

Board of Health & Welfare 2017 Annual Report



IDAHO DEPARTMENT OF
HEALTH & WELFARE







IDAHO DEPARTMENT OF HEALTH & WELFARE

C. L. "Butch" Otter – Governor
Russell S. Barron – 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 2017. It was a year of transition for the department, as Director Richard Armstrong retired at the end of the fiscal year and was succeeded by Deputy Director Russ Barron. Director Barron has been with the department since 1998 and previously served in positions of increasing responsibility with the Child Support Program, as Division of Welfare administrator, and since 2014 as deputy director overseeing the regional directors and the department's Family and Community Services and Welfare divisions. Picking up where Director Armstrong left off, Director Barron and his staff continued work to improve the lives of Idahoans while cost-effectively delivering services that promote and protect the health and safety of all our residents.

Like many of you, the board saw encouraging signs in 2017 that Idaho's economy strengthened, the state's population grew, housing values rose, unemployment declined and many families were less reliant on public assistance. One indicator that demonstrates this trend is the number of recipients of food stamps, known as the Supplemental Nutrition Assistance Program, which is administered by the department but funded with federal dollars. In 2017, there were an average of 176,000 Idahoans receiving food stamps per month, the fifth straight annual decline since 2012 and more than 13,000 fewer than the previous year.

However, the board is aware that the need for health and welfare services remains critical even as some economic measures improve. As more of our residents are employed, we have seen a steady increase in demand for Idaho Child Care Assistance to help pay a portion of daycare costs, with more than 8,000 working families in Idaho receiving childcare subsidies in 2017. In Child and Family Services, we continued to see an increasing demand for foster parents, with 2,700 Idaho children in foster care in 2017, the third straight year of increases in part driven by widening illegal narcotic and prescription painkiller abuse impacting families.

And many Idaho families still struggle to access and afford healthcare. During the 2017 open enrollment for the Idaho health insurance exchange, more than 106,000 individuals enrolled, and the department processed all subsidy applications, with 93,000 individuals eligible for the Advanced Premium Tax Credit.

The board would like to commend the Idaho Legislature for approving a statewide Suicide Prevention Program (SPP), which began operation in 2017 to provide a more comprehensive approach to suicide prevention in Idaho. The board also appreciates ongoing legislative support for establishing behavioral health crisis centers in each region of the state, with four in operation by the end of calendar year 2017: Idaho Falls, Coeur d'Alene, Twin Falls, and Boise.

As the fiscal year closed, the board joined in congratulating the department's Division of Public Health for being awarded five-year accreditation status through the Public Health Accreditation Board (PHAB). PHAB identified 108 measures for high-functioning health departments and the division demonstrated conformity on 99 of those measures. IDHW is now one of 28 state public health departments to be accredited. We support their efforts as we all work to make Idaho a better place to live.

Darrell Kerby
Board Chair

Idaho Board Of Health And Welfare

FY 2017 Board Membership

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

Tom Stroschein
Vice chairman
1464 Alpowa
Moscow, ID 83607

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

Janet F. Penfold *(Retiring 2018)*
207 South 175 East
Driggs, ID 83422

Jim Giuffre
352 Panorama Place
Boise, ID 83713

Stephen Weeg *(Retiring 2018)*
442 S. Garfield Ave.
Pocatello, ID 83204

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

NON-VOTING MEMBERS

Russell S. Barron
Director, Department of Health and
Welfare
Board Secretary
450 West State Street
Boise, ID 83702

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

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

OFFICE OF THE GOVERNOR
Tammy Perkins

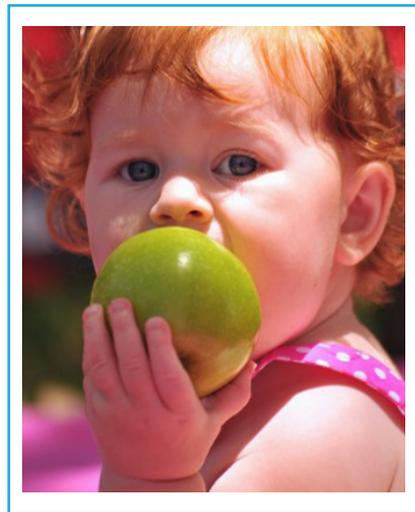
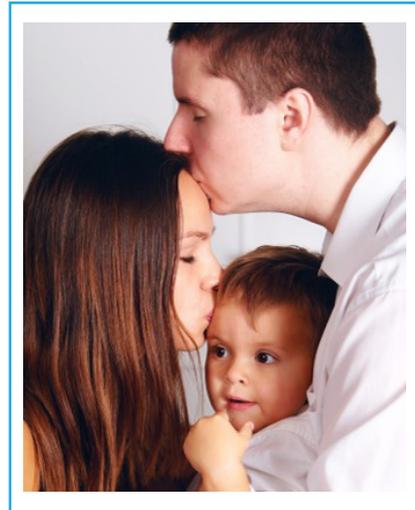


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Fiscal and Policy Issues

“...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 SFY 2017, many Idaho 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 in four participant families have elderly or disabled members, with 59 percent having children in the home.

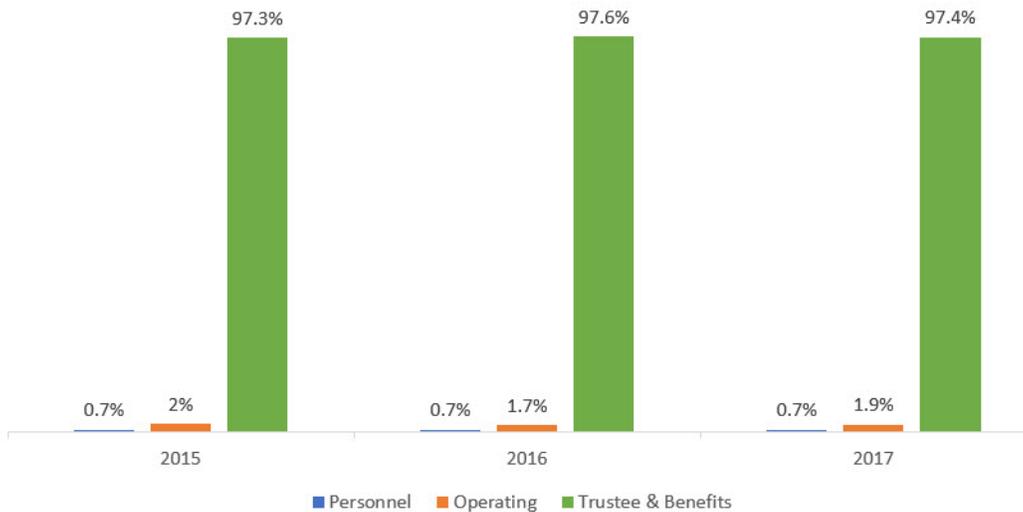
Overall, the department strives to use taxpayer funding in a responsible manner as it serves Idaho residents in times of crisis. Payments for services to Idahoans make up 86 percent of the department’s \$2.8 billion budget.

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.

Fiscal and Policy Issues

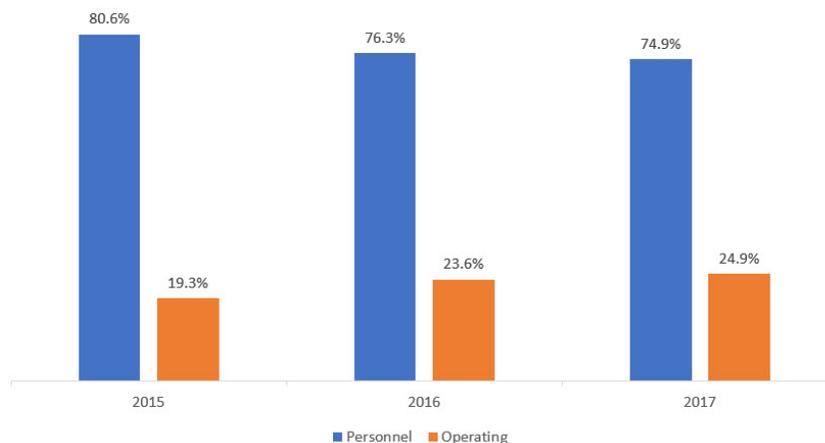
Division of Medicaid

	2015	2016	2017
Personnel Costs	\$13,867,000	\$14,028,400	\$15,492,800
Operating Expense	\$40,143,600	\$35,735,700	\$39,346,700
Capital Outlay	--	--	\$12,500
Trustee & Benefits	\$1,943,232,200	\$2,012,561,700	\$2,066,506,600
Total	\$1,97,242,800	\$2,062,325,800	\$2,121,358,600
Full Time Positions (FTP)	208	209	214



Licensing and Certification

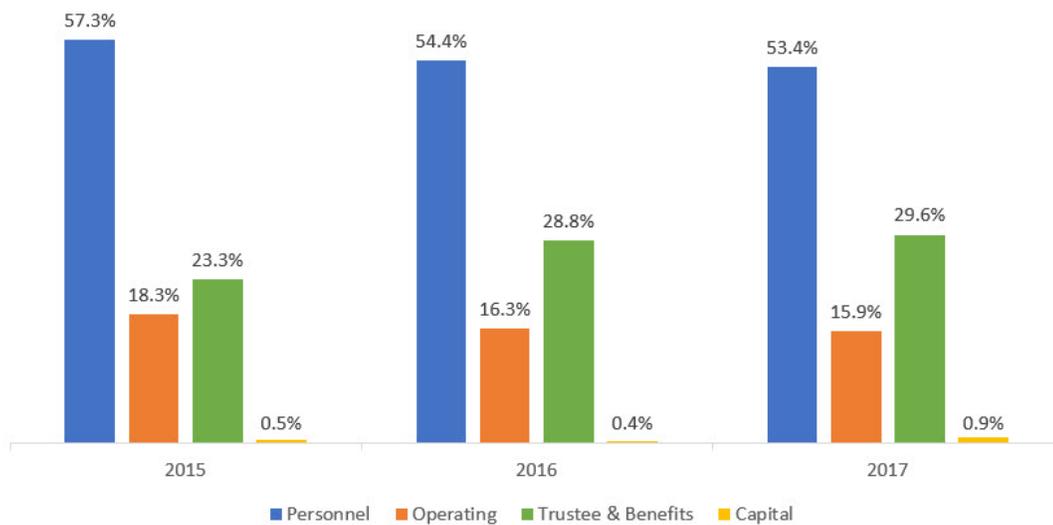
	2015	2016	2017
Personnel Costs	\$4,758,700	\$4,724,500	\$5,680,500
Operating Expense	\$1,141,900	\$1,461,700	\$1,893,300
Capital Outlay	--	--	\$5,600
Trustee & Benefits	--	--	--
Total	\$5,900,600	\$6,186,200	\$7,579,400
Full Time Positions (FTP)	64	67.9	67.9



Fiscal and Policy Issues

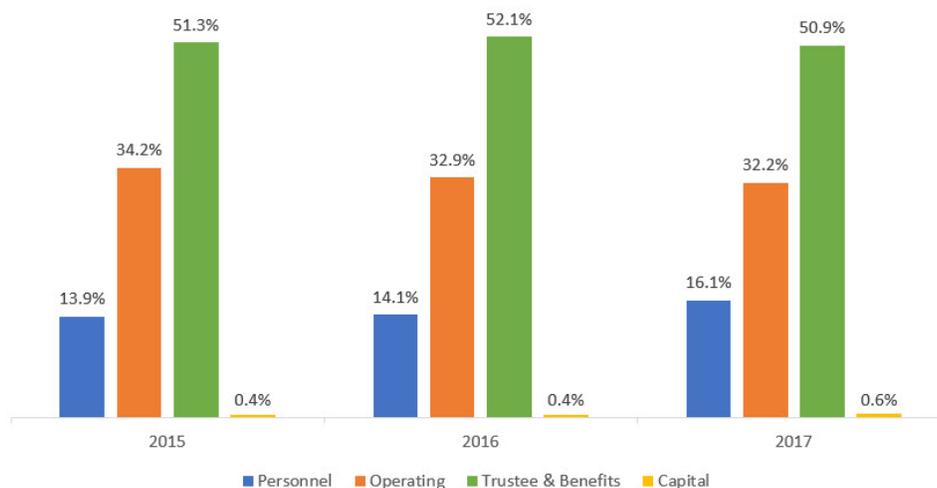
Division of Behavioral Health

	2015	2016	2017
Personnel Costs	\$45,914,000	\$47,348,600	\$51,492,700
Operating Expense	\$14,559,300	\$14,184,000	\$15,349,400
Capital Outlay	\$442,600	\$364,400	\$905,100
Trustee & Benefits	\$18,608,600	\$25,065,300	\$28,608,700
Total	\$79,524,500	\$86,962,300	\$96,355,900
Full Time Positions (FTP)	669	675	706



Division of Public Health

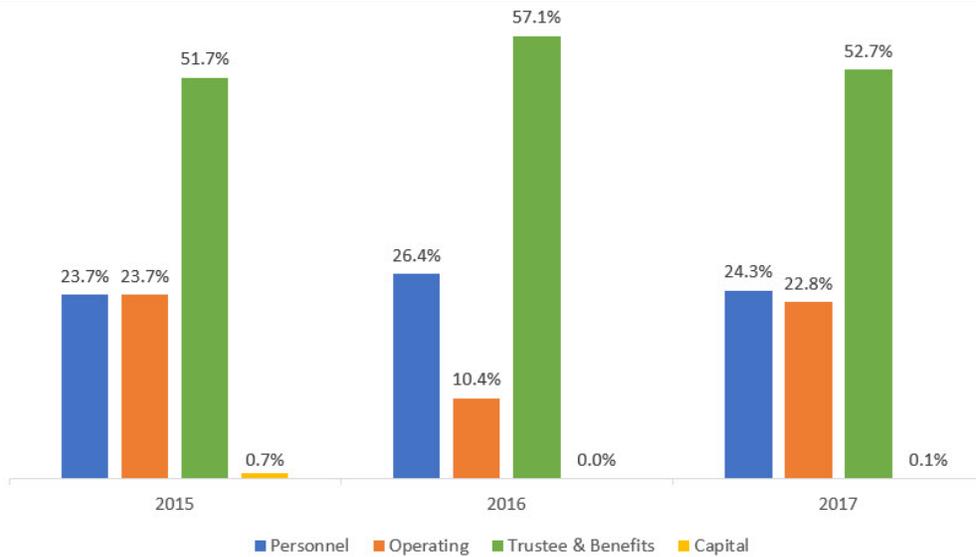
	2015	2016	2017
Personnel Costs	\$14,010,100	\$14,952,300	\$16,638,800
Operating Expense	\$34,323,500	\$34,099,900	\$33,208,800
Capital Outlay	\$455,700	\$472,600	\$695,700
Trustee & Benefits	\$51,411,100	\$53,924,600	\$52,515,200
Total	\$100,200,400	\$103,449,400	\$103,058,500
Full Time Positions (FTP)	218	227	233



Fiscal and Policy Issues

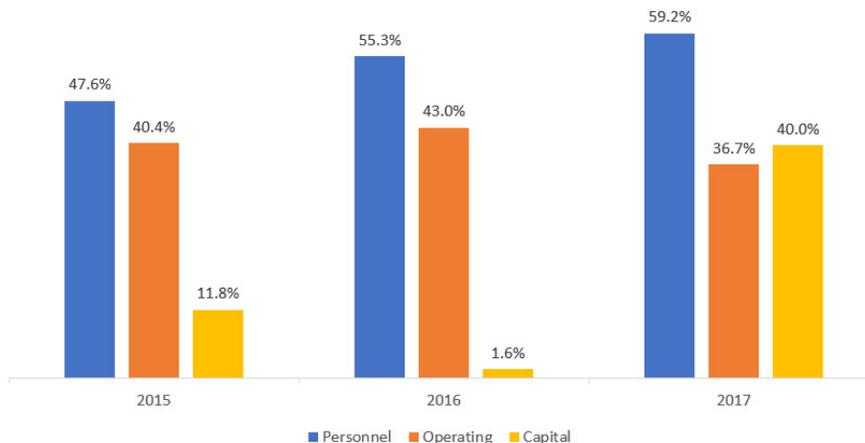
Division of Welfare

	2015	2016	2017
Personnel Costs	\$37,097,900	\$38,484,000	\$39,333,900
Operating Expense	\$37,166,200	\$23,897,200	\$36,875,600
Capital Outlay	\$1,141,000	\$27,100	\$202,200
Trustee & Benefits	\$80,966,900	\$83,146,300	\$85,170,800
Total	\$156,372,000	\$145,554,600	\$161,582,500
Full Time Positions (FTP)	632	636	630



Indirect Support Services

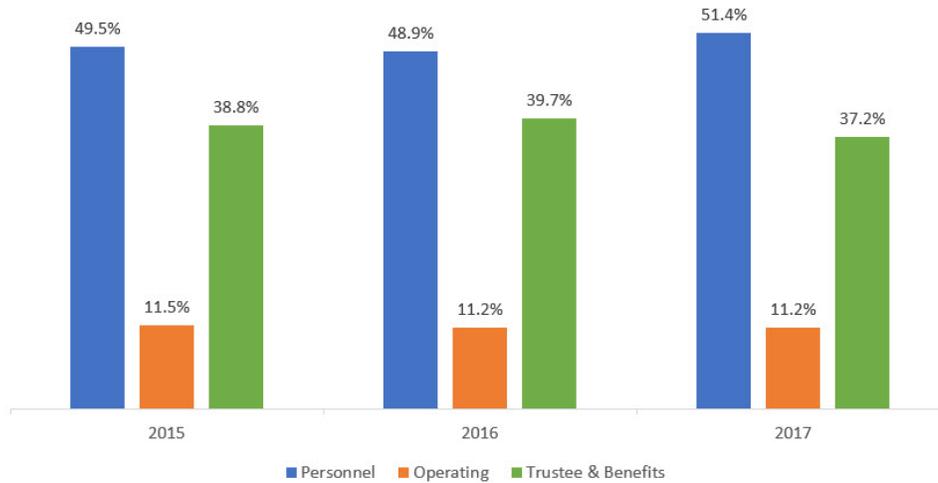
	2015	2016	2017
Personnel Costs	\$20,911,600	\$21,606,600	\$23,561,200
Operating Expense	\$17,752,200	\$16,784,800	\$14,602,100
Capital Outlay	\$5,206,900	\$633,000	\$1,595,200
Trustee & Benefits	--	--	--
Total	\$43,870,700	\$39,024,400	\$39,758,500
Full Time Positions (FTP)	292	290	291



Fiscal and Policy Issues

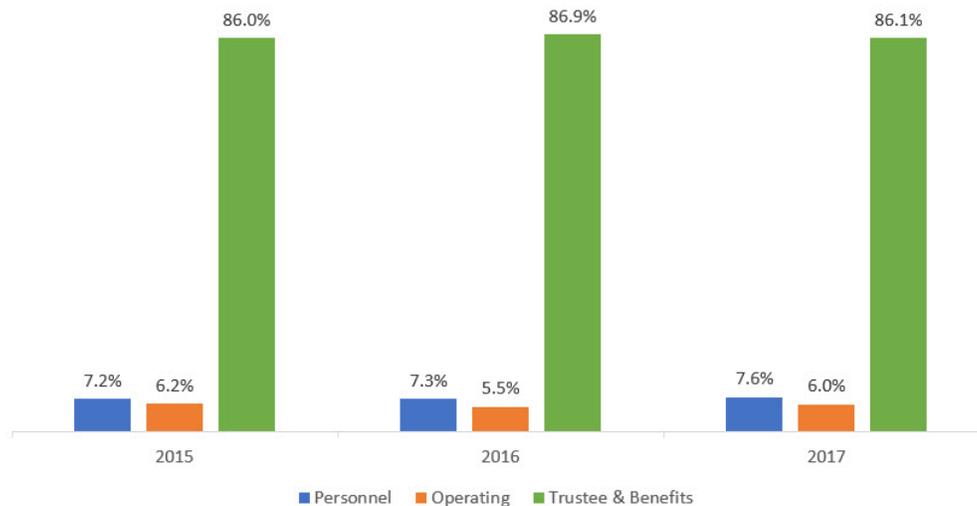
Division of Family and Community Services

	2015	2016	2017
Personnel Costs	\$43,366,500	\$45,166,300	\$49,614,200
Operating Expense	\$10,086,200	\$10,331,100	\$10,860,500
Capital Outlay	\$58,800	\$107,100	\$88,600
Trustee & Benefits	\$33,944,000	\$36,624,800	\$35,897,100
Total	\$87,455,500	\$92,229,300	\$96,460,400
Full Time Positions (FTP)	746	731	731



Total for the Department of Health and Welfare

	2015	2016	2017
Personnel Costs	\$180,102,700	\$186,809,700	\$202,423,100
Operating Expense	\$155,206,800	\$142,124,800	\$159,288,500
Capital Outlay	\$7,305,000	\$1,604,200	\$3,505,200
Trustee & Benefits	\$2,128,162,800	\$2,211,322,700	\$2,270,463,400
Total	\$2,470,777,300	\$2,541,861,400	\$2,635,680,200
Full Time Positions (FTP)	2,837	2,843	2,882



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:

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 - (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 2017, the board reviewed and updated 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 and reimbursement systems.
- 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 comprehensive suicide prevention strategies.
- 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 enhance system security.
- Be a catalyst to implement a new, statewide accounting system.
- “Live Better Idaho” initiative.

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2018-2022 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

Confirmation of Administrative Appointments

During SFY 2017, the Board of Health and Welfare confirmed the following administrative appointments recommended by DHW:

- Jamie Newton, administrator of Southwest Idaho Treatment Center

Proposed and Ongoing Department Initiatives

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

During SFY 2017, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare, including:

Idaho Suicide Prevention Program (SPP)

The Suicide Prevention Program (SPP) began its work as a new program in SFY 2017 to provide a more comprehensive approach to suicide prevention in Idaho. SPP developed and initiated a statewide marketing plan based on the idea that everyone has a role in preventing suicide.

“Rock Your Role” television spots and collateral materials were produced for distribution across Idaho. SPP also provided funding and support for the Idaho Suicide Prevention Hotline, and for youth resilience and well-being training through the State Department of Education.

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 SFY 2017, there were 110 Idaho clinics participating in the program.

Proposed and Ongoing Department Initiatives

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, Regional Care Organizations, outpatient behavioral health, and comprehensive managed care for those who are eligible for both Medicare and Medicaid.

Patient-Centered Medical Home: Medicaid is improving primary care for participants by adding a shared savings option to its PCMH program. As a result of the implementation of the 2016 Medicaid Healthy Connections PCMH Tier Incentive Program, 180 clinics have advanced tiers, resulting in 50 percent, or approximately 140,000 Medicaid participants, now being served in primary care clinics offering care coordination.

Outpatient Behavioral Health Managed Care: The Idaho Behavioral Health Plan (IBHP) has been in operation for nearly four years, and the contract with Optum Idaho to administer IBHP services has been extended through June 30, 2019. In the last year, Medicaid and Optum have worked closely to improve access to services proven to meet the needs of individuals with behavioral health concerns. Since January 2017, Optum has added two new services to their fee schedule, intensive outpatient services, and additional transportation compensation for providers who offer services in the community.

Regional Care Organizations: In 2017, Medicaid set the groundwork for Regional Care Organizations (RCOs), which are provider-based, locally-governed, healthcare delivery networks that help providers better manage health outcomes for participants; provide incentives for delivering quality care; improve the overall health of Medicaid participants; and lower costs. Medicaid will offer financial incentives to providers who control their health care costs and achieve benchmarks for selected national quality measures related to patient care.

Managed Care for Dental Services: The department has selected Managed Care of North America (MCNA) Dental as the sole dental benefits administrator for the Idaho Smiles Medicaid Dental Program as of Feb. 1, 2017. DHW continues to collaborate with MCNA to expand the array of dental services offered to Medicaid participants based on evidence-based practices. MCNA has currently enrolled more than 500 dental providers in the Idaho Smiles network and has increased access to dental care.

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

Proposed and Ongoing Department Initiatives

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. 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: The board appreciates ongoing legislative support for establishing behavioral health crisis centers in each region of the state, with four in operation by the end of calendar year 2017: Idaho Falls, Coeur d'Alene, Twin Falls, and Boise. 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 in Idaho Falls opened in December 2014; the Northern Idaho Crisis Center in Coeur d'Alene opened in December 2015; the Crisis Center of South Central Idaho in Twin Falls opened in December 2016; and Pathways Community Crisis Center of Southwest Idaho opened in Boise December 2017.

Psychiatric Hospitalization: Idaho state psychiatric hospitals have not been able to increase the number of beds in several decades, yet the needs of Idaho residents continue to grow and become more complex. The 2017 Idaho Legislature approved a multi-step process to dealing with these challenges. The first step is to expand the number of beds available at the prison from three to nine for the dangerously mentally ill. The next step is to build the new Idaho State Adolescent Psychiatric Hospital on the grounds of the Southwest Idaho Treatment Center. It is expected that the adolescent hospital will be completed by the end of 2019. The final phase is a remodel of the current adolescent unit at State Hospital South into a high-risk adult unit. This will add 20 beds to the state hospital's capacity and develop a unit that is more capable of managing the dangerous and challenging patients being seen today. It is expected the high-risk adult unit at State Hospital South will be complete by the summer of 2020.

Proposed and Ongoing Department Initiatives

Proposed & Ongoing 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: During the 2017 Legislative Session, the department was awarded \$5.4 million to provide mental health services to members of the felony parole and probation population who have been diagnosed with a serious mental illness and found to be at moderate to high risk of recidivism. The division has entered into contracts with mental health providers across the state to serve approximately 4,300 individuals annually. The division has also contracted with Federally Qualified Health Centers from across the state to provide medication management for this population. Services began in August 2017.

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

A major focus of the department over the past several years has been to ensure that Idaho families have access to health insurance, either through Medicaid services when they are eligible or through eligibility for a tax credit to help pay for private insurance purchased on the state-based exchange. The Division of Welfare determines eligibility for all Medicaid programs and calculates the Advanced Payment of Tax Credits (APTC) which is to be used in the purchase of a private health plan.

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.

Proposed and Ongoing Department Initiatives

Approval of Rules

During SFY 2017, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved were:

- **Emergency Medical Services (EMS) rule definitions:** Updates and aligns definitions for the new chapter on EMS - Data Collection and Submission, agency licensing operational declarations, and Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) for personnel licensure.
- **Emergency Medical Services (EMS) - Agency Licensing Requirements:** EMS is adding an operational declaration for seasonal agencies, hospital agency license, and changes for licensure requirements for EMS Air Medical Support. The incorporated "Minimum Equipment Standards for Licensed EMS Services" is also being updated to a new edition.
- **Idaho Reportable Diseases:** Adds "Arboviral Diseases" to the list of Diseases and Control Measures that are required to be reported, also how the diseases are to be investigated, and any restrictions necessary for facilities or individuals.
- **Rules Governing Certified Family Homes:** Updates to align with statutes for VA Medical Foster Home exemption, and for notification of termination or discharge from a certified family home.
- **Family and Community Services:** Lowers the age at which foster youth are eligible to receive independent living services funded by the Chafee Program to 90 days after their 14th birthday.
- **Medicaid Cost-Sharing:** Increases the Personal Needs Allowance from 150 percent of the federal SSI amount to 180 percent of the federal SSI amount for eligible waiver participants who incur a mortgage or rent expense.
- **Criminal History and Background Checks:** Updates the Criminal History and Background Check (CHC) rules for the protection of vulnerable adults and children. Updates disqualifying crimes for denials with crimes required for child protection by federal programs. Also, aligns with Idaho Child Care Program's (ICCP) requirements for searches in other states where a provider has lived the previous five years, and must renew a background check every five years. Fees charged for registry checks in other states require those individuals to cover the cost or fee.
- **Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code):** Updates and clarifies definitions and terminology used during onsite inspections of retail food establishments. Also adds definitions for the terms "risk factor" and "good retail practices."

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 11 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 2017

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



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. Mr. Giuffré, who has a master's degree in public health, retired as President and Chief Operating Officer of Healthwise and now works as an angel investor and consultant to early stage companies.

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 2017:



Russell S. Barron, Emmett, secretary to the board and director of the Department of Health and Welfare since June 2017. Mr. Barron was previously deputy director of DHW, overseeing Health and Welfare's regional directors and the divisions of Welfare and Family and Community Services. He first joined the department in 2005.



Senator Lee Heider, R-Twin Falls. Sen. 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 committee.



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



Representative Fred Wood, R-Burley. Rep. 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.

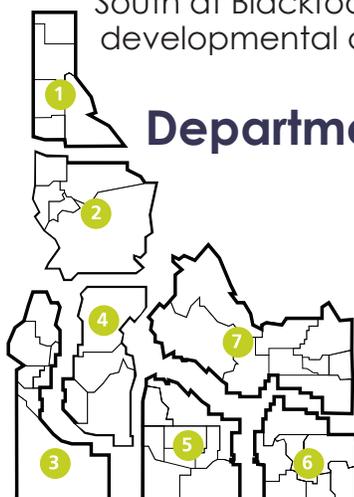
The director appoints deputy directors to assist in managing DHW's programs and services.

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 of the Senate and House Health and Welfare committees.

DHW Organization

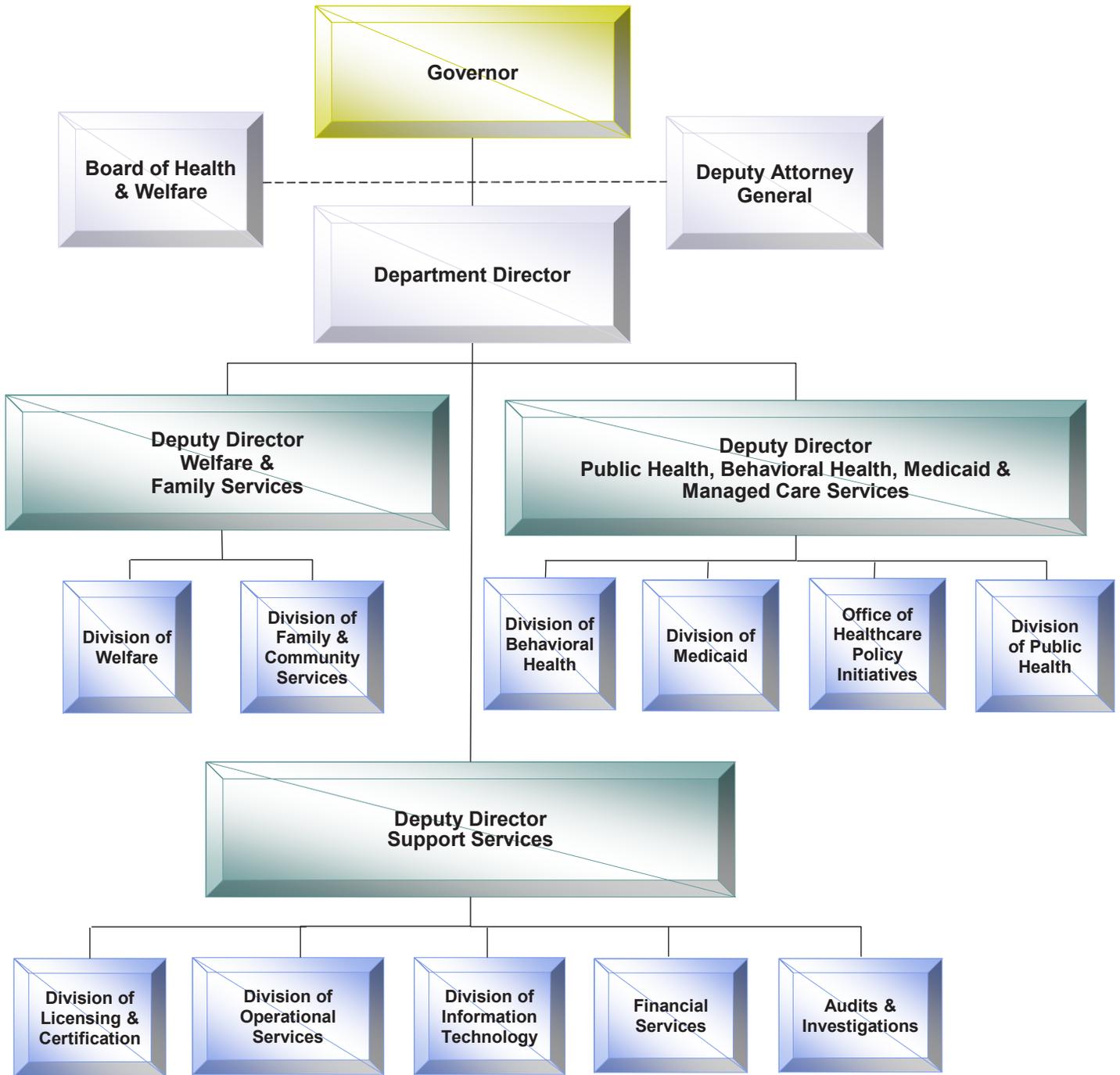
DHW is organized into seven regions and 19 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, the Southwest Idaho Treatment Center in Nampa.



Department Divisions

- 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. The division also determines financial and personal eligibility for Medicaid 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 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 Idaho's seven 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.

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 2,900 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.....	Russell S. Barron
Deputy Director, Welfare and Family Services	Lori Wolff
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.....	Miren Unsworth, Administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Matt Wimmer Administrator
Operational Services Division.....	Catherine Libby, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Julie Hammon, Administrator
Regional Directors.....	Joyce Broadsword, North Jeff Crouch, West Chris Freeburne, East
Southwest Idaho Treatment Center.....	Jamie Newton, Administrator
State Hospital North, Orofino.....	Todd Hurt, Administrator
State Hospital South, Blackfoot.....	Jim Price, Administrator
Legal Services.....	Nicole McKay, Lead Deputy



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