

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 10, 2020

TIME: 2:30 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chair 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 to order the meeting of the Senate Health and Welfare Committee (Committee) at 2:34 p.m.

MOTION: **Chairman Martin** asked for unanimous consent to change the order of the agenda, approving the minutes before hearing the bills. There were no objections.

MINUTES APPROVAL: **Senator Jordan** moved to approve the Minutes of February 11, 2020. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

Senator Heider moved to approve the Minutes of February 18, 2020. **Vice Chair Souza** seconded the motion. The motion carried by **voice vote**.

Vice Chair Souza moved to approve the Minutes of February 26, 2020. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

Senator Burtenshaw moved to approve the Minutes of February 25, 2020. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

Senator Harris moved to approve the Minutes of February 19, 2020. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

H 340AA **Vice Chair Souza** presented **H 340aa** relating to child care licensing. She stated there is a serious problem in Idaho regarding teen drug use and teen suicide. Teens under the age of 18 are not legally allowed to seek treatment at a crisis center or an adult rehabilitation center for drug use or for suicide. Access and affordability are huge problems. **H 340aa** offers exemption from licensure for a private option. Good Samaritan Drug and Alcohol Rehabilitation Program (Good Samaritan) is a private pay agreement between parents and a private treatment program. There is no public money involved. **Vice Chair Souza** explained past attempts to solve this issue, and her work with Representative Wood to create this bill. Amendments adding safeguards were initially removed, but public concern led them to be included. Good Samaritan is already doing all the things listed in the bill and the amendments. Any complaints will be obtained from law enforcement at the end of the pilot program and presented to the Legislative Child Welfare Oversight Committee for re-evaluation of the pilot program.

Vice Chair Souza read letters from Good Samaritan's community professionals and excerpts from graduates' letters who reported on the success of the program (attachment 1). Good Samaritan has a highly successful track record of 18 years in their adult rehabilitation program. For five of those years, there was an adolescent program with 56 graduates and no complaints. **Vice Chair Souza**

noted it is significant that five years after graduation from Good Samaritan, 78 percent of the graduates remain clean and sober.

DISCUSSION:

Senator Jordan asked about amendments and assessments. **Vice Chair Souza** referred Senator Jordan to page 3 of the bill regarding the amendments. With regard to assessments, **Representative Remington** responded that if there is a major mental health issue or a dual diagnosis, the youth is not accepted into the program. Assessments include the court records and diagnoses youths bring with them if they have come from the court and have been diagnosed, and information from parents or a probation officer.

Chairman Martin requested that Representative Remington explain how his program relates to the bill. **Representative Remington**, also known as Pastor Tim, representing Good Samaritan, said his program has been in effect for the past 18 years with 3,200 graduates from the adult program. It is faith-based and character-based, and is State certified in various programs. He claimed the bill would save the State millions of dollars and would help more youth. He stated he doesn't license his programs because of affordability, accessibility to families, and because it is a faith-based program.

Senator Jordan and **Vice Chair Souza** discussed issues surrounding child protection, law enforcement's ability to make unannounced checks, and the involvement of the Legislative Child Welfare Oversight Committee.

Senator Bayer asked about the schools and classwork. **Representative Remington** answered that the youths get a pass from school and are not enrolled in school, but that they catch up. He said when a teen comes into the program by court order, the teen usually isn't in school due to drug or alcohol use, or incarceration.

Senator Nelson and **Representative Remington** discussed Good Samaritan's decision not to pursue state licensure.

TESTIMONY:

Those testifying in favor of **H 340aa** included Representative Mendive, representing Legislative District 3; Representative Remington, representing Legislative District 2; and Vice Chair Souza, representing Legislative District 4.

Those testifying in opposition to **H 340aa** included Michael Sandvig, President of the National Alliance on Mental Illness, Idaho (attachment 2); Sharon Harrigfeld, representing herself; Ruth York, representing the Idaho Federation of Families for Children's Mental Health (attachment 3); Pat Martelle, a licensed clinical social worker representing a parent from Hayden, Idaho; Jennifer Griffis, representing herself (attachment 4); Dr. Sheila Sturgeon Freitas, a clinical psychologist; and Amy Jeppesen, a licensed clinical social worker and an advanced chemical dependency counselor.

Written testimony in opposition to **H 340aa** was provided by the following: Sheila Weaver, a licensed Master of Social Work (attachment 5); Darren Richman, LLC member/CFO, Ascent Behavioral Health Services (attachment 6); Idaho Parents Unlimited, Inc. (attachment 7); and Marilyn Sword, representing Idaho Caregiver Alliance (attachment 8).

DISCUSSION: **Senator Nelson** and **Representative Mendive** discussed a letter from the Department of Correction written by a probation and parole officer who was the person assigned to the program, and one who had full access to this program.

In conclusion, **Vice Chair Souza** read several letters from former clients of the program stating how the Good Samaritan's program helped them. **Vice Chair Souza** said Idaho is not getting teen substance use under control and this bill provides an alternative, private program for parents to obtain treatment for their children. The parents and the community will have oversight. It will cost the State nothing, and the community wants this and supports the program. **Vice Chair Souza** asked the Committee to send **H 340aa** to the 14th Order of Business for possible amendment.

Senator Nelson and **Vice Chair Souza** discussed sunset language not being in the bill.

Senator Bayer commented that licensing seems to be the main focal point of the testimony the Committee listened to, and believes it is false protection. Two State facilities were mentioned by name as having numerous cases of abuse, yet this program hasn't had any reports of problems with abuse, neglect, or anything else; that is why this program deserves to be tried.

MOTION: **Senator Jordan** moved that **H 340aa** be held in Committee. **Senator Heider** seconded the motion.

DISCUSSION: **Senator Jordan** applauded the work in Representative Remington's program, but stated her concerns: whether or not there is a co-presentation of mental health and substance use; the reliance on parents; housing children in light of the Jeff D lawsuit settlement; and the possibility of setting a precedent of unlicensed programs by passage of this bill.

Vice Chair Souza responded that the Jeff D lawsuit does not apply, according to the Attorney General's Office, because it is a private program with no public money, and there would be no connection between youth and adults. In addition, this is a proposed pilot program and that does not set a precedent.

SUBSTITUTE MOTION: **Senator Bayer** moved to send **H 340aa** to the 14th Order of Business for possible amendment. **Senator Lee** seconded the motion.

DISCUSSION: **Senator Bayer** said she understood there was preparation in the amendments to reinstate all of the protective sideboards that were needed, and the bill should go forward. **Senator Lee** agreed.

Senator Nelson expressed his opposition to the substitute motion due to the program's unwillingness to obtain state licensure.

ROLL CALL VOTE: **Chairman Martin** called for a roll call vote on the substitute motion. **Vice Chair Souza**, **Senators Lee**, **Harris**, **Burtenshaw**, and **Bayer** voted aye. **Senators Heider**, **Jordan**, **Nelson**, and **Chairman Martin** voted nay. The motion carried.

MOTION: Due to time constraints, **Chairman Martin** requested unanimous consent to postpone the hearings for **H 497**, **H 538**, and **H 578** until the next meeting. There were no objections. He then asked Dr. Hatzenbuehler, who came from out-of-town, to briefly present her report.

PRESENTATION: **Dr. Linda Hatzenbuehler** said she serves as Chair of the Idaho Council on Suicide Prevention (Council) and introduced Stewart Wilder, President of the Idaho Suicide Prevention Coalition (Coalition). **Dr. Hatzenbuehler** stated that she has provided the Committee with the Council's 2019 annual report to the Governor and the Legislature (attachment 9 is located in the Legislative Library). She discussed the complexities of preventing a pandemic, such as coronavirus. She stated that, in comparison, preventing death by suicide is more complex than preventing a physical health crisis. **Dr. Hatzenbuehler** said rather than focusing on Idaho's troubling statistics, their goal today is to focus on the positive and to discuss activities going on in Idaho to decrease the rising suicide rate. Their goal remains to reduce Idaho's suicide rate by 20 percent by 2025.

Dr. Hatzenbuehler asked Mr. Wilder to report on the activities of the Coalition.

Mr. Wilder explained that the plan embraces many stakeholders, both from public and private entities. They are reviewing the structure, charter, and vision of the Coalition, and the work plans to ensure measurable outcomes. In 2019, the Department of Health and Welfare and Idaho State University completed a state-wide gap analysis. Idaho must engage a system of coordinated care and training to move away from the current judicial and child protection model that is not working for the citizens of our state. **Mr. Wilder** thanked the Committee and asked for continued support for suicide prevention and mental health initiatives for the future.

DISCUSSION: **Chairman Martin** asked about the effect of talking about suicide. **Mr. Wilder** stated that talking about suicide does not have a negative effect.

Chairman Martin said approximately one person per day dies of death by suicide in Idaho. He likened that to a commuter airline crashing in Idaho every month and killing everyone on board. If that happened more than two or three times, the airlines would be grounded and some serious investigation as to the cause of the crashes would be pursued.

Senator Jordan and **Dr. Hatzenbuehler** discussed the lack of LGBT representation in the Coalition and the need to reach out to that group. In response to a question from Senator Heider, **Mr. Wilder** discussed suicide rates for older men.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:18 p.m.

Senator Martin
Chair

Margo Miller
Secretary