

**Senate Concurrent Resolution 4025
Department of Human Services
Senate Human Services Committee
Senator Lee, Chairman
February 25, 2009**

Senator Lee, members of the Senate Human Services Committee, I am Alex C. Schweitzer, Superintendent of the North Dakota State Hospital for the Department of Human Services. I am here today to testify in opposition to Senate Concurrent Resolution 4025.

The Department's opposition to this resolution is based on the conclusion that the Department Human of Services would transfer the facilities and property of the North Dakota State Hospital to the Department of Corrections and Rehabilitation if found feasible after a legislative council study. In addition, that treatment services now provided by the North Dakota State Hospital for traditional inpatients would be provided by community hospitals. The Department believes this proposal is unworkable and unrealistic.

First, a short history of the efforts of the Department of Human Services to serve people in community based settings. The hospital's traditional average daily population has decreased from 228 patients in 1997 to 131 patients in 2008. In addition, annual total admissions have decreased from 1,734 patients in 1997 to 816 patients in 2008. This decrease in admissions and average daily population from 1997 to 2008 was because of a shift from a predominant institutional model to an expanded community-based model.

In 1995, the hospital's traditional inpatient population was served in 300 beds. Today, the hospital operates 307 beds. But, only one hundred thirty two of these beds are for the traditional inpatient population of the hospital, individuals with persistent mental illness and substance abuse issues. The remainder of the beds are the result of two new programs started since 1997; the Sex Offender Program (85 beds) and the Tompkins Rehabilitation Program (90 beds). One can conclude from the above data that the Department of Human Services has made significant progress in moving patients from the State Hospital to community-based services.

So why would a study that could lead to the moving of all of the State Hospital's traditional population to community hospitals prove to be unworkable and unrealistic? For the following reasons:

- The primary purpose of a public state psychiatric facility is to rehabilitate individuals with persistent mental health conditions. Despite ongoing and necessary attempts at community rehabilitation, there continues to be a core group of individuals requiring the structure and setting of a state hospital facility and grounds.
- The State Hospital serves as the acute inpatient psychiatric facility for the regions of Jamestown, Devils Lake and Dickinson. There is no community inpatient psychiatric facility in these regions to serve the population presently served at the State Hospital.
- The average length of stay (LOS) in traditional inpatient services was 75.5 days in 2008. It's doubtful, that a community hospital would serve a persistent mentally ill patient for this average length of stay.

- The State Hospital within the traditional services program has a transitional living program for patients who need longer lengths of stay to assure treatment success in the community. The average LOS was 247 days in 2008. Again, it's is doubtful that a patient needing this average length of stay would be treated in a community hospital.
- Of the 816 admissions to traditional inpatient services in 2008, 40.2% were first-time admissions. This demonstrates the ongoing need for individuals first identified/first diagnosed with severe mental illness.
- Of the 816 admissions the most common diagnoses were psychotic disorders, bipolar disorders and addiction. These disorders reflect the most severe mental illnesses and substance dependencies. It further reflects the specialty of the State Hospital to serve individuals who are severely and persistently mentally ill and require rehabilitation and not just short- term hospitalization for medication stabilization.
- 304 of the admissions in 2008 were from private hospitals in North Dakota. This reflects that not all patients are best served at private hospitals and that there is a set of services best provided for at the State Hospital.
- The State Hospital admitted 124 patients from community jails, detention centers and the Youth Correctional Center to their traditional inpatient service in 2008. Even the jails can't manage some of these people and they would be too disruptive and unmanageable for any facility without locked units.

- A number of states which have closed their public institutions have in hindsight found that community based facilities do not adequately meet all the needs. Typically, 5-10 years after the closing the states have regretted the decision to close. In discussion with State Mental Health Directors across the United States, there are five key patient groups who are consistently served in state hospitals due to communities finding difficulty successfully treating them;
 - a) Those with significant behavioral problems from nursing homes, developmentally disabled from group homes and those with traumatic brain injury.
 - b) Violent and forensic individuals.
 - c) Community-based sex offenders with mental health and substance abuse problems.
 - d) Chronic recidivistic mentally ill and substance abusing persons.
 - e) Psychiatric or addiction patients with chronic medical conditions.
- Finally, who provides the public psychiatric hospital safety net when a private hospital cannot serve a public pay or indigent client or when community-based services are not a viable option?

For all of the reasons listed above the premise of not having a state public psychiatric facility would seem to be unworkable and unrealistic.

I would be glad to answer any questions.