

**Idaho Board of
Health and Welfare**



2008 Annual Report

Welcome



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

IDAHO DEPARTMENT OF HEALTH & WELFARE

Board of Health and Welfare
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Welcome to the annual report of the Idaho Board of Health and Welfare. This report chronicles many of the activities of the Department of Health and Welfare and its interaction with the Board. Since the Legislature restructured the Board in 2006, we have met bimonthly, which has fostered a closer relationship between the Board and the department.

On the forefront of issues facing Health and Welfare is our nation's economic problems, which are impacting many Idaho residents and putting pressure on the department's resources. Due to the economy, applications for Food Stamps and other programs have soared in recent months. Coupled with the requests of the Governor's mandated budget reductions, this has the potential to cause a reduction in overall effectiveness.

Currently, with the improved efficiencies, well-placed leadership, and dedicated personnel, the department is functioning well. However, we plan to monitor the service demands during the coming months. Now, more than ever, Health and Welfare programs need to be readily available to preserve the health and well-being of our state's struggling families and vulnerable residents.

Another major problem our nation faces is substance abuse, and Idaho is not exempt from this scourge. The Board has asked member Quane Kenyon to remain on the Interagency Committee on Substance Abuse Prevention and Treatment. We also plan to encourage the distribution of anti-drug messages in all forms.

Also on the substance abuse front, we should note the department's great strides in improving treatment outcomes. Substance Use Disorder staff have worked with network treatment providers to improve services and outcomes. People who have completed treatment experience less homelessness, improved employment status, less contact with the criminal justice system and substantially higher success to remain substance free.

On this front and others, many difficult challenges face us. But we are fortunate that the department's dedicated staff continues to find resourceful and innovative ways to meet the needs of Idaho residents. I hope you enjoy this report.

Sincerely,

A handwritten signature in green ink that reads "Richard Roberge, M.D." The signature is written in a cursive, flowing style.

Richard Roberge, M.D.
Board Chairman

Idaho Board of Health and Welfare

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OFFICE OF THE GOVERNOR
Sara Stover

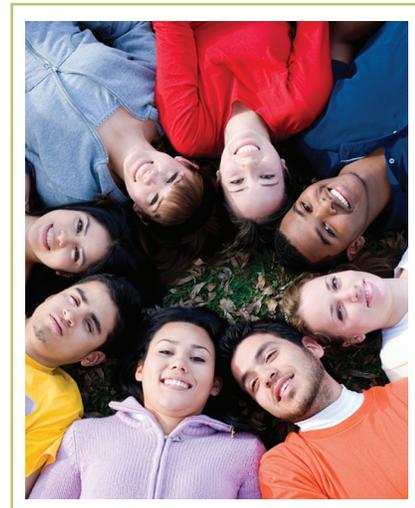


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Managerial and Overall Performance

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

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

DHW Strategic Plan

During SFY 2008, the Board reviewed the Strategic Plan FY2009-2013 developed by the Department of Health and Welfare. The plan establishes major goals of the agency and sets forth performance measurements to determine progress. The three goals and related objectives are:

Goal #1: Improve the health status of Idahoans.

- Objective 1: Improve healthy behaviors of adults to 75.40% by 2013.
- Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2013.

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

- Objective 1: Increase the percent of department clients living independently to 84.31% by 2013.
- Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2013.
- Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2013.

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

- Objective 1: Improve the access to dental, behavioral, and primary care services to Idahoans to 50% by 2013.
- Objective 2: Increase the percent of Idahoans with health care coverage to 78.67% by 2013.
- Objective 3: By 2013, department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.
- Objective 4: The department accuracy rates of key identified programs will reach 92.86% by 2013.
- Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication, and convenience) to 84.57% by 2013.

Managerial and Overall Performance

Board members adopted the plan and recommended it be submitted to the Governor's office. (The full text of the DHW Strategic Plan FY2009-2013, "Road to the Future," is found at <http://www.healthandwelfare.idaho.gov/site/3429/default.aspx>.)

Confirmation of Administrative Appointments

During SFY 2008, the Board of Health and Welfare confirmed a number of administrative appointments recommended by DHW. Those included:

- David Taylor, Deputy Director, Support Services
- Richard Humiston, Division Administrator, Management Services
- Paul Spannknebel, Division Administrator, Human Resources
- Ross Mason, Regional Director, Region 3
- Landis Rossi, Regional Director, Region 4

Proposed and Ongoing Department Initiatives

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- (I.C. §56-1005, subsection 11)*

During SFY2008, the Board of Health and Welfare monitored a variety of initiatives being implemented by the Department of Health and Welfare. Among the DHW initiatives monitored by the Board were the following:

Medicaid Reform

In 2006, the Idaho Legislature enacted the Idaho Medicaid Simplification Act to reform the State's Medicaid program. With the continued support of the Governor's office and legislators, the Division of Medicaid has continued implementing Medicaid reform initiatives made possible by the increased flexibility given to states under the Federal Deficit Reduction Act (DRA). Prevention and wellness, appropriate coverage based on need, and community partnerships for savings and efficiencies continue to be the basis for changes in the Idaho Medicaid program.

Among the reforms implemented are three “benchmark” benefit plans:

- A basic plan for low-income children and working-age adults who have average health needs;
- An enhanced plan for individuals with disabilities and/or special needs, and
- A Medicare/Medicaid coordinated plan for adults over 21 who have Medicare coverage and also qualify for Medicaid because of low income.

Implementation of the plans was successfully completed in June 2008.

Medicaid reform includes expanded coverage to provide all adults with annual health exams. Approximately 5,500 eligible adults took advantage of this benefit in SFY 2008. In reform efforts, the reimbursement rate for well-child visits was increased to align with commercial health plan rates. Approximately 54,000 children have received well-child exams during the past year. A new preventive health coverage was added to help individuals lose weight and quit smoking, with 631 individuals participating in a weight management program and 231 participating in a program for smoking cessation.

Substance Use Disorder Treatment

The Bureau of Substance Use Disorders, along with our Management Services contractor, worked with network treatment providers to increase client length of stay and the number of clients who complete their entire treatment episode. Both play a crucial role in helping

Proposed and Ongoing Department Initiatives

people be successful in substance use disorder treatment.

This effort has resulted in successful completion rate improving from 28.2% to 41% over the last two years, along with raising the overall length of stay from 121.5 days in SFY 2007 to 181 days in SFY 2008. The goal for SFY 2009 is to raise the treatment completion rate to 45% and maintain the overall length of stay at 181 days.

Continued emphasis is being placed on people involved with the criminal justice system, where 50% of people are completing treatment. Success with this population is expected to reduce criminal justice recidivism in the future.

Child and Family Services Review

The Family and Community Services Division completed the second federal Child and Family Services Review in SFY 2008. The purpose of the review is to assess each state's foster care performance to improve outcomes for children in the areas of safety, permanency, and well-being.

Since its last review in 2003, Idaho has shown improvement in 75% of the 23 items assessed during the case review. A two year Program Improvement Plan will be developed and implemented in 2009 and 2010. Financial penalties can be assessed on states that do not demonstrate expected improvements.

With this focus on program improvements and more efficient business practices, the Child and Family Services Program has been able to stabilize the number of children entering foster care, along with costs of care. In SFY 2008, the Foster Care program reduced costs from the previous year by \$782,000.

Idaho Benefits Information System Project

The Idaho Benefits Information System (IBIS) is replacing the 22-year-old automated system used to determine eligibility and process applications for Medicaid, Food Stamps, cash assistance, and child care. The IBIS system will enable Self-Reliance workers to manage more than 300,000 cases each year. SFY 2008 was the second year of an anticipated three-year IBIS Project to update automation and improve processing.

During the first two years, funding was used for requirements and analysis, business process evaluation, development of system interfaces, creating and deploying software tools to build business capacity, foundational hardware and software, and development of streamlined business processes. The replacement process is incremental, allowing staff time

Proposed and Ongoing Department Initiatives

to get used to each improvement as it is implemented.

The IBIS Project Managers were recognized with an Achievement Award from the state's Information Technology Resource Management Council for the project management methods used to improve eligibility performance during replacement of a complex system.

Medicaid Management Information System Reprocurrency

The Medicaid Management Information System (MMIS) is a highly complex computer system that maintains information on 184,000 Medicaid clients and is responsible for managing payments to 17,000 Medicaid providers. Approximately 40,000 claims are processed through the MMIS each day, with \$21 million in payments made to providers each week. The federal government required Idaho to replace (reprocure) the MMIS system, which expired in December 2007. Idaho received an exemption from the Centers for Medicaid and Medicare Services and the State Division of Purchasing to extend the current contract until July 2010, when the new system will be operational.

Proposals were sought for major components of the project, rather than for the entire project, to take advantage of commercially available software, reduce reliance on any single vendor, improve competition within the vendor community, and conform to information technology industry standards. (The process was reviewed by an independent consultant who complimented DHW for the high degree of professionalism followed by the department.)

Keeping to this strategy, the following contracts were signed in November 2007:

- Unisys: Claims Processing System, Systems Integration Services and Fiscal Agent Services;
- Thomson Health Care: Decision Support System;
- Unisys: Electronic Data Management System;
- ACS: Pharmacy Benefits Management System; and
- Public Knowledge: Quality Assurance Independent Verification and Validation

Implementation of these systems is scheduled to go live in the winter of SFY 2010.

Secure Mental Health Facility

Over the last two years, the Board has taken a keen interest in the department converting buildings at Idaho State School and Hospital to structures that could be utilized as a secure mental health facility. Until recently, those plans were moving forward, with the department working on alternative residential plans for people currently being cared for in the buildings. However, with current economic conditions, conversion plans may be placed on hold. The Board continues to offer strong support to the concept when it becomes economically feasible.

Proposed and Ongoing Department Initiatives

Approval of Rules

During SFY2008, the Board of Health and Welfare responded to petitions and approved a number of administrative rules, many of them reflecting DHW's program initiatives. Among those decisions are:

Approved new rules to convert a pilot program on criminal background checks to permanent status. Through several rule approvals, the Board determined that the criminal history and background check requirements will apply to workers who have access or provide care to residents living in long-term care facilities; to home health agency workers who have access or provide care to individuals living in their own homes; to workers who have access to or provide care to residents in Intermediate Care Facilities for the Mentally Retarded; and to workers who have access to or care for individuals living in semi-independent group residential facilities for the developmentally disabled and mentally ill. The decision followed a pilot criminal history and background check program supported by federal funds.

Approved rules for the minimum design and construction for free-standing emergency departments, along with standards of care and services. This is a new type of medical facility that was not previously included in state rules.

Defined food rules by adding safety standards and precautions to prevent the spread of norovirus, the most common cause of food-borne outbreaks nationwide. The new rules also defined 'intermittent food establishments for farmers and community markets,' so they are covered by Idaho food safety standards.

Updated the Reportable Disease List, adding methicillin-resistant *Staphylococcus aureus* (MRSA) to the list. This is a type of staph infection that is resistant to the broad spectrum of antibiotics commonly used to treat it and is increasingly being detected outside of institutional settings.

Amended the rule governing the Child Abuse Registry. The changes include a new system for classifying the level of risk to children posed by individuals with substantiated reports of abuse, abandonment, or neglect, and add a process through which an individual on the registry can request to have his/her name removed when the time period assigned to the individual's risk level has elapsed.

Adopted rules that define the scope of voluntary substance use disorder services, eligibility criteria and treatment plans. The rules also contain an appeal process for people who are denied state services.

Updated the mental health sliding fee schedule to conform to the most current version of the federal poverty guidelines. This brings the fee schedules for adult mental health, children's mental health, and substance use disorders under this chapter of rules.

Fiscal and Policy Issues

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Throughout the year, the Board of Health and Welfare monitors DHW expenditures. As SFY 2008 ended, DHW reported to the Board that the agency had underspent its appropriation of \$1.8 billion by \$15.9 million, less than one percent variance. This included \$9.25 million in general funds, of which \$6.5 million was carried forward to SFY 2009 and \$2.75 million was returned to the state general fund. The balance of the amount not spent was primarily federal spending authority.

The reasons for the under-spending include:

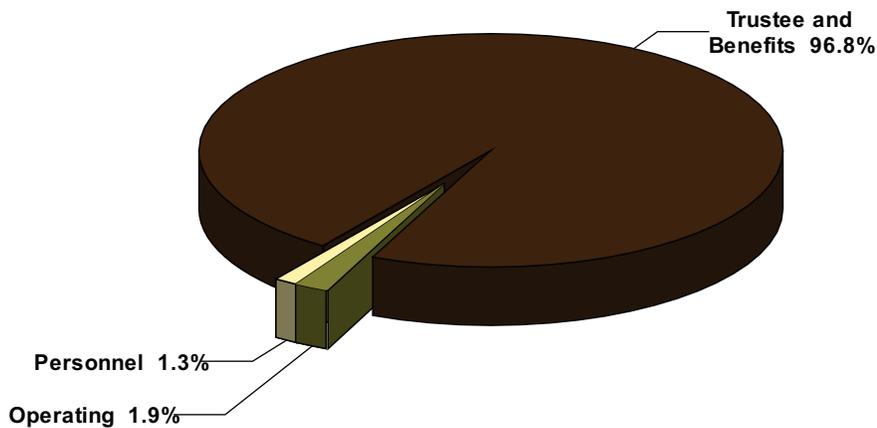
- \$3 million in Self-Reliance was unspent, with the major portion of unspent funds appropriated to the EPICS replacement project. The EPICS project funding was carried forward and is being used in SFY 2009.
- Because of a late supplemental appropriation, Substance Use Disorders did not spend \$2.3 million by the end of the budget year. The funding was carried forward to pay for substance use disorder services.
- Child welfare services did not spend \$1.3 million because of higher than expected staff turnover and vacancies. The savings was reverted to the state general fund.
- Medicaid did not spend \$1.1 million, with the money carried forward to SFY 2009.
- The Foster Care and Adoption Program reduced costs by \$782,000 by working to stabilize the number of children in the foster care system, while also reducing their length of stay in foster care by providing more in-home services and improving oversight of the costs of care. This savings was reverted to the state general fund.

Following is a three-year comparison of spending by major divisions, as well as a year-to-year employee count:

Fiscal and Policy Issues

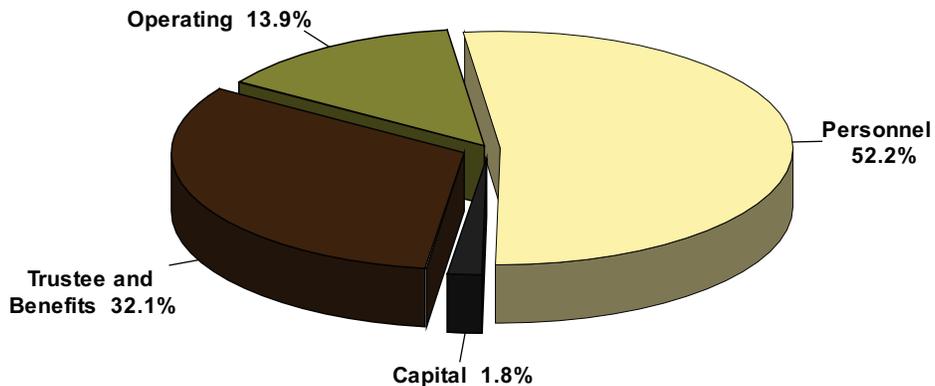
Division of Medicaid

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Personnel Costs	\$16,297,800	\$15,686,800	\$16,710,900
Operating Expense	24,153,700	33,348,500	24,720,000
Capital Outlay	177,100	923,700	391,200
Trustee & Benefits	1,116,009,800	1,148,802,900	1,259,524,100
Total	\$1,156,638,400	\$1,198,761,900	\$1,301,346,200
Full Time Equivalent Positions (FTE)	263	275	276



Division of Family and Community Services

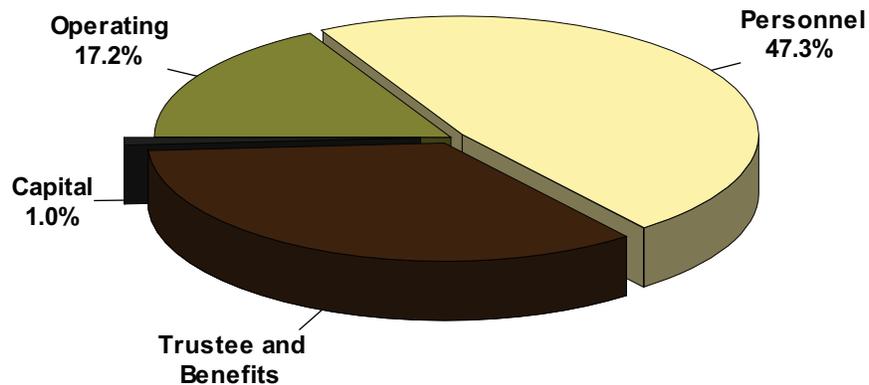
	<u>2006</u>	<u>2007</u>	<u>2008</u>
Personnel Costs	\$89,494,200	\$47,739,200	\$51,617,200
Operating Expense	25,398,800	13,959,200	13,703,200
Capital Outlay	946,700	587,100	1,734,500
Trustee & Benefits	36,685,800	23,312,600	31,695,400
Total	\$154,525,500	\$85,598,100	\$98,750,300
Full Time Equivalent Positions (FTE)	1,587	920	957



Fiscal and Policy Issues

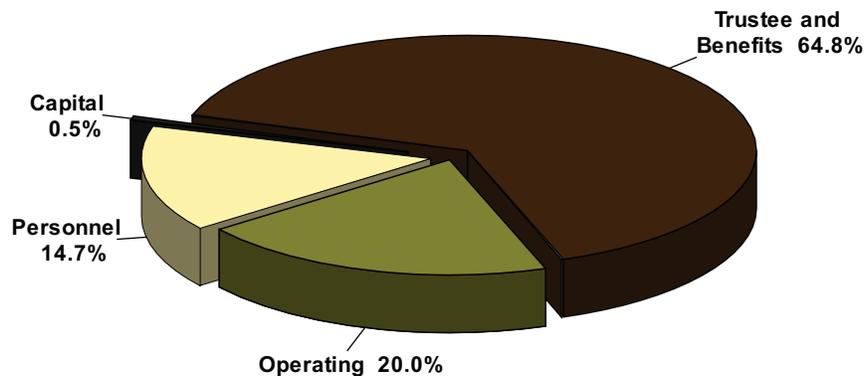
Division of Behavioral Health

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Personnel Costs		\$42,283,400	\$45,245,800
Operating Expense		15,016,600	16,395,400
Capital Outlay		451,200	913,900
Trustee & Benefits		40,064,500	32,968,700
Total		\$97,815,700	\$95,523,800
Full Time Equivalent Positions (FTE)		734	742



Division of Public Health

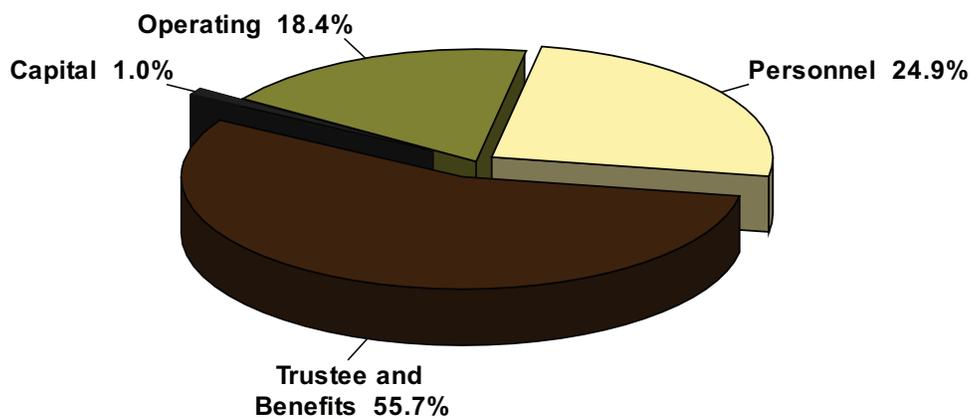
	<u>2006</u>	<u>2007</u>	<u>2008</u>
Personnel Costs	\$12,652,400	\$11,306,400	\$11,973,300
Operating Expense	17,530,100	14,625,700	16,233,500
Capital Outlay	1,727,700	917,900	403,000
Trustee & Benefits	57,620,300	45,588,100	52,580,900
Total	\$89,530,500	\$72,438,100	\$81,190,700
Full Time Equivalent Positions (FTE)	217	206	206



Fiscal and Policy Issues

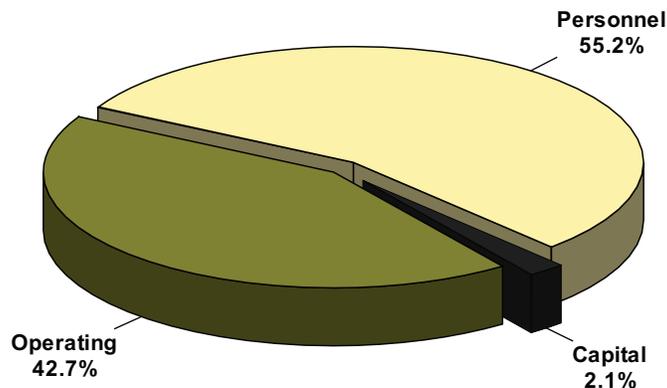
Division of Welfare

	2006	2007	2008
Personnel Costs	\$31,606,400	\$32,333,600	\$32,677,800
Operating Expense	20,106,200	21,852,600	24,121,400
Capital Outlay	247,500	1,194,700	1,246,300
Trustee & Benefits	81,424,900	74,067,300	72,901,100
Total	\$133,385,000	\$129,448,200	\$130,946,600
Full Time Equivalent Positions (FTE)	635	638	622



Indirect Support Services

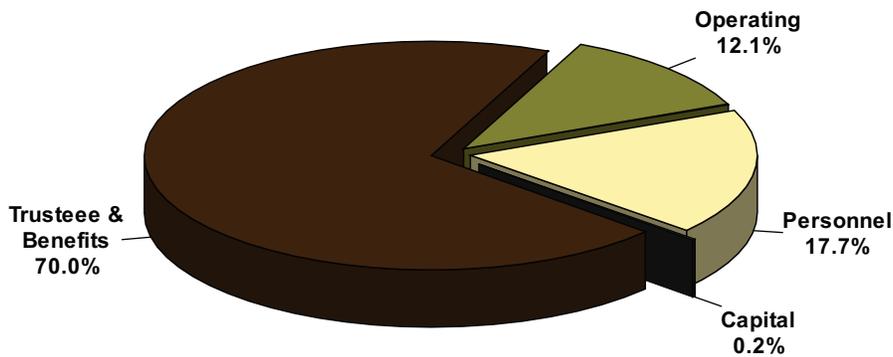
	2006	2007	2008
Personnel Costs	\$19,170,500	\$19,354,800	\$19,554,200
Operating Expense	14,928,900	14,911,800	15,143,900
Capital Outlay	945,900	584,300	737,800
Trustee & Benefits			
Total	\$35,045,300	\$34,850,900	\$35,435,900
Full Time Equivalent Positions (FTE)	322	324	303



Fiscal and Policy Issues

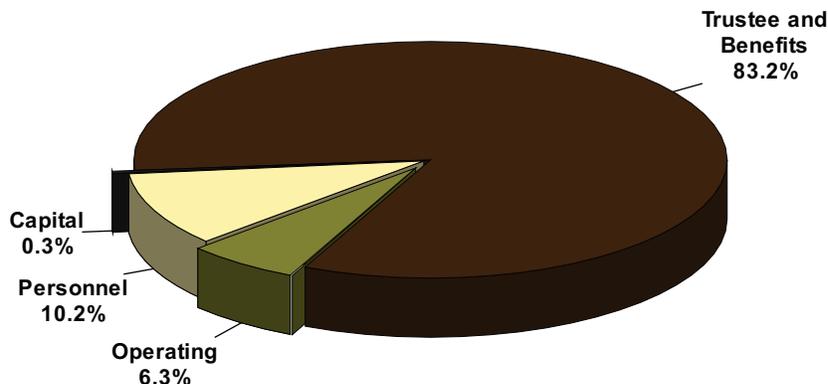
Independent Councils

	2006	2007	2008
Personnel Costs	\$744,000	\$646,000	\$639,300
Operating Expense	431,100	448,800	437,800
Capital Outlay	12,000	5,500	7,000
Trustee & Benefits	2,960,500	2,309,700	2,531,900
Total	\$4,147,600	\$3,410,000	\$3,616,000
Full Time Equivalent Positions (FTE)	13	13	13



Department of Health and Welfare (including independent councils)

	2006	2007	2008
Personnel Costs	\$169,965,300	\$169,350,200.00	\$178,418,500
Operating Expense	102,548,800	114,163,200.00	110,755,200
Capital Outlay	4,056,900	4,664,400.00	5,433,700
Trustee & Benefits	1,296,701,300	1,334,145,100.00	1,452,202,100
Total	\$1,573,272,300	\$1,622,322,900.00	\$1,746,809,500
Full Time Equivalent Positions (FTE)	3,037	3,110	3,119



Ongoing Fiscal Issues

The greatest concern of the Board is maintaining services, along with strong customer service by DHW staff, for Idaho residents affected by the economic problems that struck our nation in the fall of 2008. The department is receiving record numbers of people applying for Food Stamps, with caseloads increasing over 20% during the last year. Projections estimate this growth rate will continue throughout SFY 2009.

Economic Impacts

Along with Food Stamps, growing unemployment and rising poverty levels could impact other department programs such as child welfare, mental health services, substance use disorder services, child support, and other public assistance programs. The Board feels that department services will be integral to helping families and communities cope with the pressures and stress that occur during difficult economic times. By providing health and social services during this challenging period, the Board feels the department can help stabilize struggling families. Strategic intervention will not only help preserve families, but also help families become self-reliant as the economy recovers.

Because of falling state revenues that are tied to the economic downturn, the Board realizes that resources are scarce and budget reductions are necessary to balance the state budget. We plan to monitor the department's reductions to ensure that good public policy is maintained as much as possible, and the state's most vulnerable populations are protected. We are fairly certain that the SFY 2010 budget will be less than the SFY 2009 appropriation, with no or little additional funding available to meet inflation or caseload growth. This may place the department on a collision course of increasing demands and reduced capacity. We plan to monitor the coming months to offer support and guidance when necessary.

Medicaid

One of the continuing issues that confronts the department is Medicaid and its long term fiscal needs. Idaho's Medicaid program has been proactive in controlling costs and utilization of medical services, however, just as private medical insurance has escalated and impacted many businesses and families, Medicaid's expenses are straining the state's resources. Idaho has the third most restrictive eligibility criteria among states, which has helped keep caseload growth in check. However, inflation, pricing increases and medical utilization of services adds over \$100 million each year to Medicaid's budget. This is an issue that both the Board and the department continue to address.

Child Welfare

Another fiscal issue that may arise in the future revolves around child welfare. The federal government recently conducted Idaho's second Children and Families Services Review of foster care services. Idaho did well in the week-long review; however, in the resulting Program Improvement Plan, the state is required to meet specific federal benchmarks that may not be attainable with current funding and staffing levels. As a result, the program may receive a federal sanction.

The Board of Health and Welfare

History

Idaho's Department of Health and Welfare had its beginnings in 1885 with the establishment of the Idaho Insane Asylum at Blackfoot, followed by the Idaho Soldier's Home at Boise (1893), and the North Idaho Insane Asylum at Orofino (1905). Then, in 1907, Gov. Frank R. Gooding appointed three physicians, Idaho's attorney general, and the state engineer to serve on the first State Board of Health.

In the years following, responsibility for public health and welfare programs in Idaho fell to a variety of boards and organizational structures. At times the functions were separated and at other times combined. By 1972, the departments of Public Assistance and Public Health were united with the state's environmental protection programs to become the Department of Environmental and Community Services (DECS) with its own seven-member board.

Two years later, as part of an Idaho state government reorganization into twenty major departments, the Department of Health and Welfare (DHW) was created by combining DECS with the state's Department of Social and Rehabilitation Services, the Idaho Veterans Affairs Commission, and the Idaho Veterans Home. At the same time, the Board of Environmental and Community Services became the Board of Health and Welfare.

In 1995, responsibility for juvenile criminal and detention cases was shifted to the newly-established Department of Juvenile Corrections. In 2000, two more entities – the Department of Environmental Quality and the Department of Veterans Services – were separated from the Department of Health and Welfare. The span of DHW's responsibilities has remained stable since that time, although the role of the Board of Health and Welfare has changed.

Composition and Responsibilities

During the 2006 legislative session, membership on the Board of Health and Welfare was expanded from seven to eleven members: seven appointed by the governor, two representing the legislature, one representing the Office of the Governor, and the director of the Idaho Department of Health and Welfare, who also serves as the Board's secretary. Of the members appointed by the governor and subject to state senate confirmation, four are to be chosen based on their knowledge and interest in health and social services; two are selected based on business or financial experience; and one is representative of the public at large. In 2007, voting privileges were limited to the seven gubernatorial appointees.

In addition to expanding Board membership, the 2006 legislation added oversight responsibilities to the Board's rulemaking and advisory roles. By law, the Board's oversight responsibilities are to:

- Advise the governor and the DHW director on the department's fiscal, policy, and administrative matters;
- Review and advise the DHW director on the department's strategic plan and performance measurements;

The Board of Health and Welfare

- Develop goals and standards for measuring the efficiency and effectiveness of DHW;
- Review and advise the governor and the department director about initiatives; and
- Report annually to the governor and to the Idaho Legislature on key fiscal and policy issues, DHW's managerial and overall performance, and major proposed and ongoing initiatives.

The Board also has the authority to confirm or reject certain appointments made by the DHW director, including division administrators, regional directors, and state hospital administrators.

As a rulemaking entity, the Board of Health and Welfare has the power to adopt, amend, or repeal regulations and standards of DHW in areas of licensure and certification, personal health, emergency medical services, and vital statistics. Like other state rule-making authorities, the Board may be asked to review actions or inactions of DHW, and any person adversely affected by a final determination of the Board may file a petition for review with the district court.

Membership of the Board of Health and Welfare

The seven members appointed by the Governor include:



Richard "Dick" Roberge, M.D., Caldwell, Chairman. A retired physician who practiced for 30 years in Caldwell, Dr. Roberge is a member of the Caldwell School District Board of Trustees, a trustee of the College of Idaho, and a member of the Southwest District Health Department Board of Directors.



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



Daniel "Dan" S. Fuchs, RPH, Twin Falls. A pharmacist and part owner of Dick's Pharmacy, Mr. Fuchs is a member and past president of the Magic Valley Pharmacy Association, a member of the Idaho State Pharmacy Association, and past member of the Republican Central Committee. Mr. Fuchs also is part owner of Medical Office Pharmacy, Orchard Drug, Home I.V. and Medical Supply, Kwik-Meds, and Woodriver Electronics.

The Board of Health and Welfare



Quane Kenyon, Sr., Boise. Mr. Kenyon, a 42-year veteran journalist who retired from the Associated Press in 1998, serves as consultant and copy editor for several companies, volunteers for various organizations and political campaigns, and was a delegate to the 2006 GOP state convention. He is immediate past chairman of the Board of Health and Welfare.



Darrell Kerby, Bonners Ferry. Mr. Kerby is president of Pace-Kerby & Co., an independent insurance agency and real estate brokerage firm, and board president of Kaniksu Health Services, a non-profit health clinic with locations in Boundary and Bonner counties. As former mayor of Bonners Ferry, he received the Harold Hurst Award in 2007, the highest award given to a city elected official in Idaho, from the Association of Idaho Cities.



Tom Stroschein, Moscow. A native of Aberdeen and graduate of the University of Idaho, Mr. Stroschein is serving his third-term as a Latah County Commissioner. In that role, Mr. Stroschein has been focused on the County's Land Use Comprehensive Plan, assisting in a long-term water plan for the Palouse by supporting water adjudication, and he continues his work on mental health reform. He has a strong agricultural background, operating a row crop farm and sheep operation until the 1990s, while concurrently serving on the State Farm Service Agency Board, the Idaho Wheat Commission and Idaho Sheep Commission. Mr. Stroschein received the Governor's Lifetime Achievement Award for Service to Agriculture in 1996.



Stephen C. Weeg, M. Ed., FACHE, Pocatello. Mr. Weeg is executive director for Health West in southeast Idaho, a community health center with clinics in six communities. He is a 35-year veteran of health and human services and also a board member for the new Portneuf Medical Center Community Benefit Organization. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

The Board of Health and Welfare

Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare serve without vote:



Richard M. Armstrong, Boise, secretary to the Board and Director of the Department of Health and Welfare since June of 2006. Mr. Armstrong retired as Senior Vice President of Sales and Marketing for Blue Cross of Idaho, a private health care insurance company, where he worked for 36 years prior to his appointment as DHW director.



Representative Sharon Block, Twin Falls, Chairman of the House Health and Welfare Committee and State Representative from District 24.



Sara Stover, senior analyst for the Division of Financial Management, is the Health and Human Services budget advisor to the Governor.



Senator Patti Anne Lodge, Huston, Chairman of the Senate Health and Welfare Committee and State Senator from District 13.

Board Organization

The Board is organized in three subcommittees: Support Services, Family and Welfare Services, and Health Services. Each subcommittee is assigned key issues to study and reports back to the full Board on its findings and recommendations.

In addition, a Nominating Committee is appointed each year to recommend nominees for the chair and vice chair positions.

Department Overview

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

Leadership

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

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

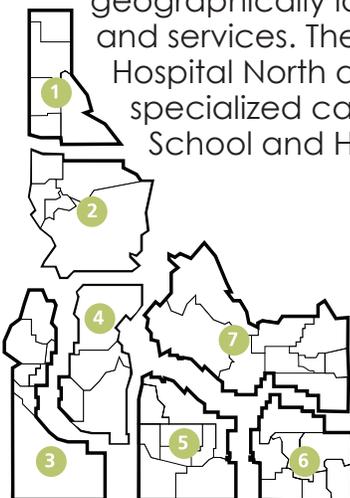
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

The Board

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

DHW Organization

DHW is organized into eight divisions, seven regional offices and 34 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, Idaho State School and Hospital at Nampa.



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

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

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

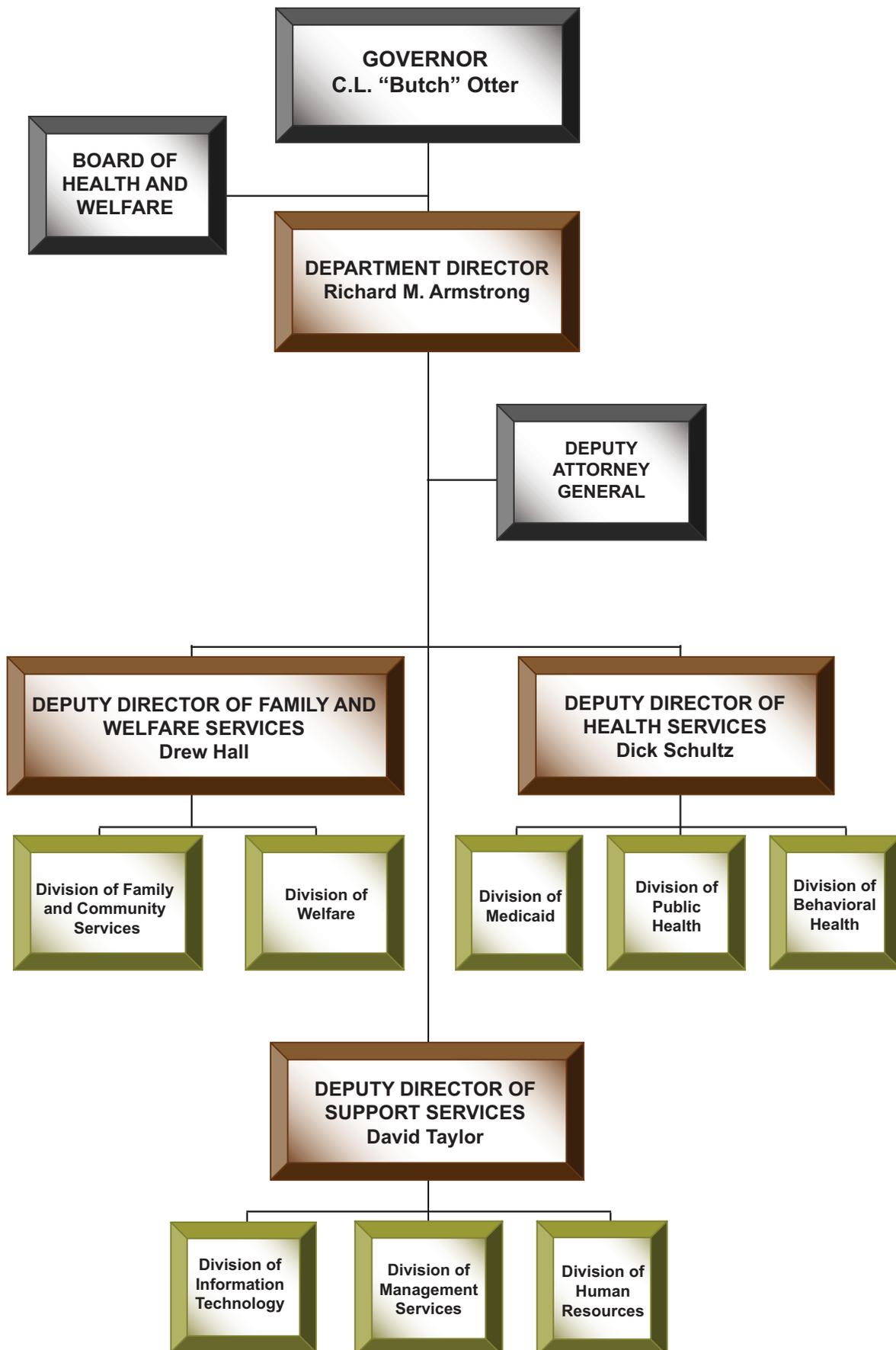
Region 4: Ada, Boise, Elmore and Valley counties, headquartered at Boise

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

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

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

Department Overview



Department Overview

Department Divisions

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

FAMILY AND WELFARE SERVICES

Division of Family and Community Services (FACS)

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

Division of Welfare

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

HEALTH SERVICES

Division of Medicaid

The Division of Medicaid administers a comprehensive medical coverage program for low-income pregnant women, people with disabilities, the elderly, and children from low-income families. It also licenses and inspects health facilities such as nursing homes, hospitals, and residential and assisted living facilities.

Division of Public Health

The Division of Public Health actively promotes healthy lifestyles and prevention activities; monitors and intervenes in disease transmission and health risks; and administers a variety of services that include vaccines, communicable disease testing, food safety regulation, emergency medical personnel certification, maintaining vital records, health statistics compilation, and emergency preparedness. The division contracts with District Health Departments to provide services such as immunizations, epidemiology, prevention of sexually transmitted diseases, nutritional education, food protection, and oral health.

Department Overview

Division of Behavioral Health

The Division of Behavioral Health administers Adult and Children's Mental Health and Substance Use Disorder programs. It also administers the state's two mental health hospitals for people with serious and persistent mental illnesses, State Hospital North at Orofino and State Hospital South at Blackfoot. The division's services are consumer driven, prevention oriented, and are focused on helping children, adults, and families address and manage personal challenges that result from mental illnesses and/or substance use disorders.

SUPPORT SERVICES

Division of Human Resources

This internal division supports the entire department with services such as recruitment and retention, workforce and staff development, compensation and classification, employee relations, equal employment opportunity, employee and client civil rights, privacy and confidentiality, language assistance, and employee benefits.

Division of Information and Technology

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

Division of Management Services

The Division of Management Services provides administrative support for all DHW operations and service delivery units through centralized budgeting, cash flow management, fixed asset tracking, physical plant management, general ledger accounting and reconciliation, financial reporting, internal audit, surveillance utilization reviews, accounts receivable and receipting, accounts payable, and payroll services.

Department Overview

Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Family and Welfare Services.....	Drew Hall
Deputy Director, Health Services.....	Richard Schultz
Deputy Director, Support Services.....	David Taylor
Family and Community Services Division.....	Michelle Britton, Administrator
Welfare Division.....	Russ Barron, Administrator
Medicaid Division.....	Leslie Clement, Administrator
Public Health Division.....	Jane Smith, Administrator
Behavioral Health Division.....	Kathleen Allyn, Administrator
Human Resources Division.....	Paul Spannkebel, Administrator
Information and Technology Division.....	Michael Farley, Administrator
Management Services Division.....	Richard Humiston, Administrator
Region 1, Coeur d'Alene.....	Karen Cotton, Director
Region 2, Lewiston.....	Tanya McElfresh, Director
Region 3, Caldwell.....	Ross Mason, Director
Region 4, Boise.....	Landis Rossi, Director
Region 5, Twin Falls.....	John Hathaway, Director
Region 6, Pocatello.....	Nick Arambarri, Director
Region 7, Idaho Falls.....	Michele Osmond, Director
Idaho State School and Hospital, Nampa.....	Susan Broetje, Administrator
State Hospital North, Orofino.....	Gary Moore, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Jeanne Goodenough, Chief

