

July 25, 2013

Dear Human Service Committee Members and Legislators

As the Chair of Child Behavioral Health at Sanford in Fargo I know firsthand the struggles that many youth and families encounter when they have a need for behavioral health services. I have lived and worked in the Fargo community as a child and adolescent psychiatrist for 15 years and have had the privilege to work with thousands of youth and families from all areas of North Dakota in many different settings including hospital , outpatient, residential and group home settings.

I would like to take this opportunity to write my testimonial on the health needs of youth and families.

1. Access. We have an access to care crisis in particular pertaining to child and adolescent psychiatrists but also to therapy services. There is presently NO child and adolescent psychiatrist at South East Human Service Center in Fargo leaving the child and adolescent psychiatry physicians at Sanford with the whole of the child psychiatry out patient population to care for. The lack of access leads to either delayed or no care or primary care having to take on the responsibility of treating with medications seriously ill youth without the training necessary to provide optimal care. The additional expense of suboptimal or no treatment is seen in the increased use of hospitalization days and time in the juvenile justice system.
2. Access. We have a deficiency in access to evidence-based therapy services. Often children with severe behavioral health needs will obtain initial therapeutic services only to be told that there is no time in the provider's schedule for follow up.
3. Funding for primary care training in Child Psychiatry provided by Child psychiatrists with the ability for funded mentoring and coaching appears to be one method to aid patients in getting more cost effective and appropriate psychopharmacological treatment.
4. Who gets what care and with whom and when is arbitrary at present in North Dakota. Funding of triage therapists in Emergency rooms, primary care clinics and schools would vastly improve the ability of patients getting to see the correct provider for their particular needs in a timely fashion.
5. Youth and families need case management to be done at the provider site where they get their care and for there to be enough case managers for the population of youth obtaining services.

Presently case management services are only allowed to occur through the Human Service Centers; however most of the work with these youth and their families is not occurring through the Human Service center due to their dire lack of personnel. This leaves patients and families with an assigned case manager with far too high a work load that is not connected with the place where the youth and their family are receiving service.

6. Other not-for-Profit organizations in North Dakota in addition to the Human Service Centers need to be funded to provide youth and families In-Home Services, PCIT services, as these often are the key to total behavioral wellness for the patient when incorporated with case management and psychiatric care.
7. There are presently no beds for child and adolescent psychiatric patients at the State Hospital and children with developmental disabilities are being diverted to Grafton where no Child Psychiatrist is on staff, but youth with severe mental illness that may necessitate longer term care have no where that is designed to meet their needs.
8. Suicide continues to be a highly prevalent occurrence for youth in North Dakota. Utilizing and funding masters-level clinicians to screen and intervene in schools, homes, clinics and sporting activities may be a step to curb this phenomenon.

The Behavioral Health needs of Youth in North Dakota are presently not being met. From primary prevention to intensive evidence-based diagnosis-specific treatment, we are behind the nation in supplying our youth and families with innovative family-friendly community-based care.

I applaud the legislature for taking up this pivotal need and am willing to supply my expertise as a Child and Adolescent Psychiatry Physician to the process of developing a state-of-the-art Behavioral Health Care Model that will service the state of North Dakota and its youth.

We cannot always build the future for our youth but we can build our youth for the future
Franklin D Roosevelt

Yours Sincerely



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