

IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
August 15, 2019

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

BOARD MEMBERS PRESENT

Tom Stroschein, Vice-Chair
Dave Jeppesen, Secretary
Jim Guiffre
Dr. Linda Hatzenbuehler
Wendy Jacquet
Dr. Timothy Rarick
Senator Fred Martin

STAFF PRESENT

Lisa Hettinger, Deputy Director
Lori Woolf, Deputy Director
Elke Shaw-Tulloch, Division Administrator, Public Health
Tamara Prisock, Division Administrator, Licensing and Certification (L&C)
James Aydelotte, Bureau Chief, Vital Statistics
Frank Powell, Rules Unit
Kathie Brack, Special Assistant to the Director
Kelly Petroff, Director of Communications
Niki Forbing-Orr, Public Information Manager

OTHERS PRESENT

Nicole McKay, Division Chief, Deputy Attorneys General
Melissa Davlin, IPTV - Media

CALL TO ORDER

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Tom Stroschein, Vice-Chairman of the Board, at 8:10 a.m. Thursday, August 15, 2019 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Jeppesen, Secretary, called the roll. Roll call showed **eight (8)** members present. With five **(5)** voting members present, Vice-Chairman Stroschein declared a quorum. Absent and excused was Representative Fred Wood and Darrell Kerby.

PUBLIC COMMENT PERIOD

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

ADOPTION OF MINUTES FROM MAY 16, 2019 BOARD MEETING

Motion: Ms. Jacquet moved to approve the minutes from the May 16, 2019, board meeting.

Second: Mr. Guiffre

Vote:

Ayes: **Stroschein, Hatzenbuehler, Rarick, Jacquet, Guiffre**

Nays: **None**

Motion Carried

COMMENTS FROM BOARD MEMBERS

Mr. Guiffre asked for an update on the gender marker birth certificate rule. Ms. McKay gave a brief update, indicating that the matter is on the agenda for the board to consider and asked Mr. Powell to brief the board more fully on the rules process. Mr. Powell described the timeline for the rules process and referenced the various rule dockets and approval for the omnibus rules as well as the gender marker rule. He also reminded the board of the events leading to the gender marker rule referencing the 2017 litigation and the resulting 2018 federal court order compelling the state to adopt a rule that would allow people to change the gender marker on their birth certificate. This rule was passed by the board in a special meeting on March 20, 2018, and the temporary rule became effective on April 6, 2018, allowing the Bureau of Vital Statistics to process requests for gender marker changes to birth certificates.

The temporary rule was approved by the board at the November 15, 2018, board meeting and the pending rule went before the 2019 Legislature for approval. Both the House and Senate legislative committees declined to hold hearings on this docket. Normally, a pending rule would have become effective at the conclusion of the legislative session when the legislature typically re-authorizes all pending rule dockets. However, at the conclusion of the 2019 legislative session, the legislature did not re-authorize the Administrative Code as required by the Administrative Procedures Act. In order to keep the Administrative Code in effect, the Governor directed that existing rules be re-authorized by publication in a special edition of the Administrative Bulletin.

At the May 16, 2019, board meeting, the board was presented a temporary rule requiring a medical attestation to change the gender marker on a certificate. The board passed an amended version of the temporary rule requiring a medical attestation for minors only. The temporary rule published in the June 19, 2019, special edition of the Administrative Bulletin with an effective date of July 1. The board will be presented with the pending rule docket at the November and that rule will be published in the November rules bulletin.

Ms. McKay explained that the board amended the temporary rule to require the medical attestation and Sen. Martin explained that during the legislative session this rule was controversial for many legislators. Sen. Martin requested an Attorney General opinion regarding the outcome if neither the House or Senate Health & Welfare Committees heard the pending rule docket. The opinion was that the docket would become effective upon passage of the Administrative Code re-authorization. Because that did not happen, the legislative compromise was to adopt a rule requiring a medical attestation (for adults and minors). The board voted to require a medical attestation for minors only. Ms. McKay indicated the amended rule has a high likelihood of withstanding a challenge.

Ms. McKay further explained that the board approved Docket No. 16-0208-1901 to go into effect on June 21 or as soon as practicable. The rule became effective on July 1 when it was published in the (special) Administrative Rules Bulletin.

Mr. Guiffre asked Sen. Martin whether the legislature will likely approve the amended rule. Sen. Martin expects that the rule will likely pass the Senate but will have opposition in the House; however, only one body needs to approve a rule for it to become law.

Dr. Hatzenbuehler asked whether the Board needs to approve other rules to provide additional operational details. Ms. McKay explained that the rule, while broad, permits the Department to develop policies, consistent with the rule, to process certificate changes. She further delineated the types of licensed professionals who can provide medical attestations.

Ms. Jacquet also discussed gender changes in children and suggested the board review a study from the University of Washington. Ms. McKay indicated that the report and further discussion by the board should be placed on the agenda for the next board meeting.

Ms. Jacquet also mentioned Justice Jim Jones's recent public opinion article regarding a camera installed in a nursing home to protect a resident. Ms. Priscok commented that the case created privacy issues, despite the fact that the family had requested the placement of the camera and that facility surveyors found the camera during a facility inspection. The camera had been installed in the resident's room and could be viewed in other parts of the facility, thereby violating the resident's privacy rights.

The Director and Mr. Guiffre discussed that a prospective board member had been identified for the Region 3 vacancy left by Dr. Roberge. The Director will contact the individual and will follow up. There is also a possibility of a conflict of interest, which the Director will investigate further and obtain a legal opinion.

Sen. Martin requested an update from staff on certificate changes. Ms. Shaw-Tulloch said she would contact staff for information to update the board.

RULES UPDATE

Ms. Prisock, Division Administrator for the Division of Licensing and Certification gave a brief update on rules reductions in compliance with the Governor's Red Tape Rules Reduction Act to reduce the regulatory burden of rules and she gave an overview of the time lines for the re-authorization of temporary proposed rules (the Omnibus Rules) and the public comment periods. She also explained that if the Department receives petitions with more than 25 signatures the Department can hold public hearings. She further indicated that petitions identified public interest in rule chapters pertaining to immunizations in day cares, child protection safety assessments, consent for medical treatment for children in foster care and testing on newborns. Public hearings on the omnibus rulemaking are scheduled for the following dates:

August 22 - 3232 Elder Street
August 23- 150 Shoup Ave, Idaho Falls
August 26 – 1120 Ironwood Drive, Coeur d'Alene
August 27- 118 F Street, Lewiston
August 27- Senior Center, Grangeville
August 28 – 601 Poleline, Twin Falls

REAUTHORIZATION OF PENDING RULES PRESENTED UNDER DOCKET NOS. 16-0000-1900 AND 16-0000-1900F

Mr. Guiffre questioned Ms. Prisock about the Reauthorization of Health & Welfare Board Rules – Non-Fee and Fee Rules (Tab 2) and his confusion over the passage of rules. Ms. Prisock explained that the board will vote on the rule dockets at the November board meeting, but the board is receiving notice now to make a declaration so the rules can be sent to the Division of Financial Management before the next board meeting. The rules identified in Tab 2 are the rules being considered at the six public hearings that will take place in August; there is a short period of time between the public comment period and any changes that would be made before the October Administrative Rules Bulletin is published and the 2020 Legislature when pending rules are again taken up.

Mr. Guiffre requested that the board be provided with a summary of the public comments for the November board meeting. Ms. Guiffre would like to be aware if there is public groundswell around specific rules or issues. Ms. Prisock will provide a report to the board for the November meeting.

Ms. Prisock also reported that in addition to the re-authorization of the nineteen dockets and the rule reduction work to streamline rules and remove references to obsolete or repetitive federal or state statutes, the Department also identified 12 rule chapters that would not be re-authorized (eliminated).

Mr. Guiffre asked what effect the rules reductions have on the Department's Strategic Plan. Ms. Prisock explained that reducing the number of words, including restrictive words in rules is a measure imposed by the Division of Financial Management for the purpose of reducing the regulatory burden and is an attempt to eliminate unnecessary burdens without making substantive changes to necessary rules.

Mr. Powell also commented that because of the unprecedented action with the legislature not passing the usual rules re-authorization law, which re-authorizes the administrative code, there would have been no rules in effect without the Governor's executive action. A special 8,000 page Administrative Bulletin was published in July, which made all rules temporary; the Administrative Bulletin that will publish on November 20, 2019, will cause those rules to become pending. The rules currently before the board are a subset of the 71 total rules under the board authority, which will become pending rules upon board approval. The motion currently before the board is to approve the adoption of Docket Nos. 16-000-1900 through 1900F.

Reauthorization of Pending Rules presented under Docket Nos. 16-0000-1900 and 16-0000-1900F

Motion: Ms. Jacquet moved to approve the re-authorization of Health and Welfare Board Rules – Non-Fee and Fee Rules Docket Nos. 16-0000-1900 and 16-0000-1900F.

Second: Mr. Guiffre

Vote:

Ayes: **Stroschein, Hatzenbuehler, Rarick, Jacquet, Guiffre**

Nays: **None**

Motion Carried

Public Health

Ms. Shaw-Tulloch presented data on gender marker changes since the medical attestation requirement was added in May and passed out the packet the public is given when requesting a change. (Attachment 1). She also commented that since April 6, 2018 there have been 116 applications for individuals ages 7 – 78; half are male to female, half have been female to male. Since the medical attestation requirement, 1 application for a minor has been processed.

Ms. Hettinger confirmed for Dr. Hatzenbuehler that Medicaid would pay the charges for a (eligible) minor to see a medical provider to obtain a medical attestation.

BOARD TRAINING

Ms. McKay gave a presentation on board governance. (Attachment 2)

WELFARE/FACS UPDATE

Deputy Director Lori Wolff gave a brief review of Medicaid expansion. The eligibility system and rules engine are ready to accept applications for the new population and staff have been working with providers to develop a smooth process for new enrollees. Staff have discussed with CMS the development of a streamlined enrollment process. The goal is avoid/reduce gaps between the application and eligibility determinations. Staff are training various business partners on how to help people apply for Medicaid. Re-evaluation and verifications of household incomes for SNAP determine eligibility for Medicaid. The Division of Welfare has been testing large groups to ensure its processes will work smoothly when enrollment begins. In addition to Department outreach efforts, various advocacy groups are also conducting outreach to assist with enrollment and training, including county hospitals and Idaho tribes.

Ms. Wolff responded to Ms. Jacquet's question regarding eligibility and citizenship requirements; citizenship status is confirmed through the Medicaid eligibility engine. Ms. Wolff also confirmed for Ms. Jacquet that the Department has tasked a staff member to serve on the Governor's census committee.

Ms. Wolff also reported that the Department has submitted a waiver request to the federal government to allow individuals between 100%-138% of the federal poverty level the choice to maintain advance premium tax credits (APTC) and remain on private insurance rather than move to Medicaid coverage. The hope is that the federal government will make its determination before November 1 when the open enrollment period begins. Ms. Wolff clarified for Dr. Hatzenbuehler that individuals who are eligible APTCs will be notified by the Department that they can select a private plan; if no selection is made, those individuals will automatically be enrolled in Medicaid and no secondary application process will be required. The Department of Insurance is working with Your Health Idaho (YHI) to make information available to applicants. Currently 85,000 individuals receive insurance through YHI; it is anticipated that 6,000 people will be eligible to move from YHI to Medicaid. Ms. Hettinger also noted that the Medicaid program is taking measures to accommodate the additional claims that will be processed after January 1. The Department is currently working on the work requirement waiver as well as a waiver requiring a referral for family planning services from a primary care provider; this waiver will be ready for public comments in September.

SUPPORT SERVICES UPDATE

Lisa Hettinger, Deputy Director indicated that the Department will also submit a waiver for Medicaid to pay for in-patient care for behavioral health services in facilities other than institutions for mental disease (IMD). As an example, Medicaid will pay for treatment at St. Alphonsus, but not at Intermountain Hospital.

Ms. Hettinger indicated that waivers take 9-18 months to be approved or denied by the federal government and therefore, it is unlikely that the Department will have a determination on the IMD waiver by January 1, 2020. Ms. Hettinger also clarified that the work requirement waiver passed by the legislature will not become effective without federal (CMS) approval.

Ms. Hettinger also noted that the Department is preparing the FY2021 budget submission for the Governor's office and is closing out the current FY2020 budget.

DIRECTOR'S UPDATE

Director Jeppesen noted some organizational changes including Deputy Director Dave Taylor's departure to Idaho Public Television as the Chief Fiscal Officer for his personal desire for work/life balance. Lisa Hettinger has taken on many of Mr. Taylor's responsibilities and has considerable background and experience with the Department's budget and the budget process. The Director informed board members of the passing of IT Services Division (ITSD) Administrator Michael Farley and that Ms. Wolff will assume responsibility over ITSD for the near future. The Department will conduct a search for a new Chief Information Officer and has retained an IT consultant to conduct a technical review of ITSD. Three of Ms. Hettinger's former direct reports (Ms. Shaw-Tulloch, Mr. Edmunds and Mr. Wimmer) will now report directly to the Director. There are no plans to fill the third Deputy Director position until after the legislative session.

The Director discussed changes to the five-year Strategic Plan: the mission, vision and values have not changed, however there is an emphasis on how to achieve the goals given external realities. Each Tuesday Department management meets to review the progress on each task of the four goals and adjust timelines.

The Director has nearly completed site visits to each of the Department's offices statewide. In meetings with staff he discusses Strategic Plan goals and solicits staff views on improving the lives and self-sufficiency for Idahoans. The following are focal points for the Department:

Goal 1: Value-based care, metrics and measurements - 29% of providers in the state are on value-based payments; the goal is to get to 50% over four years and increase primary care in rural areas. Expand Medicaid to improve health and ensure affordable healthcare. Continue to make improvements in children's mental health care in Idaho. The YES Program seeks a 30% improvement in 50% of the treated conditions over four years.

Goal 2: Shorten times for children in foster care and move to permanency; and, improve behavioral health access – several crisis centers are now open. Ross Edmunds is developing a statewide plan by November 1 to expand statewide and work with all stakeholders and expand the network of services to prevent crises. SWITC – complete a RFI to request plans for a new facility to present to the Legislature.

Mr. Guiffre and Sen. Martin discussed the need to better inform the legislative committees about moving from fee-for-service to value-based care without losing providers, particularly in rural areas.

Goal 3: Help Idahoans become healthy; decrease suicide rates, increase access to opioid treatment; and, increase behavioral health care treatment. Provide work training (a requirement under SNAP) to improve self-sufficiency. Add social determinants to healthcare models. Public Health will develop a statewide plan for social determinants of care.

Goal 4: Improve public trust and confidence in DHW by using proactive communications; improve both internal and external communications. Develop strategies to help people navigate DHW systems and programs. Eliminate unnecessary regulations, consistent with the Governor's Red Tape Reduction Act and continue to stay abreast of cyber security measures.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled on November 14, 2019. There being no further business to come before the Board, Vice-Chairman Stroschein adjourned the meeting at 12:40 p.m.

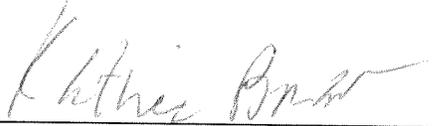
Respectfully signed and submitted by:



Tom Stroschein, Vice-Chairman



Daye Jeppesen, Secretary



Kathie Brack, Special Assistant to the Director



INSTRUCTIONS TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

As of April 6, 2018, people who were born in Idaho can apply to change the indicator of sex on their birth certificate to match their gender identity. In addition to these instructions, this packet provides the application form to change the sex and an order form to request copies of the new certificate. Medical documentation is **not required** to change the sex; however, a court order granting name change is required to change the name of the person listed as the child on the birth certificate. After a valid application is received and reviewed, the Idaho Bureau of Vital Records and Health Statistics will create a replacement birth certificate. The new certificate will not show that the gender or name has been changed. The original birth certificate will be placed in a sealed file that can only be opened by an Idaho court order.

Summary Instructions

1. Read all information in this packet before completing the application.
2. The application information may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.
3. If you want to change the name on the birth certificate at the same time, you must include a certified copy of a court order legally changing the name of the person listed as the child on the birth certificate.
4. Applications to change the sex or name must be signed in the presence of a notary public.
5. If you want a copy of the new birth certificate, you must submit a completed order form and a copy of the signer's identification.
6. There is a fee of \$20.00 to process the application. Copies of the new birth certificate are an additional \$16.00 each.
7. Mail the application to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, ID 83720-0036

Who can make a request to change the indicator of sex on the birth certificate?

Anyone who was born in Idaho and feels their gender identity does not match the indicator of sex on their birth certificate can request this change. The person listed on the birth certificate is referred to as the registrant. In some cases, the person applying to make the change (the applicant) may be different from the registrant. For example, if the registrant is under the age of 18, the applicant must be a parent (or legal guardian) since the parent(s) listed on the registrant's birth certificate must consent to changing the birth certificate. On the application form, there is a place for the applicant's information and the registrant's information.

Can the name on the birth certificate be changed at the same time?

Yes. The applicant will need to send an original, certified copy of a court order legally changing the registrant's name. The court order must identify the person by the name currently on the birth certificate and their date of birth. If the court order does not contain the required information, the applicant may submit, along with the court order, a certified copy of the petition or application for the name change if it contains the required information. The new certificate will not show that the name has been changed. If the name on the certificate was changed previously, the applicant can ask that notations of amendment on the record be removed. Any future legal name changes will be shown on the record.

How long will it take to make the change on the birth record once the application has been submitted?

Processing times are subject to variation and incomplete orders will be significantly delayed. Applicants can anticipate about a four to six-week turnaround time. Requests are processed in the order they are received in the Bureau. For those who need a quicker turnaround on their application, they may choose to pay a RUSH fee (\$25.00) to expedite the application. These typically have a one to two-week turnaround time.

How do I get a copy of the new birth certificate?

To order a copy of the new birth certificate, fill out the IDAHO VITAL STATISTICS CERTIFICATE REQUEST form. It is at the end of this packet. Carefully review the instructions on the back of the form to ensure that it is filled out completely. Proper identification and payment are required. If they are not included, the request for the certificate will be significantly delayed. Ordering a copy of the new record is optional. If the applicant wants a copy of the original birth certificate, it must be ordered prior to requesting



INSTRUCTIONS TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

this change. Once the change to the indicator of sex is made, the original certificate will be placed in a sealed file which cannot be opened except upon the receipt of a court order from an Idaho court.

What is the process if I am a parent requesting that my child's birth certificate be changed?

All parents listed on the child's birth certificate must consent to changing the indicator of sex on the birth certificate. Consent is demonstrated by having both parents' signatures notarized on the application form. If a parent cannot be found, the applicant must also submit a certified copy of an order from an Idaho court ordering that the consent of only one parent is required. If a parent listed on the birth certificate is deceased, an original, certified copy of a death certificate must be submitted with the application. The death certificate will be returned to the applicant.

The applicant must obtain a signature from a licensed professional (physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor) on the form provided stating that in their professional judgment the requested change of sex designation accurately reflects the gender to which the minor registrant identifies.

What fees are associated with making an application to change the indicator of sex on the birth certificate?

- \$20.00 application fee
- \$25.00 RUSH fee to add expedited service (optional). Please note that RUSH service is requested by writing RUSH on the front of the envelope and including the RUSH fee.
- \$16.00 fee for each copy of the new certificate requested.
- There is no shipping charge for regular mail. If express mail is desired, the applicant can express mail the application materials to us and include a prepaid express mail envelope for the return.

Who do I contact if I have more questions?

- www.vitalrecords.dhw.idaho.gov for forms and general ordering information.
- ivr@dhw.idaho.gov to email questions to the Bureau of Vital Records and Health Statistics.
- (208) 334-5980 to contact a vital records customer service representative.
- To mail requests: IDAHO VITAL RECORDS
PO BOX 83720
BOISE, ID
83720-0036

CHECKLIST

- Complete APPLICANT and REGISTRANT information has been provided
- The appropriate selection for a name change has been selected.
- If the registrant is under the age of 18 pages 2 and 3 must also be completed.
- All applicant signatures have been notarized (notarization of the medical attestation is not required).
- The certificate request form has been completed and reviewed and identification has been included (if a new certificate is desired).
- Appropriate fees have been included.
- Mail to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, ID 83720-0036

Fees:

\$20.00 application fee
 \$16.00 certificate fee (per certificate)
 \$25.00 RUSH fee (optional)



APPLICATION TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

This application form is only for requesting a change to the indicator of sex on the birth certificate. This is NOT an order form. To order a certificate, use the IDAHO VITAL STATISTICS CERTIFICATE REQUEST form.

APPLICANT INFORMATION

1. Applicant's current legal name	First	Middle	Last
2. Applicant's relationship to registrant	<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN		(provide copy of court ordered guardianship)

CURRENT REGISTRANT INFORMATION ON THE BIRTH RECORD TO BE AMENDED

3. Full name as it currently appears on the birth record	First	Middle	Last
4. Date of birth	MM/DD/YYYY	5. Place of birth	CITY
6. Sex as it currently appears on the birth certificate	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		
7. Mother/Parent full name on registrant's birth certificate	First	Middle	Last
8. Father/Parent full name on registrant's birth certificate	First	Middle	Last

NAME CHANGE

The name on this certificate has previously been amended to reflect a name change. I want the amendment note removed.

Change the name to:

First	Middle	Last	Suffix
-------	--------	------	--------

(An original, certified copy of the court order changing the name is required with the application.)

I am not requesting a name change at this time.

ATTESTATION

The sex shown on the birth certificate referenced above does not match the registrant's gender identity. I am requesting that the sex on the birth certificate identified above be changed to MALE FEMALE

State of _____)	AFFIDAVIT* OF REGISTRANT (18 OR OLDER), LEGAL GUARDIAN, OR PARENT LISTED ON THE BIRTH CERTIFICATE (UNDER 18) <small>If registrant is under the age of 18 pages 2 and 3 must be completed</small>
County of _____)	

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Notary Public _____ Applicant's signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20_____ Street Address _____

(Seal) _____ City, State, Zip Code _____



APPLICATION TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

CONSENT OF THE ADDITIONAL PARENT AND MINOR REGISTRANT (Must be completed if the registrant is under the age of 18).

CONSENT OF THE ADDITIONAL PARENT

As the additional parent listed on the registrant's birth certificate, I hereby grant my consent to change the registrant's sex on the birth certificate as attested to by the applicant.

State of _____)	SUPPORTING AFFIDAVIT* OF THE SECOND PARENT LISTED ON THE BIRTH CERTIFICATE REQUIRED FOR MINORS IF TWO PARENTS ARE LISTED ON THE BIRTH CERTIFICATE
County of _____)	

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20 _____

Notary Public _____ Parent's signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20 _____ Street Address _____

(Seal) _____ City, State, Zip Code _____

CONFIRMATION BY MINOR REGISTRANT

The sex shown on my birth certificate does not match my gender identity. I am requesting that the sex on my birth certificate be changed as attested to by the applicant.

State of _____)	SUPPORTING AFFIDAVIT* OF MINOR REQUIRED FOR MINORS UNDER THE AGE OF 18
County of _____)	

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20 _____

Notary Public _____ Minor Registrant's Signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20 _____ Street Address _____

(Seal) _____ City, State, Zip Code _____

*IDAHO CODE §39-273 STATES THAT FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.



APPLICATION TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

ATTESTATION BY A LICENSED PROFESSIONAL (If the registrant is under the age of 18, this section must be completed and signed by a licensed physician (medical or osteopathic), psychiatrist, nurse practitioner, physician's assistant, psychologist, or professional counselor).

PATIENT'S INFORMATION			
Patient's current name	First	Middle	Last
Patient's name as currently listed on the birth certificate or other AKA (if known)	First	Middle	Last
Date of birth	MM/DD/YYYY	Applicant is requesting sex designation on birth certificate be changed to	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LICENSED PROFESSIONAL'S INFORMATION			
Printed Name	First	Middle	Last
Mailing Address			
City, State, Zip			
License Number		Phone	() -
<p>I hereby attest that in my professional judgement the requested change of sex designation by the applicant accurately reflects the gender to which the registrant identifies.</p> <p>Licensed Professional's Signature _____ Date: _____</p>			

Please mail this original signed form to:

Idaho Vital Records
 Attn: Legal Unit
 PO Box 83720
 Boise, ID 83720-0036

Questions? Please see complete instructions on our website at
www.vitalrecords.dhw.idaho.gov, or call us at (208) 334-5980

*IDAHO CODE §39-273 STATES THAT FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.

IDAHO VITAL STATISTICS CERTIFICATE REQUEST

IDAHO VITAL RECORDS • P.O. Box 83720 • Boise, ID 83720-0036 • (208) 334-5988 • www.vitalrecords.dhw.idaho.gov

Instructions for completing this form are located on the back of this document. Please read these instructions carefully. Failure to do so will cause a significant delay in processing your request.

A COPY OF YOUR IDENTIFICATION IS REQUIRED

YOUR MAILING ADDRESS INFORMATION (PERSON REQUESTING THE CERTIFICATE)			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	
STREET AND NUMBER or P.O. BOX		CITY, STATE	ZIP CODE
CONTACT PHONE NUMBER (DAYTIME)	YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (SELF, MOTHER, ETC.)		
PURPOSE FOR THE CERTIFICATE		<input type="checkbox"/> INCLUDE COPY OF ACKNOWLEDGEMENT OF PATERNITY WITH BIRTH CERTIFICATE	
SIGNATURE OF THE PERSON REQUESTING THE CERTIFICATE: PROVIDE A PHOTOCOPY OF SIGNER'S IDENTIFICATION *			
IMPORTANT: BIRTH, DEATH, STILLBIRTH, MISCARRIAGE, MARRIAGE OR DIVORCE MUST HAVE OCCURRED IN IDAHO			
<input checked="" type="checkbox"/> EVENT REQUESTED: <input type="checkbox"/> BIRTH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/> DEATH Available from July 1911 <input type="checkbox"/> MISCARRIAGE Available from July 2016			
NAME ON THE CERTIFICATE			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	
DATE OF EVENT	CITY OF EVENT	NUMBER OF COPIES YOU ARE REQUESTING	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	MAIDEN SURNAME
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	MAIDEN SURNAME
<input checked="" type="checkbox"/> EVENT REQUESTED: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE Available from May of 1947			
<input type="checkbox"/> BRIDE / WIFE <input type="checkbox"/> GROOM / HUSBAND <input type="checkbox"/> PARTNER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME (AT THE TIME OF THE EVENT)	
<input type="checkbox"/> BRIDE / WIFE <input type="checkbox"/> GROOM / HUSBAND <input type="checkbox"/> PARTNER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME (AT THE TIME OF THE EVENT)	
DATE OF EVENT	CITY OF EVENT	NUMBER OF COPIES YOU ARE REQUESTING	
ORDER TOTALS			
DESCRIPTION OF ITEM	FEES	# OF COPIES	TOTAL COST
BIRTH-STILLBIRTH/MISCARRIAGE-MARRIAGE-DIVORCE-DEATH CERTIFIED COPY (COMPUTER GENERATED)	\$16.00		\$ 0.00
BIRTH-STILLBIRTH/MISCARRIAGE-MARRIAGE-DIVORCE-DEATH CERTIFIED PHOTOCOPY	\$21.00		\$ 0.00
ADDITIONAL PHOTOCOPIES OF THE SAME CERTIFICATE EVENT	\$16.00		\$ 0.00
♦ RUSH ORDERS or *SPECIAL HANDLING - PER EVENT REQUESTED	\$10.00		\$ 0.00
TOTAL ENCLOSED: Please check your total! Overpayments of less than \$10.00 are not refunded unless requested in writing.			\$ 0.00

Make your check or money order payable to Idaho Vital Records. All Vital Records fees may be paid with one check or money order.

See the back of this document for further instructions, information, and explanation of fees.

- ♦ If you would like to RUSH your certificate order, please include a one-time charge of \$10.00 (per event) and write **RUSH** on the outside of your envelope. There is no shipping charge for regular mail. If express mail is desired, you may express mail your request to us and include a prepaid express mail envelope back to yourself. We cannot send your order C.O.D.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER

self, immediate family members, their legal representative, or those who provide documentation showing it is needed for their property right may order legally confidential certificates. Immediate family includes: spouse, sibling, parent, child, grandparent, and grandchild.

Proof of relation/legal representation may be required. Step-relatives, in-laws, great-grandparents, aunts, uncles, cousins, etc. are not immediate family as defined by Idaho Statute.

IDENTIFICATION IS REQUIRED

The applicant (person signing this request) must provide a photocopy of their driver's license or other current signed government [state, federal or tribal] issued picture identification. If this is not available, copies of two other forms of identification are required; one of which **MUST** include the applicant's signature. (Refer to the following list) **Identification is accepted upon validity verification by our office.**

IMPORTANT: If acceptable identification is NOT enclosed, and/or your application is incomplete, your request will be returned to you and significant delays in processing your order will occur.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a signature	OR Two Forms of CURRENT ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Tribal ID Card • Concealed Weapons Permit • Prison ID Card 	<ul style="list-style-type: none"> • Social Security Card with signature • Work ID Card with picture or signature • Auto Registration with signature • Traffic Ticket with signature • Court Record with signature • College/School ID with picture • Matricula Card with signature 	<ul style="list-style-type: none"> • Insurance Record • Auto Insurance • Driver Permit • Pay stub • Hunting/Fishing License • Passport Card
		<ul style="list-style-type: none"> • Notarized Signature on the Request • Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relation may be required.) • Court Order

FEES

CERTIFICATE FEES

Each certified copy or record search of a Birth, Stillbirth/Miscarriage, Death, Marriage or Divorce Certificate is \$16.00. Certified copies are computer-generated and are valid for most legal purposes. If the requested certificate cannot be found a statement of search will be issued. A certified *photocopy* (not computer-generated) of a Birth, Stillbirth/Miscarriage, Death, Marriage or Divorce certificate can be ordered for \$21.00; each additional certified photocopy of that record, ordered at the same time, is \$16.00.

LEGAL FEES

The processing fee to complete an adoption, paternity, or court order name change is \$20.00. The fee for a correction is \$20.00 if more than one year has passed since the date of the event. The processing fee to complete a delayed registration is \$25.00. The fee for a legal action does not include the fee for a copy of a certificate.

RUSH FEES

If you would like to RUSH your order, please include a one-time charge of \$10.00 (per event) and write **RUSH** on the outside of your envelope. If you would like to RUSH your legal action, please include a one-time charge of \$25.00 (per event). There is no shipping charge for regular mail. If express mail is desired, you may express mail your request to us and include a prepaid express mail envelope back to yourself. We cannot send your order C.O.D.

SPECIAL HANDLING FEES

If you would like our office to forward your certificate and completed apostille application to the Idaho Secretary of State, please visit www.vitalrecords.dhw.idaho.gov or call 208-334-5980 for instructions BEFORE mailing the \$10.00 special handling fee.

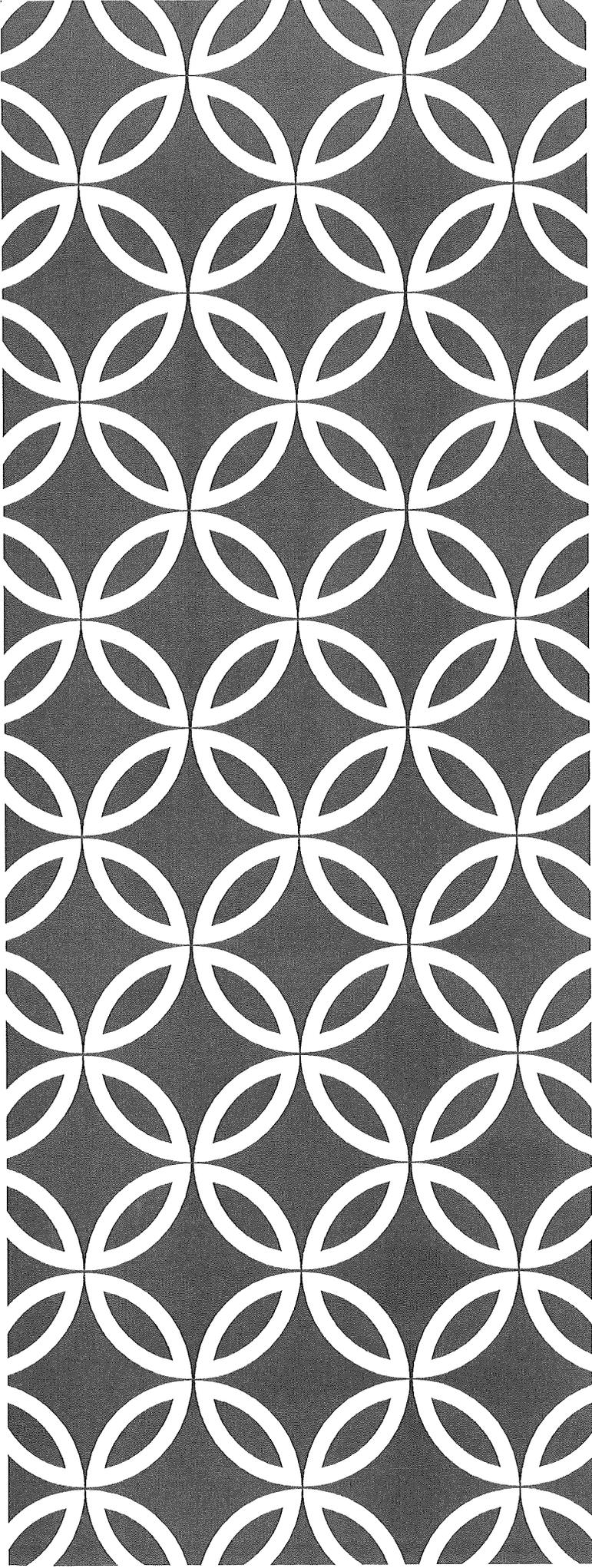
Make your check or money order payable to Idaho Vital Records. All Vital Records fees may be combined and paid with one check or money order. Please check your total carefully! Overpayments of less than \$10.00 are not refunded unless requested in writing.

To order on-line, through VitalChek, please see our website at <http://www.vitalrecords.dhw.idaho.gov>. *Additional charges will apply.* All credit card orders are processed through VitalChek.

SUBMITTING THE REQUEST

Complete the request form and mail it to the address on the front of the form. Remember to sign your request and enclose the correct fees and a copy of *both sides* of your signed picture ID.

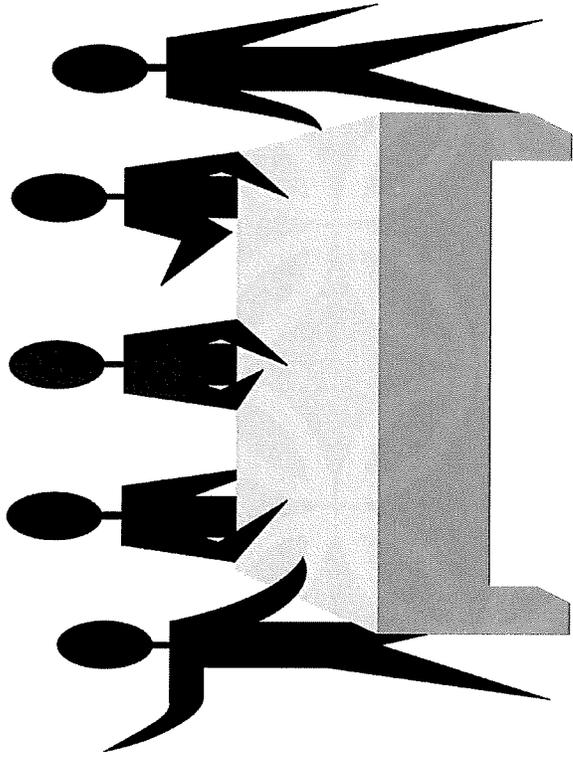
WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (Title 39, Chapter 2, Idaho Code).



BOARD OF HEALTH AND WELFARE |
ROLES AND RESPONSIBILITIES |

AUGUST, 2019

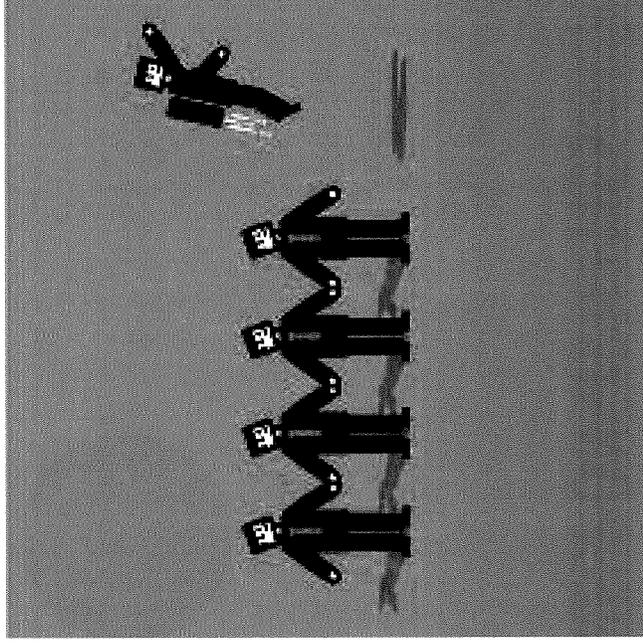
WHAT IS MY ROLE?



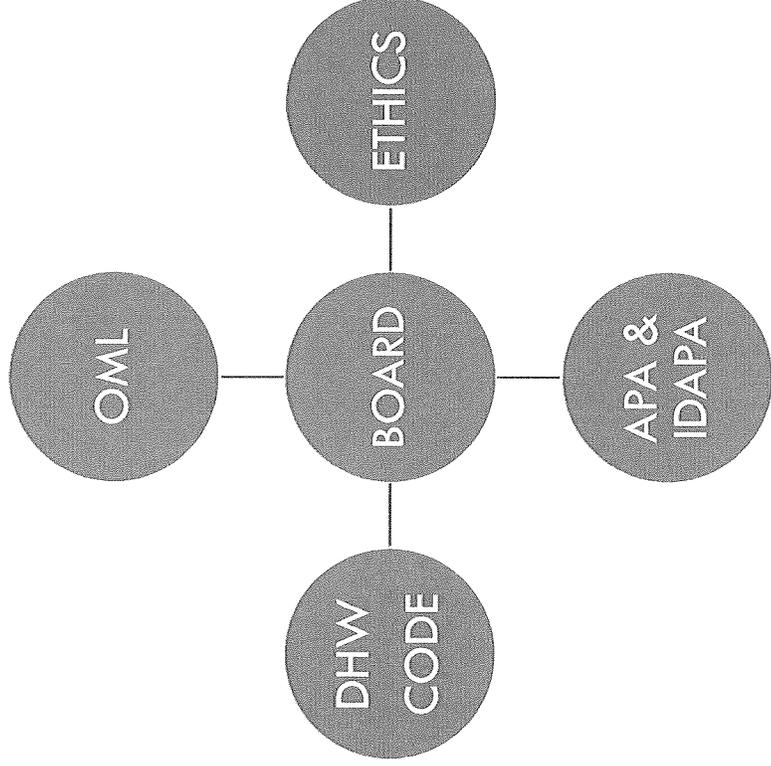
- The Board helps guide the Department to promote and protect the public health and well-being of Idaho citizens.
- The Board is charged with the oversight of the Department and rulemaking and hearing functions relating to **public health, licensure and certification**
- The Board can adopt, amend, or repeal public health and L&C rules and standards of the Department
- The Board may conduct administrative hearings (administer oaths, issue subpoenas for documents and testimony) or designate a hearing officer for public health and L&C cases.

WHAT ARE MY RESPONSIBILITIES?

- Board acts as a whole; not individually
- Board members contribute perspective, expertise and experience
- Board members are not advocates and do not represent constituents
- Board members must act fairly, non-partisan and unbiased in protecting the health of the state
- Board members must adhere to the law and promote the body to do so as well



FRAMEWORK FOR ROLES AND RESPONSIBILITIES

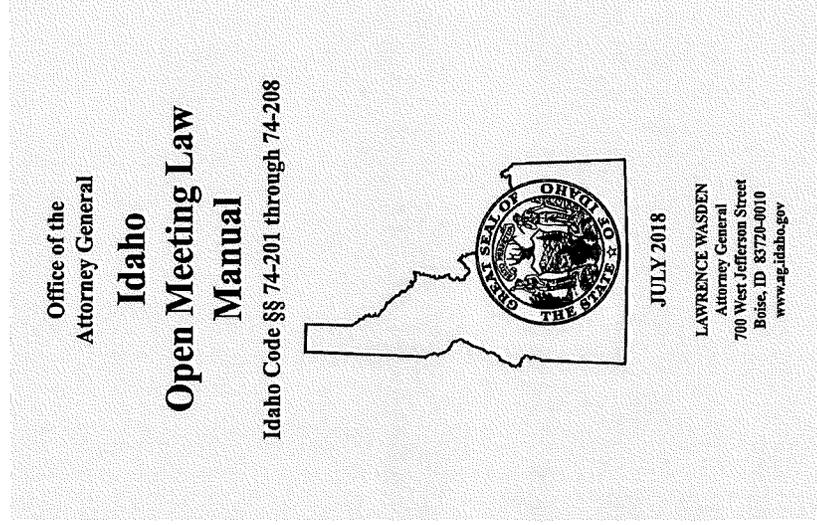


Idaho Open Meeting Law

State of Idaho



Office of Attorney General
Lawrence Wasden



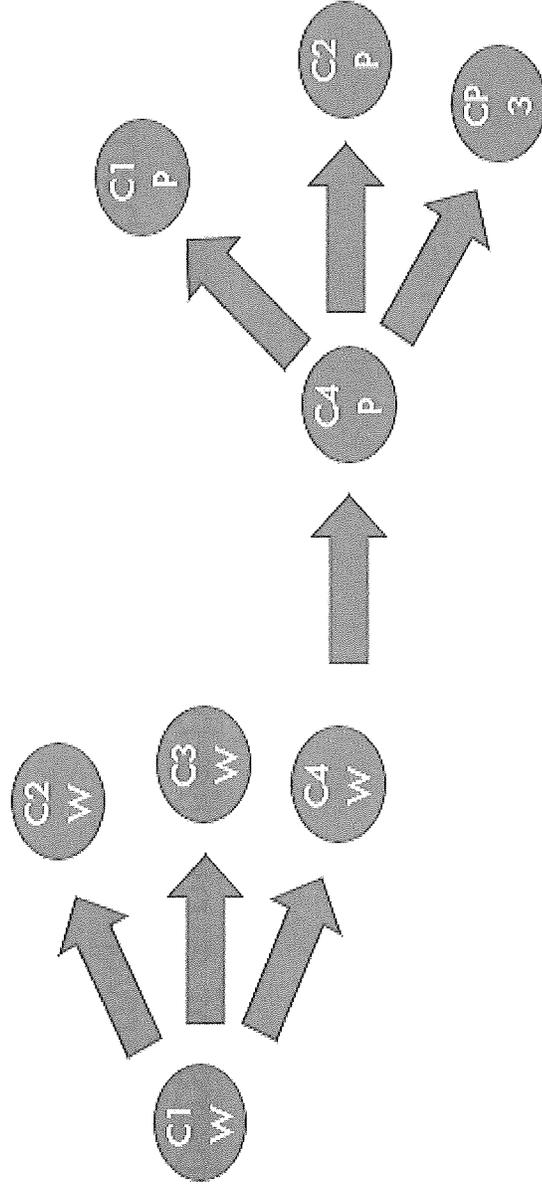
It is policy of this state that formation of public policy is public business and shall not be conducted in secret.

(Idaho Code § 74-201)

Conduct in an Open Meeting

- All meetings may be conducted using telecommunications devices.
- Members of a public board may **not** use computers or texting to conduct private conversations among themselves about board business.

LESSONS LEARNED #1: SERIAL MEETINGS



ACHD complaint and investigation: OML applies to separate, individual meetings/communications that take place in serial fashion with less than a quorum present to ascertain positions or form a consensus on pending issues. 2018 ACHD Complaint.

WAS THAT A MEETING?

- OML describes a “meeting” as the “convening of a governing body” to make a decision or deliberate toward a decision.
- Does the exchange of emails constitute a “convening” of a governing body?
- Convening CAN occur outside literal, in person (or telephonic or video conference) gathering of a quorum.
- Convening occurs when one member contacts other members one-on-one or in groups less than a quorum to deliberately attempt to build a majority for or against a matter.
- Serial meetings run counter of the purpose of the OML which is to ensure public business is transacted in public. It can violate the OML.

Conduct in Executive Sessions

The exceptions to the general policy in favor of open meetings stated in this section shall be narrowly construed. It shall be a violation of this act to change the subject within the executive session to one not identified within the motion to enter the executive session or to any topic for which an executive session is not provided. (Idaho Code § 74-206(2); OML p. 28)

LESSONS LEARNED #2: TOPIC DRIFT

- Recent complaint and investigation of the Public Charter School Commission actions during a meeting on April 11, 2019
- During the meeting, the Commission entered into a two hour executive session.
- Agenda identified the correct statute for authority, but not the subpart (records exempt from disclosure).
- On several occasions throughout the session, the discussion drifted to other topics that did not involve consideration of student data (performance of a school administrator, evaluation of a different school administrator, criticism of a school and town).
- The frequency and degree of drift as a whole constituted the violation of the OML.
- Conclusion: It is a violation of the OML to change the subject within the executive session to one not identified within the motion to enter into executive session or to any topic not for which an executive session is not permitted.

DEVELOPING BEST PRACTICES

Open Meetings

- Communicating through emails, texts – conducting business?
- Quorum present?
- Deliberations occurring?
- Serial Meetings?
- Members of a public board may not use computers or texting to conduct private conversations among themselves about board business.
- Does the conduct of the board inspire public confidence?

DEVELOPING BEST PRACTICES

Executive Sessions

- Vote to enter executive session is an action item.
- Recitation of specific legal basis for executive session in agenda.
- Avoiding topic drift – violation to change the subject to one not identified in the motion or to any topic executive session is not authorized.
- Keep discussions within the parameters of the exception under a narrow interpretation of the scope.
- “Paramount within service on a government board is the responsibility to follow the law and speak up when others do not. In a setting such as an executive session, the duty of self policing is at its highest.”

MOTIONS
By
BOARD OF HEALTH AND WELFARE

MEETING DATE: August 15, 2019

MOTION MADE: I move that the Board of Health and Welfare approve the minutes of the May 16, 2019 Board Meeting.

MOTION BY: Linde

SECONDED BY: Trini

VOTE: Voice Vote: _____ Roll Call: _____

	<i>Aye</i>	<i>Nay</i>	<i>Absent</i>	<i>Abstain</i>
Mr. Kerby	_____	_____	✓ _____	_____
Mr. Stroschein	✓ _____	_____	_____	_____
Mr. Giuffré	✓ _____	_____	_____	_____
Ms. Jaquet	✓ _____	_____	_____	_____
Ms. Hatzenbuehler	✓ _____	_____	_____	_____
Mr. Rarick	✓ _____	_____	_____	_____

MOTIONS
By
BOARD OF HEALTH AND WELFARE

MEETING DATE: August 15, 2019

MOTION MADE: I move that the Idaho Board of Health and Welfare adopt the "Pending" rules for Reauthorization of Health and Welfare Board rules for Non-Fee and Fee rules presented under Docket Nos. 16-0000-1900 and 16-0000-1900F, effective *Sine Die*.

MOTION BY: Wandy -

SECONDED BY: Trin



VOTE:	Voice Vote: _____		Roll Call: _____	
	<i>Aye</i>	<i>Nay</i>	<i>Absent</i>	<i>Abstain</i>
Mr. Kerby	_____	_____	_____✓_____	_____
Mr. Stroschein	_____✓_____	_____	_____	_____
Mr. Giuffré	_____✓_____	_____	_____	_____
Ms. Jaquet	_____✓_____	_____	_____	_____
Ms. Hatzenbuehler	_____✓_____	_____	_____	_____
Mr. Rarick	_____✓_____	_____	_____	_____



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMARA PRISOCK - Division Administrator
DIVISION OF LICENSING AND CERTIFICATION
Administrative Rules
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500

**DECLARATION OF PENDING RULEMAKING
BY THE BOARD OF HEALTH AND WELFARE
CONCERNING: REAUTHORIZATIONS**

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:

Title 01, Chapter 01, "Emergency Medical Services (EMS) - Advisory Committee (EMSAC)"
Title 01, Chapter 02, "Emergency Medical Services (EMS) - Rule Definitions"
Title 01, Chapter 03, "Emergency Medical Services (EMS) - Agency Licensing Requirements"
Title 01, Chapter 04, "Emergency Medical Services (EMS) - Account III Grants"
Title 01, Chapter 05, "Emergency Medical Services (EMS) - Education, Instructor, & Examination Requirements"
Title 01, Chapter 06, "Emergency Medical Services (EMS) - Data Collection and Submission Requirements"
Title 01, Chapter 07, "Emergency Medical Services (EMS) - Personnel Licensing Requirements"
Title 01, Chapter 12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions"
Title 02, Chapter 06, "Quality Assurance for Idaho Clinical Laboratories"
Title 02, Chapter 13, "State of Idaho Drinking Water Laboratory Certification Program"
Title 02, Chapter 14, "Rules Governing Construction and Operation of Public Swimming Pools in Idaho"
Title 02, Chapter 27, "Idaho Radiation Control Rules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 2, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 08, "Vital Statistics Rules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 6, 10, and 16, and Title 56, Chapter 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 10, "Idaho Reportable Diseases"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 11, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 11, "Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 9, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 12, "Procedures and Testing to be Performed on Newborn Infants"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 48, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 15, "Immunization Requirements for Idaho School Children"

Pursuant to the authority granted to the Board of Health and Welfare in Title 37, Chapter 1, and Title 39, Chapter 16, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 02, Chapter 19, "Food Safety and Sanitation Standards for Food Establishments"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 13, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:
Title 03, Chapter 02, "Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities"
Title 03, Chapter 14, "Rules and Minimum Standards for Hospitals in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 24, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 07, "Rules for Home Health Agencies"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 13, and Title 56, Chapter 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 11, "Intermediate Care Facilities for People with Intellectual Disabilities (ICFs/ID)"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, and Title 39, Chapter 35, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 19, "Rules Governing Certified Family Homes"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 46, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 21, "Developmental Disabilities Agencies (DDA)"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 33, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:
Title 03, Chapter 22, "Residential Care or Assisted Living Facilities in Idaho"

Pursuant to the authority granted to the Board of Health and Welfare in Title 66, Chapters 1 and 3, and Title 67, Chapter 52, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:
Title 04, Chapter 07, "Rules Governing Fees for State Hospital North"
Title 04, Chapter 08, "Rules Governing Fees for State Hospital South Services"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 46 and Title 56, Chapter 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 04, Chapter 17, "Rules Governing Residential Habilitation Agencies"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 2 and 54, and Title 56, Chapters 2 and 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 01, "Use and Disclosure of Department Records"

Pursuant to the authority granted to the Board of Health and Welfare in Title 16, Chapter 1, Title 56, Chapters 1, 2, and 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 03, "Rules Governing Contested Case Proceedings and Declaratory Rulings"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 2 and 10, Title 39, Chapters 11, 12, 35, 56, and 91, Title 66, Chapter 4, and Title 15, Chapter 5, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 05, Chapter 06, "Criminal History and Background Checks"

Pursuant to the authority granted to the Board of Health and Welfare in Title 16, Chapters 16 and 21, Title 39, Chapters 12, 56, and 75, and Title 56, Chapter 2, 8, and 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 06, Chapter 01, "Child and Family Services"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapters 11 and 12, and Title 56, Chapter 10, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 06, Chapter 02, "Rules Governing Standards for Child Care Licensing"

Pursuant to the authority granted to the Board of Health and Welfare in Title 39, Chapter 3, Idaho Code, and, I declare that the following Idaho Department of Health and Welfare rules contained in IDAPA 16:

Title 07, Chapter 01, "Behavioral Health Sliding Fee Schedules"

Pursuant to the authority granted to the Board of Health and Welfare in Title 56, Chapter 10, and Title 39, Chapter 3, Idaho Code, I declare that the following Idaho Department of Health and Welfare rules contained in the following chapters in IDAPA 16:

Title 07, Chapter 15, "Behavioral Health Programs"

Title 07, Chapter 17, "Substance Use Disorders Services"

BOARD AUTHORITY AND RESPONSIBILITIES FOR RULES

Under Section 56-1005, Idaho Code, **THE BOARD OF HEALTH AND WELFARE**, by an affirmative vote of four of its voting members, may adopt, amend, or repeal rules, codes, and standards of DHW that are necessary and feasible to carry out and enforce the laws of this state. Rules and orders adopted by the Board have the force and effect of law and may deal with matters deemed necessary to protect the health of the state. Rulemaking proceedings and hearings of the

Board are governed by the Idaho Administrative Procedure Act (APA), Title 67, Chapter 52, Idaho Code.

A proposed rule is one that is prepared in legislative format and has been published in the Idaho Administrative Bulletin. The rulemaking must include the specific statutory authority for the rule (Board/Director/Joint), and any federal statute or regulation that the rulemaking amendments are based on. DHW must provide a statement in plain language of the substance of the proposed rule including any fee or charge imposed or increased, any negative fiscal impact to the state general fund greater than \$10,000, the text of the proposed rule in legislative format, the location, date, and time of any public hearing on the proposed rule, the deadline for public comments, the manner in which written comments may be sent and to whom, and the contact person for answering technical questions. Prior to the adoption, amendment, or repeal of the proposed rule as a pending rule, DHW/Board must consider fully all written and oral comments received with regard to the proposed rule.

The APA requires only *temporary rules and pending rules* be adopted by the Director or Board prior to publication in the Idaho Administrative Bulletin.

A temporary rule must meet one of the following criteria under Section 67-5226, Idaho Code. A rule can be promulgated as temporary:

"(1) If the governor finds that:

(a) Protection of the public health, safety, or welfare; or

(b) Compliance with deadlines in amendments to governing law or federal programs; or

(c) Conferring a benefit;

requires a rule to become effective before it has been submitted to the legislature for review the agency may proceed with such notice as is practicable and adopt a temporary rule..."

Prior to adopting a pending rule under Section 67-5224, Idaho Code, DHW/Board must have published the proposed rule in the Idaho Administrative Bulletin, and have provided for public comment for a minimum of 21 days, and must have considered the written and oral comments received on the proposed rule.

"(2) Subject to the provisions of subsection (3) of this section, the agency shall publish the text of a pending rule and a notice of adoption of the pending rule in the bulletin. The notice of adoption of the pending rule shall consist of a concise explanatory statement..."

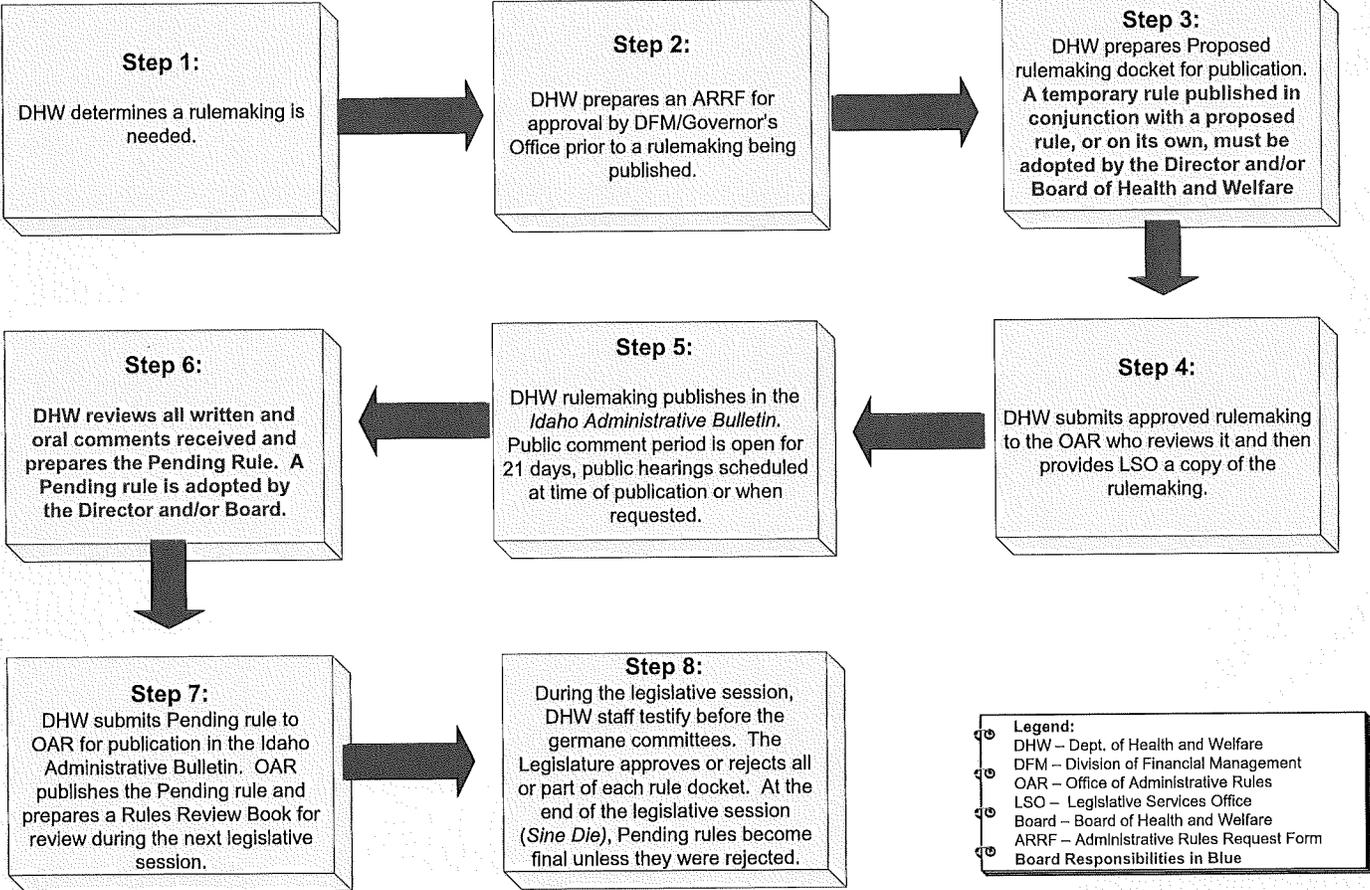
(b) A statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for any changes;..."

OAR allows DHW not to publish the full text of a pending rule if no significant changes have been made from the text of the proposed rule as published in the Bulletin. Notice of adoption of the pending rule must cite the volume and page numbers of the bulletin publication in which the proposed rule was published, and provide any changes to text in legislative format.

DHW/BOARD RULEMAKING PROCESS

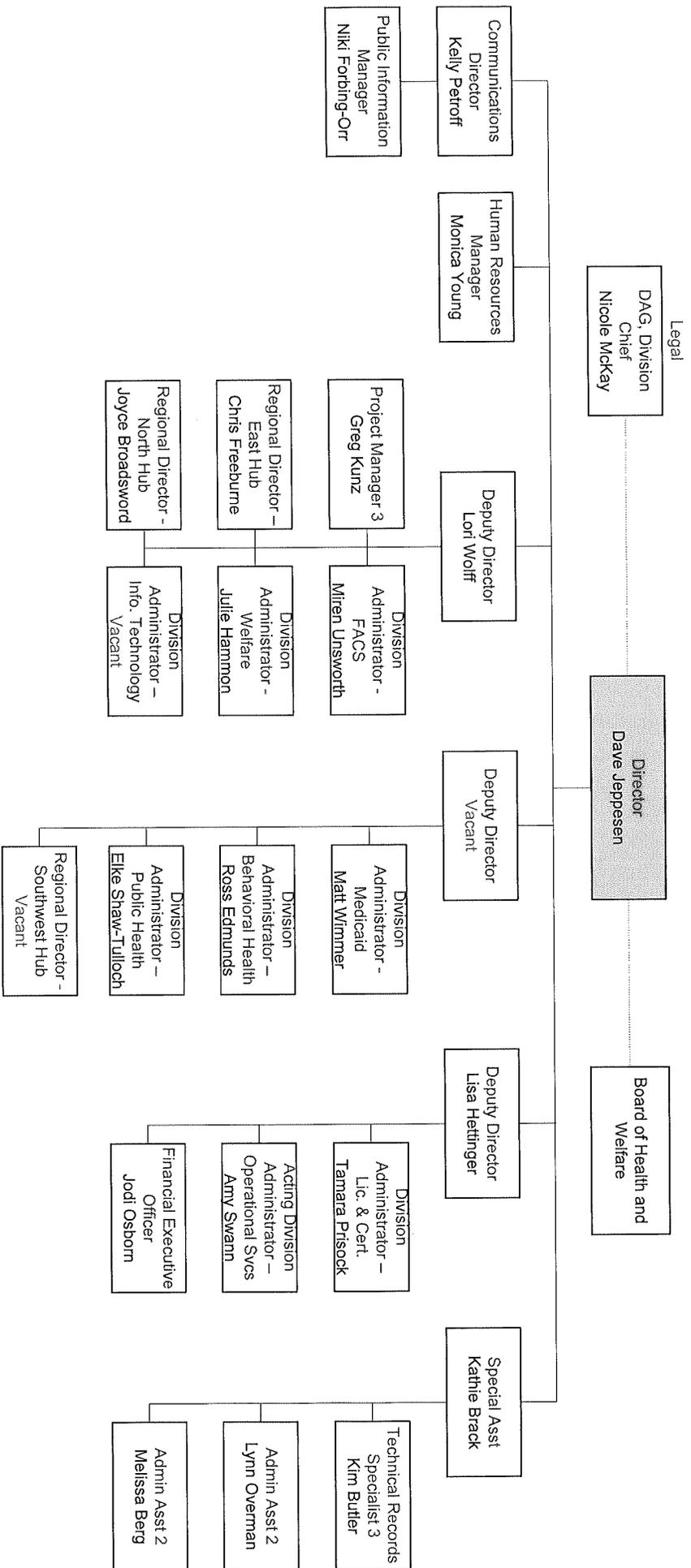
Step 1	DHW determines a rulemaking is needed.
Step 2	DHW prepares a ARRF for approval by DFM/Governor's Office prior to a rulemaking being published.
Step 3	DHW prepares proposed rulemaking docket for publication. A <i>Temporary rule</i> published in conjunction with a proposed rule, or on its own, must be adopted by the Director and/or Board of Health and Welfare.
Step 4	DHW submits approved rulemaking to the OAR who reviews it and provides LSO a copy of the rulemaking.
Step 5	DHW rulemaking publishes in the Idaho Administrative Bulletin. The public comment period is open for 21 days; public hearings are scheduled at the time of publication or when requested.
Step 6	DHW reviews all written and oral comments received and prepares the pending rule. A <i>Pending rule</i> is adopted by the Director and/or Board.
Step 7	DHW submits pending rule docket to OAR for publication in the Idaho Administrative Bulletin. OAR publishes the pending rule and prepares a rules review book for the next Legislative Session for review.
Step 8	During the legislative session, DHW representatives testify before legislative committees in both houses. The Legislature approves or rejects all or part of the DHW Pending rules. At the close of the legislative session (Sine Die), pending rules become final unless rejected by Legislature.
Legend	
<p>DHW - Department of Health and Welfare DFM - Division of Financial Management/Governor's Office OAR - Office of Administrative Rules Coordinator LSO - Legislative Services Office Board - Board of Health and Welfare</p>	

DHW/BOARD RULEMAKING PROCESS AND RESPONSIBILITIES
 Last Updated: July 2019



Department of Health and Welfare - Director's Office

7-23-19





IDAHO DEPARTMENT OF
HEALTH & WELFARE

Strategic Plan

SFY 2020-2024

July 1, 2019

Our mission:

Promote and protect the health and safety of Idahoans





IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

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

July 1, 2019

Dear Idahoans,

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

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

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

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

Our strategic goals are:

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

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

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

Sincerely,



Dave Jeppesen
Director

Strategic Plan Overview

2020-2024

OUR MISSION

Promote and protect the health and safety of Idahoans.

OUR VISION

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

OUR VALUES

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

STRATEGIC GOALS

PERFORMANCE MEASURES

Strategic Goal 1:

Ensure affordable, available healthcare that works

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

Strategic Goal 2:

Protect children, youth, and vulnerable adults

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

Strategic Goal 3:

Help Idahoans become as healthy and self-sufficient as possible

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

Strategic Goal 4:

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

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

Strategic Goal 1: Ensure affordable, available healthcare that works

STRATEGIC OBJECTIVES:

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

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

STRATEGIC OBJECTIVES:

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

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

STRATEGIC OBJECTIVES:

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

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

STRATEGIC OBJECTIVES:

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

Strategic Goal 1

Ensure affordable, available healthcare that works



The department is committed to serving Idahoans by ensuring that:

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

Performance Measures

We will know we have succeeded when we:

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

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

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

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

Strategic Objective

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

*Data source: Annual Financial Analysis completed by OHPI.

Lead: Lisa Hettinger

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

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

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

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

Tasks:

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

Strategic Objective

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

Lead: Matt Wimmer

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

Tasks:

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

Strategic Objective

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

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

Leads: Ross Edmunds and Matt Wimmer

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

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

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

Tasks:

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

Strategic Objective

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

Leads: Julie Hammon and Matt Wimmer

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

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

Tasks:

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

Strategic Goal 2

Protect children, youth, and vulnerable adults



The department is committed to serving Idahoans by ensuring that:

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

Performance Measures

We will know we have succeeded when we:

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

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

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

Strategic Objective

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

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

Lead: Miren Unsworth

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

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

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

Tasks:

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

Strategic Objective

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

Lead: Ross Edmunds

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

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

Tasks:

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

Strategic Objective

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

Lead: Miren Unsworth

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

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

Tasks:

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

Strategic Goal 3

Help Idahoans become as healthy and self-sufficient as possible



The department is committed to serving Idahoans by ensuring that:

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

Performance Measures

We will know we have succeeded when we:

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

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

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

Strategic Objective

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

Lead: Elke Shaw-Tulloch

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

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

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

Tasks, to be completed by July 1, 2020:

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

Strategic Objective

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

Lead: Julie Hammon

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

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

Tasks:

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

Strategic Objective

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

Lead: Elke Shaw-Tulloch

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

Idaho Determinants of Health data from 2017 show:

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

69.2% of occupied housing units were owned

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

12.1% of Idahoans were without health insurance

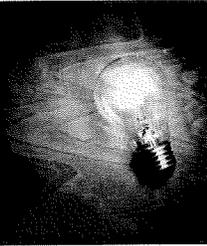
In state fiscal year 2020, the department will develop a framework that utilizes data to identify priority health issues in Idaho communities. Then, by working collaboratively with community and healthcare partners through an equity² lens, invest in bold and innovative solutions to begin addressing root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

¹ www.debeaumont.org/about-us

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

Strategic Goal 4

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



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

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

Performance Measures

We will know we have succeeded when we:

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

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

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

Strategic Objective

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

Lead: Dave Jeppesen

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

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

Tasks:

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

Strategic Objective

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

Lead: Tamara Prisock

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

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

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

Tasks:

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

Strategic Objective

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

Leads: Cathy Libby and Michael Farley

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

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

Tasks:

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

Strategic Objective

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

Lead: Kelly Petroff

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

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

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

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

Tasks:

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

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

Strategic Objective

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

*baseline determined in 2020

Lead: Kelly Petroff

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

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

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

Tasks:

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

Appendix A

Review of Previous Strategic Initiatives

Reduce Opioid Addiction and Overdose Deaths in Idaho

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

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

Appendix A

Review of Previous Strategic Initiatives

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

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

Appendix B

Cybersecurity Compliance

Cybersecurity Executive Order 2017-02 Compliance:

Executive Order 2017-02, Section 3 requires:

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

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

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

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

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