MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 20, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Chew, Malek, Vander Woude
GUESTS:	Kathie Garrett, NAMI Idaho; Fernando Castro and Frank Powell, DHW; Casey Moyer and Treena Clark, DHW Behavioral Health

Chairman Wood(27) called to meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

DOCKET NO. 16-0717-1301:

Rosie Andueza, Program Manager, Department of Health and Welfare (DHW), Division of Behavioral Health, presented **Docket No. 16-0717-1301**, a Pending Rule that addresses the current criminal background check process for Alcohol and Substance Use Services and offers an administrative review and possible waiver, on a case-by-case basis. The current failure ineligibility status does not allow for any review of an individual's circumstances, lifestyle change, or behavior since committing the crime.

Fundamental to the recovery philosophy is the belief that people can and do make permanent life changes. Those in recovery commonly choose to give back and seek professions in the area of substance abuse treatment, providing great peer role models. Current regulations do not allow them to work as treatment providers or recovery coaches due to their previous criminal charges, with a distinct negative impact on a system that often relies on them during the early recovery stages, guiding others toward a life of sobriety.

The review process would consider the severity or nature of the crime, period of time since the crime occurred, and circumstances surrounding the incident. Certain crimes, including crimes of a sexual nature, violent crimes, crimes against children, and felonies punishable by death or life imprisonment, are not eligible for the waiver process.

The proposed Rule also clarifies the employer's responsibility to review the results of a criminal history and background check, even when a clearance is issued or a waiver granted, when making a determination regarding the ability or risk of the individual to provide direct care services upon offering employment.

Responding to Committee questions, **Ms. Andueza** commented that licensed clinicians would be responsible to their licensing board. Background checks are obtained from the FBI and other data bases. This is the same model used by Alcoholics Anonymous, placing those who have experienced the process and rehabilitated with those new to the program. Waivers will be granted by a committee that includes DHW staff, legal counsel, and representatives from the provider network, Supreme Court, and Department of Corrections. This group would also make any decision to revoke a waiver.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0717-1301. Motion carried by voice vote.**

DOCKET NO. 16-0720-1301: **Rose Andueza** presented **Docket No. 16-0720-1301** which proposes the same waiver as presented in **Docket No. 16-0717-1301**, with the exception that it pertains to Substance Use Disorder and Recovery Support Service Providers.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0720-1301** and **Docket No. 16-0733-1301**, since they are exactly the same Rule changes.

For the record, no one indicated their desire to testify.

DOCKET NO. 16-0733-1301: **Treena Clark**, Program Specialist, DHW, Division of Behavioral Health, presented **Docket No. 16-0733-1301**, which proposes the same waiver as presented in **Docket No. 16-0717-1301**, with the exception that it pertains to Adult Mental Health Services.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the **motion to approve Docket No. 16-0720-1301 and Docket No. 16-0733-1301. Motion carried by voice vote.**

DOCKET NO. 16-0730-1301: **Casey Moyer**, Program Manager, Division of Behavior Health, presented **Docket No. 16-0730-1301** a Pending Rule that provides authority for the creation and availability of voluntary crisis centers. Three initial centers would be open 24 hours, 7 days a week, 365 days a year. They would be staffed by nurses, clinicians, and certified peers. A single episode of care could last up to 23 hours and 59 minutes, at which time the client must be discharged. There is no limit to the number of consecutive admissions into the center; however, each admission would include an individual treatment plan. These clinics will serve as an alternative crisis management resource for law enforcement and voluntary admission. They will offer an evaluation of needs, provide a risk reduction model, and link to community resources to help prevent future crisis. This Rule establishes the definition and framework for behavioral health community crisis centers and includes the foundation upon which all regional centers will be based.

In answer to committee questions, **Mr. Moyer** said the risk reduction role will be available without program enrollment. Assertive Community Treatment (ACT) teams may be involved as a further care resource. The details surrounding patient transport continue to be developed. The centers would provide assistance for cases of mental and substance abuse. They could be used for social detoxification, but are not designed to be detoxification facilities.

Upon further questions, **Mr. Moyer** explained that the 23 hour and 59 minute requirement allows the centers to operate free of residential licensure rules. Local centers can readmit anyone after discharge, if they have the capacity and the person is making his or her daily treatment goals. Law enforcement, with training, would be making the preliminary judgement to place an individual on a hold or transport them to the clinics. The clinics provide a third option for law enforcement, freeing time that would otherwise be spent with an individual in the ER.

Separate from this Rule is a crisis center budget request for $5.1 million, which includes $600,000 one-time federal funds and $4.5 million in state funds.

The crisis center model includes a physician on the Board, but the limited budget relies on nursing staff in the centers, with the development of an intake algorithm. The communities would help determine best practice for transport to an emergency room (ER) and specific standards.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0730-1301** commenting this construct is a baby step in community mental health treatments and regionalized cooling off places to lessen the use of ERs and inappropriate use of jails for mentally ill people.

Upon additional questioning, **Mr. Moyer** gave examples of community support systems that centers could cultivate to help an individual access quickly. After the initial set up costs, they will seek to maximize cost pooling with county programs that may not necessarily be funded by the county.

Kathie Garrett, NAMI Idaho, testified **in support** of **Docket No. 16-0730-1301**, stating that crisis centers are an effective component to keep individuals in crisis out of jail or ERs.

MOTION: **Vice Chairman Perry** called for a vote on the motion to approve **Docket No. 16-0730-1301. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:00 a.m.

Representative Perry
Vice Chair

Irene Moore
Secretary