



Board of Health & Welfare

2014 Annual Report



IDAHO DEPARTMENT OF
HEALTH & WELFARE



IDAHO DEPARTMENT OF HEALTH & WELFARE

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

Board of Health and Welfare
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Dear Legislators,

Here is the annual report for the Board of Health and Welfare for the state of Idaho. The board met in four regular meetings and had one special meeting in 2014. Richard Armstrong, the innovative director of the Department of Health and Welfare, and his deputies and division administrators have worked well with the board for more than eight years.

It is the board's duty to advise the department's director on his or her management of the department. Board members do that by keeping abreast of the various activities of DHW's divisions in an advisory capacity, often hearing their accomplishments and applauding their work. The board also debates and approves or denies pending rules pertaining to the health and safety of Idaho residents. If the board approves them, the rules are sent to the Legislature for review and approval.

In the course of this year's meetings we have learned about a distinctive new system for healthcare in Idaho called the Idaho State Healthcare Innovation Plan (SHIP). It is meant to improve healthcare for Idahoans by encouraging preventive care and rewarding positive outcomes for patients rather than charging fees for specific services. Many Idaho healthcare providers from all professional realms have accepted this concept. Healthcare payers including Medicaid also are on board. The department has received a four-year startup grant of \$39 million from the federal Centers for Medicare and Medicaid Services (CMS). The board looks forward to hearing updates about this innovative plan to transform healthcare in Idaho. (Read more about it on pages 14-15.)

Idaho is a very healthy state, but there is still work to be done. In health status, our residents rank 18th in the nation. Because of our improved vaccination rates, our communicable disease rate is lower than most other states. But our adult obesity rates have increased 10 percent in the past year. Twenty nine percent of Idaho adults are obese. The state's lack of availability for treatment for mental health disorders also is a board concern. The state has a lack of mental health providers to offer treatment, and some of Idaho's most vulnerable residents lack health insurance to afford care. This will be offset slightly with the opening on Dec. 12 of the Behavioral Health Community Crisis Center of East Idaho, and we're hopeful the new center will offer sufficient evidence to open others like it and offer help and a way to access services to people in mental health crises.

The department's employees work hard for the residents of Idaho and should be congratulated for their good work, loyalty and devotion in caring for all the residents of Idaho.

Richard Roberge, M.D.
Board Chairman

Idaho Board Of Health And Welfare

SFY 2014 Board Membership

Richard T. Roberge, M.D.
Chairman
2021 Farmway Road
Caldwell, Idaho 83607

Darrell Kerby
Vice chairman
P.O. Box 882
Bonners Ferry, Idaho 83805

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Driggs, Idaho 83422

Jim Giuffre
352 Panorama Place
Boise, Idaho 83713

Stephen Weeg
442 S. Garfield Ave.
Pocatello, Idaho 83204

Wendy Jaquet
P.O. Box 783
Ketchum, ID 83702

Commissioner Tom Stroschein
1464 Alpowa
Moscow, ID 83607

NON-VOTING MEMBERS

Richard M. Armstrong
Director, Department of Health and
Welfare
Board Secretary
450 West State Street
Boise, Idaho 83702

Senator Lee Heider
1631 Richmond Dr.
Twin Falls, ID 83301

Representative Fred Wood
P.O. Box 1207
Burley, ID 83318

OFFICE OF THE GOVERNOR
Tammy Perkins



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Fiscal and Policy Issues

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

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

Economic recovery, Affordable Care Act continue to challenge DHW

Idaho has been in a steady economic recovery, but signs of that recovery have become less obvious. During SFY 2014, many households continued to need support during periods of unemployment or low wages to help supplement their family's income for food, health care, and child care needs. Overall, growth in public assistance program participation is leveling as the economy stabilizes; however, we continue to see many families either underemployed or working for wages below the poverty level. The department continues to focus on employment and training programs, as well as nutrition education and quality child care, to ensure the programs are effective in supporting families as they return to the workforce and move out of poverty.

Idaho Medicaid program's SFY 2014 experience was influenced more by the mandates of the Affordable Care Act (ACA) than the recovering economy. Medicaid's caseload growth increased by 5.5 percent, compared to 3.13 percent in SFY 2013. That growth can be attributed primarily to the ACA requiring people to have insurance coverage. There were many Idaho residents, mostly children, who were eligible for Medicaid coverage but had never applied. Once past the ACA enrollment period, Idaho expects to return to a 2 to 3 percent enrollment growth rate.

The department's divisions of Welfare and Information Technology also have been affected by the changes mandated by the ACA. Major programming of DHW's eligibility system was completed so Medicaid eligibility can be determined as mandated by the Centers for Medicare and Medicaid Services before Idahoans can begin shopping for insurance on the state-based health insurance exchange.

For the fourth straight year, Idaho Medicaid successfully completed the year without delaying payments to providers because of a lack of funds. This stabilization of the Medicaid budget reflects the prudent budget approach by the Governor and the Legislature, good budget management by the department, and an improving Idaho economy.

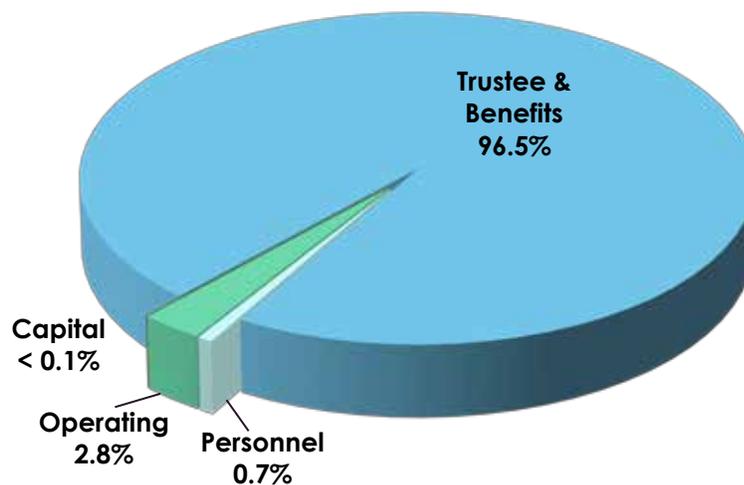
The charts on the next pages provide a three-year comparison of spending by major divisions, as well as a year-to-year employee count.

Fiscal and Policy Issues

Division of Medicaid

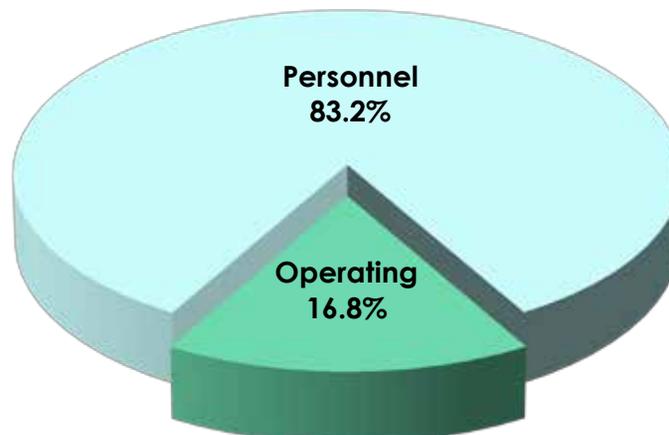
	2012	2013	2014
Personnel Costs	\$17,004,300	\$13,648,600*	\$13,324,100
Operating Expense	\$41,733,800	\$48,726,700	\$54,258,800
Capital Outlay	\$3,300	--	\$25,300
Trustee & Benefits	\$1,645,667,600	\$1,813,459,700	\$1,852,831,300
Total	\$1,704,409,000	\$1,875,835,000	\$1,920,439,500
Full Time Positions (FTP)	274	205	210

*During SFY 2013, licensing and certification of facilities and certified family homes was separated from the Division of Medicaid, becoming the Division of Licensing and Certification shown below.



Licensing and Certification

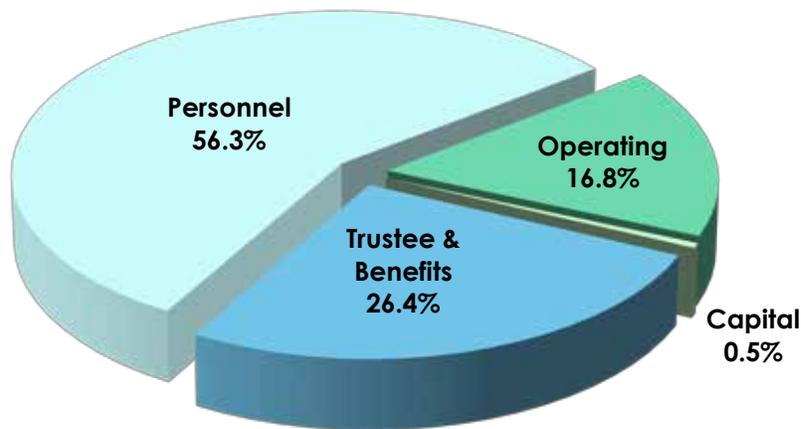
	2013	2014
Personnel Costs	\$4,208,200	\$4,437,800
Operating Expense	\$731,900	\$893,400
Capital Outlay	--	--
Trustee & Benefits	--	--
Total	\$4,940,100	\$5,331,200
Full Time Positions (FTP)	63	64



Fiscal and Policy Issues

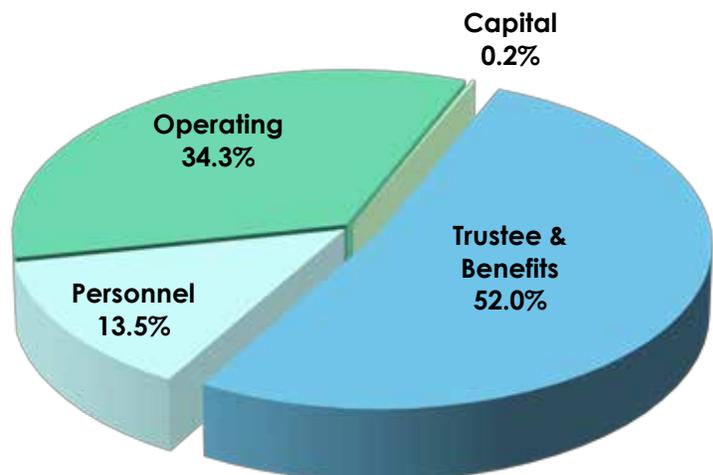
Division of Behavioral Health

	<u>2012</u>	<u>2013</u>	<u>2014</u>
Personnel Costs	\$40,515,600	\$43,119,700	\$43,595,500
Operating Expense	\$12,819,700	\$12,536,600	\$13,046,600
Capital Outlay	\$134,400	\$218,300	\$375,800
Trustee & Benefits	\$19,643,400	\$20,279,200	\$20,471,700
Total	\$73,113,100	\$76,153,800	\$77,489,600
Full Time Positions (FTP)	653	663	662



Division of Public Health

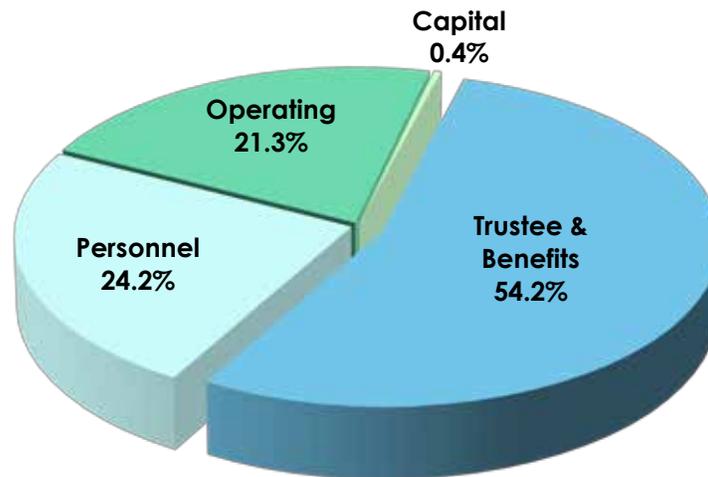
	<u>2012</u>	<u>2013</u>	<u>2014</u>
Personnel Costs	\$12,758,800	\$13,384,700	\$13,449,300
Operating Expense	\$30,210,000	\$31,290,600	\$34,207,200
Capital Outlay	\$444,000	\$99,000	\$169,500
Trustee & Benefits	\$51,468,100	\$53,760,800	\$51,852,900
Total	\$84,880,900	\$98,535,100	\$99,678,900
Full Time Positions (FTP)	213	213	214



Fiscal and Policy Issues

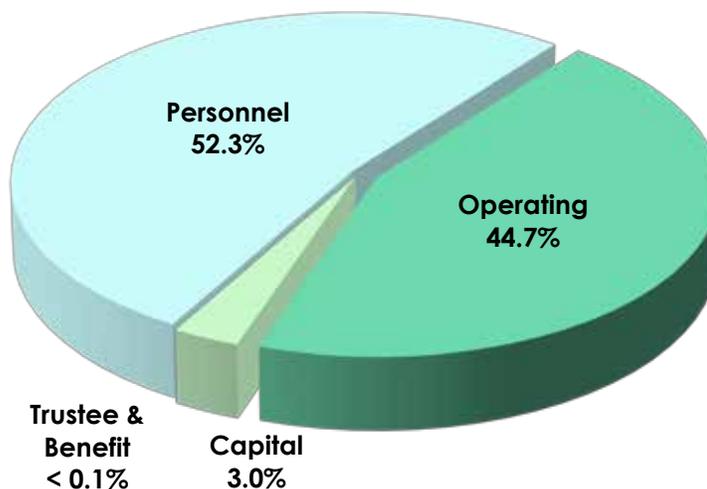
Division of Welfare

	2012	2013	2014
Personnel Costs	\$31,763,900	\$33,366,400	\$33,779,100
Operating Expense	\$22,465,600	\$33,865,200	\$29,747,700
Capital Outlay	\$199,700	\$95,200	\$521,800
Trustee & Benefits	\$86,766,100	\$75,041,500	\$75,776,900
Total	\$141,195,300	\$142,368,300	\$139,825,500
Full Time Positions (FTP)	592	592	617



Indirect Support Services

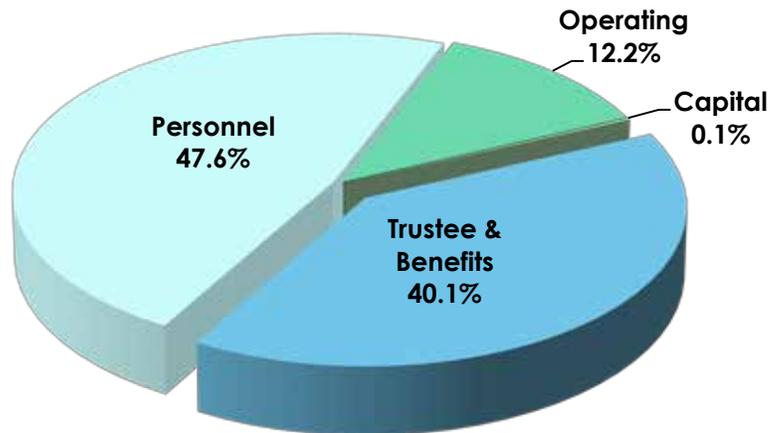
	2012	2013	2014
Personnel Costs	\$18,110,700	\$19,019,500	\$19,489,000
Operating Expense	\$16,626,500	\$16,188,400	\$16,676,200
Capital Outlay	\$2,987,700	\$1,524,400	\$1,129,100
Trustee & Benefits	--	--	--
Total	\$37,724,900	\$36,732,300	\$37,294,300
Full Time Positions (FTP)	270	270	284



Fiscal and Policy Issues

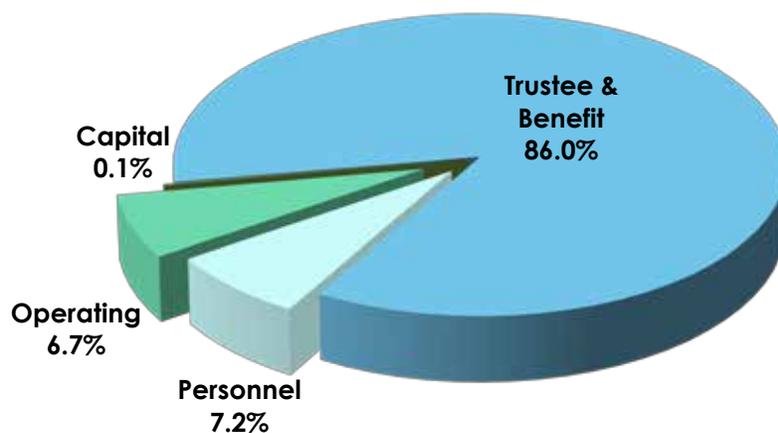
Division of Family and Community Services

	<u>2012</u>	<u>2013</u>	<u>2014</u>
Personnel Costs	\$43,089,700	\$44,321,200	\$42,514,900
Operating Expense	\$11,233,900	\$10,882,600	\$10,910,000
Capital Outlay	\$216,599	\$4,100	\$114,800
Trustee & Benefits	\$32,657,900	\$33,579,300	\$35,821,100
Total	\$87,198,000	\$88,787,200	\$89,360,800
Full Time Positions (FTP)	840	846	787



Department of Health and Welfare

	<u>2012</u>	<u>2013</u>	<u>2014</u>
Personnel Costs	\$163,346,000	\$171,174,500	\$170,699,800
Operating Expense	\$135,092,000	\$154,225,400	\$159,747,000
Capital Outlay	\$3,985,600	\$1,941,000	\$2,336,300
Trustee & Benefits	\$1,836,203,100	\$1,996,120,500	\$2,036,753,900
Total	\$2,138,626,700	\$2,323,461,400	\$2,369,537,000
Full Time Positions (FTP)	2,843	2,853	2,838



Managerial and Overall Performance

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- (I.C. §56-1005, subsection 11)

DHW Strategic Plan

During SFY 2014, the Board reviewed the Strategic Plan FY 2014-2018 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 77.1% by 2018.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.3% by 2018.

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

Objective 1: Increase the percent of department clients living independently to 84.3% by 2018.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.5% by 2018.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.9% by 2018.

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

Objective 1: Ensure that in 2018, 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 78.7% by 2018.

Objective 3: By 2018, department timeliness standards will be met for 97.2% 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 87.6% by 2018.

Objective 5: The department will improve customer service (in the areas of caring, competence, communication, and convenience) to 85.6% by 2018.

Managerial and Overall Performance

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2014-2018 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

Confirmation of Administrative Appointments

During SFY 2014, the Board of Health and Welfare confirmed administrative appointments recommended by DHW:

- Joyce Broadsword, regional director in the North Hub, which includes regions 1 and 2
- Lori Wolff, division administrator for Welfare

Proposed and Ongoing Department Initiatives

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(I.C. §56-1005, subsection 11)

During SFY 2014, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare, including:

Medicaid Readiness Initiative

The Medicaid Readiness Initiative (MRI) has been a top priority for Self Reliance to meet federal requirements and implement Medicaid changes on Jan. 1, 2014. During the open enrollment period, the division enrolled about 15,000 Medicaid participants received from the Federal Marketplace.

MRI was a critical component for the development and implementation of Your Health Idaho, the state's health insurance exchange, in November 2014. DHW partnered with Your Health Idaho to leverage its infrastructure for application, verification, and eligibility determinations that are required for the exchange. This partnership and shared services model helped minimize costs to the state for building the new marketplace, while maximizing coordination and consistency as Idaho transitioned off of the federal exchange and implemented new technology that supports access to health coverage for all Idahoans.

The Board is confident no state money is being used to support Your Health Idaho, and it supports the department's collaborative relationship with the state-based exchange.

Medicaid Managed Care Efforts

During SFY 2014, Medicaid implemented behavioral health managed care and continued moving forward on managed care for participants eligible for both Medicaid and Medicare.

Behavioral Health Managed Care – Idaho Code § 56-263 directs Medicaid to develop plans for managed care models of service delivery. Medicaid's state plan amendment to support behavioral health managed care and the 1915b waiver were approved. DHW entered into a contract with United Healthcare, doing business as Optum Idaho, on April 24, 2013.

Optum Idaho's administration of Medicaid behavioral health benefits, known as the Idaho Behavioral Health Plan (IBHP), began on September 1, 2013. Optum Idaho provided a transition period of 60 days in which all Medicaid members continued their current treatment plans and current providers. Medicaid is working closely with Optum Idaho to implement the IBHP, which includes recruitment, enrollment, and training of a provider

Proposed and Ongoing Department Initiatives

network; development of electronic information and claims payment systems; and development of related communications and disbursement of information materials.

The board will continue to watch closely during this transition from fee-for-service reimbursement to managed care, with more emphasis on improving participant outcomes.

Managed Care for Dual Eligibles – People who are dually eligible are among the nation's most chronically ill and costly patients, accounting for nearly 50 percent of all Medicaid spending and 25 percent of all Medicare spending.

As of March 2014, there were 23,390 dual-eligible individuals in Idaho. In an effort to ensure that they have full access to seamless, high quality, cost-effective health care, the Centers for Medicare and Medicaid Services (CMS) continues to collaborate with states, health care providers, caregivers, and beneficiaries to improve quality, reduce costs, and improve the dual-eligible experience. In addition, with the passing of House Bill 260, the 2011 Idaho Legislature directed Medicaid to develop managed care programs that result in an accountable care system and improved health outcomes.

Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health-related services for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services. Blue Cross of Idaho passed a comprehensive evaluation required to implement an expanded Medicare-Medicaid Coordinated Plan beginning July 1, 2014. The True Blue Special Needs plan has expanded to incorporate Aged and Disabled Waiver services, developmental disability targeted service coordination, community-based rehabilitation services, personal care services, nursing home care and services for people living in an intensive care facility for the intellectually disabled.

The board supports the efforts of Idaho Medicaid and Blue Cross of Idaho to continue to engage in stakeholder outreach regarding the managed care program and its expansion.

Idaho State Healthcare Innovation Plan (SHIP)

The Idaho State Healthcare Innovation Plan (SHIP) was developed during a six-month planning period that started in July 2013. A broad, stakeholder driven strategy was used to conduct a statewide assessment and redesign of the current healthcare delivery and payment system. The new model builds on Idaho's current innovations and successes. With implementation of the plan, Idaho proposes to improve the health and healthcare for all Idahoans, while also lowering the costs of healthcare.

The SHIP relied on a steering committee and four work groups to conduct analysis and develop recommendations for the proposed redesign. During planning, regular working

Proposed and Ongoing Department Initiatives

meetings were facilitated by Mercer Health and Benefits Consulting firm, which also provided relevant subject matter experts in four areas:

1. Health information technology
2. Physician networks
3. Clinical quality improvement
4. Payment strategies.

Idaho's communities also offered feedback about components of the model from 44 focus groups throughout the state. Consumers, primary care providers, other service providers, employers and hospitals were included. Six town hall meetings also were conducted in three rural-frontier areas, and included all five of Idaho's tribes.

Idaho submitted the completed SHIP to Centers for Medicare and Medicaid Services Innovation Center (CMMI) in December 2013. However, the SHIP continues to be refined as the system partnerships and operational details for implementation are worked out. The Steering Committee continues to meet monthly. In February 2014, the committee evolved to become the Idaho Healthcare Coalition (IHC). The IHC was established through executive order by Governor Otter and is charged with leading Idaho's healthcare system transformation, under the direction of DHW.

The board fully supports Idaho's plans to accelerate implementation of the SHIP over the next four years with federal funding from a \$39.7 million model test grant. DHW was awarded the grant in December 2014.

Behavioral Health Transformation

The 2014 Idaho Legislature continued Idaho's behavioral health system transformation with legislation that allows for some of the leadership of the behavioral health system to occur at the community level and implements a regional process to develop and deliver family support and recovery support services.

Under a transformed and unified behavioral health system, the mental health and substance use disorder systems are being integrated, and behavioral health boards are being established in each region. The new Regional Behavioral Health Boards will have greater local influence over their behavioral health systems and the opportunity to contract with the state to deliver family support and recovery support services in their areas.

Transformation legislation also modified the existing State Mental Health Planning Council to become the State Behavioral Health Planning Council, which includes representation from the substance use disorder and prevention communities. The legislation also created an Idaho Behavioral Health Cooperative to advise the behavioral health system on issues related to individuals with unmet treatment needs. The board supports the department's vision and plan to transform behavioral health care throughout the state.

Proposed and Ongoing Department Initiatives

Title IV-E Waiver

Idaho was approved for a Title IV-E Waiver which begins January 2015. Title IV-E Child Welfare waivers provide states with an opportunity to use federal funds more flexibly to implement practices that assure child safety, help children in foster care move to safe, permanent homes quickly, or to improve the well-being of children both in foster care or at risk for entering foster care.

Idaho's waiver interventions include:

- Training child welfare workers to better assist children who have experienced trauma
- Methods to assess the effects of trauma on children who have been abuse neglected
- Statewide adoption of an evidence-based parenting education model called Nurturing Parenting, and the expanded use of Family Group Decision Making
- Other supports in the resolution of child welfare cases

Federal waiver funding and interventions come with a strict evaluation component so Idaho will be contributing to the growing body of evidence surrounding what works in child welfare. The board supports the department's work to keep children safe and in their own homes whenever possible.

Approval of Rules

During SFY 2014, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved are:

- **Emergency Medical Services rules** that updated the EMS Bureau's name, removed outdated definitions and added a new chapter on agency licensing requirements as well as agency licensure rules for investigations, and administrative and disciplinary actions.
- **Criminal History and Background Check rules** that added a no-show fee to address the number of appointments being missed as well as to make more appointment times available. Another rule clarified the application, fingerprint, and submission process.
- **Child Welfare rules** to establish a process for people to obtain confidential information from the child protection central registry and to update requirements for mailing certifications to meet federal requirements for Indian Child Welfare Act-Designated Agent for a child's tribe.
- **Alcohol and Substance Use Disorder Services rules** to amend criminal history and background check requirements to allow for a waiver of a denial on a case-by-case basis for individuals who are applying to provide peer services.

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 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 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 in SFY 2014



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.

Darrell Kerby, Bonners Ferry, vice chairman. 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.



Wendy Jaquet, Ketchum. Ms. Jaquet served nine terms in the Idaho House, from 1994-2012, and served on several committees, including the Joint Finance-Appropriations Committee and the Health and Welfare Committee. She also has a master's degree in public administration.

The Board of Health and Welfare



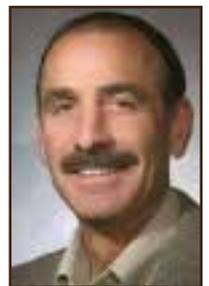
Janet Penfold, Driggs. Mrs. Penfold is part of a third generation seed potato farm operation in the Teton Valley, a volunteer for a variety of activities, a former member of the Eastern Idaho District Health Department Advisory Board, and the 2003 Idaho Farm Bureau Woman of the Year. She was the first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

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 retired in August 2012 as 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, the chairman of Your Health Idaho Board, and a board member for the new Portneuf Medical Center Community Benefit Organization. He served as a member of the Health Quality Planning Commission and is a member of Gov. Otter's executive leadership team for the Idaho Health Care Council. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

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



The Board of Health and Welfare

Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare served without vote during SFY 2013:



Richard M. Armstrong, Boise, secretary to the Board and Director of the Department of Health and Welfare since June 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 before his appointment as DHW director.



Senator Lee Heider, R-Twin Falls. Mr. Heider is serving his third term in the Senate, and is the chairman of the Health & Welfare Committee and a member of the Resources & Environment Committee.



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



Representative Fred Wood, R-Burley. Mr. Wood is serving his fifth term in the House, and is the chairman of the Health & Welfare Committee and a member of the Resources & Conservation Committee.

Department Overview

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

Leadership

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

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

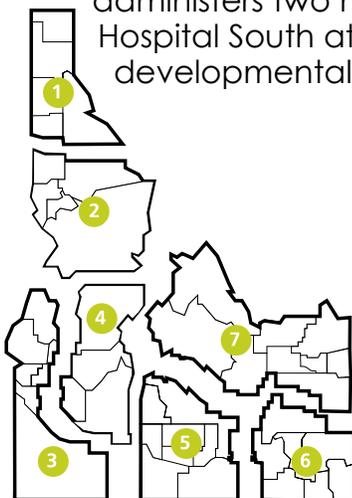
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

The Board

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

DHW Organization

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



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

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

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

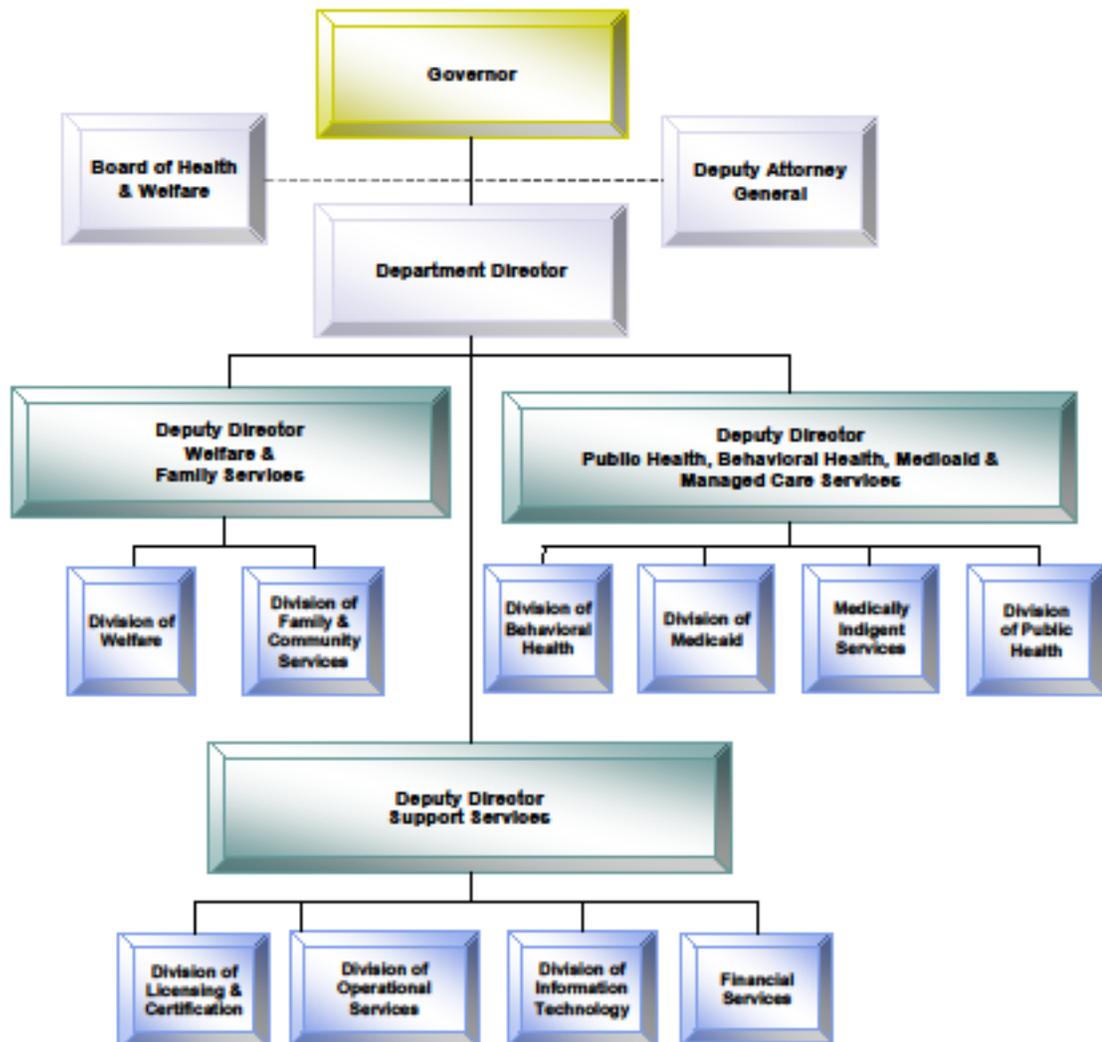
Region 4: Ada, Boise, Elmore and Valley counties, headquartered at Boise

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

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

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

Department Overview



Department Overview

Department Divisions

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

WELFARE AND FAMILY SERVICES

Division of Welfare

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

Division of Family and Community Services (FACS)

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

BEHAVIORAL HEALTH, PUBLIC HEALTH, MEDICAID AND MANAGED CARE SERVICES

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.

Division of Public Health

The Division of Public Health 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 Medicaid

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

Medically Indigent Services

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

SUPPORT SERVICES

Division of Operational Services

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

Division of Information and Technology Services

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

Financial Services

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

Division of Licensing and Certification

Licensing and Certification was separated from the Division of Medicaid on July 1, 2012, to make the regulatory enforcement functions independent of Medicaid's benefit management. The new division conducts licensing and certification requirements for hospitals, nursing homes, developmental disability agencies, certified family homes, ambulatory surgery centers and other agencies and institutions that require federal and/or state certification or licensure.

Department Overview

Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Welfare and Family Services	Russ Barron
Deputy Director, Public Health, Behavioral Health, Medicaid and Managed Care Services.....	Denise Chuckovich
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Russ Barron, Acting-administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Lisa Hettinger, Administrator
Operational Services Division.....	Paul Spannknebel, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Lori Wolff, Administrator
Region 1, 2, Coeur d'Alene, Lewiston.....	Joyce Broadsword, Regional Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Regional Director
Region 5, 6, 7 Twin Falls, Pocatello, Idaho Falls.....	John Hathaway, Regional Director
Southwest Idaho Treatment Center.....	Dayna Wilhite-Grow, Acting-administrator
State Hospital North, Orofino.....	Todd Hurt, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Nicole McKay, Lead Deputy



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