are not in a potential permanent home will continue to be monitored monthly until the child is placed within a permanent home.
- By December 31, 2019, a case management business process redesign will be fully implemented. The redesign will address salient pain points that impact permanency, including:
 - Full disclosure to parents through a series of family meetings within the first 2 months of a case.
 - Targeted supervision that monitors early identification of relatives, paternity establishment, and identifying Indian heritage.
 - Allocating positions to focus on the intensive permanency work required for the 25% of youth who are lingering in foster care without an identified permanent placement.
- By October 31, 2019, the program will have developed both permanency performance standards, and a governance structure to monitor time to permanency.

Strategic Objective

Transform the behavioral healthcare system in Idaho for adults with serious mental illness and addiction by implementing 75% of a comprehensive strategic plan by June 30, 2024

Lead: Ross Edmunds

This objective and the subsequent tasks are all driving toward the same destination: achieving a comprehensive behavioral healthcare system in Idaho. This transformation has been occurring for years. Now, the department is working with a broad stakeholder team to develop a statewide, comprehensive strategic plan for Idaho's behavioral health system. Because this level of transformation will take years to fully accomplish, it is reasonable to expect that 75% of the plan could be implemented within the next five years.

The plan advances the work the State of Idaho has been doing to improve the behavioral healthcare system, through initiatives such as the development of crisis centers, implementation of new housing models, securing better funding to serve corrections populations, etc. Many of the necessary pieces of a strong system are in place, but the development and implementation of this plan will organize those system components into a structured, systematic approach to behavioral healthcare delivery in Idaho.

Tasks:

- The department, in collaboration with stakeholders and public input, will complete a strategic plan for Idaho's behavioral healthcare system in Idaho by June 30, 2020.
- 100% of adults currently served by the department's Division of Behavioral Health who qualify for Medicaid will successfully transition to a network provider for treatment, by December 31, 2020.
- The department will increase the number of Idahoans treated through the opioid treatment delivery system by 15%, by June 30, 2020.
- By December 30, 2020, the department's Division of Behavioral Health will transition from its current regional operations to have three specific and distinct roles and responsibilities consistently implemented across Idaho:
 - transition the majority of staff from current responsibilities to operating a comprehensive behavioral health emergency response team statewide.
 - develop and operate community response teams that assist adults with serious and persistent mental illness (SPMI) in getting their behavioral health needs met.
 - develop a plan for fulfilling the Division of Behavioral Health's role as the State of Idaho's Behavioral Health Authority.

Strategic Objective

Implement an effective long-term system of care for individuals with developmental disabilities who exhibit severe behaviors, by July 1, 2022

Lead: Miren Unsworth

Some individuals with a developmental disability are challenged with severe behaviors that prevent them from being served in the community. For these individuals, it is essential that they receive services that are person-centered, trauma-informed, and delivered in the least restrictive environment possible. Meanwhile safety for clients and the community must be maintained. This strategic objective will implement a system of care to ensure that individuals with severe behaviors receive the appropriate treatment, whether they are living at a treatment center or within the community, or are transitioning from a center back into the community.

Upon the recommendation of Idaho stakeholders sitting on the Southwest Idaho Treatment Center Advisory Board, Idaho's system of services for individuals with severe behaviors is transitioning from a long-established Intermediate Care Facility, to a system of care covering crisis, stabilization, and transition services. This system will effectively enable people to continue living in the community when they can be served there safely. Alternatively, when treatment must occur outside of the community, the system will serve individuals through an effective assessment and stabilization setting. A third component of the system is a longer-term stepdown unit that will train clients to eventually live in the community. Finally, this objective includes enhanced specialized services within the community to serve clients with severe autism or significant medical needs.

Tasks:

- By July 31, 2019, all treatment components within the new system of care will be identified.
- By August 31, 2019, private sector options for service provision within the new system of care will be explored through the issuance of a Request for Information.
- By October 31, 2019, licensing and funding options for an Assessment, Observation and Stabilization Unit and a Step Down Unit will be identified.

Strategic Goal 3

Help Idahoans become as healthy and self-sufficient as possible



The department is committed to serving Idahoans by ensuring that:

- the suicide rate in Idaho is reduced.
- adults who are able to work earn enough money to be self-reliant.
- Idahoans become as healthy and self-sufficient as possible as a result of community-driven, place-based health initiatives.

Performance Measures

We will know we have succeeded when we:

- reduce Idaho suicide deaths by 20% by 2025.
- improve pathways to self-sufficiency by increasing the number of individuals who become employed or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52% by June 1, 2021.

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

- the amount of financial resources appropriated to deliver services.
- our continued partnerships with federal agencies.
- dispelling the myths about the reasons people die by suicide.
- the willingness of healthcare providers to become certified to treat addiction.
- the availability of illicit opioids in the state, such as heroin and fentanyl.

Strategic Objective

Reduce Idaho's suicide rate by 20% by 2025, by implementing prevention and intervention initiatives from the Idaho Suicide Prevention SFY20 Action Plan

Lead: Elke Shaw-Tulloch

Suicide prevention and intervention is everyone's problem to solve, not just the Legislature, the Department of Health and Welfare, or other partners; everyone has a role. The department will address suicide prevention, intervention, and support for the bereaved in the aftermath of a suicide. These statewide collaborative efforts will engage with multiple sectors, with the goal to reduce Idaho's suicide rate by 20% by 2025. These efforts will be in alignment with the National Strategy for Suicide Prevention and the statewide Idaho Suicide Prevention Plan.

The department's Suicide Prevention Program will, in partnership with stakeholders, implement multi-year strategies to:

- develop healthy and resilient individuals, families, and communities.
- develop and implement clinical interventions and community based preventive services.
- train treatment providers and create a system to deliver support services to loss survivors.
- address gaps in data research and evaluation of suicide in Idaho.

Tasks, to be completed by July 1, 2020:

- Pilot the implementation of Zero Suicide practices in health facilities across Region 6. The pilot will include specialized training and support for medical staff and mental health professionals to ensure 100% of individuals being seen by participating physicians are screened for suicide, and of those identified as suicidal, 100% receive immediate suicide risk assessment, crisis response planning and follow up.
- Fund the suicide hotline to provide Idahoans who are in a suicide crisis with telephone, text and chat response, and follow up after the initial call.
- Fund youth education focused on suicide prevention to increase identification of and referral to services for students and educators experiencing suicidal thoughts.
- Utilize the Idaho Violent Death Reporting System to identify areas of need and deploy services as identified.

Strategic Objective

Improve pathways to self-sufficiency by increasing the number of individuals who become employed, or gain additional training or education as a result of working in the Employment and Training Program from 42% to 52%, by June 1, 2020

Lead: Julie Hammon

In Idaho, the state provides assistance to adults through the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Families in Idaho (TAFI). Some of the adults receiving these benefits are able to work, and are either not working, or are not earning enough money to be self-reliant. With this strategic objective, the department will provide job training and education to these adults to improve pathways to self-sufficiency.

We will serve individuals who are mandated to participate in the Employment and Training Program as part of their benefit eligibility requirement, as well as individuals who choose to volunteer for the program to improve their employment prospects. Idaho will also offer work and training services for non-custodial parents who have difficulty in meeting child support obligations, to create pathways to more stable employment.

Tasks:

- Increase the percentage of Employment and Training Program participants with positive outcomes (certificates, degrees, education, jobs, job retention) from 42% to 52% by June 1, 2020.
- Add an additional 10 community partners to the Employment and Training Program by January 1, 2021.
- Work with the Governor's office to create a multi-level plan to address employment and training by August 31, 2019.

Strategic Objective

Catalyze community-driven, place-based health initiatives addressing determinants of health in high priority communities, by developing and activating a data-driven approach to guide resources, planning, and strategic implementation by June 30, 2020

Lead: Elke Shaw-Tulloch

The United States spends more on healthcare than any other developed country, yet health outcomes in nearly every indicator rank below comparable countries.¹ Consequently, Americans experience worsening trends in life expectancy, infant mortality, and chronic conditions than our peers around the world. Poor health outcomes such as obesity, diabetes, heart disease, suicide, illicit drug use, youth violence, social isolation, and mental health issues are intrinsically linked to the underlying social and economic "conditions in which people are born, grow, live, work, and age". These drivers of health outcomes are known as the Determinants of Health (DOH) and include factors such as poverty, unemployment, education, housing, social support, and the physical environment, as well as access to care. Having a healthy quality of life is determined more by these social and environmental factors than by medical care alone.

Idaho Determinants of Health data from 2017 show:

36.1% of children enrolled in public schools were eligible for free or reduced-price lunch

69.2% of occupied housing units were owned

27.6% of homeowner's monthly housing costs were 30% of household income or greater

12.1% of Idahoans were without health insurance

In state fiscal year 2020, the department will develop a framework that utilizes data to identify priority health issues in Idaho communities. Then, by working collaboratively with community and healthcare partners through an equity² lens, invest in bold and innovative solutions to begin addressing root causes of poor health that impact the community and ultimately individual Idahoans. Shifting the department's organizational funding structure from one that has traditionally invested wide and shallow by trying to repair the cracks when specific people develop poor health, to one that focuses narrow and deep, on the foundations of healthy communities. This will catalyze community-driven, place-based health initiatives that help Idahoans become as healthy and self-sufficient as possible.

¹ www.debeaumont.org/about-us

² Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and other social determinants. Equity is not the same as equality. To equalize opportunities, those with greater health needs and fewer resources need more efforts expended to improve their health. (Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity: And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.)

Strategic Goal 4

Strengthen the public's trust and confidence in the Department of Health and Welfare



The department is committed to serving Idahoans by ensuring that we:

- meet our customers' needs in ways that make their lives easier by fostering a culture of customer-focused innovation in all areas of the department.
- reduce the regulatory burden on the public imposed by our administrative rules.
- secure and protect the sensitive information entrusted to us by Idahoans.
- proactively communicate with the public to share how our work consistently improves the lives of Idahoans in need.
- engage our entire employee base to cultivate consistent, positive customer experiences across every phase of each customer's journey.

Performance Measures

We will know we have succeeded when we:

- deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022.
- simplify our administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters, from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021.

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

- legislative buy-in and funding for new ways of approaching the services the department provides.
- access to external innovations that can be leveraged.
- identification and implementation of an innovation framework.
- commitment from all leadership, including commitment of resources to this culture shift.
- budget to support a measurement metric.
- budget to support the DHW website redesign.
- completion of projects and objectives.
- approvals from outside the agency.
- availability of human resources to support communications plans.

Strategic Objective

Deliver a customer-centered innovation culture that increases a to be determined innovation measure by 10% by July 1, 2022

Lead: Dave Jeppesen

Customers expect innovation that improves their lives and makes it easier to do business with companies and government agencies. The expectation for innovation is growing exponentially, led by the largest customer group of our time – those born between 1981 and 1996, who are often referred to as millennials. This group has high expectations for technology-enabled innovations that are designed to help the customer. Private companies have delivered innovations that have created a transformational change in customers' lives, which, in turn, has created a new bar for innovation. For example, Amazon has not only transformed industries, but has transformed what customers expect in terms of innovation from industry. Smart phones, led by Apple, have delivered innovations that we had not even dreamed of a generation ago; the current smart phone in a customer's pocket has more computing power than all the computers that put the first man on the moon. For a millennial, this level of innovation is what they have grown up with and expect. For all generations, this level of innovation has become the new norm. The Department of Health and Welfare is embarking on this strategic objective as the starting point of a concerted effort to meet – and exceed – customers' expectations for innovation.

The rising tide of customer expectations for innovation is not limited to specific industries or companies; customers expect the highest level of innovation from every organization they interact with, whether it is private or public. That is why it is critical that the department fosters a culture of customer-centered innovation that meets the new standard of customers. This includes leveraging existing innovations in the marketplace and being innovative in how the department meets the needs of the customers we serve. In five years, we want our customer to think of the department as an organization that is innovative in meeting the customer's needs.

Tasks:

- Identify a metric for measuring innovation by Dec 31, 2019
- Obtain a baseline measure on the identified measure by Dec 31, 2020
- Identify a customer-centered innovation model by Dec 31, 2019
- Begin a customer-centered innovation project by June 30, 2020

Strategic Objective

Reduce regulatory burden and simplify administrative rules by targeting a 20% decrease in the number of restrictive words in the department's 71 rule chapters from 11,158 restrictive words to 8,926, to be achieved by July 1, 2021

Lead: Tamara Prisock

Excessive regulation at all levels of government can impose high costs on businesses and can inhibit economic growth. Idaho's Administrative Code has grown to 736 chapters, totaling more than 8,200 pages, and containing more than 72,000 restrictions. In January 2019, Gov. Brad Little signed Executive Order 2019-02, titled the "Red Tape Reduction Act." The act requires state agencies that have authority to issue administrative rules to identify at least two existing rules to be repealed or significantly simplified for every new rule they propose.

In support of the "Red Tape Reduction Act," the department has launched an effort to review all existing administrative rule chapters and has set this objective to reduce the regulatory burden even further than it would be reduced through compliance with the Governor's executive order. The department views this effort as an opportunity to work with Idaho's public and private sectors to assure the regulations that stay in place are relevant and effective and that they assure public health and safety without imposing excessive burden and cost to Idaho businesses.

We will measure our progress in reducing the regulatory burden by tracking the decrease in the overall number of words in their administrative rule chapters and in the decrease in the number of restrictive words, such as "must," "shall," "required," "prohibited," and "may not."

Tasks:

- The department will prioritize the review of all 71 rule chapters by first focusing on chapters for which other changes are required. As changes are drafted in those rule chapter, divisions will also conduct a comprehensive review of each chapter to eliminate obsolete or duplicative language.
- Divisions will review all other rule chapters and draft changes to eliminate obsolete or duplicative language for approval by the 2021 Idaho Legislature.
- Divisions will also work with partners in the public and private sectors to identify opportunities to reduce or relax requirements without compromising public health and safety. Proposed changes will be drafted for approval by the 2021 Idaho Legislature.

Strategic Objective

Secure and protect information entrusted to us by Idahoans, by defending our network against threats, controlling physical access to worksites, and achieving a 100% annual completion rate for security awareness training for employees

Leads: Cathy Libby and Michael Farley

To accomplish our work to help Idahoans in need, agency operations frequently involve the use of highly sensitive information. The department places high priority on securing and protecting this information. Information entrusted to the department includes confidential records, protected health information (PHI), personally identifiable information (PII), Federal Tax Information (FTI), Social Security identifiers, and financial account information.

The strategic objectives below provide a comprehensive approach to protecting information. Adoption of cybersecurity and physical controls provide protection at network and facility levels. Security awareness training helps employees recognize and prevent security breaches. This three-pronged approach provides strong protection against unauthorized access to information, minimizing risks of data breaches that could result in harm to Idaho citizens, loss of federal funding, financial penalties, and damage to the department's credibility.

Tasks:

- Achieve 100% compliance with the requirement of Executive Order 2017-02 (Findings of the Idaho Cybersecurity Taskforce) to implement the first six Center for Internet Security Critical Security Controls (CIS Controls) by June 30, 2020.
- Complete alteration projects in six field offices to provide secure separation between public areas and areas where sensitive information is stored by June 30, 2020.
- Achieve a 100% annual employee completion rate for required security awareness and cybersecurity training.

Strategic Objective

Build the trust of the public and other stakeholders through pro-active, frequent, intentional, simplified, and audience-specific communications strategies that will improve awareness of the department's work, to be developed and implemented by July 1, 2020

Lead: Kelly Petroff

The Public Information Office (PIO) at the Idaho Department of Health and Welfare has always been focused on responding to the media in a timely and efficient manner. That includes answering emails and phone calls, writing news releases, scheduling interviews, and participating in on-camera interviews on an almost daily basis. This has led to the media and others influencing, and sometimes controlling, the brand of DHW and the messaging to the public.

The Office of Communications (formerly the PIO) will develop and implement pro-active communications to all audiences to build affinity for DHW. Target audiences include the media, the general public, taxpayers, legislators, customers, healthcare providers and other partners.

The improved communications strategy will focus on a narrative that defines DHW as compassionate and trustworthy and will highlight successes of programs and initiatives across all divisions. The message will be shared via earned media, such as organic publicity mentions and word of mouth, and owned channels, including the department website and social media pages. It will position the department as fully transparent to, and supportive of all we serve and those to whom we are accountable.

Additionally, the Office of Communications will better define the brand experience, which is the wholistic view a customer might have of DHW. The brand experience (for customers) is defined by how they have personally experienced DHW, what others tell them about DHW, and what we say about ourselves (advertising, social media, communications). That's where our new communications strategy begins – with a consistent message that shares how the work of DHW consistently improves the lives of Idahoans in need.

Tasks:

- Implement monthly DHW updates to key stakeholders related to DHW initiatives and strategies.
- Develop a narrative through news releases, blogs and social media to support the successes of division programs and initiatives, and to highlight employee commitment to Idahoans. Through this strategy, the department will increase average engagement in owned channels by 10 percent, by June 30, 2021.

- Identify key customer-facing materials to be revised by Feb. 1, 2020, that will be revised in plain language to clearly communicate information and improve health literacy.
- Re-brand current internal communication channels (specifically the employee newsletter and intranet) by September 1, 2019, to help employees better understand strategic goals, division initiatives and program successes.

Strategic Objective

Create consistent, respectful experiences for customers throughout their DHW journey by developing and implementing a customer experience strategy that improves the customer's experiences in key moments. The strategy will be measured by a relevant customer effort metric* and improved by 10 percent by July 1, 2024

*baseline determined in 2020

Lead: Kelly Petroff

The customer experience is defined by the entire journey of the customer. It is the relationship a customer has with an agency or a business. It is based on every interaction the customer has, and how they feel about the organization based on those interactions. It is the impression the DHW leaves with those we interact with, across every phase of the customer's journey.

It is DHW's goal to engage all employees in improving the customer experience, to develop a plan for consistent experiences across all divisions, and to make it easier for our customers to work with us. The two primary touchpoints that create the customer experience are people and product (communications, tools, applications, results). We will review and begin outlining improvements to the processes and systems that impact the customer experience.

Positive customer experiences build brand loyalty and affinity. We live in an "on demand" world, and we need to create the customer experiences that support current customer expectations and needs. Ultimately, our plan will simplify the experience, help us operate with a sense of urgency, and leave no doubt in the customer's mind that we keep our promises to them.

Tasks:

- Develop communications plan by Oct. 1, 2019, to help employees understand and engage in improving the customer experience.
- Re-imagine and begin implementation of an improved DHW website that focuses on usability and experience by July 1, 2020.
- Implement a cross-divisional customer experience steering committee by Oct. 1, 2019, to lead efforts in determining customer pain points and customer experience work.
- Determine and begin implementation of a measurement metric (NPS or CES) as a baseline for customer experience work by July 1, 2020.

Appendix A

Review of Previous Strategic Initiatives

Reduce Opioid Addiction and Overdose Deaths in Idaho

A new opioid task group is being established as directed by the May 2019 Governor's Executive Order, and is being led by the Idaho Office of Drug Policy. The Idaho Department of Health and Welfare, along with Idaho's seven local public health districts, the Idaho Board of Pharmacy, the University of Idaho, the Office of Drug Policy, Recovery Idaho, and other stakeholders, joined together to create a strategic plan to address the opioid crisis. The 2022 strategic vision is "a safe and healthy Idaho free of opioid misuse and untreated opioid use disorders." To achieve the goals set forward in the opioid strategic plan, stakeholders will address treatment, naloxone distribution, the use of the prescription drug monitoring program, provider education, public education and awareness and better use of data and surveillance.

Because this work is well established in the department with well-rooted programs in the Divisions of Public and Behavioral Health, as well as approaches in the Division of Medicaid and Family and Community Services, this objective may appropriately be moved out of the current department strategic plan. Work to reduce opioid addiction and overdose deaths will continue in partnership with multiple stakeholders.

Appendix A

Review of Previous Strategic Initiatives

Improve availability to residential care settings for residents with Alzheimer's or dementia

In 2016, the Idaho Alzheimer's Planning Group, chartered by then Governor C.L. "Butch" Otter, published a road map for addressing gaps in services for Idaho citizens with Alzheimer's and related dementia. One of the gaps identified at that time was access to permanent residential care settings equipped to care for this population. The department launched an initiative in 2017 to identify and examine specific issues that prohibited this population from being placed and successfully cared for in residential settings, such as nursing homes and assisted living facilities. To work on the initiative, the department established a group comprised of service providers, resident advocates, and experts in working with individuals with Alzheimer's and dementia to identify issues that prevented easy access to nursing homes and assisted living facilities. Through that work, the group discovered that there is not an overall access problem. The access issue the group identified exists for Medicaid participants who have Alzheimer's or dementia and who choose to live in assisted living. Although the majority of new assisted living facilities being built in Idaho are memory care, many assisted living facilities either accept private pay residents only, or they limit the number of Medicaid participants the facility will serve. The reason for those limitations is the Uniform Assessment Instrument (UAI), used to determine Medicaid reimbursement to service providers, does not currently account for the time facility staff spend providing certain services to this population—services such as supervision or redirecting difficult behavior. The work group engaged the Division of Medicaid to examine the UAI and the possibility of adjusting the instrument to account for the time facility staff spend providing those critical services. The Division of Medicaid is now working with assisted living facilities to collect data to determine how reimbursement to facilities caring for this population can better reflect the time spent on services essential to caring for people with Alzheimer's or dementia. Although this initiative has been removed from the department's Strategic Plan, it will remain open as a division-level project until completed.

Appendix B

Cybersecurity Compliance

Cybersecurity Executive Order 2017-02 Compliance:

Executive Order 2017-02, Section 3 requires:

All executive branch agencies to implement the first five (5) Center for Internet Security (CIS) Critical Security Controls (CSC) for evaluation of existing state systems by June 30, 2018. Updates on adoption of the National Institute of Standards and Technology (NIST) cybersecurity framework and implementation of CIS Controls will be included in each agency's strategic plan submission to the Division of Financial Management (DFM).

Idaho Department of Health and Welfare, Information Technology Services Division Update for EO 2017-02:

The Idaho Department of Health and Welfare has adopted the National Institute of Standards and Technology (NIST) Cybersecurity Framework and has met compliance of Executive Order 2017-02. Initial guidance received from the Idaho Information Technology Services (ITS, formerly known as Department of Administration's Office of the Chief Information Officer (OCIO), was modified to assess the gap of the first 5 CIS Critical Security Controls (CSC) version 6 by June 30, 2018. We accomplished this using a Security Enclave AuditScript to track the implementation of the CIS CSC Top 5 security controls. These spreadsheets included a maturity rating, as well as Plan of Action and Milestones (POAM) items and are maintained on the Idaho Technology Services SharePoint site tracking each agencies' compliance status.

In March 2018, CIS CSC Security Controls version 7 was released. With the release of the new controls, we were instructed by ITS to assess the department's security compliance against the CIS CSC Top 6 security controls of the new version. Compliance tracking is recorded using an updated version of Security Enclave AuditScripts and is maintained by ITS and published on the ITS SharePoint site.

In addition to meeting compliance with Executive Order 2017-02, the department closely follows the NIST Cybersecurity Framework standards to institute cybersecurity controls to meet security compliance required by multiple federal agencies.



Executive Department
State of Idaho

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2020-04

CREATING THE IDAHO BEHAVIORAL HEALTH COUNCIL

WHEREAS, tremendous social and economic value will inure to the people of Idaho with the strategic development of a more effective behavioral health system which is devised, implemented, and sustained statewide; and

WHEREAS, all three branches of Idaho government, local governments, and community partners play an integral role in ensuring a reliable and productive behavioral health system for the people of Idaho; and

WHEREAS, behavioral health issues, consisting of mental health and substance use disorders, are currently both chronic and pervasive, detrimentally impacting both a significant and growing portion of Idaho's population, as well as the economy of Idaho; and

WHEREAS, Idaho has demonstrated a commitment to improving the behavioral health system and has previously made considerable improvements to the system; and

WHEREAS, despite the state having already invested significant resources to meet the needs, the Idaho behavioral health system continues to require a more coordinated, integrated, and collaborative structure; and

WHEREAS, an organized and strategic response, developed and implemented collaboratively, provides an unprecedented opportunity for continued improvement and sustained access to effective behavioral health outcomes for Idahoans, and a better return on the investment of public resources.

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me under the Constitution and the laws of the State of Idaho, do hereby establish the Idaho Behavioral Health Council ("Council"), and in so doing do also order that:

1. *The scope and mission of the Council is to:*
 - a. *Bring together all three branches of state government, local governments and community partners to develop a recommended statewide strategic plan; and*
 - b. *Oversee the implementation of the approved statewide strategic plan, ensuring an effective, efficient, recovery-oriented behavioral healthcare system for all Idahoans in need of those services.*
2. *The statewide strategic plan will:*
 - a. *Define a plan to inventory current expenditures, utilization, and accessibility;*
 - b. *Assess the effectiveness and efficiency of the current system, including where more efficient organization and effective coordination of existing resources could create better outcomes;*
 - c. *Determine Idaho citizen's unique needs via broad stakeholder input and known best practices, and*
 - d. *Recommend actions that will materially improve Idaho's behavioral health system.*
3. *The Council will produce the statewide strategic plan recommendation by October 31, 2020 which will be delivered to the Governor, the Chief Justice, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.*
4. *The Council shall consist of thirteen (13) members. The Council's membership shall be as follows:*
 - a. *Ex Officio Members:*
 - i. *The Administrative Director of the State Courts or designee;*
 - ii. *The Director of the Idaho Department of Correction or designee;*

- iii. *The Director of the Idaho Department of Health and Welfare or designee*
 - iv. *The Director of the Idaho Department of Juvenile Corrections or designee.*
 - b. *Members appointed by the Governor:*
 - i. *A representative from the Idaho Department of Education;*
 - ii. *One (1) county elected official;*
 - iii. *One (1) member of the public.*
 - c. *Members appointed by the Chief Justice:*
 - i. *A presiding judge of a treatment court;*
 - ii. *One (1) member of the public.*
 - d. *Legislators:*
 - i. *One (1) member of the House of Representatives appointed by the Speaker of the House of Representatives;*
 - ii. *One (1) member of the House of Representatives appointed by the Minority Leader of the House of Representatives;*
 - iii. *One (1) senator appointed by the President Pro Tempore of the Senate;*
 - iv. *One (1) senator appointed by the Minority Leader of the Senate;*
5. *The Director of the Department of Health and Welfare or designee and the Administrative Director of the State Courts or designee shall serve as co-chairs of the Council.*
6. *All members of the Council, except ex officio members, serve at the pleasure of their respective appointing authority.*
7. *The Council shall receive administrative support from the agencies or departments represented by the co-chairs of the Council.*
8. *The Council shall create an advisory board to assist and advise the Council. The Council should consider including on the advisory board, but is not limited to, the following:*
- a. *An adult consumer of behavioral health services;*
 - b. *Family of a child consumer of behavioral health services;*
 - c. *A representative from the Idaho Medical Association Primary Care;*
 - d. *A representative from the Idaho Psychiatric Association;*
 - e. *A representative from the Idaho Hospital Association;*
 - f. *A substance use disorder provider;*
 - g. *A mental health provider;*
 - h. *A representative from a public health district;*
 - i. *A representative from the Idaho Sheriff's Association;*
 - j. *A representative from the Idaho Chiefs of Police Association;*
 - k. *A representative from the Idaho Prosecuting Attorney's Association;*
 - l. *The State Appellate Public Defender or designee;*
 - m. *A representative from the Office of Drug Policy*
 - n. *At least one (1) tribal representative; and*
 - o. *Any additional advisory board members the Council deems necessary.*



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 19th day of February in the year of our Lord two thousand and twenty and of the Independence of the United States of America the two hundred forty-fourth and of the Statehood of Idaho the one hundred thirtieth.

BRAD LITTLE
GOVERNOR

LAWRENCE DENNEY
SECRETARY OF STATE

In the Supreme Court of the State of Idaho

IN RE: IDAHO BEHAVIORAL)
HEALTH COUNCIL)
_____)

ORDER and
PROCLAMATION

STATING THE FINDINGS OF THE LEGISLATURE AND JOINING WITH ALL BRANCHES OF STATE GOVERNMENT IN EXPRESSING SUPPORT FOR THE CREATION OF THE IDAHO BEHAVIORAL HEALTH COUNCIL TO ENGAGE STATE GOVERNMENT, LOCAL GOVERNMENTS, AND COMMUNITY PARTNERS IN A MEANINGFUL REVIEW OF AND, WHERE APPROPRIATE MATERIALLY REVISE, IDAHO'S BEHAVIORAL HEALTH SYSTEM.

WHEREAS: Tremendous social and economic value will inure to the people of Idaho with the strategic development of a more effective behavioral health system which is devised, implemented, and sustained statewide; and

WHEREAS: All three branches of Idaho government, local governments, and community partners play an integral role in ensuring a reliable and productive behavioral health system for the people of Idaho; and

WHEREAS: Behavioral health issues, consisting of mental health and substance use disorders, are currently both chronic and pervasive, detrimentally impacting both a significant and growing portion of Idaho's population, as well as the economy of Idaho; and

WHEREAS: Idaho has demonstrated a commitment to improving the behavioral health system and has previously made considerable improvements to the system; and

WHEREAS: Despite the state having already invested significant resources to meet the needs, the Idaho behavioral health system continues to require a more coordinated, integrated, and collaborative structure; and

WHEREAS: An organized and strategic response, developed and implemented collaboratively, provides an unprecedented opportunity for continued improvement and sustained access to effective behavioral health outcomes for Idahoans, and a better return on the investment of public resources;

THEREFORE: All three branches of Idaho Government, Local Governments, and Community Partners should collaborate to develop a statewide strategic plan to inventory, audit, assess, and materially improve Idaho's behavioral health system to the benefit of all Idahoans.

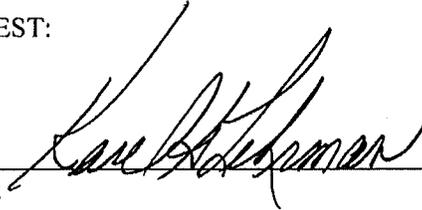
To effectuate this statewide strategic plan, the Idaho Supreme Court hereby supports the creation of the Idaho Behavioral Health Council by Governor Brad Little and appoints Administrative Director of the Courts, Sara B. Thomas, District Judge Gene Petty, and Dr. David C. Pate to participate on the Council.

Dated this 19th day of February, 2020.

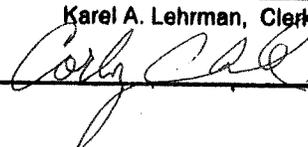


Honorable Chief Justice Roger S. Burdick

ATTEST:


Clerk

I, Karel A. Lehrman, Clerk of the Supreme Court/
Court of Appeals of the State of Idaho, do hereby
certify that the above is a true and correct copy of the
Order and Proclamation entered in the above entitled
cause and now on record in my office. WITNESS my
hand and the Seal of this Court February 19, 2020
Karel A. Lehrman, Clerk

By  Deputy

IN THE SENATE

SENATE CONCURRENT RESOLUTION NO. 126

BY HEALTH AND WELFARE COMMITTEE

A CONCURRENT RESOLUTION

STATING FINDINGS OF THE LEGISLATURE AND SUPPORTING A COLLABORATION AMONG THE THREE BRANCHES OF THE STATE GOVERNMENT, LOCAL GOVERNMENTS, AND COMMUNITY PARTNERS IN DEVELOPING AND IMPLEMENTING A STATEWIDE STRATEGIC PLAN TO IMPROVE THE IDAHO BEHAVIORAL HEALTH SYSTEM.

Be It Resolved by the Legislature of the State of Idaho:

WHEREAS, tremendous social and economic value will inure to the people of Idaho with the strategic development of a more effective behavioral health system that is devised, implemented, and sustained statewide; and

WHEREAS, all three branches of the state government, local governments, and community partners play an integral role in ensuring a reliable and productive behavioral health system for the people of Idaho; and

WHEREAS, behavioral health issues, consisting of mental health and substance use disorders, are currently both chronic and pervasive, detrimentally affecting a significant and growing portion of Idaho's population, as well as the economy of Idaho; and

WHEREAS, Idaho has demonstrated a commitment to improving the behavioral health system and has previously made considerable improvements to the system; and

WHEREAS, despite the state having already invested significant resources to meet behavioral health needs, the behavioral health system continues to require a more coordinated, integrated, and collaborative structure; and

WHEREAS, an organized and strategic response, developed and implemented collaboratively, provides an unprecedented opportunity for continued improvement and sustained access to effective behavioral health outcomes for Idahoans and a better return on the investment of public resources.

NOW, THEREFORE, BE IT RESOLVED by the members of the Second Regular Session of the Sixty-fifth Idaho Legislature, the Senate and the House of Representatives concurring therein, that we support and encourage a collaboration among all three branches of the state government, local governments, and community partners to develop and implement a statewide strategic plan to inventory, assess, and materially improve the Idaho behavioral health system to the benefit of all Idahoans.

BE IT FURTHER RESOLVED that to effectuate this statewide strategic plan, the Legislature endorses and supports the creation of a Behavioral Health Council by the Honorable Brad Little, Governor of the State of Idaho.