MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 16, 2017
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Anthon, Agenbroad, Foreman, and Jordan
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 Heider** called the meeting of the Health and Welfare Committee (Committee) to order at 3:00 p.m. and welcomed Department of Health and Welfare (Department) staff to the meeting. **Chairman Heider** remarked that he appreciated the Department's support of the Committee and, on behalf of the Committee, expressed his support of the Department.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza to conduct the rules review.
DOCKET NO. 16-0210-1701	**Idaho Reportable Diseases. Dr. Leslie Tengelsen** introduced herself to the Committee as a Senior Epidemiologist with the Bureau of Communicable Disease Prevention, Division of Public Health. She informed the Committee her title is State Public Health Veterinarian, and she is concerned with protecting Idaho residents from diseases acquired from animals and insects. The temporary rule, adopted by the Board of Health and Welfare on November 17, 2016, requires all suspected or confirmed cases of insect-borne viral disease, known as arboviral disease, be reported within three working days of identification to public health officials in the Department or local public health districts. **Dr. Tengelsen** explained there are approximately 130 arboviral diseases that cause death or disease in people, and the reportable disease rules already mandate the reporting of West Nile virus. Until this rule was adopted, other arboviruses were only reported to public health agencies voluntarily and are likely under-reported because of this practice. Zika virus is a serious arbovirus, and four imported cases have been voluntarily reported in Idaho. To protect the public's health, arboviral diseases must be tracked to reduce the spread and likelihood of local insect-borne transmission. **Dr. Tengelsen** described specific changes to the rule. Rule 16.02.10.125, entitled Arboviral Diseases, is a new section devoted to arboviral disease reporting requirements and case investigation. This addition will allow the Department to capture all arboviral infections under one category. Arboviral diseases, as a category, was added to the table in Section 050 where the reporting requirements are listed. Because the new section includes West Nile virus, West Nile virus was removed from the tables in Sections 050 and 800. Several documents incorporated by reference were updated: 1.) the "National Notifiable Diseases Surveillance System Case Definitions" URL was added and unnecessary language was removed; 2.) the 2005 "U.S. Public Health Service Guidelines for the Management of Occupational Exposure to Human Immunodeficiency Virus (HIV) and Recommendations for Post-Exposure Prophylaxis" was replaced with the updated 2013 version of the same document; 3.) the 2011 "Compendium of Animal Rabies Prevention and Control" was replaced with the updated 2016 version of the

same document; and 4.) a new Subsection 004.07 was added to incorporate the document entitled "Use of Reduced (4-Dose) Vaccine Schedule for Post-Exposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices, 2010" as a companion document to the "Human Rabies Prevention, 2008" document currently incorporated by reference in Section 004.03. A few minor changes were made in the definitions section to match the updated incorporated references, and parts of Section 610 were updated to align with new guidance incorporated by reference.

Dr. Tengelsen informed the Committee the Department anticipates no fiscal impact to the General Fund or any other funds except the costs associated with rule promulgation, printing, and publication. Negotiated rulemaking was not conducted, although public health district stakeholders were consulted and support the temporary rule.

Vice Chairman Souza invited questions from the Committee. **Senator Martin** asked why no public hearings were held on the docket. **Dr. Tengelsen** responded the temporary rule was put in place rather urgently with the emergence of the Zika virus. The Department consulted with public health districts, the primary stakeholders, and they were supportive. **Senator Martin** inquired whether stakeholders will be informed about the new reporting requirements. **Dr. Tengelsen** answered that health care providers and laboratorians are being advised of the change through newsletters to various groups.

MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0210-1701**, noting the agenda reference to the docket number contained a typographical error. **Senator Anthon** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0219-1601 **Food Safety and Sanitation Standards for Food Establishments. Patrick Guzzle**, introduced himself as the Food Protection Program Manager with the Department's Division of Public Health. **Mr. Guzzle** informed the Committee the Food Protection Program (Program) works closely with Idaho's public health districts to inspect and license food establishments, investigate complaints, and ensure the safety of food being purchased and consumed in Idaho. The Program provides direct support and technical guidance to the public health districts as well as consumers, industry representatives, and all other food safety stakeholders.

Mr. Guzzle explained there was some confusion in terminology in the food safety rules approved by the 2016 Legislature because the term "critical" was used to describe two different things: 1.) the severity of a food safety infraction and how soon it must be resolved; and 2.) the actual score of the inspection, reflecting the number of food safety violations observed. To resolve the confusion, the docket replaces the term "critical" with the term "risk factor" and the term "non-critical" with the term "good retail practice" for the purposes of scoring an inspection. This change will match the food inspection report that is separated into two sections: risk factors and good retail practices. It is consistent with how many other states use these terms and results in no change to the health districts or food establishments.

Mr. Guzzle clarified the terms "critical" and "non-critical" will still be used but only to describe the nature of a food safety violation and how soon it must be resolved. Some examples of "critical" violations include staff members working while ill with a condition that can be easily transmitted to others through the food, improper handwashing practices, improper temperature control of foods, or contamination of foods. A much shorter time frame is allowed to correct critical violations, and they are usually required to be corrected while the inspector is still on-site. Some examples of "non-critical" violations include broken floor tiles, soiled surfaces that do not result in food contamination, or inadequate ventilation or lighting. Such situations warrant a longer correction time frame because they normally do not present an immediate risk to food safety.

Vice Chairman Souza invited questions from the Committee. **Chairman Heider** asked how often inspections are conducted. **Mr. Guzzle** responded they are usually conducted annually. **Chairman Heider** inquired if a violation such as a broken pipe or food not warm enough to kill bacteria was found whether it could be an entire year until the facility was reinspected for compliance. **Mr. Guzzle** answered it would be another year until an inspection. However, during the initial inspection where a violation is found, documentation is left with the food establishment. Follow-up is conducted within ten calendar days, either by conducting a follow-up inspection or allowing the establishment to submit a correction report back to the local health district, depending on the history of the establishment and the nature of the violation. **Senator Martin** asked how many attended the September 15, 2016 public hearing, how many called in, and what was the response from participants. **Mr. Guzzle** replied no one called into the hearing although the phone line was left open for one-half hour. **Senator Martin** further inquired whether people could attend the hearing in person. **Mr. Guzzle** confirmed the option to attend in person was provided, but no one participated either in person or by telephone.

TESTIMONY: **Pam Eaton** introduced herself as the President and CEO of the Idaho Lodging and Restaurant Association and informed the Committee her members are the primary stakeholders impacted by this rule. Her group is fine with the rule and they applaud the Department and Mr. Guzzle for how closely they work with industry and stakeholders when creating the rules.

MOTION: There being no more questions or testimony, **Senator Harris** moved to approve **Docket No. 16-0219-1601. Senator Lee** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0601-1601 **Chafee Program Funding Age. Gracie O'Brien** introduced herself to the Committee as the Independent Living Program Specialist, Child Welfare Policy Unit, Division of Family and Community Services. **Ms. O'Brien** informed the Committee her team oversees the development of policy and practice standards for the safety, well being, and permanency for children and families served in the child welfare system.

Ms. O'Brien provided background on the John H. Chafee Foster Care Independence Program Act (Chafee Program), passed by the U.S. Congress in 1999 to promote a more successful transition to adulthood for youth leaving foster care. The Chafee Program also provides federal funding to accomplish this goal. The Idaho Foster Care Independence Program uses this federal funding to provide services to eligible youth in foster care between the ages of 15 to 21 who have been in State custody for at least 90 days after their 15th birthday. Independent living services focus on culture and personal identity formation, supportive services and community connections, physical and mental health, life skills, education, employment, and housing.

Ms. O'Brien informed the Committee that 2016 changes to Idaho Code §§ 16-1621 and 16-1622 and Public Law 113-183 require the Department to begin assessing and providing independent living services to young people in foster care beginning at age 14 instead of age 15. To align with changes in these laws, the pending rule docket lowers the age at which foster youth are eligible to receive independent living services funded by the Chafee Program from 90 days after their 15th birthday to 90 days after their 14th birthday. Negotiated rulemaking was deemed not feasible because the rule changes increase services and align the rules with State and Federal law. One public hearing was held with no attendees or further comments received by the Department. The program is federally funded, and the increased access to services afforded by the rule change could reduce demand on General Fund monies and other federal funding.

Senator Lee asked whether the entire $500,000 in federal funds currently received for the program is expended, and if so, will the rule change place additional demand on these resources. **Ms. O'Brien** replied all money allocated each year is expended, but how it is used depends on need. If the population is lower than anticipated, the Department can add additional services and be more creative in how funds are used.

Senator Lee inquired what services might become unavailable if the age is lowered and where the tension on these dollars might be going forward. **Ms. O'Brien** gave an example of regions running independent living groups. If there are extra dollars, the Department can provide incentives to increase participation. These processes will not change if the rule is approved. **Senator Foreman** asked how many additional persons will be covered by lowering the age to 14. **Ms. O'Brien** answered an analysis was conducted for fiscal years 2013 to 2016, and there would be an additional 20 youth per year. **Vice Chairman Souza** asked for clarification about the number and whether it meant there are 20 year per year in the entire program or 20 additional youth. **Ms. O'Brien** stated it would be 20 youth per year statewide. **Senator Martin** asked why the age is changing from 15 to 14. **Ms. O'Brien** explained research shows youth in foster care typically have a hard time exiting foster care. The longer the Department is able to engage with these young people, the more successful the transition to be a member of society. Most are in high school by age 14.5 so it would enable them to start doing career planning. Because of what they know about trauma and foster care, it gives more time to make a positive impact.

MOTION: There being no more questions, **Senator Foreman** moved to approve **Docket No. 16-0601-1601. Senator Martin** seconded the motion. The motion carried by **voice vote.**

Vice Chairman Souza recognized Ms. O'Brien, who asked to clarify for the Committee that it is 20 additional youth who would be added to the program, not a total of 20 youth statewide who would be involved in the program. **Vice Chairman Souza** asked if any Committee member wished to change his or her vote based on the additional information, and no changes were requested.

DOCKET NO. 16-0719-1601

Certification of Peer Support Specialists and Family Support Partners.

Jennifer Eason-Barnett, Quality Assurance Specialist with the Department of Health and Welfare Division of Behavioral Health, introduced herself to the Committee to present the pending rule docket. **Ms. Eason-Barnett** explained the Division of Behavioral Health seeks to expand provider types in the behavioral health service system by training and certifying Peer and Family Specialists, who are unregulated by the Idaho Bureau of Occupational Licensing. The rule will protect the public health, safety, and welfare of vulnerable individuals with behavioral health issues by ensuring these providers are qualified and meet certain standards. Peer Support Specialist Training began in 2007. In 2014, the Division of Behavioral Health developed behavioral health standards for Peer Support Specialists and for an additional provider category of Family Support Partner. The standards were developed in collaboration with stakeholders, including peers and families, and underwent a public comment process prior to adoption into the behavioral health standards handbook.

Ms. Eason-Barnett informed the Committee that over the last nine years, peer and family support services have grown significantly. The pending rule would legitimize and support this provider type as a para-professional occupation with adherence to standards and a code of ethics. The provision of support services by a peer or family provider is nationally a best practice to assist individuals with behavioral health issues towards recovery. These providers are unique to the behavioral health system due to the "lived-experience" support they can provide to an individual currently in services. People serving as Peer Support Specialists have expressed the program helps give them a purpose in life and allows them to use their own challenges in recovery to provide a unique perspective. Peer Support Specialists and Family Support Partners are found in settings such as behavioral health clinics, on ACT teams, in recovery centers, and hospitals.

Ms. Eason-Barnett stated the rule provides the qualifications and requirements needed to become certified by the Division of Behavioral Health and addresses the administration of certification, including enforcement and actions for denial, revocation, or suspension. For certification, as outlined in the pending rules, these para-professionals would be required to obtain supervised work experience and on-going continuing education or training following certification to ensure the safety, health, and welfare of those receiving behavioral health services. There is no anticipated impact to the General Fund or any other funds for this rule change. Negotiated rulemaking was conducted in 2016. Comments from the public hearing were positive, and recommendations for changes were incorporated into the pending rule.

Vice Chairman Souza requested that Ms. Eason-Barnett walk the Committee through the changes in the rule. **Ms. Eason-Barnett** responded this is a brand new chapter of rules. Peer Support Specialists began appearing in 2007 to help individuals receiving behavior health services. The rule docket outlines guidelines for training and certification.

Ms. Eason-Barnett reviewed the definition of Family Support Partner in Section 010.05 as someone who has had the experience of raising a child with a behavioral health disorder diagnosis, mental illness, or substance use disorder. Section 010.07 defines "lived experience" as personal experience with the behavioral health services system. Section 200.02 identifies the minimum training topics to demonstrate competency in accordance with national best practices. This section also adds a training topic of motivation and empowerment to ensure the provider has the skills to assist the individual in care.

Beverly Barr introduced herself as the Rules Specialist for the Department of Health and Welfare and stated the rule is a brand new chapter. The Division conducted negotiated rulemaking, and the docket was published as a proposed rule in October 2016. The proposed rule has never been codified. In January, the rule was republished as a temporary rule. **Vice Chairman Souza** asked if there was different language in the rule that was deleted during negotiated rulemaking and if there was new language inserted. **Ms. Barr** replied that the words were inserted after the rule was first published to incorporate comments received during the 21-day public comment period. **Senator Lee** asked for clarification whether the red additions came from negotiated rulemaking and were not added independently by the Department. **Ms. Barr** answered the changes were based on public comments received by the Department through the public hearings.

Mr. Edmunds, Administrator for the Division of Behavioral Health, informed the Committee this is the process of the Department of Administration. The original set of rules are submitted, and then they were improved based on public comment. The changes came from negotiated rulemaking and the public hearing, and this is the Department's best effort at a finished rule. **Mr. Edmunds** apologized for the confusion; however, this is the rule that was intended to be published. The Department is very comfortable with the rules and wants the Committee to be comfortable with them as well.

Senator Martin asked how many people called in or attended the public hearing on October 21. **Stephanie Hoffman**, Program Specialist with the Department's Division of Behavioral Health, was recognized and introduced herself to the Committee. **Senator Martin** repeated his question of how many providers this rule affects and how many gave input to the process. **Ms. Hoffman** advised she was present at the public hearing, and there were two providers who participated by telephone and one provider who attended in person who gave input on the rules. **Ms. Hoffman** referred Senator Martin's question about the number of providers affected by the rule to Ms. Eason-Barnett. **Ms. Eason-Barnett** returned to the podium and stated this is a new provider type and an addition to the behavioral health network so the program has the potential to grow.

Senator Harris asked whether the text in red print was added after the public comment period. **Ms. Eason-Barnett** answered that is correct. **Senator Harris** inquired if any public comment was obtained after the text in red print was added. **Ms. Eason-Barnett** replied no additional public comment was taken. **Senator Foreman** asked whether he understands the process correctly: public hearings were held, a proposed document was developed, the proposed document was published in a bulletin but not codified, and it became the pending document. The changes in red are the differences between the proposed and the pending rule. The Committee is not seeing the entire flow because members do not have the bulletin, but if the bulletin was included, the Committee could see the changes. **Ms. Eason-Barnett** confirmed Senator Foreman's understanding and added there was negotiated rulemaking conducted prior to the public hearing with no input, and the only input was received after the public hearing.

Senator Jordan inquired how many peer reviewers and counselors the program has had. **Ms. Eason-Barnett** answered there were approximately 200 providers in the first group of training. From that initial training, the Department identified a need for quality assurance of the providers to protect those receiving behavioral health services, and this rule is the result. **Senator Jordan** stated she has spoken with a number of providers and those who have availed themselves of the services. She knows the services are valuable but has some concerns about people who place themselves in a peer support role because their own emotional experiences can color a lot of things. **Senator Jordan** asked what type of monitoring the Division of Behavioral Health has in place to either visit or observe or otherwise ensure that people providing these services are performing appropriately. **Ms. Eason-Barnett** responded the rule requires providers to adhere to a code of ethics. If a provider was to be hired as an employee of a community behavioral health organization, the provider would also be required to undergo a background check. An applicant undergoes further review of qualifications to ensure eligibility for certification. The Division of Behavioral Health maintains a list of those who have passed the minimum 40 hours of training and obtained certification. There are written standards to follow for peer support or family services providers, including standards to prevent overbilling, requirements for supervision, support for the provider, consistent enforcement and discipline of ethical violations, and a mechanism to respond to concerns.

Senator Jordan asked about the "family dynamics" training requirement in Section 200.02 as it relates to the Section 300.q reference to the "child and family team" and "how to be a team player." **Senator Jordan** expressed concern as to why these two sections are different. **Ms. Eason-Barnett** explained the training requirements are based on recommended best practices. The "team player" reference relates to the Family Support Provider understanding their role on a child-family team and interacting with other members of that team versus understanding family dynamics in general.

Chairman Heider judged the topics are good things and sees the rule as a productive step. These are not professionals but peers and they are appropriate ideas for a list of topics to be discussed and a collection of ideas to help people communicate better. **Chairman Heider** expressed his support for the rule as written. **Ms. Eason-Barnett** asserted her agreement with Chairman Heider and stated this is about helping someone be more successful in behavioral health treatment. People progress through treatment when they have this kind of support versus working with a professional with a degree.

Senator Foreman asked if consideration was given to whether the certification requirements would discourage young people from going through the process. **Ms. Eason-Barnett** replied the Division's experience was to the contrary; the program has given many people an avenue to help others if they only have a high school diploma or GED and they have few other options except for the story of their own mental health journey. Individuals are very excited about the possibility of giving back to others. The family support piece is also beneficial because it is difficult for families with children with severe emotional disturbances to navigate the system.

Senator Jordan asked if the family support component relates to adults working with adults, or might it involve an adult working with a child or young person. **Ms. Eason-Barnett** responded that the Family Support Partner is an adult working with a parent or caregiver who has a child currently in the behavioral health system. There may also be a peer on the child-family team, and a family member that is struggling may have his or her own peer support provider. **Senator Jordan** further inquired if an adult family support partner works with their own peers and not with the young person unless another person is brought in for that younger person. **Ms. Eason-Barnett** answered that is correct. **Senator Lee** asked whether there is a cost to the person undertaking the training and certification, and if there is a cost to the Department to implement the rules. **Ms. Eason-Barnett** replied there is no cost for the certification, but there is a cost for the training. They are not anticipating any additional costs to the Division of Behavioral Health's budget. **Senator Lee** inquired whether the cost for training is for the Department or for the participant. **Ms. Eason-Barnett** answered there is a cost to the participant for the training; however, most of the community behavioral health providers adding peer supports to their array of services find enough value in it that they are paying for the training. **Vice Chairman Souza** asked what the cost is to the individual. **Ms. Eason-Barnett** stated it is approximately $300 for the training but sometimes there are scholarships for individuals.

MOTION: There being no more questions, **Senator Martin** moved to approve **Docket No. 16-0719-1601**. **Chairman Heider** seconded the motion.

Senator Lee concurred the program is a great idea; however, it is a substantive addition to the rules. Her preference would be to have the Legislature pass a policy followed by the agency adopting a rule to implement the policy. **Senator Lee** stated she will support the motion but cautioned the agency about bringing new programs without having a conversation first as she does not want to approve policy in a rule.

The motion carried by **voice vote.**

DOCKET NO. 16-0737-1601 **Children's Mental Health Services. Stephanie Hoffman,** Ph.D., Human Services Program Specialist, Division of Behavioral Health, introduced herself to the Committee. The rule docket makes changes to the Children's Mental Health Services chapter to: 1.) adhere to best practices regarding alternate care placement; 2.) add definitions that clarify procedures; and 3.) add some minor clarifications regarding the initial implementation phase of the Jeff D settlement agreement approved by the federal court. **Dr. Hoffman** explained the Jeff D lawsuit is a 36-year-old federal class action lawsuit against the State of Idaho regarding children's mental health services. The settlement agreement required the Department to utilize a specific tool to assess the child's and the family's strengths and needs to assist in the development of an individual treatment plan. An individual treatment plan describes the strengths, needs and goals that are unique to the individual child and his or her family. With input from the family, the plan guides the individualized services and supports that will assist the child in meeting the desired outcomes. This rule adopts a new assessment tool to comply with the settlement agreement, and language in the eligibility section of this chapter is being revised to allow for implementation of the new tool.

Dr. Hoffman informed the Committee the Division of Behavioral Health is removing language from the rule that speaks of federal child welfare requirements which no longer apply to children's mental health practices because the Division no longer accesses federal child welfare funding for children's mental health services. Alternate care placement practices have been adjusted in response to the change in funding. Alternate care is a temporary living arrangement outside the family home which may include licensed therapeutic foster care or residential treatment that provides 24-hour care for children. Finally, throughout the chapter, the docket includes technical or clerical corrections or minor clarifications of existing language. This rule has no fiscal impact to the General Fund or any funds. Negotiated rulemaking was not conducted for this docket; however, the changes were vetted with Department staff from the affected divisions, and the new assessment tool was negotiated with representative stakeholders through the Jeff D mediation and implementation planning process. A public hearing with teleconference option was held. No members of the public participated, and there was no opposition or support from the public.

Vice Chairman Souza asked Dr. Hoffman to describe significant changes in the language. **Dr. Hoffman** responded the most significant changes involve the definitions; specifically, the definitions of "behavioral health," "crisis plan," "face-to-face contact," "placement agreement," and "treatment plan." As a result of the Jeff D lawsuit, the definition of "treatment plan" was expanded to add components. Some sections were moved to other locations in the rule to improve the flow. Page 171 includes a most significant section under "Eligibility Determination." Section 107.02.d. adds the Department's approved tool and removed the tool they were using. Also, language is added to clarify parents and guardians retain custody of the child when the child is receiving services from the Division of Behavioral Health. On page 172, language was added to bring clarity to development of a treatment plan. Again, language was moved from other sections. On page 176, the Department will be responsible for explaining financial arrangements to the parent. Page 179 includes updates to the rates for family alternate care payments. Finally, on page 181, a clarification was made in Section 800 to ensure treatment plans focus on goals, safety, and effectiveness of treatment, and to add the Department may request the Court hold a review hearing for the child in accordance with Idaho Code.

Vice Chairman Souza invited questions from the Committee. **Senator Anthon** asked about the difference between substance abuse and substance use disorder in Section 013.02. **Dr. Hoffman** explained nationally, the terminology has changed because the term substance abuse has a negative connotation. Best practice and research shows it's a disorder because of the chemistry of the brain and the body, and it's not a person's fault they have a substance use disorder.

Senator Agenbroad asked for clarification on Dr. Hoffman's statement that the rule was fiscally neutral when page 179 contains a table of increased amounts for alternate care payments, and how those increases will be covered. **Dr. Hoffman** replied the rates fall under the Division of Family and Community Services and they are adjusted due to inflation. **Senator Agenbroad** reiterated the rule does not appear to be fiscally neutral if the rates are going up, regardless of the reason. **Dr. Hoffman** deferred to Mr. Edmunds to answer the question. **Mr. Edmunds** returned to the podium and informed the Committee the cost of the individual services will go up but there is no difference in the Department's appropriation to pay for those services, so there is no fiscal impact to the Department or General Fund.

Senator Harris inquired about the various plans referenced in the rule and whether the plans are tracked by the Department. **Dr. Hoffman** explained when a child comes under services of the Department, there is a treatment plan. The treatment plan includes a crisis plan and, if the child goes to alternate care placement, an alternate care placement plan. Not every child will have an alternate care placement plan because not every child is outside the home for a while. Each plan covers specific goals for the child's safety. A crisis plan sets forth to everyone in the child's life what needs to happen in a time of crisis. The plans are kept in one electronic file.

Senator Lee asked who has the final say in the event parents disagree with the Department. **Dr. Hoffman** replied the parents are very much involved and are part of the team. They help make up the treatment plan. If they disagree, they are able to say that at the table at the time. If they disagree later, the plan can be changed. Just because the parents say they don't like something, it doesn't automatically change the plan, however. All players on the team have a say in the best interest of the child, and in the case of a court-ordered placement, the court decides. **Senator Lee** further inquired if the parents have access to judicial review or if the appeal process is strictly handled within the Department. In addition, if the placement is not court ordered, **Senator Lee** asked who makes the final decision. **Dr. Hoffman** answered there are periodic reviews to make sure the child is getting what he or she needs and to ensure the plan is working. If the parent disagrees with the plan but the rest of the team feels it is in the best interest of the child, it would depend on the situation. **Mr. Edmunds** returned to the podium and explained parents have the decision making power. If parents don't want to put their kids in services, then they don't. If the court orders it, then compliance is necessary, but ultimately the parent makes the decision. There are times when parents request things of the system that the system can't provide. For example, if they ask the child be placed in residential care and it's not clinically indicated, then the request would be denied. Ultimately, unless it's a court-ordered case, the parent is 100 percent in control and makes the decisions for their child.

MOTION: There being no more questions, **Senator Agenbroad** moved to approve **Docket No. 16-0737-1601. Senator Lee** seconded the motion. The motion carried by **voice vote.**

PASSED THE GAVEL: Vice Chairman Souza passed the gavel back to Chairman Heider.

RS 24846 **Relating to Child Protection. Miren Unsworth** introduced herself to the Committee as Deputy Administrator, Division of Family and Community Services. **Ms. Unsworth** informed the Committee this legislation modifies the definitions in the Idaho Child Protective Act (Act) to include human trafficking under the definitions of "abused" and "sexual conduct." Since 2007, the National Human Trafficking Hotline has received 366 referrals from Idaho, including both adult and minor victims. The Act does not currently include human trafficking in its definitions of abuse or neglect, potentially leaving child victims vulnerable to further abuse. The Justice for Victims of Sex Trafficking Act of 2015 (Public Law 114-22) amends the Child Abuse Prevention and Treatment Act (CAPTA) state grant program requirements and specifically requires states to consider any child who is identified by a state as a victim of sex trafficking or severe forms of trafficking as a victim of "child abuse and neglect" and "sexual abuse." The law utilizes the definitions of sex trafficking or severe forms of trafficking as defined in the Trafficking Victims Protection Act of 2000 (TVPA).

Ms. Unsworth explained the proposed legislation will increase the State's ability to protect minor victims of sex trafficking by including human trafficking in the definitions of abuse and sexual conduct and the aggravated circumstances definitions of the Act. Federal partners have affirmed the Idaho Code definitions of human trafficking meet the definitions under the TVPA and the requirements of the Justice for Victims of Sex Trafficking Act of 2015. The Division has worked closely with the Administrative Office of the Courts on this proposed legislation and has shared the legislation with the Governor's Task Force on Children at Risk, the Idaho Children's Trust Fund, the Idaho Coalition Against Sexual and Domestic Violence, the Idaho Department of Juvenile Corrections, and attorneys for each of the Idaho tribes. This legislation is intended to clearly define sex trafficking in the Act, utilizing the current definition found in the State's criminal code. It will also allow for a civil action under the Act to be opened when the State's involvement is necessary.

MOTION: **Senator Martin** moved to send **RS 24846** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote.**

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 4:42 p.m.

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Senator Heider
Chair

Jeanne Jackson-Heim
Secretary