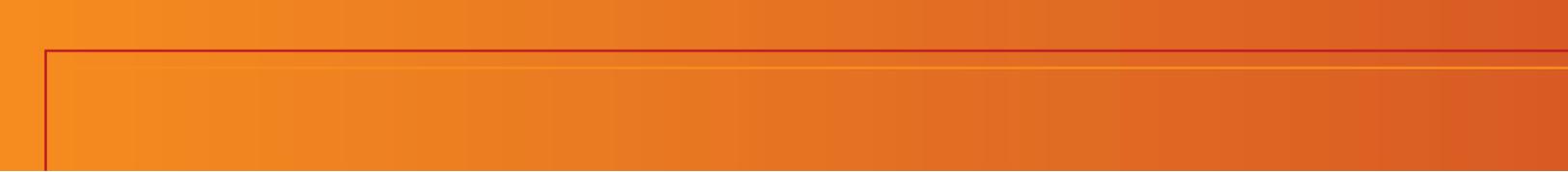


# 2009 Annual Report

## Idaho Board of Health and Welfare







# IDAHO DEPARTMENT OF HEALTH & WELFARE

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

Board of Health and Welfare  
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Welcome to the annual report of the Idaho Board of Health and Welfare. This report chronicles noteworthy activities of the Department of the Health and Welfare and its interaction with the Board during State Fiscal Year 2009.

During the course of the year, the Board met four times, receiving updates on key initiatives and reviewing proposed administrative rule changes. In this respect, 2009 was like any other. However, I am struck as I sit down to write the introduction to this report how different this year has been as well.

I am reminded of the opening lines of Charles Dickens' *A Tale of Two Cities*: "It was the best of times; it was the worst of times." The Idaho Department of Health and Welfare is indeed facing difficult challenges during these times of economic hardship. But I am heartened by the dedication I've seen by Department employees as they've risen to overcome these obstacles.

During the past year, one of the Department's greatest challenges came in mustering help for individuals and families in our state who have pressing temporary needs. With the economy in free fall, there are more people than ever who have been unable to stay warm, fed and healthy without the Department stepping in with aid.

For example, the number of Idahoans seeking help feeding their families with Food Stamps increased 73 percent between July 2007 and July 2009 to nearly 150,000 people. At the same time, the state's ability to meet these needs has been hampered as decreased revenues have left fewer dollars to go around. The Department saw several rounds of holdbacks in FY2009, with more on the horizon. About 82 percent of the Department's \$1.89 billion budget is spent directly on benefits for Idahoans. Holdbacks and budget cuts have an immense effect on Idaho's citizens.

But even in these "worst of times," we should know that when it comes to the many Health and Welfare employees who administer benefits to our citizens, it is also the "best of times." Despite wage and hiring freezes and mandatory furlough days, Health and Welfare employees are getting help to more people quickly and efficiently. The "get it done" attitude evident in all of our 3,100 employees merits immense praise.

Too often, we hear about how people in the U.S. simply don't have the devotion and loyalty to their work that they did in days past. That is not the case with Health and Welfare employees. Even as caseloads grow and the needs of Idaho citizens increase, our workers are not only getting things done well with fewer resources, they are also often finding ways to save money in the process.

I speak for the entire Board when I say we are honored to be part of this exceptional staff. As we go forward, it will be incumbent upon all of us to continue to seek the most efficient and cost effective ways to meet the needs of Idaho residents. We thank the Legislature for its support.

Richard Roberge, M.D.  
Board Chairman

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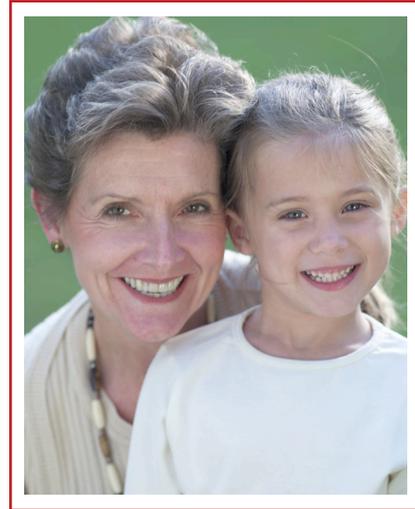
## NON-VOTING MEMBERS

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OFFICE OF THE GOVERNOR  
Sara Stover



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# Managerial and Overall Performance

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

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

## DHW Strategic Plan

**D**uring SFY 2009, the Board reviewed the Strategic Plan FY2010-2014 developed by the Department of Health and Welfare. The plan establishes major goals of the agency and sets forth performance measurements to determine progress. The three goals and related objectives are:

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

- Objective 1: Improve healthy behaviors of adults to 75.40% by 2014.
- Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2014.

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

- Objective 1: Increase the percent of department clients living independently to 84.31% by 2014.
- Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2014.
- Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2014.

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

- Objective 1: Assure that in 2014, 100% of Idaho’s geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.
- Objective 2: Increase the percent of Idahoans with health care coverage to 78.67% by 2014.
- Objective 3: By 2014, department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.
- Objective 4: The department eligibility determination accuracy rates of key identified programs will reach 84.17% by 2014.
- Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication, and convenience) to 84.57% by 2014.

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2010-2014, "Road to the Future," is found at <http://www.healthandwelfare.idaho.gov/AboutUs/StrategicPlan/tabid/134/Default.aspx>.)

## Confirmation of Administrative Appointments

During SFY 2009, the Board of Health and Welfare confirmed a number of administrative appointments recommended by DHW. Those included:

- Drew Hall, Deputy Director, Family and Welfare Services;
- Michael Farley, Division Administrator, Information Technology Services; and
- Gary Moore, Hospital Administrator, State Hospital North.

# Proposed and Ongoing Department Initiatives

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

**D**uring SFY2009, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare. Among the DHW initiatives monitored by the Board were the following:

## Idaho Benefits Eligibility System Project

As SFY 2009 drew to a close, the Welfare Division was readying to implement the Idaho Benefits Eligibility System (IBES), which replaces the 22-year-old automated system used to determine eligibility and process applications for Medicaid, Food Stamps, cash assistance, and child care.

The replacement process has been incremental. Many of the improved business process associated with the project became critical as employees were called on to serve a record number of Idahoans seeking assistance.

Worsening economic conditions led to record setting enrollment in the Food Stamp program, with an additional 44,000 people receiving help from the nutrition assistance program between 2008 and 2009. That brings the total number of Idahoans receiving Food Stamps to 149,000. Other programs also experienced rapid growth, including Child Support, Medicaid eligibility and cash assistance program.

The Division of Welfare was able to keep up with an ever-increasing caseload by with its New Service Delivery, focusing on new technology and revised business processes that stress same day service.

## Child and Family Services Review

The Family and Community Services Division continued to address findings of the second federal Child and Family Services Review from SFY 2008. The Department submitted a new Program Improvement Plan (PIP) addressing issue raised in the review to federal partners in April 2009.

The PIP is designed to help improve the child welfare system for children in Idaho and focuses on five areas for improvement: 1) Maintaining children's safely in their homes; 2) Engaging families; 3) Improving foster care; 4) Placing children in permanent homes more

# Managerial and Overall Performance

quickly; and 5) Enhancing administrative support to improve practice. Each region of the state is beginning to implement the PIP and has developed a plan to assure improvements locally.

The emphasis on finding permanent homes for children allowed the Department to double the number of adoptions in the Child Welfare Program from 136 adoptions in FFY 2006 to an estimated 300 in FFY 2008. In almost all cases, children adopted through Idaho's foster care system have special needs. The Department's goal is to find a family who can best meet an individual child's needs within 24 months of the child entering foster care. This will ultimately result in safer, healthier, and stronger families.

## Child and Family Services Review

The Family and Community Services Division completed the second federal Child and Family Services Review in SFY 2008. The purpose of the review is to assess each state's foster care performance to improve outcomes for children in the areas of safety, permanency, and well-being.

Since its last review in 2003, Idaho has shown improvement in 75% of the 23 items assessed during the case review. A two year Program Improvement Plan will be developed and implemented in 2009 and 2010. Financial penalties can be assessed on states that do not demonstrate expected improvements.

With this focus on program improvements and more efficient business practices, the Child and Family Services Program has been able to stabilize the number of children entering foster care, along with costs of care. In SFY 2008, the Foster Care program reduced costs from the previous year by \$782,000.

## Idaho State School and Hospital

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

ISSH is a safety net that provides services to individuals with developmental disabilities who have exhausted all other resources, or who are not successful in other settings. People are referred to ISSH when private providers no longer can provide services to them. Because of improvements in community services, only clients with significant behavioral disorders are admitted to ISSH, resulting in a gradual, but steady, decline in the number of individuals needing institution-based care.

# Proposed and Ongoing Department Initiatives

The census at ISSH continued to decline in SFY 2009 from 80 to 74. In response to the legislative directive, the division began creating a review team to evaluate the future of ISSH. The team will include members of the Legislature, families, and advocates and will present a report to the 2010 legislature based on a series of discussions and focus groups. The importance of developing a crisis response protocol will be part of the report.

## Medicaid Management Information System Reprocurement

The Medicaid Management Information System (MMIS) is a highly complex computer system that maintains information on 192,000 Medicaid clients and is responsible for managing payments to about 17,000 Medicaid providers. The federal government required Idaho to replace (reprocure) the MMIS system, which expired in December 2007. Idaho received an exemption from the Centers for Medicaid and Medicare Services and the State Division of Purchasing to extend the current contract until July 2010, when the new system will be operational.

Many additional benefits will be achieved with the new system, including an increased analytics capability, web-based services, electronic work flow management, enhanced claim editing, drug rebate processing, and case management functionality. The system will be phased in from Feb. 2010 through July 2010.

The budget for design, development, and implementation is \$51.2 million. For this phase, the Centers for Medicare and Medicaid Services matches the majority of the project funds with 90 percent of federal funding. After the system is implemented and certified, the federal match is 75 percent.

## H1N1 Response

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

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

During the initial outbreak, from April 26 through August 31, 2009, 342 lab-confirmed cases

# Proposed and Ongoing Department Initiatives

of H1N1 infections were reported in Idaho. Among those cases, the median age was 20 years, with over half (55%) of Idaho cases among people aged 5-24 and only 1% reported among people aged 65 or older. While a few cases had risk factors such as asthma or other chronic conditions, most illness occurred among otherwise healthy people. Of those initial cases reported in the spring and summer of 2009, 15 were hospitalized and no deaths were reported.

After the initial outbreak, multiple programs in the Division of Public Health worked fervently over the summer with the Idaho Public Health Districts, the Department of Education, medical providers and other partners to prepare for increased illnesses for the fall and winter months. Plans for mass vaccination clinics and community mitigation strategies were developed for implementation in September 2009.

## Approval of Rules

During SFY 2009, the Board of Health and Welfare responded to petitions and approved a number of administrative rules, many of them reflecting DHW's program initiatives. Among those decisions are:

**Approved revised rules governing standards for child care licensing.** To better ensure the health and safety of children under the Department's care and authority, these rules were revised to reflect current policy and practices in child care licensing standards for child care agencies and facilities. Rules governing child care licensing also were amended to increase the fee for criminal history background checks by \$10 per person.

**Approved rules and minimum standards for non-hospital medically monitored detoxification/mental health diversion units.** A detox center is being constructed in Idaho and these rules set standards for the minimum design and construction requirements for such a facility.

**Approved rules defining the scope of alcohol and substance use disorder services.** This chapter of rules describes the eligibility criteria, application requirements, individualized treatment plans, etc. The rule outlines how to appeal a denial of services decision made by the Department.

**Approved rules granting authority to sign death certificates.** The language change ensures that unqualified individuals aren't inadvertently allowed to sign certificates of death and stillbirth.

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- (I.C. §56-1005, subsection 11)*

## Economic Impacts and Stimulus Funds

Idaho's economy began to plummet in the early months of SFY 2009 and the deteriorating budget situation prompted Governor Otter to direct all state agencies to hold back four percent of their 2009 general fund appropriations. Further reductions in the SFY 2010 appropriation were adopted by the Legislature and future budget holdbacks could be necessary without substantial improvement in economic performance.

The Department had to implement a number of strategies to find the general fund savings in SFY 2009, including \$10.4 million in Medicaid. To find savings in Medicaid, the Department initiated a number of actions, including shaving administrative costs, reducing payments to hospitals and reducing the maximum benefit hours available to be billed by developmental disability agencies and service coordination providers. However, the Division of Medicaid has been able to preserve programs and eligibility to maintain coverage for everyone enrolled.

The effects of declining state revenue on the Department were mitigated in SFY 2009 by the federal American Recovery and Reinvestment Act (ARRA). Through ARRA, the federal government significantly increased its share of Medicaid expenses for SFY 2009. The increased match rate will continue through SFY 2010 and through the first half of SFY 2011. The increase in federal share is based on the state's unemployment experience. The average adjusted match rate for the “recession period” is expected to be 79.14 percent.

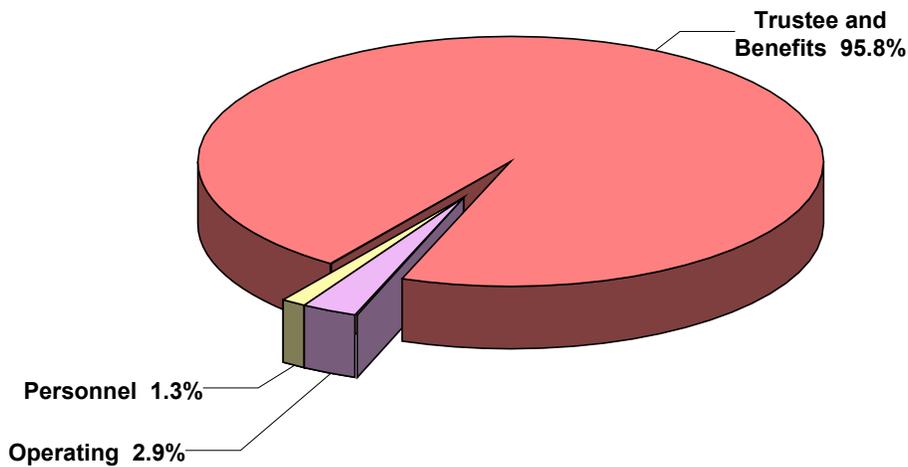
Stimulus money through the American Recovery and Reinvestment Act of 2009 also made funding available for improving health information technology and expanding a program that helps low-income families make their homes easier to heat and more energy efficient. The Department will need to work to find long-term solutions to address revenue reductions in the future.

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

# Fiscal and Policy Issues

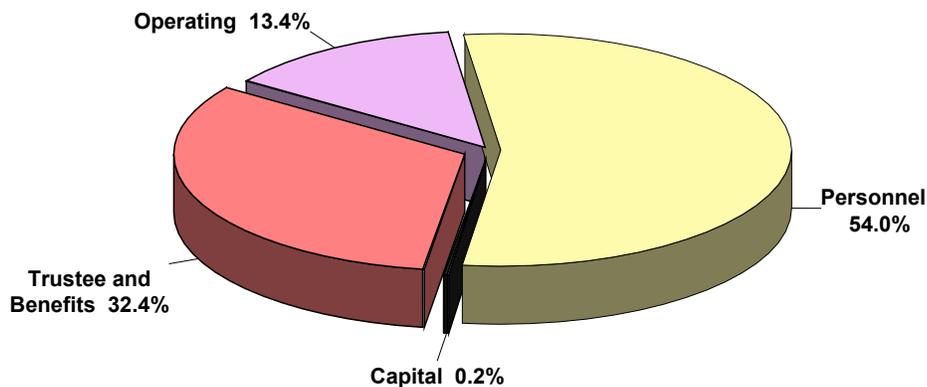
## Division of Medicaid

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$15,686,800	\$16,710,900	\$18,172,200
Operating Expense	33,348,500	24,720,000	42,225,800
Capital Outlay	923,700	391,200	85,500
Trustee & Benefits	1,148,802,900	1,259,524,100	1,376,484,000
<b>Total</b>	<b>\$1,198,761,900</b>	<b>\$1,301,346,200</b>	<b>\$1,436,967,500</b>
Full Time Equivalent Positions (FTE)	275	276	290



## Division of Family and Community Services

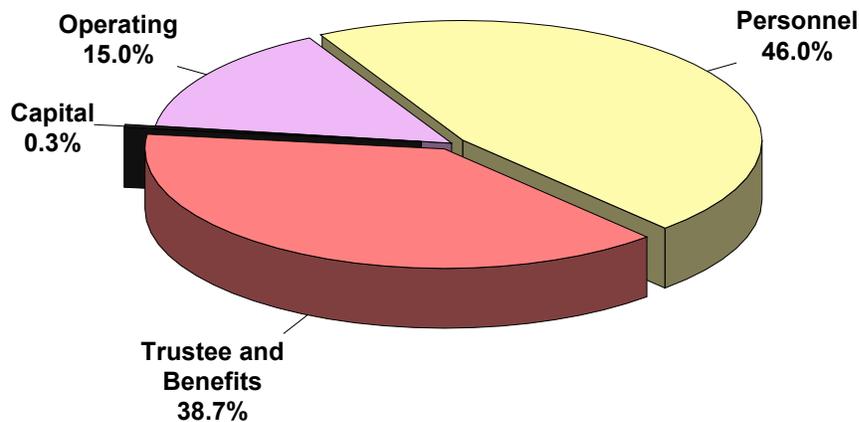
	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$47,739,200	\$51,617,200	\$52,963,300
Operating Expense	13,959,200	13,703,200	13,119,000
Capital Outlay	587,100	1,734,500	183,400
Trustee & Benefits	23,312,600	31,695,400	31,804,900
<b>Total</b>	<b>\$85,598,100</b>	<b>\$98,750,300</b>	<b>\$98,070,600</b>
Full Time Equivalent Positions (FTE)	920	957	969



# Fiscal and Policy Issues

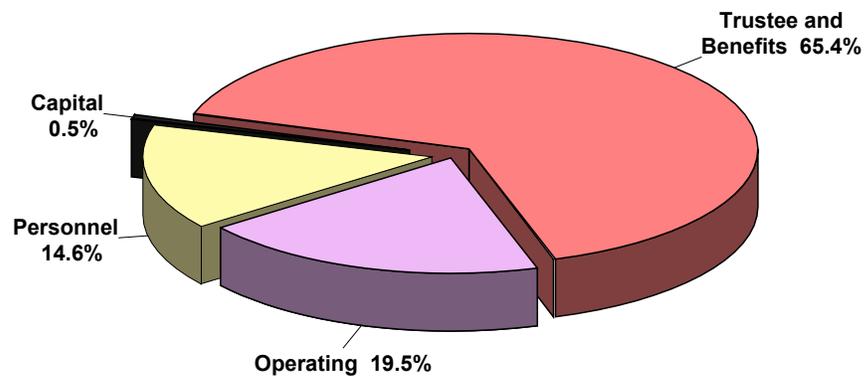
## Division of Behavioral Health

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$42,283,400	\$45,245,800	\$45,689,000
Operating Expense	15,016,600	16,395,400	14,891,500
Capital Outlay	451,200	913,900	320,200
Trustee & Benefits	40,064,500	32,968,700	38,457,800
<b>Total</b>	<b>\$97,815,700</b>	<b>\$95,523,800</b>	<b>\$99,358,500</b>
Full Time Equivalent Positions (FTE)	734	742	719



## Division of Public Health

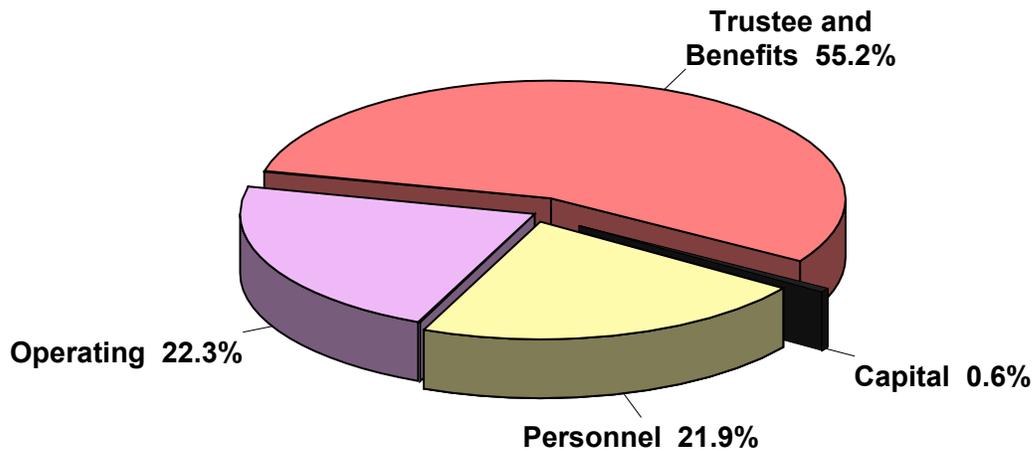
	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$11,306,400	\$11,973,300	\$12,582,000
Operating Expense	14,625,700	16,233,500	16,786,300
Capital Outlay	917,900	403,000	467,200
Trustee & Benefits	45,588,100	52,580,900	56,445,900
<b>Total</b>	<b>\$72,438,100</b>	<b>\$81,190,700</b>	<b>\$86,281,400</b>
Full Time Equivalent Positions (FTE)	206	206	206



# Fiscal and Policy Issues

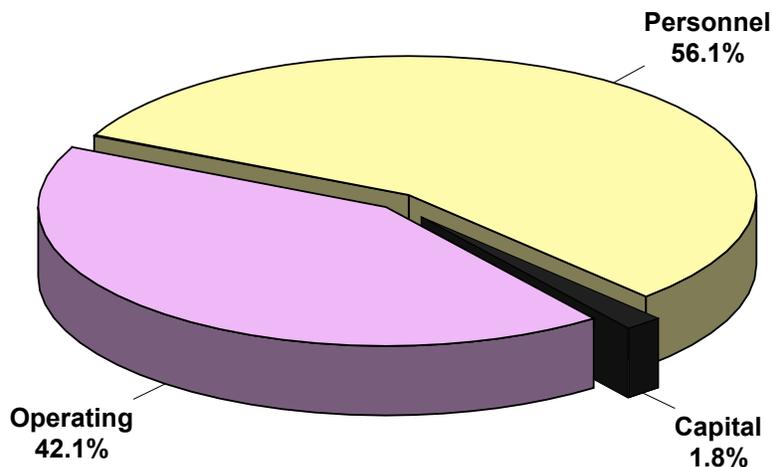
## Division of Welfare

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$32,333,600	\$32,677,800	\$33,695,000
Operating Expense	21,852,600	24,121,400	34,343,800
Capital Outlay	1,194,700	1,246,300	932,600
Trustee & Benefits	74,067,300	72,901,100	85,121,000
<b>Total</b>	<b>\$129,448,200</b>	<b>\$130,946,600</b>	<b>\$154,092,400</b>
Full Time Equivalent Positions (FTE)	638	622	618



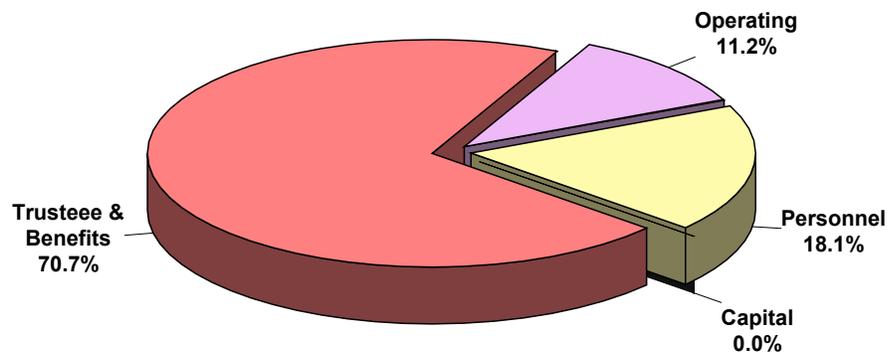
## Indirect Support Services

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$19,354,800	\$19,554,200	\$19,149,700
Operating Expense	14,911,800	15,143,900	14,392,200
Capital Outlay	584,300	737,800	616,100
Trustee & Benefits			
<b>Total</b>	<b>\$34,850,900</b>	<b>\$35,435,900</b>	<b>\$34,158,000</b>
Full Time Equivalent Positions (FTE)	324	303	323



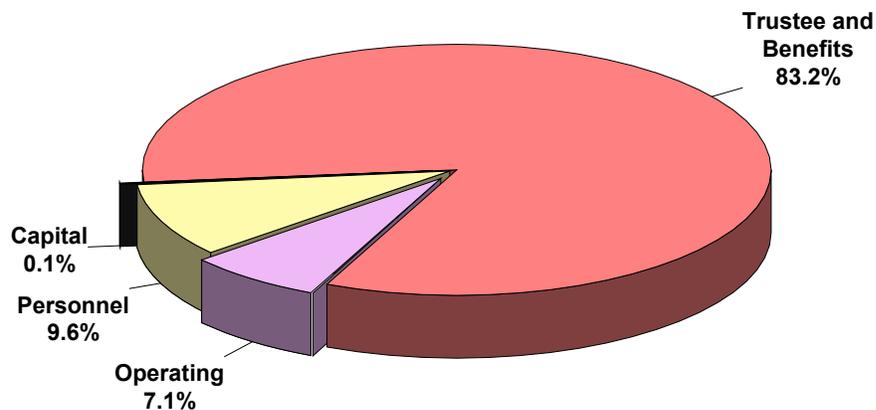
## Independent Councils

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$646,000	\$639,300	\$723,700
Operating Expense	448,800	437,800	446,800
Capital Outlay	5,500	7,000	1,300
Trustee & Benefits	2,309,700	2,531,900	2,833,100
<b>Total</b>	<b>\$3,410,000</b>	<b>\$3,616,000</b>	<b>\$4,004,900</b>
Full Time Equivalent Positions (FTE)	13	13	12



## Department of Health and Welfare (including independent councils)

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Personnel Costs	\$169,350,200.00	\$178,418,500	\$182,974,900
Operating Expense	114,163,200.00	110,755,200	136,205,400
Capital Outlay	4,664,400.00	5,433,700	2,606,300
Trustee & Benefits	1,334,145,100.00	1,452,202,100	1,591,146,700
<b>Total</b>	<b>\$1,622,322,900.00</b>	<b>\$1,746,809,500</b>	<b>1,912,933,300</b>
Full Time Equivalent Positions (FTE)	3,110	3,119	3,137



## Ongoing Fiscal Issues

The greatest concern of the Board is maintaining services, along with strong customer service by DHW staff, for Idaho residents affected by the economic problems that struck our nation in the fall of 2008. The department is receiving record numbers of people applying for Food Stamps. Projections estimate this growth rate will continue throughout SFY 2010.

### **Economic Impacts**

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

Because of falling state revenues that are tied to the economic downturn, the Board realizes that resources are scarce and budget reductions are necessary to balance the state budget. We plan to monitor the department's reductions to ensure that good public policy is maintained as much as possible. The economic situation is not improving and this may place the department on a collision course of increasing demands and reduced capacity. We plan to monitor the coming months to offer support and guidance when necessary.

### **Medicaid**

One of the continuing issues that confronts the department is Medicaid and its long term fiscal needs. Idaho's Medicaid program has been proactive in controlling costs and utilization of medical services, however, just as private medical insurance has escalated and impacted many businesses and families, Medicaid's expenses are straining the state's resources. Idaho has the third most restrictive eligibility criteria among states, which has helped keep caseload growth in check. However, inflation, pricing increases and medical utilization of services adds over \$100 million each year to Medicaid's budget. This is an issue that both the Board and the department continue to address.

### **Child Welfare**

Another fiscal issue that may arise in the future revolves around child welfare. The federal government recently conducted Idaho's second Children and Families Services Review of foster care services. Idaho did well in the week-long review; however, in the resulting Program Improvement Plan, the state is required to meet specific federal benchmarks that may not be attainable with current funding and staffing levels. As a result, the program may receive a federal sanction.

# The Board of Health and Welfare

## History

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

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

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

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

## Composition and Responsibilities

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

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

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

# The Board of Health and Welfare

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

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

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

## Membership of the Board of Health and Welfare

The seven members appointed by the Governor include:



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



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



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

# The Board of Health and Welfare



**Quane Kenyon, Sr.**, Boise. Mr. Kenyon, a 42-year veteran journalist who retired from the Associated Press in 1998, serves as consultant and copy editor for several companies, volunteers for various organizations and political campaigns, and was a delegate to the 2006 GOP state convention. He is immediate past chairman of the Board of Health and Welfare.



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



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



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

# The Board of Health and Welfare

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



**Richard M. Armstrong**, Boise, secretary to the Board and Director of the Department of Health and Welfare since June of 2006. Mr. Armstrong retired as Senior Vice President of Sales and Marketing for Blue Cross of Idaho, a private health care insurance company, where he worked for 36 years prior to his appointment as DHW director.



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



**Sara Stover**, senior analyst for the Division of Financial Management, is the Health and Human Services budget advisor to the Governor.



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

## Board Organization

The Board is organized in three subcommittees: Support Services, Family and Welfare Services, and Health Services. Each subcommittee is assigned key issues to study and reports back to the full Board on its findings and recommendations.

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

# Department Overview

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

## Leadership

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

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

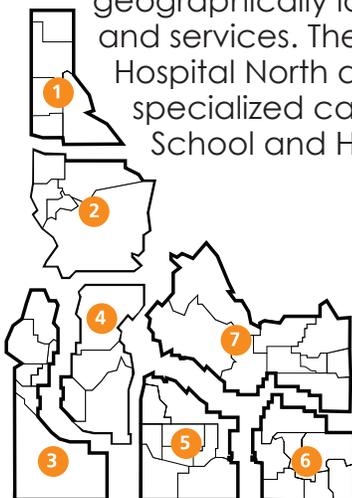
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

## The Board

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

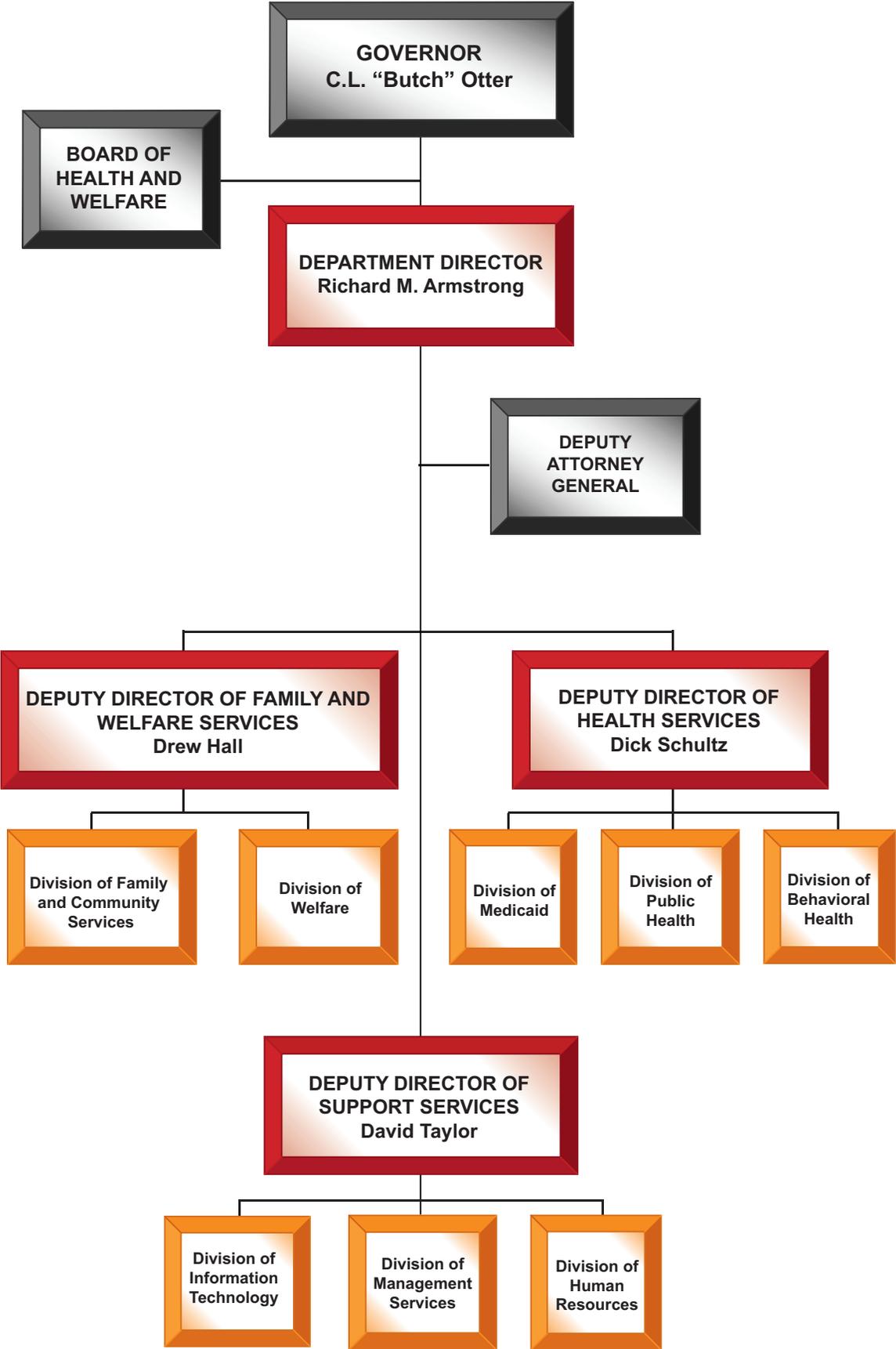
## DHW Organization

DHW is organized into eight divisions, seven regional offices and 34 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, Idaho State School and Hospital at Nampa.



- Region 1:** Benewah, Bonner, Boundary, Kootenai and Shoshone counties, headquartered at Coeur d'Alene
- Region 2:** Clearwater, Idaho, Latah, Lewis and Nez Perce counties, headquartered at Lewiston
- Region 3:** Adams, Canyon, Gem, Owyhee, Payette and Washington counties, headquartered at Caldwell
- Region 4:** Ada, Boise, Elmore and Valley counties, headquartered at Boise
- Region 5:** Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls counties, headquartered at Twin Falls
- Region 6:** Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power counties, headquartered at Pocatello
- Region 7:** Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties, headquartered at Idaho Falls

# Department Overview



# Department Overview

## Department Divisions

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

### FAMILY AND WELFARE SERVICES

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

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

#### Division of Welfare

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

### HEALTH SERVICES

#### Division of Medicaid

The Division of Medicaid administers a comprehensive medical coverage program for low-income pregnant women, people with disabilities, the elderly, and children from low-income families. It also licenses and inspects health facilities such as nursing homes, hospitals, and residential and assisted living facilities.

#### Division of Public Health

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

# Department Overview

## Division of Behavioral Health

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

## SUPPORT SERVICES

### Division of Human Resources

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

### Division of Information and Technology

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

### Division of Management Services

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

# Department Overview

## SFY 2009 Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Family and Welfare Services.....	Drew Hall
Deputy Director, Health Services.....	Richard Schultz
Deputy Director, Support Services.....	David Taylor
Family and Community Services Division.....	Michelle Britton, Administrator
Welfare Division.....	Russ Barron, Administrator
Medicaid Division.....	Leslie Clement, Administrator
Public Health Division.....	Jane Smith, Administrator
Behavioral Health Division.....	Kathleen Allyn, Administrator
Human Resources Division.....	Paul Spannkebel, Administrator
Information and Technology Division.....	Michael Farley, Administrator
Management Services Division.....	Richard Humiston, Administrator
Region 1, 2, Lewiston, Coeur d'Alene.....	Tanya McElfresh, Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Director
Region 5, 6, 7 Twin Falls.....	John Hathaway, Director
Idaho State School and Hospital, Nampa.....	Susan Broetje, Administrator
State Hospital North, Orofino.....	Gary Moore, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Jeanne Goodenough, Chief



