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10/22/03

Date

2003 SENATE HUMAN SERVICES

SB 2300

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2300

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 5, 2003

Tape Number	Side A	Side B	Meter #
2	X		0 - end
		X	0 - 78
Committee Clerk Signature <i>Donna Kram</i>			

Minutes:

SENATOR RICHARD BROWN, Vice Chairman, opened the public hearing on SB 2300 providing for a legislative council study of the future role of the state hospital.

SENATOR APRIL FAIRFIELD introduced the bill relating to the future role of the state hospital in serving the needs of the people. Policy decisions about the future of the state hospital should be made here. A legislative study is appropriate. This bill is a starting point for a plan. (Meter #35 - 410)

SENATOR TIM MATHERN, from District 11, as one of the sponsors testified. Why do we need a study now? He stated there two reasons ... dramatic changes to grounds - addition of component of a correctional facility. Mental health treatment ... dramatic positive changes.

Consider this study as one way of getting new data. (Meter #428 - 683)

Page 2

Senate Human Services Committee

Bill/Resolution Number SB 2300

Hearing Date February 5, 2003

BRUCE MURRY, employee of the North Dakota Protection and Advocacy Project, testified favoring an interim study of the mission and environment of the ND State Hospital. (Written testimony) (Meter # 718 - 864)

CARLOTTA MCCLEARY, Chair of the North Dakota Mental Health Planning Council, testifying in support of SB 2300. On behalf of the Council, we encourage the State 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. (Written testimony) (Meter # 1000 - 1250)

ALLAN STENEHJEM, Executive Director of Mental Health Association, testified in support of the bill. He stated cuts should be studied. Concerns about citizens going into the community and whether services are available. (Written testimony provided) (Meter # 1257 - 1575)

CHRIS RUNGE, Executive Director of the North Dakota Public Employees Association, testified in support of the bill. (Written testimony) (Meter # 1590 - 1740)

JOE WESTBY, Executive Director of the ND Education Association, testified. Represents schools in North Dakota and at state institutions. Teachers in the State Hospital concerned about proposed changes, in terms of the budget, in the terms of the function, in terms of what's going happen to the educational programs in the hospital ... encouraged support of study. (Meter #1755 - 1885)

CINDI PSCYHOS, Child and Adolescent Services School Teacher for the North Dakota State Hospital, testified in support of the bill. (Written testimony and graphs provided) She stated education and mental health needs greater than the teachers. Reference to bar graph - 20% increase in students with special needs. (Meter # 1897 - 3161)

Page 3

Senate Human Services Committee

Bill/Resolution Number SB 2300

Hearing Date February 5, 2003

CHRIS DODSON, for the North Dakota Catholic Conference, testified in support of the bill.

Several questions that have not been answered. We need to question how do we treat those suffering from mental illness. Is the State Hospital a safety net? ... (Meter # 3246 - 3894)

ALEX C. SCHWEITZER, the Superintendent of the North Dakota State Hospital and Development Center, testified. He stated the Governor's 2003 - 2005 executive budget recommendation offers a way for the Department of Human Services/State Hospital and the Department of Corrections and Rehabilitation to utilize facilities and resources of the State Hospital to provide space for a women's correctional facility, more efficient facility management, and additional services for individuals with substance problems who are involved in the correctional system. ... We ask your consideration of this plan in lieu of passing SB 2300.

(Written testimony provided) (Tape 2, Side A, Meter # 3951 - end and Side B, 0 - 70)

Public Hearing for SB 2300 closed. (Meter # 78)

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2300

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 10, 2003

Tape Number	Side A	Side B	Meter #
2	X		2350-3440
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes:

SENATOR LEE opened the committee discussion on SB 4021 and SB 2300. When discussing the resolution about the State Hospital, what your thoughts be as far including corrections and services to persons with developmentally disabilities. (Meter # 2350 - 2501)

SENATOR FISCHER: If we are to do a study, be as complete as possible. (Meter # 2422 - 2482)

SENATOR BROWN: Is it all possible to merge the SB 2300 with this one and, I agree with Senator Fischer, could we have a much larger study of mental health issues that include disabilities, facilities, and include mental health with corrections. ... (Meter # 2501 - 2587)

Continued committee discussion about corrections and areas it relates to mental health, treatment in mental health and addition, and a mandated study. (Meter # 2588 - 2880)

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Page 2
Senate Human Services Committee
Bill/Resolution Number SB 2300
Hearing Date February 10, 2003

SENATOR LEE suggested that we note about facilities and treatment. Mental health and mental illness. Corrections as it relates to mental illness and addition treatments. See population and site reporting. (Meter # 2911)

SENATOR BROWN: What are the needs? How do we fit the needs into the facility?

Continued discussion regarding advocacy people and rationale behind supporting them. (Meter # 2932 - 3271)

SENATOR LEE: I was thinking Hog House Amendment ... starting all over again with the thoughts that we discussed today. Do a little thinking. We have until the 22nd. Addressing both bills. (Meter # 3440)

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4021 and SB 2300

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 18, 2003

Tape Number	Side A	Side B	Meter #
1	X		150 - 3800
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes:

SENATOR JUDY LEE opened the discussion on the two state hospital bills, SCR 4021 and SB 2300 both relating to proposed studies. She stated there is a similar house bill that was passed on Monday. Would like to have some more time to work off that one and have some more time to work on it.

Committee was asked to look at the proposed amendment to SCR 4021.

SENATOR LEE: The suggestion was that, if the committee agrees that we oppose both Senate bills until the House bill passed, that we might consider then doing away with both Senate bills and just have one. Then we can work on the House bill and the House bill people will work with us on this bill. ... Committee discussion on study commission. (Meter # 200 - 680)

SENATOR LEE stated that even though the committee feels strongly about the study ... mandatory study not taken lightly. Continued discussion about "integrated services", provisions

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Page 2

Senate Human Services Committee

Bill/Resolution Number SCR 4021 and SB 2300

Hearing Date February 18, 2003

of services to persons with multiple needs, closing of state hospitals in other states, PSA study - developmental study, and cannot ignore impact of community. (Meter # 681 - 1444)

SENATOR LEE: Recap of changes on amendment wanted. (Meter # 1504 - 1719)

SENATOR LEE: Thoughts on language that we want to use.

Committee was recessed until the afternoon (Meter # 2124)

SENATOR LEE reopened the committee discussion on SB 2300 and SCR 4021. The House resolution has passed the House, has already been messaged to the Senate, the majority leader had it in his hand and was assigning it to our committee immediately after the adjournment today. So, it is now in our committee's schedule. There is a copy of it, too. This bill has corrections, but the people who are sponsors of that bill are very interested in hearing what we're talking about with the State Hospital. So, in the interest of time, if you would be willing to move do not pass on the two Senate bills, we can do whatever we want with HB 3037 and incorporate whatever are thoughts might be on this one and we will have some time to do it correctly. (Meter # 2200 - 2290)

SENATOR BROWN made a motion DO NOT PASS.

SENATOR POLOVITZ seconded the motion.

SENATOR FAIRFIELD: Shared some concerns. (Meter # 2340 - 2426)

Roll call was read. 6 yeas 0 nays.

SENATOR ERBELE later volunteered to be the carrier.

SENATOR LEE: Had been assured there would no trouble in working with the House.

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Page 3

Senate Human Services Committee

Bill/Resolution Number SCR 4021 and SB 2300

Hearing Date February 18, 2003

Committee discussion on combining the three bills: talk about mental health issues, about facilities - specifically the Jamestown Hospital.

SENATOR LEE: She stated the study to include all of what the committee had talked about.

Committee discussion continued about the merging of the bills SB 2300 and SCR 4021.

SENATOR POLOVITZ: Couldn't we use these bills as background to what we put together?

Three into one. (Meter # 2707 - 2794)

Continued committee discussion about concerns and merging of the bills. (Meter 2795 - 3170)

SENATOR FAIRFIELD: Made a motion to move the amendments (the one on the e-mail) to SCR 4021.

SENATOR POLOVITZ seconded the motion.

SENATOR LEE: Any discussion on the amendments? Request for committee discussion on the amendments. (Meter # 3240 - 3500)

Roll call was read. SENATOR POLOVITZ - yes, SENATOR FAIRFIELD - yes, SENATOR FISCHER - absent, SENATOR ERBELE - no, SENATOR BROWN - no, SENATOR LEE - yes.

SENATOR LEE stated that amendment passed, so the resolution is as it sits with the changed her vote to no. So, it will be a no vote on the amendment, because I think we can work on it on HB 3037.

SENATOR ERBELE move a DO NOT PASS on SCR 4021.

SENATOR BROWN seconded the motion.

Roll call was read. SENATOR ERBELE - yes, SENATOR FISCHER - absent, SENATOR FAIRFIELD - no, SENATOR POLOVITZ - yes, SENATOR BROWN - yes, SENATOR LEE - yes. 4 yes and 1 no and 1 absent.

Page 4

Senate Human Services Committee

Bill/Resolution Number SCR 4021 and SB 2300

Hearing Date February 18, 2003

SENATOR BROWN later volunteered to be the carrier.

Committee meeting ended. (Meter # 3800)

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Date: 02-18-03
Roll Call Vote #: ①

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2300

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT PASS

Motion Made By Sen. Brown Seconded By Sen. Polovitz

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent Sen. Erbele

Floor Assignment Sen. Erbele

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

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Deanne Wallis Date 10/22/03
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REPORT OF STANDING COMMITTEE (410)
February 18, 2003 4:02 p.m.

Module No: SR-31-3154
Carrier: Erbele
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2300: Human Services Committee (Sen. J. Lee, Chairman) recommends DO NOT PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2300 was placed on the Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

SR-31-3154

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2003 TESTIMONY

SB 2300

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Senate Bill No. 2300
Senate Human Services Committee
Senator Judy Lee, Chairman
February 5, 2003

Chairman Lee and members of the Senate Human Services Committee for the record I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital and Developmental Center, representing the Department of Human Services. Thank you for the opportunity to comment on Senate Bill No. 2300.

A significant amount of planning and study has been going on at the North Dakota State Hospital for the past ten years.

In 1994, the Executive Director of the Department of Human Services authorized an operational and productivity analysis of the North Dakota State Hospital. The Executive Summary of this analysis is attached to this testimony and it outlines numerous recommendations in respect to hospital operations. To date all of the recommendations have been carried out by the hospital, including the recommendation to develop a strategic plan that includes a mission statement, goals and objectives.

The collocation of the two institutions was studied after the 1999 legislative session and was deemed not possible because of the space requirements, geographic issues, cost factors and the special needs of the two distinct populations. The institutions instead agreed to collaborate and share resources. Accordingly, the institutions have combined numerous management positions at great savings to the system.

The North Dakota State Hospital started its strategic planning process in 1995, with significant involvement from employees, the Governing Body

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Alex C. Schweitzer
Operator's signature

10/22/03

Date

Page Two: Senate Bill 2300

and significant stakeholders. The hospital developed a mission and vision statement, guiding principles, core services and outcome based goals and objectives.

Under the direction of Executive Director Carol Olson, the planning effort has evolved into a comprehensive, department-wide strategic plan. As a part of this effort, the hospital administration was involved in several stakeholder meetings held by each human service center, through which providers, advocates, consumers, judiciary, law enforcement, and other referral agencies provided input into the department's overall plan.

In March 2000, Carol Olson asked me to assume dual management responsibilities of the State Hospital and the North Dakota Developmental Center. The State Hospital and Developmental Center started a joint planning process in May 2000 and has developed a joint strategic plan, which was updated in 2001 and 2002.

The senior leadership staff of the Department of Human Services, the Superintendent of the State Hospital/Developmental Center, Program Directors from the Department of Human Services and Human Services Center Directors have been meeting over the past six - eight months to discuss and devise further enhancements to community-based services and the defined role of the two institutions.

The expected result of long term planning will be that the majority of mental health, substance abuse and developmental disabilities services will be provided in a community setting as close to the client's home as possible.

Page Three: Senate Bill 2300

The department has achieved significant results in this effort to serve people in the community as reflected in the reduction of the average daily patient count from 300 patients in the 1990's to 145 as of January 2003 at the State Hospital.

In the on-going discussion within the department, careful consideration has been given to the accelerating treatment needs of the prison population and the appropriate use of facilities and resources to meet the needs of the individuals with mental illness, substance abuse, or developmental disabilities. Thus, the department and the two institutions are exploring several ideas for the people we currently serve, including the expansion of community-based options.

The treatment needs of the prison and forensic populations include:

- Secure Services Unit – a high security unit that treats sex offenders, the mentally ill and dangerous and jail transfers for competency evaluations.**
- DUI Offender Program – an inpatient treatment program for offenders from the correctional system that require alcohol and drug treatment because of repeat DUI's.**
- Psychiatric intervention, evaluation and medication monitoring for James River Correctional Center.**
- Tompkins Revocation Program - an inpatient treatment program for probationers who violate the provisions of their probation because of alcohol or drug abuse and are revoked.**

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Page Four: Senate Bill 2300

- **Assessment Center** – a short-term inpatient program to assess prisoners from the correctional system for drug and alcohol dependency and the need for subsequent treatment.

The needs of individuals with mental illness and substance abuse issues that require a secure environment include:

- **Inpatient Adolescent Unit** – inpatient treatment for children and adolescents with severe emotional disorders.
- **Women's Special Care Unit** – treatment for adult female patients with special psychiatric needs.
- **Short Term Admissions Unit** – to treat acutely ill adult individuals with mental illness or substance abuse, who are not accepted into community inpatient settings, and require a short-term stay at the State Hospital, prior to returning to the community.
- **Transitional Living Units** – a residential level of care for patients who are not ready for discharge back to the community and require less medical intervention and accordingly reduced costs.

The needs of individuals with developmental disabilities who require a structured residential setting such as the Developmental Center include:

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Page Five: Senate Bill 2300

- **Sexual Health Unit** – these Developmentally Disabled individuals have sex offending behaviors and require long term care.
- **Dual Sensory Unit** – for Developmentally Disabled individuals diagnosed with profound retardation and vision and hearing disabilities, who also have severe medical conditions and require complicated care. These individuals require long-term care.
- **Medical Unit** – for individuals with developmental disabilities who are totally dependent on staff to complete daily cares and have medical concerns that require nursing staff accessibility 24 hours per day. These individuals require long-term care.
- **Behavioral Care Unit** – these individuals with developmental disabilities present with psychiatric diagnoses and significant challenging behaviors.

Further development of community-based services:

- **Development and expansion of community providers to care for individuals with serious mental illness who are now residing at the State Hospital, but who are not in active treatment. These individuals require food and shelter; medication monitoring, behavior management and basic self-care services. They are long-term care patients. This community-based service would be structured to allow for Medicaid reimbursement, which is currently not allowable in**

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Page Six: Senate Bill 2300

the State Hospital setting for individuals from ages 21-65, because of the federal IMD exclusion.

- Possible expansion of community service options for individuals who are currently served at the Developmental Center:**
- Shifting of resources from the State Hospital to the human service centers to expand community based services for individuals with mental illness and substance abuse problems, and for children and adolescents with serious emotional disorders.**

NOTE: Key to this effort would be a responsible transition of individuals from the institutions to the community in a therapeutic and humane fashion, while always recognizing their special needs, choices and rights as citizens of this state.

In summary, it is the intention of the Department of Human Services to accomplish several goals:

- Serving more patients in community-based services.**
- Treating the most vulnerable of individuals with mentally illness, chemical dependency, and developmentally disabilities in a safe, structured setting, preferably at one site. If this can be accomplished, it would serve several purposes:**

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Page Seven: Senate Bill 2300

- 1) Address the concerns of the mental health advocates, by only serving forensic and correctional populations on the current State Hospital campus.**
- 2) Increased services for correctional populations.**
- 3) Efficient use of facilities and staff resources.**

The Governor's 2003 - 2005 executive budget recommendation offers a way for the Department of Human Services/State Hospital and the Department of Corrections and Rehabilitation to utilize facilities and resources of the State Hospital to provide space for a women's correctional facility, more efficient facility management, and additional services for individuals with substance problems who are involved in the correctional system.

The Governor's proposal for a women's correctional center on the State Hospital campus could move forward, as we are confident we will have no difficulty caring for the 135 patients included in the hospital's 2003 - 2005 budget request in current State Hospital buildings. It is possible that as the Department's plan evolves and the number of patient's decreases, eventually the hospital campus could be used solely for correctional and forensic services.

We ask your consideration of this plan in lieu of passing Senate Bill 2300.

I would be glad to answer any questions from the committee.

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OPERATION/ PRODUCTIVITY ANALYSIS OF THE NORTH DAKOTA STATE HOSPITAL - August 1994

EXECUTIVE SUMMARY

- ♦ Change nursing to technician staffing ratio. Use greater number of technical staff.
- ♦ Conduct time studies for all direct and non-direct care staff to determine productivity standards as well as core staffing needs.
- ♦ Increase percentage of part-time staff to increase staffing flexibility.
- ♦ Bring nursing salaries closer to the market.
- ♦ Decrease number of psychiatrists. Use mid-level professionals to a greater degree.
- ♦ Decrease overhead by leasing/selling or demolishing unused buildings.
- ♦ Develop standardized levels of care and continuing stay criteria for each level.
- ♦ Identify through strategic planning the population groups to be served at the State Hospital.
- ♦ Adjust staffing levels for long term care patients who are presently integrated into the acute care population.
- ♦ Develop information system to meet the data needs of the organization.
- ♦ Develop a 5 year strategic plan which includes a mission statement, goals, and objectives.
- ♦ Decrease animosity between the human service centers and the State Hospital and between the central office and the State Hospital.
- ♦ Evaluate the organizational chart. Seek to flatten the layers of management. Fully define the roles of each manager.
- ♦ Evaluate the role and qualifications of the Superintendent.
- ♦ Align hospital administration with the goals of the Department of Human Services.

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Operation/ Productivity Analysis of the North Dakota State Hospital
August 18, 1994

INTRODUCTION

Early in the year, discussions regarding the State Hospital's delivery of services and budgeting process took place. As a result, the decision was made by the Department of Human Services (DHS) to hire a consultant to assist in an on-site operation analysis, observe program staffing patterns, patient classification systems, cost efficiencies, staff productivity, organizational structure, and human resource functions. Additionally, several areas of related information such as patient length of stay, cost per patient day, voluntary vs. involuntary admissions, monthly financial reports, and comparative data from other facilities across the nation were studied in relation to the current operation of the State Hospital, which, along with the data gathered during the site visit, provided a solid basis upon which to build some conclusions, make specific recommendations for operation adjustment and redesign, and to recommend areas for further study.

It must be pointed out the site visit to this facility took place in a two day period of time; hardly enough to get a truly in-depth look at program functioning. It was, however, adequate time to begin this process of study of an extremely complex health delivery system and to offer some suggestions for areas of possible direction.

It should also be noted we found the program managers and staff to be very cooperative with the survey process; very willing to answer questions and to provide us with requested reports and information.

The following report is structured into the several following components:

- A) Organization Strengths;
- B) Opportunities for improvement;
- C) Comparative data (national);
- D) Recommendations for specific changes or further study; and,
- E) Summary statements.

The summary statements will attempt to capsuleize not only the perceptions regarding the State Hospital as an individual entity, but as an entity within the context of another very complex system, the Department of Human Services.

38035.0101
Title.

Prepared by the Legislative Council staff for
Senator Bowman
January 21, 2003

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 3, after "institutions" insert "; to provide for a legislative council study"

Page 3, after line 11, insert:

"SECTION 4. STATE HOSPITAL - LEGISLATIVE COUNCIL STUDY. The legislative council shall consider studying the future role of the state hospital during the 2003-04 interim. If chosen, the study should include a review of the availability of community mental health and substance abuse services and the level of services required to be available at the state hospital. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services

SENATE - A section is added providing for a Legislative Council study of the future role of the State Hospital.

DD Mental
Health

SB 2300 Legislative Committee Hearing

February 5, 2003

Bismarck, ND

North Dakota State Hospital
Child and Adolescent Services
Education Staff
Cindi Psychos, presenting

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My name is Cindi Psychos. I moved into the state of North Dakota as a new teacher anxious to begin my career. Within the first month of teaching, I read that teachers in programs similar to mine have a burn out rate of 3-5 years. Those were startling statistics. They are still startling numbers, because research continues to indicate that 45% of special needs teachers leave after the first year, 66% after the second year and, 95% after five years. Just three days ago, I celebrated my 22nd anniversary of teaching children with special needs at the Child and Adolescent Services School (CASS) on the campus of the North Dakota State Hospital (NDSH).

The secret to my longevity teaching troubled youth is a love of teaching, a commitment to the positive education program model and the cohesiveness of colleagues in our unique program. Our school does not have team sports or school colors. We do not even have substitute teachers due to the need for specialized training. What we do have are children in crises from all over the state who have been in crisis for some time.

Our children have intensely challenged their parents and/or local authorities in their communities and/or their schools. They may also have been in psychiatric outpatient or partial care, chemical abuse programs, therapeutic, group, or foster homes and some have been placed under the Division of Juvenile Services (DJS). Before admission to the hospital these children are screened by therapists at one of eight regional Human Service Centers to be deemed appropriate candidates for Child and Adolescent Services.

Sadly, there are times when a child's behavior has become so erratic, disruptive, unstable or dangerous to themselves or others that their behavior exhausts local resources. In these cases, CAS has been a safety net until their behaviors have been stabilized.

Hospital administrators have told us that this type of safety net will now be located in each of the eight regional Human Service Centers. Hence, the justification for downsizing the patient count globally throughout the hospital. The Department of Human Services promotes community-based treatment and this is generally viewed as a positive way to affect change in children and families by providing services closer to home. As teachers, we support that concept. Unfortunately, within our state, there are children who have needs that far exceed available community resources and in some cases, children are sent to private or out of state facilities. (According to the Department of Public Instruction Special Education Annual Report 2001-2002, 30 children were placed in public or private out-of-state facilities. Nine children were ages 6-11, twenty-eight children were ages 12-17, and two were ages 18-21 at a cost to the state of \$232,889.)

With the increase in drug use across the state and many group homes and residential facilities with waiting lists, it is surprising that our services are not considered in higher demand than ever. As obvious efforts are being made to play out the numbers being proposed for the future (8-10 patients), we had three students who's "acute" stays allowed them to complete the 1st quarter (9-weeks) of the school year at CAS. Will the current proposals meet the actual need?

Our precarious position is this; while we are not actively trying to recruit placement of children at the NDSH, we are concerned about children's needs being met. This includes their educational needs along with their mental health needs. While schools are required by law to meet the educational needs of children, the reality is many school districts and special education units throughout ND do not have the trained staff or resources readily available to meet all the needs of students requiring special services.

Throughout the state of North Dakota the need for specialized teachers RIGHT NOW far exceeds the number of teachers either certified and/or willing to teach this very demanding population of students. The demand for special education teachers has become so great that Minot State University has developed a federally funded program from the U.S. Department of Education to cross train special educators to gain certification in three areas (Learning Disabilities, Mental Retardation, and Emotional Disturbance) to fill the gaps especially in central and western areas of North Dakota.

Although average daily membership in schools across the state has declined by 4,000 students, total special education enrollment has increased 9%. The number of special education children who are seriously emotionally disturbed increased 61% during the same time period (Kid's Count Fact Book 1999-2000)

While some of our students do not qualify for special education services, there has been a 20% increase from the mid to late '90s of students coming to us with an identified educational handicap.

"Research confirms that children with serious emotional disturbance have the highest percentage of dropping out of school than any group of children with special needs (48%). (Kid's Count Fact Book 1999-2000)

Few people outside of state agencies are aware of the existence of the unique departmentalized school program in which I have been proud to be associated with for the past 22 years. The Child and Adolescent Services School functions as an adjunct to the total

evaluation and treatment of individuals age 6-18, conducted at the North Dakota State Hospital through an inter-agency agreement with Jamestown Public School. We keep a low profile due to confidentiality but now we must bring attention to our work. Our teachers are committed to serving youth in crisis and are concerned about the affects downsizing the Child and Adolescent Services will have on patients.

Within 24 hours of admission into the hospital, if stabilization has been achieved, that patient now enrolls in the CAS School. This includes providing informal and formal educational assessments, regular education, and special education services to youth from across the state of North Dakota as they are evaluated and/or receive treatment for a variety of psychiatric, behavioral and until summer 2002 chemical dependency issues. Teaching staff design programming that is individualized for each student and focuses on building academic skill levels while developing cognitive control of behavior. A typical school day includes six class periods, roughly nearly one-third of that child's day. Presently, students are enrolled in a departmentalized program comprised of core subjects and electives including life skills, family and consumer science, business and computer technology, and industrial technology. An elementary program is offered for grades 1-6. Teachers at the CAS School have assisted students to prepare for return to public schools, to earn credits toward graduation, and have assisted high school students to earn their diplomas or General Educational Development Certificates (GED).

Clinical team depends on education staff to observe and document both the effectiveness of and the adverse effects of medication, ability to attend to tasks, and other behavioral concerns.

ESEA The Elementary and Secondary Education Act commonly referred to as No Child Left Behind calls for a 'highly qualified teacher' in every classroom. All the teachers at the CASS are licensed in their major or minor teaching fields, as well as credentialed to teach students with emotional disabilities. One teacher is certified in the areas of learning disability and educable mentally handicapped education. Another is certified to teach trainable mentally handicapped students. Because of the staff's specialized training and favorable staff to student ratio, we are able to provide specialized, individualized, and diversified educational opportunities for children while they are in treatment.

It is the rare occasion when a child's mental health, behavior, drug and alcohol, social, or even family issues do not manifest themselves in some way in the school setting. More often

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than not the breaking point for a child comes down to whether or not he or she is able to "make it" in school. That is why the CASS program developed to the degree that it has. Education plays a significant role in the overall treatment delivery at Child and Adolescent Services.

If this plan to downsize takes shape suggestions have been to provide school experiences through a tutorial model. The teachers believe that a tutorial model will not meet the needs of an already at-risk population, regardless of how many students there are or how long they stay. Beginning last fall, we began providing educational services for up to six additional students who attend our school. While they are in treatment, they live in the newly developed Intensive Outpatient drug and alcohol treatment program developed by the South Central Human Service Center. The CAS School may not be able to continue providing departmentalized instruction to these students and they too may have to seek alternative means for providing educational services.

Governor Hoeven lists on discovernd.com that an excellent education system and a highly trained and productive workforce as the State's top two attributes. A testament of our commitment to the CAS program is a combined total of 115 years of teaching experience. As professional educators we have logged a total of 214 years in the field of education.

There are many children, adults, families, and communities that need help. They need more help than their local agencies are able to provide. They need services for longer than a week or a month. It isn't always going to be in their best interest to move them on to the next place as quickly as possible; particularly when that next place doesn't exist, or is currently full, or doesn't have the resources. Meeting the needs of the children and adolescents is the real the bottom line.

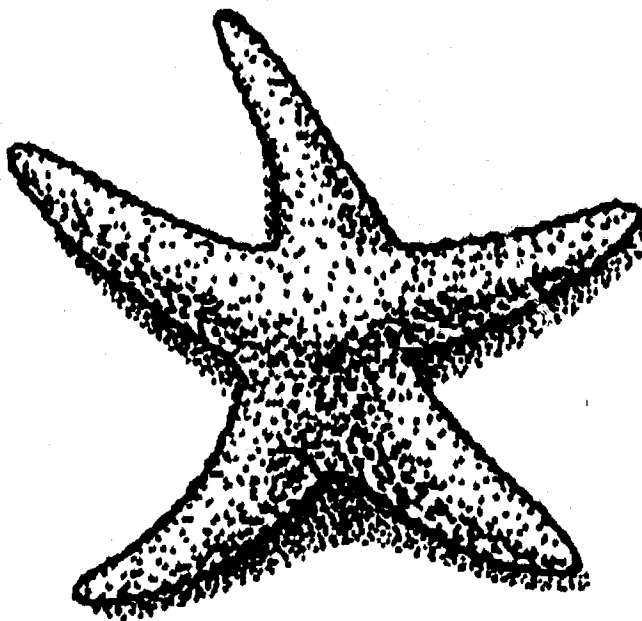
We're asking you to consider this matter carefully. SB 2300 asks to provide for a legislative council study of the future role of the ND State Hospital. Look beyond the numbers, beyond the dollars and cents, and look at what is truly in the interest of the citizens of North Dakota.

**The needs of the youngest citizens need to be considered.
They are our future and worth the investment.**

The Starfish Story

A student was walking along a deserted beach. Far in the distance, he could see a stretch of sand where hundreds of starfish had washed up on the beach. As he got closer he could see a teacher picking up the starfish, one by one, and throwing them back into the ocean.

He stood and watched. He felt the futility of the teacher's actions. There were so many starfish and only one teacher trying to save them. He shook his head with frustration and walked closer to the teacher and to the hundreds of starfish lying on the beach.



Again, he gazed at the teacher throwing the starfish back into the ocean. Finally, when he could not watch any longer, he walked over to the teacher and said, "Why are you doing that? There are hundreds of starfish and only one of you, what you are doing is impossible, you will never save them all, and besides, what difference does it really make?" The teacher looked at the student and as he picked up one of the starfish and threw it back into the ocean he replied, "It made a difference to that one."

Page 1

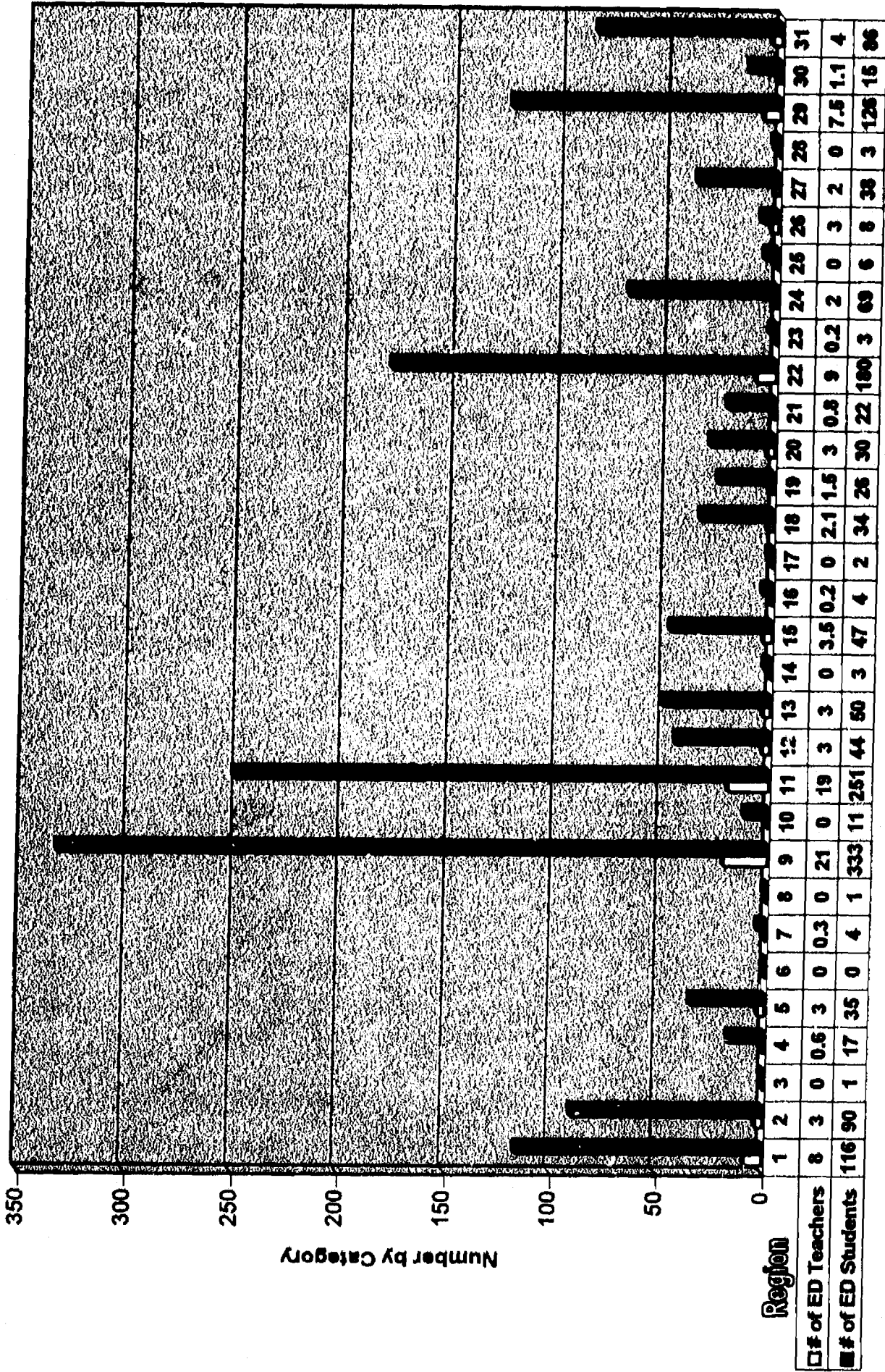
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Regional Comparison of ED Teachers with Identified ED Students



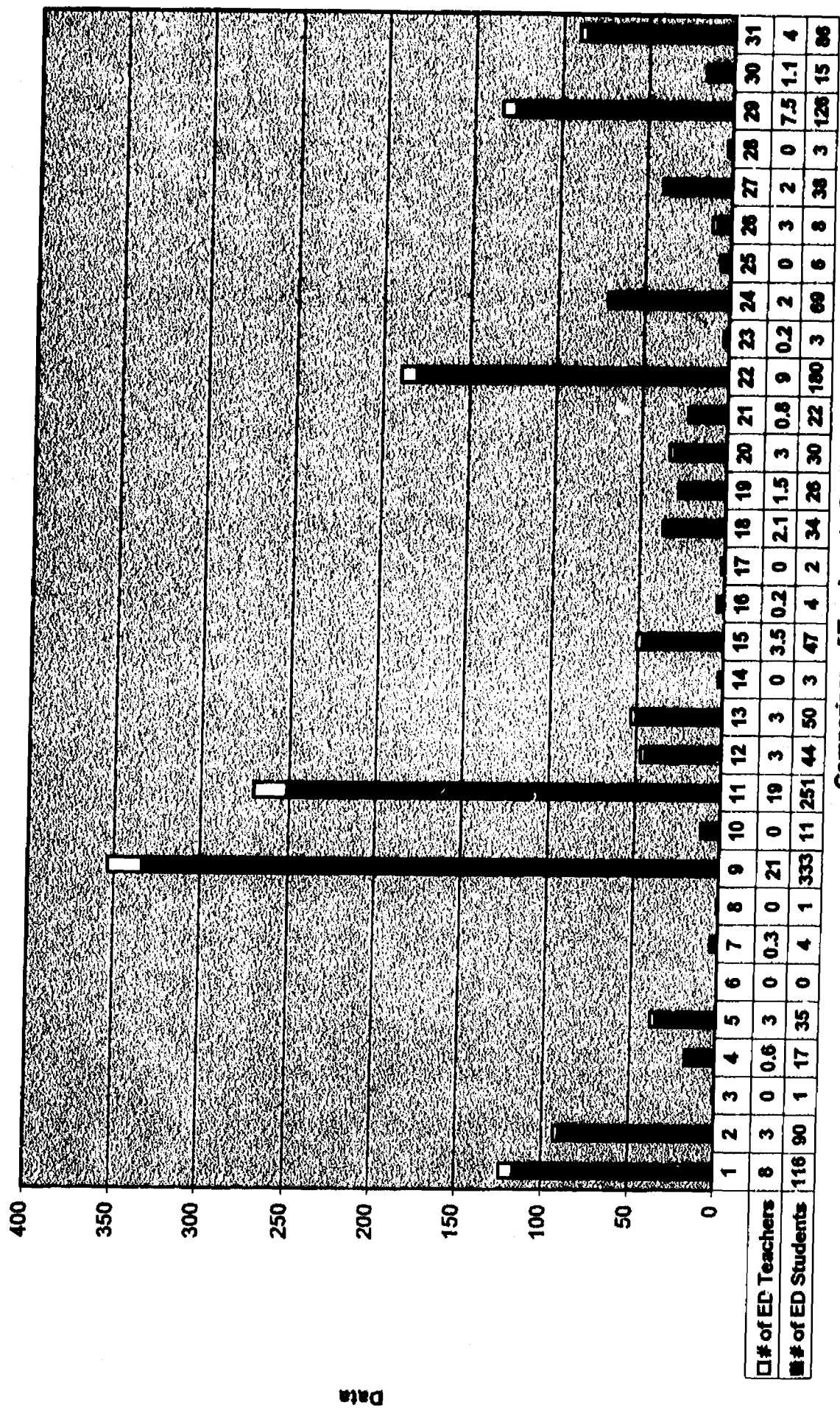
Comparison Data

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Regional Comparison of ED Teachers with Identified ED Students



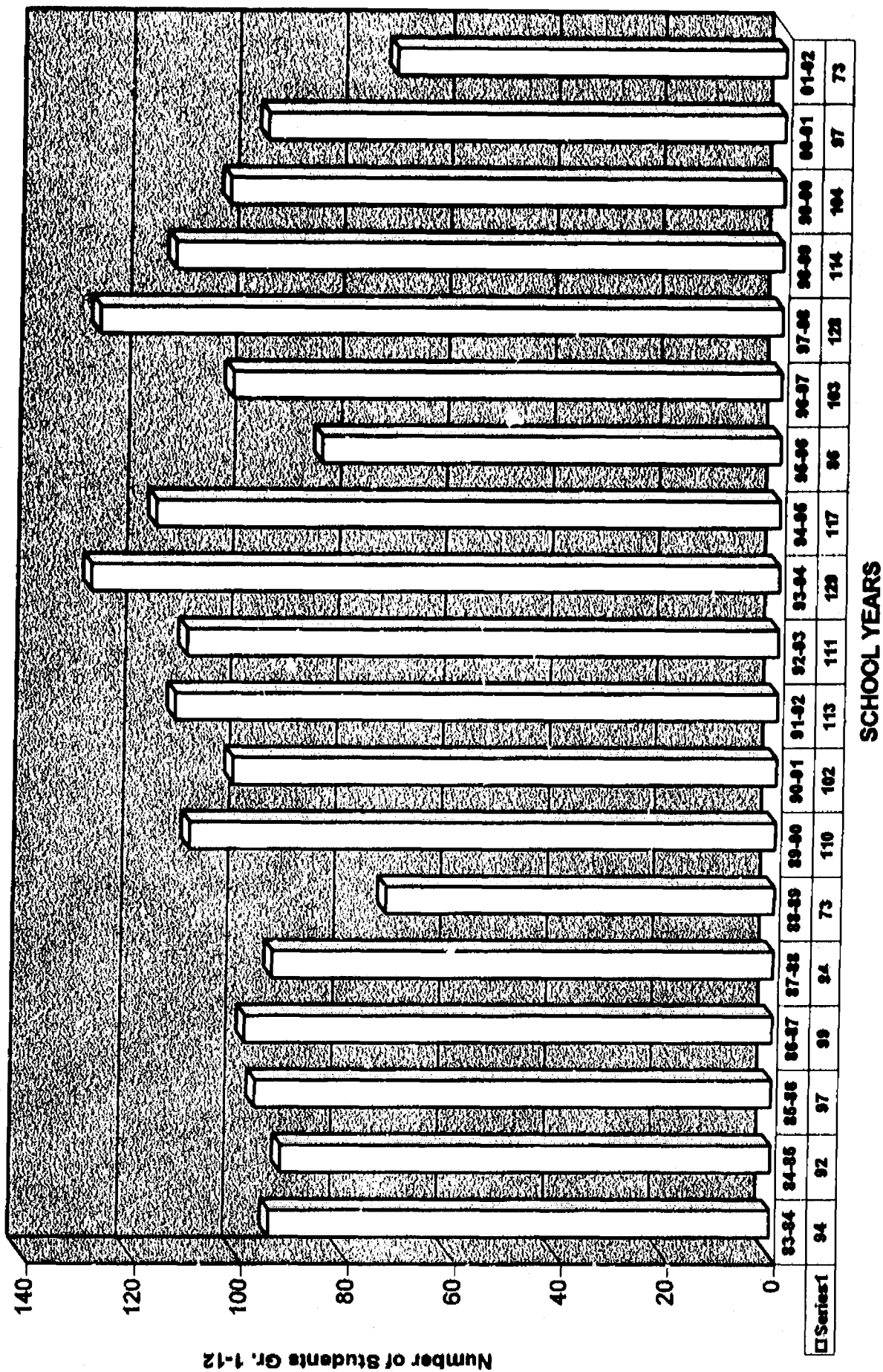
Comparison of Teachers to Students

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CHILD & ADOLESCENT SCHOOL ENROLLMENT



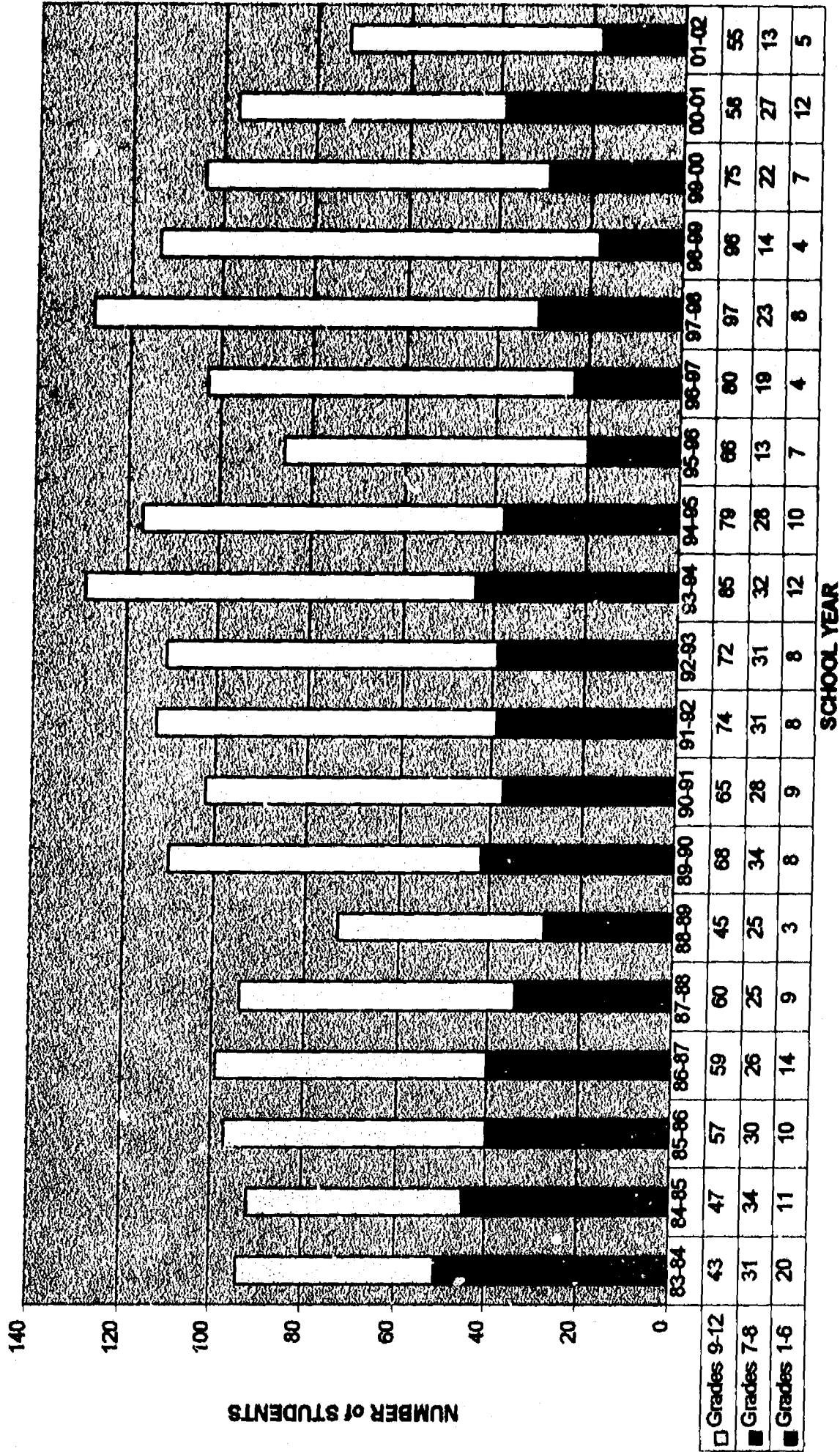
SCHOOL YEARS

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CAS TOTAL ENROLLMENT BY GRADE



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MENTAL HEALTH ASSOCIATION IN NORTH DAKOTA

"Touching a Life"

Executive Director
Allan Stenehjem

**Past Presidents,
National Mental
Health Association**
Richard Weber
Bismarck, 1995-96
Michael Unjhem
Fargo, 1987-88
Gerilee Wheeler
Bismarck, 1987-88

TESTIMONY OF MENTAL HEALTH ASSOCIATION IN NORTH DAKOTA (MHAND)

Senate Human Services Committee

SB 2300

February 5, 2003

Madame Chairman, and members of the committee, my name is Allan Stenehjem, executive director, MHAND. MHAND is a non-profit organization of volunteers who care about the provision of adequate mental health services. We also advocate for appropriate funding for mental health and addiction treatment services in the community setting and at the North Dakota State Hospital (NDSH).

MHAND is concerned about the recent proposal to further reduce the size and services of NDSH while increasing the size of the prison that is co-located with the hospital in Jamestown. MHAND is concerned that the co-location of the prison and hospital is stigma producing and may be damaging to the hospital's potential for recruitment and retention of quality professionals. MHAND's greatest concern is that the state of North Dakota maintain sufficient quality "safety net" inpatient hospital services while maintaining quality community-based services that are sufficiently available to all people with mental illness.

MHAND supports SB 2300 to provide a legislative council study of the future role of the state hospital. The bill dictates that the legislative council solicits input from interested parties, and specifically names MHAND, ND-DHS, NDSH, DOCR and the NDSH governing board. MHAND supports the concept of planning for the future of NDSH with interested stakeholders involved in the process.

Thank you and I will be happy to answer your questions.



United Way Agency

State Office • Mental Health Association in North Dakota, 1459 Interstate Loop PO Box 4106, Bismarck, ND 58502-4106 (701)255-3692 • Fax (701)255-2411
Regional Office • Mental Health Association in North Dakota, 124 North 8th Street, Fargo, ND 58102-4915 (701)237-5871 • Fax (701)237-0582
A private, non-profit 501(c)(3) agency. "The only non-governmental organization concerned with all aspects of mental health for all citizens of North Dakota."

Visit our website at www.mhand.org

HELP-LINE 1-800-472-2911

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NORTH DAKOTA
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AMERICAN FEDERATION
OF TEACHERS LOCAL 4660 AFL-CIO



EMAIL: ndpea@btgate.com
WEBSITE: www.ndpea.org

TESTIMONY IN SUPPORT OF SB 2300

Before the Senate Human Services Committee
North Dakota Public Employees Association, American Federation of Teachers, 4660
AFL-CIO
February 5, 2003

Chairman Lee, members of the Senate Human Services Committee, my name is Chris Runge and I am the Executive Director of the North Dakota Public Employees Association, AFT Local #4660. I am here to testify in support of SB 2300, a bill that would require a study of the future role of the state hospital.

There has been much discussion about what is happening at the State Hospital and the changes that have been happening there over the past few years with the addition of the prison. It seems that many decisions have been made at the highest levels of state government and once those decisions have been made then they are communicated to those below and adaptations are made and those below including patients, families employees and advocacy organization are put on the defensive.

SB 2300 will provide for a study of the future role of the state hospital and will bring all interested parties to the table that really care about the future of the state hospital.

Quality Services from Quality People

Testimony

PTN 1000

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This bill should be looked on as positive in that all of us deeply care about what is happening at the State Hospital and want what is best for the patients. By bringing together all parties who are interested in the future of the state hospital, we will be able to work on solutions that we all will be a part of. If we do not do this, the parties will continue to disagree with what is in the best interests of the State Hospital. Right now interested parties have written their concerns and submitted them as testimony on SB 2012, the DHS budget. But quite frankly, this is not the time to be debating the future role of the State Hospital, after the legislature is already in session. It needs to be done before a legislative session begins when there is ample time to explore all the options and there is ample time for all parties to work through the very important issues that are being aired today.

Concerns are being expressed about whether the decisions being made will be compromise the safety net for people with mental illness or substance abuse or whether we will compromise patient dignity, confidentiality and privacy. There is concern whether medical service availability will be compromised, will the service system become more restrictive for patients, as well as what will happen to the employees in the system. They are concerned that the quality services to patients will be lessened. Despite assurance from the administration, the front line employees are concerned. We all know that change is difficult and the administration has been indicating this as well. But when these decisions are being made at the highest levels, those front line employees worry about their patients

more than anything. When we see that very little money is being added to community-based services, we worry about the patients. No amount of administration assurance that change is difficult will make us secure with what is happening.

The study provided for in SB 2300 is needed and should be passed by this committee. If the legislature wants the support of the community, the employees, the advocacy groups for changes happening at the State Hospital, then it is time for this study to take place. This is a very important issue for all citizens of North Dakota and a study would provide the next legislature with information you need to make decisions on behalf of people with mental illnesses and their families.

Thank you for your time and I am available to answer any questions you may have.

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TESTIMONY
SB 2300 - PROTECTION AND ADVOCACY PROJECT
SENATE HUMAN SERVICES
JUDY LEE, CHAIRMAN
February 5, 2003

Chairman Lee, and members of the Senate Human Services Committee, I am Bruce Murry, an employee of the North Dakota Protection and Advocacy Project (P&A). P&A favors an interim study of the mission and environment of the North Dakota State Hospital (NDSH). The study should outline a strategic plan for the NDSH.

The first premise behind NDSH reorganization is that, "Community based care must continue to be enhanced and new services developed so that the focal point of care for the mentally ill, developmentally disabled and chemically dependent is the community and not institutional care."¹ Sufficient community based care is not yet in place. Discharged patients may face more restrictive environments in community facilities that have not been enhanced.

A study and strategic plan for the NDSH could review the current needs of the NDSH, the possibility of enhanced services near patients' homes, and the relationship to additional correctional facilities. The focus of the NDSH should be North Dakotans with mental illness, rather than reacting to correctional needs.

Such a study should include the opportunity for public comment from around the state. This study may reveal new options around the state for both mental health treatment and corrections. Other communities or providers may wish to offer their facilities and services to serve either group of North Dakotans.

Full study of the future of the NDSH will allow replacement services to be planned for those eliminated. This would allow North Dakotans in need to be served without a dangerous disruption in service.

Thank you for this opportunity and I will address any questions you may have.

¹ Reorganization Recommendation and Budget for Department of Human Services Institutions, January 10, 2003 (Updated), page 8.

TESTIMONY: SENATE BILL 2300
SENATE HUMAN SERVICES COMMITTEE
JUDY LEE, CHAIRMAN
FEBRUARY 5, 2003

Chairman Lee and members of the Human Service Committee: my name is Carlotta McCleary. I am the chair of the North Dakota Mental Health Planning Council. On behalf of the Council, I am here today to voice our support for SB 2300.

The council was concerned with the proposed reorganization at the State Hospital. In particular, select hospital buildings being transferred to the Department of Corrections as outlined in SB 2012. This is putting the needs of the Department of Corrections first. The State Hospital should look at the needs of the patients as the priority.

This study will allow us to look at the availability of community based mental health services to ensure that individuals have access to adequate and appropriate services. We are already seeing cuts to services in the community. The State Hospital provides a valuable safety net for individuals requiring a high level of care that is not available in communities across the state.

The council is concerned that the impact of prison facilities being co-located at the state hospital will only further increase the stigma associated with mental illness. With a combined campus, North Dakota will be perpetrating the false image that people diagnosed with mental illness are also criminals.

On behalf of the Council, we encourage the State 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. During the interim, we encourage the Legislature to maintain the LaHaug and the Adolescent Center buildings exclusively for State Hospital patients.

Thank you.

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