

2009 SENATE HUMAN SERVICES

SCR 4025

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SCR 4025

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2/25/09

Recorder Job Number: 9705, 9729

Committee Clerk Signature

Mary K Monson

Minutes:

Senator J. Lee opened the hearing on SCR 4025 directing the Legislative Council to study the feasibility and desirability of transferring the facilities and property of the State Hospital from the Dept. of Human Services to the Dept. of Corrections and Rehabilitation and the Dept. of Human Services contracting with community hospitals for treatment services.

Senator Tim Mathern (District 11) introduced SCR 4025. Attachment #1

Senator Dever said when a study is called for and it specifies who should be included in the study it might be more appropriate to a bill. Asked why this was a resolution.

Sen. Mathern replied that he had been thinking of doing it as a bill. After talking about it with others who thought it might be too demanding he decided to do it as a study instead of a bill.

Senator Dever – Isn't the reason why there's room to have the dept. of corrections where it is there because people have been moved out of the state hospital into community settings?

Sen. Mathern – Certainly - the two main reasons being the advent of psychotropic medications and the continuing orientation towards providing people treatment closer to their local area.

Senator Dever – Don't the people at the state hospital really need to be there and not somewhere else?

Sen. Mathern They need the care in that hospitalization but does it really need to be in that facility or can it be in other facilities. He said not all hospitals can do this-there are specialized kinds of needs- but maybe in the four or eight largest cities.

Senator J. Lee said it occurred to her that the state hospital was there first and the prison population has been moved in as space has been vacated. She asked if he saw some future for some of the work currently being done in Jamestown being moved back into the penitentiary setting.

Sen. Mathern anticipated that the increase in beds of the remodeled facilities will be addressing the increase in number of inmates and not pulling back the correctional center from Jamestown. He also addressed the treatment of sexual offenders.

Senator Erbele stated that in all aspects of health care there are shortages of physicians in every category. He asked how the staffing could be justified if the patients were to be split up and sent to all the community hospitals. There is a better chance of using the resources if they are not split up.

Sen. Mathern said it is an issue but felt it is an issue that needs to be addressed.

Senator Marcellais talked about bringing patients to the state hospital in the late sixties.

Sen. Mathern pointed out that what is seen today is much more positive than what was seen then. He also made the point that it would be nice to bring those patients to a local hospital.

Discussion followed on the community support that could be given to these patients.

Senator J. Lee said part of the challenge is the availability of psychiatrists. That is even a challenge in the Fargo area let alone in the rural areas.

Sen. Mathern talked about this challenge.

Susan Rae Helgeland (MHAND) testified in support of SCR 4025. Attachment #2.

Carlotta McCleary (NDFFCMH) testified in support of SCR 4025. Attachment #3.

Jim Jacobson (Advisory Council for P&A program for individuals with mental illness) testified in support of SCR 4025 and requested an amendment. Attachment #4

Senator J. Lee pointed out for the record that Jim Moench from the Disabilities Advocacy Consortium was in favor of SCR 4025 but was unable to appear in person.

Rep. Joe Kroeber (District 12) testified in opposition to SCR 4025. Attachment #5

Senator Dever asked if the study went forward and they wanted to put people back into the community if that would include sex offenders.

Rep. Kroeber said no.

Senator Heckaman asked how many FTE's are in corrections.

Rep. Kroeber - about 160 – that's in addition to the 466 in the state hospital.

Senator Pomeroy asked if the study would help or hinder them.

Rep. Kroeber pointed out that the state hospital is only used as a safety net across the whole state. They all have to be referred from a human service center or some other facility which does not have the expertise or the means to handle it. That's why it is really important to keep the safety net. The majority of people come for a short period of time 60-75 days.

Alex Schweitzer (Superintendent of the ND State Hospital for Dept. of Human Services) testified in opposition to SCR 4025. Attachment #6

Dr. Rosalie Etherington (Clinical Director, ND State Hospital) addressed the concerns about stigma and testified that, in her opinion, the existence of a prison nearby the state hospital does not further the stigma. She said there are no patient or family complaints and she has no mistaken identity of the prison as the hospital that would give her evidence of stigmas.

They serve individuals with severe and persistent mental illness in the best way they can. It's their job to get them back to the home community where they may live and be employed.

That's where they fight much of the stigma – getting and retaining employment and for housing.

Senator J. Lee asked about the referrals from local hospitals when they can't serve the needs of the person with serious issues.

Mr. Schweitzer answered that one of the important things to remember is that ND needs a system of community based services and private psychiatric hospitals but also needs a public state hospital. The state hospital tries, under the Dept. of Human Services, to make sure people are served locally as much as possible. People are not admitted to the state hospital unless it is absolutely the last resort.

He was concerned with talking about closure of the public state hospital. It's proven nationally to be a major issue.

Senator J. Lee pointed out that if the biggest medical facility in the state, Merit Care, can't address all of the needs, most likely nobody else will be able to either.

Discussion followed on referrals from out of state.

Senator Heckaman asked Mr. Schweitzer to address whether community based services were working for him.

Mr. Schweitzer answered that there is always a need for more and they are asking for additional staff for both the state hospitals and human service centers.

Senator Heckaman asked about co-mingling.

Mr. Schweitzer answered that patients co-mingle but the prisoners do not mingle with the patients.

Senator Marcellais asked if there were stats on patients by race. Mr. Schweitzer said he would provide the report.

Senator Marcellais asked why the need for additional funding and staff when there was a decrease of patients from 1997 to 2008.

Mr. Schweitzer explained that they have only staffed their inpatient unit at 85% over the years as they were downsizing but when they are running 100-110% it is an issue. They are asking for additional staff because they have closed the gap and are running at almost 100% all the time.

Funding from veterans and stats for in state and out of state patients was discussed.

Bad debts write off was explained by Mr. Schweitzer.

There was no neutral testimony.

The hearing on SCR 4025 was closed.

Job #9729

Alex Schweitzer provided the information requested by the committee on bad debt.

Attachment #7. He explained the rule of the federal law for free standing facilities and the ability to pay program.

There was discussion that this study probably isn't headed where the sponsor sees it going.

Senator Dever moved a **Do Not Pass**.

Second by **Senator Erbele**.

More discussion followed on the juvenile education issues at the state hospitals and the integration of kids with adults and sex offenders.

FTE's were addressed – five behavioral health techs are needed.

Senator Heckaman voiced concerns with this issue (1) mental illness (2) criminal issues and (3) sex offenders and the opportunity to integrate with other mentally ill individuals.

Mr. Schweitzer pointed out the integration is pretty limited and explained.

There was discussion on the value of this study. ND does a lot of things right and has the lowest number of inmates in our correction system than any state. A lot people have already been moved back into the communities probably to the extent that is possible.

Senator Marcellais said he would not be able to support a Do Not Pass and didn't think a study could hurt.

Senator J. Lee pointed out the intent of the resolution.

The intent was discussed.

Roll call vote 5-1-0. Motion carried.

Carrier is **Senator Dever**.

Date: 2-25-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SCR 4025

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations
☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais		✓
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 1

Absent 0

Floor Assignment Senator Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SCR 4025: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO NOT PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SCR 4025 was placed on the Eleventh order on the calendar.

2009 TESTIMONY

SCR 4025

Senate Human Services Committee

February 25, 2009

Senator Tim Mathern

Madame Chairman Lee and Members of the Human Service Committee

My name is Tim Mathern. I am a Fargo Senator and I am here to introduce SCR 4025. This resolution calls for a study of the feasibility and desirability of transferring the facilities and property of the State Hospital in Jamestown from the Department of Human Services to the Department of Corrections and Rehabilitation and the Department of Human Services contracting with community hospitals for treatment services.

..... review sections in resolution.....

Ladies and gentlemen of the Human Services Committee, I bring this resolution before you in no way to critique the services of the State Hospital. I suggest we presume the actual services meet all licensing expectations and that all staff are conducting themselves in a professional manner with the proper respect for the patients and the families they come from.

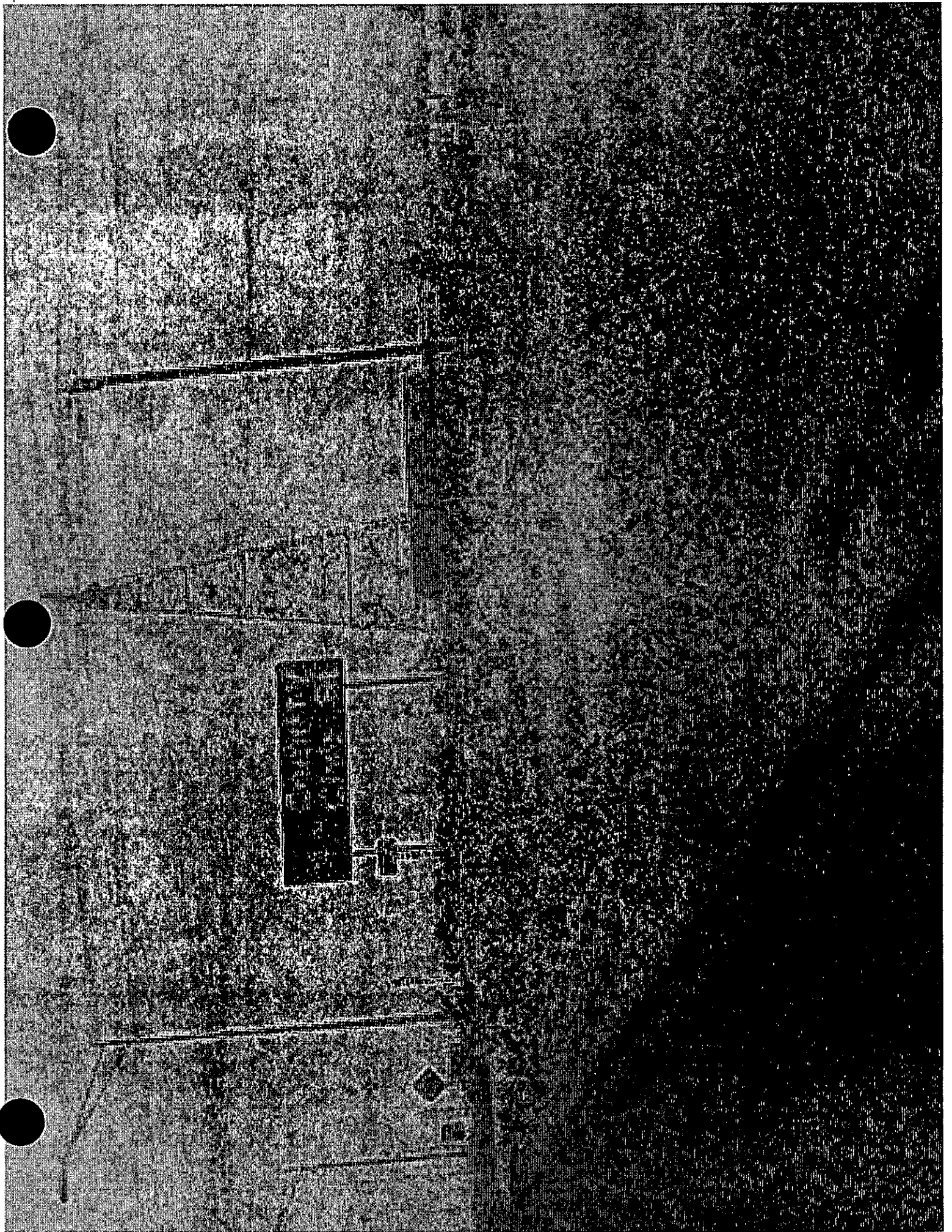
In addition to the rationale offered by the resolution I shall highlight 4 reasons for this resolution.

1. Collocation with the prison serves only to further stigmatize persons who suffer from mental illness. I will share some pictures with you to note how apparent this connection is. I visited the hospital yesterday.
2. Persons respond best and continue freedom from debilitating illness when they are receiving care and follow up in the context of their family and community connections.
3. Facilities like Dickinson and Williston hospitals no longer provide psychiatric services and this is in part may be related to not having the patient base to finance these services.
4. Many of our prisoners, possibly up to 80 % have a mental illness or chemical addiction problem or diagnosis. Proper treatment for these ailments is not only humane but also reduces recidivism.

Thank you for the attention you will be giving to other presenters coming before you. I ask for a Do Pass recommendation on SCR 4025

Thank you for your consideration.

100-100000
State Police



MOUTH CANON
STATE HOSPITAL
CAUTION
GRAVE

◀ HOSPITAL ADMISSIONS

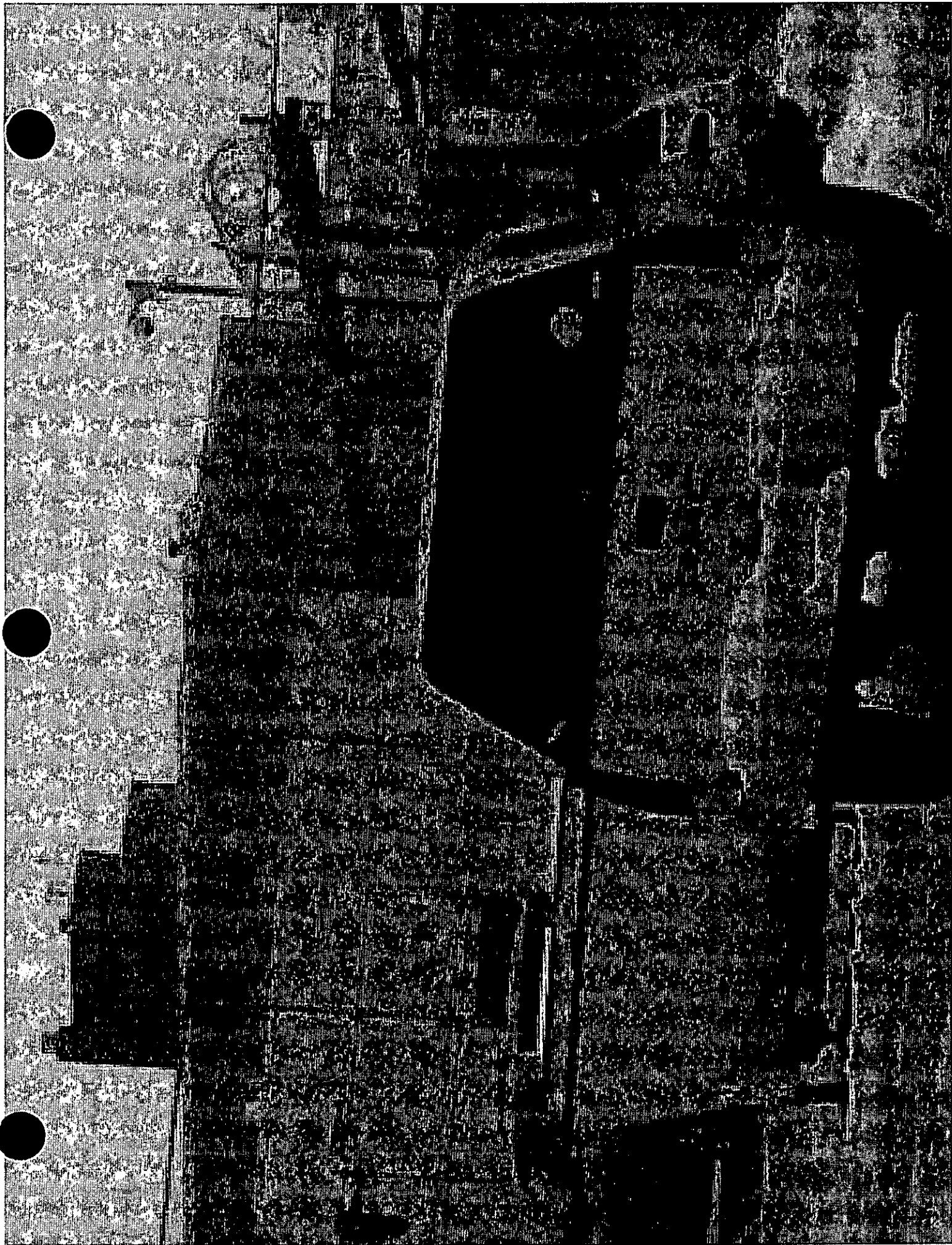
◀ NEW HORIZONS

↑
JAMES RIVER
CORRECTIONAL CENTER



**HENRY LAHAUG
BUILDING**





Senate Human Services Committee

2

February 25, 2009

SCR 4025

Senator Judy Lee, Chair

Madam Chair and members of the Senate Human Services Committee, I am Susan Rae Helgeland, Executive Director of Mental Health America of North Dakota (MHAND). I am here today in support of the concept of SCR 4025.

MHAND's Mission is: ***To promote mental health through education, advocacy, understanding and access to quality care for all individuals.***

MHAND Board was against the co-location of NDSH next to a prison from the very beginning of that action taken ~~by~~ several years ago by North Dakota. MHAND feels that a co-location reinforces feelings of stigma against mental illness and reminds us of the "locked up" strategies and perceptions that accompany the past history of the ND State Hospital. We have talked to patients who are bothered by the fences and the prison. Family members have expressed to MHAND a deep concern for the co-location.

SCR 4025 will open a study and discussion of this topic. Advocacy organizations will be represented on the study committee. MHAND feels that it is an opportunity to address the co-location issue and determine actions necessary to resolve the unacceptable co-location of a hospital where patients go to participate in recovery because of an illness, and a prison where people go to be locked up from society because of breaking the law.

Testimony
Senate Concurrent Resolution 4025
Senate Human Services Committee
Senator Judy Lee, Chairman
February 25, 2009

Chairman Lee and members of the Committee: my name is Carlotta McCleary. I am the Executive Director of ND Federation of Families for Children's Mental Health (NDFFCMH). NDFFCMH is a parent run advocacy organization that focuses on the needs of children and youth with emotional, behavioral and mental disorders and their families, from birth through transition to adulthood.

We are concerned about the therapeutic environment at the State Hospital. The combined campus further increases the stigma associated with mental illness, it perpetuates the false image that people diagnosed with mental illness are also criminals. North Dakota needs an environment that will support recovery for individuals with mental health needs.

On behalf of the NDFFCMH, I encourage the Legislature to study alternatives to a shared campus between the State Hospital and the Department of Corrections and to develop a long-term plan for the State Hospital.

Thank you for your time.

Carlotta McCleary, Executive Director
ND Federation of Families for Children's Mental Health
PO Box 3061
Bismarck, ND 58502

Phone/fax: (701) 222-3310
Email: carlottamccleary@bis.midco.net

**Testimony – Advisory Council - Protection and
Advocacy for Individuals with Mental Illness Program**

**Senate Concurrent Resolution 4025
Senate Human Services Committee
February 25, 2009**

Chairman Lee and Members of the Committee, my name is Jim Jacobson. I am here on behalf of the Advisory Council for Protection and Advocacy's program for individuals with mental illness. None of the Advisory Council's members were able to be present today, but they wanted the Committee to know that they are in favor of Senate Concurrent Resolution 4025.

The Advisory Council believes a study would be useful to help identify effective and efficient ways to deliver inpatient mental health services, while keeping people as close to their homes and natural supports as possible. They are concerned that people are required to travel significant distances away from their community in order to receive needed services.

The Advisory Council would like to offer an amendment that adds the Advisory Council to the list of stakeholders on Page 2, lines 3 through 7 of the resolution. They request that the Committee adopt the amendment and recommend passage of Senate Concurrent Resolution 4025 as amended . Thank you.

PROPOSED AMENDMENTS TO SENATE CONCURRENT RESOLUTION NO. 4025

Page 2, line 6, after "Dakota," delete "and"

Page 2, line 7, after "Health" insert a comma followed by "and the Protection and Advocacy for Individuals with Mental Illness Advisory Council"

Renumber accordingly

Senate Concurrent Resolution # 4025

Senator Lee & members of the Human Services Committee. I am Joe Kroeber, I represent District 12 which includes 5/6 of Jamestown. I have in my district a large number of the 466 FTE's which serve the State Hospital so well. I am here today to oppose SCR 4025. Each year as this study is proposed the hardworking employees at the SH feel a great deal of pressure as to their jobs and concern for the proper treatment and services for the people they serve. The SH serves about 160 clients at any one time. However, the majority of the population are at the SH for a short period of time, as they have approximately 900-1,000 admits each year. The SH acts as a safety net for our Human Services Centers and other areas of the state which need these very specialized services. As these clients are admitted, stabilized and medications are reviewed. After a short time most return to the areas of the state from which they were sent. Most would now be supervised by a Human Services Center in their area or other medical facility. We are not able to afford to provide all of the services which the SH provides in every community and even in each of our Human Service Centers across the state. Remember, it is a needed safety net which supports the entire state. The SH average daily population is running at about 110%--that is the reason they requested 6 additional FTE's in their budget for the next biennium. I ask that you vote against this Concurrent Resolution as this important safety net must remain available to all areas of the state and the stress it places on the hardworking staff at the SH. I would be happy to try and answer any questions you may have.

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.

#7

Memorandum

To: Senate Human Services Committee

From: Alex C. Schweitzer, Superintendent, NDSH

ACS

Date: February 25, 2009

The amount of debt written off by the State Hospital for State Fiscal Year 2008 is \$5,124,040.