

**IDAHO BOARD OF HEALTH AND WELFARE
MINUTES
November 15, 2018**

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

BOARD MEMBERS PRESENT

Darrell Kerby, Chairman
Tom Stroschein, Vice-Chair
Russ Barron, Secretary
James Giuffré
Wendy Jaquet
Dr. Linda Hatzenbuehler
Tammy Perkins

STAFF PRESENT

Lori Wolff, Deputy Director, FACS and Welfare Services
Lisa Hettinger, Deputy Director, Behavioral Health, Medicaid, Health Policy Initiatives and Public Health
David N. Taylor, Deputy Director, Support Services
Tamara Prisock, Division Administrator, Licensing and Certification
Kathie Brack, Special Assistant to the Director
Niki Forbing-Orr, Public Information Manager
Lynn Overman, Liaison to the Board
Wayne Denny, Emergency Medical Services (EMS), Bureau Chief
Brenda Gully, EMS, Program Manager
Rafe Hewett, Public Health Division, Health Program Manager
Adam Panitch, Behavioral Health Division, Program Specialist
Dennis Kelly, Program Supervisor, Licensing and Certification
Treena Clark, Behavioral Health Division, Program Manager
Fernando Castro, Support Services Division, Criminal History Unit, Program Supervisor
Jamie Simpson, Program Supervisor, Licensing and Certification
Elke Shaw-Tulloch, Division Administrator, Public Health
Dieuwke Dizney-Spencer, Deputy Division Administrator, Public Health
Ryan Soukup, Community Resources Coordinator, Public Health
Trinette Middlebrook, Program Specialist, Licensing and Certification
Dr. Christine Hahn, Medical Director, Public Health
Kathryn Turner, Bureau Chief, Public Health
Miren Unsworth, Division Administrator, Family and Community Services (FACS)

OTHERS PRESENT

Nicole McKay, Division Chief, District Attorneys General
 Jared Tatro, Principal Budget and Policy Analyst, Legislative Services Office (LSO)
 Norma Jaeger, Executive Director, Recovery Idaho
 Stacey Rosecrans, Director, Emmett Recovery Center
 Larry Manning, Director, Idaho Falls Recovery Center
 Darrell Keim, Latah Recovery Center
 Karen Sharpnack, Executive Director, Idaho Immunization Coalition
 Kevin Cleveland, Idaho State University, College of Pharmacy; Chairman, Idaho Immunization Coalition
 Ysabel Bilbao, Get Immunized, Idaho
 Marusa Morrison, Get Immunized, Idaho
 Russ Duke, Central District Health Department
 Susan Morgan, School Nurse Organization of Idaho
 Lance Giles, Eiguran-Ellis
 Brian Purdy, Administrator, Home Sweet Home Care
 Melissa Davlin, Idaho Public TV

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 Darrell Kerby, Chairman of the Board, at 8:15 a.m. Thursday, November 15, 2018 at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

ROLL CALL

Director Barron, Secretary, called the roll. Roll call showed **seven (7)** members present. With **five (5)** voting members present, Chairman Kerby declared a quorum. Absent and excused was Representative Fred Wood, Senator Lee Heider and Dr. Timothy Rarick.

PUBLIC COMMENT PERIOD

Chairman Kerby opened the floor for public comment. Kevin Cleveland from Idaho State University spoke on behalf of the Idaho Immunization Coalition in support of adoption of a pending rule – Docket No. 16-0215-1802. This pending rule would require Idaho students to receive a second dose of meningococcal (MenACWY) vaccine before entry into the 12th grade, or a first dose for those who never received the recommended first dose. He cited statistics of those at risk of contracting the disease and potential effects. **(See Attachment 1)**. Dr. Hatzembuehler asked if the vaccine booster would be a requirement for those entering the healthcare field. According to Mr. Cleveland, ISU requires this of their students. Healthcare workers do receive the vaccine, but it is not yet required by law.

Karen Sharpnack, Executive Director of the Idaho Immunization Coalition also spoke in support of the pending rule. She presented a letter to the Board, asking for member support of the rule. **(See Attachment 2)**. The Coalition is a non-profit organization that seeks to educate the public about the importance of immunizations. They provide information through Health District

offices, hospitals and the Department of Health and Welfare (DHW). They are funded by the state, individuals, foundations and pharmaceutical companies.

Also speaking in support of the rule, Susan Morgan from School Nurses of Idaho shared a personal experience of an uncle who died at age 12 from meningitis. The requirement to have the booster prior to 12th grade entry will provide vaccine records for those entering college.

Russ Duke from Central District Health Department indicated all seven Boards of the Idaho Health District offices support the pending rule. This support sends a message to parents and families of the importance of the vaccine. The state has a flexible opt-out policy for those who strongly oppose vaccination. Most schools allow enrollment for non-vaccinated students but reserve the right to suspend those students during an outbreak.

In addition to the above testimonies, Pediatrician Lisa Barker provided written testimony in support of the pending rule, which will be available via Karen Sharpnack upon request.

COMMENTS FROM BOARD MEMBERS

Jim Giuffré thanked school nurses and health districts for their work in educating the public regarding immunizations and the critical nature of documenting the science associated with vaccination. He asked for figures regarding the cost and efficacy of the booster for the meningococcal (MenACWY) vaccine. Rafe Hewett, Health Program Manager for the Public Health Division reported the cost at \$91 or \$73, depending on the pharmaceutical company. With 25,000 Idaho students, the total cost is \$1.7 million (at an average of \$86 per shot). Efficacy rates are at 85% and better, with the rate increasing with the booster.

HEARING ON APPEAL OF HOME SWEET HOME CARE vs. DHW – ORAL ARGUMENT, DELIBERATION AND DECISION

Brian Purdy, Administrator of Home Sweet Home Care appealed two issues to the Board: the assignment of a new supervisor from the DHW to review outstanding deficiencies of his facility and the ability to address survey deficiencies without hiring a consultant.

Nicole McKay, Division Chief, Deputy Attorneys General, reminded Board members that their authority is limited to affirming, modifying or reversing the Preliminary Order of the hearing officer.

After hearing testimony from Brian Purdy and DHW program supervisor Jamie Simpson, the Board voted on a motion:

Motion: Jim Giuffré moved that the Board of Health and Welfare vote to affirm the Preliminary Order in appeal #18-61938, Home Sweet Home Care vs. State of Idaho, Department of Health and Welfare.

Second: Tom Stroschein

Voice Vote:

Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

ADOPTION OF MINUTES FROM BOARD MEETING ON AUGUST 23, 2018

Motion: Jim Giuffré moved that the minutes of the August 23, 2018 Board meeting be adopted as prepared.

Second: Tom Stroschein

Voice Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

ADOPTION OF MINUTES FROM TELECONFERENCE BOARD MEETING ON OCTOBER 30, 2018

Motion: Jim Giuffré moved that the minutes of the October 30, 2018 Teleconference Board meeting be adopted as prepared.

Second: Linda Hatzenbuehler

Voice Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

SUMMARY OF RULES AND LEGISLATION FOR 2019 LEGISLATIVE SESSION

Tamara Prisock, Division Administrator for Licensing and Certification, presented and reviewed a summary of rules that will go before the Legislature. **(See Attachment 3)**. These rules are not within the purview of the Board but are provided for information and reference for Board members.

RECOVERY IDAHO PRESENTATION/UPDATE

Vice Chairman Tom Stroschein invited several representatives from Idaho's Recovery Centers to address the Board.

Norma Jaeger, Darrell Keim, Stacey Rosecrans and Larry Manring spoke regarding the work done at the recovery centers. These centers serve as "safety nets" when other community services are unavailable to those in crisis due to drug and alcohol abuse.

Stacey shared the story of a client who called the center for help: he was losing his home, had lost his girlfriend and his children and was heavily intoxicated. The center collaborated with community services to get him medication necessary for safe detoxification, arranged a stay in a Twin Falls location and a one-year rehabilitation program in a homeless shelter. This man now has a full-time job and has regained custody of his children.

According to the speakers all recovery centers provide four primary resources:

1. A recovery resource room - This room is full of information and pamphlets listing help available to clients within the county. There is also some state and federal program information available.
2. 25-30 social group meetings weekly to allow clients a place to go as an alternative to former social activities that would expose them to drugs and alcohol.
3. Recovery coaching - Those who have lived through the experience of rehabilitation are available to provide support as clients learn positive life skills.
4. Recovery telephone services - This is a cursory version of recovery coaching for those no longer in immediate crisis but who need support and reassurance as they continue to develop rehabilitation skills.

The centers currently receive an average of 500 client contacts per month and each center has various fundraisers within their community to keep the doors open. The recovery centers are applying to the Millenium Fund to expand existing centers, provide outreach in outlying communities and funding for a center in the Magic Valley. Americorp Vista Project has agreed to place a Vista worker in each center to develop resources and help with volunteer recruitment and training as part of "Idaho's response to the opiate crisis".

Those representing the centers before the Board stated the centers struggle financially but provide such an important and rewarding service that they will do everything possible to keep the centers open, even if it means working without pay.

A handout with Recovery Center contact information was provided. **(See Attachment 4).**

APPROVAL OF TEMPORARY AND PENDING RULES

EMS DOCKET NO. 16-0102-1801 RULES DEFINITIONS – UPDATES

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Rule Definitions", presented under Docket No. 16-0102-1801, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

**EMS DOCKET NO. 16-0103-1801 AGENCY LICENSING REQUIREMENTS –
UPDATES**

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Agency Licensing Requirements", presented under Docket No. 16-0103-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

**EMS DOCKET NO. 16-0107-1801 PERSONNEL LICENSING REQUIREMENTS –
UPDATES**

Presenter: Wayne Denny

Wayne Denny, Bureau Chief of EMS presented the EMS rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Emergency Medical Services – Personnel Licensing Requirements", presented under Docket No. 16-0107-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

MEDICAID/ BEHAVIORAL HEALTH/ PUBLIC HEALTH/ HEALTH POLICY INITIATIVES UPDATE

Lisa Hettinger, Deputy Director of Medicaid, Behavioral Health, Public Health and Health Policy Initiatives yielded time to Elke Shaw-Tulloch, Division Administrator of Public Health - to give an update to the Board on Suicide Prevention Planning (SPP). Elke reported on four task teams across the state that are working on a final draft of state plans and communications. This draft contains 60 objectives and will be completed for submission to the Legislative Services Office (LSO). A school-based model for SPP is being developed and includes a hotline, a train-the-trainer course and pilots for “0 suicide warning signs” as recognized in the healthcare system. A budget increase of over \$1 million will be requested.

Lisa updated the Board on the Behavioral Health division. Contracts for the development and opening of crisis centers are moving ahead, with a February 2019 anticipated timeline. Ross Edmunds, Division Administrator for Behavioral Health is working on an implementation plan with a group of stakeholders in response to the Western Interstate Commission on Higher Education (WICHE) report. One significant goal is to remove the stigma of mental health by creating a roadmap of what mental health should look like.

The Treasure Valley in Region 3 is working on a federally allowable model to bill Medicaid for mental health services. The passage of Proposition 2 has created renewed interest in this model. A significant barrier has been how to break out each funding stream and which stream to use for billed services.

The Office of Healthcare Policy Initiatives (OHPI) is at a crossroads with the Federal Healthcare Coalition. It is accepted that the healthcare delivery system needs to be reformed from a fee for service model to a value-based model. The State Healthcare Innovation Plan (SHIP) has been successful in establishing the administrative work needed to facilitate stakeholder collaboration, and in its 4th year has a \$5 million excess from the original grant. The Idaho Healthcare Coalition has voted to keep SHIP moving into a second phase. The DHW has been a neutral convener, allowing stakeholders to come together to collaborate on reforms. This is due to three main factors:

1. The DHW as a government entity is transparent. Medicaid payments are the same for all clients, whereas providers may be paid differently by private payors depending on the negotiated contract rates.
2. The DHW is not expected to “bring profits” as private providers are. The DHW’s commitment is to public health.
3. The DHW does not render medical services.

There is considerable stakeholder support that the DHW should remain as the neutral convener. All stakeholders agree that in addition to a budget request from the Legislature (almost \$1 million), private partnerships and foundations will be necessary to share funding sources. The DHW will seek letters of support from stakeholders to keep the Department as the convener when the SHIP grant runs out.

Medicaid is experiencing a massive shift to a value-based structure. Changes to provider contracts with final contract language and finance tools are being launched in the Treasure Valley. Initial contract signing is anticipated in January 2019. This will include the first live Mandatory Managed Care Plan pilot that will give clients two insurance providers to choose from: Molina and Blue Cross.

A system for providers to access electronic medical records is being investigated, such as the Epic System used in Utah. This system connects different networks so client records will be accessible by providers different software.

The DHW is working on Patient Centered Medical Homes (PCMH) that include dentists for Medicaid subscribers.

APPROVAL OF TEMPORARY AND PENDING RULES

VITAL STATISTICS DOCKET NO. 16-0208-1801 - GENDER MARKER

Presenter: Elke Shaw-Tulloch

Elke Shaw-Tulloch, Division Administrator of Public Health presented the Vital Statistics rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Vital Statistics Rules – Gender Marker", presented under Docket No. 16-0208-1801, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

VITAL STATISTICS DOCKET NO. 16-0208-1802 – UPDATES

Presenter: Elke Shaw-Tulloch

Elke Shaw-Tulloch, Division Administrator of Public Health presented the Vital Statistics rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Vital Statistics Rules – Updates", presented under Docket No. 16-0208-1802, effective *Sine Die* 2019.

Second: Wendy Jaquet

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0211-1801 – IMMUNIZATION – CHILDREN/LICENSED DAYCARE

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho - Daycares", presented under Docket No. 16-0211-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0215-1801 – IMMUNIZATION REQUIREMENTS – SCHOOL CHILDREN

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Immunization Requirements for Idaho School Children - Schools", presented under Docket No. 16-0215-1801, effective *Sine Die* 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

PUBLIC HEALTH DOCKET NO. 16-0215-1802 – IMMUNIZATION – NEW SCHOOL REQUIREMENT

Presenter: Rafe Hewett

Rafe Hewett, Health Program Manager, Public Health Division, presented the Public Health rules docket for the Board’s approval.

Motion: Linda Hatzenbuehler moved that the Idaho Board of Health and Welfare adopt the “Pending” rules for “Immunization Requirements for Idaho School Children – New School Immunization Requirement”, presented under Docket No. 16-0215-1802, effective *Sine Die* 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

WELFARE/ FAMILY AND COMMUNITY SERVICES UPDATE

Lori Wolff, Deputy Director of Welfare and Family and Community Services (FACS), reported on the “Families First” campaign from the federal government. The intent of Families First is to keep children with family when possible and provide funding for prevention services. Title IV-E funding is exclusively used for children who enter the child welfare system and this funding cannot be accessed for the prevention services contemplated by Families First monies. These funds will become available October 21, 2019.

The Foster Care Reform Bill was passed at the last legislative session. Some key requirements are:

1. Sibling connections – siblings are to be placed together whenever possible. Currently, the DHW is at 80% for sibling placements.
2. The DHW is to update courts when placement changes are made.
3. 90-day in-home visits are required.
4. A citizen review panel will monitor a certain number of open cases. This is to be facilitated by Public Health Districts instead of the DHW. The DHW is to provide records to the review panels.

A 3-year Child Welfare (CW) Transformation project has begun. This project will update our current data system. The new system will create an electronic filing system, increase the ability to share information with the courts, and streamline current practices and processes to help fill a

gap in needed positions by 90%. Currently, 45% of caseworker time is spent in documentation. The first implementation of the system is expected in January or February 2019.

Disability Rights of Idaho (DRI) released a report on the Southwest Idaho Treatment Center (SWITC), alleging abuse. In response, the Department released an Op-Ed statement indicating the Department's position that the DRI report largely referenced issues that the Department cited in its August 2018 investigative report and the Office of Performance Evaluation (OPE) report. In addition, a recent facility survey showed very good results with one finding that a client did not receive dental treatment in a timely manner. Surveys are performed by the federal government – HMS.

Director Barron met with DIR and questioned them about their negative report when improvement at the facility has been and continues to be made. The DHW desires to work with the DIR to come to a resolution. Because of the sometimes criminal and violent nature of SWITC clients, they are not ready for community-based services and the facility is the only place for them to go. Local law enforcement doesn't want the residents in jail because corrections staff are not equipped to handle these individuals. Director Barron has created an Advisory Board for SWITC. The Advisory Board meetings are open to the public.

APPROVAL OF TEMPORARY AND PENDING RULES

LICENSING AND CERTIFICATION DOCKET NO. 16-0314-1801 – MINIMUM STANDARDS FOR HOSPITALS IN IDAHO - UPDATES

Presenter: Dennis Kelly

Dennis Kelly, Program Supervisor, presented the Licensing and Certification rules docket for the Board's approval.

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Rules and Minimum Standards for Hospitals in Idaho - Updates", presented under Docket No. 16-0314-1801, effective July 1, 2019.

Second: Jim Giuffré

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion carried

LICENSING AND CERTIFICATION DOCKET NO. 16-0315-1801 – SECURE TREATMENT FACILITIES – AMENDMENT TO TEMPORARY RULE

Presenter: Treena Clark

Treena Clark, Program Manager in Behavioral Health, presented the Licensing and Certification rules docket for the Board's approval.

Motion: Jim Giuffré moved that the Idaho Board of Health and Welfare adopt the "Amendment to the Temporary" rules for "Secure Treatment Facility for People with Intellectual Disabilities – Clarifying Language", presented under Docket No. 16-0315-1801, effective January 1, 2019.

Second: Wendy Jaquet

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

BEHAVIORAL HEALTH DOCKET NO. 16-0750-1801 – MINIMUM STANDARDS FOR NONHOSPITAL, DETOX, DIVERSION UNITS

Presenter: Treena Clark

Treena Clark, Program Manager in Behavioral Health, presented the Behavioral Health rules docket for the Board's approval.

Motion: Linda Hatzenbuehler moved that the Idaho Board of Health and Welfare adopt the "Pending" rules for "Minimum standards for Nonhospital, Medically Monitored Detoxification/Mental Health Diversion Units - Updates", presented under Docket No. 16-0750-1801, effective July 1, 2019.

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

SUPPORT SERVICES DOCKET NO. 16-0506-1802 – CRIMINAL HISTORY & BACKGROUND CHECKS – CITIZEN PANELS

Presenter: Fernando Castro

Fernando Castro, Program Supervisor for the Criminal History Unit, presented the Support Services rules docket for the Board's approval.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the “Temporary” rules for “Criminal History and Background Checks – Citizen Review Panel”, presented under Docket No. 16-0506-1802, effective January 1, 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

DIVISION OF SUPPORT SERVICES UPDATE

Dave Taylor, Deputy Director of Support Services, provided a handout with highlights of budget requests in paragraph form, rather than a spreadsheet. **(See Attachment 5)**. The OHPI budget will provide for 7 new positions.

Because Proposition 2 regarding Medicaid Expansion passed after the funding request period, the Governor’s office will need to request funds from the Legislature. The Governor’s budget presentation will take place January 7, 2019.

A spreadsheet with FY 2020 budget requests and supplementals was also provided. **(See Attachment 6)**. Sections highlighted in orange are previous requests that have been revised. Rose-colored sections are new requests.

Idaho’s individual income tax collections are lower than forecasted. This is negatively affecting the state’s General Revenue Fund revenue. If not resolved, this will impact the funds available for the appropriation process during the 2019 Legislative session. **(See Attachment 7)**.

The Office of Performance Evaluations (OPE) provided a follow-up report regarding the work environment of the long-term care survey team. **(See Attachment 8)**. OPE is planning to issue a complete follow-up report before April of 2019.

An Employee Engagement Survey was completed by DecisionWise in September with a 76% employee participation rate. An excerpt of the results was handed out to the Board. **(See Attachment 9)**. Results specific to Licensing and Certification as well as Support Services were also provided. **(See Attachments 10-13)**.

ELECTION OF BOARD CHAIRMAN

Idaho code requires the annual election of a Board chair.

Motion: Jim Giuffré moved that the Board of Health and Welfare vote for Darrell Kerby as Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

ELECTION OF BOARD VICE CHAIRMAN

Idaho code requires the annual election of a Board vice chair.

Motion: Jim Giuffré moved that the Board of Health and Welfare vote for Tom Stroschein as Vice Chairman of the Board of the Idaho State Department of Health and Welfare, effective immediately and until the next election in November 2019.

Second: Linda Hatzenbuehler

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

2019 BOARD MEETING DATES

A proposed meeting schedule for 2019 was discussed. **(See Attachment 14).**

Motion: Wendy Jaquet moved that the Idaho Board of Health and Welfare adopt the proposed meeting dates, with a change as follows:

February 28

May 16

August 15

November 21

Second: Tom Stroschein

Vote: Ayes: **Kerby, Stroschein, Giuffré, Jaquet, Hatzenbuehler**

Nays: **None**

Motion Carried

DIRECTOR'S UPDATE

Director Barron updated the Board regarding his visits to Regional offices. This has been a good opportunity to connect with staff across the state and to let them know that leadership cares. The main concern heard from employees is regarding benefit changes, if any, that may be made by the Legislature.

Child Welfare staff is excited about the forthcoming computer system update. As workloads continue to increase, it has been necessary for supervisors to carry cases rather than perform strictly supervisory roles. The new system will free up time from data entry and allow case workers to be more effective.

Last year, the Legislature hired a consultant, Information Services Group (ISG), to examine all state agency technology projects. The Child Protection project has been reviewing the processes and costs associated with the child welfare information system project. Department staff met with ISG and Senators Abby Lee and Mary Souza, as well as Principal Budget and Policy Analyst Jared Tatro (LSO) to discuss the project and answer questions about the design of the project and the contracting. There were no concerns from the consultant or the LSO regarding budget requests or federal revenues.

The Self-Reliance/Welfare division is currently working to process applications for the Advanced Premium Tax Credit (APTC). The open enrollment period closes December 15. With Proposition 2 passing, we have many people who want to apply for Medicaid expansion. Though it will likely not take effect until January 2020, the department cannot deny people the opportunity to apply. The funding will need to be approved by the Legislature and a state plan amendment must be approved by CMS. Additionally, approximately 20,000 Idaho residents are no longer eligible for the Insurance Exchange because they will now qualify for Medicaid. We will have a better idea of the actual numbers involved when the open enrollment period is complete. Those who switch from the Exchange to Medicaid will likely experience equal or better coverage. The DHW will work with the Governor's office and the Legislature regarding policy and funding for the Expansion. Other states will be monitored for best processes.

The employee survey participation rate was lower than the 2016 rate of 82%. Most questions were responded to favorably (70%), and supervisor improvement was noted as a positive. Unfortunately, only 26% of employees believe that changes will occur because of survey input. This may be due to insufficient communication when changes are made. Leadership has discussed updating employees regarding changes through the InfoNet and other means.

Results of the survey show DHW strengths in the following areas:

1. Employees find meaning in their work.

2. The goals of the DHW are important to employees.
3. Recognition from and training by Supervisors has improved.

Areas where improvement is needed:

1. Communication
2. Organizational care
3. Opportunities for growth. It was noted that while there may not be many advancement opportunities, employees feel the DHW provides many training classes helpful in their personal lives as well as their work environment.

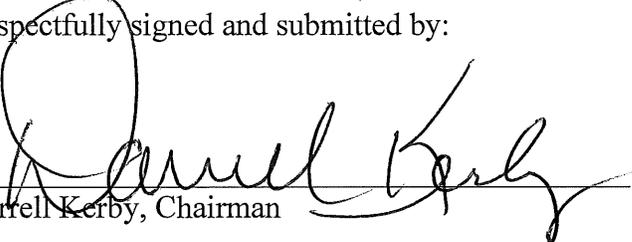
With the election of a new Governor, Tammy Perkins will no longer be the Governor's representative on the Board of Health and Welfare. Director Barron and Board members thanked her for many years of service and wished her well in her new endeavors.

As Board members serve at the will of the Governor, a suggestion was made by Jim Giuffré to invite the new Governor to the February 2019 Board meeting. This would allow the Board to meet the Governor and understand his vision for the state and the Board.

ADJOURNMENT

The next meeting of the Idaho Board of Health and Welfare is scheduled to be held February 28, 2019. There being no further business to come before the Board, Chairman Kerby adjourned the meeting at 3:54 p.m.

Respectfully signed and submitted by:



Darrell Kerby, Chairman



Dave Jeppesen (for Russell S. Barron), Secretary

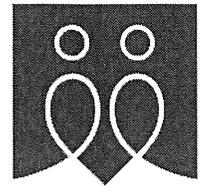


Lynn Overman, Liaison to the Board



Idaho
Immunization
Coalition

Protect Idaho teens from meningitis



Get Immunized, Idaho

Issue:

Idaho's teenagers, including those who have already received the first dose of the meningitis vaccine, are at risk of contracting the disease due to the waning immunity of the first dose.

1/10

One in 10 people infected with a meningococcal disease will die

2,000-3,000

Cases of meningitis are diagnosed each year

1/5

One in five survivors of meningococcal disease will suffer long-term disability

110

Number of meningitis-related deaths in the United States since 2009

Solution:

Require a booster shot of the Meningitis Vaccine for Idaho's teenagers prior to 12th grade entry to protect Idaho's teens from the potentially devastating effects of meningitis.



+1 208 961 1514



kjs@idahoimmune.org



getimmunizedidaho.org



November 2018

Dear Board of Health and Welfare,

As you may already know, the Idaho Immunization Coalition and Get Immunized, Idaho have been hard at work backing a proposed rule in the Idaho Legislature to require the CDC recommended meningitis booster as part of the requirements for 12th grade entry. This rule is empowering parents to make an educated choice on the vaccine booster.

Idaho's teenagers, including those who have already received the first dose of the meningitis vaccine, are at risk of contracting the disease due to the waning immunity of the first dose. Requiring a meningitis booster protects Idaho teens from the potentially devastating effects of meningitis.

One in 10 people infected with meningitis will die, while one in five survivors will suffer long-term disability, such as loss of limbs, brain damage, deafness and nervous system problems. Youth are at increased risk of contracting meningitis due to close contact with each other; this includes sharing drinks, kissing, and living in close quarters, such as dormitories. It's imperative to protect our young people as they finish high school and prepare to enter a new chapter in their lives.

I applaud the Idaho Department of Health and Welfare for moving forward with the rule making process to add the meningitis booster requirement to state code. I ask you to continue to promote the health and safety of Idaho families by supporting this rule.

Sincerely,

Karen Sharpnack

Karen Sharpnack
Executive Director, Idaho Immunization Coalition
kjs@idahoimmune.org

**DHW Legislation
Legislative Proposals for 2019 Legislative Session
Updated November 9, 2018**

Routing Slip (RS) Number	Topic / Description	Contact Person (Division Administrator)
Not assigned yet	<i>Changes Needed for Medicaid Expansion - Welfare</i>	Julie Hammon 208.332.7258
Not assigned yet	<i>Medical Consent - FACS</i> - The proposed legislation would clarify the Department of Health and Welfare's authority to consent to medical and mental health evaluations and treatment once a child is placed in shelter care status and after the Department has been granted temporary legal custody of a child. The Child Protective Act is currently silent as to the Department's ability to consent to such evaluation or treatment before the Shelter Care and Adjudicatory Hearings. This lack of clarity can lead to delays in the necessary evaluation and treatment of children who have experienced abuse or neglect. The proposed legislation would provide the Department with a limited ability to consent to such evaluation or treatment.	Miren Unsworth 208.334.0641
Not assigned yet	<i>Role of Evaluation Committee - FACS</i> - Current statute requires a Developmental Disabilities Evaluation Committee consisting of a Doctor, Psychologist, and Social Worker to evaluate and recommend to the court the need for a guardian or civil commitment. However, current law at IC 18-2-11 is ambiguous regarding the utilization of the Evaluation Committee for assessment of competency to stand trial. Current court practice from jurisdiction to jurisdiction. Some utilizing an Evaluation Committee to determine competency others rely on a single psychologist to make recommendations to the court regarding competency. This legislation clarifies the law by requiring an evaluation committee to make recommendations regarding competency aligning it with the other statutes and assuring that the evaluation is completed by committee members who are specially qualified by training and experience in the diagnosis and treatment of persons with a developmental disability.	Miren Unsworth 208.334.0641
Not assigned yet	<i>Children's Mental Health Services (CMHS) SED Definition – Behavioral Health</i> - The intent of this legislation is to amend the definition for Serious Emotional Disturbance in the CMH act to align with definitions used in the Youth Empowerment Services program and found in the rules for CMH services. The amended definition would include reference to the Diagnostic and Statistical Manual of Mental Disorders and Department of Health and Welfare standardized function assessment instrument.	Ross Edmunds 208.334.5726 Treena Clark 208.334.5126

Peer-based recovery support services help prevent relapse and sustain long-term recovery by building recovery capital, demonstrating hope, inviting all to participate, promoting volunteerism, and creating public awareness.

Recovery Community Centers of Idaho



Kootenai Recovery Community Center
1111 Ironwood Dr Suite B Coeur d'Alene, ID 83814
208 932 8005 contactus@kootenairecoverycenter.org

**Latah
Recovery
Center**



Latah Recovery Center
531 South Main Street Moscow, ID 83843
208 883 1045 latahrecoverycenter@gmail.com



First Step 4 Life
838 Main Street Lewiston, ID 83501
208 717 3881 info@firststep4life.org



Gem County Recovery Community Center
115 S McKinley St Emmett, Idaho 83617
208 398 5151 info@gemcountyrcc.org



Canyon Clinic Wellness
524 Cleveland Blvd Suite 140 Caldwell, ID 83605
208 209 3103 info@canyonwellness.org



PEER Wellness Center
963 S Orchard Street – Ste 101 Boise, ID 83716
208 991 3681 joinus@peerwellnesscenter.org



Recovery In Motion
560 Shoup Ave W
Twin Falls, ID 83301
208 712 2173 dnutting@crisisidaho.com



Hope and Recovery Resource Center
210 E Center Street Suite D Pocatello, ID 83201
208 417 1749 info@hopeandrecovery.net



the center for HOPE
1501 Northgate Mile Idaho Falls, ID 83401
208 497 2397 info@centerforhopeif.com

Highlights of DHW's SFY 2020 Budget Request

Behavioral Health (BH)

Decision Unit (DU) 12.03: Mental Health Court Enhancement - \$1.608 million in on-going general funds

Provides services to felony offenders in Idaho who suffer from serious mental illness. The \$1,608,000 requested is equal to the average annual cost of treatment for one mental health court participant, which is \$6,700, multiplied by 240 current mental health court slots statewide. The goal is to double the number of mental health court slots across the state and utilize the private mental health provider network to deliver the treatment services necessary. An expected impact is the avoidance of 240 felons being sent to prison.

DU 12.04: Substance Use Disorder Treatment Funding - \$2.05 million in on-going general funds

Provides services to Idahoans with addiction to alcohol and non-opioid substances. An additional 820 people will have access to services to assist them in recovery from addiction and dependence. It is anticipated that by treating patients early, they will not get involved in the criminal justice system.

Behavioral Health currently has a one-time \$2 million grant from the federal government and has received an additional \$4 million in grant funding for opioid treatment (see below).

DU 12.22: State Opioid Response (SOR) Grant - \$4.11 million in one-time federal authority

Continues the efforts and treatment currently available in Idaho for opioid addiction. Research demonstrates that the most effective treatment for opioid addiction disorders is a mix of medication assisted treatment and traditional intensive outpatient services. The grant is for two years and makes available \$4 million dollars per year.

Family and Community Services (FACs)

DU 12.02: Child Welfare Transformation (CWT) Initiative - \$11.504 million one-time total funds (federal funds 50% / general funds 50%)

The second year of funding for the Child Welfare Transformation Initiative. Creates a new case management system for Child Welfare, additional staff capacity within the Child Welfare workforce, and improved performance in the Child Welfare Program. Idaho's goal is a low cost, low risk, more business configurable, federally compliant case management system to support staff in their day-to-day performance for the Child Welfare Program.

DU 12.08: Child Welfare Social Worker 2 (CWSW2) Stabilization - \$237,200 in on-going total funds (federal funds 50% / general funds 50%)

With their social work training and experience the Child Welfare Social Worker 2 (CWSW2) position provides the critical evaluation, judgement, and decision making that determines the quality of Idaho's Child Welfare Program.

Moving our CWSW2 staff to the "80% of policy"^(a) minimum and maintaining that pay-level for the critical work done by our social workers will improve recruitment of qualified applicants and aid in retention of trained and experienced social workers. The anticipated reduction in turnover will improve the continuity of services.

^(a) The State of Idaho uses the Hays System for determining compensation. The mid-point or policy of a paygrade is considered 100% of the paygrade. A paygrade usually ranges from 70% of policy to 125% of policy.

40 **Office of Healthcare Policy Initiatives**

41 DU 12.07: Office of Healthcare Policy Initiatives - \$795.900 in on-going total funds (General funds
 42 /Receipt authority (i.e. grant funding) ≈ 50%/50%)

43 This funding request addresses healthcare transformations and the role that government agencies play in
 44 convening disparate stakeholders to achieve a common goal. The initiative builds upon the success of the
 45 Statewide Healthcare Innovation Plan (SHIP) effort. Continued leadership from the Department assures a
 46 coordinated approach across the state. Addressing both the clinical delivery system and the economics of
 47 affordability and sustainability benefits the bottom line of both Medicaid and the private insured.

48

49 **Medicaid**

50 DU 12.06: Children's Developmental Services - \$2.86 million in on-going total funds (federal funds
 51 70% / general funds 30%)

52 This initiative will serve children with autism and other intellectual or development disabilities. A new
 53 quality improvement program, the services will be tiered for evidence-based practitioners to improve the
 54 provided skill building services. The effort will be in compliance with federal Medicaid requirements. The
 55 goal is to help children develop skills at an age-appropriate level, yielding more positive interactions with
 56 their peers.

57

58 **Public Health**

59 DU 12.01: Suicide Prevention Program & Infrastructure - \$1.026 million in on-going general funds

60 Expected impacts include increases in suicide prevention information, programs and services provided at
 61 the community level, increases in protective factors for individuals at risk for suicide, and, over time,
 62 reductions in the rates of suicidal behavior and suicide deaths.

63 This request builds statewide capacity and infrastructure that is sustainable based on a comprehensive
 64 planning process and needs assessment.

65

66 **Support Services**

67 DU 12.05: Workplace Safety and Security Improvements - \$690,500 in one-time & on-going (federal
 68 funds 50% / general funds 50%)

69 Workplace safety is essential to our ability to effectively deliver services and for the well-being of employees.
 70 Individuals served by this request includes Idahoans who use Department of Health & Welfare services, or
 71 visit our offices, and over 2,900 employees in Boise and communities throughout the state. The expected
 72 impact is improved safety through strategic office building improvements, technology upgrades, and
 73 increased availability of trained security professionals to prevent, deter and respond to safety incidents.

	A	B	C	F	G	H	I	M	
1									
2	DEPARTMENT OF HEALTH & WELFARE								
3	FY20 Proposed Decision Units (for SFY 2019 really)								
4	SUPPLEMENTALS								
	DRAFT - FOR DISCUSSION PURPOSES ONLY								
							Date / Time:	11/14/18 10:31 AM	
7	FINAL				One		Funding		
8	Priorities	Division	Program	Description	Time	FTP	General	Total	
9	4	Behavioral Health	SUD	Substance Use Disorders (SUD) Mgmt Services Contract Admin Fees: To cover increases in the administrative costs of the management services contract that operates the substance use disorders services in Idaho.	Ongoing	-	\$ 780,000	\$ 780,000	
10	BEHAVIORAL HEALTH SUBTOTAL						-	\$ 780,000	\$ 780,000
11	7	Healthcare Policy Initiatives	Administration	Reversion of Graduate Medical Education (GME) for Idaho State University (ISU) funding: ISU was unable to use Medicaid as a funding source for their GME program expansion; therefore, the ongoing funding initially appropriated in SFY 2018 for their portion is being reverted.	Ongoing	-	\$ (107,800)	\$ (375,000)	
12	5	Healthcare Policy Initiatives	Administration	Transfer Federal Authority to Public Health	Ongoing	-	\$ -	\$ (3,100,000)	
13	HEALTHCARE POLICY INITIATIVES SUBTOTAL						-	\$ (107,800)	\$ (3,475,000)
14	5	FACS	SWITC	Transfer Federal Authority to Public Health	Ongoing	-	\$ -	\$ (750,000)	
15	FACS SUBTOTAL						-	\$ -	\$ (750,000)
16	1	Medicaid	Admin	SFY 2018 Held Payments: Held payments to federal government	One-Time	-	\$ 5,075,500	\$ 9,307,400	
17	2	Medicaid	MSST	MMIS Contracts Extension	Ongoing	-	\$ 580,400	\$ 2,321,600	
18	3	Medicaid	T&B	Medicaid Receipts Trustee & Benefit Adjustments	Ongoing	-	\$ 35,461,500	\$ 32,502,600	
19	5	Medicaid	Administration	Transfer Federal Authority to Public Health	Ongoing	-	\$ -	\$ (700,000)	
20	MEDICAID SUBTOTAL						-	\$ 41,117,400	\$ 43,431,600
21	5	Public Health	Administration	Public Health New Grants - Federal Authority: Transfer from Within DHW The Division of Public Health is requesting additional, ongoing, federal spending authority due to increased federal awards that were received after the SFY19 budget appropriation.	Ongoing	-	\$ -	\$ 5,850,000	
22	5	Public Health	EMS	Transfer Federal Authority to Public Health Administration	Ongoing	-	\$ -	\$ (300,000)	
23	6	Public Health	EMS	Emergency Medical Services (EMS) Fund 0190 Spending Authority Increase: The purpose of the EMS III dedicated fund (fund 0190) is to provide grants to rural EMS agencies for the purchase of EMS response vehicles and equipment.	Ongoing	-	\$ -	\$ 300,000	
24	PUBLIC HEALTH SUBTOTAL						-	\$ -	\$ 5,850,000
25	5	Welfare	SR Operations	Transfer Federal Authority to Public Health	Ongoing	-	\$ -	\$ (1,000,000)	
26	WELFARE SUBTOTAL						-	\$ -	\$ (1,000,000)
27									
28		TOTAL					-	\$ 41,789,600 \$ 44,836,600	
29				Request amount revised					
30				DU # added/revised					
31				New DU					
32				Did not submit					
33				DIVISION SUB-TOTALS:					
34				Behavioral Health			\$ 780,000	\$ 780,000	
35				Councils			\$ -	\$ -	
36				FACS			\$ -	\$ (750,000)	
37				Public Health			\$ -	\$ 5,850,000	

	A	B	C	F	G	H	I	M
1								
2	DEPARTMENT OF HEALTH & WELFARE							
3	FY20 Proposed Decision Units (for SFY 2019 really)							
4	SUPPLEMENTALS							
5	DRAFT - FOR DISCUSSION PURPOSES ONLY							
6							Date / Time:	11/14/18 10:3
7	FINAL				One		Funding	
8	Priorities	Division	Program	Description	Time	FTP	General	Total
38				Support Services		-	\$ -	\$ -
39				Licensing & Certification		-	\$ -	\$ -
40				Healthcare Policy Initiatives		-	\$ (107,800)	\$ (3,475,000)
41				Medicaid		-	\$ 41,117,400	\$ 43,431,600
42				Welfare		-	\$ -	\$ (1,000,000)
43								
44				TOTAL		-	\$ 41,789,600	\$ 44,836,600
45				CHECK FIGURE		-	\$ 41,789,600	\$ 44,836,600
46				VARIANCE		-	\$ -	\$ -
47							\$ -	\$ -

	A	B	C	F	G	H	I	M	
1									
2	DEPARTMENT OF HEALTH & WELFARE								
3	FY20 Proposed Decision Units								
4	MAINTENANCE								
5	<u>DRAFT - FOR DISCUSSION PURPOSES ONLY</u>								
6							Date / Time:	11/14/18 10:31 AM	
7	Dept				One		Funding		
8	Priorities	Division	Program	Description	Time	FTE	General	Total	
9	51	Behavioral Health	AMH	Behavioral Health Crisis Centers: Annualized funding for 3 crisis centers - partially funded in SFY 2019.	Ongoing	-	\$ 2,592,500	\$ 2,592,500	
10	75	Behavioral Health	SHS	Federal Medical Assistance Percentage (FMAP) Rate Change: The forecasted FMAP rates in effect for SFY 2020 are 71.13% for the 1st quarter and 70.34% for the last three quarters. <u>This is for State Hospital South.</u>	Ongoing	-	\$ 40,900	\$ -	
11	BEHAVIORAL HEALTH SUBTOTAL						-	\$ 2,633,400	\$ 2,592,500
12	75	FACS	FCA	Federal Medical Assistance Percentage (FMAP) Rate Change: The forecasted FMAP rates in effect for SFY 2020 are 71.13% for the 1st quarter and 70.34% for the last three quarters. <u>This is for Foster Care and Assistance.</u>	Ongoing	-	\$ 103,500	\$ -	
13	75	FACS	SWITC	Federal Medical Assistance Percentage (FMAP) Rate Change: The forecasted FMAP rates in effect for SFY 2020 are 71.13% for the 1st quarter and 70.34% for the last three quarters. <u>This is for the Southwest Idaho Treatment Center (SWITC).</u>	Ongoing	-	\$ 53,000	\$ -	
14	FACS SUBTOTAL						-	\$ 156,500	\$ -
15	TBD	Healthcare Policy Initiatives		Federal Medical Assistance Percentage (FMAP) Rate Change: The forecasted FMAP rates in effect for SFY 2020 are 71.13% for the 1st quarter and 70.93% for the last three quarters. If needed, this relates to the Graduate Medical Education (GME) for Idaho State University (ISU) funding. <u>WE MAY REMOVE THIS REQUEST.</u>	Ongoing	-	TBD	TBD	
16	HEALTHCARE POLICY INITIATIVES SUBTOTAL						-	\$ -	\$ -
17	71,72,73,74	Medicaid	T&B	SFY 2020 Nondiscretionary Adjustments in Idaho's Medicaid Program: Expected increase in Medicaid costs in SFY 2020 based on changes to federally mandated provider rate increases, changes in case load, and changes in utilization of services.	Ongoing	-	\$ 21,016,400	\$ 74,544,700	
18	75	Medicaid	Financial Operations	Federal Medical Assistance Percentage (FMAP) Rate Change: The forecasted FMAP rates in effect for SFY 2020 are 71.13% for the 1st quarter and 70.34% for the last three quarters. <u>This is for Medicaid provider payments.</u>	Ongoing	-	\$ 13,219,100	\$ -	
19	76	Medicaid	T&B	Medicaid Receipt Authority Decrease	Ongoing	-	\$ 1,661,500	\$ -	
20	78	Medicaid	T&B	Medicaid CHIP Rate Change	Ongoing	-	\$ 6,649,200	\$ -	
21	79	Medicaid	T&B	Medicaid 53rd Claims Payment Cycle	One-time	-	\$ 10,151,200	\$ 33,810,000	
22	MEDICAID SUBTOTAL						-	\$ 52,697,400	\$ 108,354,700

	A	B	C	F	G	H	I	M
1								
2	DEPARTMENT OF HEALTH & WELFARE							
3	FY20 Proposed Decision Units							
4	MAINTENANCE							
5	DRAFT - FOR DISCUSSION PURPOSES ONLY							
6							Date / Time:	11/14/18 10:31 AM
7	Dept				One		Funding	
8	Priorities	Division	Program	Description	Time	FTE	General	Total
23								
24		TOTAL				-	\$ 55,487,300	\$ 110,947,200
25				Request amount revised				
26				DU # added/revised				
27				New DU				
28				Did not submit				
29				DIVISION SUB-TOTALS:				
30				Behavioral Health			\$ 2,633,400	\$ 2,592,500
31				Councils			\$ -	\$ -
32				FACS			\$ 156,500	\$ -
33				Public Health			\$ -	\$ -
34				Support Services			\$ -	\$ -
35				Licensing & Certification			\$ -	\$ -
36				Healthcare Policy Initiatives			\$ -	\$ -
37				Medicaid			\$ 52,697,400	\$ 108,354,700
38				Welfare			\$ -	\$ -
39								
40				TOTAL			\$ 55,487,300	\$ 110,947,200
41				CHECK FIGURE			\$ 55,487,300	\$ 110,947,200
42				VARIANCE			\$ -	\$ -
43							\$ -	\$ -

	A	C	D	G	H	I	J	N	
1									
2	DEPARTMENT OF HEALTH & WELFARE								
3	FY20 Proposed Decision Units								
4	LINE ITEMS								
	DRAFT - FOR DISCUSSION PURPOSES ONLY								
	FINAL						Date / Time:	11/14/18 10:31 AM	
7	Dept				One		Funding		
8	Priority	Division	Program	Description	Time	FTP	General	Total	
9	4-3	Behavioral Health	AMH	<u>Mental Health Court Enhancement:</u> Requesting funding for adult mental health to begin contracting for segments of adult mental health court either through contracts with providers or contracts with the courts to then hire or subcontract their own treatment providers. This will free up Adult Mental Health staffing resources to address the growth in mental holds and designated exams.	Ongoing	-	\$ 1,608,000	\$ 1,608,000	
10	6-4	Behavioral Health	SUD	<u>2020 Substance Use Disorder (SUD) Treatment Funding:</u> Funding to increase access to SUD services for adults involved with child protection, co-occurring disorders, addiction to IV drugs, being discharged from state hospitals, pregnant women/women with children, etc.	Ongoing	-	\$ 2,050,000	\$ 2,050,000	
11	12	Behavioral Health	SHN	<u>State Hospital North (SHN) Infection Prevention Officer:</u> SHN requests funding for a Registered Nurse, Senior specifically designated to be the Infection Prevention Officer for the hospital.	Ongoing	1.00	\$ 88,200	\$ 88,200	
12	13	Behavioral Health	SHS	<u>State Hospital South (SHS) is requesting two new FTPs:</u> State Hospital South (SHS) is requesting \$105,000 general funds and two new FTPs – Health Information Specialist (HIS) and Administrative Assistant 1 (AA1). The HIS will work in the Health Information Management (HIM) department and the AA1 will provide administrative support to clinical, medical and nursing personnel at the hospital's Patient Treatment Facility (PTF).	Ongoing	2.00	\$ 105,000	\$ 105,000	
13	14	Behavioral Health	SHS	<u>State Hospital South (SHS) Reclassify LPNs to RNs:</u> SHS requests funding to reclassify five (5) Licensed Practical Nurse (LPN) positions to five Registered Nurse (RN) positions, one for each of four units at the Patient Treatment Facility (PTF) and one for the skilled nursing facility.	Ongoing	-	\$ 80,300	\$ 93,700	
14	17	Behavioral Health	SHN	<u>State Hospital North (SHN) - Psychiatry and Nursing:</u> SHN is requesting funding for contracted psychiatry and nursing costs. SHN continues to face great difficulty in maintaining the amount of psychiatric and nursing care needed to maintain a higher occupancy rate, increased admission rates, and provide quality medical care.	Ongoing	-	\$ 247,800	\$ 247,800	
15	22	Behavioral Health	SUD	<u>State Opioid Response Grant</u> The Division of Behavioral Health is requesting federal fund authority to utilize funding available for the State Opioid Response (SOR) federal grant to develop a system of prevention, monitoring, and treating opioid related addiction.	One-Time	-	\$ -	\$ 4,110,000	
	30	Behavioral Health	SUD	<u>Problem Solving Court Population Funds Transfer:</u> The Division of Behavioral Health is appropriated \$735,000 in Trustee & Benefits to provide substance use disorders treatment to participants in domestic violence problem solving court and misdemeanor problem solving court. The Idaho Supreme Court oversees these courts in partnership with local court jurisdictions. The Idaho Supreme Court completes an interagency billing process to access the funds from the Department. The Department and the Courts agree these funds should simply be transferred to the Courts for them to administer.	Ongoing	-	\$ (735,000)	\$ (735,000)	
17	BEHAVIORAL HEALTH SUBTOTAL						3.00	\$ 3,444,300	\$ 7,567,700

	A	C	D	G	H	I	J	N	
1									
2									
3									
4									
5									
6	FINAL						Date / Time:	11/14/18 10:30 AM	
7	Dept				One		Funding		
8	Priority	Division	Program	Description	Time	FTP	General	Total	
18	34 33	Councils	DV Council	<u>Victims of Crime Act of 1984 (VOCA) Grant:</u> The Idaho Council on Domestic Violence and Victim Assistance is requesting a federal fund authority increase in T&B in the amount of \$4 million. The Crime Victims Fund, established by the Victims of Crime Act of 1984 (VOCA), is a major funding source for victim services throughout the nation. Millions of dollars have been deposited into the fund annually, which has resulted in Congress raising the cap amount.	Ongoing	-	\$ -	\$ 4,000,000	
19	COUNCILS SUBTOTAL						-	\$ -	\$ 4,000,000
20	3 2	FACS	Child Welfare	<u>Child Welfare Transformation (CWT) Initiative:</u> The Division of Family and Community Services (FACS) is requesting \$11,504,000 in one-time funding for the second of three years of funding for the Child Welfare Transformation (CWT) Initiative in the Department of Health and Welfare. With a 50% federal, 50% state match rate, this request for SFY 2020 is for \$5,752,000 in federal authority and \$5,752,000 in general funds.	One-Time	-	\$ 5,752,000	\$ 11,504,000	
21	40 8	FACS	Child Welfare	<u>Adjust Child Welfare Social Worker 2 compensation rates to 80% of policy:</u> The Division of Family and Community services is requesting \$237,200 (\$118,600 GF/\$118,600 FF) to increase the salary of Child Welfare Social Worker 2 (SW2) positions to an 80% of policy ratio (\$23.62/hour) with the focus on stabilization of the current workforce. As of 7-28-18, there were 94 SW2's paid less than 80% of policy.	Ongoing	-	\$ 118,600	\$ 237,200	
22	FACS SUBTOTAL						-	\$ 5,870,600	\$ 11,741,200
23	9 7	Healthcare Policy Initiatives		<u>Office of Healthcare Policy Initiatives:</u> The Office of Healthcare Policy Initiatives (OHPI) is requesting \$795,900 (\$396,800/general funds and \$399,100 in receipt authority – private grants) and 7.0 FTP to continue to advocate for healthcare delivery transformation.	Ongoing	7.00	\$ 396,800	\$ 795,900	
24	N/A	Healthcare Policy Initiatives	Admin	Graduate Medical Education – Tentative – TBD	Ongoing		TBD	TBD	
25	HEALTHCARE POLICY INITIATIVES SUBTOTAL						7.00	\$ 396,800	\$ 795,900
26	16	Licensing & Certification	Long-term Care / RALF	<u>Division of Licensing & Certification - New Positions:</u> a) Two Health Facility Surveyors to serve as a Quality Assurance Nurses in skilled nursing facilities. The Quality Assurance Nurses will visit facilities in between surveys to observe facility operations and provide training and technical assistance to assist the facility in meeting federal certification requirements. (Long-term Care) - \$92,800 GF / \$92,800 FF b) One Technical Records Specialist 2 to provide technical support to the team in processing assisted living applications, managing provider training, and maintaining the team's provider and consumer web pages (RALF).- \$28,700 - GF / \$28,800 FF	Ongoing	3.00	\$ 121,500	\$ 243,100	
27	LICENSING & CERTIFICATION SUBTOTAL						3.00	\$ 121,500	\$ 243,100
28	2- MOVED TO DU 10.78	Medicaid	Admin	<u>Idaho's Children's Health Insurance Program (CHIP):</u> Currently, CHIP is 100% federally funded in Idaho through 9/30/2019. The HEALTHY KIDS Act and Bipartisan Budget Act of 2018 reduces the federal matching percentage for CHIP to 93.5% for federal fiscal year 2020 (10/1/2019 – 9/30/2020) and to an estimated 82% for federal fiscal year 2021 and beyond.	Ongoing			\$	
29	5- MOVED TO DU 10.79	Medicaid	BFO	<u>Medicaid 53rd Claims Payment Cycle:</u> The Division of Medicaid is requesting one-time funding to pay for a 53rd claims payment cycle in SFY 2020.	One-Time			\$	

	A	C	D	G	H	I	J	N
1								
2	DEPARTMENT OF HEALTH & WELFARE							
3	FY20 Proposed Decision Units							
4	LINE ITEMS							
5	DRAFT - FOR DISCUSSION PURPOSES ONLY							
6	FINAL						Date / Time:	11/14/18 10:31 AM
7	Dept				One		Funding	
8	Priority	Division	Program	Description	Time	FTP	General	Total
30	8 6	Medicaid	BDDS	Medicaid Children's Intervention Services: Service Changes for Children with Developmental Disabilities	Ongoing	-	\$ 820,800	\$ 2,860,000
31	44 9	Medicaid	MSST	Medicaid Claims System Reprourement Quality Control (IV&V): The Division of Medicaid is requesting one-time funding for an Independent Verification and Validation (IV&V) vendor. Medicaid's Management Information System (MMIS) is required by federal and state law to be periodically reprocured. Medicaid is planning a strategic phasing of the reprourement process to reduce disruption in the provider community and increase positive implementation outcomes.	One-Time	-	\$ 100,000	\$ 1,000,000
32	15	Medicaid	BFO	Medicaid FY20 Accountant Contract Rebid: The Division of Medicaid is requesting funding for a market rate increase for its professional accountant contract.	Ongoing	-	\$ 157,000	\$ 314,000
33	18	Medicaid	BMC	Jeff D Settlement Related Staff - Children's Mental Health: The Division of Medicaid (Medicaid) is currently developing and implementing more than 20 new services and supports for children suffering with a Serious Emotional Disturbance (SED) to meet the terms of the Jeff D Settlement agreement.	Both	3.00	\$ 127,300	\$ 254,600
34	19	Medicaid	Admin	Healthcare Payment Reform: This one-time funding will build capacity for Medicaid to receive electronically transmitted clinical quality measures data directly from health care providers from a single source. It will also provide support for primary care practices, hospitals, and other Medicaid providers to connect with the Idaho Health Data Exchange (IHDE) to allow improved information sharing and care coordination between primary care and other providers.	One-Time	-	\$ 592,500	\$ 5,924,600
35	21	Medicaid	Admin	Idaho Medicaid non-emergent medical transportation (NEMT) Provider Rate Adjustment	Ongoing	-	\$ 2,030,400	\$ 6,892,200
36	23	Medicaid	LTC	Medicaid Case Management Module: Case Management Software to Coordinate Care for People with Special Health Needs	Both	-	\$ 610,000	\$ 4,000,000
37	25	Medicaid	Admin	Medicaid Dental Rate Increase: The Division of Medicaid is requesting ongoing Trustee and Benefit payments to provide an increase in the rates that our Idaho Medicaid dental providers are paid by our Dental Benefits Administrator (MCNA).	Ongoing	-	\$ 1,296,400	\$ 4,400,000
38	26	Medicaid	BDDS	Medicaid Developmental Disability Agency Rate Increase:	Ongoing	-	\$ 1,126,900	\$ 3,825,000
39	27	Medicaid	Admin	Medicaid School Based Services: Behavioral intervention and skills building services to match community rates.	Ongoing	-	\$ -	\$ 5,628,900
40	28	Medicaid	BDDS	Medicaid Appeals and Due Process Compliance: The Division of Medicaid requests \$88,600 (\$44,300 GF/\$44,300 FF) to fund one full-time position for the implementation and management of the Quality Improvement Contract	Both	1.00	\$ 37,200	\$ 74,400

	A	C	D	G	H	I	J	N	
1									
2									
3	DEPARTMENT OF HEALTH & WELFARE								
4	FY20 Proposed Decision Units								
5	LINE ITEMS								
6	DRAFT - FOR DISCUSSION PURPOSES ONLY								
7	FINAL						Date / Time:	11/14/18 10:30 AM	
8	Dept				One		Funding		
9	Priority	Division	Program	Description	Time	FTP	General	Total	
41	29	Medicaid	BMC	Medicaid Pharmacist (Addiction Education and Control): An additional pharmacist is needed focus on the significant issues of opioids on the overall health and safety of our participants.	Both	1.00	\$ 38,800	\$ 139,100	
42	34	Medicaid	T&B	Idaho Behavioral Health Plan (IBHP) The Division of Medicaid is requesting consideration by the Governor and Legislature of anticipated, but as yet, undefined needs for the IBHP.	Ongoing	-	\$ -	\$ -	
43	MEDICAID SUBTOTAL						5.00	\$ 6,937,300	\$ 35,312,800
44	1	Public Health	Suicide	Suicide Prevention Infrastructure and Implementation: The Suicide Prevention Program (SPP) is requesting funds to implement a complete Idaho suicide prevention plan.	Both	-	\$ 1,026,100	\$ 1,026,100	
45	20	Public Health	Physical Health Services	Cancer Data Registry of Idaho Funding Support: The Division of Public Health is requesting \$106,000 in ongoing general funds and \$10,000 in one-time dedicated funds from the rolling cash balance in Fund 0181 (Central Tumor Registry) to sustain the division's statutory requirement to maintain a uniform statewide population-based cancer registry system -	Both	-	\$ 106,000	\$ 116,000	
46	22	Public Health	Physical Health Services	Division of Public Health Increase Federal Spending Authority	Ongoing	-	\$ -	TBD	
47	24	Public Health	Physical Health Services	Tuberculosis (TB) Program Operating Funds: The Division of Public Health, Bureau of Communicable Disease Prevention, Tuberculosis (TB) program is requesting \$272,600 in general funds and a decrease of \$12,900 in federal authority to strengthen capacity to respond to the current and future threat of TB.	Ongoing	-	\$ 272,600	\$ 259,700	
48	31	Public Health	Physical Health Services	Food Protection Program: The temporary Health Program Specialist is currently funded through a grant awarded by the U. S. Food and Drug Administration (FDA). This new funding and FTP request would eliminate the need for a temporary position and allow the Food Protection Program (FPP) to improve oversight of the statewide regulatory program to ensure entities with delegated authority for food inspection and ensuring food safety are exercising authority appropriately. The inability of the FPP to comprehensively audit, train, and follow up with inspection and food safety activities conducted by entities with delegated authority increases the likelihood of foodborne illnesses.	Ongoing	1.00	\$ 25,700	\$ 25,700	
49	32	Public Health	Physical Health Services	Chronic Disease Health Education Specialist: The Bureau of Community and Environmental Health is requesting 1.0 FTP and \$27,500 in ongoing federal fund authority for a full-time classified Health Education Specialist, Sr. This position will replace a temporary, non-classified position currently being utilized by the bureau at 52 hours per payperiod.	Ongoing	1.00	\$ -	\$ 27,500	
50	PUBLIC HEALTH SUBTOTAL						2.00	\$ 1,430,400	\$ 1,455,000

	A	C	D	G	H	I	J	N	
1									
2	DEPARTMENT OF HEALTH & WELFARE								
3	FY20 Proposed Decision Units								
4	LINE ITEMS								
5	DRAFT - FOR DISCUSSION PURPOSES ONLY								
6	FINAL						Date / Time:	11/14/18 10:31 AM	
7	Dept				One		Funding		
8	Priority	Division	Program	Description	Time	FTP	General	Total	
51	7 5	Support Services	Operational Services	<u>Workplace Safety and Security Improvements:</u> <u>One-time</u> Statewide safety and security improvements for DHW office buildings. Includes funding for security guards, exterior and interior video surveillance cameras for high-risk areas, emergency response devices for remote workers, remodeling of lobby/reception/office areas to improve safety and security, exterior lighting, panic buttons, door locks, security mirrors, and signage. - \$193,400 GF / \$193,500 FF <u>On-going</u> Statewide safety and security improvements for DHW office buildings for security guards, services for emergency response devices, maintenance costs for cameras - \$151,800 GF / \$151,800 FF	Both	-	\$ 345,200	\$ 690,500	
52	SUPPORT SERVICES SUBTOTAL						-	\$ 345,200	\$ 690,500
53									
54									
55		TOTAL				20.00	\$ 18,546,100	\$ 61,806,200	
56				Request amount revised					
57				DU # added/revised					
58				New DU					
59				Removed/Did not submit					
60				DIVISION SUB-TOTALS:					
61				Behavioral Health		3.00	\$ 3,444,300	\$ 7,567,700	
62				Councils		-	\$ -	\$ 4,000,000	
63				FACS		-	\$ 5,870,600	\$ 11,741,200	
64				Public Health		2.00	\$ 1,430,400	\$ 1,455,000	
65				Support Services		-	\$ 345,200	\$ 690,500	
66				Licensing & Certification		3.00	\$ 121,500	\$ 243,100	
67				Healthcare Policy Initiatives		7.00	\$ 396,800	\$ 795,900	
68				Medicaid		5.00	\$ 6,937,300	\$ 35,312,800	
69				Medicaid/OHPI		-	\$ -	\$ -	
70				Welfare		-	\$ -	\$ -	
71									
72				TOTAL		20.00	\$ 18,546,100	\$ 61,806,200	
73				CHECK FIGURE		20.00	\$ 18,546,100	\$ 61,806,200	
74				VARIANCE		-	\$ -	\$ -	
75								\$ -	



Idaho General Fund Revenue Report

C.L. "Butch" Otter, Governor
Jani Revier, Administrator

DIVISION OF FINANCIAL MANAGEMENT
Executive Office of the Governor

NOVEMBER 2018

VOLUME XLI NO. 5

Idaho General Fund revenue of \$270.8 million in October 2018 was \$34.3 million (-11.2%) lower than expected. The actual collections were down 3.6% from the previous October. They were projected to grow 8.6% from last year. Fiscal year-to-date receipts through October are also lower than the same period last year. Instead of rising by the projected 2.7%, they fell by 1.3%. For the fiscal year to date, General Fund revenue is \$1,168.7 million, which is \$47.3 million (-3.9%) under the anticipated \$1,215.9 million.

This month's shortfall is due to individual income tax receipts that were below the forecast. They were expected to be \$147.8 million, but instead were \$113.8 million—a \$34.0 million (-23.0%) shortfall. Receipts have fallen short of projections in every month, and this month's shortfall was the largest of the fiscal year. In contrast, the corporate income tax has topped expectations in each month of this fiscal year. However, these have not been large enough to offset the individual income tax shortfalls. In October, corporate income tax collections were \$13.4 million, which was \$4.1 million (44.7%) more than predicted. The sales tax posted its first shortfall of the fiscal year this month, coming in \$3.5 million (-2.5%) under its \$140.5 million target. Revenue from product taxes were \$4.7 million, which was just below the

forecasted \$4.8 million. Revenue from miscellaneous sources of \$1.9 million was \$0.8 million under the projection.

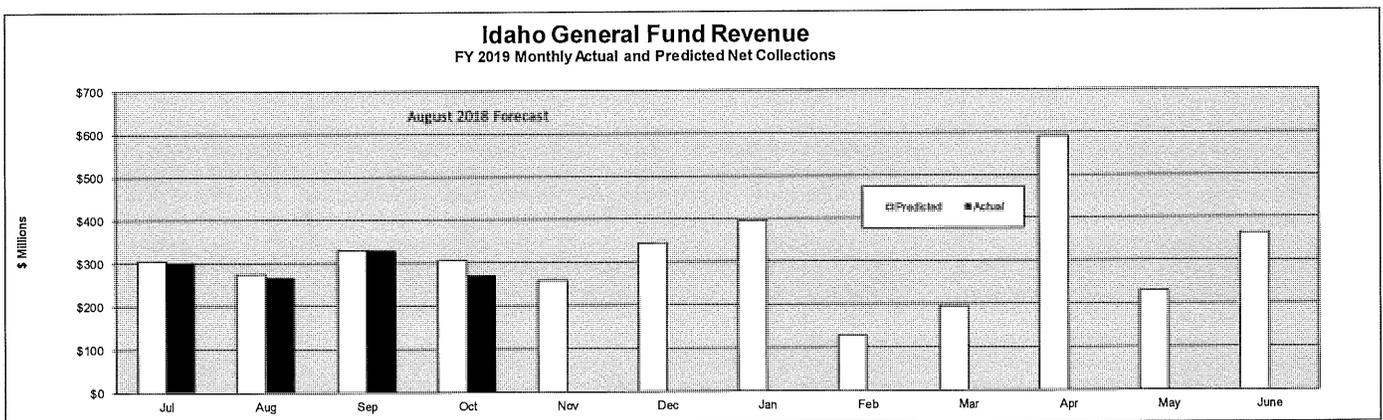
As in past months, the individual income tax contribution to the General Fund was weighed down by much lower-than-expected withholding payments. These payments were forecast to be \$129.8 million this month, but they were \$97.8 million. Withholding payments are the single largest source of General Fund revenue. Another revenue source is filing collections. It added \$35.3 million to the General Fund in October, which was \$3.0 million more than expected. However, this small cushion was more than offset by refunds that topped the forecast by \$5.0 million, \$18.9 million versus \$13.9 million. As of October 2018, the fiscal year-to-date individual income tax receipts are \$451.8 million, which is \$90.6 million under the forecast.

The corporate income tax has two revenue sources: estimated payments and filing collections. Both outperformed expectations this month. Estimated payments of \$10.2 million were about \$3.9 million above the anticipated \$6.4 million. The filing collection surplus was not as large. It was \$1.9 million, with \$7.1 million collected this month. These surpluses were slightly reduced by refunds of \$3.6 million that were \$0.7 million

above the anticipated \$2.9 million. For the fiscal year to date, corporate income tax receipts are \$83.2 million, which is \$27.9 million above the predicted \$55.3 million.

Several factors contribute to the sales tax contribution to the General Fund. Idaho gross sales tax receipts before refunds and distributions grew 5.1% from October 2017 to October 2018 to \$162.6 million. This amount was \$5.4 million less than expected. Refunds were \$0.1 million, which was much lower than the projected \$0.6 million. The largest single distribution is for revenue sharing to counties and cities. This month \$18.7 million was earmarked for revenue sharing, which is 5.3% higher than in October 2017. The bottom line is this month's General Fund portion of the sales tax was 7.5% above October 2017, which was slightly slower than the expected 10.2% growth. As a result, it was \$3.5 million (-2.5%) below this month's forecast. Despite this showing, this revenue category is showing a \$10.5 million surplus for the fiscal year to date.

The amount of product taxes collected for the fiscal year to date is \$26.5 million, which is \$0.2 million less than expected. The amount of revenue from miscellaneous sources over this same period is \$43.5 million, which exceeds the forecast by \$5.2 million.



Prepared by Derek E. Santos, Chief Economist and Greg Piepmeyer, Economist.

Idaho Division of Financial Management • 304 North 8th Street • PO Box 83720 • Boise, Idaho 83720-0032 • 208-334-3900

Idaho General Fund Collections for October 2018

MONTHLY ACTUAL AND PREDICTED COLLECTIONS FOR OCTOBER					
	<i>Actual FY 2017</i>	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Predicted FY 2019</i>	<i>Forecast Performance FY 2019</i>
Individual Income Tax (\$000)	\$145,982.6	\$139,918.0	\$113,781.3	\$147,771.8	<i>(Actual versus Predicted)</i> Difference (\$33,990.5)
Percent Change from Previous Year	21.6%	-4.2%	-18.7%	5.6%	Percent -23.0%
Corporate Income Tax (\$000)	\$9,984.5	\$7,448.1	\$13,391.5	\$9,253.3	Difference \$4,138.2
Percent Change from Previous Year	-1.7%	-25.4%	79.8%	24.2%	Percent 44.7%
Sales Tax (\$000)	\$121,619.0	\$127,442.2	\$136,980.8	\$140,468.5	Difference (\$3,487.8)
Percent Change from Previous Year	6.4%	4.8%	7.5%	10.2%	Percent -2.5%
Product Tax (\$000)	\$4,374.2	\$4,210.5	\$4,698.0	\$4,840.9	Difference (\$142.9)
Percent Change from Previous Year	12.4%	-3.7%	11.6%	15.0%	Percent -3.0%
Miscellaneous Revenue (\$000)	\$1,369.1	\$1,835.3	\$1,936.0	\$2,730.1	Difference (\$794.1)
Percent Change from Previous Year	6.1%	34.0%	5.5%	48.8%	Percent -29.1%
Total (\$000)	\$283,329.4	\$280,854.1	\$270,787.6	\$305,064.6	Difference (\$34,277.0)
Percent Change from Previous Year	13.5%	-0.9%	-3.6%	8.6%	Percent -11.2%

FISCAL YEAR-TO-DATE ACTUAL AND PREDICTED COLLECTIONS THROUGH OCTOBER					
	<i>Actual FY 2017</i>	<i>Actual FY 2018</i>	<i>Actual FY 2019</i>	<i>Predicted FY 2019</i>	<i>Forecast Performance FY 2019</i>
Individual Income Tax (\$000)	\$511,060.4	\$535,549.4	\$451,798.5	\$542,421.7	<i>(Actual versus Predicted)</i> Difference (\$90,623.3)
Percent Change from Previous Year	12.6%	4.8%	-15.6%	1.3%	Percent -16.7%
Corporate Income Tax (\$000)	\$62,277.0	\$55,649.5	\$83,218.2	\$55,339.2	Difference \$27,879.0
Percent Change from Previous Year	11.6%	-10.6%	49.5%	-0.6%	Percent 50.4%
Sales Tax (\$000)	\$491,332.0	\$525,570.7	\$563,650.8	\$553,148.0	Difference \$10,502.8
Percent Change from Previous Year	7.3%	7.0%	7.2%	5.2%	Percent 1.9%
Product Tax (\$000)	\$23,922.1	\$24,041.1	\$26,540.6	\$26,717.0	Difference (\$176.5)
Percent Change from Previous Year	14.7%	0.5%	10.4%	11.1%	Percent -0.7%
Miscellaneous Revenue (\$000)	\$29,402.8	\$43,298.5	\$43,454.7	\$38,304.1	Difference \$5,150.6
Percent Change from Previous Year	-8.0%	47.3%	0.4%	-11.5%	Percent 13.4%
Total (\$000)	\$1,117,994.4	\$1,184,109.2	\$1,168,662.8	\$1,215,930.1	Difference (\$47,267.3)
Percent Change from Previous Year	9.6%	5.9%	-1.3%	2.7%	Percent -3.9%

Residential Care Limited Scope Follow-up Report

October 2018

The Department of Health and Welfare has taken steps to address workplace issues. Surveyors' trust of department management remains a work in progress.

Background

In our January 2018 report, *Residential Care*, we found serious problems in the work environment of the long-term care survey team. The long-term care survey team resides in the Division of Licensing and Certification within the Department of Health and Welfare. Surveyors on the team reported a dysfunctional work environment where they were berated and belittled by their supervisors and were discouraged from openly communicating with one another and with providers. Because of the urgency of the problems and surveyors' fear of retaliation for cooperating with us, the Joint Legislative Oversight Committee assigned us to follow up on the status of the work environment. We conducted our follow-up from May to September 2018. Follow up was limited to the work environment and did not address other issues that came out in our January report.

For this follow-up, we interviewed five groups of stakeholders: (1) each of the long-term care surveyors we spoke with last year, (2) two new supervisors of the long-term care survey team, (3) management of the Division of Licensing and Certification, (4) representatives of the provider community, and (5) members of recent workgroups facilitated by the division. Interviews with department staff occurred from May to July and with providers and workgroup members in August and September. Our goal was to assess changes in the work environment, including attitudes toward providers, and to ensure that no retaliation had taken place. Throughout this review, the department was open and proactive in keeping us updated on its activities.

The department's workplace assessment

During the initial evaluation, we reported our finding of a dysfunctional workplace to the director of the Department of Health and Welfare. Of concern to us was not just the existence of an unprofessional work environment, but its persistence in the face of widespread knowledge of unprofessional conduct.

The director initiated a workplace assessment of the entire Division of Licensing and Certification. The department's assessment was completed after our report was written but before we presented it to the Oversight Committee. The department interviewed 48 employees and identified workplace concerns discussed in our report. In addition, the department identified root causes for why dysfunction in the workplace persists, which align with our observations of the survey team:

In the context of already high turnover, reluctance to address an employee's performance out of fear of losing the employee

A tendency to ignore the concerns of employees who had been identified by supervisors as having poor performance

Communication issues at various points between surveyors and upper management



Rakesh Mohan, Director
Office of Performance Evaluations
954 W Jefferson St., Suite 202
Boise, ID 83702

208.332.1470
www.legislature.idaho.gov/ope/

The department's workplace assessment also found that, while not widespread, the antagonistic attitude toward providers was not isolated to the long-term care survey team.

In response to the workplace assessment and our report, the division has included an initiative in its formal operations plan to "create and maintain a culture with strengthened accountability, improved performance, and positive relationships." This initiative included a presentation to the division by the director and division administrator and included a division-wide, anonymous survey. The survey had 10 open-ended questions assessing topics such as surveyor perceptions of the division's purpose, of providers, and of the workplace environment.

The division intends to measure the progress of its initiative using the department's periodic survey of employee engagement. This survey was initiated by the Division of Human Resources within the Department of Health and Welfare in September 2018.

Treatment of surveyors

Our most urgent concerns were handled through personnel action upon the conclusion of the department's workplace assessment. Surveyors reported to us that, after the department's assessment, their workplace had improved.

In contrast to instruction from previous supervisors of the long-term care survey team, division management gave the team explicit instruction to work with one another. Regular team meetings were reinstated, and surveyors reported major changes in their ability to work with one another as a team.

Division management instructed surveyors to ensure that staff at facilities understand the reason for a deficiency before a survey is completed. By doing so, staff could begin remedying the deficiency. In addition, surveyors reported that when they are not doing a full survey and observe potential noncompliance, they now alert the provider rather than save the deficiency to write up later in a full survey.

Since February, the chief of the Bureau of Facilities Standards has directly supervised the long-term care team. Surveyors spoke highly of the bureau chief's supervision and teaching. Two new supervisors have been hired for the long-term care survey team and are undergoing training. The division administrator reported that the hiring process focused on finding candidates with leadership skills rather than with clinical experience in long-term care.

Surveyor trust of management remains a work in progress. Surveyors believe that management and human resources knew, or should have known, about the dysfunctional work environment. Although each surveyor reported that treatment had improved, some remained skeptical that improvement would continue if the division were not under scrutiny.

Surveyors reported two concerns of retaliation. The first concern involved a claim that a surveyor was retaliated against by an individual no longer with the department. The second concern involved the ratings from employee evaluations. Every surveyor but one received the lowest acceptable rating and therefore the lowest merit raise. Some surveyors believed the low ratings contrasted with the positive verbal and written feedback they had received from management. They suggested the low grades were in retaliation for their cooperation with us.

We requested the evaluations for each surveyor for the most recent two evaluation cycles. The rating for each of the surveyors was unchanged from the year before. Given the ambiguity of the rating scales, we could not validate the claims of retaliation.



Provider relationships

The Department of Health and Welfare and the association representing nursing homes and assisted living facilities, the Idaho Health Care Association, signed an agreement to establish workgroups to improve processes and working relationships. This agreement addresses several issues, including our report recommendations.

A workgroup for quality assurance and program improvement coordinates the work done on initiatives specific to nursing facilities. The mission of this workgroup includes committing to a respectful and collaborative working relationship. Five subgroups aim to develop initiatives to address issues relevant to nursing facilities: (1) culture and communication, (2) the informal dispute resolution process, (3) initial certification and survey efficiency, (4) educational resources and trainings, and (5) a grant to encourage individuals to become certified nursing assistants.

It is outside the scope of this limited follow-up review to evaluate the success of the initiatives. As part of our full follow-up, we anticipate conducting a survey of all nursing home administrators. The survey will help us assess whether changes in the workplace have translated to an improved survey process.

We also anticipate surveying participants in the joint department-association workgroups. We want to ensure that workgroups have been conducted in a respectful and collaborative spirit as intended. The workgroups will constitute progress toward our recommendations if they generate specific and measurable outcomes with verifiable mechanisms for sustainable change.

One proposal generated by the workgroups has been included in the department's budget request for fiscal year 2020: the department is asking for two quality assurance nurses. These nurses would visit nursing homes not as part of a survey. Instead, their role would be to educate nursing home management and staff and help them meet federal certification requirements. The proposal has three measurable

goals: (1) an overall decrease in deficiencies, (2) an increase in the number of follow-up surveys that are passed, and (3) a decrease in the number of follow-up surveys the long-term care team needs to do.

The feedback we have received from participants in the workgroups has been largely positive. Participants, including representatives from the provider community, have been particularly positive about the work of the division administrator.

One concern from multiple participants involved the bureau chief's interpretation of federal restrictions placed on the Bureau of Facilities Standards. They claimed that the bureau chief would reject suggestions by citing federal restrictions. These participants doubted the existence of these restrictions but were not comfortable openly questioning the bureau chief.

In addition, we heard isolated concerns of retaliation for participating in these workgroups. Department management are aware of those concerns. Though isolated, these concerns reinforce to us the importance of methods to ensure the consistency and impartiality of the survey process. The department's management of concerns such as these will be part of our full follow up.



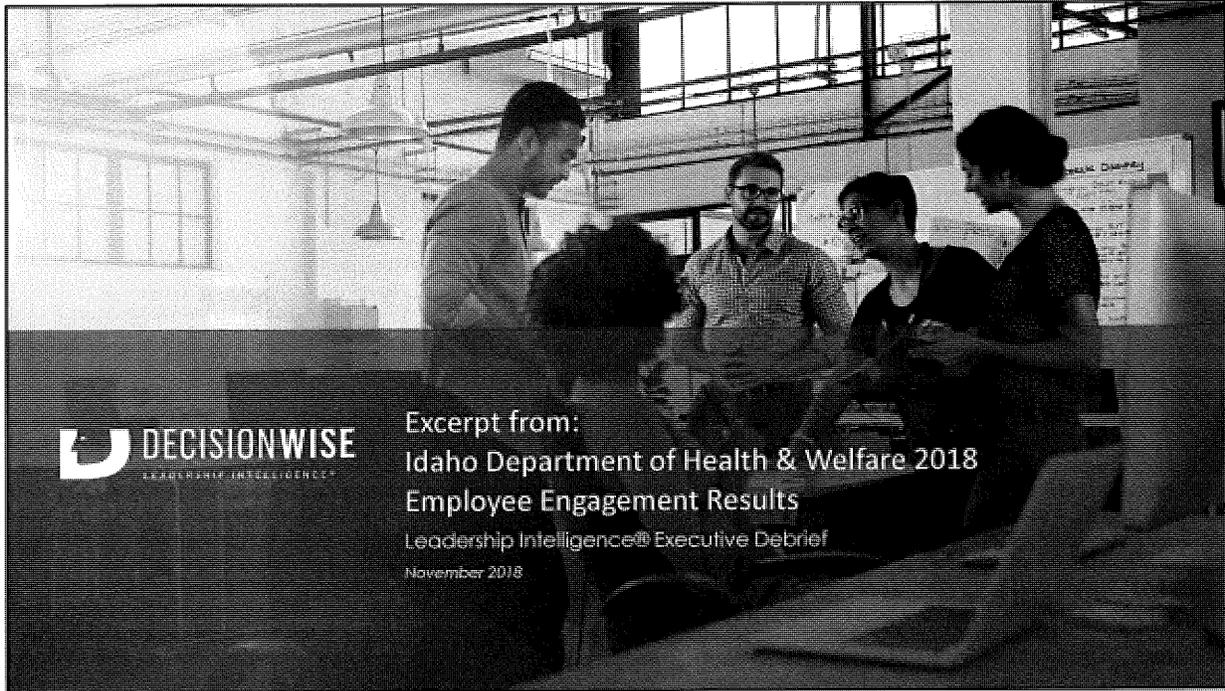
Joint Legislative Oversight Committee (JLOC)

Senators

Clifford Bayer, cochair (R)
Mark Harris (R)
Michelle Stennett (D)
Cherie Buckner-Webb (D)

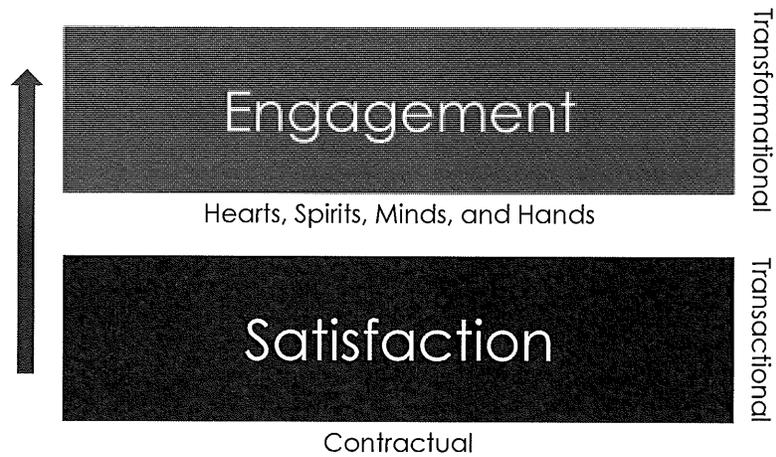
Representatives

Mat Erpelding, cochair (D)
Maxine Bell (R)
Caroline Nilsson Troy (R)
Elaine Smith (D)



In September 2018, the Department conducted an Employee Engagement survey aimed at assessing employees' perspectives of the working environment and culture of DHW; previous similar surveys occurred in 2015 and in 2013. DecisionWise is the vendor who conducted the survey for us; they provided us results last week.

The Engagement Experience



www.Decision-Wise.com

 **DECISIONWISE**
STRATEGIC INTELLIGENCE

The survey looked at two aspects of employment: satisfaction elements, such as having the tools necessary to do the work, and engagement elements. Engagement is key, as it is the emotional commitment that employees have to the organization and its goals.

Participation

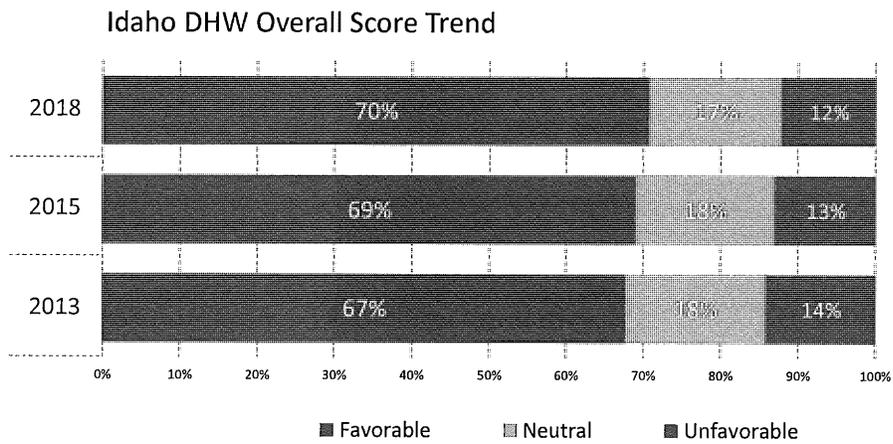
Actual Responses	Participation Rate 76%
2,171	
Anticipated Responses	
2,864	

www.Decision-Wise.com

 **DECISIONWISE**
LEARNING THROUGH RESEARCH

Of our 2864 employees surveyed, 2171 responded. Our 76% response rate is good, yet is down from 82% when we administered this survey in 2015.

Overall Score - Trends

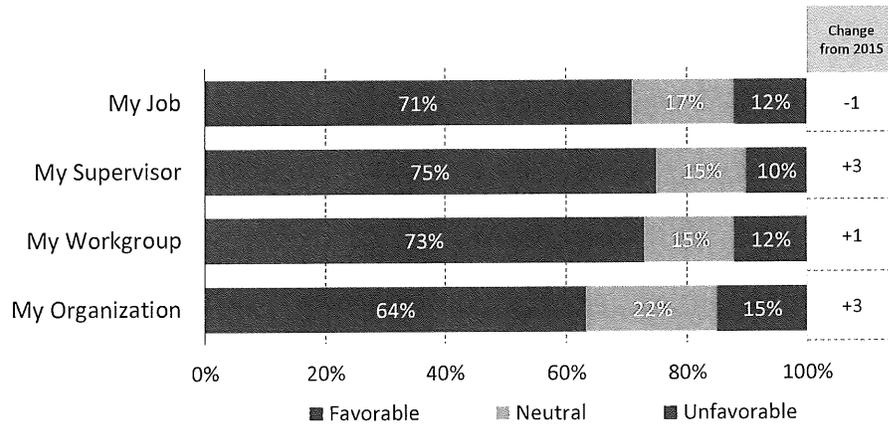


www.Decision-Wise.com

 **DECISIONWISE**
LEADERSHIP INTELLIGENCE

Overall, employees responded favorably to 70% of the questions. This is up 1% from our previous survey in 2015.

Dimension Summary

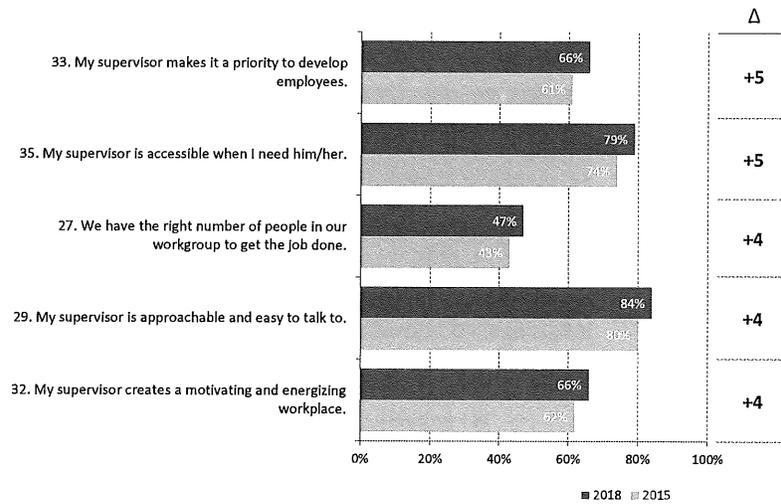


www.Decision-Wise.com

DECISIONWISE
LEADERSHIP INTELLIGENCE

The survey is divided into 4 sections: My Job, My Supervisor, My Workgroup, and My Organization. The “My Supervisor” category received the highest favorable ratings at 75%, which were a 3% increase from 2015. The “My Organization” category also improved by 3% since 2015.

Greatest Gains

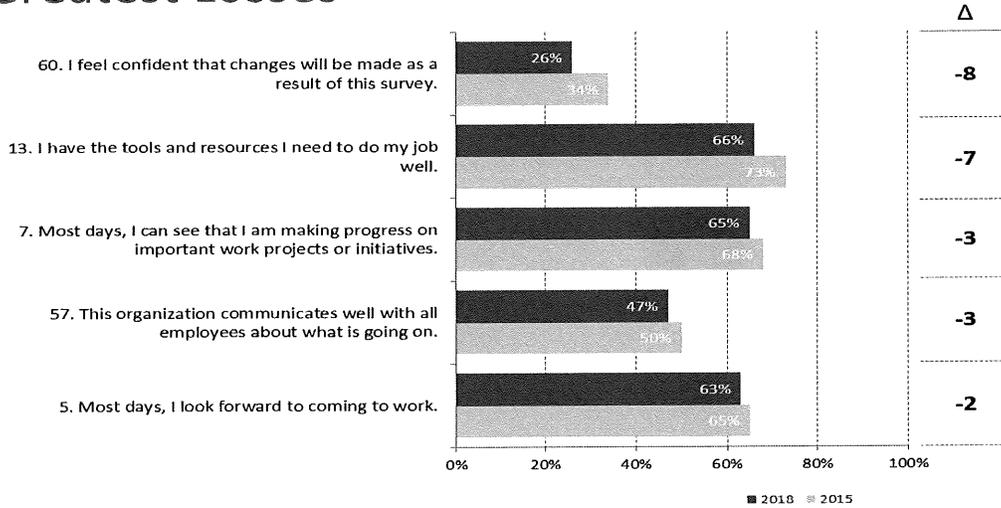


www.Decision-Wise.com



Since the 2015 survey, the questions with our greatest improvements were mostly related to supervision. Training and development for supervisors has been a priority of the Department, so this result reinforces that our efforts have been meaningful.

Greatest Losses

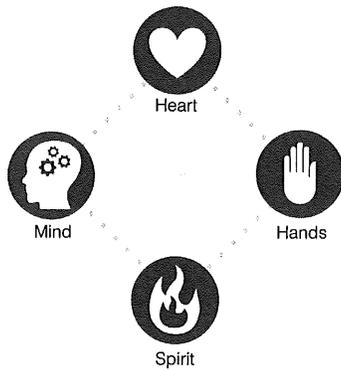


www.Decision-Wise.com



While in 2015 employees were skeptical that changes would be made in response to the survey, that skepticism has increased in 2018, with only 26% of employees believing changes will occur in response to the survey.

Engagement Anchor Questions



3. I find enjoyment in the job that I perform.

4. It is easy for me to become immersed in my job.

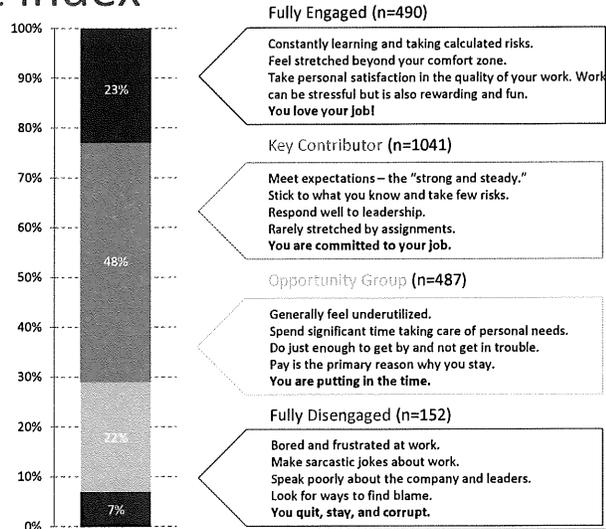
5. Most days, I look forward to coming to work.

46. I would recommend this organization as a great place to work.

59. If given a choice, I would remain with this organization even if a job with similar pay and benefits were available elsewhere.

With an unemployment rate below 3%, retaining quality employees is more important than ever. Employees who are fully committed to their work, who are Fully Engaged, are less likely to leave. There were five key questions in the survey that related specifically to employee engagement.

Engagement Index

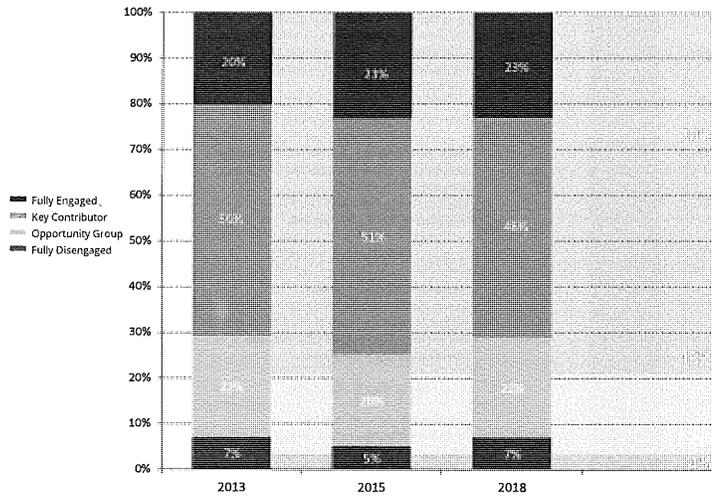


www.Decision-Wise.com

DECISIONWISE
LEADERSHIP. PERFORMANCE.

Overall, 23% of our employees are considered Fully Engaged. These employees might be described as “in the zone.” Key Contributors make up 48% of our workforce. These employees are committed to their work and are positive about their workplace. 7% of our employees are Fully Disengaged – this workplace and our work are not for them...they are working, but dissatisfied. That leaves 22% of employees in the Opportunity Group – these employees are performing the work, but aren’t committed to DHW and giving us their all nor are they actively working against us.

Engagement Index Benchmark



Idaho DHW has a greater Opportunity Group than the typical organization

www.Decision-Wise.com

DECISIONWISE
LEADERSHIP BY INTELLIGENCE

The shaded background shows the typical organization's engagement distribution. As you can see, at 22% our Opportunity Group is larger than most other organizations. Notably, government entities tend to have a higher percentage of employees in the Fully Disengaged category than private sector companies. DecisionWise reports seeing Fully Disengaged populations as high as 14% in government entities.

Strengths

Meaning

- Employees find meaning in the work they do
- The vision and goals of Idaho DHW are personally important to employees

Supervisor Improvement

- The *My Supervisor* dimension has the highest favorability
- Items related to supervisors increased since 2015

In summary, one key strength is inherent in our work – the work employees perform is personally rewarding and meaningful to them. The other key strength, as indicated previously by the improved results, is our supervisors...with approximately 450 supervisors at DHW, it's rewarding to see that our efforts are having an impact.

Opportunities

Communication

- Areas around communication are below the Global and Government benchmark
- Favorability around top-down communication is low across the regions

Organizational Care

- The data suggests that employees do not feel changes will be made as a result of this survey
- Survey items associated with organizational care are also drivers of engagement

Growth

- Items related to growth and development were lower than the Global and Government benchmark
- The data suggests that growth is an opportunity for improvement

We can and need to improve, particularly in communicating with employees and demonstrating to our employees that they matter to us. While growth and development may always be a challenge for us, it is also an area to carefully consider how we can make improvements.

Turning Feedback into Results

Explore

- Findings where there is considerable debate
- Findings that raise issues rather than resolve them

Explain

- Findings that result from a lack of communication
- Findings that contradict reality

Execute

- Clear findings that are beyond debate
- Negative perceptions that have a direct business impact and need to be resolved

Going forward, the Department will be looking at how improvements can be made agency-wide, while each Division is also tasked with reviewing its specific results, identifying areas where we are able to make an impact and where changes would be meaningful to employees, and then implementing changes. This will be ongoing for the next two years, at which time we anticipate conducting another survey.

IDAHO DHW EMPLOYEE SURVEY RESULTS

ACTIVE FILTERS: L&C :

(n=60)

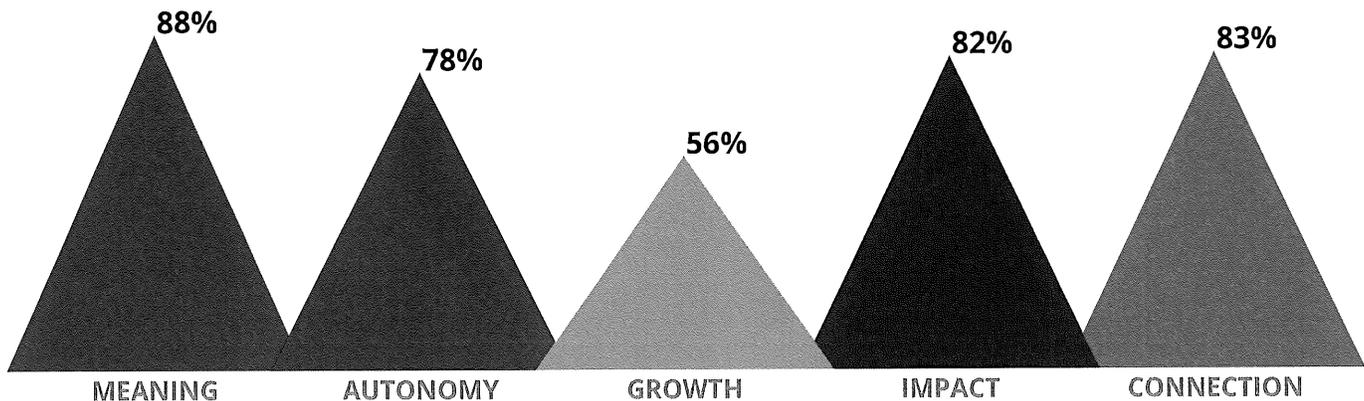
Magic

FIVE KEYS TO UNLOCK THE POWER OF EMPLOYEE ENGAGEMENT

The five key factors of employee engagement directly affect the overall levels of engagement within an organization. These are known by the acronym MAGIC, and are critical, at varying levels, to each employee within the organization.

- Meaning** Your work has purpose beyond the job itself.
- Autonomy** The power to shape your work and environment in ways that allow you to perform at your best.
- Growth** Being stretched and challenged in ways that result in personal and professional progress.
- Impact** Seeing positive and worthwhile outcomes and results for your work.
- Connection** The sense of belonging to something greater than yourself.

ENGAGEMENT MAGIC® SCORES



ENGAGEMENT MAGIC® SURVEY ITEMS

	Favorability		
MEANING	88%	10%	
52. The vision and goals of this organization are important to me personally.	88%	10%	
AUTONOMY	78%	12%	10%
1. I have the freedom to choose how to best perform my job.	78%	12%	10%
GROWTH	56%	25%	18%
6. My job provides me with opportunities to grow and develop.	53%	29%	19%

47. I am satisfied with the opportunities for my own professional growth in this organization. 

IMPACT 

7. Most days, I can see that I am making progress on important work projects or initiatives. 

34. My supervisor regularly recognizes me for doing a good job. 

49. I understand how my work contributes to the overall success of this organization. 

CONNECTION 

3. I find enjoyment in the job that I perform. 

20. I enjoy working with the people in my workgroup. 

45. I feel like I belong here. 

EMPLOYEE SURVEY RESULTS

ACTIVE FILTERS: L&C :

(n=60)

Company Norm

	Favorable	IDHW Overall	Delta
1. I have the freedom to choose how to best perform my job.	78%	71%	7
2. My talents and abilities are used well in my current position.	82%	74%	8
3. I find enjoyment in the job that I perform.	82%	79%	3
4. It is easy for me to become immersed in my job.	93%	81%	12
5. Most days, I look forward to coming to work.	77%	63%	14
6. My job provides me with opportunities to grow and develop.	53%	57%	-4
7. Most days, I can see that I am making progress on important work projects or initiatives.	78%	65%	13
8. My work gives me a feeling of personal accomplishment.	87%	76%	11
9. My work is important to me personally.	93%	90%	3
10. I have received the training I need to do my job well.	80%	71%	9
11. The amount of work I am expected to do is reasonable.	65%	61%	4
12. The level of stress in my job is manageable.	62%	59%	2
13. I have the tools and resources I need to do my job well.	76%	66%	11
14. I feel safe in my work environment.	85%	74%	11
15. I have a work schedule that allows me to balance work and personal life.	75%	75%	-1
16. The basic expectations and responsibilities in my job are clear and easy to understand.	88%	78%	11
17. I have confidence that the people I work with will do what they say they will do.	73%	76%	-2
18. I trust the people I work with to have my back, even if I am not around.	67%	69%	-2
19. There are people in my workgroup that care about me as a person.	83%	88%	-5
20. I enjoy working with the people in my workgroup.	85%	88%	-3
21. People within my workgroup collaborate with each other and work as a team.	71%	77%	-6
22. The people I work with treat me with respect.	83%	86%	-2

	Favorable	IDHW Overall	Delta
23. I feel I can speak openly within my workgroup without fear of retribution or negative consequences.	63%	65%	-2
24. My coworkers and I openly talk about what needs to be done to be more effective.	73%	77%	-4
25. In our workgroup, we can be completely candid and open with each other.	61%	60%	1
26. The people I work with take accountability for results.	73%	69%	4
27. We have the right number of people in our workgroup to get the job done.	36%	47%	-11
28. My supervisor builds effective working relationships with me.	83%	80%	3
29. My supervisor is approachable and easy to talk to.	83%	84%	-1
30. My supervisor encourages me to come up with ideas and suggestions for improving our work.	87%	80%	7
31. I feel I can speak up with my supervisor without fear of retribution or negative consequences.	80%	75%	4
32. My supervisor creates a motivating and energizing workplace.	75%	66%	9
33. My supervisor makes it a priority to develop employees.	75%	66%	9
34. My supervisor regularly recognizes me for doing a good job.	72%	67%	4
35. My supervisor is accessible when I need him/her.	92%	79%	13
36. My supervisor treats people with fairness and respect; does not play favorites.	78%	72%	6
37. I trust my supervisor.	75%	76%	-1
38. I clearly understand what my supervisor expects of me.	85%	82%	3
39. My supervisor gives me regular feedback on how I am doing.	75%	70%	5
40. My supervisor sets reasonable expectations for my performance.	83%	81%	3
41. My supervisor demonstrates good interpersonal and communication skills.	85%	76%	9
42. My supervisor takes the time to coach and mentor me on a regular basis.	67%	60%	6
43. My supervisor allows me to fully utilize my vacation and time-off benefit.	90%	88%	2
44. I could see myself working at this organization at this time next year.	88%	84%	4
45. I feel like I belong here.	83%	75%	8
46. I would recommend this organization as a great place to work.	65%	67%	-2
47. I am satisfied with the opportunities for my own professional growth in this organization.	60%	55%	5

	Favorable	IDHW Overall	Delta
48. Internal training courses (i.e. Crucial Conversation & MBTI) have helped me to become more effective in my job.	60%	60%	-1
49. I understand how my work contributes to the overall success of this organization.	95%	88%	7
50. We have effective methods for receiving and responding to suggestions for change.	61%	50%	12
51. I feel that my workgroup is inclusive and welcoming.	70%	75%	-5
52. The vision and goals of this organization are important to me personally.	88%	85%	4
53. This organization cares about employees.	53%	55%	-1
54. I feel welcome in the organization regardless of my race, national origin, gender, sexual orientation, or age.	83%	85%	-1
55. We work effectively across departments and functions.	51%	49%	2
56. This organization has fair and accurate ways of measuring my performance.	62%	56%	6
57. This organization communicates well with all employees about what is going on.	56%	47%	9
58. This organization trusts employees to be responsible for achieving results.	82%	67%	15
59. If given a choice, I would remain with this organization even if a job with similar pay and benefits were available elsewhere.	60%	57%	3
60. I feel confident that changes will be made as a result of this survey.	36%	26%	10

■ 5 points or greater above the company overall score.

■ 5 points or greater below the company overall score.

IDAHO DHW EMPLOYEE SURVEY RESULTS

ACTIVE FILTERS: Support Services :

(n=216)

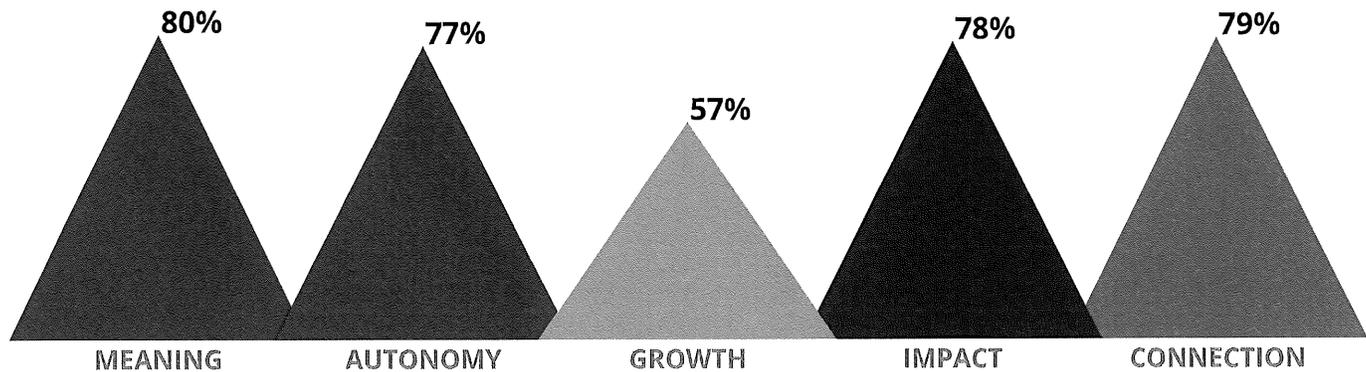
Magic

FIVE KEYS TO UNLOCK THE POWER OF EMPLOYEE ENGAGEMENT

The five key factors of employee engagement directly affect the overall levels of engagement within an organization. These are known by the acronym MAGIC, and are critical, at varying levels, to each employee within the organization.

- Meaning** Your work has purpose beyond the job itself.
- Autonomy** The power to shape your work and environment in ways that allow you to perform at your best.
- Growth** Being stretched and challenged in ways that result in personal and professional progress.
- Impact** Seeing positive and worthwhile outcomes and results for your work.
- Connection** The sense of belonging to something greater than yourself.

ENGAGEMENT MAGIC® SCORES



ENGAGEMENT MAGIC® SURVEY ITEMS

	Favorability		
MEANING	80%	17%	
52. The vision and goals of this organization are important to me personally.	80%	17%	
AUTONOMY	77%	13%	10%
1. I have the freedom to choose how to best perform my job.	77%	13%	10%
GROWTH	57%	22%	21%
6. My job provides me with opportunities to grow and develop.	58%	21%	21%

47. I am satisfied with the opportunities for my own professional growth in this organization.



IMPACT



7. Most days, I can see that I am making progress on important work projects or initiatives.



34. My supervisor regularly recognizes me for doing a good job.



49. I understand how my work contributes to the overall success of this organization.



CONNECTION



3. I find enjoyment in the job that I perform.



20. I enjoy working with the people in my workgroup.



45. I feel like I belong here.



IDAHO DHW EMPLOYEE SURVEY RESULTS

ACTIVE FILTERS: Support Services :

(n=216)

Company Norm

	Favorable	IDHW Overall	Delta
1. I have the freedom to choose how to best perform my job.	77%	71%	6
2. My talents and abilities are used well in my current position.	77%	74%	3
3. I find enjoyment in the job that I perform.	79%	79%	0
4. It is easy for me to become immersed in my job.	82%	81%	1
5. Most days, I look forward to coming to work.	65%	63%	2
6. My job provides me with opportunities to grow and develop.	58%	57%	1
7. Most days, I can see that I am making progress on important work projects or initiatives.	73%	65%	7
8. My work gives me a feeling of personal accomplishment.	77%	76%	2
9. My work is important to me personally.	89%	90%	-1
10. I have received the training I need to do my job well.	65%	71%	-6
11. The amount of work I am expected to do is reasonable.	69%	61%	8
12. The level of stress in my job is manageable.	68%	59%	8
13. I have the tools and resources I need to do my job well.	68%	66%	3
14. I feel safe in my work environment.	80%	74%	7
15. I have a work schedule that allows me to balance work and personal life.	82%	75%	7
16. The basic expectations and responsibilities in my job are clear and easy to understand.	77%	78%	-1
17. I have confidence that the people I work with will do what they say they will do.	78%	76%	2
18. I trust the people I work with to have my back, even if I am not around.	79%	69%	10
19. There are people in my workgroup that care about me as a person.	86%	88%	-2
20. I enjoy working with the people in my workgroup.	87%	88%	-1
21. People within my workgroup collaborate with each other and work as a team.	80%	77%	3
22. The people I work with treat me with respect.	85%	86%	-1

	Favorable	IDHW Overall	Delta
23. I feel I can speak openly within my workgroup without fear of retribution or negative consequences.	75%	65%	10
24. My coworkers and I openly talk about what needs to be done to be more effective.	81%	77%	4
25. In our workgroup, we can be completely candid and open with each other.	66%	60%	6
26. The people I work with take accountability for results.	75%	69%	6
27. We have the right number of people in our workgroup to get the job done.	52%	47%	5
28. My supervisor builds effective working relationships with me.	79%	80%	-1
29. My supervisor is approachable and easy to talk to.	87%	84%	3
30. My supervisor encourages me to come up with ideas and suggestions for improving our work.	78%	80%	-2
31. I feel I can speak up with my supervisor without fear of retribution or negative consequences.	81%	75%	6
32. My supervisor creates a motivating and energizing workplace.	64%	66%	-2
33. My supervisor makes it a priority to develop employees.	64%	66%	-2
34. My supervisor regularly recognizes me for doing a good job.	70%	67%	3
35. My supervisor is accessible when I need him/her.	84%	79%	5
36. My supervisor treats people with fairness and respect; does not play favorites.	75%	72%	3
37. I trust my supervisor.	79%	76%	3
38. I clearly understand what my supervisor expects of me.	78%	82%	-4
39. My supervisor gives me regular feedback on how I am doing.	65%	70%	-5
40. My supervisor sets reasonable expectations for my performance.	81%	81%	0
41. My supervisor demonstrates good interpersonal and communication skills.	74%	76%	-2
42. My supervisor takes the time to coach and mentor me on a regular basis.	58%	60%	-2
43. My supervisor allows me to fully utilize my vacation and time-off benefit.	94%	88%	6
44. I could see myself working at this organization at this time next year.	82%	84%	-2
45. I feel like I belong here.	72%	75%	-3
46. I would recommend this organization as a great place to work.	67%	67%	0
47. I am satisfied with the opportunities for my own professional growth in this organization.	55%	55%	1

	Favorable	IDHW Overall	Delta
48. Internal training courses (i.e. Crucial Conversation & MBTI) have helped me to become more effective in my job.	48%	60%	-12
49. I understand how my work contributes to the overall success of this organization.	91%	88%	2
50. We have effective methods for receiving and responding to suggestions for change.	54%	50%	4
51. I feel that my workgroup is inclusive and welcoming.	74%	75%	-2
52. The vision and goals of this organization are important to me personally.	80%	85%	-5
53. This organization cares about employees.	56%	55%	2
54. I feel welcome in the organization regardless of my race, national origin, gender, sexual orientation, or age.	87%	85%	2
55. We work effectively across departments and functions.	48%	49%	-1
56. This organization has fair and accurate ways of measuring my performance.	54%	56%	-2
57. This organization communicates well with all employees about what is going on.	49%	47%	1
58. This organization trusts employees to be responsible for achieving results.	69%	67%	3
59. If given a choice, I would remain with this organization even if a job with similar pay and benefits were available elsewhere.	62%	57%	5
60. I feel confident that changes will be made as a result of this survey.	28%	26%	1

■ 5 points or greater above the company overall score.

■ 5 points or greater below the company overall score.

Calendar for Year 2019 (United States)

Approved Dates

January						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb 28

April						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Jim

May 16

June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Aug 15

October						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Nov 21

Holidays:

Jan 1 New Year's Day
 Jan 21 Martin Luther King Jr. Day
 Feb 18 Presidents' Day (Most regions)
 May 27 Memorial Day

Jul 4 Independence Day
 Sep 2 Labor Day
 Oct 14 Columbus Day (Most regions)
 Nov 11 Veterans Day

Nov 28 Thanksgiving Day
 Dec 25 Christmas Day

☐ = Proposed meeting dates