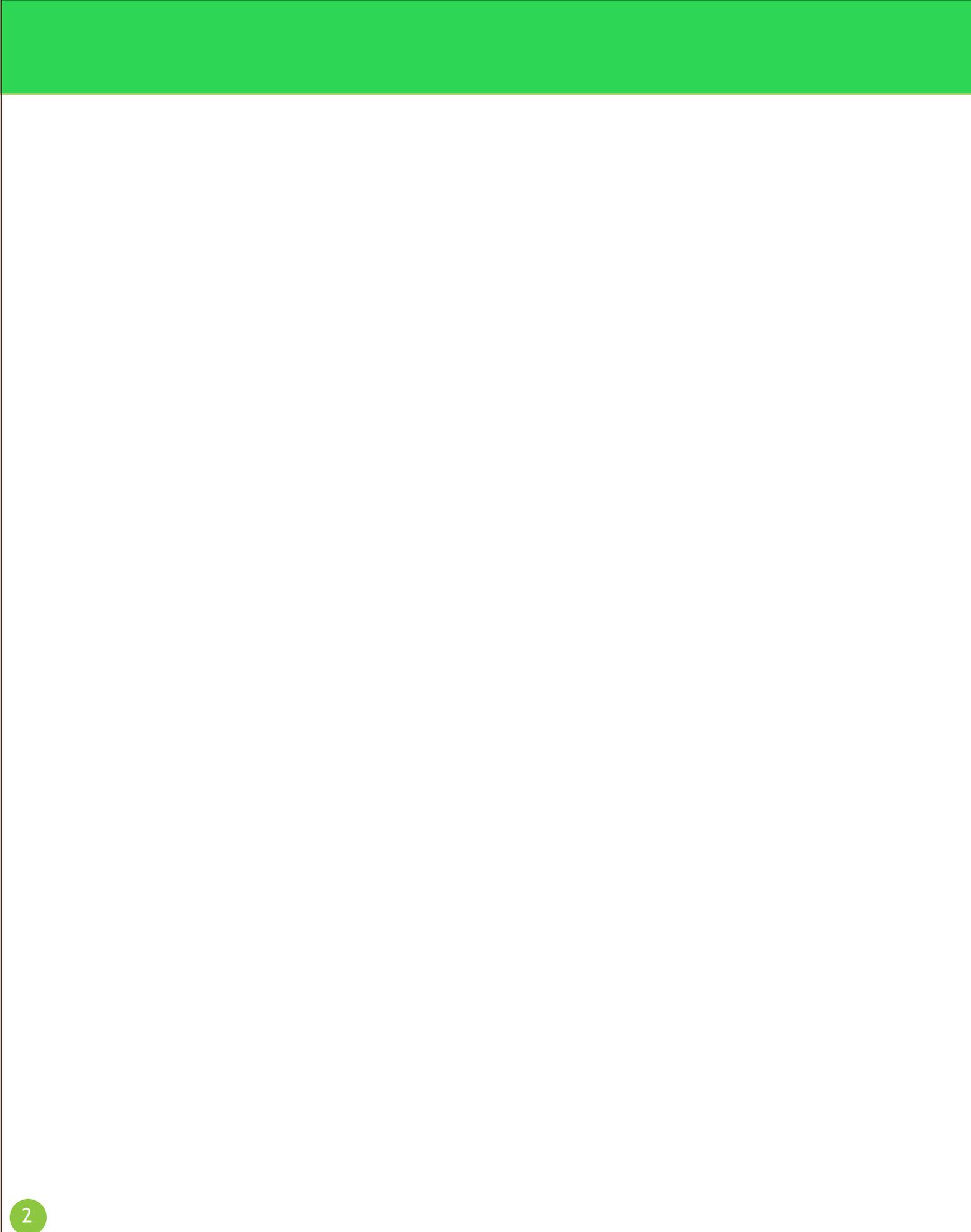




Board of Health & Welfare 2016 Annual Report





IDAHO DEPARTMENT OF HEALTH & WELFARE

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

Board of Health and Welfare
450 W. State Street, 10th Floor • P.O. Box 83720 • Boise, ID 83720-0036
PHONE 208-334-5500 • FAX 208-334-6558

Dear Idaho residents,

It is my pleasure to present you with the annual report for the Board of Health and Welfare for state fiscal year 2016. It was a busy year for the department, as Director Richard Armstrong and his staff pressed hard on major initiatives that have great potential to improve the lives of Idahoans.

First, through its Medicaid program and Office of Healthcare Policy, the department is transforming medical care as we know it today. The Board has been following this closely, as a growing number of Medicaid members are now participating in the Primary Care Medical Home model of healthcare delivery. This model strives to improve access to health care, coordinate care between multiple medical providers, and encourage preventive health activities. In parallel, the Office of Healthcare Policy is administering the State Healthcare Innovation Plan grant, which is helping Idaho medical providers transform to a similar model, so patients get the right care at the right time. These efforts have great potential to improve the quality of healthcare in Idaho, while spending our medical dollars more wisely.

The board would like to commend the Idaho Legislature for approving a state suicide prevention program. Idaho consistently ranks in the top 10 states for the number of completed suicides per capita, forever affecting the lives of many Idaho families. Legislators appropriated nearly \$1 million and four new staff members to the program, which will focus on youth prevention and intervention, public awareness campaigns, and funding for the Idaho Suicide Prevention Hotline. This is a great commitment for suicide prevention, which we find admirable.

The Board also is very supportive of the redesign of Idaho's children's mental health system. DHW is partnering with the Departments of Juvenile Corrections and Education to improve the access and array of services available to children, while filling in gaps in the current system of care. The improved program will coordinate services between multiple providers, monitor each child's outcomes, and adapt plans to meet treatment goals. The Board encourages the upcoming 2017 Legislature to leverage available federal funding to ensure all children, and their families, have access to services they need.

During FY2016, the first Idaho healthcare providers received official designations in the Time Sensitive Emergency (TSE) program for the coordinated treatment of people suffering trauma, a heart attack or stroke. From the moment 911 is called, it is critical that all care providers use best practices that are coordinated between each response phase. To encourage best care during each step of response, providers can earn official designations from the TSE program for the best practices they follow. To date, providers in Arco, Orofino, Coeur d'Alene, Meridian, Idaho Falls, Driggs and Boise have been recognized by the TSE program.

We are fortunate that the Department of Health and Welfare has dedicated leadership and staff who are diligently working to find solutions to difficult challenges many Idaho families face. We support their efforts as we all work make Idaho a better place to live.

Darrell Kerby
Board Chair

Idaho Board Of Health And Welfare

FY 2016 Board Membership

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

Tom Stroschein
Vice chairman
1464 Alpowa
Moscow, ID 83607

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

Janet F. Penfold
207 South 175 East
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

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)

DHW Programs Help Families Become Self-Sufficient

DHW public assistance programs are designed to help low-income families in Idaho gain stability and financial independence by providing critical support services. The combination of key supports such as health coverage, food and nutrition assistance, child care, child support and job search assistance helps families obtain employment or remain in the workforce as they balance their ability to pay for housing, utilities and provide for their children.

Helping Idaho’s low-income families find and keep employment, especially during challenging times, will enable them to enhance earning potential and gain stability until they no longer need the support of public assistance.

During FY 2016, many households continued needing support during periods of unemployment or low wages to help supplement their family’s income for food, healthcare, and child care needs. Overall, growth in program participation is leveling as the economy stabilizes; however, many families remain either underemployed or working for wages below the poverty level.

DHW has strengthened its focus on employment and training programs, as well as nutrition education and quality child care so investments are made in helping families live better and move to stable and long term self-sufficiency. DHW public assistance programs currently serve approximately 175, 000 families. One third of families have elderly or disabled members, with almost two-thirds with children in the home.

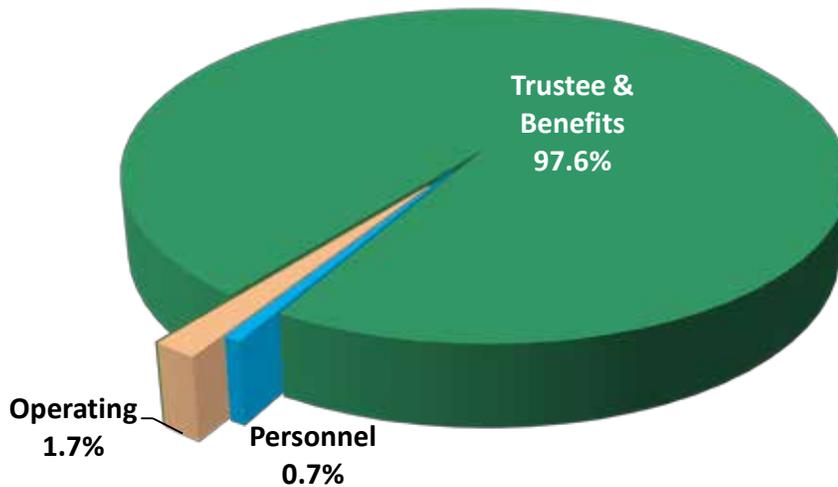
Overall, the department strives to use taxpayer funding in a responsible manner as it serves Idaho residents in times of crisis. Payments for services to Idahoans make up 87 percent of the department’s \$2.5 billion budget.

The charts on the next few pages provide a three-year comparison of spending by the major divisions in the department, as well as a year-to-year employee count. The “Trustee & Benefits” category is funding used to provide or purchase services for eligible participants. Over 85 percent of the department’s total budget provides or pays for Trustee and Benefits for Idaho citizens.

Fiscal and Policy Issues

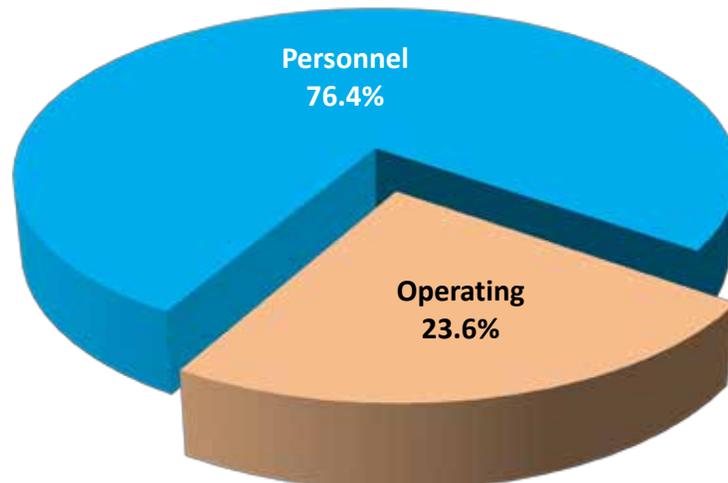
Division of Medicaid

	2014	2015	2016
Personnel Costs	\$13,324,100	\$13,867,000	\$14,028,400
Operating Expense	\$54,258,800	\$40,143,600	\$35,735,700
Capital Outlay	\$25,300	--	--
Trustee & Benefits	\$1,852,831,300	\$1,943,232,200	\$2,012,561,700
Total	\$1,920,439,500	\$1,997,242,800	\$2,062,325,800
Full Time Positions (FTP)	210	208	209



Licensing and Certification

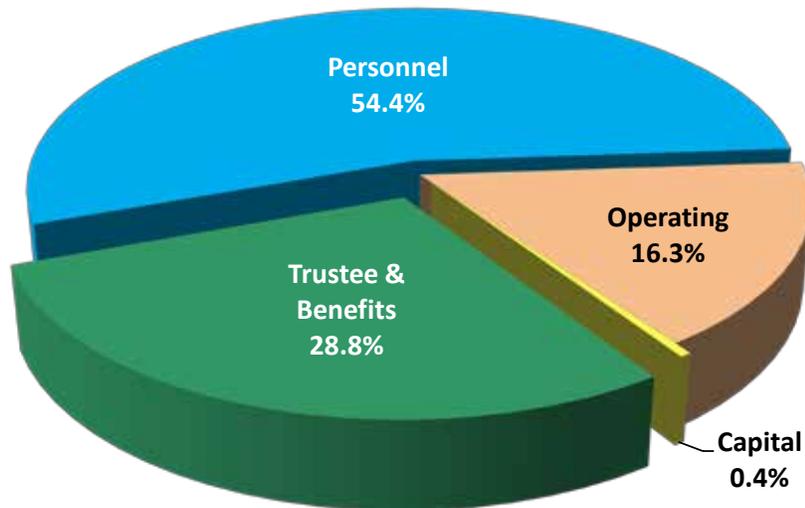
	2014	2015	2016
Personnel Costs	\$4,437,800	\$4,758,700	\$4,724,500
Operating Expense	\$893,400	\$1,141,900	\$1,461,700
Capital Outlay	--	--	--
Trustee & Benefits	--	--	--
Total	\$5,331,200	\$5,900,600	\$6,186,200
Full Time Positions (FTP)	64	64	67.9



Fiscal and Policy Issues

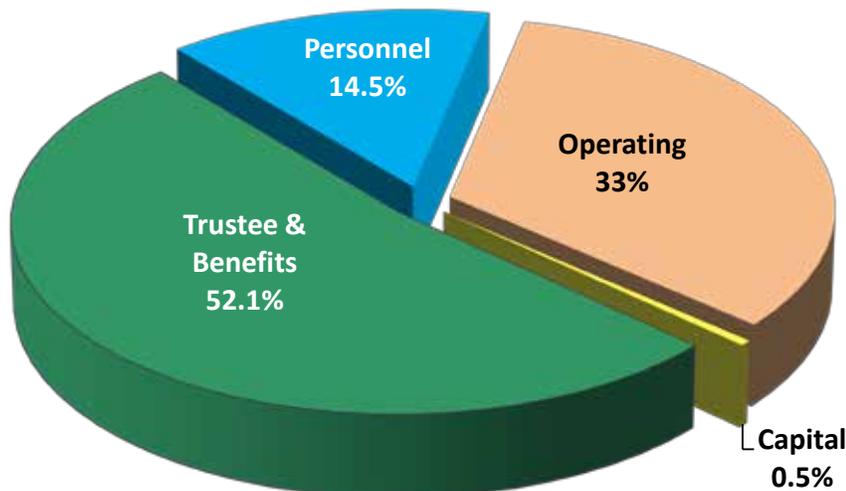
Division of Behavioral Health

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Personnel Costs	\$43,595,500	\$45,914,000	\$47,348,600
Operating Expense	\$13,046,600	\$14,559,300	\$14,184,000
Capital Outlay	\$375,800	\$442,600	\$364,400
Trustee & Benefits	\$20,471,700	\$18,608,600	\$25,065,300
Total	\$77,489,600	\$79,524,500	\$86,962,300
Full Time Positions (FTP)	662	669	675



Division of Public Health

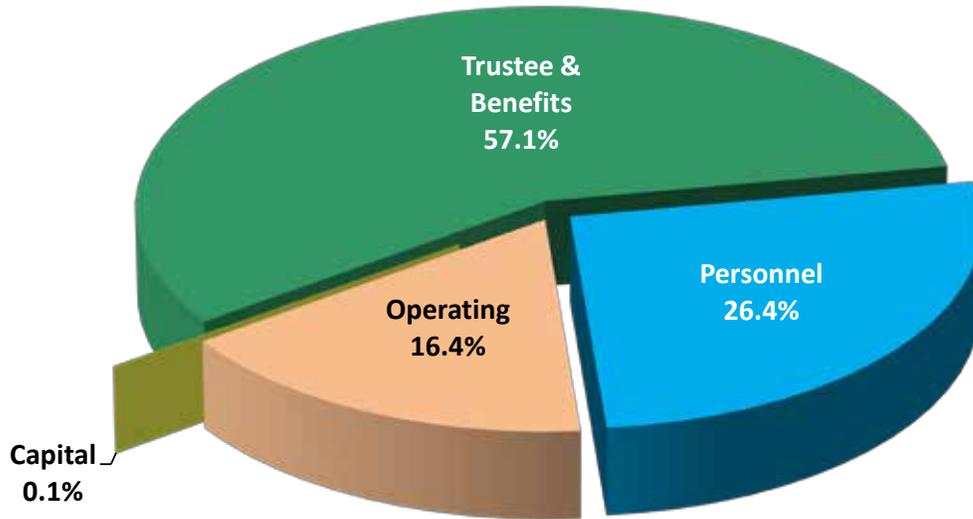
	<u>2014</u>	<u>2015</u>	<u>2016</u>
Personnel Costs	\$13,449,300	\$14,010,100	\$14,952,300
Operating Expense	\$34,207,200	\$34,323,500	\$34,099,900
Capital Outlay	\$169,500	\$455,700	\$472,600
Trustee & Benefits	\$51,852,900	\$51,411,100	\$53,924,600
Total	\$99,678,900	\$100,200,400	\$103,449,400
Full Time Positions (FTP)	214	218	227



Fiscal and Policy Issues

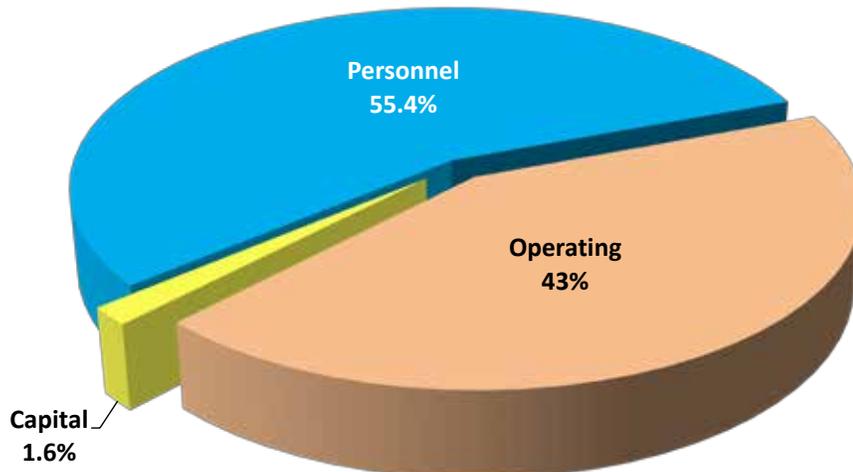
Division of Welfare

	2014	2015	2016
Personnel Costs	\$33,779,100	\$37,097,900	\$38,484,000
Operating Expense	\$29,747,700	\$37,166,200	\$23,897,200
Capital Outlay	\$521,800	1,141,000	\$27,100
Trustee & Benefits	\$75,776,900	\$80,966,900	\$83,146,300
Total	\$139,825,500	\$156,372,000	\$145,554,600
Full Time Positions (FTP)	617	632	636



Indirect Support Services

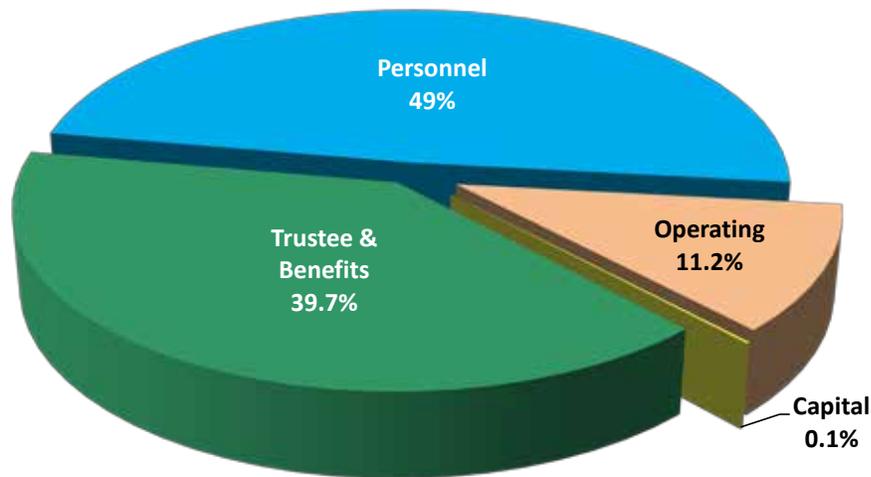
	2014	2015	2016
Personnel Costs	\$19,489,000	\$20,911,600	\$21,606,600
Operating Expense	\$16,676,200	\$17,752,200	\$16,784,800
Capital Outlay	\$1,129,100	\$5,206,900	\$633,000
Trustee & Benefits	--	--	--
Total	\$37,294,300	\$43,870,700	\$39,024,400
Full Time Positions (FTP)	284	292	290



Fiscal and Policy Issues

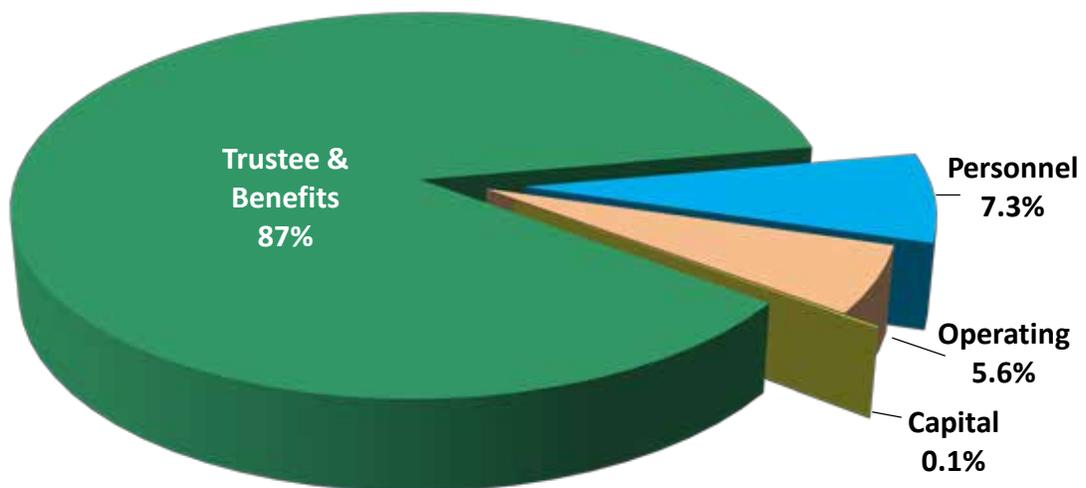
Division of Family and Community Services

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Personnel Costs	\$42,514,900	\$43,366,500	\$45,166,300
Operating Expense	\$10,910,000	\$10,086,200	\$10,331,100
Capital Outlay	\$114,800	\$58,800	\$107,100
Trustee & Benefits	\$35,821,100	\$33,944,000	\$36,624,800
Total	\$89,360,800	\$87,455,500	\$92,229,300
Full Time Positions (FTP)	787	746	731



Total for the Department of Health and Welfare

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Personnel Costs	\$170,699,800	\$180,102,700	\$186,809,700
Operating Expense	\$159,747,000	\$155,206,800	\$142,124,800
Capital Outlay	\$2,336,300	\$7,305,000	\$1,604,200
Trustee & Benefits	\$2,036,753,900	\$2,128,162,800	\$2,211,322,700
Total	\$2,369,537,000	\$2,470,777,300	\$2,541,861,400
Full Time Positions (FTP)	2,838	2,837	2,843



Managerial and Overall Performance

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

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

DHW Strategic Plan

During FY 2016, the board reviewed the strategic plan developed by the Department of Health and Welfare. The plan establishes three major goals for the agency:

Goal #1: Improve the health status of Idahoans.

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

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

To achieve these goals, the Department identified strategic objectives and designed initiatives to meet each objective.

Objective 1: Transform Idaho's health care delivery system to improve Idaho's health and increase value.

- Initiative 1: Transform Idaho's healthcare delivery system through the State Healthcare Innovation Plan (SHIP) that focuses on patient-centered medical homes, preventive care, and increased value.
- Initiative 2: Address the Gap population's healthcare and access needs.
- Initiative 3: Implement the Youth Empowerment Services (YES) system of care to improve children's mental health services.

Objective 2: Protect children and vulnerable adults.

- Initiative 1: Ensure long-term residential care for individuals with chronic mental illness.
- Initiative 2: Transform child welfare systems to improve outcomes for children.
- Initiative 3: Develop a Therapeutic Stabilization and Transition Center for participants with developmental disabilities.

Objective 3: Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.

- Initiative 1: Implement the State Suicide Prevention Plan.
- Initiative 2: Develop a system for comprehensive oversight of delivery of services to individuals with developmental disabilities.

Managerial and Overall Performance

The Department has several additional initiatives that will support all three strategic objectives, which include:

- Integrate information systems and improve technology platforms.
- Be a catalyst to implement a new, statewide accounting system.
- Empower families to improve their physical and economic health through LiveBetterIdaho.org.

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2017-2021 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

Confirmation of Administrative Appointments

During FY 2016, the Board of Health and Welfare confirmed the following administrative appointments recommended by DHW:

- Gary Moore, division administrator for Family and Community Services
- Matt Wimmer, division administrator for Medicaid

Proposed and Ongoing Department Initiatives

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

During FY 2016, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare, including:

Idaho State Healthcare Innovation Plan (SHIP)

The board continues to support the department's work on the goals for the Idaho Statewide Healthcare Innovation Plan (SHIP). The plan was developed to redesign Idaho's healthcare system and improve the health of Idahoans by strengthening primary and preventive care through the patient-centered medical home model. This will enable Idaho's healthcare model to evolve from a fee-for-service, volume-based system of care to a value-based payment system that rewards improved health outcomes.

In December 2014, DHW received a \$39.7 million model grant to fund a four-year model test that began the following February. Much of the work during the initial year involved laying the foundation by forming advisory and work groups, and hiring contractors for project management and to facilitate data exchange and analytics. The SHIP project also contracted with Idaho's seven Public Health Districts, who are helping Idaho providers transition to a Patient Centered Medical Home (PCMH) model.

During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and the broader medical/health neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services. The goal is to help 165 Idaho clinics transform to PCMH practices during the grant period. During FY 2016, the first cohort of 55 clinics were chosen from over 100 applicants, showing the enthusiasm of Idaho healthcare providers for transforming Idaho's medical system. The clinics chosen for the first year range from rural, single practitioner offices to large practice networks and Federally Qualified Health Centers.

Medicaid Managed Care Efforts

The board continues to support the Division of Medicaid's efforts to improve participant outcomes through managed care initiatives. With the board's support, Medicaid has managed care programs for dental services, non-emergent medical transportation, outpatient behavioral health, and comprehensive managed care for those who are eligible for both Medicare and Medicaid.

Proposed and Ongoing Department Initiatives

Patient-Centered Medical Home: Medicaid is improving primary care for participants by adding a shared savings option to its PCMH program. When primary care practices maintain quality and reduce costs, they can earn a share of savings. This program will be voluntary for primary care providers and will not affect the Medicaid payment arrangements that providers currently receive for providing care to Medicaid participants. The strategy is anticipated to improve care, improve health, and lower healthcare costs, which supports the State Healthcare Innovation Plan.

Outpatient Behavioral Health Managed Care: The Idaho Behavioral Health Plan (IBHP) has been in operation for three full years. The contract, held by Optum Idaho, transitioned Medicaid care to evidence-based practices to improve outcomes and value. The Office of Performance and Evaluation reviewed the plan implementation and delivered a report to the Joint Legislative Oversight Committee in 2016. The report recommended that Medicaid conduct an independent analysis to determine and quantify opportunities and risks of including inpatient psychiatric services to the Idaho Behavioral Health Plan managed care contract. Medicaid is working with Oregon Health Science University's Center for Health Systems Effectiveness to conduct this analysis. This report will be delivered to the Legislature in 2017.

Non-emergent Medical Transportation: The department entered into a contract with a new Non-Emergency Medical Transportation (NEMT) contractor, Veyo, in March 2016. Veyo provides all NEMT services for Idaho Medicaid participants to and from their medical appointments. Veyo is currently providing an average of 3,000 trips per day. While changes of this scope are never easy, Veyo is a responsive partner and has brought innovative transportation ideas to Idaho to enhance participants' use of the NEMT system.

The board is pleased with the efforts and results of Medicaid's expanding use of managed care programs that better serve Idaho citizens.

Behavioral Health Transformation

Transformation efforts for behavioral health are moving forward at both the state and local levels on a number of fronts, including:

Integration of Behavioral Health with Primary Care: It is critically important to combine behavioral health into primary medical care to address the full spectrum of health concerns for each patient. This can improve the quality of life and increase life expectancy for people with behavioral health conditions.

Recovery Community Centers provide free, community-based meeting places to help people maintain their recovery from substance abuse disorders and mental illnesses.

Proposed and Ongoing Department Initiatives

The centers offer connections to community resources and a venue for peers who have navigated successful recovery to help others be successful. Activities are volunteer-driven and unique to each of the centers, which act as a face for recovery in their communities. Idaho now has eight Recovery Community Centers located in Boise, Emmett, Moscow, Caldwell, Lewiston, Coeur d'Alene, Pocatello and Idaho Falls.

Behavioral Health Community Crisis Centers: During the 2016 legislative session, Idaho lawmakers approved and funded two new crisis centers, one for Boise and the other for Twin Falls. Crisis centers provide a humane and affordable alternative to jails or hospital emergency departments for people who are in crisis from a mental illness or substance use disorder, and are open 24/7. Individuals in crisis are stabilized and then connected to community resources that can help them effectively deal with their situations and avoid further crises, frequently avoiding incarceration or a trip to the emergency department. The Behavioral Health Crisis Center of Eastern Idaho, located in Idaho Falls, opened in December 2014. The Northern Idaho Crisis Center, located in Coeur d'Alene, opened in December 2015, with the Crisis Center of South Central Idaho, located in Twin Falls, opening in December 2016.

Peer Support Specialists, Family Support Partners and Recovery Coaches: For the past several years, the division has worked with families, clients, advocates, community partners and other stakeholders to establish certification and training standards to support the development and implementation of peer services in Idaho. During FY 2016, the division focused efforts on workforce development for peer support specialists, family support partners and recovery coaches. These efforts included development of training curricula, sponsoring trainings for peer support specialists and family support partners, conducting ongoing recovery coach trainings, and providing agency readiness trainings to employers. In September 2015, the division began to implement certification requirements for peer specialists, with certification for family support partners beginning the following February. By the end of FY 2016, 246 peer support specialists and 51 family support partners were certified to support the recovery of Idaho citizens with mental health and substance use disorders.

Board Support for Proposed DHW Initiatives

The Department has a number of initiatives to improve and enhance health and human services to Idaho citizens, while protecting those you are vulnerable. Board members have reviewed and support the following initiatives:

Meeting the behavioral health needs of felony probation offenders: Felony offenders on probation or parole usually don't have access to mental health and substance use disorder services, which can result in a high recidivism rate for continued criminal activity and re-incarceration. The Justice Reinvestment Initiative recommends that resources for behavioral health services be focused on offenders with the highest risk of recidivism. A recent evaluation identified more than 7,000 offenders with moderate to high risk and high mental

Proposed and Ongoing Department Initiatives

health needs and provided estimates for the delivery of mental health and substance use disorder treatment services. Providing services can reduce criminal activity in our communities, overcrowding in our prisons, and savings to taxpayers.

Secure mental health facilities: In recent years, Idaho has experienced an increase in the number of court-ordered commitments to state mental health hospitals for people accused of criminal activity who have a serious mental illness. In addition, hospital staff have observed that civilly committed patients have become more dangerous to staff and other patients. With an increasing number of court commitments and rising acuity of civil commitments, state hospitals cannot find appropriate community placements for all patients. This is causing a bottleneck, with patients waiting to be admitted receiving care in hospital emergency departments and critical access hospitals that are unable to adequately and appropriately meet their needs.

The department is researching the feasibility of establishing secure mental health facilities to provide a safe setting for dangerous patients to receive treatment with an appropriate environment to deal with increasing violent tendencies. It also will provide a more secure setting than state hospitals can provide to prevent the patients from absconding or escaping.

Access to Healthcare for Idaho's Gap Population

The board continues to work with the Department on ideas to expand healthcare access to low-income, uninsured Idaho adults. State officials and legislators recognize the problem, but have struggled for the last four years to find a solution. Two committees appointed by the Governor recommended the state expand Medicaid, while more recently, a legislative workgroup studied the issue and developed a recommendation that the 2017 Legislature develop policy to cover adults in the insurance gap.

The board favors adopting a plan that at a minimum extends access to primary healthcare coverage, but preferably access to the full spectrum of medical care that most Idahoans enjoy. We realize there are political and financial considerations, however, we encourage stakeholders to negotiate a meaningful solution.

The board plans to watch this issue closely in the upcoming 2017 legislative session and offer our support for improving access to primary and preventive healthcare.

Approval of Rules

During FY 2016, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved are:

- **Food Safety and Sanitation Standards for Food Establishments:** Updated rules to meet the 2013 FDA model food code to better reflect industry practices and current food safety standards. The rule also defines "cottage foods," which are low-risk for causing foodborne illnesses. Examples of cottage foods include breads, fruit jams, dried fruits,

Proposed and Ongoing Department Initiatives

pie and cakes. With the definition clarified, cottage foods can continue to be sold directly from the producer to consumers without obtaining a food establishment permit or license, such as at farmers' markets. Thirty negotiated rulemaking meetings and nine public hearings were held throughout the state.

- **Emergency Medical Services Advisory Committee:** A new chapter of rules was added for EMS education requirements that defines the Advisory Committee's responsibility to review educational curricula and standards. In addition, some requirements from a chapter of EMS rule being repealed are being moved into this new chapter so that they remain in effect. The department held 22 stakeholder meetings statewide for all EMS rules.
- **EMS Education, Instructor and Examination Requirements:** This is a new chapter of rules that updates initial education, instructor and examination requirements to meet the ever-changing technology and practices used to provide EMS services.
- **EMS Personnel Licensing Requirements:** This rule aligns licensing requirements with the new EMS education chapter, and includes temporary rule changes for continuing education and license renewal requirements.
- **EMS Complaints, Investigations and Disciplinary Actions:** New rules that update and align agency and personnel licensing requirements to provide clarity for enforcement actions that can be taken.
- **Family and Community Services:** Aligns state rules with federal requirements for guardianships and adoption assistance programs, as well as relative notification for foster care.
- **Standards for Child Care Licensing:** Amends rules to align with federal requirements regarding foster care and application of the "reasonable and prudent parent standard." For a foster child receiving care at a child care facility, an official of the facility must be authorized to apply reasonable and prudent parent standards for a child to participate in extracurricular or social activities.
- **Behavioral Health Programs:** A new chapter of rules for implementing and developing a behavioral health system of care. Each participating behavioral health program will pay a flat fee of \$100 for each program location. Five public meetings were held, three with conference call availability and the final two with video conferencing from nine locations in the state.
- **Alcohol and Substance Use Disorders Services:** Alcohol and substance use disorders treatment and recovery support services and program requirements from chapter repeal have been added to this chapter of rules. Changes have been made to the proposed rules to clarify definitions, terminology, and references. Five public meetings were held, three with conference call availability and the final two with video conferencing from nine locations in the state.

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 20 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.
- 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 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 FY 2016

The seven members appointed by the Governor include:



Darrell Kerby, Bonners Ferry, chairman. Mr. Kerby is president of Pace-Kerby & Co., an independent insurance agency and real estate brokerage firm. 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. Darrell also is a former board member and president of Kaniksu Health Services, a nonprofit health clinic with locations in Boundary and Bonner counties.

Tom Stroschein, Moscow, vice chairman. A native of Aberdeen and graduate of the University of Idaho, Mr. Stroschein served four terms as a Latah County commissioner and is a strong proponent of mental health reform. He operated a row crop farm and sheep operation until the 1990s, while also 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. He and his wife, Ruby, also have received the 2016 Jim Lyle Alumni Award for long-time service and dedication to the University of Idaho.



The Board of Health and Welfare



Richard "Dick" Roberge, M.D., Caldwell. 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.

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, and teaches both freshman and graduate students at Boise State University.



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.

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



Jim Giuffré, M.P.H., 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 master's degree in public health, 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 FY 2016:



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 fourth term in the Senate and is the chairman of the Health & Welfare Committee and a member of the Resources & Environment and the Commerce & Human committees.



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



Representative Fred Wood, R-Burley. Mr. Wood is serving his sixth 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

DHW 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.

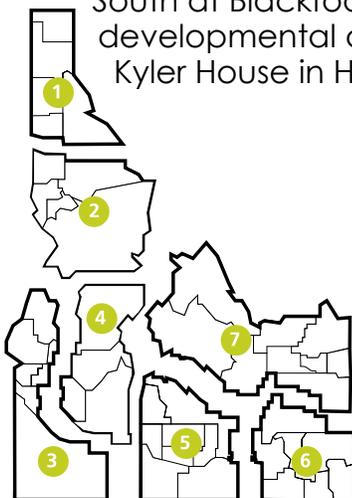
The director appoints deputy directors to assist in managing DHW's programs and services.

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.

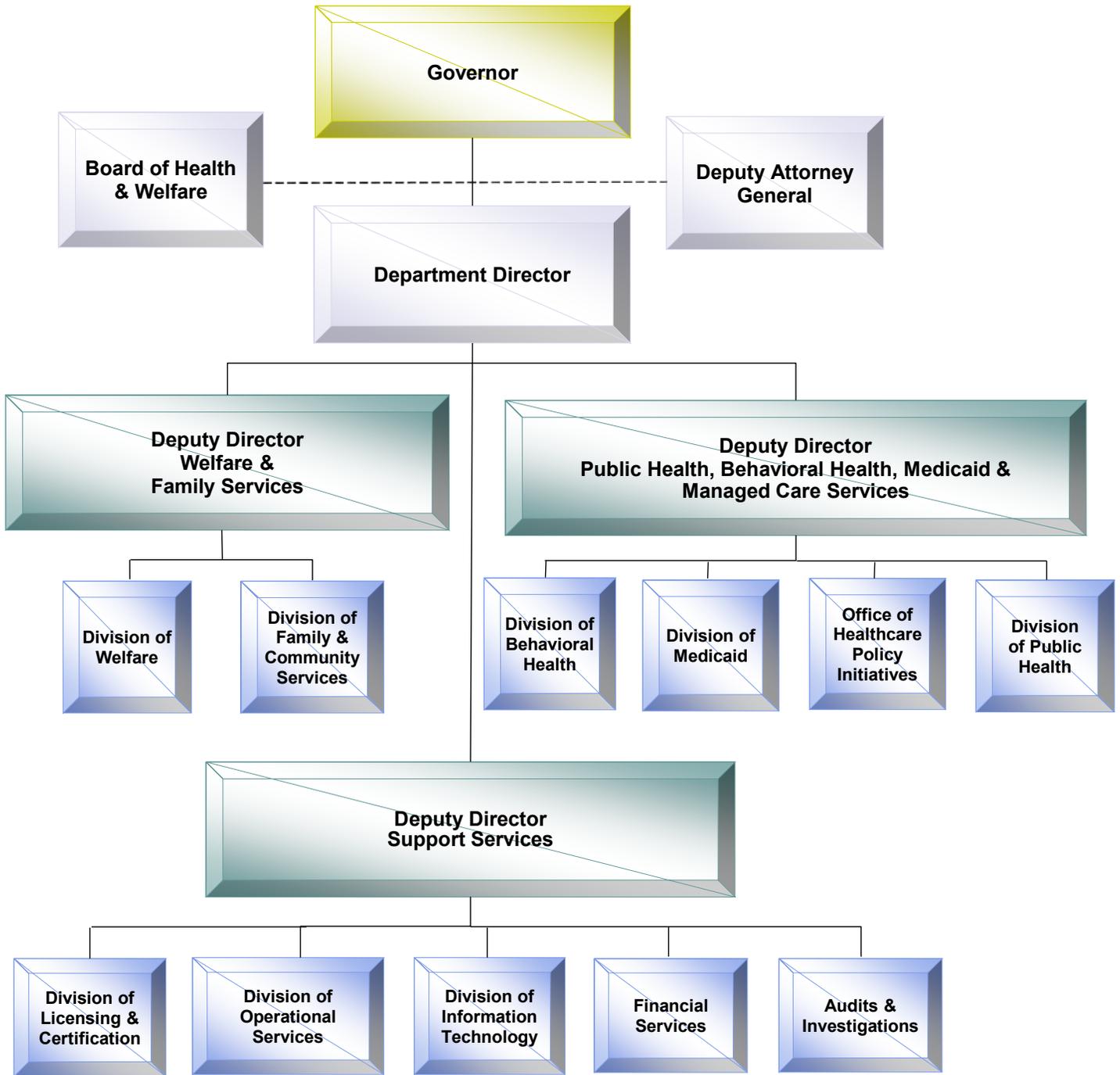
DHW Organization

DHW is organized into seven regions and 19 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 specialized care facilities for people with developmental disabilities, the Southwest Idaho Treatment Center in Nampa, and Kyler House in Hayden.



- 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, child care, food and nutrition, and cash assistance programs. 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

Department Divisions

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.

Office of Healthcare Policy Initiatives

The Office of Healthcare Policy Initiatives was created Feb. 1, 2015, to manage a grant DHW received from the Centers for Medicare and Medicaid Innovation for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The Office of Healthcare Policy Initiatives is housed within the Director's Office.

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.

Audits and Investigations

Audits and Investigations provides support to DHW's public assistance programs through the following units: Criminal History, Internal Audit, Fraud Analysis, Medicaid Program Integrity, and Welfare Fraud.

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.....	Lisa Hettinger
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Gary Moore, Administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Matt Wimmer Administrator
Operational Services Division.....	Paul Spanknebel, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Lori Wolff, Administrator
Regional Directors.....	Joyce Broadsword, North Jeff Crouch, West John Hathaway, East
Southwest Idaho Treatment Center.....	Jamie Newton, 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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