

2013 SENATE HUMAN SERVICES

SB 2068

2013 SENATE STANDING COMMITTEE MINUTES

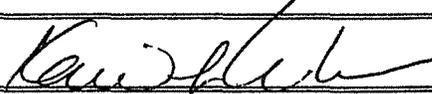
Senate Human Services Committee
Red River Room, State Capitol

SB 2068
1/14/2013

Recording Job Number: 17162

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

Relating to decreasing residential child care facility bed capacity to increase psychiatric residential treatment facility bed capacity.

Minutes:

You may make reference to "attached testimony."

Chairman Lee opens hearing on SB 2068.

Wendy Borman, MSW, Children's Mental Health Services Program Administrator, with the Division of Mental Health and Substance Abuse Services, with the Department of Human Services (Dept.), is first to testify in support of SB 2068.

See attached testimony #1.

Floor is opened for questions from the committee.

Chairman Lee asks Ms. Borman to provide a list of which facility is in which category (acronym) to either the clerk or intern to include in the minutes. See attachment #2.

Chairman Lee asks for clarification about the conversions and to name a few facilities that would be in each category.

Ms. Borman states that this would be a permanent conversion of the 2 Residential Child Care Facility (RCCF) beds over 2 one Psychiatric Residential Treatment Facility (PRTF) beds. The RCCF category includes Home on the Range and Prairie Learning Center. The PRTF category includes the Dakota Boys & Girls Ranch, Luther Hall, Ruth Meiers, and Pride Manchester House.

Senator Anderson asks Ms. Borman to explain the reimbursement and why there are limits.

Ms. Borman is not able to answer questions regarding the actual payment correlation between Medicaid but can get the committee more information.

Senator Dever asks who is responsible for making the placements to these facilities.

Ms. Borman explains that the placements can come from the Department of Juvenile Services, County Social Services, and, at the PRTF level of care if the child is receiving Medicaid, the parent can make a private placement on the child's behalf.

Chairman Lee asks how schools with children in these various categories get involved in an effort to refer a child to a facility.

Ms. Borman states that the schools make referrals to a placement agency if they felt the need for a child to receive services.

Chairman Lee asks Ms. Borman to talk about Manchester House and the services it offers in regards to its lengthy waiting period.

Ms. Borman provides a summary of Manchester House. Attachment #2 can be referred to for more information about the facility as well. She continues to explain that this legislation will allow facilities to increase their bed capacities to whatever would be allowed within the size of the building.

Senator Anderson asks for the reason behind to conversion ratio of 2:1.

Ms. Borman explains that the 2:1 ratio was developed based on the fiscal side, meaning the cost of 2 beds to operate and to what the department would reimburse compared to what 1 PRTF bed would cost. The greater cost is for the higher level of services which would be the resulting additional beds.

Senator Dever inquires about facilities to treat juvenile sex offenders and which cases get sent out of state for treatment.

Ms. Borman states that North Dakota has one facility to treat moderate sex offender cases, but high risk adolescent sex offenders get sent out of state for treatment. This bill would allow the opportunity to expand in that area. Severe aggressive behaviors will also be sent out of state when there is no longer an ability within the state to treat that youth.

Senator Larsen asks where these out of state facilities are located and Ms. Borman proceeds to name a few examples.

Senator Larsen follows by asking for the difference between a licensed facility and unlicensed facility.

Ms. Borman explains that all RCCF and PRTF facilities are licensed, but there are unlicensed RCCF beds due to the result of decreasing the number of beds. These are the beds they are looking at converting over to PRTF beds.

Senator Axness, Ms. Borman, and Chairman Lee proceed to have a dialogue concerning the level of beds and how the level of care the child needs correlates to what bed they occupy. The conversion of the beds could go beyond the 48 unlicensed beds.

No further questions from committee for Ms. Borman.

LeAnn Thiel, with the Department of Human Services, is next up to the podium. She has no written testimony prepared but wants to address Senator Anderson's question about rates. The moratorium was put in place years ago because costs are covered for facilities with lower capacities. It is fiscally responsible to have these facilities as full as possible because there is a fixed cost no matter what. In PRTF's, payment is for a day of treatment and is not based on the diagnosis.

No further questions from committee for Ms. Thiel.

Jane Brown, COO of Dakota Boys and Girls Ranch, is next to testify in support of SB 2068. This facility is licensed for both RCCF and PRTF levels, along with the education component. Ms. Brown proceeds to provide the committee with more background information about the facility.

Floor is opened for questions from the committee.

Senator Larsen asks Ms. Brown how they work with schools in regards to transferring the youth in and out during the school year.

Ms. Brown states that they work with the school system to ensure that their credits are being met and that they don't miss any classes needed. Caretakers are with the individual during treatment as well as in the school program to provide the necessary support. Upon discharge/completion of treatment they go back to their home school. Transitioning and completion is based on each child's individual plan.

No further questions from committee for Ms. Brown.

Chairman Lee asks **David Marion** from the Prairie Learning Center in Raleigh, ND to come up to the podium to briefly discuss his facility for the newer members of the committee. During his discussion he states that he is in full support of SB 2068, but does express his concern for the fact that there might be a need for more residential care beds in the future and would like that flexibility.

Ms. Borman steps back up to the podium to explain that 11 beds of the 48 have been set aside for Children Family Services who license the RCF beds. The remainder of beds would be set over in the 2-1 ratio.

No further testimony in support or opposition.

Chairman Lee closes the hearing on SB 2068.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2068

1/14/13

Recording Job Number: 17179

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

Relating to decreasing residential child care facility bed capacity to increase psychiatric residential treatment facility bed capacity.

Minutes:

You may make reference to "attached testimony."

Committee discussion on SB 2068.

Committee wants to wait for LeAnn Thiel from the Department of Human Services to provide more information on reimbursement on the two facilities.

Chairman Lee asks the law intern to check with Ms. Thiel to hopefully have more information by tomorrow afternoon.

Committee continues to discuss the wait list to get into the facilities and the capacity of the different facilities.

Discussion is closed until further information is received.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

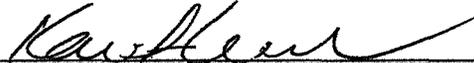
SB 2068

1/16/13

Recording Job Number: 17301

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

"Click here to type reason for introduction of bill/resolution"

Minutes:

You may make reference to "attached testimony."

Committee discussion #2 on SB 2068 between basic care and long term care bed conversions and a previous study done on this topic.

No action was taken.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2068

1/21/13

Recording Job Number: 17465

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to decreasing residential child care facility bed capacity to increase psychiatric residential treatment facility bed capacity.

Minutes:

You may make reference to "attached testimony."

Committee discussion #3 on SB 2068.

Chairman Lee opens discussion with information from Dave Marion, Executive Director of the Prairie Learning Center. See attachment #3.

LeAnn Thiel, Department of Human Services, steps up to the podium to address the proposed amendment. The Department does not have any opposition to the amendment but requests language about the bed conversion.

No questions for Ms. Thiel from the committee and no further discussion.

Senator Dever moves to adopt the amendment.

Senator Larsen seconds.

Roll call vote: 5-0, motion to adopt amendment passes

Senator Dever moves Do Pass as Amended.

Senator Larsen seconds.

Roll call vote: 5-0, Do Pass as Amended.

Senator Dever carries Bill to the floor.

13.8111.01001
Title.02000

Adopted by the Human Services Committee

January 21, 2013



PROPOSED AMENDMENTS TO SENATE BILL NO. 2068

Page 1, line 21, after the underscored period insert "When necessary, the department may revert one psychiatric residential treatment facility bed to two residential child care facility beds."

1-22-13

Renumber accordingly

Date: 1/21/13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2068

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.8111.01001

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

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

Date: 1/21/13
 Roll Call Vote #: 2

**2013 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2008**

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.8111.01001

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Dever

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

REPORT OF STANDING COMMITTEE

SB 2068: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2068 was placed on the Sixth order on the calendar.

Page 1, line 21, after the underscored period insert "When necessary, the department may revert one psychiatric residential treatment facility bed to two residential child care facility beds."

Renumber accordingly

2013 HOUSE HUMAN SERVICES

SB 2068

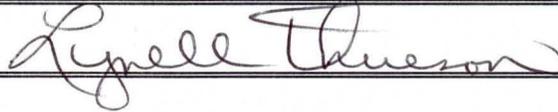
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2068
March 6, 2013
Job 19522

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to decreasing residential child care facility bed capacity to increase psychiatric residential treatment facility bed capacity.

Minutes:

Testimony #1

Chairman Weisz opened the hearing on SB 2068.

00:50 Wendy Borman: MSW, Children's Mental Health Services Program Administrator with DHS Division of Mental Health and Substance Abuse Services testified in support of the bill. (See Testimony #1)

9:12 Rep. Laning: Is there a cost differential on the beds and what is it?

Wendy Borman: The cost of differentiation is fairly equal. I defer question to LeeAnn.

Chairman Weisz: It seems the department can do what you are asking us to do. Why haven't we done this assessment and put in additional beds?

Wendy Borman: Through the moratorium we cannot have more than 85 beds.

Chairman Weisz: Why would it take 10 years to do the assessments? Seems to me you can do it right now.

Wendy Borman: This would formalize the process for that. The trends and needs have been increasing over the years.

LeeAnn Thiel: with the **Department of Human Services**. I don't think there would be enough of a financial impact to be a savings.

Rep. Laning: If the cost is the same what would you do for a two for one or one for two ratio?

Thiel: Because of level of care they are at it is not a one for one relationship.

Rep. Porter: Cost differential for out of state treatment in the past has been discussed. If we are bringing children back into our treatment programs, shouldn't this reflect as a savings to the state?

Thiel: At the most it would be 16 beds.

Rep. Porter: That was the intention to keep the kids close to home and it saves us money too. Are they going to use this to create a new 16 bed facility?

Thiel: We couldn't expand more than 16 beds.

Rep. Porter: No one facility would be able to get more than 16 beds? Or are you looking at licensing a new facility?

Thiel: It couldn't be at the same location.

Rep. Porter: Do you have some financial information?

Maggie Anderson: with the **Department of Human Services**. There is not a big disparity amongst those daily rates. I can get you our cost per child in state and out.

Rep. Fehr: Should we continue the moratorium and doubling and putting language in. With this language we wouldn't change the moratorium. Does it service well to continue the moratorium or does it service well to put in language that makes changes based on that?

JoAnn Hoesel: with the **Department of Human Services**. It's really a last resort to have a child placed in out of home because their treatment outcome is very challenging. We want to use the capacity that isn't used in a different manner.

Rep. Fehr: To add this to Section 2, does it not make this look more restrictive for the department in terms of doing anything other than converting these beds?

Hoesel: Our perspective is that it gives us more flexibility. We don't want to increase the number, but work within the numbers.

Chairman Weisz: Based on what you said, the language does give you some of that ability. Wouldn't it make more sense to have the language that clarifies the department will determine if they want to move the amount of beds from one to the other.

Hoesel: It doesn't take away that flexibility. We can do a need assessment in the future.

Chairman Weisz: Things change over ten years. Why do we need that language?

Hoesel: I believe the language in there now, indicates we could go over that number.

28:00 Dave Marion: with the **Prairie Learning Center in Raleigh, ND**. We are in support of this. We service a residential care facility and those needs have shifted to more mental health. ND is changing, our needs are changing, and our resources are getting

backlogged. 95% of kids in Raleigh, ND are going through drug and alcohol treatment. It helps for us to have that flexibility.

31:54 Rep. Fehr: How many kids in your facility, during the time they are there, have to go to a higher level?

Marion: If I would go out of the 35 I have, I would say 1 or 2 need psychiatric care. The mental health issues are being diagnosed more and more.

Rep. Fehr: When they leave you do they come back to you as short term patients or go somewhere else?

Marion: We get a lot of Youth Correctional Center youth.

Rep. Mooney: Are the kids who come to you suicidal in nature or are they more outwardly aggressive?

Marion: We have some suicidal, self-harm and chemical dependency. We have 35 beds and if we can we will accept that child.

36:37 Jane Brown: with the **Dakota Boys and Girls Ranch** testified in support of the bill. The Boys and Girls ranch started 60 years ago for those who had no home. Today we have children with legal charges. With PRCF a parent can refer to our facility and insurance will cover. A child that goes to psychiatric care is only kept for about 3 days. The criterion for admission has changed. We serve 10 to 18 in ages. We have more beds open in the RCCF.

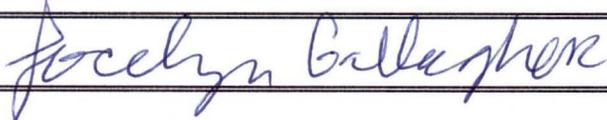
Hearing closed.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2068
March 18, 2013
Job 20042

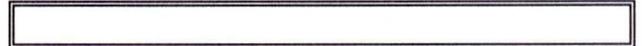
Conference Committee



Explanation or reason for introduction of bill/resolution:

Relating to decreasing residential child care facility bed capacity to increase psychiatric residential treatment facility bed capacity.

Minutes:



Chairman Weisz: Let's take up SB 2068. The question would be whether we should just have language that allows them to do the conversion. These are the numbers they've determined are needed by the department. If we want to amend it to allow them

Rep. Silbernagel: (2:46) I checked in with the Manchester Home and they would like that flexibility. I would support that idea.

Chairman Weisz: We can pass the amendment and have LC draw it up if you're okay with it. It seems like we put a bunch of language in here that limits them and they're ones setting the rules.

Rep. Fehr: What amendment are we talking about?

Chairman Weisz: The amendment would say the department can convert the care between the two as a department sees fit, instead of the one for two and the two for one.

Rep. Fehr: That would be in place of the existing language in number 2?

Chairman Weisz: Yes, and went on to read the language.

Rep. Looyzen: I move that amendment.

Chairman Weisz: The amendment would say they have the ability to convert residential child care to psychiatric residential treatment and to convert psychiatric residential treatment to residential care treatment licensed under this chapter. This gives them total flexibility within the number of beds to shift as needed.

Rep. Fehr: I'm in support of the amendment; I'm just trying to figure out the best language. Should we say the department may develop rules to exchange residential childcare beds in psychiatric childcare?

Chairman Weisz: How about policy?

Rep. Fehr: Ok

Chairman Weisz: Being this doesn't affect anything outside of the agency it wouldn't be necessary to establish it as rule, you could have it as policy.

Rep. Fehr: The department may develop policy to exchange residential child care etc.

Rep. Silbernagel: Second.

Rep. Fehr: Just to clarify, now we've deleted the rest of the language and in line 8, that would remain the same?

Chairman Weisz: Yes.

Vice-Chair Hofstad: Is there a difference in cost and level of care as we move these patients from modality to the other? Could we be moving patients unnecessarily?

Chairman Weisz: The reason for the moratorium was cost at that time.

Rep. Silbernagel: There is a different level of care and usually involves psychiatric care and the difference in the beds is only about \$10.

Vice-Chair Hofstad: I just wondered if there would be a propensity to move them to a different level of care and if that cost to the state would increase?

Rep. Laning: My understanding that there is no cost to the state if the bed is unoccupied.

Chairman Weisz: We are still capping it at \$372, they didn't ask for in that. The cost difference was minimal. We still have the amendment in front of us.

Voice vote, motion carried. We have an amended bill in front of us, wishes of the committee?

Rep. Fehr: I motion a do pass of the amended, engrossed bill 2068.

Rep. Laning: Second

Chairman Weisz: Call roll for do pass as amended on engrossed SB 2068.

12-0-1 do pass, Rep. Silbernagel will carry.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2068

Page 1, line 2, remove "decreasing"

Page 1, line 2, replace "to increase" with "and"

Page 1, line 8, replace "**Conversion**" with "**Exchange**"

Page 1, line 17, remove "convert residential child care"

Page 1, replace lines 18 through 24 with "develop a policy to:

- a. Exchange residential child care facility bed capacity licensed under chapter 50-11 with psychiatric residential treatment facility bed capacity; or
- b. Exchange psychiatric residential treatment facility bed capacity with residential child care facility bed capacity licensed under chapter 50-11."

Renumber accordingly

Date: 3-18-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2068

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Spayser Seconded By Rep. Silbernagel

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

amendment attached
Voice Vote
Motion Carried

Date: 3-18-13
 Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2068

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Lehr Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 12 No 0

Absent _____

Floor Assignment Rep. Silbernagel

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

REPORT OF STANDING COMMITTEE

SB 2068, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2068 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "decreasing"

Page 1, line 2, replace "to increase" with "and"

Page 1, line 8, replace "Conversion" with "Exchange"

Page 1, line 17, remove "convert residential child care"

Page 1, replace lines 18 through 24 with "develop a policy to:

a. Exchange residential child care facility bed capacity licensed under chapter 50-11 with psychiatric residential treatment facility bed capacity; or

b. Exchange psychiatric residential treatment facility bed capacity with residential child care facility bed capacity licensed under chapter 50-11."

Renumber accordingly

2013 TESTIMONY

SB 2068

Testimony
Senate Bill 2068 – Department of Human Services
Human Services Committee
Senator Judy Lee, Chairman
January 14, 2013

Senator Lee and members of the Human Services Committee, I am Wendy Borman, MSW, Children's Mental Health Services Program Administrator, with the Division of Mental Health and Substance Abuse Services, with the Department of Human Services (Dept.).

I am here to provide testimony in support of Senate Bill 2068, which was introduced at the request of the Department. I would like to take this opportunity to provide the committee with background information about the relevance of SB 2068 to the licensing of residential and psychiatric treatment beds in North Dakota.

In 2003 the Department had a total of 372 licensed residential beds for children and youth; 288 beds at the Residential Child Care Facility (RCCF) level of care, and 84 beds at the Psychiatric Residential Treatment Facility (PRTF) level of care, formally known as Residential Treatment Centers (RTC). Over the past 10 years the Department and residential facilities have noted changes in the treatment needs of children and youth being served in the treatment facilities. The young people in our residential settings today have more complex mental health needs along with multiple behavioral needs that cannot be effectively addressed with treatment as usual. The complexity of these needs create circumstances that place the youth at risk and their families or caregivers under extreme

stress and severely compromises their ability to provide adequate care for the youth resulting in multiple placements within the state.

The treatment needs these young people present at the residential level of care are extremely challenging behaviors that include suicidal and risk-taking activities, criminal behavior, substance abuse, and extreme aggression towards others and employees. In addition to these behaviors, most of these young people have associated mental health diagnoses such as Autism, Asperger's, post-traumatic stress disorder, emerging borderline personality disorder, attention deficit disorder, conduct disorder, and poly-substance disorder.

At the present time, North Dakota has 10 Residential Child Care Facilities and six Psychiatric Residential Treatment Facilities, all licensed by the Department. The presenting high and complex treatment needs have created a shift in the type of residential treatment beds needed to appropriately and adequately treat these challenging behaviors. There has been a decrease in the number of licensed RCCF beds over the past 10 years. As of January 2013, 240 of the available 288 RCCF beds were licensed, leaving 48 RCCF beds unlicensed. The 84 PRTF beds have remained licensed with waiting lists that leave some youth, with high and complex needs, waiting several months for appropriate treatment. The current number of PRTF beds has forced legal custodians to send youth out of state for appropriate psychiatric residential treatment. Of youth in out-of-state treatment facilities in October 2012, 21 youth had four in-state treatment placements prior to their current out-of-state placement, one youth had 12 placements. Studies show that children who experience behavior-related placement changes received double the outpatient mental health visits than children who experience placement

changes for other reasons. The number of previous out-of-home placements tends to be higher with increased levels of psychiatric symptoms and can be used to predict treatment response. Placement changes affect the well-being of children putting them at heightened risk for poor outcomes. Therefore, accurate assessment of a child's needs and risk in relation to caregiver capacities is critical. (Child Welfare: Journal of Policy, vol. 84; Mental Health Services Research 2004, Vol. 6)

In an ongoing effort to address the high and complex needs of youth in our state, in May 2012 the Department implemented a policy where all PRTFs must notify the Department at the point when a discharge plan for a youth placed at their facility changes to a higher level of care (inpatient psychiatric care) or when the discharge plan is to an out-of-state treatment facility. This has created an opportunity for the Department to determine the unmet treatment needs that prompt an out-of-state placement. As a multi-divisional effort, the Department is implementing strategies to lower the number of multiple placements for youth in-state and decrease the number of youth placed in out-of-state facilities. One major strategy the Department has implemented is Community-Based Standards (CbS) continuous quality improvement process. In 2012, the CbS process was piloted in two of the Psychiatric Residential Treatment Facilities. Due to positive results, the remaining facilities (RCCF and PRTF) will implement this improvement process during the upcoming biennium. CbS provides facilities with information on their strengths, identifies areas needing attention and also provides technical assistance and training opportunities to meet the residential facility's improvement plan needs. The Department will also provide targeted training to residential staff on proven methods to manage and decrease aggressive

behaviors and affectively provide treatment to youth with complex mental health needs, which often lead to multiple placements.

Senate Bill 2068 would create an opportunity for the Department to convert unlicensed Residential Child Care bed capacity to Psychiatric Residential Treatment Facility bed capacity at a 2:1 Ratio (2 RCCF Beds = 1 PRTF Bed). An increase in PRTF bed capacity will help meet the high and complex treatment needs of our young people. Senate Bill 2068 would allow a new or currently licensed PRTF provider to request PRTF bed capacity for licensure. With additional PRTF bed capacity in-state, we anticipate a decrease in the current PRTF waiting lists and placements in out-of-state treatment facilities.

The Departments RCCF licensor will continue to manage and track all licensed and unlicensed RCCF beds and the PRTF licensor will track and manage all formal residential bed conversion requests submitted from PRTFs and all licensed and unlicensed PRTF beds. The PRTF licensor will assure that a PRTF submitting a formal request for new or additional treatment beds is in compliance with the Psychiatric Residential Treatment Facilities Administrative Rule Chapter 75-03-17 and in good standings with their accrediting body. The residential bed conversion will occur only after a formal request is approved by both the PRTF and RCCF licensors, their Division Directors and the Department of Human Services Executive Director. Once an RCCF bed is converted to a PRTF bed, the PRTF bed cannot be converted back to two RCCF beds.

Due to the comprehensive approach which includes the residential bed conversion process, the Department does not feel there will be an overall fiscal budget impact for the conversion process, or ongoing operations.

In closing, the residential bed conversion process will create an opportunity for the Department and the PRTFs to provide appropriate psychiatric treatment to our children and youth that is closer to their family and their communities.

This concludes my testimony for SB 2068. I would be happy to answer any questions the Committee might have. Thank you.

NDLA, S HMS - Herrick, Kari

From: Borman, Wendy C.
Sent: Monday, January 14, 2013 1:22 PM
To: NDLA, S HMS - Herrick, Kari
Cc: Hoesel, JoAnne D.; Borman, Wendy C.
Subject: PRTF & RCCFs licensed by the Department

Senator Lee,

Per your request during testimony for SB 2068, below is the list of the facilities licensed as a PRTFs & RCCFs in North Dakota.

PRT Facility Name	Current Licensing Period	Beds	Ages of Care
Dakota Boys & Girls Ranch Fargo (PRTF)	7/1/2011 - 6/30/2013	16	10 to the age of 18 (Male/Female)
Dakota Boys & Girls Ranch Minot (PRTF)	7/1/2011 - 6/30/2013	16	10 to the age of 18 (Male/Female)
Dakota Boys & Girls Ranch Bismarck (PRTF)	7/1/2011 - 6/30/2013	16	10 to the age of 18 (Male/Female)
Luther Hall (PRTF)	7/1/2011 - 6/30/2013	16	10 to the age of 18 (Male/Female)
Ruth Meiers Adolescent Center (PRTF)	7/1/2011 - 6/30/2013	12	10 to the age of 18 (Male/Female)
Pride Manchester House (PRTF)	7/1/2011 - 6/30/2013	8	5 to the age of 14 (Male/Female)
6 Total PRTF's		84	84 max beds in ND

RCCF Facility Name	Current Licensing Period	Beds	Ages of Care
Charles Hall Youth Services	7/1/2011 - 6/30/2013	29	10 to 19 in Case / Hall 10 to 21 Goodbird (M/F)
DBGR - Fargo Youth Home	7/1/2012 - 6/30/2013	10	10 to 19 (M/F)
DBGR - Fargo Safe Home	7/1/2012 - 6/30/2013	8	5 to 19 (M/F)
DBGR - Minot Campus	7/1/2012 - 6/30/2013	42	10 to 19 (M/F)
Eckert Youth Homes	7/1/2012 - 6/30/2014	14	12 to 18 (M/F)
Harmony House	7/1/2012 - 6/30/2014	8	10 to 21 (M/F)
Home on the Range	7/1/2011 - 6/30/2013	54	temp 8 through 1/31/2013

Kay's Place	7/1/2012 - 6/30/2014	7	12 to 19 (specific 18yr) Females only
Lake Oahe Group Home	7/1/2012 - 6/30/2013	8	10 to 18 (M/F)
New Outlooks	7/1/2012 - 6/30/2014	10	14 to 21 (M/F)
Prairie Learning Center	7/1/2012 - 6/30/2014	50	12 to 9 Males only
11 RCCF Totals =		240	288 max beds in ND

Please let me know if you have any further questions.

Thank you,

Wendy Borman, MSW

**Children's Mental Health Administrator
Division of Mental Health & Substance Abuse
1237 W. Divide Ave. Ste. 1C
Bismarck, ND 58501-1208
Phone: 701-328-8952
Fax: 701-328-8969**

"There are far better things ahead than any that we leave behind" C.S. Lewis

To: Sen. Judy Lee
Sen. Oley Larsen
Sen. Howard Anderson
Sen. Dick Dever
Sen. Tyler Axness

From: Dave Marion

Re. Wording change on SB 2068

Here is the suggested wording to insert to line 21, after the words bed capacity.

“When necessary, the Department may revert a PRTF bed to a RCCF bed”

The Purpose of this additional wording is to allow beds converted from RCCF to PRTF be able to revert back to RCCF as the Department sees the need. I did review this with Maggie Anderson and with Joann Hassel and they said it would be fine. I also ran it by legislative counsel for the proper wording. If you have any questions please let me know and thanks for your time.

Dave Marion, Executive Director

Prairie Learning Center

701-597-3419

C # 701-301-1049

#1

Testimony
Engrossed Senate Bill 2068 – Department of Human Services
Human Services Committee
Representative Robin Weisz, Chairman
March 6, 2013

Representative Weisz and members of the Human Services Committee, I am Wendy Borman, MSW, Children’s Mental Health Services Program Administrator, with the Division of Mental Health and Substance Abuse Services, with the Department of Human Services (Department). I am here to provide testimony in support of Engrossed Senate Bill 2068, which was introduced at the request of the Department.

Background:

In 2003, the Department had a total of 372 licensed residential beds for children and youth; 288 beds at the Residential Child Care Facility (RCCF) level of care, and 84 beds at the Psychiatric Residential Treatment Facility (PRTF) level of care, formally known as Residential Treatment Centers (RTC). Over the past 10 years the Department and residential facilities have noted changes in the treatment needs of children and youth being served in the treatment facilities. The young people in our residential settings today have more complex mental health needs along with multiple behavioral needs that cannot be effectively addressed with treatment as usual. The complexity of these needs create circumstances that place the youth at risk and their families or caregivers under extreme stress and severely compromises their ability to provide adequate care for the youth resulting in multiple placements within the state.

The treatment needs these young people present at the residential level of care are extremely challenging behaviors that include suicidal and risk-taking activities, criminal behavior, substance abuse, and extreme aggression towards others and employees. In addition to these behaviors, most of these young people have associated mental health diagnoses such as Autism, Asperger's, post-traumatic stress disorder, emerging borderline personality disorder, attention deficit disorder, conduct disorder, and poly-substance disorder.

At the present time, North Dakota has 10 RCCF's and 6 PRTF's, all licensed by the Department. The presenting high and complex treatment needs have created a shift in the type of residential treatment beds needed to appropriately and adequately treat these challenging behaviors. The changes in need and the administrative rule requirement of 75% occupancy rates for RCCF's has created a decrease in the number of licensed RCCF beds over the past 10 years. As of January 2013, 240 of the available 288 RCCF beds were licensed, leaving 48 RCCF beds unlicensed. The 84 PRTF beds have remained licensed with waiting lists that leave some youth, with high and complex needs, waiting several months for appropriate treatment. The current number of PRTF beds has forced legal custodians to send youth out of state for appropriate psychiatric residential treatment. Of youth in out-of-state treatment facilities in October 2012, 21 youth had four in-state treatment placements prior to their current out-of-state placement, one youth had 12 placements. Studies show that children who experience behavior-related placement changes received double the outpatient mental health visits than children who experience placement changes for other reasons. The number of previous out-of-home placements tends to be higher with increased levels of psychiatric symptoms and can be used to predict

treatment response. Placement changes affect the well-being of children putting them at heightened risk for poor outcomes. Therefore, accurate assessment of a child's needs and risk in relation to caregiver capacities is critical. (Child Welfare: Journal of Policy, vol. 84; Mental Health Services Research 2004, Vol. 6)

In an ongoing effort to address the high and complex needs of youth in our state, in May 2012 the Department implemented a policy where all PRTFs must notify the Department at the point when a discharge plan for a youth placed at their facility changes to a higher level of care (inpatient psychiatric care) or when the discharge plan is to an out-of-state treatment facility. This has created an opportunity for the Department to determine the unmet treatment needs that prompt an out-of-state placement. As a multi-divisional effort, the Department is implementing strategies to lower the number of multiple placements for youth in-state and decrease the number of youth placed in out-of-state facilities. One major strategy the Department has implemented is Community-Based Standards (CbS) continuous quality improvement process. In 2012, the CbS process was piloted in two of the PRTF's. Due to positive results, the remaining facilities (RCCF and PRTF) will implement this improvement process during the upcoming biennium. CbS provides facilities with information on their strengths, identifies areas needing attention and also provides technical assistance and training opportunities to meet the residential facility's improvement plan needs. The Department will also provide targeted training to residential staff on proven methods to manage and decrease aggressive behaviors and affectively provide treatment to youth with complex mental health needs, which often lead to multiple placements.

Provisions of the Bill:

Engrossed Senate Bill 2068 would create an opportunity for the Department to convert unlicensed Residential Child Care bed capacity to Psychiatric Residential Treatment bed capacity at a 2:1 Ratio (2 RCCF Beds = 1 PRTF Bed). An increase in PRTF bed capacity will help meet the high and complex treatment needs of our young people. Engrossed Senate Bill 2068 would allow a new or currently licensed PRTF provider to request PRTF bed capacity for licensure. With additional PRTF bed capacity in-state, we anticipate a decrease in the current PRTF waiting lists and placements in out-of-state treatment facilities.

The Department's RCCF licensor will continue to manage and track all licensed and unlicensed RCCF beds and the PRTF licensor will track and manage all formal residential bed conversion requests submitted from PRTFs and all licensed and unlicensed PRTF beds. The PRTF licensor will assure that a PRTF submitting a formal request for new or additional treatment beds is in compliance with the Psychiatric Residential Treatment Facilities Administrative Rule Chapter 75-03-17 and is in good standings with their accrediting body. The residential bed conversion will occur only after a formal request is approved by both the PRTF and RCCF licensors, their Division Directors and the Department of Human Services Executive Director. Engrossed Senate Bill 2068 was amended by the Senate Human Services Committee by adding the language under number 2, line 21: "When necessary, the department may revert one psychiatric residential treatment facility bed to two residential child care facility beds". The residential bed conversion for this would be 1 PRTF Bed = 2 RCCF Beds (1:2 Ratio) and will follow the same licensing procedures as mentioned previously.

Due to the comprehensive approach which includes the residential bed conversion process, the Department does not feel there will be an overall fiscal budget impact for the conversion process, or ongoing operations.

In closing, the residential bed conversion process will create an opportunity for the Department and the PRTFs to provide appropriate psychiatric treatment to our children and youth that is closer to their family and their communities.

This concludes my testimony for SB 2068. I would be happy to answer any questions the Committee might have. Thank you.

North Dakota Department of Human Services
Medical Services Division
Reimbursement of RCCFs and PRTFs
January 15, 2013

	RCCF	PRTF
Maintenance Rate	Reimbursed a daily rate which includes allowable costs for room and board	Reimbursed a daily rate which includes allowable costs for room and board and rehabilitation
Rehabilitation Costs and Targeted Case Management	Reimbursed on a per visit basis	
Limitation	75% Occupancy Limitation on Maintenance Rate	No Occupancy Limitation
Rate Setting Administrative Code	75-03-15	75-02-09

RCCF - Residential Child Care Facility
PRTF - Psychiatric Residential Treatment Facility

Department of Human Services Licensed Facilities

PRTF Name	Current License	Beds	Ages of Care
Dakota Boys & Girls Ranch Fargo	7/1/2011 - 6/30/2013	16	10 to 18 (Male/Female)
Dakota Boys & Girls Ranch Minot	7/1/2011 - 6/30/2013	16	10 to 18 (Male/Female)
Dakota Boys & Girls Ranch Bismarck	7/1/2011 - 6/30/2013	16	10 to 18 (Male/Female)
Luther Hall	7/1/2011 - 6/30/2013	16	10 to 18 (Male/Female)
Ruth Meiers Adolescent Center	7/1/2011 - 6/30/2013	12	10 to 18 (Male/Female)
Pride Manchester House	7/1/2011 - 6/30/2013	8	5 to 14 (Male/Female)
6 Total PRTF's		84	84 Maximum Bed Capacity

RCCF Name	Current License	Beds	Ages of Care
Charles Hall Youth Services	7/1/2011 - 6/30/2013	29	10 to 19 (M/F)
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Home on the Range	7/1/2011 - 6/30/2013	54	temp 8 through 1/31/2013
Kay's Place	7/1/2012 - 6/30/2014	7	12 to 19 (F)
Lake Oahe Group Home	7/1/2012 - 6/30/2013	8	10 to 18 (M/F)
New Outlooks	7/1/2012 - 6/30/2014	10	14 to 21 (M/F)
Prairie Learning Center	7/1/2012 - 6/30/2014	50	12 to 9 (M)
11 RCCF Totals		240	288 Maximum Bed Capacity