

July 30, 2013
Human Services Committee

Chairman Damschen and members of the Human Services Committee, I am Christine Hogan, an attorney for the Protection & Advocacy Project (P&A). There is a P&A in every state and territory. In ND, it is an independent State agency, with a seven member governing board. P&A's were established by Congress to protect and advocate for the rights of individuals with all types of disabilities, of all ages, within the priorities established by each entity.

Today, I am testifying on behalf of P&A's PAIMI Advisory Council. Congress established the advisory Council for the Protection and Advocacy of Individuals with Mental Illness in 1986 to assist the state of North Dakota in the establishment and operation of the protection and advocacy program for individuals with mental illness. The PAIMI board is responsible for assuring that the protection and advocacy program will protect and advocate for the rights of these individuals through enforcement of the Constitution and federal and state statutes. The PAIMI Council also oversees P&A's investigations of incidents of abuse and neglect of individuals with mental illness. The PAIMI Council is made up of individuals, including mental health professionals and attorneys who are knowledgeable about mental illness, as well as individuals who have received mental health services themselves or are family members of such individuals.

Protection & Advocacy employs full-time mental health advocates who are located across the state providing services at no cost to individuals with mental illness and serious emotional disturbances. Services include information/referral, case advocacy, legal counsel, and protective services.

A workgroup of the PAIMI Council had a meeting for the purpose of addressing this committee's study of the behavioral health needs of youth and adults. We have long known that the needs of vast and will require a significant commitment to invest in the future of our youth and our state.

This kind of investment in children's mental health has happened before in North Dakota and, through your commitment, it can happen again.

In 1994 the North Dakota Department of Human Services was the recipient of a federal System of Change Grant for children diagnosed with SED. This \$16.8 million grant provided the impetus for a formalized system of care for children and was implemented statewide. Services developed or enhanced through the grant included care coordination, respite care, non-hospital crisis, school-based day treatment, and intensive in-home therapy, all using the wraparound process. North Dakota continues to sustain core services developed through the grant effort and approximately 3,150 children with serious emotional/behavioral disturbances have received services through the Partnership program through June 2013.

Working with the family, formal and natural supports (the child and family team) are wrapped around the family to provide them with the services/supports required to meet their needs. The wraparound process includes a set of core elements: 1) individualized plans of care, 2) culturally competent and tailored to the unique needs of families, 3) parental involvement, 4) strength-based, 5) least restrictive setting.

Below is the array of services provided through the Partnerships Program within the children's mental health system of care:

Care Coordination: Care coordination assists children with serious emotional disturbances and their parents with accessing the various services they need and helps them make informed choices about opportunities and services in the community. The care coordinator helps ensure the child and parents receive timely access to needed assistance, provides encouragement and opportunities for self-help activities, and provides overall coordination of services enabling the child and parents to meet their own goals.

Case Aide: This service is designed to provide behavioral management assistance and role modeling. Certified Mental Health Technicians help individuals stabilize, reduce, and

eliminate undesirable behaviors that put them at risk of being served in restrictive settings. Certified Mental Health Technicians also help individuals observe and learn appropriate behavioral responses to situations that trigger their symptoms.

□ Flexible Funding: This service is available when no other resources are available to meet specific needs and threaten the child's ability to remain in the least restrictive setting.

□ Crisis Residential Services: This service provides a short-term, safe place to stabilize behaviors in a 24-hour supervised setting. The goal is to promote rapid stabilization and return to the home or community.

□ Substance Abuse/Dual Diagnosis Services: When a child diagnosed with a severe emotional disturbance requires substance abuse treatment, a substance abuse provider becomes involved in the team process.

The PAIMI Council encourages this committee to recommend an ambitious program to the Legislature next session. We recommend full state funding for program modeled on the federal partnership program introduced our state in 1994. The partnership program produced dramatic results and wonderful outcomes for children with mental health issues. It can happen again through your commitment.