Budget Committee on Human Services Senator Dick Dever, Chairman North Dakota State Hospital May 31, 2006

Mr. Chairman and members of the Budget Committee on Human Services for the record my name is Alex C. Schweitzer, the Superintendent of the Department of Human Services Institutions, the North Dakota State Hospital and Developmental Center. Thank you for allowing me to present on the North Dakota State Hospital. Also present for today's tour and presentation is Linda Nygaard, Director of Nursing, Kerry Wicks, Clinical Director, Residential Services and Ken Schulz, Chief Financial Officer.

Traditional Services at the North Dakota State Hospital

The North Dakota State Hospital provides short-term and long-term inpatient psychiatric, forensic and chemical addiction services to adults, children and adolescents. The hospital provides psychiatric and residential addiction services for offenders referred by the Department of Corrections and Rehabilitation. This program is a collaborative effort between the State Hospital and the Department of Corrections and Rehabilitation. These patients are considered to be the traditional patient population of the hospital. The State Hospital provides the following specific programs for these patients:

Traditional Services for Adults

The hospital provides therapeutic and supportive services to adults with a serious mental illness and substance abuse problems so they can manage

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their illness and productively live in the community in the least restrictive setting.

The State Hospital operates 132 inpatient beds for adult individuals with serious mental illness and substance abuse problems. This service also provides forensic services for referrals from jails requiring competency evaluations and other specialized psychiatric services.

Traditional Adolescent and Children's Mental Health Services

The hospital provides therapeutic and supportive services to children with a serious emotional disorder (SED) and their families so they can manage their disorder and live in the community in the least restrictive setting.

The State Hospital operates 8 inpatient beds for children and adolescents with serious mental illness and substance abuse problems. The Jamestown School system provides educational services for the hospital's child and adolescent population.

Residential Services – Tompkins Rehabilitation and Corrections Center (Men)

The purpose of the program is to provide intensive treatment for male adult residents suffering from chemical dependency who have had a criminal history including offenses related to substance abuse. The hospital treats 60 male offenders referred by the Department of Corrections and Rehabilitation. This program is currently operated out of the building previously utilized for nursing education.

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Residential Services – Tompkins Rehabilitation and Corrections Center (Women)

The purpose of the program is to provide intensive residential treatment for female adult residents suffering from chemical dependency who have had a criminal history including offenses related to substance abuse. Female offenders referred by the Department of Corrections and Rehabilitation occupy one 30 bed residential unit in the New Horizons Building.

Number of Traditional Services Patients

The hospital operates 230 beds in the traditional services program. The hospital utilizes ninety (90) of these beds to provide addiction services to offenders referred by the Department of Corrections and Rehabilitation, comprised of the 60 male and 30 female offenders. These beds are fully occupied year round.

The remaining 140 beds are in the inpatient services unit where the hospital treats adults, children and adolescents with mental illness and chemical addiction. The inpatient services unit has been fully occupied for the past two years, with occupancy often running over 100%. The hospital has increased the capacity of the inpatient services unit by 16 beds to deal with this increased occupancy. The Department of Human Services and the hospital currently have a request for proposal in process to contract with community providers for services for 30 chronic adults to be transitioned from the hospital to the community. In spite of filling these 30 community beds, the hospital anticipates still needing the current 140 beds into the next biennium. The reasons for the occupancy issues are the admission of

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first time patients and the increased use and abuse of drugs, specifically methamphetamine.

Current Status of the 2005 – 2007 Traditional Services Budget

Mr. Ken Schulz, the hospital's Chief Financial Officer will present the information found in Attachment A on the current status of the State Hospital's traditional services budget.

Highly Specialized Residential Services for Sex Offenders - Secure Services

The North Dakota State Hospital opened a sexual offender evaluation and treatment program after legislation was passed in the 1997 legislature to allow for the civil commitment of sex offenders. The majority of the admissions to the sexual offender unit at the State Hospital came to us after their release from the state prison and subsequent referral by local states attorneys. The number of sexual offenders in the program held steady at about 5 - 11 offenders from 1997 until April of 2004, when the population grew to 20 sexual offenders. As of this testimony, the hospital has 47 sex offenders in two units that should have a maximum of 42 beds. A third unit is planned to open this year that could potentially allow for the admission of 25 more offenders. The rapid increase in admissions after 2004 can possibly be attributed to two major sex crime events in North Dakota and concerns by public officials for community safety. Since these offenders are long-term patients, we have little hope of discharging patients in the immediate future.

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The current occupancy level of the sex offender program as mentioned is 47 sex offenders, with 36 patients in commitment status, 8 patients recommended for commitment and 3 patients currently being evaluated. The hospital has referral information on 7 more sex offenders who need to be scheduled for evaluation in the next three months. The total direct care cost per sex offender is \$178 per day or \$64,970 per year.

The hospital has experienced two major incidents on the sex offender unit within the last nine months, an elopement by a sex offender (currently this person is back in prison) and an attack by a sex offender on a staff member. We are lately experiencing the admissions of very difficult and dangerous patients whom require heightened security and safety measures. The potential for more major incidents is high unless we make some major changes in this unit. As such, we have instituted a number of safety and security changes to protect staff and other patients from the more potentially volatile patients.

The hospital is also recommending three major changes for the sex offender program:

The first major change is the opening of a third unit for sex offenders this year. As previously mentioned we are five (5) patients over capacity in the current two units and we anticipate the admission of seven more patients for evaluation in the near future. This unit will have twelve (12) patients in occupancy by the fall of 2006. The capacity issues and the increased dangerousness of recent admissions will require additional space and staff. The emergency commission has approved the addition of eleven (11) more staff and we are requesting eight (8) more staff at their June meeting.

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The second major change is to determine which major security upgrades need to be made to the building that houses the sex offender population. These changes will assure that sex offenders will not elope from the building and campus and assure the safety of staff and those sex offenders serious about rehabilitation. The hospital is currently completing a comprehensive analysis with an engineering firm to determine which security and safety upgrades are necessary and at what cost. The costs could potentially run several million dollars, as the building needs to meet the standards of a medium security facility.

The third major change is a recommendation that legislation be enacted to stem the growth of sex offenders into the State Hospital program. This could be accomplished through legislation that has been enacted in several other states.

Again, I thank you for the opportunity to present and I would be glad to answer any questions or concerns.