

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Tuesday, January 28, 2020
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** None
- GUESTS:** Ruth York, Cindy Shotton, and Jen Justis, Idaho Federation of Families; Jim Baugh, Ben Chappelle, Dr. Sheila Sturgeon Freitas, and Howard Belodoff, Self; Keith York, Parent/Self; Pat Martelle, Self/SW; Christine Pisani and Richelle Tierney, DD Council; Linda Miller, Parent Network; Kathi Garrett, NAMI; Joe Gonzalez, IPUL; Sarah Bettinger, Magellan; Michelle Battin, Hopeful Connections
- Chairman Wood** called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Davis** made a motion to approve the minutes of the January 20 and 21, 2020, committee meetings. **Motion carried by voice vote.**
- H 340:** **Sen. Mary Souza**, District 4, presented **H 340**. This legislation provides an immediate way to address the rising teen drug and suicide rates in Idaho. Children under 18 years of age cannot go to crisis centers or enter adult rehabilitation programs. The Department of Health and Welfare (DHW) found only three qualifying teen programs in Idaho and their fees ranged from \$10,000 to \$12,000, which is prohibitive for most families.
- This legislation opens affordable options by providing a licensing exemption for residential programs with temporary alcohol-drug abuse treatment for individuals age thirteen through seventeen. It does not include individuals with mental health issues or children under 13 years of age.
- The children's residential care facility definition excludes foster homes, residential schools, and children's camps. There is a residential limit of four-months per calendar year. Local law enforcement must be notified of the facility's existence prior to accepting any children for treatment. A health care facility with emergency medical care must be located within fifty miles.
- Staff background checks are required. Prior to accepting any child for treatment, the facility must verify the child has a medical physician's prescription, the school counselor or court-appointed advocate has been notified, and a signed consent has been received for medical, surgical, substance abuse, or alcohol treatment.
- The facility will be reviewed by the Child Protection Legislative Review Panel (CPLRP) after two and five years of operation. The review will include a report from local law enforcement.
- Rep. Ron Mendive**, District 3, further presented **H 340**. In describing an existing three-month adult program, he emphasized the affordable cost of such a program, the availability of scholarships, the high five-year tracking success rate, and their desire to restart a previous teen program. Over 90% of the adults who have completed or are in the program have indicated their abuse began between the ages of eleven and fifteen. Early intervention will change family dynamics and could save the prison system an estimated \$55M.

Answering questions, **Sen. Souza** said the facilities will set up their own intervals for background checks. Since staff members may have been previously in the program, misdemeanors or felonies disclosed during background checks are expected. Every regulatory stipulation will increase the cost of the programs. The existing northern Idaho faith-based program discontinued the teen program because they did not want government interference through licensing.

Teens have different treatment program needs than adults. The existing facility has separate bedroom and bathroom facilities. The legislation and the existing program in northern Idaho has agreed to provide a resource for other programs..

The Deputy Attorney General and Attorney General indicate the Jeff D. Settlement requirements do not apply to this private program because no public funds are involved.

Ruth York, Idaho Federation of Families, testified **in opposition to H 340**, stating the head of the Idaho Sheriff's Association has indicated they can do nothing unless a crime has been committed or alleged. They cannot shut down a center. She expressed concern regarding the safeguards. The concept of a program based on religious teachings without clinical oversight is inappropriate for such a vulnerable population.

Jim Baugh, Citizen, testified **in opposition to H 340**. Child abuse and neglect under the Child Protection Act (CPA) only covers civil actions for abuse, neglect, and abandonment by parents and guardians. Child abuse and neglect by others are handled through criminal cases under Title 18. The CPLRP does not deal with substance use disorder (SUD). Licensing is very important in discovering abuse and neglect, even from resident to resident, and offers a scheme for the medically supported detoxification levels. There are no exclusion requirements for background checks and no recourse if a facility is not living up to any of the requirements.

Pat Martell, Self, Clinical Social Worker, Mental Health Advocate, Idaho Federation of Families, Public Health Professional, Clinical Social Worker, testified **in opposition to H 340**. Scientifically proven methods are effective for behavioral health issues. Assessments and plans are an integral part of any program, as are schooling, confidentiality, staff-child ratios, family involvement, and separate dormitories.

Ben Chappell, Citizen, testified **in opposition to H 340**. He shared the story of his drug addiction, time in a rehabilitation facility, three years of sobriety, and work as a facilitator. The creation of a solid structured plan was very important to his recovery. Answering a committee question, He said not requiring licensure removes safeguards and structure, which are very important, especially for youth. He was around 15 years old when he first went into a rehabilitation program.

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities (DD), testified **in opposition to H 340**. Individuals with serious substance abuse disorders may also have complex medical or mental health conditions. The legislation does not provide an oversight agency, a way to handle non-compliance, and any staffing guidance prior to the background check completion. Many abuse perpetrators have no convictions. Although the example program is very good, this opens Idaho up to any type of service.

Linda Miller, Parent, testified **in opposition** to **H 340**, sharing her concern regarding unintended consequences. 50% to 70% of youth with substance abuse problems have also experienced trauma. Persons working with the teens need to be qualified and trained in trauma treatment methods for teens. Parents would have to share concerns with the legislature, not a state licensing board, which would be a slower process. Parents in this situation may not be informed enough to know if the facility would meet their needs.

Ms. Miller, in response to committee questions, said adult mentors are a good idea as long as they are not living with the youth. She shared how panicked her family was when looking for a facility while dealing with the teen.

Dr. Sheila Sturgeon Freitas, Clinical Psychologist, testified **in opposition** to **H 340**. The programs need to include medical services, mental health services, educational services, transparency, and safety in order to provide anchors for the teens. Intervening the wrong way with children whose brains are still developing can have dire consequences. Answering a question, she said parents are desperate when they are trying to intervene against issues their kids are doing to themselves.

Kathy Garrett, NAMI Idaho, testified **in opposition** to **H 340**. There is a serious lack of youth treatment programs, especially abuse programs, even with advancements made to resolve the Jeff D. Lawsuit and the promising Youth Empowerment Services (YES) programs. Licensing standards provide needed resident pre-screening, staffing level minimums, staff qualifications, resident and parental rights, complaint procedures, investigations, and other ways of protecting not only the youth, but the families and staff.

Joe Gonzalez, Idaho Parents Limited testified **in opposition** to **H 340**. Without licensing standards, the risk factors for the children, families, Idaho, and providers increase. This type of residential treatment requires a 24-hour structured environment. A child experiencing medical and psychiatric needs along with severe alcohol/SUD puts everyone at risk. A parent could find themselves with poor outcomes and no financial recourse. Complaints within the two-year or five-year review period are not addressed. There is no ability to close down or prevent a facility from reopening under another name. Licensure will avoid such risks and ensure the best outcomes.

Howard Belodoff, Citizen, Attorney, testified **in opposition** to **H 340**. Putting 13 year-old children together with 17 year-old children is not a good policy. There are no provisions for education, children leaving, restraints, punishments, liability insurance, peer counselors, contact with parents, or background check standards. Licensure provides responsibility.

Keith York, Citizen, Parent, testified **in opposition** to **H 340**. Sharing his 13 year-old son's SUD, he said they had no idea regarding what questions to ask. They have since learned SUD and mental health disorder cannot be separated. Licensing provides a level of confidence with the professional training and continued education of the staff. Parents need this help during an emotionally devastating situation.

Michelle Battin, Owner, Hopeful Connections Parenting, Consultant, Trauma Specialist, Idaho Federation of Families, testified **in opposition** to **H 340**. The exemplified faith-based program's conflict with regulatory issues appears to be the reason for this legislation.

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

In closing remarks, **Sen. Souza** said having more meetings to figure out various regulations will ignore the desperate crisis existing now. Because of government issues and the Jeff D Lawsuit, government programs can no longer be used. The anti-trafficking group thought this would be very helpful when removing highly addicted teens from trafficking. Currently, the teens have no treatment options and return to trafficking to get their substances. The doctor's prescription provides a safety determination regarding whether or not a program is appropriate for the teen. She urged the committee to give this a chance and help the kids who are in need right now.

- MOTION:** **Rep. Blanksma** made a motion to send **H 340** to General Orders.
- SUBSTITUTE MOTION:** **Rep. Rubel** made a substitute motion to **HOLD H 340** in committee.
- AMENDED SUBSTITUTE MOTION:** **Rep. Zollinger** made an amended substitute motion to send **H 340** to the floor with a **DO PASS** recommendation.
- Discussion on the motions was held. Committee members expressed unease regarding the immediate need and the lack of existing programs. Concern was expressed regarding the physical division between children and adults and the potential for inadequate programs.
- ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION:** Roll call vote was requested on the amended substitute motion. **Motion failed by a vote of 5 AYE and 7 NAY. Voting in favor** of the motion: **Reps. Vander Woude, Kingsley, Zollinger, Christensen, Lickley. Voting in opposition** to the motion: **Reps. Wood, Wagoner, Gibbs, Blanksma, Chew, Rubel, Davis.**
- ROLL CALL VOTE ON SUBSTITUTE MOTION:** Roll call vote was requested on the substitute motion. **Motion failed by a vote of 4 AYE and 8 NAY. Voting in favor** of the motion: **Reps. Wood, Chew, Rubel, Davis. Voting in opposition** to the motion: **Reps. Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley.**
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the original motion to send **H 340** to General Orders. **Motion carried by voice vote. Reps. Davis, Rubel, and Chew** requested they be recorded as voting **NAY. Rep. Mendive** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:56 a.m.

Representative Wood
Chair

Irene Moore
Secretary