March 10, 2014

Good morning, Chairman Devlin and members of the Administrative Rules Committee. My name is Jane Brown, Chief Operations Officer for Dakota Boys and Girls Ranch and thank you for the opportunity to testify today regarding the proposed changes to administrative rule 75-03-17.

The ND Psychiatric Residential Treatment Coalition has had the opportunity to review the admin rule proposal that will be reviewed tomorrow under the Department of Human Services proposed rules 75-03-17. In large part, the Coalition is in support of the rules as outlined, but there are a few specific concerns that we would like to bring to your attention, and which we plan to elaborate more fully during testimony tomorrow.

In the last few years, we have continued to provide care for a changing youth population. The objective has been to modify programming that decreased out of state and multiple placements. We have worked to institute evidenced based therapies and modalities to promote optimal care to the youth we serve. We still have concern with the revised proposed 75-03-17-15:1 – Staff to Child Ratio administrative code as written – direct care must be present with specific ratios:

The first is the staff to child ratio change, which can be found in section 75-03-17: 15-1

It is believed the change in rule could:

- Result in an unnecessary increase in the cost to provide services - DBGR estimates this cost will be an additional $744,600 per year to meet the intent of the standard. Currently, Direct Care Staff are an allowable expense, therefore this would be cost would potentially be reimbursable in the per diem charge. Since 80% of our youth in services are Medicaid eligible, this will effect the state budget.
- Negatively impact the quality of services – with the complexity of the youth in care; with best practices and holistic care professional health care providers (providing evaluations, assessment and treatment) have an impact on the outcomes. RN's LPN', Occupational Therapy, Case Managers, Therapist, Counselors, Addiction Counselors, Pyschologist, Recreational Therapist, Teachers are not considered as direct care staff. Our direct care staff are currently high school graduates with minimal mental/behavioral health experience. As this regulations is written; the resources currently allocated for professional staff would need to reallocated to pay direct care salaries. This would potentially result in the elimination of 12-15 professional care providers at DBGR.
- Negatively impact utilization levels - This standard as written, with an unexpected, unanticipated direct care staffing crisis may result in the unanticipated discharge of youth closing beds (not accepting admissions until staffing stabilized).
- Take important discretion from the facility in adapting staffing levels to the specific needs of the children served.

Our recommendation that is in line with RCCF; The Joint Commission and Commission of Accreditation for Rehabilitation Facilities standards:

The staff to child ratio is dependent on the needs of the children and the requirement of the individual person-centered treatment plans.

The second is the section addressing changes to time out, which can be found in section 75-03-17: 06-1

This section specifically prohibits the use of a resident's bedroom for time out, and members of the PRTF Coalition would like to make the case that there are appropriate uses for time out in bedrooms, that should not be restricted.

Our intention is to provide more detailed testimony tomorrow during the hearing, but wished to bring this to your attention in advance.

Thank you again for the opportunity to testify and we would be happy to any questions you might have.

Jane Brown, Chief Operations Officer, Dakota Boys and Girls Ranch
Susan Gerenz, Director, Pride Manchester