

Testimony
Human Services Interim Committee
Representative Hogan, Chairman
January 6, 2016

Chairman Hogan and members of the Committee: my name is Carlotta McCleary. I am the Executive Director of ND Federation of Families for Children's Mental Health (NDFFCMH). NDFFCMH is a parent run advocacy organization that focuses on the needs of children and youth with emotional, behavioral and mental disorders and their families, from birth through transition to adulthood.

Mental disorders affect about one in five American children and one in ten experience serious emotional disturbances that severely impair their functioning, according to the Surgeon General's comprehensive report on mental health. Yet two thirds are not getting the services that they need.

NDFFCMH argues that North Dakota desperately needs a robust system of care with community-based services from early childhood to adulthood. This system of care would contain services such as: the wraparound process; peer support for parents, youth, and adults; numerous in-home services like therapy, skills training and behavioral interventions; respite services; mobile crisis response and stabilization services that also include safe beds; flex funds; trauma-informed treatments; mentoring; supportive employment; and consultative services. While many of these services are present, the biggest problem is that they are not available for all children and youth to access. For those that are able to access the services, they often do not receive the amount needed to prevent being placed in residential services. In addition, those who are currently in out of home residential services, there are not enough services available for these individuals to successfully return to their communities.

NDFFCMH believes the ND Partnerships Program is a good system for serving children with Serious Emotional Disorders. While there are numerous aspects of the Partnerships Program

model that deserves praise, it is the critically-needed multi-system planning piece that deserves special mention. This ensured that there was meaningful coordination between the numerous agencies that come into contact and support children (the Education system, Child Welfare, Juvenile Justice, and Mental Health). It was also a family-driven model that utilized the strengths of the family to uniquely meet the needs of children. When it was fully implemented the Partnerships Program's positive impacts could not be overstated. North Dakota used the wraparound process which reduced the use of hospitalization, led to fewer encounters with law enforcement, and schools saw an increase in school attendance as well as an increase in academic performance.

North Dakota began ND Partnerships Program in the fall of 1994. North Dakota created a system that worked, but over time the system changed. Today, unfortunately, many times there are not enough services in the community to meet the needs of these children. As a result of not having access to services in the community, children are ultimately placed in a much more expensive Psychiatric Residential Treatment Facility in order to have their needs met. NDFFCMH believes services should be enhanced in the community to prevent these placements whenever possible. Though there are numerous reasons why children may have been unnecessarily placed in residential treatment, some were as a result of not having enough of something simple. In one example that I was personally acquainted with, the wraparound team recommended an increase in case aid hours. This request was denied due to lack of available services. If there had merely been an increase in case aide hours for this child, as was recommended by their own wraparound team, they would not have been placed in residential treatment. Residential treatment should be seen as a last resort, and not used because of an inadequate allotment of services.

NDFFCMH would also like to see an increased effort in regards to discharge planning. Families are experiencing a lack of discharge planning both from residential care as well as hospital inpatient care. Discharge planning is the planning that occurs for when a patient leaves the auspices of the residential treatment facility or hospital and is returned to the community. There is often not a community treatment plan in place prior to the child being discharged. Seemingly, these facilities are relying upon the certificate of need finding a child eligible for residential-level of services instead of providing a contingency plan if Medicaid does not find a child needing such services. When Medicaid does their certificate of need assessment for the child, they will frequently determine that the child does not need residential treatment. But because the residential facility has not done discharge planning for what will occur instead, the child is then discharged to their family with no services in place. The lack of proper discharge planning often sets the child and their family up for failure due to the lack of needed community supports; leading the child back into the residential facility. Instead of this completely undesirable result, what the NDFFCMH would like to see is a coordination between the certificate of need process and discharge planning so that children have the services they need to successfully return to the community.

We have an opportunity to utilize the full continuum of care, including promotion, prevention, treatment, and recovery. The state has the opportunity to use EPSDT which will provide behavioral health services for children through Medicaid. There is also the potential utilization of Medicaid waivers to provide behavioral health services for children and adults.

There have been many testimonies and reports to this body which have underscored the complex needs of children with mental health needs and the changes to the current system that will be needed. This may sound like a daunting task and a venture into uncharted territory. That may be

so, but change isn't always meant to be easy and the opportunities before us have shown us that the rewards will far outweigh the strain that comes with the effort.

Thank you for your time,

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NORTH DAKOTA
FEDERATION OF FAMILIES

For Children's Mental Health

Parent-to-Parent Support Program
Carlotta McCleary, Executive Director

- The North Dakota Federation of Families for Children's Mental Health (NDFFCMH) is a parent run organization that focuses on the needs of children and youth with emotional, behavioral and mental health needs and their families.

About Us

The ND Federation of Families for Children's Mental Health's mission is to provide leadership in the behavioral, or mental disorders from birth to transition to adulthood; to ensure rights to full citizenship; support access to community based services for all children and youth with emotional, behavioral, or mental disorders and their families; and to provide information and engage in advocacy regarding research, early intervention, family support, education, transition services and other services needed by these children and youth and their families.

NDFFCMH Mission



According to the Surgeon General's Report at any given time one in five young people have a mental health problem.



One in ten young people have a serious emotional disorder. That translates to 16,852 children in North Dakota.

- Yet two thirds are not getting the help they need, which means 11,235 children are going without mental health services. That would be similar to filling the Ralph Engelstad Arena.

Two Thirds are not getting the help they need.

- Mental health challenges take a number of forms. The children may be self-abusive or aggressive toward others; or they may be withdrawn, fearful or depressed. Some 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.
- Mental health challenges cut across all income, educational, racial, ethnic and religious groups. They are found among single parents and two-parent families and in birth, adoptive and foster families.

About our Children

- 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 children learn, develop, and grow within their own homes and communities.

Families have thing in common

- Children with a serious emotional disorder are involved in multiple systems. The main public systems are mental health, child welfare, juvenile justice, and education.

Multiple Systems

- Accessing these services can be overwhelming.
- Many families have difficulty understanding the different systems and how they work. Most importantly, parents struggle with how to help their child access the needed services.

System of Care is Complex

- North Dakota Federation of Families for Children's Mental Health provides Parent-to-Parent Support Services to families that have a child, youth, or young adult with emotional, behavioral and mental health needs throughout North Dakota

Parent-to-Parent Support Program

- Parent-to-Parent Support is an evidence based practice that involves the utilization of family support peers with lived experience to provide support, education and advocacy to improve the outcomes for children with mental health needs.

Evidence Based Practice

- NDFFCMH's staff obtain national certification as Family Support Specialist

Nationally Certified

- The Schulte Report recommends the use of family support peers adding that, “in rural areas with behavioral health professional shortages, like North Dakota, using peers and other interested persons like teachers, law enforcement personnel, emergency workers, ect., are instrumental to expanding the workforce. In addition, increasing the number of out-stationed workers in the community is key to improving access to critical services

Schulte Report recommends the use of family support peers

NDFFCMH Parent-to-Parent Program,
includes the following goals:

- To engage, train, educate and support parents who have children with emotional, behavioral or mental health needs.
- To sustain parent participation and partnership in the delivery of mental health services to children.

Goals

- To engage, train, educate and support youth with emotional, behavioral or mental health needs.
- To sustain youth participation and partnership in the delivery of mental health services to children.

Goals Continued

- Provide support and education parents and youth by attending meetings at the request of a parent
- Assist parents and youth in understanding their child's mental health needs
- Assist parents and youth in becoming involved in a support network.
- Assist families and in obtaining training on how to advocate for their children
- Assist families and youth in locating informal services and supports
- Assist families and youth in accessing information on their rights and responsibilities
- Organize activities for family and youth training and parent support events for children's mental health

Activities

- **Provide support and education to parents:** We provided support and education to over 121 families this quarter. Federation of Families staff had 5,796 parent contacts last quarter. We had 43 new referrals.

Quarter Ending September 2015

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