



ATTACHMENT 8  
3/10/2020

March 9, 2020

**RE: House Bill 340aa**

Senator Fred Martin, Chairman  
Senate Health and Welfare Committee  
Capitol Building  
Boise, ID 83720

Dear Chairman Martin and Committee Members:

The Idaho Caregiver Alliance (ICA) is a statewide coalition of over 700 caregivers, organizations, and agencies working together to raise awareness of the impact of unpaid caregiving by families and friends and to advocate for policies and practices that support family caregivers. While our coalition emphasizes supports in the home and community, we recognize that sometimes the services needed require out of home placement. In those instances, it is important to families of individuals across the lifespan to be able to count on services that meet licensure requirements and standards of care. That is why we are concerned about HB 340aa.

The ICA recognizes the need for treatment programs for Idaho's youth with alcohol dependency and substance abuse diagnoses. We are pleased to see discussions taking place to address those needs. In particular, we applaud the collaboration between the legislature, the administration, and the judiciary to work together on developing a robust behavioral health system of care (SCR126). This work should result in a roadmap for improved and expanded services for youth and adults with mental illness and substance use disorders with a report that we understand is due this fall.

One of the ICA's partners is the Division of Behavioral Health within the Department of Health and Welfare. This Division has implemented the Youth Empowerment Services (YES) initiative that is engaging parents, providers and systems to improve and enhance services for youth with behavioral disorders. This effort is aligned with the resolution of the Jeff D. lawsuit which required the separation of youth and adults in treatment facilities in Idaho.

These initiatives show promise for providing evidence-based, quality treatment services to youth with emotional disturbance and substance use disorders but they will require legislative support and funding. It is the ICA's position that rather than implementing programs that do not require licensing and trained staff, that Idaho policymakers focus on how we can move forward with what is already being done to provide licensed, quality programs that are based on clinical best practice. Passing legislation that allows for the creation of unlicensed residential treatment of youth with these disorders is not the solution. In fact, it opens the door to risk for the children and their families and liabilities for the provider and potentially the state.

The original version of HB340 did include some minimal protections: background checks for staff and volunteers, notification of law enforcement, proximity to a medical facility with emergency capabilities, adherence to health and safety standards, a prescription from a medical doctor stating the child's need for substance abuse treatment, notification of the child's school counselor that s/he would be entering the facility, and the consent of the parent or guardian. Now, the Good Samaritan Rehabilitation Program

in Coeur d'Alene is being considered a pilot project and these safeguards, minimal as they are, are gone. We are told they are not needed since the program being granted these exemptions does them as a matter of course. But without oversight, how do we know that?

Pilot projects have rigorous parameters including pre-determined data collection and reporting methods, outcomes based on pre and post-tests, and statistical analysis of findings by an independent entity with recommendations for modification. There is no indication of this kind of oversight for this program. In fact, the only monitoring is a report to a child protection legislative review panel, the first report of which is not until 2023. This lack of oversight of the facility poses not only a risk to the child but provides no means for the parent to know what is really going on with their child's treatment. What is the parent's recourse if they should learn of mistreatment, abuse, exploitation, or neglect of their child from as far away as Florida, as was cited by the floor sponsor in the House? They can certainly travel to northern Idaho and withdraw the child from the facility, but the damage may already be done.

In 2019, the State of Montana took action to close a loophole in their law that had permitted residential treatment programs of youth with behavior and other disorders to operate unlicensed if they were affiliated with a church. For many years, there were multiple instances of child abuse in some of these programs but no action could be taken by the state because of the religious exemption. That was addressed last year and the state is now overseeing these programs.

In Idaho, parents are also required to provide an education to their child until the age of 16. The child can be educated in a public or private school or home-schooled. But HB340aa allows for a child, under the age of 16, to be pulled from their regular education setting for a 4-month period without requiring the facility to provide an education for the child during that time. Once again, this denies the child access to education and it also jeopardizes the parents as they are the ones who can be found in violation of the law by placing their child in this facility which does not guarantee an educational curriculum.

Family caregivers in Idaho, particularly those of vulnerable youth, need our support. That means they need quality, licensed services. We have the opportunity to build on the YES programs already underway. Please do not allow unlicensed facilities to provide unlicensed services to Idaho's children. We respectfully request you to hold HB340aa in committee. Thank you for your consideration of our comments.

On behalf of the Idaho Caregiver Alliance,



Marilyn B. Sword, Coordinator

The following members of the Idaho Caregiver Alliance have opted to take no position or cannot take a position on this bill:

- Molina Healthcare
- Representatives from the Department of Health and Welfare, Divisions of Medicaid, Public Health, Long Term Care, Service Integration, and Behavioral Health
- Representative of the Boise VA Medical Center Caregiver Support Program
- Representative of the Idaho Commission on Aging
- Representative of the Department of Insurance SHIBA Program

The following members of the Idaho Caregiver Alliance do not agree with the position stated in this letter:

- Eric Wallentine