Testimony
Senate Bill 2068 – Department of Human Services
Human Services Committee
Senator Judy Lee, Chairman
January 14, 2013

Senator Lee and members of the Human Services Committee, I am Wendy Borman, MSW, Children's Mental Health Services Program Administrator, with the Division of Mental Health and Substance Abuse Services, with the Department of Human Services (Dept.).

I am here to provide testimony in support of Senate Bill 2068, which was introduced at the request of the Department. I would like to take this opportunity to provide the committee with background information about the relevance of SB 2068 to the licensing of residential and psychiatric treatment beds in North Dakota.

In 2003 the Department had a total of 372 licensed residential beds for children and youth; 288 beds at the Residential Child Care Facility (RCCF) level of care, and 84 beds at the Psychiatric Residential Treatment Facility (PRTF) level of care, formally known as Residential Treatment Centers (RTC). Over the past 10 years the Department and residential facilities have noted changes in the treatment needs of children and youth being served in the treatment facilities. The young people in our residential settings today have more complex mental health needs along with multiple behavioral needs that cannot be effectively addressed with treatment as usual. The complexity of these needs create circumstances that place the youth at risk and their families or caregivers under extreme

stress and severely compromises their ability to provide adequate care for the youth resulting in multiple placements within the state.

The treatment needs these young people present at the residential level of care are extremely challenging behaviors that include suicidal and risk-taking activities, criminal behavior, substance abuse, and extreme aggression towards others and employees. In addition to these behaviors, most of these young people have associated mental health diagnoses such as Autism, Asperger's, post-traumatic stress disorder, emerging borderline personality disorder, attention deficit disorder, conduct disorder, and poly-substance disorder.

At the present time, North Dakota has 10 Residential Child Care Facilities and six Psychiatric Residential Treatment Facilities, all licensed by the Department. The presenting high and complex treatment needs have created a shift in the type of residential treatment beds needed to appropriately and adequately treat these challenging behaviors. There has been a decrease in the number of licensed RCCF beds over the past 10 years. As of January 2013, 240 of the available 288 RCCF beds were licensed, leaving 48 RCCF beds unlicensed. The 84 PRTF beds have remained licensed with waiting lists that leave some youth, with high and complex needs, waiting several months for appropriate treatment. The current number of PRTF beds has forced legal custodians to send youth out of state for appropriate psychiatric residential treatment. Of youth in out-of-state treatment facilities in October 2012, 21 youth had four in-state treatment placements prior to their current out-of-state placement, one youth had 12 placements. Studies show that children who experience behavior-related placement changes received double the outpatient mental health visits than children who experience placement

changes for other reasons. The number of previous out-of-home placements tends to be higher with increased levels of psychiatric symptoms and can be used to predict treatment response. Placement changes affect the well-being of children putting them at heightened risk for poor outcomes. Therefore, accurate assessment of a child's needs and risk in relation to caregiver capacities is critical. (Child Welfare: Journal of Policy, vol. 84; Mental Health Services Research 2004, Vol. 6)

In an ongoing effort to address the high and complex needs of youth in our state, in May 2012 the Department implemented a policy where all PRTFs must notify the Department at the point when a discharge plan for a youth placed at their facility changes to a higher level of care (inpatient psychiatric care) or when the discharge plan is to an out-of-state treatment facility. This has created an opportunity for the Department to determine the unmet treatment needs that prompt an out-of-state placement. As a multi-divisional effort, the Department is implementing strategies to lower the number of multiple placements for youth in-state and decrease the number of youth placed in out-of-state facilities. One major strategy the Department has implemented is Community-Based Standards (CbS) continuous quality improvement process. In 2012, the CbS process was piloted in two of the Psychiatric Residential Treatment Facilities. Due to positive results, the remaining facilities (RCCF and PRTF) will implement this improvement process during the upcoming biennium. CbS provides facilities with information on their strengths, identifies areas needing attention and also provides technical assistance and training opportunities to meet the residential facility's improvement plan needs. The Department will also provide targeted training to residential staff on proven methods to manage and decrease aggressive

behaviors and affectively provide treatment to youth with complex mental health needs, which often lead to multiple placements.

Senate Bill 2068 would create an opportunity for the Department to convert unlicensed Residential Child Care bed capacity to Psychiatric Residential Treatment Facility bed capacity at a 2:1 Ratio (2 RCCF Beds = 1 PRTF Bed). An increase in PRTF bed capacity will help meet the high and complex treatment needs of our young people. Senate Bill 2068 would allow a new or currently licensed PRTF provider to request PRTF bed capacity for licensure. With additional PRTF bed capacity in-state, we anticipate a decrease in the current PRTF waiting lists and placements in out-of-state treatment facilities.

The Departments RCCF licensor will continue to manage and track all licensed and unlicensed RCCF beds and the PRTF licensor will track and manage all formal residential bed conversion requests submitted from PRTFs and all licensed and unlicensed PRTF beds. The PRTF licensor will assure that a PRTF submitting a formal request for new or additional treatment beds is in compliance with the Psychiatric Residential Treatment Facilities Administrative Rule Chapter 75-03-17 and in good standings with their accrediting body. The residential bed conversion will occur only after a formal request is approved by both the PRTF and RCCF licensors, their Division Directors and the Department of Human Services Executive Director. Once an RCCF bed is converted to a PRTF bed, the PRTF bed cannot be converted back to two RCCF beds.

Due to the comprehensive approach which includes the residential bed conversion process, the Department does not feel there will be an overall fiscal budget impact for the conversion process, or ongoing operations.

In closing, the residential bed conversion process will create an opportunity for the Department and the PRTFs to provide appropriate psychiatric treatment to our children and youth that is closer to their family and their communities.

This concludes my testimony for SB 2068. I would be happy to answer any questions the Committee might have. Thank you.