

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 12, 2019

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

**ABSENT/ EXCUSED:** None

**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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:05 p.m.

**PRESENTATION:** **David Jeppesen**, Director, Department of Health and Welfare (Department), gave an overview of the Department's budget and strategic plan to support healthier, safer, and more self-sufficient Idahoans. The Director reported that Idaho ranks fifth in the United States for suicide. The Department has a goal to reduce that statistic by 20 percent by the year 2025. **Director Jeppesen** shared that he lost a friend just two weeks ago from suicide, then offered an analogy: it takes a hero to defeat a villain, but it takes the whole village to defeat a monster and suicide is a monster that will take a concerted effort to defeat. **Director Jeppesen** reviewed the Child Welfare program's goals to keep families whole, avoid foster care, reduce Department interference, and to reduce child safety assessment lag-time from 60 days down to five days. The Idaho foster care system is currently not in federal compliance.

**DISCUSSION:** **Senator Bayer** inquired how the Department intends to accomplish these goals. **Director Jeppesen** replied that electronic documents are now available to social workers in the field. Other staff-led process improvement initiatives are underway. **Vice Chairman Souza** asked if improvements are only technical changes or include a reduction in caseload. **Director Jeppesen** explained that the goal was to help staff work more efficiently. The caseload will stay the same, but with less staff. The Department intends to increase staff pay for Child Welfare Social Worker II staff to 80 percent of the policy minimum. Staff turnover in this position was 21 percent in 2018, now up by 40% since 2017. The proposed increase would bring pay from \$22.14 hourly to \$23.62 hourly. **Director Jeppesen** then reviewed Child Developmental Disabilities Services. This program primarily serves children with autism. The Statewide Healthcare Innovation Plan (SHIP) grant ended after a successful shift to a value-based model and primary care medical home. The next step is to expand that model to include specialist providers. **Director Jeppesen** briefly touched on other initiatives to include workplace safety improvements for public-facing staff; there were 88 safety incidents in one year. The Department plans to add technological enhancements, including security cameras. **Senator Jordan** inquired if the Director felt the rate increase would correct the issues and asked for details regarding planning and forecasting. **Director Jeppesen** stated that creating access is at the heart of the matter. There is room to improve through proactive management, strategic planning, and benchmarking, in conjunction with value-based methodology. **Vice Chairman Souza** inquired whether the Director anticipates any movement from the federal

government to appropriate funds in a block. **Director Jeppesen** replied that there has been no prognostication by the Department, but he has seen it discussed in the press. **Chairman Martin** requested a status update on the Non-Emergency Medical Transportation issue. **Director Jeppesen** reported the Department continues to work with the contractor, has requested a rate increase, and recently began a competitive bid to change vendors. **Vice Chairman Souza** inquired if staff positions currently not filled were being held open for a reason. **Director Jeppesen** reported a higher than normal vacancy rate in the Medicaid and Welfare divisions, which have been held open to retool for Medicaid expansion.

**PASSED THE GAVEL:**

Chairman Martin turned over the meeting to Vice Chairman Souza.

**DOCKET NO. 16-0737-1801**

**Treena Clark**, Program Manager, Policy, Planning and Communications, Division of Behavioral Health, Department of Health and Welfare (Department), presented **Docket No. 16-0737-1801**, Children's Mental Health Services. The rule changes affect alternate care placement through the divisions of Behavioral Health, and Welfare, for children with serious mental and emotional disturbance (different than alternate placement for protective services and abuse cases). Negotiated rulemaking was conducted and no comments were received. There is no fiscal impact to the General Fund.

**DISCUSSION:**

**Chairman Martin** requested an explanation regarding Axis I. **Ms. Clark** explained that the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM IV), combined several axes into one. In follow up, **Chairman Martin** had questions regarding the index for calculating cost and monthly assessment fees. **Ms. Clark** replied that patient stays tend to be shorter under this criteria. **Senator Lee** inquired what a parent would pay under the old rule versus the new scale. **Ms. Clark** responded that the amount is highly variable, but that the new rule applies the same sliding fee schedule for court-ordered placements as used for those not court-ordered. In follow up, **Senator Lee** acknowledged that it seems the Department wants to make it easier for parents, but she is concerned about payment receipt and whether it is cost neutral. **Ms. Clark** explained that the Department hopes to move from parental punishment to helping parents navigate the system.

**MOTION:**

**Senator Heider** moved to approve **Docket No. 16-0737-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO. 16-0750-1801**

**Ms. Clark** presented **Docket No. 16-0750-1801**, Minimum Standards for Nonhospital Mental Health Diversion Units. There have been no updates since 2010. Changes address clinical practice terminology, incorporation by reference, alignment with other Department programs, and changes to the American Society of Addiction Medicine (ASAM) manual and the DSM V. There are changes to language, certification requirements, fee structures, record keeping, supervision, and the removal of sobering stations. Negotiated rulemaking was conducted and public hearings were held with no negative feedback.

**DISCUSSION:**

**Senator Lee** wondered what facilities were under review. **Ms. Clark** stated the intent is to look at all accredited facilities. **Senator Jordan** asked if the requirements for sobering stations were housed anywhere else, should a community choose to establish one. **Ms. Clark** explained that it was antiquated language and standards are not maintained by the Department. In Idaho, these stations have been replaced by community crisis centers, but there are national guidelines.

**MOTION:**

**Chairman Martin** moved to approve **Docket No. 16-0750-1801**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

**PASSED THE GAVEL:**

Vice Chairman Souza turned the meeting over to Chairman Martin.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:00 p.m.

---

Senator Martin  
Chair

---

Margaret Major  
Secretary