

MINUTES
JOINT FINANCE-APPROPRIATIONS COMMITTEE

DATE: Thursday, February 15, 2024
TIME: 8:00 A.M.
PLACE: Room C310
MEMBERS PRESENT: Senators Co-Chairman Grow, Bjerke, Burtenshaw, Lent, Cook, VanOrden, Adams, Ward-Engelking, Just
Representatives Co-Chair Horman, Miller, Bundy, Raybould, Furniss, Handy, Lambert, Petzke, Tanner, Green
ABSENT/ EXCUSED: Senator Herndon

Co-Chair Horman called the meeting to order at 8:01 a.m.

Co-Chair Horman put the committee at ease at 8:01 a.m.

Co-Chair Horman resumed the meeting at 8:06 a.m.

Ms. Alex Williamson, Analyst, LSO Budget & Policy, gave an overview of the Division of Mental Health Services in the Department of Health and Welfare (DHW). The Division of Mental Health Services has two budgeted programs: Children's Mental Health and Adult Mental Health. The Children's Mental Health Program provides assessment and evaluation, clinical case management, hospitalization, residential treatment, and therapeutic foster care for children with serious emotional disturbances. The Adult Mental Health Program is a system of care for adult citizens who experience serious and persistent mental health illness. She reviewed the organizational structure of the Division within DHW and stated its budget is part of the Behavioral Health appropriation bill.

Ms. Williamson gave a high-level review of the Division's FY 2023 expenditures. She also highlighted the FY 2023 and FY 2024 budget enhancements.

Ms. Williamson explained the FY 2025 budget requests for supplemental appropriations. She stated Mental Health Services has no FY 2025 budget line item requests, but it does have three FY 2024 onetime supplemental requests for transferring personnel costs to operating costs in children's services and adult services.

In response to a committee question, **Ms. Williamson** explained the FY 2024 transfer of funds from Homes with Adult Residential Treatment to Medicaid. This action was taken to leverage federal dollars.

In response to a committee question, **Mr. Ross Edmunds**, Administrator for the Division of Behavioral Health, gave further explanation about the different types of state facilities available to assist youth. These include three youth psychiatric treatment facilities, four youth crisis centers, and multiple juvenile detention centers.

In FY 2022, \$15M was distributed to operate and stand up three separate youth psychiatric treatment facilities. The first, in partnership with Idaho Youth Ranch, is now operational; Northwest Children's Home will open later this year; and the Jackson House in eastern Idaho is in process.

Mr. Edmunds explained the start-up funds for the youth crisis centers were not part of the DHW budget. These funds were appropriated to the Department of Juvenile Corrections to stand up the youth crisis centers; DHW performs the ongoing operations of these centers.

In response to a further committee question, **Mr. Edmunds** explained all ARPA funds specified for mental crisis services were placed in the adult mental health budget. The onetime supplemental transfer will allow these monies to be used for youth mental health services.

In response to a committee question, **Mr. Edmunds** explained DHW delivers behavioral health services in two different categories: Medicaid/Medicaid-funded services, and Children/Adult Mental Health. Due to the Medicaid Expansion, many people received their mental health services with Medicaid coverage. The decline in expenditures for Adult Mental Health can be attributed to the fact those costs are now covered by Medicaid.

Ms. Williamson gave an overview of the Division of Psychiatric Hospitalization. This agency consists of four budgeted programs: Community Hospitalization, State Hospital South (SHS), State Hospital North (SHN), and State Hospital West (SHW). Funding for Community Hospitalization is used to pay for patient care once an individual has been committed to state custody and before a bed is available in one of the state institutions. State Hospital South (Blackfoot), State Hospital North (Orofino), and State Hospital West (Nampa) provide short- and long-term 24-hour residential care and treatment for persons who are not able to remain safely in the community setting.

Ms. Williamson reviewed the organizational structure of the Division and stated its budget is part of the Behavioral Health appropriation bill. She reviewed the estimated and actual expenditures for FY 2020-FY 2024. She highlighted the FY 2023 and FY 2024 budget enhancements.

Ms. Williamson presented the Psychiatric Hospitalization's FY 2025 budget enhancements. She explained the requests for three netzero transfers, replacement items, receipt authority, and additional personnel. She reviewed the General Fund impact of these supplemental requests and demonstrated the net remains the same.

In response to a committee question, **Ms. Williamson** explained the funds in the Community Hospitalization program are used to provide care during the gap between patients being admitted to a state hospital but before they can be placed in a bed.

Mr. Dean Cameron, Interim Director of DHW, answered committee questions. He explained DHW is waiting for completion of various Department of Public Works projects before State Hospital North can achieve accreditation. He gave statistics about the average length of stay at each state hospital.

In response to committee questions about the Syringa assisted-living facility, **Mr. Edmunds** gave additional information. Accreditation requires a certain ratio of patients to staff. Currently SHS Syringa is licensed for 42 patients but has staffing for only 36. Additionally, Mr. Edmunds explained the factors in determining the daily Medicaid reimbursement rate.

In response to a committee question about the budget enhancements for the electronic medical records update, **Mr. Edmunds** gave explanation. The DHW State Hospitals have always used a computer system created by the Veterans Administration (VA). These budget enhancements will allow the agency to transition from using the existing system on the VA platform to its own platform.

In response to a committee question about the request for additional personnel, **Mr. Edmunds** explained the need for additional staff to care for a sicker population. There are more patients in the hospital for the purpose of competency restoration to stand trial. In order to protect other patients, staff, and the patients themselves, more staff is necessary.

In response to a committee question, **Dir. Cameron** stated the source for the SHS dedicated fund is Medicaid and private insurance.

Ms. Williamson gave an overview of DHW Substance Abuse Treatment and Prevention. This program provides treatment and services for children and adults struggling with substance abuse disorders. She reviewed the organizational structure of the Division within DHW and stated its budget is part of the Behavioral Health appropriation bill. She gave a high-level review of the estimated and actual expenditures for FY 2020-FY 2024. She highlighted the FY 2023 and FY 2024 budget enhancements.

Ms. Williamson explained the FY 2025 budget request for \$1.2M onetime from the Opioid Settlement Fund to address recommendations from the Idaho Behavioral Health Council (IBHS). These funds will be used to train and teach Idaho's behavioral health professionals and to address recovery services.

In response to committee questions, **Dir. Cameron** gave information about DHW's connection to the Idaho Harm Reduction Project. In the Substance Abuse budget, it was contracted to provide buprenorphine, a drug to treat opioid addiction, and counseling services, which is a requirement for taking the medication.

In response to additional committee questions, **Mr. Edmunds** stated 26 agencies work on behalf of DHW through subgrants to perform opioid addiction work, such as providing the prescriptions and overseeing the delivery of medication. DHW has three other medicated-directed programs. The Idaho Harm Reduction Project distributed a small amount of buprenorphine; ending the contract will not have a significant impact.

Dir. Cameron confirmed the other three entities providing medication-directed programs are not under criminal investigation.

Co-Chairman Grow spoke to the importance of an overall, coordinated plan from the state to deal with substance abuse.

In response to a committee question, **Dir. Cameron** explained DHW is the pass-through entity for the disbursement of the opioid settlement funds. According to Idaho Code, the Idaho Behavioral Health Council makes recommendations to the Governor, then the Governor makes his own recommendations. DHW has no input.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:28 a.m.

Representative Horman
Chair

Alyson Jackson
Secretary