

MINUTES  
JOINT MEETING  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 08, 2013

**TIME:** 8:00 A.M.

**PLACE:** Auditorium

**MEMBERS:** Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew  
Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock, Schmidt

**ABSENT/  
EXCUSED:** None.

**GUESTS:** The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

**Chairman Heider** called the meeting to order at 8:01 a.m. He welcomed guests and explained the rules of the meeting and legislative procedures. He introduced **Vice Chairman Perry**, who welcomed everyone in attendance.

**Jenny Hayes-Millar**, Idaho Resident, and **Scott Burpee**, CEO Safe Haven Health Care, requested state hospital improvements, stating that they provide only bi-weekly instructional classes and the depressing physical atmosphere further affects MH patients. A new assisted living level was suggested for a slower transition rate that would also provide shelter for individuals threatening themselves or others and who are removed from their living situations with no where else to go for shelter.

**Joan Schramm**, Director, Mental Health (MH) Services; **Bill Fairbanks**, RH Mental Health; **Dave Sorensen**, Family Center Owner; and **Brandon Wilcox**, Idaho Resident, requested a reassessment of Psychosocial Rehabilitation (PSR) services, qualifications and income level. The budget cuts have created a crisis-management cycle that affects hospitals, homeless shelters, and the police, increasing their costs. The story was shared of a client with a history of homeless shelters, incarceration, and drug addiction whose life was transformed by community based treatment services to the point that he has his own apartment, a full-time job and career prospects. PSR decreased counseling services have resulted in financial hardships. Chronic MH illnesses require more support to live independently. The PSR cap, which is a maintenance model, needs to be removed to become a recovery model for a case-by-case need-based allotment.

**Marty Durand**, Care Providers Network of Idaho, stated that Certified Family Homes (CFH) need the Department of Health and Welfare (DHW) and legislative support to prevent clients from returning to institutions when their CFH providers are unable to continue due to increased costs and lack of rate increases.

**Debby Valadez**, Community Outreach Counseling; **Gregory Dickerson**, Administrative Health Supports of Idaho; **Charlene Quade**, Attorney; **Jill Payne**, **Vanessa Johnson** and **Courtney Bosenkoelber**, Idaho Residents, spoke on additional MH concerns. They requested restoration of cuts and services to the disabled, with an eligibility expansion to provide services to the working poor. Also requested was a change in habilitative support services to allow for in-home services to meet therapeutic needs. It was stated that early onset services have a greater recovery prognosis. Also mentioned was the need for appropriate evaluations for eligibility of both Social Security and health care benefits.

**Branden Smalley**, Community Outreach Counseling, stated that more support is needed for dual-diagnosed individuals who are placing an extra burden on the police departments when they have no placement options and return to the streets. He stressed the importance of keeping dual diagnosis members safe and in their communities.

**Christine Pisani**, Council on Developmental Disabilities, read **John Kahara's** request for the restoration of dental health care. He expressed his concern that continued MH cuts maintain the hospital behavioral health unit as his only crisis resource.

**Chief Mike Masterson**, Boise Police Chief, testified that suicide and crisis cases have increased to an average of twenty cases a day, with a daily rate of 1.4 Chapter 66 hospitalizations. He urged the focus change to strategies that reduce the number of citizens reaching crises, with MH experts well funded to provide early and adequate treatment and services for citizens.

**Kathie Garrett**, National Alliance on Mental Illness, Idaho; **Paula Barthelniss**, Licensed Clinical Social Worker; **Ingrid Brudenell**, Emeritus Professor of Nursing; **Joe Raiden** and **Sue Phillely**, Idaho Residents, testified in support of expanding the Medicaid adult coverage and restoring the dental preventative coverage. With evidence indicating an increase in major dental issues and hospitalizations, a return to regular and preventative dental care is a cost-effective measure. MH patients take medication that can rot their teeth. A suggestion was made to fund free mobile medical vans, equipped with basic public health medical staff and equipment, to go to rural communities.

**Skip Smyser**, Attorney, Lobbyist, testified on behalf of the Idaho Health Care Association, stating that our senior and aging populations are suffering from budget cut impacts to low-cost nursing home alternatives. We need to assure that providers can make a living and provide the necessary services to our entire population.

**Laura Scuri**, Access Behavioral; **Cami Smith** and **Phyllis Reff**, Idaho Residents, testified about health care issues for children. Special needs children are at an increased risk for many other conditions and are now living into adulthood. Some of the children's MH service options, such as PSR, are designed for adults and do not meet children's needs. It is imperative to design effective care systems for children with severe behavioral health issues.

Inadequate special education in our schools results in government services dependency, instead of self-reliant citizens. We are falling short of the Individuals with Disabilities Act, which assures available free appropriate public special needs education in preparation for independent living. Concern was expressed that the existing system requires a criminal paper trail, thus increasing the incarcerated mentally ill rate.

**Tom Kolfoed**, Idaho Resident, expressed his concern that children are being forcibly removed from their homes for reasons other than safety issues.

**Alan Brewington**, Idaho Resident, testified how chronic arthritis can be a debilitating disease and needs to be included as a disability for parking permits, food stamps, and physical therapists.

**Dr. Lewis Schlickman**, Internal Medicine Physician, Idaho Health Care for All; **Adrienne Evans**, Executive Director, United Action of Idaho; and **Jacob Radil**, Intern, Catholic Charities of Idaho, testified in support of the Governor's task force recommendation for Medicaid expansion. Tax dollars will be paid either way, and the expansion will bring money back to the state. Improved health impacts the workforce. Support of the federal Medicaid expansion and Affordable Care Act is an opportunity to provide coverage for more people.

**Marcia Dale** and **Paige McMichael**, Idaho Residents, requested a return of the provider transportation reimbursements, sharing that when memory or physical ability is impacted, having a trusted provider transport and attend medical appointments is very important and something public transportation cannot handle. Care providers do more than transport, they assist with medical instructions afterwards. MH issues also impact the required forty-two hour advance community ride notice.

**Ian Bott** and **Dawn Phipps**, Idaho Residents, requested changes to the food stamp program, stressing the impact of food stamps for maintaining good health. Areas of concern were the move to a single issuance date, it's impact on existing stigmas, and the six-month application renewal policy impact on the disabled and mentally ill.

**Max Hadley**, Idaho Resident, shared his ideas to nationalize both minerals and natural resources. He suggested the state devise and patent a method to access cell phones using a fingerprint, instead of a password.

**ADJOURN:**

There being no further business to come before the joint committees, the meeting was adjourned at 10:05 a.m.

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Representative Perry  
Vice Chairman

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Irene Moore  
Secretary