

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

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ROLL NUMBER

DESCRIPTION

1486

2005 HOUSE JUDICIARY

HB 1486

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

House Judiciary Committee

☐ Conference Committee

Hearing Date 2/1/05

Tape Number	Side A	Side B	Meter #
1	xx		0-end
1		xx	0-8.6
Committee Clerk Signature <i>Aaron Penrose</i>			

Minutes: 14 members present.

Representative Maragos: We will open the hearing on HB 1486.

Rep. James Kerzman: Sponsor of the bill, explained what it does (see written handouts). I am passing around some amendments. We have a situation where a number of facilities in the state who step up to the plate and take care of foster children who need care and, in many cases, have developed a lot of baggage, where they are hard to place in private homes. We are talking about residential care facilities, like Prairie Learning Center, Dakota Boys Ranch, Home on the Range, etc. These facilities are staffed to run at capacity, and if all beds aren't filled you are losing money. Most of these facilities are struggling, and the state reimbursement level is not 100%, there is a formula they go through. They get a fraction of their costs and are dependent upon outside sources for a lot of their income, such as donations. We would like to see the state to exhaust all of the efforts that they can to place the kids in the state, before they go out of the state. There are approx. 80 kids placed out-of-state now. We visited with the Department, and

the department is aware of what is going on here. They are very receptive to the idea. Of these 80 kids, there are about 24 of them that are tough sexual offenders, we don't really have the services in the state for that population. There is another couple of dozen that are in foster care, because of proximity to where they live, it is more convenient to put them in MN so they are closer to home. There are a number of kids that we think could be brought back into the state to keep our facilities running at somewhat near capacity. We don't want to lose their services in the state, they are really needed. Let's go through the amendments I handed out.

Representative Maragos: Thank you.

Representative Kretschmar: Is this going to be a hog house amendment to the bill.

Rep. James Kerzman: I guess that's up to the committee. I think it could fit right in there as another subdivision. We would like to see every means exhausted before the kids are placed out-of-state.

Representative Onstad: You mentioned that there are other facilities throughout the state, that are not at capacity. Are they at 60%, is there room for additional 40% more, what % is full.

Rep. James Kerzman: That varies from facility to facility. I don't have those figures in front of me, but generally I would say that they are around 10-15% under capacity in most cases.

Representative Onstad: You mentioned the department, is that the Dept. of Human Services.

Rep. James Kerzman: Yes. Part of this comes from the federal law, the No Child Left Behind that we passed a couple of sessions ago. You try to place every child in a home if you can. But we realize that these kids have a lot of baggage and people don't want to adopt them.

Representative Onstad: They stay in these facilities until they are 18.

Rep. James Kerzman: Not always, in some cases they do; but they progress through them.

You really should visit one of the facilities, a lot of them they start at the ground level, they have to earn their way up, to get credits to prove themselves that they are able to go out of their own or go back to their family setting. It is a progressive thing in most cases.

Representative Delmore: Do you think we have a lot of cases in the state where the children should have been continued to be placed here, and are our facilities and care equal to what some of those children need.

Rep. James Kerzman: I wouldn't say a lot, but there are a number of children that I think could be placed back in the state. The one area in the state where we are short in the state, is with sexual, and we're trying to resolve that problem. The DHS is going to try and find a facility to step up and go into that area. Most of the facilities have geared up as far as drugs and alcohol. Sexual offenses is one area where we have to do some work.

Chairman DeKrey: Thank you.

Sen. Aaron Krauter: I am passing around some sheets with numbers of out-of-state placements, etc. In ND, when an individual is placed through the court system, into a facility, there are two areas that they can go: residential care facility or a treatment center. There are two different levels there of care and treatment. As you get to those, there are different costs that are associated and some of them are a little higher, particularly in the treatment centers. The occupancy in the residential care facility is on the average 82%. In the treatment facilities, the average occupancy is 87%. The average cost, overall, for out-of-state placements is approximately \$192/day; and the average daily rate for residential treatment centers is \$314/day, which is a higher level of treatment, and the average daily rate for ND residential care facility is

\$143/day. You can see where those costs fall in line, as far as these types of facilities. I'm here to support HB 1486. I think it is an approach to make sure that everyone that's out there, that everyone has a comfort level that we are doing the best we can to have these placements in state, and utilize the in-state facilities. When I look at the Juvenile Services area in Corrections and I look at the shop that Al Lick runs out there, he runs between Youth Correctional Center and placement of all the individuals, he is doing a good job. He is trying to manage and give the best type of treatment for these individuals to become better people, to get back out of the system and back into society; but on the financial side, there are places where we could maximize state dollars better than we are currently doing. That's one of my reasons for supporting this type of legislation. (explained the handouts). I believe there are some of the out-of-state placements that can be brought back to ND. I am here to support the bill.

Representative Koppelman: Do we have people in our facilities from other states.

Sen. Aaron Krauter: I can't answer that question. I would assume that there probably are some, because if you look at the placements we have, one of the criteria that is often looked at is proximity. If the family is in Grand Forks, maybe it is closer to have that juvenile in a facility that's closer to them, that happens to be out-of-state. I think we may find some of those scenarios in bordering states, and I would think that we reciprocate on those.

Representative Klemin: Why these children are being placed out-of-state, other than the ones you mentioned where the treatment's not available here, but it seems like a majority don't fall into those categories. Why are they being placed out of state other than in ND.

Sen. Aaron Krauter: Anecdotally I've been told is that, in order to get placed out of state, you have to have a refusal from an in-state facility, and sometimes a youth has gone through one

facility and it didn't quite work out, or wasn't able to get on the right path. Then they are back into the system, back to the court, and basically then they need to get to the next location, and a phone call is made to the next facility and saying, that we want to place this one at a facility in MN, can you give us a refusal. Some of these facilities actually say yes, we will do that for you. I think now they've learned that they shouldn't do that, they should say yes, bring them here, we can go through that. Maybe the kid has gone through several facilities and finally there is no place in ND that can help him, and the department is doing their job, they tried every avenue, and they find a facility that can address the problems in another state. There are other situations where maybe a bed is not available, because the certain facility is full on the day the phone call is made, so they go to the next facility. I think there are some individuals that could be placed in ND.

Representative Maragos: Thank you. Further testimony in support.

Rep. Rod Froelich: I do have firsthand knowledge, we have a facility within 30 miles of my place. I've been there numerous times, they employ ND people.

Representative Delmore: Are you familiar with specific cases where you think it would have been better for someone to have been left in-state, for whatever reason, rather than getting care somewhere else.

Rep. Rod Froelich: No, I do not.

Representative Boehning: You said you have a treatment center close to you, have you ever talked to them and asked them why they don't increase the number of beds in the facility, since there are so many out-of-state, have they considered this.

Rep. Rod Froelich: I think the people from Prairie Learning Center, can answer that question.

Representative Maragos: Thank you. Further testimony in support.

Dave Marion, Executive Director, Prairie Learning Center: (see written testimony).

Representative Delmore: Can you tell me about any specific cases that you know of children who have been placed out of state, that you think could have been handled here in ND. If we look at those that go for sexual offenses there would be an increased cost and obviously the bottom line is fiscal.

Dave Marion: I don't know of specifics in regard to a case or cases that I could give. Some of it is that they are going out of state because they have certain severity levels. We hear about that it is close proximity, so it's easier to go from east or west side to another facility because it is closer to proximity of home, to work on family therapy.

Representative Delmore: Specifically we're dealing with children. You can understand why out-of-state placement might be made so that there would be access more easily by their families. When we're dealing with children, it is a little different issue as far as availability to care, so they have support from their family.

Dave Marion: I can understand it, I'm not all for it because of the fact that I believe we have the resources. If you could see what I see when I see parents come out to be able to take some ownership in their kids. I'm going to say that the majority do not, that's what we're trying to push. If they are at Prairie Learning Center in Raleigh, ND instead of being in a facility closer, within 50-100 miles, and we're looking at the family issue and getting them home, we still have a heck of a time being able to have mom and dad step to the plate themselves. It's hard for me to say that they would have better opportunity to be invested, or for them to get to appointments, we utilize home visits for some of that, if I had a facility for parents, I'd do the same thing right now.

It is very tough in the state for the kids, because the family situation isn't there, the support system. We want to get mom and dad back on track, which is tough. I believe we can do the job out east or out west.

Representative Koppelman: What is your vacancy rate. Do you typically have empty beds.

Dave Marion: Typically we're usually down 2-3 beds, we do get utilized pretty well. We are at 94% occupancy, and we've hovered around that number quite a bit. During the summer, we were down quite a bit. We ran at 41-42 for almost three months. That was tough.

Representative Koppelman: So at 94%, the point of the bill is not then that you're sitting there with a bunch of unused capacity and there is some kind of propensity to send the kids elsewhere, it is just a general sense that maybe that is happening and shouldn't

Dave Marion: Part of that yes, and I really believe we need to use our ND resources.

Representative Koppelman: I see the amendment deals with agencies and the bill itself, just says that, except in cases where treatment is not available, all juveniles that need residential treatment must be placed in the state, and it doesn't say who the bill is directed at. Directed at the parent, social service agencies, counties, Dept. of Human Services, or who.

Rep. Kerzman: The intent of the bill is to the Dept. of Human Services and reporting requirements.

Representative Kingsbury: If the Dept. of Human Services was looking at placing a child for whatever reason, and you didn't have to think about location, are the facilities better suited to one type of behavior or another. If you were going to be able to handle the sexual behavior, what criteria do you need at the different levels.

Dave Marion: Everyone does have a different model or approach that they use with the kids, to get them to turn the corner and invest in themselves. For us to be able to take sex offenders, and there are different levels of sex offenders, we would have to have some different things in place in regard to special staff. To what extent, I don't know, as I haven't looked into it that far. We are doing some sexual responsibility stuff in regards to some low level kids that come in because we are seeing more and more sexual identity issues, and some unreported or hearsay type of sexual activity that happened in the home, we want to address that because it is starting to become more common than in the past, and I've been in it for 11 years.

Representative Kingsbury: But it probably wouldn't be prudent for all the facilities in ND to have that level of care. Is there some coordination going on there that would have one facility or the other to be more on that level.

Dave Marion: I can only speak for the Residential Care Association, in our talks, there might be some that are better equipped at the time, they have some of those things in place. There haven't been extensive talks on that, at this time. With this in place, and the RFP going out to the treatment centers in regard to the sex offender beds, we have been communicating about that and the intent of that.

Representative Onstad: Who determines, of all the residential facilities in the state, what is your capability, and who screens these individuals.

Dave Marion: We have a screening committee at Prairie Learning Center. The Division of Juvenile Services, or County Social Services, Tribal Social Services, hopefully know enough about what we do, as a residential care facility, and are making referrals to us knowing what we do in our program. After the referral, our screening committee goes through the application to

see if we can help the child or not. Hopefully the referring agency will know the level of care that the child needs when they make the referral. If we can meet that need, we will. If we don't believe we can make a difference with this child because he has higher psychiatric or mental health needs, I'm going to refer them to a different facility that can help them better.

Representative Onstad: So nobody really says that Prairie Learning Center is a level 8 facility and can handle certain kids? So it is up to you to determine what level you can help them at, and if you don't feel that you can serve the needs, you pass them on to another facility.

Dave Marion: There is no level system, we rely on referring agencies in the state of ND to be able to know the type of care that this child is going to need, and who can provide the service for that child.

Representative Kingsbury: Do you have any counselors that travel between these homes to accommodate a child in another location.

Dave Marion: To my knowledge, no we don't have that. We do contract with Charles Hall Youth Services in regard to independent living, somebody is coming from agency.

Representative Maragos: Thank you. Further testimony in support.

Rep. Kerzman: We have a lot to offer in this state. The facilities have had success in several of their programs.

Representative Maragos: Thank you. Further testimony in support of HB 1486.

Paul Roningen, Dept. of Human Services, Director of Children and Family Services:

Neutral, just to provide information that might be needed.

Representative Delmore: If this bill and amendments are passed, do you think there would be any significant changes in the placements as they are happening right now.

Paul Roningen: I have not had the opportunity to see the amendments that have been discussed this morning. Some of the language I see in this bill, I'm not sure it would change our practice, we do screen. There have been, for typical multiple placements in state, before going out of state, I do have a person on staff who is responsible through the Interstate Compact system, to screen all the kids going out of state. There was some testimony, and I am aware of social workers at the county level, called facilities and basically saying they wanted the facility to issue a denial, in order for the out-of-state placement to occur. When we learn of this, we stop it. We go back to the permanency planning committees, and we see if, in fact, there isn't a better treatment option for those kids in state. HB 1110, which is now going through the process, is requiring the Department to do a RFP on a sexual offenders treatment program in the state of ND. That will take a look at probably 16 beds, also in conversation with our therapeutic providers, families to see if there aren't some other options available for those kids. We do have a moratorium in the state for the expansion of residential treatment center beds, and residential child care facility beds; and that moratorium does allow the department to go about the bed cap, and provide services through the facilities for those kids.

Representative Klemin: Why are children being sent out-of-state, because it seems that we do have capacity in ND, that could be utilized for children who do not fit into special categories where treatment is not available.

Paul Roningen: There are probably several different answers to that question. Not all the kids are going out-of-state on a regular basis. We do have ebbs and flows in our placements out of state. It was referred to that sometimes when a facility is called, regarding a child that would fit quite well into their treatment milieu, that the beds are full, and they probably won't have a

vacancy for a month. The child needs a placement at that point in time, and the placement is made out of state. That might also be nearer to the family, which we are required to follow by federal law.

Representative Klemin: Why do we have a moratorium.

Paul Roningen: There is a lot of history on moratorium. A few years ago, we had an out-of-state facility come to ND, Southwest Keys, set up a facility in the old Heartview building, which had 50-60 beds, and then they left the state a couple or three years later. It put a lot of pressure on our local providers, their bed occupancy dropped considerably, and then we all had to scramble after the fact, to take a look at how do we place 50-60 kids from that facility throughout the state of ND. The facilities approached me regarding the moratorium, or cap, on the number of beds. The department did not have any opposition to that. We have for the last three or four sessions, had a bill in to the legislature where a moratorium was then re-authorized by the legislature.

Representative Charging: When a child is sent to a facility out of state, are there any provisions made for that family to travel to see the child, or are they on their own.

Paul Roningen: Typically we are encouraging families to go and visit their kids out of state, I believe there are some funds in the counties that would help with that travel cost. Our social workers are required to visit on a monthly basis, so there is some connection with the kids who are out of state, not as much as I'd like, but there are those kinds of accommodations.

Representative Koppelman: You talked earlier about a federal law, that perhaps indicated that there is a preference for some sort of proximity, or requirement be met, whether it is across state laws, is that a federal law or rule, or where is that.

Paul Roningen: The Adoption State Families Act, which was passed in the early '90s, in fact requires us to take a look at proximity of placement for kids' care. We do have federal audits that occur. Federal reviewers come through the state of ND and evaluate us on that. We are doing regional reviews annually for about 80 kids through the state on that, one of those elements is proximity and we will have the feds back in 2007, again reviewing the state of ND on the Adoption State Families Act, and proximity of care is one of the elements.

Representative Koppelman: You say that the law requires you to take a look at proximity. What is the weight of that consideration.

Paul Roningen: We look at whether or not the child has been given services in their home to maintain placements, if we get into placements, does the facility meet their needs, do they have treatment teams that are responding to the mental health needs of the family and children, same with foster parents.

Representative Klemin: What is the magnitude of the issue, we see that there are 80 kids placed out-of-state, is that a large number compared to the whole population that is placed in the state of ND.

Paul Roningen: We do have 80 kids out-of-state, of those 80 kids, 26 are out-of-state in a family home..

Representative Klemin: No, I am wondering how that compares to the number of in-state placements, so that I get some idea of the magnitude of the 80 is compared to the whole population in placement.

Paul Roningen: We have approximately 1100 children that we pay for care on. The point is, when we do the RFP, and get the 16 beds developed for sexual offenders, we would see that

out-of-state placement rate drop. We have also had a tremendous impact of the meth on facilities in state, where the placement of kids have filled up our facilities and homes, there's much more pressure on our foster care system. I testified to the appropriations committee earlier, that in the past three years, our number of foster care kids that we pay on per month, has gone up by 108 youth, and our child population is going down.

Representative Maragos: Thank you. Any further testimony neutral.

Brian Quigley, Director of Mountrail County and Burke County Social Services: When I make a decision to take custody of a child, there is a need to move and not move slowly. When I place them, I have to place them in an assessment center if I am looking for a residential facility, and so I'm going to be paying anywhere from a \$100-300/day with no match, all county dollars. As I sit and wait for a residential facility to decide if they are going to take them, the counties are paying, so to make that process any more cumbersome, than it is already, is a problem, but we work with it. I place kids with the facilities that respond quickly, because that is where I can get the kids into. The other thing is that I am one of the counties with an out-of-state placement. That's primarily because of the family lives in that state. The kid was picked up with their mother at a meth lab, happened to be on Highway 2, never lived in Mountrail County. We are going to place where the family is at, and the family is in a different state. That's necessary and right. The other thing is with family choice. Every time we make a decision, we sit down with the family and find out where the best place is for them and the child. We don't make the decisions lightly. When we make an out-of-state placement, it takes a long time to get through the process. The counties are doing everything possible to place children locally.

Representative Maragos: Thank you. Further testimony neutral.

Carlotta McCleary, Executive Director of the Federation of Families for Children's Mental

Health: We are a non-profit organization that works with children and their families. The children have emotional, behavioral and mental disorders (see pamphlet). We need to have the children as close to the family as possible and receive appropriate treatment as possible.

Representative Maragos: Thank you. Further neutral testimony.

Jim Jacobson, Director of Protective Services for ND Protection & Advocacy Project:

(see written testimony) neutral on this bill.

Representative Koppelman: Mr. Roningen testified earlier that proximity is part of the decision making process. Is the question of whether the facility is in-state or out-of-state, part of the picture at all now.

Jim Jacobson: Certainly, in the cases we are already involved in now, there is always a process of looking at whether or not the services are available in the state. The issue of family involvement is important. We've worked with children who are identified as in need of residential placement. But we've seen therapeutic foster homes very successful, and effectively meet the needs of those children. The residential placement might be 200-300 miles away from the parent home, the therapeutic foster home is 40-50 miles away. When a child is transitioning back into the home for reunification, I don't think that crossing the state line, has the kind of emotional effect on them, that going from a residential setting to trying to go back into the home. Successful family reunification is the far more economical outcome than going back and forth from one treatment center to another.

Representative Maragos: Thank you. Further testimony in opposition to HB 1486.

Chairman DeKrey: (directed to Al Lick) Can you give me just a brief snapshot of what the process is for a kid being placed in a facility. How often are we placing them, when we've actually got room in the state, but we haven't got the right kind of room.

Al Lick, Director of the Division of Juvenile Services: We do an extensive risk needs assessment on every youngster, which includes a home assessment, school assessment, and behavior assessment. Then our new assessment deals not only weaknesses, but also with the strengths of the youngster and the family. With that in mind, we determine where the youngster needs to go. Before someone would go out of state, as mentioned previously, if a placement is in need, we look to get as close to the family as possible. Then, sometimes you just look for a placement, then there are times when we know that the services in-state are not going to be there, then we call and get our list, and talk to the different facilities that we know could be close; if they give us the denial and will not take the child, then the youngster is placed out of state. On any given day, we have between 14-17 kids out of state. The largest majority of those are sex offenders, that can't be treated in state and then the next largest group would be mental health kids who are very violent, that can't get treatment in-state. So those are the two big groups. Then there are some specialty kids, fire starters, specialty behaviors that we can't get treatment for in ND.

Chairman DeKrey: You're satisfied that every effort is made to keep them in state if possible.

Al Lick: We do everything in our power to keep every youngster in state if we can.

Chairman DeKrey: How are we for capacity right now.

Al Lick: Comfortable capacity at the Youth Correctional Center is 100, I think yesterday we were at 88. The thing is that even a violent mental health youngster is difficult for us to treat at

the correctional center. We are more of a facility that gets behavior under control, and then the mental health youngster can go to one of the residential treatment facilities in-state. The ones that go out-of-state, they can't handle them either, and so that's why those mental health kids go out of state.

Chairman DeKrey: I know from interim studies that we've done that many states come to ND to see how a program should be run. We're kind of the star, we've had several states tell us that and we know that you spend a lot of time working with other states. I don't know if we will get a chance during this session or not, but we would like to bring them out and show them the facility.

Al Lick: That would be great, we would be glad to have you.

Representative Koppelman: We've heard during testimony, about the influence or importance that the family has on these kinds of cases. Are most families supportive or no family involvement.

Al Lick: I would say that 99% of our kids, no matter how bad their family is, they want to go back there. That's just something that is inside of us, that pulls us back to the family. One of the beauties of our system, with the case managers, is while the youngster is in placement, the case manager can be working with the parents and we can work with them to try and resolve some of their issues, such as with drug or alcohol problems. We try to work with the families as much as possible, sometimes the separation is good for both the youngster and the family, and they find out that there are really a lot of important things that they've been missing. Without the family getting involved, a lot of times the youngster coming back a lot better off, but the family isn't as well off as they should be. If they aren't cooperative, that gets to be a very difficult thing. There are a small number of youngsters who, it is determined, shouldn't go back to the home. Then we

work with independent living, developing skills so that the youngster can go on, whether it be a vocation or find a job, or go to college.

Representative Maragos: Thank you. Any further testimony on HB 1486. We will close the hearing.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

House Judiciary Committee

☐ Conference Committee

Hearing Date 2/2/05

Tape Number	Side A	Side B	Meter #
3		xx	30-46.5
Committee Clerk Signature <i>Alawn Penrose</i>			

Minutes: 13 members present, 1 member absent (Rep. Maragos).

Chairman DeKrey: What are the committee's wishes in regard to HB 1486.

Representative Meyer: I move the amendments put in with the testimony.

Representative Kingsbury: Seconded.

Chairman DeKrey: Motion carried.

Representative Meyer: I move a Do Pass as amended.

Representative Delmore: Seconded.

Discussion followed.

Representative Koppelman: I call the question.

6 YES 7 NO 1 ABSENT MOTION FAILED

Representative Koppelman: I move a Do Not Pass as amended.

Representative Kingsbury: Seconded.

8 YES 5 NO 1 ABSENT DO NOT PASS AS AMENDED CARRIER: Rep. Kingsbury

FISCAL NOTE

Requested by Legislative Council
03/14/2005

Amendment to: Engrossed
 HB 1486

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

HB_1486 enacts a new section to chapter 27-20 of the ND Century Code, relating to placement of juveniles in in-state residential care or treatment facilities. This bill would require all juveniles in need of residential treatment or care be placed in in-state facilities unless the appropriate treatment or service cannot be provided by in-state providers. No fiscal impact.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Brenda M. Weisz	Agency:	DHS
Phone Number:	328-2397	Date Prepared:	03/15/2005

FISCAL NOTE
Requested by Legislative Council
02/08/2005

Amendment to: HB 1486

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

HB_1486 enacts a new section to chapter 27-20 of the ND Century Code, relating to placement of juveniles in in-state residential care or treatment facilities. This bill would require all juveniles in need of residential treatment or care be placed in in-state facilities unless the appropriate treatment or service cannot be provided by in-state providers. As amended this bill would require the counties to report to the department of Human Services the efforts made to place children needing treatment services in state and reasons why out of state placements were chosen.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	02/09/2005

FISCAL NOTE

Requested by Legislative Council
01/19/2005

Bill/Resolution No.: HB 1486

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

HB_1486 enacts a new section to chapter 27-20 of the ND Century Code, relating to placement of juveniles in in-state residential care or treatment facilities. This bill would require all juveniles in need of residential treatment or care be placed in in-state facilities unless the appropriate treatment or service cannot be provided by in-state providers. No fiscal impact.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	01/20/2005

House Amendments to HB 1486 - Judiciary Committee 02/04/2005

Page 1, line 3, after "facilities" insert "; and to provide for a report"

Page 1, line 7, after the boldfaced period insert:

"1."

Page 1, after line 10, insert:

- "2. The admission criteria for a state facility must include a requirement that the county of referral consider all appropriate local or regional placements and exhaust potential in-state placements in the geographic region. The county agency shall state on the record that this effort was made and placement was rejected before ordering a placement or commitment in an out-of-state facility. The county agency shall determine whether the child meets the established admission criteria for an in-state facility. If the child meets the admission criteria, the county agency shall place the child at a state facility, unless the agency makes a finding on the record that the safety of the child or the safety of the community is best met by placement in an out-of-state facility.
3. A county agency that places a child in an out-of-state facility shall report the following information to the department of human services:
 - a. The out-of-state facility at which the child was placed and the reasons for the placement;
 - b. The in-state facilities at which placement was considered;
 - c. The reasons for not choosing an in-state facility;
 - d. The reasons why the child did not meet the established admissions criteria for in-state facilities; and
 - e. If the child met the admission criteria, the reasons why the safety of the child or the safety of the community could not be met at an in-state facility.

SECTION 2. REPORT TO LEGISLATIVE COUNCIL. The department of human services shall compile the child placement information received from the county agencies pursuant to subsection 3 of section 1 of this Act. Before July first of each year, the department shall report this information, together with facility placement and education costs, to the legislative council."

Renumber accordingly

Date: 2/2/05
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1486

HOUSE JUDICIARY COMMITTEE

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended

Motion Made By Rep. Meyer Seconded By Rep. Delmore

Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey		✓	Representative Delmore	✓	
Representative Maragos	A		Representative Meyer	✓	
Representative Bernstein	✓		Representative Onstad	✓	
Representative Boehning		✓	Representative Zaiser	✓	
Representative Charging		✓			
Representative Galvin		✓			
Representative Kingsbury		✓			
Representative Klemin		✓			
Representative Koppelman		✓			
Representative Kretschmar	✓				

Total (Yes) 6 No 7

Absent _____

Floor Assignment Failed

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

Date: 2/2/05
Roll Call Vote #: 2

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1486

HOUSE JUDICIARY COMMITTEE

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Not Pass as Amended

Motion Made By Rep. Koppelman Seconded By Rep. Kingsbury

Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey	✓		Representative Delmore		✓
Representative Maragos	A		Representative Meyer		✓
Representative Bernstein	✓		Representative Onstad		✓
Representative Boehning	✓		Representative Zaiser		✓
Representative Charging	✓				
Representative Galvin	✓				
Representative Kingsbury	✓				
Representative Klemin	✓				
Representative Koppelman	✓				
Representative Kretschmar		✓			

Total (Yes) 8 No 5

Absent 1

Floor Assignment Rep. Kingsbury

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

REPORT OF STANDING COMMITTEE

HB 1486: Judiciary Committee (Rep. DeKrey, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO NOT PASS** (8 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). HB 1486 was placed on the Sixth order on the calendar.

Page 1, line 3, after "facilities" insert "; and to provide for a report"

Page 1, line 7, after the boldfaced period insert:

"1."

Page 1, after line 10, insert:

- "2. The admission criteria for a state facility must include a requirement that the county of referral consider all appropriate local or regional placements and exhaust potential in-state placements in the geographic region. The county agency shall state on the record that this effort was made and placement was rejected before ordering a placement or commitment in an out-of-state facility. The county agency shall determine whether the child meets the established admission criteria for an in-state facility. If the child meets the admission criteria, the county agency shall place the child at a state facility, unless the agency makes a finding on the record that the safety of the child or the safety of the community is best met by placement in an out-of-state facility.
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Renumber accordingly

2005 SENATE HUMAN SERVICES

HB 1486

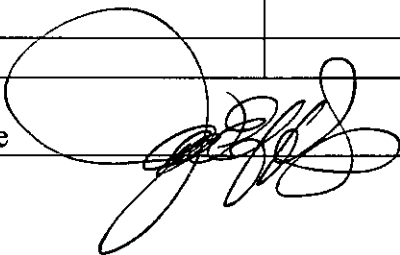
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 2, 2005

Tape Number	Side A	Side B	Meter #
2	x		0 - 3100
2		x	3949 - 4620
Committee Clerk Signature 			

Minutes:

Chairman Judy Lee opened the hearing on HB 1486, a bill relating to placement of juveniles in in-state residential care or residential treatment facilities. All members were present.

Representative Froelich introduced the bill. The bill says if we need to place kids, lets place them in North Dakota first. In his district they have one of these homes and he has seen the kids that are placed in rural North Dakota. One of the kids told him they can't run away, there is no where to run. Its good for the kids to get them out in the country and away from the environment where they had their problems. Some of these youth have been out to his ranch , working and riding horse, over the course of two or three months, there is a change in the kids, they see things in a whole new light. Lets buy North Dakota first.

Representative Kerzman testified in favor of the bill. (written testimony, attachment 1) (meter 212) He serves on the appropriations committee and they ask for efficiencies. When kids are placed out of state, the average cost is \$190/day and in-state the costs average \$140/day. There

are 80 children placed out of state and you wonder why. Some are as far away as Mesabi, Minnesota. We like to utilize what we have in-state. He is familiar with two residential child care facilities and they do a tremendous job and a tremendous service to the state. They try to step up and provide services and we have to try to keep them as full as we can. The occupancy rates have been running 80 - 90% which is good but we should try to bring a few of those children back and provide services in our state. These are very needed services, most of the cases are court ordered, they have some baggage, it is difficult to get them into foster care or adoptive services. They are not reimbursed at actual cost. When they are placed out of state, the rate is not negotiable like it is in-state. Most of the facilities in North Dakota are non-profit. In the House they amended it, at their request, to include the counties and included a reporting mechanism. It is good to have something like this in code so we know where we are at. If you look at what has happened at our facilities, the equine treatment, the outdoors, has done wonders for these kids. He has seen many success stories. The department does a pretty good job on most of the placements. We are trying to realize what we have in the state. There were some concerns in the house and it came out of committee with a do not pass, 8 - 5. Their major concerns, they thought the language was too stiff. They did get it passed on the floor. They have no problems if the committee wants to soften the language.

Senator J. Lee asked if it is more important to have the child close to the parents so they can participate in the child's life and care, or would it be more important to have them in an in-state facility.

Representative Kerzman said that depends on the family situation. A lot of times they are better off far away from the family. If you have a family that wants to be involved, it is good to

keep them close by. The kids referred to Minnesota are hard sexual cases and they have to be sent out, we don't have that treatment here.

Senator J. Lee asked if he was OK with allowing some latitude, depending on the needs of the family.

Representative Kerzman said yes. The facilities and department both check on the family situation before reestablishing them so we don't put them back into a hostile environment.

Senator Dever asked if he knows how many out of state residents come here for treatment. We have about 290 beds in the state. There are a few out of state kids here.

Senator Krauter testified in favor of the bill.. (meter 811) (written testimony attachments 2 and 3) Since the bill was drafted, it has been a good work in progress. It needs to be set up in statute so we have some guidelines and there is no finger pointing. Attachment one shows out of state placements in 2004. There are legitimate reasons for a juvenile to be placed out of state, the three common ones are sexual offenders, mental health cases, close proximity to family. From the financial side of it, there is a larger cost out of state, it could be because of a higher level of treatment. In North Dakota residential treatment facilities occupancy ranges from 100% to 49.9%. Some could be improved if we put a system in place. The overall average daily rate for out of state placements is \$192 and in state the average is \$143.83. These numbers are from department testimony. If we can buy North Dakota, lets do it, if we can't , lets buy somewhere else. The department will say they do there best, they have reasons for doing what they do and he doesn't necessarily dispute that but he would like to see something is statute.

Dave Marion, Prairie Learning Center, Raleigh, North Dakota, testified in favor of the bill.

(meter 1215) Kids come to Prairie Learning Center with a wide variety of scenarios, different

family and community situations. The Department of Human Services has guidelines in place in many cases and he would like to see it in code so they have the accountability across the board. Kids that are placed out of state have severe problems and we do not have predatorial sex offenders programs in-state. There are kids that can't be served in-state or that have burned their bridges and he says lets get them back to North Dakota. He isn't saying to close the borders, what is in the best interest of kids will always be the bottom line. We don't all of a sudden need to start filling beds because we want to buy North Dakota but we do need to utilize the resources we have. If we don't have the resource then lets get the best service for that kid. Is it in the best interest of that kid to be moved away from family? Sometimes yes. That is why they rely on referring agents to help decide what is best for each child. Sometimes the parents need to work on their problems before they can help their children with their problems and in the meantime their children can be in a safe environment. Many times a child will be relieved to be at Prairie Learning Center. He is very open to holding providers accountable as well. He has a lot of passion for and pride in what they do at Prairie Learning Center. He wants to make a difference for kids.

Senator J. Lee asked how they are licensed.

Mr. Marion said through Department of Human Services, they are licensed for boys ages 10 - 18. They go through a license review every year.

Senator J. Lee asked if they are licensed as a residential child care facility?

Mr. Marion said yes.

Senator J. Lee asked about the staff, are they licensed?

Mr. Marion said they have different levels of staff, case managers, social workers, addiction counselors that run low and high intensity out patient programs and help with family work as well and resident specialists, child care workers, cooks, the whole gamut.

Senator J. Lee asked what is the average length of stay.

Mr. Marion said with the addition of their drug and alcohol treatment program, their average stay has increased due to the ingrained behaviors and their chemical dependency issues. Their program is based on a 4 1/2 month minimal program with an average stay of 6 to 6 1/2 months.

Senator Warner asked if there are objective measures of recidivism.

Mr. Marion said they have a private person that is analyzing this. They believe a good majority of kids are doing well at 3 months, they are evaluating at 6 months to 1 year. They get feedback that they are making a positive difference with the kids they see.

Senator Dever asked if they receive boys only by referral from government entities or do they have private pay as well?

Mr. Marion said they do have some private pay, the school at Fort Yates is starting to pay for some of that. They do not have very many private pay residents because it is very expensive.

Paul Ronnigen, Director of Children and Family Services for the Department of Human Services, appeared to offer neutral testimony. (meter 2070) This bill addresses accountability. He would like to work with the providers to add additional language to encourage providers to report to legislative council when kids are dismissed from their facilities without completing treatment. The bill requires a report from the Department of Human Services, it would be a collaborative effort, they believe they are accumulating a lot that information on a regular basis.

Senator Brown asked about the differences between in and out of state rates, Senator Krauter had a different number. The in-state rate is \$314, how did he arrive at that?

Mr. Ronnigen said he believes his staff took an average.

Senator Brown said he only found one where the rate out of state is more than the in state rate.

Mr. Ronnigen said there are variables, sometimes the out of state rate is less, sometimes vice versa. The information in testimony on HB 1110 today really demonstrates the need to develop programs for sexual offenders.

Senator Warner asked if a child is kicked out of a program, who takes custody, he assumes they don't get a one way bus ticket to their home town.

Mr. Ronnigen said the children who go into these facilities are under the custody of either the county or juvenile services. The facility will call the case worker who will place the child somewhere else. There is a lot of activity that goes on.

Senator Lyson said he is going to editorialize. Whenever we get into a situation like this, when they are trying to help children at risk and we have nothing but problems with Human Services. There are children they have to keep under control and we can't lock doors. Human Services is a nightmare.

Senator J. Lee said it not all things that are made up by Human Services, they have to function under other rules. She recognizes the challenges. In assisted living and long term care, when her dad was being cared for and he would leave and there was no way they could lock the door. That is a tough one.

Senator Warner asked how many out of state and in state clients they have.

Mr. Ronnigen said he doesn't know, it is a handful of out of state, 10 or so. He will find out who those children are and categorize them.

Kathy Hogan, Director of Cass County Social Services, appeared to provide neutral testimony. (meter 2754) This bill reflects current practice. Placing a child in-state is so much easier than placing them out of state. They are not actively trying to place out of state. Her two worries about the bill are under #2, must exhaust in-state placements. They will look at the needs of the child but they need some flexibility in placing kids. You are often in a crisis, when you have a failed placement you might only have two or three days notice and the amount of work to do an out of state placement is incredible. The reason they do out of state placements is for very high needs, sexual offenders, dual diagnosis, residents of the state hospitals. This will also require one more piece of paperwork, one more underfunded mandate. Its not a bad practice but it reflects current practice already.

Senator J. Lee said one reason we might be looking at a higher average daily rate for out of state is we are looking at a higher level of services.

Ms. Hogan said another issue is there are vacancies in Williston but she would be more likely to use Fergus Falls because it offers a closer location for family and support members.

Chairman Judy Lee closed the hearing on HB 1486.

Chairman Judy Lee opened the discussion on HB 1486 (tape 2, side B, meter 3949). This is the bill that we need to add less harsh language about in state residential care and treatment facilities being used, the particular concerns were in lines 13 and 14 where it talks about exhausting potential in state placements, it means more paperwork.

Senator Warner said the language in line 10 contradicts the language in line 14.

Senator J. Lee said it might be helpful to see what was said in the first place, she asked the intern to look up the amendment from the House. Perhaps the original language is better.

Senator Dever said Representative Froehlich said we really need to talk to Representative Keiser on this, he was on the board of directors of Charles Hall.

Senator J. Lee asked if the concern is about under utilization of in state facilities.

Senator Dever said the bill came out of committee in the House with a do not pass and Representative Keiser stood up on the floor and made some really strong points.

Senator Brown said this came out of the committee do not pass?

Senator Dever said that is what they said in the House.

Senator Brown said he was on the board of Charles Hall Youth Services years ago.

Senator Warner said he has heard some anecdotal complaints that the Department of Human Services has some very comfortable personal relationships with Mesabi in particular.

Senator J. Lee said Mesabi is one of the facilities that treats gross sexual issues and we don't have a facility that can to that in the state. The amendment was adopted by Judiciary on the House side. She would not feel bad if the bills goes down.

Senator Dever said he is all for supporting North Dakota but he would not want to make the services to a juvenile secondary to location.

Senator J. Lee asked how many state facilities do you have to contact to figure out there is no placement in the state and in the meantime, the child is waiting for placement.

Senator Warner said if we eliminate the exhaust language in line 13, it will take care of it. The child needs to be placed first.

Page 9

Senate Human Services Committee

Bill/Resolution Number HB 1486

Hearing Date March 2, 2005

Senator J. Lee asked what he thinks about deleting the whole amendment.

Senator Warner said if we do that there is one word that needs to be changed in the original bill, the must on the last line.

Senator Brown said he would like to know what Representative Keiser had in mind.

Senator J. Lee asked Senator Brown to talk to Representative Keiser and she will talk to Representative DeKrey.

Chairman Judy Lee closed the discussion on HB 1486.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 7, 2005

Tape Number	Side A	Side B	Meter #
2	X		22.3 - 24.6
		X	1.8 - 10.7
Committee Clerk Signature <i>Janet James</i>			

Minutes:

Senator Judy Lee, Chairman of the Senate Human Services Committee opened the committee work on HB 1486 relating to placement of juveniles in instate residential care or residential treatment facilities; and to provide for a report.

All members of the committee were present.

Discussion was held that the children need to be placed in North Dakota facilities first and for most and then only placed out of state when the treatment is the most appropriate. The importance of being placed near family and those needs were also discussed. Smaller facilities would also seem to be more advantageous for treatment.

Tape 2, Side B, 1.8 - 10.7

Senator Lee reopened the committee work on HB 1486 asking the committee for additional direction with the bill.

Senator Dick Dever stated he did not think the committee needs to spell out the Century

Code or encourage them to do that.

Discussion was held as to preference for instate or for out of state. The idea is that if in state facilities are not filled, they will be lost and everyone will be sent out of state.

Senator Lee stated that if the committee wanted to have amendments that weren't as restrictive then the committee needs to get started.

Discussion was held as to if a child should have to travel across the state for placement when they could receive services closer in another state.

Testimony was reviewed by the committee.

The committee reviewed sections of the bill and discussed whether it was micro managing and if this was needed..

Senator Lee asked for the current occupancy rate in the facilities that would be effected by the bill and asked the committee if there was any other information the committee would like in order to further work on this bill. Hearing non Senator Lee closed the discussion on HB 1486.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 8, 2005

Tape Number	Side A	Side B	Meter #
2	x		0-2260
Committee Clerk Signature			

Minutes:

Chairman Lee reopened discussion on HB 1486. All members were present except Sen. Dever who had a family emergency.

The committee went over Paul Ronnigen's (attachment 1) There was a general discussion on his information. Chairman Lee asked Carlee to call Paul Ronnigen and ask him if the overall daily rate of \$192 a day in just for residential treatment or are there any kids in residential child care.

Sen. Warner: Is there a period when residential treatment is higher, like the return to school because it triggers an investigation because something had gone wrong during the summer?

Dave Marion, Prairie Learning Center, Raleigh, North Dakota: It does have a flow. They make a big push in May that they want to get them home, they want to get them home to spend the summer vacation months at home. At the same time, you see once schools hits, you start to see the truancy and some of the school acting out. Then the referrals start to pick up.

Sen. Warner: What is your peak month?

Marion: One would be in the late fall, usually.

Sen. Warner: So you tend to get your referrals from schools?

Marion: Yes, once they're put into the school structure, we start to see problems, hence we get the referrals.

Sen. Lyson: Transportation from middle part of September to latter part of October was very high, then it would taper off until after Thanksgiving. After Christmas until middle January, it was sky high. They can't stand to live with that kid in there.

Chairman Lee asked the committee what they wanted to do.

Sen. Brown: I don't see a need for the bill. I think the occupancy rates are pretty good. The outfit that Rep. Keiser is worried about has a 93% occupancy rate.

Sen. Lyson: I think what we're seeing with these occupancy rates...I'm getting all kinds of complaints and I know others are too, that there is more kids getting shipped away and not being...I think we have a problem.

Sen. Brown: It hasn't been proven to me yet that we have a problem. There is a problem, especially if you read the testimony, in the area of sexual offenses, which is found that those are the ones that are going out of state and its on the increase, so there would be more going out. I don't know that, in fact, the numbers are going up.

Chairman Lee: We had that testimony from House appropriations about who the kids are that are going out of state and what their situations are.

Sen. Lyson: I guess, if there's not a problem, what would the bill hurt?

Chairman Lee: The parts of the bill that would hurt are subsections two and three. I have less of an issue with subsection one. But I think that some of the paperwork that requiring two or three is kind of onerous.

Sen. Warner: The original bill, before it was changed, amended in the Senate was solely subsection 1. I wouldn't have any problem amending it back to that.

Chairman Lee: I would have a higher comfort level with the bill if it were only subsection one.

Sen. Warner: I think in our discussion, didn't we have that on the floor today, I think 1108, there's language there about addressing a study of whether it's possible to bring sexual predators back into the state, wasn't there?

Sen. Lyson: Reading this, I have no heartburn over taking out two and three.

Chairman Lee: Could we revert to the original bill?

Sen. Lyson: The original bill is exactly what we want. We want to see if we can fill up our own places before we start shipping them out. Then it gives you the exception of certain things here.

Sen. Brown: The words 'appropriate treatment' I think is very important.

Sen. Warner: I think the words 'timely manner' too are covered in section one. It replaces the emphasis that it needs to be done in a way that fits the child.

Chairman Lee: I think has to be more important than whether it's on this side of the boundary or another.

Senator Brown moved DO PASS the amendment (that we take out subsection 2 and 3 and section 2, seconded by Senator Warner.

Sen. Lyson: I'm thinking about section 2, I not sure that's a good idea.

Chairman Lee: That's the one that gives me the most problem.

Sen. Brown: That's micro managing

Sen. Lyson: Sometimes people need to be micro managed.

Sen. Brown: I disagree.

Chairman Lee: What's education costs mean?

Sen. Lyson: Depends on where you're at. And what they are; if they have to have...your school board gets charged for that education from that school your child is going to. I'm not so sure that that isn't a good portion of this bill. I don't think it hurts them to fill out a report and send it to legislative council.

Chairman Lee: How would you feel about a sunset on it then, so we can see what can if it's valuable information and it can go on forever we just reevaluate it every year?

Sen. Lyson: If that's what it takes, I don't have a problem with a sunset because if we can sunset it to 2007 so we can see what kind of information we received and if it's necessary we can put it back in 2007, and if it isn't necessary and if it isn't good enough information that will do us any good, we let the sunset take its course.

Sen. Warner: Do you have feelings on the language in the line 11 'first of each year' do we need to have it twice during the interim.

Chairman Lee: Or would one interim report be adequate?

Sen. Lyson: We could have two of them because they could do it for the year we're in right now, July 2005 and have another one July 2006 so we'd have two to compare.

Chairman Lee: Wouldn't you rather have it right before the end of the interim committee meetings so that it could be reported to an interim committee meeting?

Sen. Lyson: If we left this in there, they would make a report off July 2005, or would they? This wouldn't be going into effect until August 1, 2005, so they wouldn't do it this year, would they?

Chairman Lee: We could tell them how much time we want covered but do we really need two different reporting periods?

Sen. Lyson: No.

Sen. Brown: Couldn't we just ask them for a report? Does it have to go into statute?

Sen. Warner: And they're really good about it.

Sen. Brown: This micro managing is for the birds.

Sen. Lyson: I like micro managing. If we do something like this maybe we'll get a good report. If we ask them for something, I'm not sure what we're going to get.

Chairman Lee: Actually, in the 10 years I've been working with the department, they've gotten better and better about responding to these kinds of things we're requested.

Sen. Lyson: I've worked with them too.

Chairman Lee: We have an amendment on the floor right now, let's act on it which would delete subsection 2 and 3 and section 2.

Sen. Lyson: I'd ask to have it resisted so that we can keep section 2 in there.

Chairman Lee: Would you prefer to divide the question?

Sen. Lyson: If that's what it takes.

Chairman Lee: Is Senator Lyson moving that we divide the question and that the first section that we would be voting on would be subsection 2 and 3 and the second portion would be section 2?

Sen. Lyson: That would be my motion. Seconded by Senator Warner

VOTE: 5 yeas, 0 nays 0 absent

Chairman Lee: Now we will vote on deleting section 2.

Sen. Lyson: I don't see any reason for that not to stay in there if we put a sunset clause on it, then we can do that after..if we can see if we can get that in there, I would make a motion then to put a sunset on it, but there's no reason to put that on there until we find out if this is going to stand.

VOTE: 3 yeas, 2 nays, 0 absent

Senator Warner moved to further amend, place a sunset clause on section 2, seconded by Senator Lyson.

VOTE: 4 yeas, 1 nay 0 absent

Sen. Warner: My understanding is that we're in trouble if Senator Dever votes no on the sunset and yes

Chairman Lee: The sunset would be July 1, 2007.

Chairman Lee adjourned the meeting.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 9, 2005

Tape Number	Side A	Side B	Meter #
2	X		5370-END
		X	1-400
Committee Clerk Signature <i>Cathy Nivens</i>			

Minutes:

Chairman Lee opened the meeting on HB 1486. All Senators were present

Action taken:

Senator Dever missed a vote previously on this bill. He voted yes on deleting subsections 2& 3 from the bill, resulting in 5-0-0 being the final vote.

Senator Dever also voted yes on the sunset clause on subsection 2, resulting in the final vote being 4-1-0.

Senator Warner made a motion to delete section 2 with the sunset clause. Seconded by Senator Lyson. The vote was 3-2-0, with section 2 and the sunset clause being deleted from the bill.

Senator Dever made a DO Pass as Amended Recommendation for the bill. Seconded by Senator Warner. The vote was 4-1-0. Senator Dever was the carrier of the bill.

Chairman Lee closed the hearing on HB 1486.

Date: 3-8-05
Roll Call Vote #: 14

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. H 31486

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass edit out amendment

Motion Made By Sen Brown Seconded By Sen Warner

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman			Sen. John Warner		
Sen. Dick Dever - Vice Chairman					
Sen. Richard Brown					
Sen. Stanley Lyson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Take out sub 2 & 3 & Sect. 2

Did not vote

Warner

Date: 3-8-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass ~~Bill~~ delete subsect 2 & 3 & sect 1

Motion Made By Sen Lyson Seconded By Sen Warner

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment _____

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

Deleting subsections 2 & 3

Date: 3-8-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass - Delete Sect 2.

Motion Made By Braun Seconded By Warner

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner		✓
Sen. Dick Dever - Vice Chairman					
Sen. Richard Brown	✓				
Sen. Stanley Lyson		✓			

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Delete Sect 2

Date: 3-8-05
Roll Call Vote #: 3

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1486

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass - sunset on Sect 2

Motion Made By Warner Seconded By Lyson

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown		✓			
Sen. Stanley Lyson	✓				

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Sunset clause on sect 2
7/1/07 = sunset

Proposed Amendments to HB 1486

Page 1, line 8, remove "1."

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 13

Renumber accordingly

Roll Call Vote #:

AB 1486

Committee

Action Taken

Warner

Lysan

[illegible]

Total (Yes) 3 No 2

Absent 0

Floor Assignment _____

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

Date: 3-9-05
Roll Call Vote #: _____

Roll Call Vote #: _____

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. *HB 1486*

Senate · Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken

Motion Made By

Seconded By

[illegible]

Total (Yes)

No

Absent

Floor Assignment

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

REPORT OF STANDING COMMITTEE (410)
March 10, 2005 3:21 p.m.

Module No: SR-44-4700
Carrier: Lyson
Insert LC: 50729.0202 Title: .0300

REPORT OF STANDING COMMITTEE

HB 1486, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (4 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed HB 1486 was
placed on the Sixth order on the calendar.

Page 1, line 3, remove "; and to provide for a report"

Page 1, line 8, remove "1."

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 13

Renumber accordingly

2005 TESTIMONY

HB 1486

House Appropriations Committee
Questions for CFS from the Overview Testimony
January 17, 2005

1. What is the rate for out of state placements (CFS)?

The overall average daily rate for out-of-state placements is \$192.00 per day (See Attachment A). The average daily rate for North Dakota residential treatment centers (RTC) is \$314.29 while the average daily rate for North Dakota residential child care facilities is ~~\$143.83~~.

2. Why is the number of kids placed out of state going up and what are the ages of these children?

Overall, the number of children requiring foster care has increased by 108 from 2001 to 2004 thus putting demands on our current treatment options. In addition, the number of youth requiring treatment for sexual offenses is also up. Currently, North Dakota has 80 youth out of state. Of these 80 children, 26 are in family foster care and the remaining 54 children are in residential placement. Twenty four (24) of the children in out of state residential placement are there due to sexual offenses, five children are placed due to proximity to family while the other 25 have mental health, chemical and/or behavioral issues. The Department screens every child prior to an out of state placement before allowing the placement to take place.

Out of State Foster Care Placements for 12/04

Children in family foster care	26	
Children in Residential Care	54	
-sexual offenses	24	
- proximity to family	5	
-behavior/chemical/mental health issues	25	Total Number of children placed out of state
		80

FOSTER CARE AVERAGE CASELOADS

	2001-2003 Biennium Average	2003-2005 Biennium-to-Date Average	2005-2007 Budget
Family Homes	659	670	675
Increase over Previous Biennium		2%	1%
RCCF/RTC/GH	378	413	450
Increase over Previous Biennium		9%	9%

OUT OF STATE FACILITY PLACEMENTS
AS OF 11/30/04

FACILITY	# OF YOUTH	DAILY RATE/RANGE
Ruth Dykeman, WA	1	\$212
Secret Harbor, WA	1	\$276
Chamberlain, SD	1	\$102
Bar None, MN	6	\$149-255
St. Cloud Childrens Home, MN	2	\$179
Catholic Charities, MN	5	\$226-305
Kairos, MN	2	\$134
Dakota House, SD	4	\$150-160
McLeod Treatment, MN	1	\$162
Millelacs, MN	1	\$228
A Kids Hope, CO	1	\$130
Cleo Wallace, CO	5	\$130-240
Springfield, SD	1	\$102
Valley Lake, MN	1	\$114
St. Joseph's, MN	1	\$195
Mesabi, MN	13	\$187-227
Harmony Hills, RI	1	\$205
Woodfield Center, SD	1	\$160
Northwood, MN	9	\$158-179
TOTAL	57	

AVERAGE DAILY RATE = \$192

Sen Kravitz

MAINTENANCE/SERVICE DAILY RATES GROUP/RCCF'S

(As of 12/31/04)

Licensed Group/RCCF's			(As of 12/31/04) Daily Maintenance Rate			Daily Service Rate		
Facility	Occupancy Rate	# Beds	Effective Date	Daily Rate	DHS Reimbursement	*Facility Service Costs	Time Period	
Centre - Grand Forks	100%	8	04/01/04	\$103.51	\$3.29	\$3.29	FYE 9/30/03	
Charles Hall Youth Services -- Bismarck	93.1%	27	07/01/04	99.84	11.51	13.56	FYE 12/31/03	
Dakota Boys Ranch RCCF	90.9%	39	01/01/04	159.67	** 20.49	19.97	FYE 06/30/03	
		12	01/01/04	159.67	11.51	19.97	FYE 06/30/03	
		10	01/01/04	159.67	11.51	19.97	FYE 06/30/03	
		8	01/01/04	194.42	.24	.24	FYE 06/30/03	
Eckert Youth Home - Wisconsin	80.7%	16	07/01/04	124.18	11.51	32.73	FYE 12/31/03	
Harmony House	76.5%	7	01/01/04	85.60	11.51	17.29	FYE 06/30/03	
Home on the Range	89.2%	79	10/01/04	107.76	11.51	14.54	FYE 09/30/03	
Oppen Home - Minot	76.9%	7	01/01/04	139.71	11.51	22.08	FYE 06/30/03	
Prairie Harvest -- Grand Forks	68.6%	8	07/01/04	163.99	8.94	8.94	FYE 12/31/03	
Prairie Learning Center	94.5%	50	07/01/04	94.93	11.51	14.32	FYE 12/31/03	
New Outlooks		10	No rate established by NDDHS. (Used primarily by school districts for boarding care.)					

*Department computation

** Medicaid (Title XIX) was not able to continue to pay sex offender treatment. Therefore the Department lifted the cap (1/2004) to ensure that this service would continue in North Dakota.

13
51
44

Licensed RTC	Occupancy Rate	# Beds	Effective Date	Daily Room & Board (FC)	Daily Rehab Rate	Total
1 Pride - Manchester House - Bismarck	100%	8	09/01/04	\$88.02	\$372.24	\$460.26
2 Ruth Meiers House - Grand Forks	71.42%	12	05/01/04	66.08	186.78	252.86
3 Luther Hall - Fargo	99.16%	16	01/01/04	44.69	210.13	254.82
4 Dakota Boys Ranch - Minot RTC	89.28%	16	03/01/04	69.58	235.44	305.02
5 Western Plains - Bismarck	89.85%	16	03/01/04	97.23	245.71	342.94
6 DBR Fargo RTC	77.35%	16	01/01/04	61.64	208.08	269.72
Total						84

1/1/05

OUT OF STATE PLACEMENTS

12/04

DHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In- State Rate	Antic. Length of Placement	Spec. Ed Needs Y/N	Custodian	Bed Avail. Previous Placement
Bismarck	1	8/16/86	M	Mesaabi, MN	3/20/01	ADHD, obsessive compulsive disorder, Tourette's disorder by records, disruptive disorder, NOS. GAF-35 in right structure. Sexually acting out since he was approximately 7 1/2 yrs. Old. Aggressive toward others. Threatened suicide on several occasions. Cited in the past for runaway & assault. Current charges pending for assaulting staff member at the State Hospital, IQ-75	EA	212/ Day	314/ Day	12 Months	Yes	Burling CSSB	(2)RMAC, DBR, Luther Hall (3)State Hospital, RMAC, Manchester House, Dakota House
Dickinson	1	6/2/87	M	Millie Laca, MN	10/1/03	Reactive attachment disorder, paraphilia, NOS. Arithmetic disorder, onset insomnia. Emerging histrionic & dependent traits. History of physical, verbal, emotional & sexual abuse. Discharged from in-state facilities due to his grooming behaviors. Needs sex offender treatment. GAF 31 in structured setting. IQ 102	EA	228/ Day	314/ Day	12 Months	Y	DJS	(3)DBR, HOTR, YCC
Grand Forks	1	9/15/87	M	Mesaabi Academy MN	10/2/03	Sexual disorder, conduct disorder, adjustment disorder, ADHD, parent-child problems. Sexual abuse of child. Two adult convictions for GST. In need of sex offender treatment program. IQ ?	EA	227/ Day	314/ Day	12 Months	Y	DJS	(2)DBR, HOTR (3)YCC
Grand Forks	1	10/29/88	F	Woodfield Center, SD	11/8/04	History of self-harm activities including cutting and head banging. Six suicide attempts in 18 mos. Repeated by family member. Depression, NOS. PTSD. Cluster B traits. Aspergers. Moderate to severe stressors. GAF-35.	EA	160/ Day	314/ Day	9 Months	No	Stark Co.	(1)Luther Hall, RMAC, DBR (2)CHYS, St. Hospital
Minot	1	3/29/91	M	Cleo Wallace, CO	2/13/04	Conduct disorder, childhood onset. Major depressive disorder. ADHD, by history. R/O PTSD. R/O paraphilia, NOS. GAF-40. Sexually abused by uncle. Perpetrated his sister. Needs treatment for his sexual perpetration and sexual victim issues. Father lives in Colorado. Reconciliation efforts planned. IQ 82	FM	240/ Day	314/ Day	12 Months	Y	Ward Co	(3)CHYS, St. A's (2)Pride-Manchester, DBR-Fargo, Luther Hall, RMAC, HOTR, CHYS (3)DBR-TL
Bismarck	1	4/25/88	M	Mesaabi, MN	3/7/03	ADHD, combined type, by history ODD. Pervasive developmental disorder (autism) & respective motor mannerisms, social oddities. Anxiety disorder, NOS. B/O Bipolar disorder, NOS. Problems with primary support group, social environment, legal system, other psychosocial. Sex offending behavior. GAF-50 IQ 85	FM	237/ Day	314/ Day	12 Months	Y	Kidder Co	(1)DBR (2)HOTR (3)Cleo Wallace
Bismarck	1	5/1/87	M	Mesaabi, MN	8/11/00	Depressive disorder, NOS. Reactive attachment disorder (provisional). Anxiety disorder, NOS, with obsessive compulsive disorder features. Sexual disorder, NOS, with fetishism and history of sexual exploitation of a younger peer. ADHD, combined type. Moderate psychosocial stressors. GAF-55; IQ 96	EA	212/ Day	314/ Day	12 Months	Yes	Grant CSSB	(1)Manchester House, RMAC (3)Millie Laca
Dickinson	1	8/17/90	M	Mesaabi, MN	11/2/04	Conduct disorder, child onset type. Generalized anxiety disorder. Sexual abuse of child. Poor peer & family relations. GAF-50. Sexually abused his sister. History of sexually acting out, destruction of property & behavioral dyscontrol. Needs sex offender treatment. IQ - 109	EA	219/ Day	314/ Day	12 Months	Yes	DJS	(1)DBR (3)HOTR
Bismarck	1	7/25/92	M	Dakota House, SD	8/4/04	Bipolar disorder, manic, & ADHD. Needs constant supervision due to potentially dangerous behaviors, such as choking his younger sibling, handling guns, actually inappropriate behavior toward brother and younger child. He's argumentative toward adults & violent behavior toward his mother. He's a victim of sexual abuse. GAF-45 IQ 77	RM	160/ Day	314/ Day	6 Months	Yes	Morton Co.	(1)Manchester, DBR
Dickinson	1	7/17/90	M	Cleo Wallace, CO	3/31/03	RAD, PTSD, ADHD, mood disorder, NOS, parent-child relational problems. GAF-30. Aggressive behavior. Depression, ODD, possible FAE, intolerable behaviors, eating non-material items such as stocking caps, buttons & paper clips & noted to be drinking from the toilet. History of enuresis. History of emotional, physical & sexual abuse. IQ-75	EA	130/ Day	314/ Day	9 Months	Yes	Stark Co	(1)Manchester (2)RMAC, Luther Hall (3)Black Hills Childrens Home, DBR-Fgo

*(1) No bed available; (2) Bed available, not accepted; (3) Actually placed

OUT OF STATE PLACEMENTS

12/04

DHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In-State Rate	Antic. Length of Placement	Spec. Ed Needs Y/N	Custodian	Bed Avail. * Previous Placement
Fargo	I	9/5/87	F	Northwood, MN	1/16/04	Bipolar disorder, NOS. Parent-child relationship problems. Alcohol/marijuana abuse in tentation. Eating disorder, NOS. Borderline personality disorder. Schizophrenia. Family problems with primary support group. Social problems. Multiple psychiatric hospitalizations. GAF-56. History of stealing, hitting, biting, kicking, runaway and threats to harm self and others. Assaultive behaviors. History of sexual and physical abuse.	FM	177/ Day	314/ Day	12 Months	No	Cass Co	(2)DBR, Luther Hall, RMAC (3)St. Joseph, Prairie Psych (3X), DBR-RTC, YCC (2X), DBR Safe Home (2X), Luther Hall
Fargo	I	11/25/88	F	St. Cloud Childrens Home MN	10/7/04	Reactive attachment disorder, bipolar disorder, ADHD, ODD, mood disorder, NOS. Victim of abuse/neglect. Dyslexia, NOS. Relational problems, NOS. Obsessive compulsive, borderline and histrionic traits. Lack of nurturing and/or empathic skills in developmental years. Physical and sexual abuse developmental years, maladaptive relationships, issues related to identity, self-esteem, dependency needs. GAF-40.	FM	179/ Day	314/ Day	12 Months	N	Cass Co/ Spirit Lake TSS	(2)DBR (3)RMAC, Luther, PATH
Grand Forks	I	10/31/88	F	Catholic Charities, MN	7/9/04	Mood disorder, NOS, unipolar vs. bipolar. Alcohol dependence, per history. Cannabis dependence per history. PTSD. Anxiety disorder. Abuse/neglect. Nicotine dependence. Parent-child relationship problems. R/O dissociative disorder, NOS vs. psychotic disorder, NOS. Borderline traits. Stressors acute - multiple placements due to poor emotional & behavioral control. Mom's lack of contact & follow through. Lack of nurturing or empathic skills in developmental years, emotional, verbal, physical & sexual abuse in developmental years. Abandonment issues (father). Maladaptive maternal & interpersonal relationships, issues related to identity, self esteem & dependency issues. GAF 37. Average IQ	EA	226/ Day	314/ Day	7 Months	N	DIS	(2)DBR, Fargo, Luther Hall (3)Luther Hall
Fargo	I	12/9/88	F	Catholic Charities, MN	7/14/04	Depressed & acting out. Has had suicidal ideation. History of runaway. Cutting on herself. Suffers from bulimia. Acting out sexually with both males & females. Depressive disorder, NOS. ODD. Parent-child relational problems. R/O major depressive disorder, non-psychotic. R/O PTSD. Borderline/histrionic traits. Stressors moderate to severe. GAF 38.	EA	303/ Day	314/ Day	12 Months	N	Cass Co	(3)Luther Hall, Prairie Harvest Safe Home, DBR Safe Home
Bismarck	I	6/18/90	M	Dakota House, MN	5/28/03	Mood disorder, NOS by history. Reactive attachment disorder, ADHD, combined type. Developmental coordination & phonological disorder by history. History of abuse & neglect as a very young child. History of asthma & visual problems in the past. Severe psychosocial stressors in the recent past. History of sexual abuse. Recently charged with two counts of GSI. GAF-46, IQ 83	FM	140/ Day	314/ Day	12 Months	Yes	DIS	(3)Manchester
Grand Forks	I	12/21/86	M	Mezabi, MN	4/24/02	ADHD, combined type, severe. Conduct disorder, childhood onset. PTSD versus reactive attachment disorder. Functional seizures - nocturnal type. Peraphilia, NOS. R/O gender identity disorder - doubtful. Mild mental retardation. Reported exposure to alcohol in utero. Sexual abuse, emotional & physical neglect, history of multiple placements, history of legal problems. GAF 25 in structured environment. IQ 52	BA	220/ Day	314/ Day	12 Months	Yes - IEP	DIS	(2)HOTR (3)RMAC, YCC, Western Plains, DBR-RTC
Minot	I	3/6/91	M	Mezabi, MN	4/28/04	Peraphilia, NOS. Exposing his genitals and soliciting contact from his victims. Severe mood swings, impulsivity, depression, anxiety. Exposed himself to two six year old males. Needs sex offender specific treatment.	RM	234/ Day	314/ Day	10 Months	?	DIS	(1)DBR (2)HOTR (3)DBR-TL
Bismarck	I	6/13/90	M	Mezabi, MN	1/31/03	Sexual abuse of child - perpetrator & victim (peraphilia NOS), depressive disorder NOS vs. bipolar disorder, ADHD, combined type, PTSD, obsessive compulsive symptomatology & borderline cognitive ability. Sexually molested sister. Aggressive, general agitation & severe sexual acting out. Needs low functioning sex offender treatment program. IQ 71	FM	227/ Day	314/ Day	12 Months	Y	Mercer Co	(1)Manchester House (2)Luther Hall, DBR (3)Western Plains

*(1) No bed available; (2) Bed available, not accepted; (3) Actually placed

OUT OF STATE PLACEMENTS

12/04

DHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In- State Rate	Antic. Length of Placement	Spec. Ed Needs Y/N	Custodian	Bed Avail. * Previous Placement
Bismarck	1	12/8/89	F	Catholic Charities, MN	7/20/04	History of acting out aggressively & harming herself. In need of secure & structured environment. Numerous mental health issues such as PTSD, disruptive behavior disorder, NOS. Probably dysthymia & RAD. GAF 30-50. Possible physical & sexual abuse. Abandonment by mother & father.	PM	305/ Day	314/ Day	12 Months	F	DJS	(2)Luther Hall (3)DBR-RTC, YCC
Fargo	1	3/12/94	F	Northwood, MN	1/12/04	PTSD, chronic. RAD, ADHD, combined type. Parent-child relational problems. ODD. Sexually abused and physically abused. Psychosocial stressors are severe w/chronic and multiple out-of-home placements, exposure to violence & physical & sexual abuse, chemical dependency issues in bio family. Disruption of guardianship & TPR. GAF-45; without supports low 30's.	EA	179/ Day	314/ Day	12 Months	N-ED	Cass	(1)Pride-Manchester (3)PATH, Prairie Psych, DBR Safe Home
Bismarck	1	6/14/87	M	Meabi, MN	8/17/04	Adjudicated delinquent for CSI, indecent exposure & sexual assault. Also a victim of sexual assault. Generalized anxiety disorder, sexual perpetrator, enuresis, nocturnal only, by history. Victim of sexual & physical abuse. Problems with primary support group, problems related to the social environment & problems related to legal system. GAF-40. Needs structured sex offender program. IQ 100	PM	227/ Day	314/ Day	12 Months	N	Burlingame Co	(2)Luther Hall, RMAC (3)HOTR
Williston	1	11/6/86	M	Meabi, MN	9/18/04	Charged with CSI in 7/04 after offending against a 9yr old resident while in placement at Western Plains. Pervasive developmental delay, NOS. Disruptive behavior disorder, NOS. Bipolar disorder, NOS. Paraphilia NOS. Borderline intellectual functioning. Fetal alcohol exposure, possible syndromes. Visual and hearing deficits. Premature birth, neonatal and perinatal conditions and anomalies. GAF-34. Goal is for John to successfully complete a treatment program for sexual and behavioral issues.	EA	234/ Day	314/ Day	12 Months	Y	DJS	(2)HOTR (3)Western Plains, DBR
Fargo	1	6/6/90	M	Bar None, MN	12/4/02	ODD, mood disorder NOS, ADHD, reactive attachment disorder, alcohol related birth defects. Victim of verbal, physical, sexual & emotional abuse. Lack of supervision, medical & educational neglect. History of being physically aggressive & sexually inappropriate with others. History of running. GAF 30. IQ 78	PM	250/ Day	314/ Day	12 Months	Y	Spirit Lake (Legal) Cass CSSB (Physical)	(3)Northwood, Manchester, PATH, Prairie Psych
Minot	1	12/10/87	M	Meabi, MN	1/30/03	Child sexually molested multiple times by multiple offenders. Involved with gang & has identified himself as the "gang bitch". History of suicide attempts. Practices Satanist writing. Charged with CSI. Victim was a 4 year old boy. Needs sex offender treatment	PM	230/ Day	314/ Day	12 Months	7	DJS	(1)DBR (2)Luther Hall, HOTR (3)YCC
Fargo	2	6/21/87	M	Bar None, MN	4/6/04	Defensive disorder, NOS. Disruptive behavior NOS vs. ODD. R/O PTSD. Parent-child relational problems. R/O ADHD. R/O substance abuse, NOS. R/O borderline intellectual functioning. Antisocial traits. R/O learning disabilities. Severe-severe. Possible lack of nurturing and/or empathic failure developmental years. Abusive father killed in the war when child was an infant. Culturalization issues, each is related to identity, self esteem & dependency needs. GAF-37. IQ-67	EA	233/ Day	314/ Day	12 Months	Yes	Cass Co	(3)DBR Safe Home, HOTR, PATH, RAVR, Luther Hall, Prairie Harvest
Minot	2	6/21/89	F	Cleo Wallace, CO	9/20/04	Depressive disorder, NOS, social phobia, ODD, mild MR, problems with primary support group, social environment & education. Previously discharged from Western Plains due to extreme physical & verbal aggression. Facility staff report her as being defiant, oppositional, defensive, argumentative & inappropriate. IQ 64	EA	130/ Day	314/ Day	12 Months	Y	Ward Co	(2)Western Plains (3)State Hospital, Western Plains, Oppen, PATH, Cleo Wallace
Grand Forks	2	2/9/87	M	Meabi, MN	11/12/03	Obsessive compulsive disorder w/sexualization fears. Conduct disorder, childhood onset, ADHD, inattentive type. Dysthymia. Learning disorder, NOS. Possible history of physical abuse (stepfather) per records. GAF 50 in structure. Extensive criminal record. Has difficulty respecting peers, teachers and others in authority. Failed ND facility placements. IQ average	EA	187/ Day	314/ Day	12 Months	Yes	DJS	(2)RMAC, Luther Hall (3)DBR-RCCF & RTC, YCC

* (1) No bed available; (2) Bed available, not accepted; (3) Actually placed

OUT OF STATE PLACEMENTS

12/04

DIHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In- State Rate	Antic. Length of Placement	Spec. Ed Needs Y/N	Custodian	Bed Avail. Previous Placement
Bismarck	2	10/14/87	F	Cleo Wallace, CO	11/9/04	History of using, the run risk and the danger she presents to herself and others is beyond the capacity of ND facilities. Failed Luther Hall placement. Depressive disorder, NOS. ODD vs. Disruptive behavior disorder, A/N of a child, PTSD, Alcoholism and polysubstance dependence. Existing disorder, NOS. Relational problems, NOS. R/O major depression with/without psychosis. Borderline narcissistic and obsessive compulsive traits. GAF-30, IQ 107	EA	130/ Day	314/ Day	12 Months	N	DHS/DJS	(1)RMAC (2)DBR (3)McLeod Treatment Homes, Luther Hall, State Hospital, CHYS, YCC, PATH
Fargo	2	10/14/89	M	Northwood, MN	1/9/04	Violent w/family members - threatened to burn down the family home. Previous placement in Northwood therapeutic foster home. Schizoaffective disorder, bipolar type currently remedied by medication. ODD, by history. ADHD, combined type. Disorder of written expression. Reading disorder. Communication disorder, NOS. Psychosocial stressors severe. GAF 60, IQ 78	EA	179/ Day	314/ Day	?	Yes	Cass Co.	(3)Prairie Psych, Manchester, DBR, Kairos House, Northwood, PATH
Fargo	2	8/1/88	M	Bar Nune, MN	8/12/04	Mood disorder, NOS. ADHD, ODD per last admit. Parent/child relational problem. R/O Cannabis & alcohol abuse. R/O depressive disorder. History of autism. Psychosocial stressors are severe. Multiple out-of-home placements & hospitalizations. Long standing interaction with mental health professionals & numerous providers. Witness to domestic violence & victim of physical abuse. Exposure to parents' drug/alcohol use. Family with significant dual diagnosis concerns. Academic difficulties. IQ - average	EA	160/ Day	314/ Day	12 Months	Yes	Cass Co	(3)Detention, DBR Safe Home, Prairie Psych, PATH
Fargo	2	4/14/94	M	St Joseph's Childrens Home, MN	11/14/03	Bipolar disorder, manic. Pervasive developmental disorder, NOS. Mild mental retardation. Cerebral palsy, pinworms. Problem with primary support system. TPR, possible adoption. Problems with education. GAF-30. Aggressive behavior. Extensive past psychiatric history. IQ 68	EA	195/ Day	314/ Day	12 Months	Yes	DHS	(1)Pride Manchester (3)Prairie Psych, PATH
Grand Forks	2	8/17/87	F	Catholic Charities, MN	10/4/04	Mood disorder, NOS. ODD. Conduct disorder, by history. Highly volatile behavior. recent drug overdose. Return to Catholic Charities where she had been successful.	PM	305/ Day	314/ Day	10 Months		DJS	(3)Catholic Charities, YCC, RMAC, CHYS, Prairie Harvest, State Hospital, PATH
Fargo	2	2/1/92	M	Northwood, MN	4/6/04	Bipolar disorder, NOS, rule out bipolar disorder, mixed, moderate; rule out a mood disorder due to a subtle seizure disorder; rule out subclinical PTSD. Parent divorce 2X, several moves in life, placement in foster care, several hospitalizations, legal involvement. History of agitation and violent behavior. Self-destructive & self-injurious behavior. Mood changes appear abruptly.	EA	177/ Day	314/ Day	12 Months	N	Cass Co.	(3)Stadler Center, DBR Safe Home (1)Manchester
Fargo	2	2/13/91	M	Mille Lacs Academy, MN	12/01/04	ADHD, PTSD, Depression, NOS. Benevolence. Victim of abuse. Severe post head injury. Psychosocial stressors severe, child is orphaned & his family has history of mental illness. GAF-46. Child jumped out of moving car in summer of '03. Behaviors include lying, stealing, urinating in bedroom closet, defiance, oppositional, hiding a knife in his room & having marijuana in his possession. IQ 83	PM	228/ Day	314/ Day	12 Months	?	DHS	(1)RMAC, Luther Hall (3)DBR (RTC & Safe Home), PATH, Prairie Psych, St Cloud Childrens Home
Bismarck	2	12/31/86	F	A Kida Hope, CO	6/11/04	Schizophrenia, paranoid type. Bilateral hearing impairment, obesity secondary to olanzapine. Difficulty in responding to residential care environment. GAF-30, IQ 93	EA	130/ Day	144/ Day	12 Months	Yes	Burleigh Co	(3)RMAC, CHYS, State Hospital
Fargo	2	5/12/88	M	Menah Academy MN	7/23/04	ODD, ADHD, Mood disorder, NOS (predominately affective over-reactivity) that may have its origins in residual posttraumatic symptoms stemming from the earlier abusive parenting. History of abuse & neglect & parent/child relational problems. Probable mixed developmental (learning disorder). Severe psychosocial stressors in the past, currently moderate. Exhibit extreme violence, stealing stuff & damaging property. GAF-35	EA	187/ Day	314 Day	12 Months	Yes	Cass Co	(3)Griffins, Luther Hall, Manchester, State Hospital, PATH

*(1) No bed available; (2) Bed available, not accepted; (3) Actually placed

OUT OF STATE PLACEMENTS

12/04

*(1) No bed available; (2) Bed available, not accepted; (3) Actually placed

DHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In- State Rate	Antic. Length of Placement	Spec. EA Needs Y/N	Custodian	Bed Avail. * Previous Placement
Fargo	2	1/3/93	M	Bar None, MN	4/28/04	Mood disorder, NOS. Anxiety disorder, ADHD, disruptive behavior disorder, problems with primary support group. GAF-30. History of verbal & physical abuse and neglect within family.	FM	233/ Day	314/ Day	12 Months	Yes	Cass CSSB	(1)Manchester (2)RMAC, Luther (3)DBR Safe Home, Prairie St John (4)DBR, Fargo Youth Home, PLC (5)Luther Hall, DBR Safe Home, Detention
Fargo	2	6/9/88	M	Valley Lake Boys Home, MN	6/22/04	Mood disorder, NOS. ODD. Social phobia. Camacho dependence. Victim of abuse/neglect. Anxiety disorder. Nicotine dependence. Parent/child relational problem. NO learning disorder. RAO positive/aggressive obsessive compulsive & narcissistic traits. Stressors severe. Brother in psych unit due to homicidal & suicidal ideations. Mom has financial & health problems. Lack of nurturing and/or empathic feelings in developmental years. Abandonment by father. Emotional, physical & verbal abuse in developmental years as well as dealing with mom's chemical dependency. Issues related to identity, self-esteem, dependency needs, maladaptive maternal & interpersonal relationships.	EA	114/ Day	144/ Day	12 Months	Yes	Cass CSSB	(1)Manchester (2)DBR Safe Home, Prairie St John (3)DBR, Fargo Youth Home, PLC (4)Luther Hall, DBR Safe Home, Detention
Minot	2	7/23/87	M	Mezabi, MN	11/13/03	Mood syndrome, NOS. ODD. Tourette's syndrome. ADHD. Learning disorder. Emerging antisocial personality disorder. Legal problems, academic difficulties, peer relationship difficulties. GAF-35. Out-of-control aggressive behavior. Charged with assault. IQ 83	EA	187/ Day	314/ Day	10 Months	Yes	DJS	(2)DBR (3)DBR, RMAC, State Hospital
Blomrock	2	2/23/88	M	McLeod Treatment Center MN	4/27/04	PTSD secondary to observed domestic violence & physical abuse in childhood (ADHD per records. ODD with features of conduct disorder (possible conduct disorder). Probable parent/child relational problems. Psychosocial stressors are prominent including exposure to domestic violence & alleged physical abuse in early years. Multiple moves by family over the years. History of academic difficulties, abandonment issues, etc. GAF-50 (controlled setting) IQ 95	PM	160/ Day	314/ Day	12 Months	?	DJS	(3)VCC, PLC, CHYS
Fargo	2	7/9/91	M	Northwood, MN	6/11/04	RAD. ADHD. Depression, NOS. Disruptive behavior disorder, inhibited type. Bipolar disorder. History of neglect & psychological abuse. Serious domestic violence in the home, including a stabbing incident. TFR in 2000. Adaptive placement disrupted, increasingly oppositional. Charged with simple assault. IQ 81	EA	178/ Day	314/ Day	12 Months	Y	DHS	(1)Manchester (2)PATH, Stader Center, HOTR, DBR Safe Home
Grand Forks	2	10/30/91	M	Northwood, MN	6/26/03	Bipolar disorder, manic, severe. PTSD. History of ADHD. Conduct disorder. Developmental coordination disorder. Otitis media, sensory deficit syndrome. GAF 50. Verbally & physically aggressive when angry, intimidating toward younger children. IQ 87	PM	172/ Day	314/ Day	12 Months	Yes	Grand Forks CSSB	(1)Luther Hall, Pride-Manchester (3)Safe Home, detention, PATH
Fargo	2	7/16/89	M	Springfield Academy, SD	10/23/03	ADHD. Severe. ODD. Marijuana abuse. Parent-child relationship problems. Psychosocial stressors severe - death of mom, dad on dialysis, siblings in placement. GAF-48. Ran from both in-state facilities. Once on run for a year prior to finding. History of stealing, breaking & entering, fighting, truancy, run away & physical aggressive at home and in school. IQ 83	EA	102/ Day	314/ Day	12 Months	Yes	Cass Co	(3)DBR Safe Home & Fargo RTC, Luther Hall, Detention
Grand Forks	2	7/24/95	M	Northwood, MN	4/23/04	ODD. ADHD, combined type. Tic disorder, NOS. Learning disorder. Enuresis. Truancy in classroom. Struggles with change. Poor impulse control. May be destructive/violent. Past CPS involvement including psychological maltreatment, physical abuse & inadequate supervision. Domestic violence between mom & boyfriend.	EA	177/ Day	314/ Day	12 Months	Yes	Grand Forks CSSB	(1)Manchester (2)Prairie Harvest, PATH
Fargo	2	10/8/89	F	Northwood, MN	8/26/99	Bipolar affective disorder, ADHD, reactive attachment disorder, ODD, probable PTSD, chronic, history of emotional difficulties and behaviors including inability to control her temper, boundary/personal space issues, history of past abuse and neglect, inappropriate verbal and poor self-esteem. Severe and persistent mental illness. Has required several psychiatric hospital admissions. Pattern of significant mental illness associated with Schizophrenia. IQ 68	FM	158/ Day	314/ Day	12 Months	Yes - SED	Cass CSSB	(1)Manchester House (3)PATH, Manchester

OUT OF STATE PLACEMENTS

12/04

DHS Placing Region	C O D E	DOB	Sex	Facility	Placement Date	Brief Indication of Problem	Match	Rate	In- State Rate	Antic. Length of Placement	Spec. Ed Needs Y/N	Custodian	Bed Avail. * Previous Placement
Fargo	2	10/28/88	M	Bar None, MN	7/6/04	Mood disorder, NOS. ODD, MR, mild. Epilepsy. Psychosocial stressors: problems with primary support group, housing, parent-child relational problems & siblings relational problems. GAF-45. Physically aggressive at home and school. Deter in prison. Mom unable to meet child's increasing needs & child's high need for structure & consistency. IQ 59	FM	255/ Day	314/ Day	12 Months	Yes	Cus Co	(1)Western Plains
Dickinson	2	4/22/88	F	Cleo Wallace, CO	3/26/04	ODD, depression NOS. Parents divorce, conflict with mom and siblings, chronic low self esteem, academic-peer issues, estrangement from dad. GAF-35. Difficulty going to school due to anxiety and panic attacks. Isolates herself from family members who she views as contaminated; she cannot touch them fearing they have germs.	EA	130/ Day	314/ Day	6 Months	N	Stark Co.	(3)Rogers Memorial Hospital, PATH
Minot	2	5/27/87	M	Dakota House, SD	9/17/03	Personality change due to alcohol exposure in utero, PTSD, possible co-morbid bipolar disorder, NOS. Borderline IQ. Enuresis, penicillin & erythrin allergies, history of closed head injury (possible loss of consciousness by the patient's report), rule out subtle seizure disorder - temporal lobe syndrome. History of abuse. Multiple placements since early childhood, little or no contact with father. Mother incarcerated. GAF 35. IQ 72	FM	150/ Day	314/ Day	12 Months	Y	Ward Co.	(3)Western Plains, Cleo Wallace, Summit Oaks, RMAC, DBR RTC & RCCF, CHYS, State Hospital, PATH
Bismarck	2	12/30/93	F	Dakota House, SD	6/4/04	Conduct disorder vs. ODD. Disruptive behavior disorder. Parent-child relational problems. Sibling relational problems. FAD vs. FAS. GAF 40. Difficult behavior in foster home - yelling, kicking down, & taking things. Demanding, impulsive, quick temper.	FM	160/ Day	314/ Day	9 Months	N	Morton County	(1)Manchester (2)Luther Hall
Grand Forks	3	1/25/87	F	Kairos House, MN	6/30/04	Alcohol & drug usage (Tested positive for Meth & THC) Several past psychiatric hospitalizations & AD treatments. History of eating disorder, PTSD, depressive disorder, NOS, manipulation & lying. Location of facility will allow child to continue working with ND therapist that she has a good relationship with.	FM	134/ Day	144/ Day	7 Months	N	Grand Forks County	(3)P.H. Safe Home, Centre, Inc, State Hospital, Stadler Center
Grand Forks	3	11/16/90	F	Kairos House, MN	6/9/04	Depressive disorder, NOS. ADHD. Issues of lying, not following rules, difficulties in previous foster homes. Spent the majority of her life in foster care. Both mother and father in jail. Both have chemical dependency & mental health issues. Facility is in proximity to brother who is also in foster care which will allow for visitation.	FM	134/ Day	144/ Day	9 Months	No	Grand Forks Co	(3)PATH, Prairie Harvest Safe Home
Grand Forks	3	1/10/90	M	Harmony Hills, Rhode Island	9/14/04	Child placed with relatives in Rhode Island in 1993. Aunt requested residential treatment due to recent fire setting in the home. Child has been seeing a psychiatrist monthly and takes several medications. Concerns continue regarding his thought process and the types of decisions he makes. Plan is to return to relative home following treatment.	RM	205/ Day	314/ Day	12 Months	Yes	DHS	
Grand Forks	3	11/30/88	M	Secret Harbor, WA (Moved from Ruth Dyckman Childrens Ctr)	10/22/04	RAD, disinhibited type. ADHD, by history. ODD. RAD depressive disorder, NOS. Borderline intellectual functioning. Extreme stressors include history of abuse & neglect in early childhood, abandonment by his parents, adoption, peer relationship problems, academic failure, out-of-home placement, legal problems. GAF-35.	EA	276/ Day	314/ Day	12 Months	7	Grand Forks CSSB	(3)Prairie Harvest Safe Home, DBR
Grand Forks	3	11/14/89	F	Ruth Dyckman Childrens Center, Seattle, WA	5/7/04	ADHD, combined type. Generalized learning deficit. RAD. Disruptive behavior disorder, NOS. Borderline personality traits. History of sexual exposure to alcohol. History of neglect by his family, history of physical, emotional & sexual abuse by his family, peer relationship difficulties, academic difficulties. GAF-35. Adoptive family in military and transferred to WA. Facility is close proximity which will accommodate family in reunification efforts. IQ-77	EA	212/ Day	314/ Day	12 Months	7	Grand Forks CSSB	(3)DBR, Kairos House, Prairie Harvest Safe Home

* (1) No bed available; (2) Bed available, not accepted; (3) Actually placed

OUT OF STATE PLACEMENTS

Codes

Code = 1
Sex offenders
Total = 24

Code = 2
Mental health - chemical and/or behavioral
Total = 25

Code = 3
Close proximity
Total = 5

*(1) No bed available; (2) Bed available, not accepted; (3) Actually placed

NORTH DAKOTA 2005

AMENDMENT TO HB #1486

Subdivision 1. When agencies must consider, prohibition on placement at out-of-state facilities.

The admission criteria for North Dakota facilities shall include a requirement that the County of referral must have considered all appropriate local or regional placements and have exhausted potential in-state placements in the geographic region. The agency must state on the record that this effort was made and placements rejected before ordering a placement or commitment out of state. The agency shall determine whether the child meets the established admission criteria for North Dakota facilities. If the child meets the admission criteria, the agency shall place the child at a state facility and may not place the child in an out-of-state facility, unless the agency makes a finding on the record that the safety of the child or the safety of the community can be best met by placement in an out-of-state facility.

Subdivision 2. Report required.

An agency that places a child in an out-of-state facility shall report the following information:

- 1) the out-of-state facility the child was placed at and the reasons for the placement;
- 2) the in-state facilities at which placement was considered;
- 3) the reasons for not choosing an in-state facility;
- 4) the reasons why the child did not meet the established admissions criteria for North Dakota in-state facilities;
- 5) if the child met the admissions criteria, the reasons why the safety of the child or the safety of the community could not be met at North Dakota facilities:

By January 15th of each year, a summary of the reports which include costs of facility placements and educational costs, received from agencies under this subdivision for the preceding year to the chairs and ranking minority members of the Senate and House of Representatives Committees having jurisdiction over the Human Services Committee.

majority +

TESTIMONY ON HB #1486
REGARDING OUT-OF-STATE PLACEMENTS
February 1, 2005

**TESTIMONY GIVEN BY DAVE MARION, EXECUTIVE DIRECTOR OF
PRAIRIE LEARNING CENTER, RALEIGH, ND.**

Chairman DeKrey and members of the Committee, my name is Dave Marion and I serve as Executive Director of Prairie Learning Center in Raleigh ND. I am here today in support of HB #1486 regarding placement of children out of North Dakota.

The goal behind HB #1486 is to take care of kids in the state of North Dakota if at all possible, and to keep them in close proximity to their families and their community. It has been our experience with the increasing need for family services, that we have implemented family weekends and family workshops to be better able to support the increasing issues of sending their child home to a safe, constructive environment. By having HB #1486, this sets the specifics that need to be outlined when a child needs to leave the State, and this better insures North Dakota referring agencies and the North Dakota Dept. of Human Services that they have exhausted their North Dakota resources. Combined with continued efforts of the Dept. of Human Services to support instate facilities with the rate setting process, we hope to help those facilities meet any of the State's shortfall in resources. Since 1991, the numbers of kids out of state went from 12 to 85 presently in 2005.

Prairie Learning Center has been providing services since 1991 when we started out with 8 students. As we progressed through the 14 years, we have become a facility that provides numerous services for 50 boys between the ages of 10 to 18, from throughout the State of North Dakota. With an average length of stay of 6 months, we believe that we can put kids back into their home communities as responsible, self-sufficient young men. The services that we provide are to enhance, to develop, and to give tools to young men so they can go back into their communities to be successful. Over the 14 years, we have served over 965 residents, and the types of kids that we see have changed. As the kids have changed through the 14 years at PLC, so have the services, to not just meet, but to exceed the needs for kids. Day in and day out, we work hard to make a difference to provide the best opportunities, even though they have become more sophisticated and challenging, we have never shied away from making a difference. We will continue to work hard to ensure the Dept. of Human Services and referring agencies across the State, that PLC is an important piece to the continuum of care in the State of N.D.

Chairman DeKrey and members of the Committee, I thank you for your time and consideration and will take any questions at this time.

Out-of-State Facilities
Foster Care Daily Rates paid
as of 10/31/03

Minnesota

Leo Hoffman	\$185/day
Mesabi Academy	\$187-227/day
McLeod Treatment Homes	\$154/day
Valley Lake Boys Home	\$114/day
Northwood Childrens Home	\$139-172/day
Kairos House	\$130/day
Bar None	\$220-250/day
Catholic Charities	\$305/day
St. Cloud Childrens Home	\$176/day
Mille Lacs Academy	\$228/day

South Dakota

Our Home	\$170/day
Chamberlain Academy	\$ 99/day
Dakota House	\$140-150/day

Colorado

CO Cleo Wallace \$130/day⁺ (plus \$110/day paid through T-19)

\$240

MAINTENANCE/REHAB DAILY RATES
RTC'S
(As of 7/18/03)

RTC's		Foster Care Maintenance Rate	Foster Care Maintenance & Rehab	
Facility	Effective Date	Daily Maintenance (FC)	Daily Rehab Rate *	Total Daily Maintenance & Rehab Rate
Pride - Manchester House	03-01-2003	100.46	345.46	445.92
Ruth Meiers	01-01-2002	48.04	171.46	219.50
Luther Hall	01-01-2003	44.05	218.23	262.28
Dakota Boys Ranch – Minnot RTC	01-01-2003	72.47	230.43	302.90
Western Plains Treatment Center	06-01-2003	86.30	275.51	361.81
DBR Fargo RTC	01-01-2003	50.38	168.79	219.17

* This may be paid through third party, Title XIX or some other resource. It cannot be paid through Foster Care.

Cam Davidson

MAINTENANCE/SERVICE DAILY RATES
GROUP/PRCCF'S
(As of 7/18/03)

Facility	Effective Date	Daily Maintenance (FC)	Daily Service Rate *	Total Daily Maintenance & Service Rate
Charles Hall Youth Services	07-01-2003	86.61	11.51	98.12
Harmony House	01-01-2003	67.72	11.51	79.23
Home on the Range	04-01-2003	98.30	11.51	109.81
DBR - Fargo Youth Home	01-01-2003	142.82	11.51	154.33
Eckert Youth Homes	07-01-2003	119.01	11.51	130.52
Prairie Learning Center	07-01-2003	89.39	11.51	100.90
Lake Oahe Group Home	04-01-2003	126.67	11.51	138.18
Centre, Inc	04-01-2003	144.24	2.26	146.50
DBR - Fargo Safe Home	01-01-2003	175.79	.91	176.70
DBR - RCCF & TL (Minor)	01-01-2003	142.82	11.51	154.33
Open Home	01-01-2003	147.77	11.51	159.28
Safe Home - Prairie Harvest	07-01-2003	116.43	9.15	125.58
New Outlooks	No rate set			

- Rehab cap/day is \$11.51 which may be paid through third party, Title XIX or some other source. It cannot be paid through Foster Care.

Youth Correction Center (YCC) - daily rate: \$120.60

Paul, these rates may include additional, etc. which are part of the rates listed. I'm am checking some more checking.
Paul
These rates are not reflective of 7/18/03

FyI

Historical
Cost

OUT OF STATE PLACEMENTS

<u>Year</u>	<u>Average Number of Children Per Month</u>	<u>Annual Cost</u>
1991	12	\$ 402,000
1992	14	\$ 293,000
1993	26	\$ 521,000
1994	29	\$ 603,000
1995	34	\$1,105,000
1996	37	\$1,800,000
1997	51	\$2,182,000
1998	44	\$1,956,000
1999	(September) 38	?

Current costs for Service at
Prairie Learning Center

Our per diem is made up of a maintenance rate and service rate:
(These are per/day rates)

Maintenance = \$94.93

Service: \$11.51 (Actual cost \$14.32)

Total: \$106.44

Education Costs are as follows: (These are per/day rates)

Regular Ed: \$76.00

Special Ed: \$92.00

DM2005

The support of individuals, families, groups and organizations is vital to the function and growth of the Federation in serving the need of these children and their families. We invite and urge you to join today.

YES, I want to become a member of the Federation of Families for Children's Mental Health.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____

(Work) _____

Please check all that apply:

- ☐ Concerned Citizen
☐ Family member of a child with emotional, behavioral or mental disorder
☐ Professional/Service Provider

MEMBERSHIP

Individual \$20.00 ☐
 Family \$30.00 ☐
 Family Organization \$50.00 ☐
 Founding Member \$50.00 ☐ \$100.00 ☐ \$250.00 ☐ \$500.00 ☐

Professional Organizations:

Budget under \$500,000 \$150.00 ☐
 Budget over \$500,000 \$250.00 ☐

I am unable to pay for full membership at this time. Therefore, I am sending \$ _____ ☐ as a donation to help defray the costs of printing and postage. (Any amount is welcome; family members only, please)

Make checks payable and mail this form to:

Federation of Families

PO Box 3061, Bismarck, ND 58502-3061, or pay by

Visa/Mastercard Exp. Date _____

Card # _____

Signature _____

To start a local chapter in your area or for further information about the Federation, please contact our State Office at 1-800-492-4951.

FAMILY FOCUS

Fundamental to the Federation is a focus on family participation and support

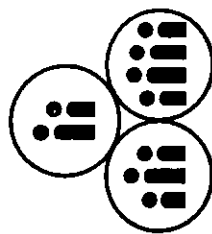
Every family has a right to an appropriate, available and accessible support base to meet family-identified needs. THEREFORE, policies, legislation, funding mechanisms and service systems must utilize the strengths of families by:

- ensuring that they are equal partners in the planning, implementation and evaluation of services;
- viewing the child as a whole person and the family as a whole unit, rather than emphasizing the disability;
- empowering families and children to make decisions about their own lives;
- encouraging innovative programming which increases options and promotes the integration of services.

OPPORTUNITY FOR CHANGE

The Federation provides an opportunity for family members to work with professionals and other citizens to improve services for their children with emotional, behavioral or mental disorders. We aim to develop a cohesive, enduring union of groups and individuals who will articulately and effectively speak with one voice to policymakers, professional organizations, legislators and the general public solely about the needs of children with emotional problems and their families.

NORTH DAKOTA

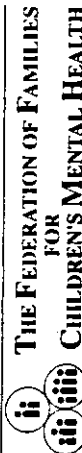


FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

A state and national parent-run organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families.

The Federation's Mission:

- to provide leadership in the field of children's mental health and develop necessary human and financial resources to meet its goals.
- to address the unique needs of children and youth with emotional, behavioral, or mental disorders from birth through transition to adulthood.
- to ensure the rights to full citizenship, support and access to community-based services for all children and youth with emotional, behavioral, or mental disorders and their families.
- to provide information and engage in advocacy regarding research, prevention, early intervention, family support, education, transition services and other services needed by these children and youth and their families.



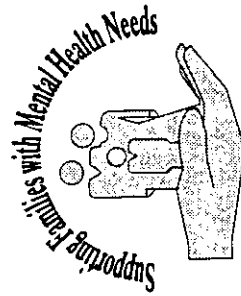
THE FEDERATION OF FAMILIES
FOR
CHILDREN'S MENTAL HEALTH

BECKY SEVART
Parent Support Specialist

Telephone/Fax - (701) 258-1628
 Region VII - (701) 222-3310
 P.O. Box 3061
 Bismarck, ND 58502-3061

THE NORTH DAKOTA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

is a non-profit organization made up of family members throughout the state. The primary mission of the Federation is the support of families who have children with emotional and behavioral disorders and mental health needs. The Federation is governed by a board of directors, who are parents of children with an emotional or behavioral disorder. The organization provides family support services through its state office in Bismarck and through a system of parent coordinators based throughout the state and on Native American Indian Reservations. The Federation has working relationships with relevant service delivery systems such as managed care, education, mental health services, child welfare, vocational rehabilitation, and juvenile justice to access their expertise to help families. In addition, the organization collaborates with other advocacy organizations that deal with physical disabilities, developmental disabilities and adult mental health. The Federation is also associated with, and has access to national expertise provided by the organizations interested in children's mental health such as the national Federation of Families for Children's Mental Health



THE FEDERATION OF FAMILIES PROVIDES FAMILY SUPPORT

The Federation works to support families by:

- Providing advocacy education for family members.
- Promoting the organization of new groups while helping existing parent support groups.
- Providing information to families about resources and services relevant to their circumstances.
- Facilitate family support activities.

FAMILIES HELPING FAMILIES

The North Dakota Federation of Families is here to help! If you have any questions, need information or assistance, our state toll free number is 1-800-492-4951.

ABOUT OUR CHILDREN

Approximately 6 to 8 million children and youth in the United States have an emotional, behavioral, or mental disorder in need of treatment. This represents about 12 percent of all children in the U.S. Of these, about half have problems that are severe and persistent.

These problems take a number of forms. The children may be self-abusive or aggressive toward others; or they may be withdrawn, fearful or depressed. Some with the most serious disorders may be out-of-touch with reality and have unusual fantasies or hallucinations.

The causes of these problems are largely unknown, and may vary from child to child. Current research-based knowledge suggests that biological, social, psychological and environmental factors are all important.

A wide range of therapeutic, educational and social services are essential to address the needs of these children and their families. Unfortunately, in most states and communities these services are not available. For many, the choice is between very limited out-patient services and restrictive and often unnecessary psychiatric hospitalization or residential care.

ABOUT OUR FAMILIES

Emotional, behavioral and mental disorders cut across all income, education, racial, ethnic and religious groups. They are found among single parent and two-parent families and in birth, adoptive and foster families.

Within these differences, families have many things in common. They share the need for an accurate assessment and appropriate therapeutic, educational, social and recreational programs for their children. They also need services that support their efforts to help their chil-

dren learn, develop, and grow within their own homes and communities.

Families may face many problems; the absence of appropriate child care prevents many families from participating in social or recreational activities, and they experience isolation from friends and relatives. Often, family members must learn to cope with the difficult and demanding behaviors of their children, and may face staggering costs for special treatment, education, or other services.

Families also have many strengths. Many families have learned to manage their circumstances very well, and have developed a repertoire of support networks and strategies they can share with others. They also have a unique view of the strengths and weaknesses of the service system.

FOUR PRINCIPLES

The Federation maintains that children and youth with emotional, behavioral or mental disorders . . .

- Have unique needs that require individualized services.
- Must be respected for their rights, preferences, values, strengths, cultural and racial backgrounds.
- Are entitled to full citizenship in their communities.
- Must receive what is necessary to achieve their full potential.
- Belong with families and need enduring relationships with adults.
- Make positive contributions to their families.
- Must receive supports necessary to remain with their families; out-of-home placement must be considered as a last resort.

When children cannot remain with their families, out-of-home placement must be viewed as temporary and as an extension of the family. This treatment must be available close to the child's home and family members must be involved in all decisions regarding their child.

Testimony on HB 1486
House Judiciary Committee
February 1, 2005

Chairman DeKrey and members of the House Judiciary Committee, thank you for the opportunity to testify on HB 1486. For the record, my name is Jim Jacobson and I am the Director of Protective Services for the ND Protection and Advocacy Project (P&A).

P&A is neutral on this bill. The purpose of my testimony is to identify issues that need to be addressed when identifying "appropriate treatment". Assessing the appropriateness of any residential decision must go beyond simply determining that the identified service is available in the state. Appropriateness in treatment must be qualified with "least restrictive". It may not be "least restrictive to place someone in a residential treatment program, even if this service is available in-state, when a non-residential service, such as a therapeutic foster home, can meet the needs. For example, if there is a child in Fargo who requires treatment and services out of his family home and there is a therapeutic foster home in Moorhead that can serve him and a residential program in Western ND that can also serve him, the decision that seems to be dictated in this bill may very well not be "appropriate".

Another important issue to address is simply "geographic". There is a strong emphasis in the Adoption and Safe Families Act for family re-unification whenever possible. Placing a child in residential services 300 miles away from the family, because it is the available service in ND, as opposed to 50 or 60 miles

away in a program that is available out of state, will not encourage family involvement in the treatment and, therefore, will not facilitate family re-unification.

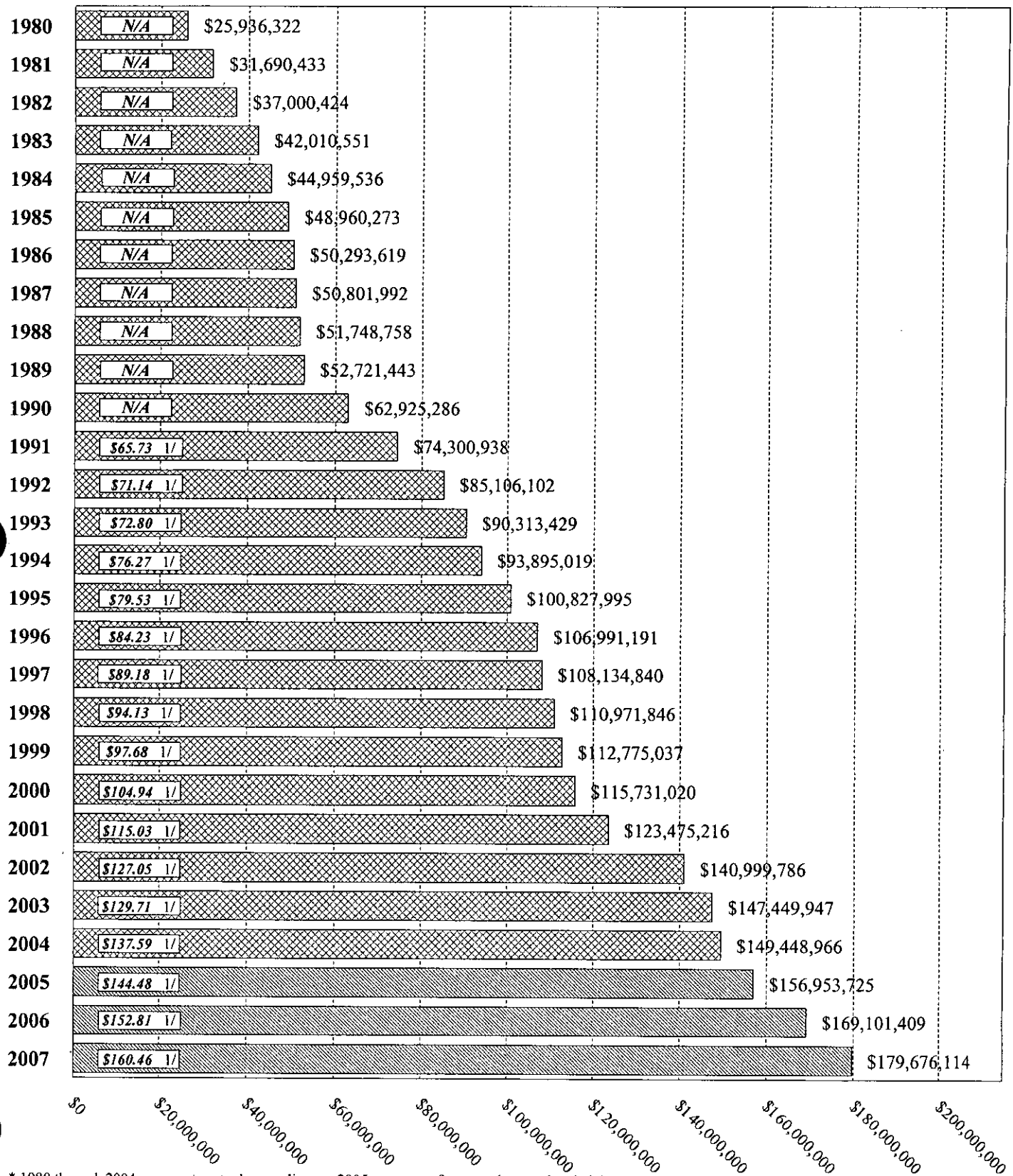
Finally, there is the issue of available follow up support for the child and the family after returning the child home. Proximity will certainly enhance the ability of the residential service provider to make their experiences and successes with the child more available to the family.

In summary, P&A certainly supports providing treatment and services to ND's children in state when it is appropriate. It is important that all issues are addressed and that the child's needs are evaluated on an individual basis when determining what services are "appropriate".

Thank you.

North Dakota Department of Human Services
Nursing Home Facilities
Fiscal Years 1980 - 2007 *
House Bill 1012
2005 - 2007 Biennium

Attachment A



* 1980 through 2004 represents actual expenditures. 2005 represents four months actual and eight months estimated expenditures.
2006 and 2007 represents estimated expenditures included in the Governor's budget.

1/ Average Daily Nursing Home Rate

FA-1/3/05-cj-hgw\0507legisl\tcx

1 **SECTION 6. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.**

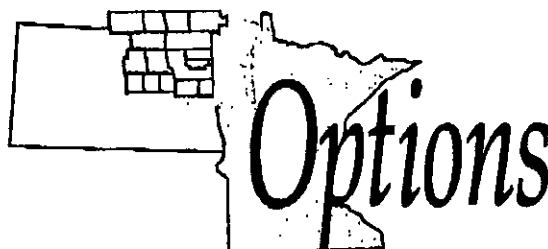
2 Notwithstanding section 54-16-04, the department of human services may transfer
3 appropriation authority between line items within each subdivision of section 3 of this Act and
4 between subdivisions within section 3 of this Act for the biennium beginning July 1, 2005, and
5 ending June 30, 2007. The department shall notify the office of management and budget of
6 any transfer made pursuant to this section. The department shall report to the budget section
7 after June 30, 2006, any transfers made in excess of \$50,000 and to the appropriations
8 committees of the sixtieth legislative assembly regarding any transfers made pursuant to this
9 section.

10 **SECTION 7. ESTIMATED INCOME - LIMIT - COMMUNITY HEALTH TRUST FUND.**

11 The estimated income line item in subdivision 2 of section 3 of this Act includes \$114,755 from
12 the community health trust fund. The department of human services expenditures from this
13 fund may not exceed this amount for the biennium beginning July 1, 2005, and ending June 30,
14 2007.

15 **SECTION 8. COMPULSIVE GAMBLING PREVENTION AND TREATMENT FUND -**
16 **TRANSFER TO THE GENERAL FUND.** On July 1, 2005, the director of the office of
17 management and budget and the state treasurer shall transfer \$100,000 from the compulsive
18 gambling prevention and treatment fund to the general fund.

19 **SECTION 9. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE.** During the
20 2005-06 interim, the legislative council shall consider studying, with input from representatives
21 of the department of human services and the long-term care industry, methods of improving the
22 sustainability of funding long-term care services in the state, including a review of case mix and
23 rate equalization, consideration of additional support for facilities providing additional restorative
24 care services, and consideration of options for reducing the number of required reports of
25 facilities providing high-quality care or for seeking waivers to change the survey process.



Resource Center for Independent Living

February 28, 2005

318 3rd Street NW, East Grand Forks, MN 56721-1887
(218) 773-6100 V/TTY • (800) 726-3692 • (218) 773-7119 Fax
e-mail: options@myoptions.info

Dear Committee Member:

I know you are deluged with correspondence on a variety of issues and appreciate your time in reading this.

This week your committee will begin hearings on the Human Services Budget, and the budget sent to you from the House (HB 1012).

My concern is over the wide gap between the funding received by nursing homes versus community-based service. You undoubtedly will be concerned over the state's dwindling Medicaid receipts. I have submitted three enclosures showing how various states have become better stewards of their Medicaid dollars, by flowing more into Home and Community Based Services and less funding into nursing homes.

You will hear a very elaborate presentation from the "Nursing Home Lobby" (aka: Long Term Care Association) outlining their case. They are very well funded, able to make campaign contributions, and deliver votes in key districts. IICBS advocates usually work for non-profit organizations that cannot match that effort. You may even hear from some within the Department of Human Services that state there is not that much savings by diverting nursing home funding.

I offer the comments in these enclosures as proof of the contrary. You can even see President Bush' Administration will support the movement toward a "community first-nursing home second' approach to long term care, as per enclosure two.

I urge you to support two OAR's to the Human Service Budget; OAR #12, which adds more money to the QSP program and OAR 23, which will allow full statewide coverage for the Center's for Independent Living (CIL's) in North Dakota. Both will create opportunity for people currently in nursing homes or those in danger of

nursing home placement to seek appropriate care in their home communities.

The North Dakota Legislature prides itself in being a good steward of the taxpayer's dollars; but how can it be fiscally sound, or conservative, to support a care system that is more costly and that, based upon recent surveys, the citizens do not prefer.

As yourself the question, "where would you prefer to spend the waning years of your life, AT HOME or IN A HOME"

Respectfully,

John W. Johnson, Advocate

Options Center for Independent Living

Serving the counties of: Cavalier, Pembina, Walsh, Grand Forks, Nelson, Griggs, Steele and Traill (and if fully funded the counties of: Towner, Ramsey, Benson, Eddy, Foster and Wells)

**Cc: Senate Appropriations Committee
Senate Human Service Committee
Governor's Office**

Attachment 1
3/8/05

TESTIMONY
House BILL 1486
SENATE HUMAN SERVICES
JUDY LEE, CHAIRMAN
March 8, 2005

Chairman Lee and members of the Human Services Committee, my name is Paul Ronningen, Director, Children and Family Services, Department of Human Services. I am providing follow up testimony regarding House Bill 1486.

Attached is a listing of the RCCF (Residential Child Care Facilities) and RTC's (Residential Treatment Centers) in the state. Included with this information is the occupancy rate and the number of licensed beds at each facility.

Licensed Group/RCCF's		
Facility	Occupancy Rate	# Beds
Centre - Grand Forks	100%	8
Charles Hall Youth Services - Bismarck	93.1%	27
Dakota Boys Ranch RCCF <ul style="list-style-type: none">• Minot RCCF• Minot TL• Fargo Youth Home• Fargo Safe Home	90.9%	39 12 10 8
Eckert Youth Home	80.7%	16
Harmony House	76.5%	7
Home on the Range	89.2%	79

Oppen Home - Minot	76.9%	7
Prairie Harvest - Grand Forks	68.6%	8
Prairie Learning Center	94.5%	50
New Outlooks		10

Total 281
 (Red River Victory Ranch closed 6/30/03 - 8 beds)

Approved Group Home		
Lake Oahe Group Home	49.9%	8

Licensed RTC	Occupancy Rate	# Beds
Pride - Manchester House - Bismarck	100%	8
Ruth Meiers House - Grand Forks	71.42%	12
Luther Hall - Fargo	99.16%	16
Dakota Boys Ranch - Minot RTC	89.28%	16
Western Plains - Bismarck	89.85%	16
DBR Fargo RTC	77.35%	16

Total Beds.....84

If you have any additional questions, please let me know.

Thank you.