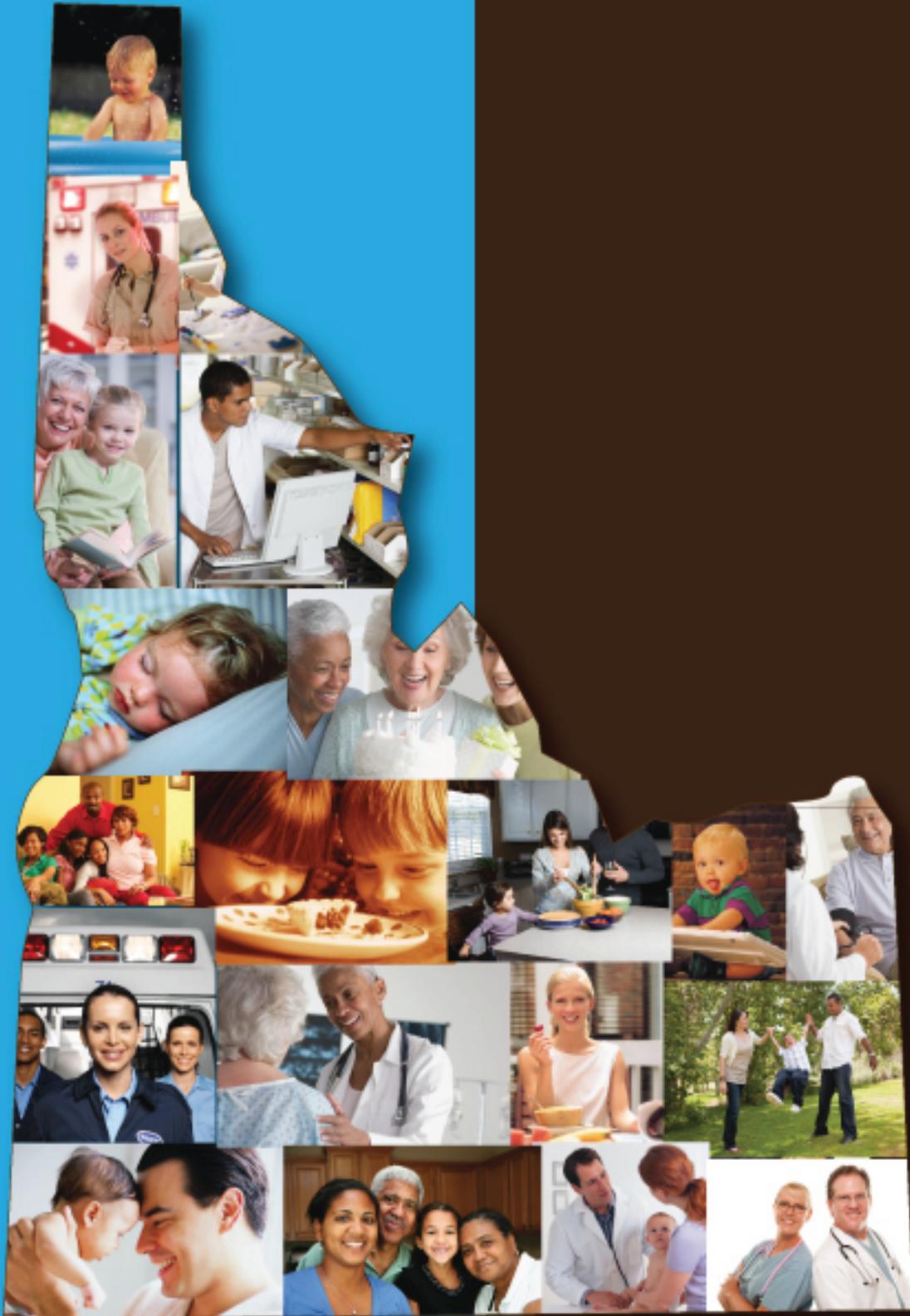


# Board of Health & Welfare 2012 Annual Report



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



**Our Mission: To Promote & Protect the Health & Safety of Idahoans**





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

# IDAHO DEPARTMENT OF HEALTH & WELFARE

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

A more optimistic tone starts the fiscal year 2013. The Idaho Board of Health and Welfare is happy to report seeing continued increase in the effectiveness by the DHW personnel. They deal with 37 percent of the State of Idaho's budget with less than 17 percent of the state's full time personnel. The department continues superior results in all programs and divisions. Now we must plan for the future.

The future involves the implementation of the three major goals of our strategic plan:

1. Improve the health status of Idahoans;
2. Increase their safety and self-sufficiency;
3. Enhance the delivery of health and human services.

The Affordable Care Act (ACA) will be an important component of these goals. The Board eagerly awaits the outcome of the planned Idaho health insurance exchange that will simplify obtaining health care for more Idaho families. With its required changes to Medicaid eligibility, more low-income, uninsured adults and children will be eligible for medical coverage. Mental health care coverage also will expand in Idaho to improve overall health of our citizenry.

We look forward to the next year where we may increase the implementation of workable managed care programs in Medicaid for mental health and people who are dually eligible for both Medicaid and Medicare. With a focus on health homes, patient accountability and shift to a payment system that rewards improved patient outcomes, we believe the overall health delivery system can become more efficient and effective.

We thank the dedication of our department personnel who supply help and succor to the many thousands of Idaho citizenry's public health needs.

Richard Roberge, M.D.  
Board Chairman

# Idaho Board Of Health And Welfare

## SFY 2012 Board Membership

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

Janet F. Penfold  
Vice Chair  
207 South 175 East  
Driggs, Idaho 83422

Jim Giuffre  
352 Panorama Place  
Boise, Idaho 83713

Stephen Weeg  
442 S. Garfield Ave.  
Pocatello, Idaho 83204

Daniel Fuchs  
3072 Heatherwood Rd.  
Twin Falls, Idaho 83301

Latah Commissioner Tom Stroschein  
1464 Alpowa  
Moscow, Idaho 83843

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

### NON-VOTING MEMBERS

Richard M. Armstrong  
Director, Department of Health and  
Welfare  
Board Secretary  
450 West State Street  
Boise, Idaho 83702

Senator Patti Anne Lodge  
P.O. Box 96  
Huston, Idaho 83630

Representative Janice K. McGeachin  
6121 N. 5th W.  
Idaho Falls, Idaho 83401

OFFICE OF THE GOVERNOR  
Tammy Perkins



# Table of Contents

Message from the Chairman	3
Fiscal and Policy Issues	6-10
Challenges Continue During Economic Recovery	6
Division Appropriations	7-10
Managerial and Overall Performance	11-12
Strategic Plan	11
Confirmation and Administrative Appointments	12
Proposed and Ongoing Department Initiatives	13-16
Medicaid Modernization & Readiness	13
Medicaid Managed Care	13-14
Child Welfare	14
Food Stamp Issuance	14-15
Southwest Idaho Treatment Center	16
Behavioral Health Transformation	15-16
Approval of Rules	16
Board Overview	17-21
History	17
Composition and Responsibilities	17-18
Membership	18-20
Department Overview	21-25
Leadership and Organization	21
Organization Chart	22
Public Health, Welfare, Family Services & Medicaid	23
Behavioral Health, Medically Indigent, & Support Services	24
Administrative Staff	25

# Fiscal and Policy Issues

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

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

## Challenges Continue During Economic Recovery

The economic signs of recovery during FY 2012 were good news for the Department of Health and Welfare (DHW). DHW programs have been one place families have turned for help in meeting basic needs such as food, medical care, child care, child support, and emergency assistance during the economic uncertainties that began in August 2008. With unemployment rates falling and the housing market stabilizing, staff focused on helping Idaho families find stable employment and regain self-sufficiency.

Many of DHW’s public assistance programs continued to see a high number of applications for services, however, program growth slowed or stabilized for the first time in four years.

Idaho’s Supplemental Nutrition Assistance Program, commonly referred to as Food Stamps, increased by five percent during FY 2012, which is far below the 25 percent growth during FY 2011 and 43 percent growth during FY 2010. The growth of Medicaid also slowed in FY 2012, growing by only 2.4 percent, which again is much smaller than the growth rates for the last two years, which were six percent and nine percent respectively.

For the second straight year, Idaho Medicaid successfully completed the year without delaying payments to providers due to lack of funds. The stabilization of the Medicaid budget reflects the prudent budget approach by the Governor and Legislature. During FY 2012, House Bill 260 was implemented, resulting in savings of \$115 million, which included \$34 million in state general funds. With the recovering economy and good budget management, the 2012 Legislature restored some Medicaid benefits for disabled and elderly participants in FY 2013.

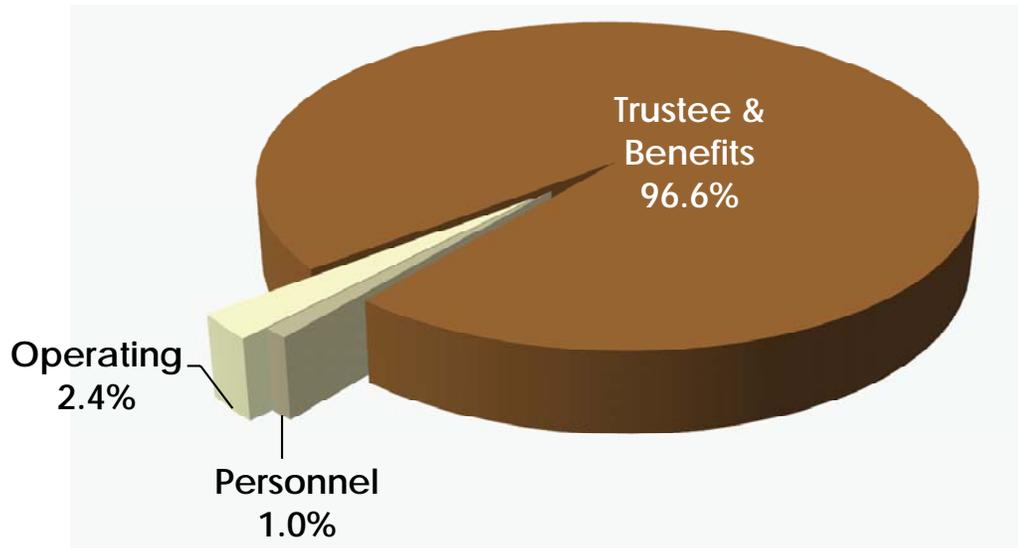
During FY 2012, the department’s Divisions of Welfare, Medicaid and Information Technology began preparations for changes mandated by the Patient Protection and Affordable Care Act. Changes in eligibility criteria and the requirement that everyone have health insurance are projected to add an estimated 70,000 people to Medicaid in the coming years. Preparations include major programming of DHW’s eligibility system, re-engineering of work processes, and interfacing with federal databases and an insurance exchange.

The following provide a three-year comparison of spending by major divisions, as well as a year-to-year employee count:

# Fiscal and Policy Issues

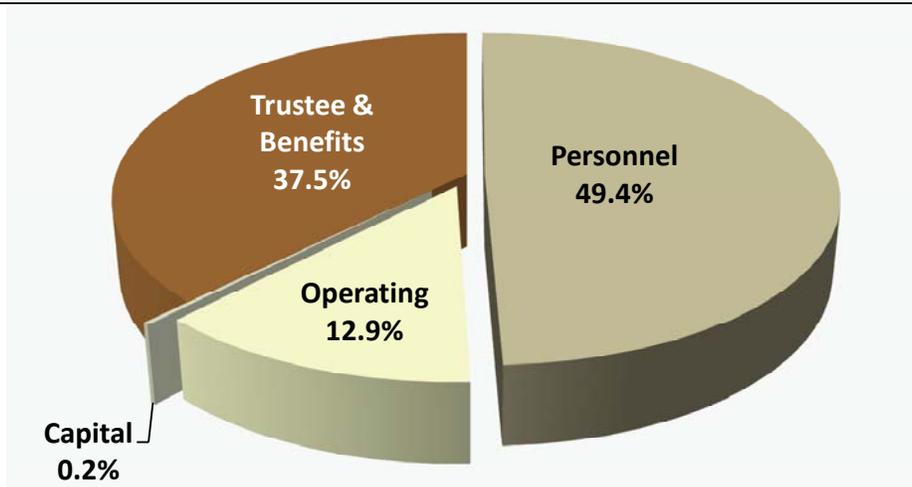
## Division of Medicaid

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$17,852,100	\$16,597,200	<b>\$17,004,300</b>
Operating Expense	41,836,800	31,056,300	<b>41,733,800</b>
Capital Outlay	2,400	20,200	<b>3,300</b>
Trustee & Benefits	1,409,568,700	1,834,469,300	<b>1,645,667,600</b>
Total	\$1,469,260,000	\$1,882,143,000	<b>\$1,704,409,000</b>
Full Time Positions (FTP)	283	283	<b>274</b>



## Division of Family and Community Services

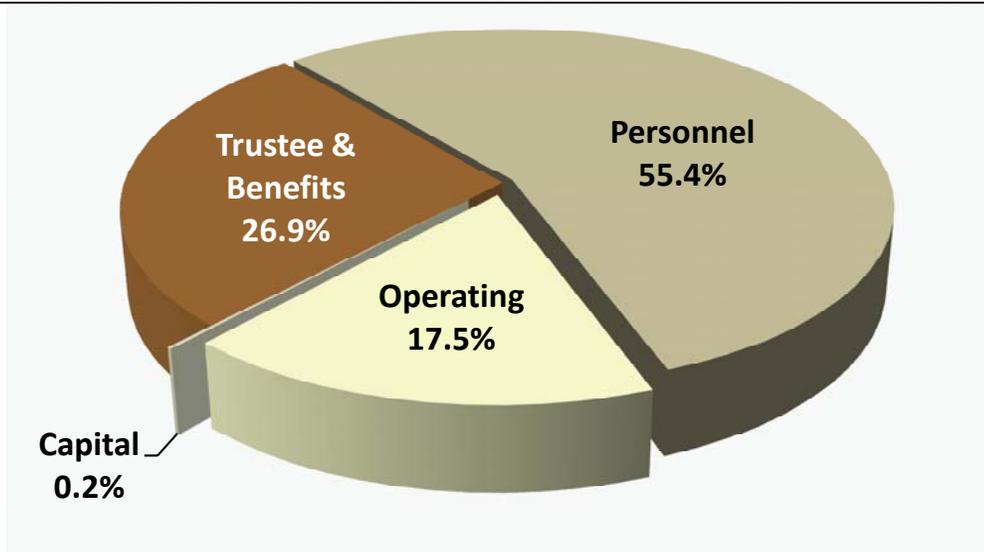
	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$48,845,800	\$45,128,100	<b>\$43,089,700</b>
Operating Expense	11,090,900	11,279,800	<b>11,233,900</b>
Capital Outlay	63,000	718,500	<b>216,599</b>
Trustee & Benefits	30,365,400	31,755,700	<b>32,657,900</b>
Total	\$90,365,100	\$88,882,100	<b>\$87,198,000</b>
Full Time Positions (FTP)	977	968	<b>840</b>



# Fiscal and Policy Issues

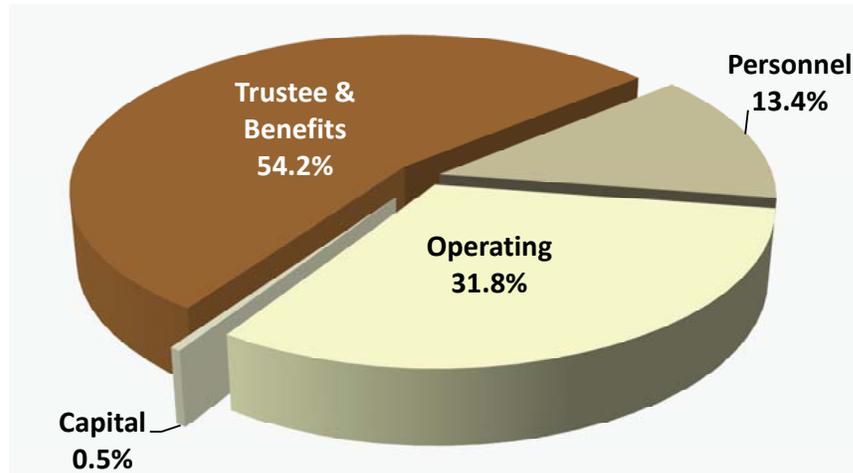
## Division of Behavioral Health

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$43,212,900	\$39,422,600	\$40,515,600
Operating Expense	11,849,900	11,488,600	12,819,700
Capital Outlay	158,300	70,800	134,400
Trustee & Benefits	33,878,800	30,611,000	19,643,400
Total	\$89,099,900	\$81,593,000	\$73,113,100
Full Time Positions (FTP)	726	709	653



## Division of Public Health

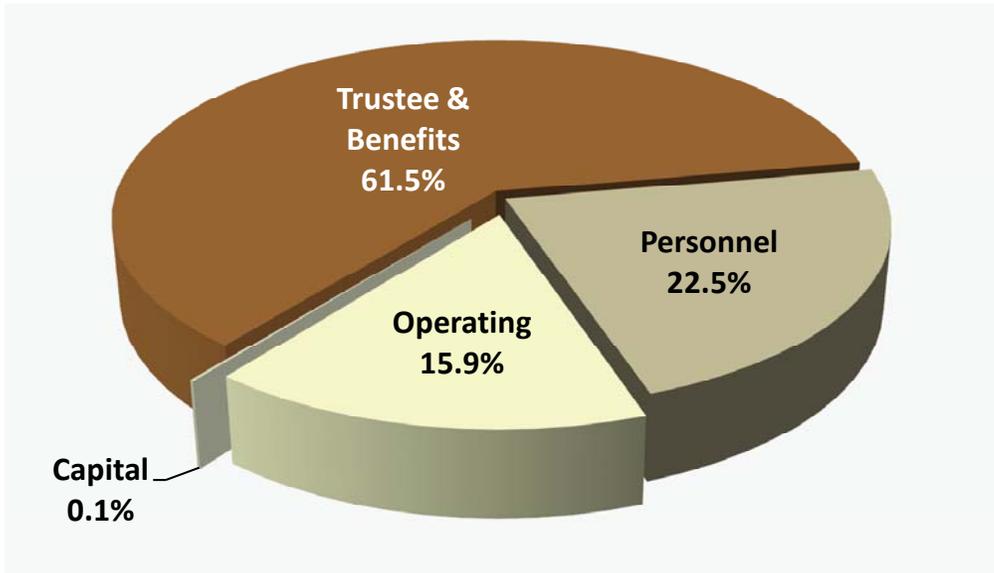
	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$12,148,900	\$12,353,600	\$12,758,800
Operating Expense	14,374,400	20,983,900	30,210,000
Capital Outlay	284,000	1,086,500	444,000
Trustee & Benefits	59,261,100	52,688,100	51,468,100
Total	\$86,068,400	\$87,112,100	\$84,880,900
Full Time Positions (FTP)	206	213	213



# Fiscal and Policy Issues

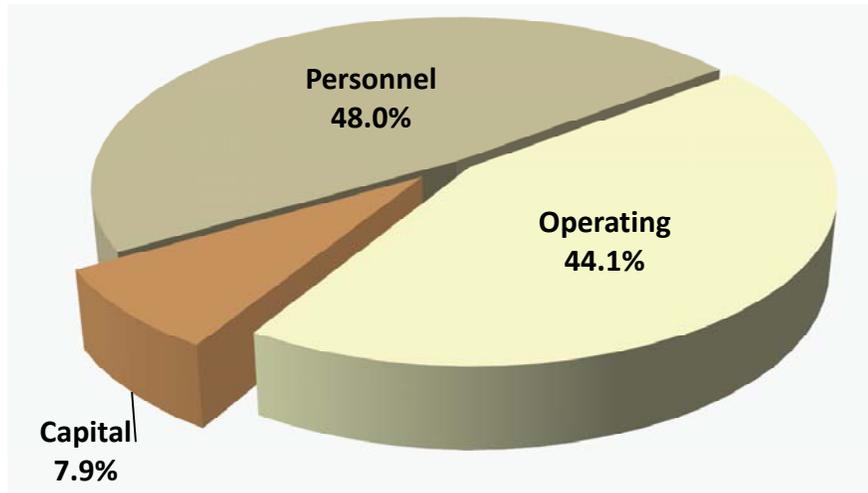
## Division of Welfare

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$32,942,200	\$31,443,700	<b>\$31,763,900</b>
Operating Expense	22,528,000	16,688,000	<b>22,465,600</b>
Capital Outlay	163,800	370,000	<b>199,700</b>
Trustee & Benefits	103,984,300	87,822,700	<b>86,766,100</b>
Total	\$159,618,300	\$136,324,400	<b>\$141,195,300</b>
Full Time Positions (FTP)	632	622	<b>592</b>



## Indirect Support Services

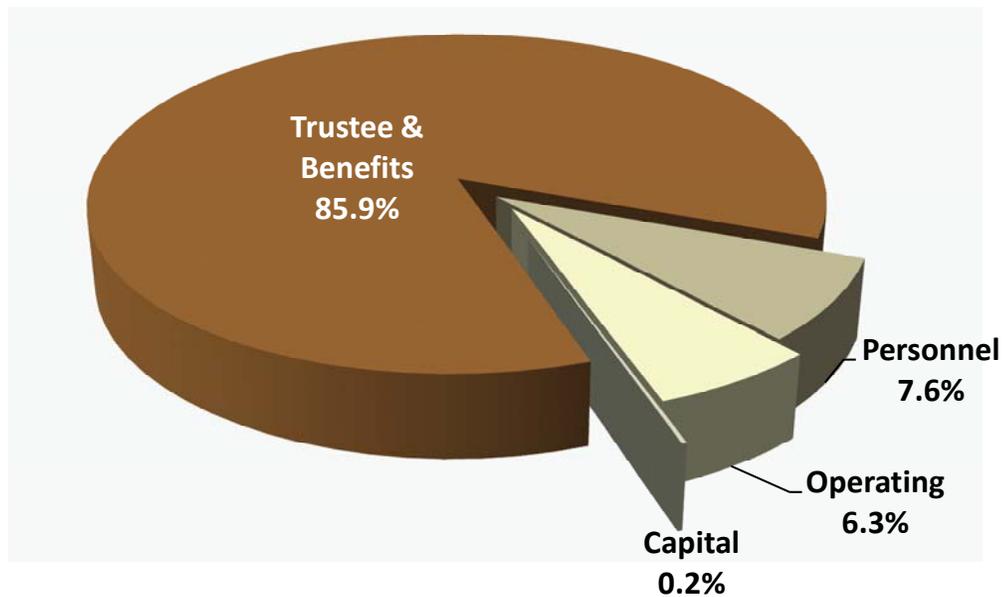
	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$18,327,700	\$17,265,800	<b>\$18,110,700</b>
Operating Expense	14,637,600	13,968,100	<b>16,626,500</b>
Capital Outlay	414,600	1,212,300	<b>2,987,700</b>
Trustee & Benefits	---	---	--
Total	\$33,379,900	\$32,446,200	<b>\$37,724,900</b>
Full Time Positions (FTP)	303	294	<b>270</b>



# Fiscal and Policy Issues

## Department of Health and Welfare

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Personnel Costs	\$174,141,700	\$162,320,200	\$163,346,000
Operating Expense	116,804,100	105,471,100	135,092,000
Capital Outlay	1,087,300	3,478,300	3,985,600
Trustee & Benefits	1,640,086,500	2,037,346,800	1,836,203,100
Total	\$1,932,119,600	\$2,308,500,800	\$2,138,626,700
Full Time Positions (FTP)	3,141	3,090	2,843



# Managerial and Overall Performance

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

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

## DHW Strategic Plan

**D**uring SFY 2012, the Board reviewed the Strategic Plan FY2013-2017 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 2017.

Objective 2: Increase the use of evidence-based clinical prevention services to 70.33% by 2017.

### **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 2017.

Objective 2: Increase the percent of individuals and families who no longer use department services to 50.54% by 2017.

Objective 3: The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2017.

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

Objective 1: Assure that in 2017, 100% of Idaho's geographic areas which meet Health Professional Shortage Area criteria will be submitted for designation as areas of health professional shortage.

Objective 2: Increase the percent of Idahoans with health care coverage to 78.67% by 2017.

Objective 3: By 2017, department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

Objective 4: The department eligibility determination accuracy rates of key identified programs will reach 84.17% by 2017.

Objective 5: The department will improve customer service annually (in the areas of caring, competence, communication, and convenience) to 84.57% by 2017.

# 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 FY2013-2017 is found on the agency's web site at <http://healthandwelfare.idaho.gov>.)

## Confirmation of Administrative Appointments

During SFY 2012, the Board of Health and Welfare confirmed administrative appointments recommended by DHW:

- Paul Leary, Division Administrator for Medicaid
- Ross Edmunds, Division Administrator for Behavioral Health.

# Proposed and Ongoing Department Initiatives

*"...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)*

**D**uring SFY 2012, 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 Modernization and Readiness

One of the greatest concern of the Board is meeting the deadlines set for the Patient Protection and Affordable Care Act's mandatory Medicaid changes that go into effect January 2014.

Changes in eligibility criteria and mandated insurance coverage could add over 40,000 people to Medicaid, which currently provides services to approximately 245,000 Idaho residents. With delays resulting from the U.S. Supreme Court decision in June 2012, the presidential election and political wrangling over a state insurance exchange, the timeframes for completing the project have been compressed from the original three years to less than one year. Failure to meet the federal timelines could result in substantial penalties or sanctions.

The Board will continue to monitor the development of the project so that the necessary infrastructure to fully implement the mandatory Affordable Care Act provisions are in place by 2014.

## Medicaid Managed Care Efforts

House Bill 260 passed during the 2011 legislative session directed Idaho Medicaid to develop managed care programs that result in an accountable care system that improves health outcomes. Legislation directed Medicaid to focus on high-cost populations. Under this direction, Idaho Medicaid is currently implementing managed care in two areas:

1. Mental health services; and
2. People who are dually eligible for both Medicaid and Medicare services.

The initiative for mental health services is called the Idaho Behavioral Health Plan. Medicaid plans to contract with a managed care entity to administer Medicaid reimbursed mental health and substance abuse services in the summer of 2013. The Board will be watching closely with this switch from fee-for-service reimbursement to managed care, with more emphasis on improving participant outcomes.

# Proposed and Ongoing Department Initiatives

The majority of individuals dually eligible for Medicare and Medicaid often receive fragmented and poorly coordinated care. People dually eligible are among the nation's most chronically ill and costly patients. Medicaid is partnering with the Centers for Medicare and Medicaid Services to develop a capitated model of managed care that integrates care across a broad spectrum of primary, acute, behavioral health and long term supports and services.

The Board will be monitoring the implementation of this initiative, tentatively planned for January 2014.

## Child Welfare

The Board continues to monitor the progress the Child Welfare program is making in its adoption efforts through the One Church, One Child program, a highly successful national program recently implemented by Idaho. One Church, One Child is a partnership between DHW and non-denominational, faith based communities. The concept is that each participating church accepts the challenge to recruit congregation members to adopt or foster a child, with other members providing support for the family.

The response to the initiative has been very positive, with over 60 Idaho communities of faith supporting the mission. In one community, eight couples stepped forward and committed to become foster parents. In another, an entire congregation has wrapped itself around a member's foster efforts, providing furniture and bedding, along with mentoring the parents and providing both physical and spiritual support for the family's needs.

The board fully supports this partnership effort to find families for children so they do not spend the rest of their youth in foster care. The Board would like to see this kind of success continue.

## Food Stamp Issuance

The department submitted a request to fund a multi-day issuance of Food Stamps in the 2012 legislative session, but no action was taken on the bill. DHW currently issues all Food Stamp benefits on the first day of each month, which has caused problems for some grocers with long check-out lines and inventory management. The department's proposal would have distributed Food Stamp benefits over the first 10 days of each month.

Grocers continue to seek a multi-day issuance, however, DHW is asking legislators to delay any decisions until June 2014 when the department will be better able to handle the transition. Currently, the department is focusing available resources on completing the Medicaid requirements mandated by the Affordable Care Act and cannot successfully

# Proposed and Ongoing Department Initiatives

implement another major initiative until the Medicaid readiness project is completed. The Board believes it is prudent to complete the \$40 million Medicaid mandatory expansion project before taking on additional major initiatives.

## Southwest Idaho Treatment Center (SWITC)

The 2009, a non-partisan, stakeholder committee was formed through legislative direction to create a plan to transition residents of SWITC into community-based services or other private care settings. Community-based services have proven to be beneficial to most clients and also are generally less expensive.

The committee developed a three-year plan that DHW has systematically implemented. The first step continues to be implemented with a decrease in resident census and a corresponding decrease in employees and funding. There are approximately 30 current residents at SWITC, a 42% decrease since 2008. The number of employees has decreased by 142, from 375 FTE in 2008 to 233 in the current FY 2014 request. SWITC's overall budget during this time period was reduced by \$10.8 million, which includes \$2.1 million in state general funds.

The plan also includes opening two community crises residences to provide intensive, stabilizing services during a crisis situation. The first crisis home opened in Coeur d'Alene during the summer of 2012, with a second planned for southeast Idaho within the next two years.

The Board fully supports community placements and the crises intervention strategy to reduce the need for institutionalization.

## Behavioral Health Transformation

Clinical treatment for mental illnesses and substance abuse is expected to expand in 2014 due to parity provisions for health insurance in the Patient Protection and Affordable Care Act. With more people being able to access mental health and substance abuse services, the remaining gap to improve people's chances for meaningful recovery and resiliency is at the community level in the form of support services.

These services could include housing, social contacts, transportation, employment and other community-oriented supports people access to enrich their lives. Support services are not paid for by insurance coverage, but are vital for a person with a behavioral health illness to succeed. A person can receive the best clinical care in the world, but if they are homeless or have no supports in their community, their chances for recovery are severely diminished.

# Proposed and Ongoing Department Initiatives

DHW proposes to support the formation of Regional Behavioral Health Boards throughout the state to develop the infrastructure in communities to support people recovering from mental illness and/or a substance abuse issue. With communities developing the supports they need, their citizens can be productive and active. The Board fully supports this strategy and encourages the formation and support of Regional Behavioral Health Boards.

## Approval of Rules

During SFY 2012, the Board of Health and Welfare responded to petitions and approved a number of administrative rules. Among those approved are:

- ***Emergency Medical Services rules*** that outline requirements and standards for certification and licensure of emergency medical personnel. The rules cover renewal of licensure and education criteria for necessary skills to perform duties of specific types of licensure. The rules also update the Idaho EMS Physicians Commissions Standards Manual.
- ***Medicaid rules*** that implement licensing fees to cover the costs for certification of certified family homes that are required by House Bill 260 passed by the 2011 Legislature.
- ***Child welfare rules*** that align the use and disclosure of child welfare records with federal requirements by allowing DHW to share information with law enforcement without a court order to alleviate delays in law enforcement investigations of child abuse, neglect or abandonment.
- ***Daycare licensing rules*** to align with statutory changes that set licensing fees, safety standards and child/staff ratios.
- ***Criminal History Background Check rules*** that increase fees by \$15 for to cover the increased costs of fingerprint checks being charged by law enforcement. The total fee increases from \$55 to \$70.

# The Board of Health and Welfare

## History

**I**daho'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 Department of Health and Welfare, who also serves as the Board's secretary. Of the members appointed by the governor and subject to state senate confirmation, four are chosen based on their knowledge and interest in health and social services; two are selected based on business or financial experience; and one is representative of the public at large. In 2007, voting privileges were limited to the seven gubernatorial appointees.

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

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

# The Board of Health and Welfare

- Develop goals and standards for measuring the efficiency and effectiveness of DHW;
- Review and advise the governor and the department director about initiatives; 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 During SFY 2012

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.



**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



**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 retired in August 2012 as executive director for Health West in southeast Idaho, a community health center with clinics in six communities. He is a 35-year veteran of health and human services and also a board member for the new Portneuf Medical Center Community Benefit Organization. He served as a member of the Health Quality Planning Commission and is a member of Gov. Otter's executive leadership team for the Idaho Health Care Council. Stephen is a recipient of the Wilbur Cammack Award for exemplary service in the field of mental health.

**Jim Giuffré, Boise**. Mr. Giuffré brings more than 30 years of experience in patient engagement, health education, healthcare technology, and marketing from management positions held with Healthwise, WebMD, and three of Idaho's seven public health districts. Giuffré, who has a Masters of Public Health degree, currently works at Healthwise where he leads the development and distribution of the newest generation of Healthwise consumer health information products and services. He was appointed to the Board in April 2011.



# The Board of Health and Welfare

*Pursuant to SB1093 of the 2007 legislative session, the following members of the Board of Health and Welfare served without vote during SFY 2012:*



**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.



**Former Representative Janice McGeachin**, Idaho Falls, was former Chairman of the House Health and Welfare Committee and State Representative from District 32 during the year covered by the SFY 2012 board report.



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



**Senator Patti Anne Lodge**, Huston, was former Chairman of the Senate Health and Welfare Committee during the year covered by this Board Report. Sen. Lodge continues as State Senator from District 13.

# Department Overview

**T**he 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.

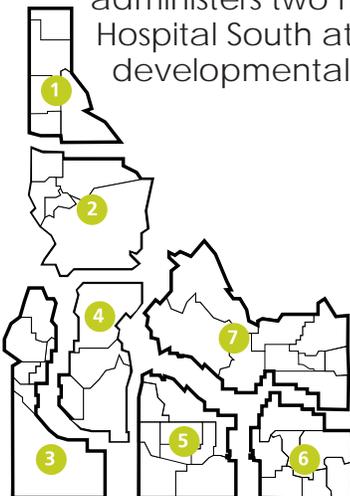
The director appoints deputy directors, subject to the approval of the Board of Health and Welfare, to assist in managing DHW's programs and services.

## 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 the Senate and House Health and Welfare committees.

## DHW Organization

DHW is organized into seven regions and 20 field offices that are geographically located to give residents of all areas of Idaho access to programs and services. The department administers two mental health hospitals--State Hospital North at Orofino and State Hospital South at Blackfoot—along with a specialized care facility for people with developmental disabilities, the Southwest Idaho Treatment Center 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 divisions, each containing programs and bureaus that provide an administrative structure for the delivery of services and accountability.

### PUBLIC HEALTH, WELFARE AND FAMILY SERVICES

#### 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.

#### 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.

#### Division of Family and Community Services (FACS)

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

### BEHAVIORAL HEALTH, MEDICAID & MANAGED CARE 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. Going forward, the division is working on exploring managed care options and separating out Licensing and Certification into its own division.

# 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.

## Medically Indigent Services

Medically Indigent Services works with the counties, other state agencies and stakeholders to develop solutions to the healthcare costs for Idaho's medically indigent citizens.

## SUPPORT SERVICES

### Division of Operational Services

This internal division oversees contract management and purchasing; building maintenance for DHW hospitals and offices; strategic planning and business support; and human resource management of the department's 2,800 workers.

### Division of Information and Technology Services

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

### Financial Services

Financial Services consists of Financial Management, Financial Systems & Operations, Accounts Payable, Accounts Receivable, Employee Services and Electronic Benefits.

### Division of Licensing and Certification

Licensing and Certification was separated from the Division of Medicaid on July 1, 2012, to make the regulatory enforcement functions independent of Medicaid's benefit management. The new division conducts licensing and certification requirements for hospitals, nursing homes, developmental disability agencies, certified family homes, ambulatory surgery centers and other agencies and institutions that require federal and/or state certification or licensure.

# Department Overview

## Administrative Staff

Director.....	Richard M. Armstrong
Deputy Director, Public Health, Welfare and Family Services.....	Drew Hall
Deputy Director, Behavioral Health, Medicaid and Managed Care Services.....	Denise Chuckovich
Deputy Director, Support Services.....	David Taylor
Behavioral Health Division.....	Ross Edmunds, Administrator
Family and Community Services Division.....	Rob Luce, Administrator
Information and Technology Services Division.....	Michael Farley, Administrator
Licensing & Certification Division.....	Tamara Prisock, Administrator
Medicaid Division.....	Paul Leary, Administrator
Operational Services Division.....	Paul Spannknebel, Administrator
Public Health Division.....	Elke Shaw-Tulloch, Administrator
Welfare Division.....	Russ Barron, Administrator
Region 1, 2, Coeur d'Alene, Lewiston.....	Joyce Broadsword, Regional Director
Region 3, 4 Caldwell, Boise.....	Ross Mason, Regional Director
Region 5, 6, 7 Twin Falls, Pocatello, Idaho Falls.....	John Hathaway, Regional Director
Southwest Idaho Treatment Center.....	Susan Broetje, Administrator
State Hospital North, Orofino.....	Ken Kraft, Administrator
State Hospital South, Blackfoot.....	Tracey Sessions, Administrator
Legal Services.....	Peg Dougherty, Lead Deputy



IDAHO DEPARTMENT OF  

---

HEALTH & WELFARE

[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)