

Testimony on HCR 3017
2023 Legislative Session
February 17, 2023
Rep Weisz House Human Services Chairperson

Representative Weisz and Members of the Committee

My name is Donene Feist, I am the Director for Family Voices of North Dakota. I come before you today regarding HCR 3017.

Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center by HRSA federally. We are that entity for ND.

We stand today in support of HCR 3017. We hear from families on a regular basis, the lack of inpatient supports for psychiatric residential treatment facility for children.

According to the 2020-2021 National Survey of Children's Health, there is approximately 34,412 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis.

Because of many families who's children have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos.

The National Data Resource Center for Child and Adolescent Health <https://www.childhealthdata.org/> provides clear data on the complexities of children and youth with special health care needs.

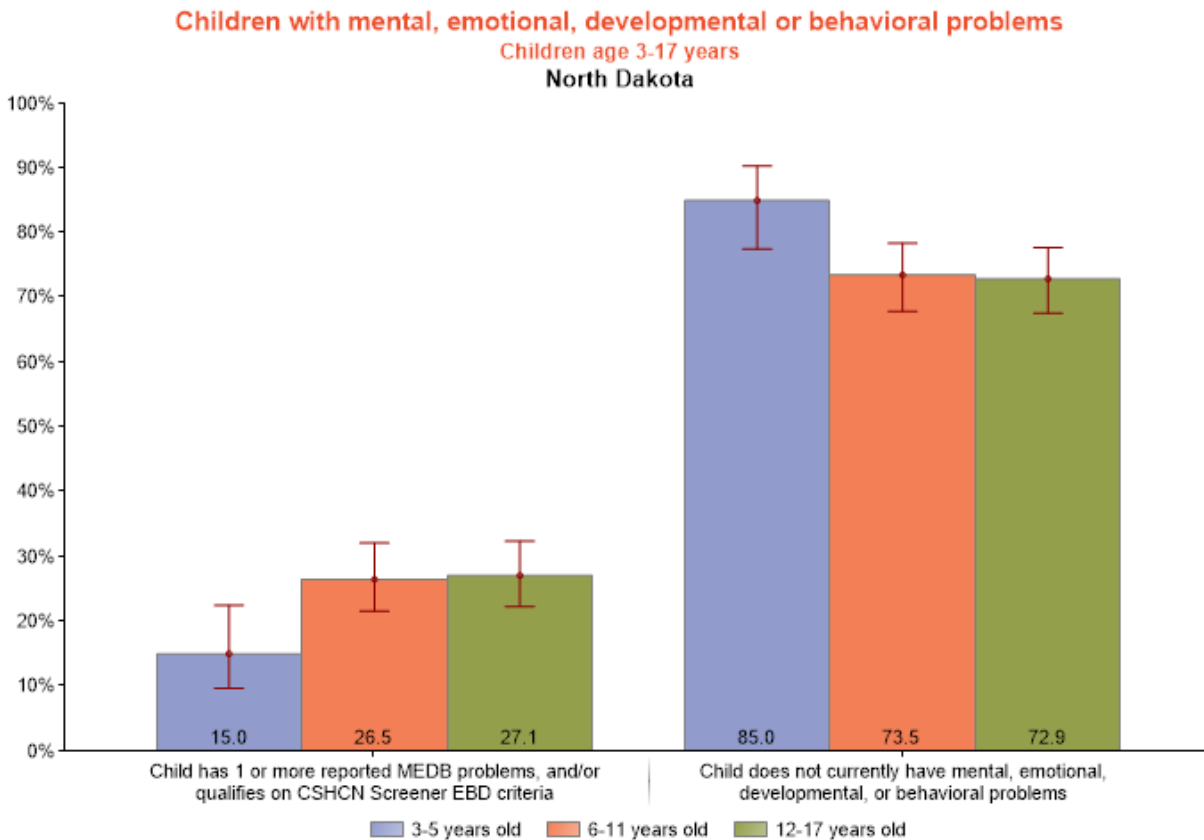
Data below will help provide an overview of the data related to mental, emotional, developmental or behavioral needs.

Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?

	Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria	Child does not currently have mental, emotional, developmental, or behavioral problems	Total %
%	24.4	75.6	100.0
C.I.	21.3 - 27.6	72.4 - 78.7	
Sample Count	311	979	
Pop. Est.	35,816	111,262	

C.I. = 95% Confidence Interval.
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?



Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

	Received treatment or counseling	Did not receive treatment or counseling	Total %
%	50.8	49.2	100.0
C.I.	41.5 - 60.1	39.9 - 58.5	
Sample Count	121	93	
Pop. Est.	12,319	11,921	

C.I. = 95% Confidence Interval.
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Many children who have a chronic health illness or disability also have a behavioral health condition as well. Calls regarding children and youth needing access to services in mental health has dramatically increased.

In many instances, we have assisted families in locating a facility that would take their child. We have also heard from emergency room administration and supported families and grandparents who are guardians for their grandchild, on how children are held in ER's as there are no beds, straining hospital infrastructure. There is a high need for behavioral health care for children, with often nowhere to go.

Recently, a family contacted us who needed to place their child/youth into a facility for stabilization and med changes. We called every hospital facility in the state and at that time there were no beds. As the youth had been very destructive and unable to stay within the home, the only option was to have him charged and placed in jail. This is not a helpful option to the youth, family or the community. It took many weeks to locate placement for this youth. Meanwhile adding tremendous strain to the entire family unit.

A study would be helpful to identify the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need.

While we would love home and community based services for these children, there is just not enough access for families in dire need. Hence what are families to do?

Some are having to garnish custody in order to get help. This is not a viable option and shouldn't have to be.

Additionally, in the height of Covid, a young youth had made a suicide attempt was inpatient at a hospital but when screened Covid positive was discharged immediately. The only place for her to go was to her grandparents which also exposed them to Covid. So not only did this young woman not receive the needed treatment, she also was dismissed as she had Covid and exposed all. Scenarios like these are never good.

There are many varying scenarios such as what I have provided occurring across the state.

Please pass HCR 3017, let's protect our children, youth and families and move towards positive outcomes for them.

Thank you for your consideration.

Donene Feist

Family Voices of ND

701-493-2634

fvnd@drtel.net