

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

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

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

**PLACE:** WW02 Auditorium

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt

Chairman Wood, Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche and Chew

**ABSENT/  
EXCUSED:**

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Heider** called the meeting to order at 8:01 a.m., welcomed all those in attendance and proceeded to clarify legislative procedures and instructed on the rules of the joint hearing. He presented **Vice Chairman Perry**, who also welcomed guests.

**SPEAKERS:** **Jenny Hayes-Millar**, Idaho resident, testified on the challenges of mental health (MH) issues being addressed with limited resources. State hospitals have depressing atmospheres that add to stress levels. If nothing else could be improved, having counseling would be uplifting for mental health patients.

**Boise Police Chief Mike Masterson** gave an overview of the MH and suicide crisis in the Boise area. He indicated that Boise police respond to an average of 20 cases per day of citizens in crisis. He furthered that the Boise police rescue an average of 1.4 persons daily who are hospitalized under Chapter 66. He advocated proactive, preventative mental health treatment and services for citizens.

**Kathie Garrett**, regional director for the National Alliance on Mental Illness, urged the restoration of dental care to Medicaid for disabled people. **Paula Barthelniss**, Licensed Clinical Social Worker, represented all Idahoans suffering from MH issues, and shared support for expanding the Medicaid adult coverage and restoring the preventive dental health coverage. There is a resurgence of major dental issues and hospitalizations, as MH patients take medications that tend to rot teeth and sometimes lead to life-threatening dental circumstances. **Ingrid Burdenell**, Emeritus Professor of Nursing, as well as Idaho residents **Joe Raiden** and **Sue Philley**, shared similar concerns. A suggestion was proposed to fund free mobile medical vans that could travel to rural communities, and that the vans be equipped with basic public health medical staff and equipment.

**Scott Burpee**, CEO and co-owner of Safe Haven Health Care, stated that he wanted to offer pro-active suggestions. He indicated that another level in assisted living was needed so that patients cannot transition out so easily. He advised the committee that the highest concentration of MH providers in the state are located in eastern Idaho, and that all of the MH hospitals are full at any given time. He stated policies should be in place to address suicidal or violent citizens, because these people have no where to go.

**Skip Smyser**, Attorney, Lobbyist, represented the Idaho Health Care Association. He informed the committee that the budget cuts are impacting low-cost nursing home alternatives. He advised the committee that providers need to be able to make a living and provide essential services to the citizens of Idaho.

**Marty Durand**, legislative counsel for Care Providers Network of Idaho, informed the committee that Certified Family Homes (CFH) must have the Department of Health and Welfare (DHW) and legislative assistance to avoid people being returned to institutions. Rural areas do not have CFH. Insufficient reimbursement rates and cost increases may be the cause of the CFH providers being unable to continue quality services.

**Joan Schramm**, Director of Mental Health Services, testified about the MH needs and concerns of Idaho. Qualification requirements for MH services are problematic. She urged reassessment and improvement of services. **Brandon Wilcox**, Idaho resident; **Bill Fairbanks**, RH Mental Health Services; and **Dave Sorensen**, Family Center Owner, stressed a re-evaluation of Psychosocial Rehabilitation (PSR) services. Cuts to the budget have resulted in a crisis-management cycle that impacts not only the police, but hospitals and homeless shelters as well. A success story was conveyed about a client with a background of living in homeless shelters, incarceration and drug addiction whose life was changed by community based treatment services. He now has his own apartment and is employed full-time. Chronic mental health illnesses are challenging and mandate additional support for living independently; the decrease in counseling services by PSR have created financial difficulties. While the costs for PSR have increased, so has the qualification criteria.

**Brandon Smalley**, Community Outreach Counseling, urged more support and safety measures for dual-diagnosed patients who are adding burden on police departments when they have no residency options and go back to the streets.

**Christine Pisani**, Council on Developmental Disabilities, represented John Kahara in his written request for the restoration of dental health care. Mr. Kahara stressed that recent cuts to Medicaid services have limited his access to psychosocial rehabilitation services, and that his only crisis resource is the hospital behavioral health unit.

**Jill Payne**, Idaho resident, addressed the increase in hospitalization and incarceration of persons with mental illness. **Debby Valadez**, Community Outreach Counseling; **Gregory Dickerson**, Administrative Health Supports of Idaho; **Charlene Quade**, attorney; and Idaho residents **Vanessa Johnson** and **Courtney Bosenkoelber** conveyed additional MH issues, indicating how cuts to MH affects not only treatment to individuals, but affects the community as a whole. The restoration of cuts and services to the disabled was requested, as well as qualification expansion for MH services. The working poor need an eligibility expansion in order to access services. Suitable evaluations for eligibility of Social Security and health care benefits are needed.

Idaho residents **Cami Smith** and **Phyllis Reff**; and **Laura Scuri**, Access Behavioral, testified before the committee about children's health care issues. Children with special needs are increasingly at risk for other conditions. A portion of the children's MH service options (i.e. PSR) are intended for adults and do not address children's needs. Developing effective care systems for children with severe behavioral disabilities is critical.

It was stated that Idaho is not up to speed with the Individuals with Disabilities Act, and there were expressed concerns about the existing system, which mandates a criminal paper trail that results in an increase of mentally ill individuals being incarcerated.

**Alan Brewington**, Idaho resident, informed the committee about chronic arthritis and how debilitating the disease is. He urged the committee to include arthritis 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, spoke in support of the Governor's task force proposal for Medicaid expansion. Medicaid expansion will bring dollars back to the state. Improved health has an influence on the workforce. They requested support of the federal Medicaid expansion and Affordable Care Act, which will provide more coverage for more people.

**Tom Kolfoed**, Idaho resident, informed the committee of his concerns that children are being forcibly removed from their homes for motives other than safety matters.

**Marcia Dale** and **Paige McMichael**, Idaho residents urged the reinstatement of provider transportation reimbursements. Public transportation cannot adequately handle patients with memory or physical disabilities who are en route to medical appointments. Reliable provider transportation is trusted by those patients to not only provide transportation, but to also assist with medical instructions after their appointment. There is also the burden of the forty-two hour advance ride notice of community transportation.

**Ian Bott** and **Dawn Phipps**, Idaho residents, asked for changes to the food stamp program, and focused on the necessity of food stamps in order to maintain good health. Also discussed was support for the staggered issuance of food stamps. There is hostility directed toward those who use food stamps by the public in grocery stores as well as some grocery store employees. The six-month application renewal policy has a bearing on the disabled and mentally ill.

**Max Hadley**, Idaho resident, voiced his thoughts about nationalizing minerals and natural resources to alleviate problems in the United States. He also proposed putting a patent in place that utilizes fingerprints on cell phones instead of passwords.

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

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Senator Heider  
Chairman

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Linda Hamlet  
Secretary