

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

- DATE:** Tuesday, February 26, 2013
- TIME:** 3:00 P.M.
- PLACE:** Room WW54
- MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt
- 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** convened the meeting at 3:01 p.m.
- MINUTES:** **Chairman Heider** said the committee would begin with minutes approvals.
- MOTION:** **Senator Bock** moved to approve the January 21, 2013 minutes as written. The motion was seconded by **Senator Martin**. The motion carried by **voice vote**.
- MOTION:** **Senator Martin** moved to approve the January 23, 2013 minutes as written. The motion was seconded by **Senator Bock**. The motion carried by **voice vote**.
- MOTION:** **Senator Martin** moved to approve the January 31, 2013 minutes as written. The motion was seconded by **Senator Schmidt**. The motion carried by **voice vote**.
- MOTION:** **Senator Hagedorn** moved to approve the February 11, 2013 minutes as written. The motion was seconded by **Senator Schmidt**. The motion carried by **voice vote**.
- CONFIRMATION HEARING:** **Chairman Heider** said it was a privilege to have a confirmation hearing for Wendy Jaquet, who recently retired from the Idaho House of Representatives, to the State Board of Health and Welfare to serve a term commencing January 31, 2013 and expiring January 1, 2017.
- Ms. Jaquet** thanked "the gentleman on the second floor" (Governor Otter) for the appointment, pending the committee's confirmation; thanked the committee for putting the confirmation hearing on the agenda; and talked about her background, which included family and personal dealings with health issues. (See Attachment 5.)
- DISCUSSION:** **Senator Schmidt** asked where the board meets. **Ms. Jaquet** said board members normally meet in Boise; they meet quarterly; and they can meet on special notice – within 72 hours. There are seven people on the board that are appointed by the governor and then four others, such as Chairman Heider, who serve on the board. **Senator Bock** asked for a summary of Ms. Jaquet's legislative record and experience. **Ms. Jaquet** said she was elected in 1994 and listed some of the committees she served on. (See Attachment 5.) **Chairman Heider** said it was important that the committee recognize that Ms. Jaquet previously served on the Joint Finance-Appropriations Committee (JFAC), had been a tremendous help to the legislature while serving there and had worked on the Health and Welfare budget. **Chairman Heider** asked Ms. Jaquet about her current employment. **Ms. Jaquet** said she volunteers, helps with tours

and works with several boards and committees, but does not have a typical 40-hours-a-week job. **Chairman Heider** said Ms. Jaquet would have plenty of opportunity to serve her appointment. **Ms. Jaquet** agreed. **Vice Chairman Nuxoll** asked what types of decisions the State Board of Health and Welfare makes. **Ms. Jaquet** said there are three components of the job description: approve rules and standards that are prepared, once legislation has been passed, to make the Health and Welfare Department work sufficiently; listen to cases that come before them on appeal – if they are not resolved they move on to district court; and approve director’s managers, sub-directors, deputy directors. **Senator Lodge** thanked Ms. Jaquet and said, with all her experience, she will be an asset to the Health and Welfare Department and to the board. **Ms. Jaquet** said thank you.

**Chairman Heider** asked if anyone else in the audience who would like to speak to Ms. Jaquet’s appointment.

**TESTIMONY:**

**Senator Michelle Stennett** said she adored Ms. Jaquet and has had a long relationship with her – through work and friendship. **Senator Stennett** said she strongly recommended Ms. Jaquet’s appointment.

**Chairman Heider** said the Senate Health and Welfare Committee will vote on Ms. Jaquet’s gubernatorial appointment at the following committee meeting.

**RS 22033**

**Chairman Heider** said **RS 22033** needed a unanimous consent from the committee in order for it to be sent to the Senate Judiciary and Rules Committee. **Chairman Heider** asked if Senator Schmidt would like to comment.

**DISCUSSION:**

**Senator Schmidt** said there were rules before the committee in the past that dealt with the grounds for disciplining medical professionals. There were certain criticisms in regard to language that was felt would be protective for public safety. **RS 22033** reflects that mutually agreed upon language.

**UNANIMOUS  
CONSENT:**

**Chairman Heider** asked for unanimous consent to send **RS 22033** to the Senate Judiciary and Rules Committee for a print hearing. There was no objection.

**GUBERNATORIAL  
APPOINTMENT:**

**Chairman Heider** asked for the consideration of the gubernatorial appointment of Mark P. VonLindern to the Hazardous Waste Facility Siting License Application Review Panel.

**MOTION:**

**Senator Schmidt** moved to send the gubernatorial appointment of Mark P. VonLindern to the Hazardous Waste Facility Siting License Application Review Panel to the floor with a recommendation that he be confirmed by the Senate. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

**GUBERNATORIAL  
APPOINTMENT:**

**Chairman Heider** asked for the consideration of the gubernatorial appointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel.

**MOTION:**

**Senator Lodge** moved to send the gubernatorial appointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel to the floor with a recommendation that she be confirmed by the Senate. **Vice Chairman Nuxoll** seconded the motion. The motion carried by **voice vote**.

**Chairman Heider** asked for volunteers to carry the gubernatorial appointments to the floor. **Vice Chairman Nuxoll** volunteered to carry Ms. Budge’s appointment. **Senator Schmidt** volunteered to carry Mr. VonLindern’s appointment.

**Chairman Heider** introduced Ross Edmunds, Behavioral Health Administrator for the Department of Health and Welfare, and said **S 1114** was related to Behavioral Health services.

**Mr. Edmunds** said **S 1114** was a culmination of about a decade of work and that the majority of the bill's drafting occurred more than a year ago. **Mr. Edmunds** said his department decided to wait to bring the bill before the committee until now so he would have the opportunity to travel the entire state and meet with every regional mental health board, every regional advisory committee and numerous stakeholders to discuss this bill. While there might have been some detail disagreements throughout that time, all had agreed that this would give them the opportunity for input and local influence into the behavioral health system. **Mr. Edmunds** said **S 1114** aims to transform Idaho's current mental health and substance use disorder services into an integrated Behavioral Health System of Care to improve access to treatment, rehabilitation and recovery support services statewide. The transformation allows local communities and consumers to better influence how treatment is delivered and how recovery-oriented policies are developed. (See Attachments 7a, 7b, 7c and 7d.)

**Mr. Edmunds** said he thinks **S 1114** is a very critical step in the advancement, transformation and reform of the behavioral health system in Idaho.

**Chairman Heider** asked if the regional Behavioral Health boards would be responsible for support services. **Mr. Edmunds** said yes but, to clarify, the boards are not being forced to take on that responsibility but are being given the opportunity to do so. Until the regional boards are prepared to take on the opportunity, the Department of Health and Welfare will continue to handle the support services. **Mr. Edmunds** said he thinks providing regional boards with the resources to take care of their own community is a more effective way of managing these services. **Chairman Heider** asked why "mental health" was switched to "behavioral health" in the bill's language. **Mr. Edmunds** said the term mental health really deals only with mental illness and does not include substance use disorders, addiction, and dependence on drugs and alcohol. What changing it to behavioral health does, is make it inclusive of both mental health and substance use disorders.

**Vice Chairman Nuxoll** asked what a payer driven system is. **Mr. Edmunds** said a payer driven system are services that will be provided to people through their insurance benefit. **Senator Guthrie** asked if some of the opposition was in regard to combining regional advisory committees and mental health boards. **Mr. Edmunds** said there was some resistance to it about a year ago. But, as of today, most regional mental health boards and regional advisory committees meet together and will have the opportunity to create subcommittees. **Senator Guthrie** asked what the ongoing commitment money was earmarked for prior to this bill. **Mr. Edmunds** said the funds are currently being used in a variety of ways towards this effort now and there are some federal funds being used for rental systems for individuals who are at risk of being homeless. **Senator Schmidt** asked for clarification on the initial funding and the department's ongoing annual commitment. **Mr. Edmunds** said the department will give the regional boards some base money for operations to exist, so they can have the opportunity to do the work the department envisions them doing. **Mr. Edmunds** said the majority of the funding that will go to the regional boards is funding that exists in the department's budget and comes through federal funds. The department will contract with the regional boards and they will administer those resources locally. **Vice Chairman Nuxoll** asked if private providers will handle the behavioral health services to be offered. **Mr. Edmunds** said it is a mix now with some staff delivering services and some services contracted out to private providers. **Vice Chairman Nuxoll** asked if individuals are being provided

choices in regard to who they would like to be seen by. **Mr. Edmunds** said most of the individuals who are served fall into two categories: they are either in crisis situations or are court-ordered into Behavioral Health care. When an individual is in a crisis situation and are committed, there's not much provider choice. **Mr. Edmunds** said his department does, however, try to give those individuals an opportunity to see certain services or choose a particular doctor, etc. When individuals are court-ordered into care, a judge makes the choices. **Vice Chairman Nuxoll** asked if there are some instances in which an individual can have choices. **Vice Chairman Nuxoll** said if a patient or their family can help make decisions, it makes their treatment more personal and, oftentimes, those individuals are better pleased with the results. **Mr. Edmunds** said in every circumstance, anyone who is served would have the opportunity to have input, not only into the services they receive but who they receive them from. For example, if they do not seem to be making a good connection with who they are placed with, they always have the opportunity to request a different provider or person to see. **Mr. Edmunds** said it is absolutely critical to provide that opportunity to the individuals served because they need to be empowered to want to enter into their own recovery.

**Senator Lakey** asked about the Behavioral Health Center. **Mr. Edmunds** said he is the administrator and the center consists of state offices. There is a primary office and one in each of the seven regions of the state – with some satellite offices located around the states. Some of those are state-owned property and some of those are property leased by the department. **Senator Lakey** asked about the Behavioral Health Planning Council and if the regional Behavioral Health boards operate under the direction of the planning council. **Mr. Edmunds** said the regional behavioral health boards were created as entities unto themselves. They consist of a 22-member board and the business end of that board would be conducted by the executive committee of five members – which would come from the membership of 22. They would make the contracting decisions, etc. The planning council will establish the readiness criteria and it will establish whether or not those regional behavioral health boards have accomplished or achieved what is necessary for them to demonstrate their readiness to take on these responsibilities. **Senator Lakey** asked if the regional behavioral health boards will have staff and how they would interact with the behavioral health centers. **Mr. Edmunds** said if the regional behavioral health boards decide to take on the responsibility to stand by themselves, they will be responsible for some of these supportive services, accessing community resources and contracting out. **Senator Hagedorn** asked how **S 1114** differs from **S 1023** and why there was a need to reprint it. **Mr. Edmunds** said there were some very subtle, but important, changes made. The Supreme Court had some input on the bill and wanted to make sure that input was heard and represented. An example given was to ensure consistency in the definitions used to describe serious mental illness and serious and persistent mental illness. **Senator Schmidt** asked if the regional behavioral health board would contract for services. **Mr. Edmunds** said he does not envision them hiring all of their staff to do their duties, but that they would contract out. **Senator Schmidt** asked if the state's planning council and regional Behavioral Health committees will have a network to contract through or if the regional executive committees will be autonomous in their contracting decisions. **Mr. Edmunds** said the state's planning council will only be advisory in nature. This will allow that regional autonomy that had been so desperately asked for.

**Chairman Heider** asked if Mr. Edmunds would like to summarize his presentation. **Mr. Edmunds** said he feels very passionate about **S 1114** and that the behavioral health system is fragmented, broken apart and changing. This bill will help to ensure the state is doing right by the individuals who need help.

**Senator Hagedorn** said he appreciated Mr. Edmund's passion and asked what the timeline was for the implementation of this bill. **Mr. Edmunds** said he intends to have a toolkit available to every current regional health board and advisory committee before July 1 to help them become fully prepared to stand themselves up as quickly as possible. **Mr. Edmunds** said from July 1, 2013 to the next time he stands before the Senate Health and Welfare Committee, he hopes to have as many regional Behavioral Health boards as possible standing up.

**Chairman Heider** thanked Mr. Edmunds, said he appreciated him being there and that he gave a good presentation.

**MOTION:** **Senator Lakey** moved to send **S 1114** to the Senate floor with **do pass** recommendation. **Senator Martin** seconded the motion.

**DISCUSSION:** **Senator Hagedorn** said he hopes that next year, if **S 1114** does become law, Mr. Edmunds could come back and give the committee an update on its implementation, road blocks, etc.

The motion carried by **voice vote**.

**Senator Lakey** volunteered to carry **S 1114** to the Senate floor.

**ADJOURNED:** There being no further business before the committee, **Chairman Heider** adjourned the meeting at 4:09 p.m.

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Senator Heider  
Chairman

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Linda Hamlet  
Secretary