

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 09, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Toni Lawson, Id. Hospital Assoc.

**Chairman Wood** called the meeting to order at 9:01 a.m.

**MOTION:** **Rep. Rubel** made a motion to approve the minutes of the February 13, March 3, and 6, 2017, meetings. **Motion carried by voice vote.**

**RS 25475:** **Rep. Caroline Nilsson-Troy**, District 5, presented **RS 25475**. There are occasions when individuals, wishing to testify, are unable to travel to Boise to appear in person before the committees. Utilizing existing technology, remote testimony would address both individual and group opportunities. The Proposed Legislation authorizes a pilot program to determine interest, availability, cost estimates, and needed technology. The standards of decorum and the Chairman's discretion would still apply. Answering a question, she stated any appropriation request would be prepared at a future date.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 25475**. **Motion carried by voice vote.**

**RS 25453:** **Rep. Caroline Nilsson-Troy**, District 5, presented **RS 25453**. The state's constitution provides a strong statement about wildlife, including the rights to hunt, fish, and trap using traditional methods. All wildlife are declared to be the state's property to be preserved, protected, and managed within Idaho's borders. This Memorial reiterates Idaho's proprietary wildlife interest and protection. It also issues objection to anything blocking our efforts on state and federal land within the state.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25453** and recommend it be sent directly to the Second Reading Calendar.

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

**VOTE ON  
MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 25453** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Reps. Rubel** and **Chew** requested to be recorded as voting **NAY**. **Rep. Troy** will sponsor the bill on the floor.

**SCR 113:** **Sen. Chuck Winder**, District 20, presented **SCR 113**. This Legislation acknowledges the need for pediatric, general surgical, and emergency care residencies, as reported by the annual Washington, Wyoming, Alaska, Montana, Idaho Physician Program (WWAMI) presentation. Other residencies have excellent state participation. Physicians are known to remain in their state of residency, which is an added benefit.

Answering questions, **Sen. Winder**, said this is a request, with no directive to hospitals. If approved, the Resolution and a cover letter will be sent out to increase awareness and encourage various medical facilities to consider including the three specialties.

**Reps. Vander Woude and Hixon** commented **in support** of **SCR 113**. This Resolution assures hospitals of the Legislature's seriousness on the issue. Incentives may be required to increase these special residencies.

**MOTION:**

**Rep. Hixon** made a motion to send **SCR 113** to the floor with a **DO PASS** recommendation.

**Toni Lawson**, Vice President, Government Relations, Idaho Hospitals Association, testified **in support** of **SCR 113**. They appreciate the Legislature's encouragement and continue their long-standing commitment to residency programs. Although there are no general surgery or pediatric residency programs, they do have residency participants doing their pediatric rounds at Idaho hospitals. The facilities would be better able to financially support additional residency programs if the Legislature would decrease their charity care and bad debts costs.

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

**Chairman Wood** commented, **in support** of the motion, residency programs are based on the amount of necessary pathology for competency within a three or four-year period of time. Some residencies are limited by the available population. This Resolution encourages everyone to do what it takes to meet the population threshold, including sharing border communities.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **SCR 113** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** will sponsor the bill on the floor.

**Rakesh Mohan**, Director, Office of Performance Evaluations (OPE), presented the OPE Evaluation Report on the Child Welfare System. He said the social workers and foster parent groups need to connect for the fullest potential working relationship. The report findings highlight the need for a formal, system-wide oversight entity, such as a Legislative standing committee, and a well-established systems approach for the Child Welfare System.

**Lance McCleve**, Principal Performance Evaluator, OPE, explained how critical issues within the Child Welfare System have led to program inconsistencies, diminished fidelity, and lack of mobility. The worsening foster parents shortage makes it harder to place children in appropriate homes. Excessive workloads have compromised performance and created a gap between expectations and reality, leading to a program culture of compromise, with poor performance becoming excusable and expected. The Child Welfare System includes many programs, such as the Legislature, courts, law enforcement, schools, and foster homes. Collaboration and accountability at a systems level rests on child and family services, although positive outcomes depend on the performance of all the partners.

Creation of a dedicated entity is needed to bring together this system-wide oversight. Other states have had good results using a special Legislative committee to ensure ongoing accountability, visibility, and accessibility for all child welfare partners and stakeholders.

There are other areas in need of attention. Community services for children and families provide intervention to make change during the child protection cases. These services are either difficult to obtain or unavailable. Court Appointed Special Advocates (CASA) are not considered an effective accountability source for the Department of Health and Welfare. Preventive measures require a systems-based approach incorporating individual, family, community, and policy-level changes.

Additionally, the term "best interest of the child" requires a defined meaning and implementation. A consultant is currently working to provide term clarification and interpretations by other states.

**Amanda Bartlett**, Principal Performance Evaluator, OPE, said persistent nationwide problems arise from the goal to strengthen both families and protective parental capacities. To address the decrease in licensed foster parents, ongoing recruitment efforts are needed along with specific regional need assessments.

A child welfare worker survey indicated problems from a lack of case load management time. Case loads run 26% to 36% higher than those of social workers and managers. The daily inability to give immediate and full attention to every issue has led to lowered morale and a gap between work expectations and reality. This is a group of highly committed individuals who are putting action behind their passion for families and kids.

**Rep. Perry** commented the OPE report will be helpful to the interim committee. Different ideas, expectations, and ongoing issues need to be addressed correctly. Even the concept of who the client is has become blurred.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:59 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary