

ATTACHMENT 7  
3/10/2020



Testimony on House Bill 340aa

Idaho Senate Health and Welfare Committee  
March 5, 2020

Chairman Martin, Vice Chair Souza, and Members of the Committee,

Thank you for the opportunity to provide written testimony on behalf of Idaho Parents Unlimited (IPUL) on H 340 which pertains to licensing of temporary substance abuse and alcohol treatment facilities for children between the ages of 13 and 17 years, specifically, a single facility as a pilot project.

Idaho Parents Unlimited is a statewide nonprofit organization that serves as both the Parent Training and Information Center and Family to Family Health Information Center for families who have children with disabilities and special health care needs. This includes providing resources, supports, training, and information to families whose children are experiencing substance use and alcohol related disorders.

Our organization agrees that Idaho is in dire need for more facilities and providers that address these problems for children, and we are grateful that options are being considered for how to make more available. However, we disagree completely with allowing any facility to operate with no licensure standards as it increases risk to these children, their families, the State of Idaho, and the providers, themselves as follows:

According to the National Institute on Drug Abuse (<https://www.drugabuse.gov/publications/principlesadolescent-substance-use-disorder-treatment-research-based-guide/treatment-settings>) best practice for treating youth with a primary diagnosis of substance use disorder (SUD) is not residential treatment. According to NIDA, "Residential treatment is a resource-intense high level of care, generally for adolescents with severe levels of addiction whose mental health and medical needs and addictive behaviors require a 24-hour structured environment to make recovery possible."

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Furthermore, without licensure, it may lack the resources or expertise to handle a child whose medical and psychiatric needs are co-occurring with a severe alcohol/SUD putting everyone involved at risk even with parental consent.

The evaluation of program effectiveness is not defined, and because (this) these are supposed to be private pay facilities, there are no guarantees that a parent may find themselves with poor outcomes and no financial recourse.

The proposed legislation lacks protections for parents and youth should there be abuse and/or neglect complaints found after an oversight review which would only occur after three years of implementation of the program. In addition to the serious concerns about what may happen to a child where complaints are found (further medical and psychiatric problems if not worse), there also appears to be no ability to close down such a facility and nothing that would prevent someone from re-opening a facility in a new community under a new name since they would not have had a license revoked as no license was required.

Additional concerns include co-mingling of adults and minors with addictions including adults who are being treated for sexual addictions including pornography addiction. Comingling adults and children as young as 13 years old is dangerous and it is likely to create a repeat of the Jeff D. lawsuit that the State spent 35 years to settle and is still in its implementation process today.

To help avoid such risks to all involved and to ensure the best outcomes for youth entering these facilities, IPUL believes that any in-patient/residential treatment facility for children and youth under the age of 18 that provides treatments and interventions should not have an exemption to licensure and there is simply too much risk involved to even consider piloting such a program.

Thank you once again for the opportunity to present this testimony. We welcome any questions or comments. They may be directed to Angela Lindig, Executive Director at 208-342-5884 x102 or [angela@ipulidaho.org](mailto:angela@ipulidaho.org).