



North Dakota Legislative Council

Prepared for the Human Services Committee
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STUDY OF INPATIENT MENTAL HEALTH CARE FOR CHILDREN - BACKGROUND MEMORANDUM

The Legislative Assembly approved House Concurrent Resolution No. 3017 (2023) ([appendix](#)) which provides for a Legislative Management study relating to the need for inpatient mental health care for children. Provisions of the resolution indicate that because of an increasing need for inpatient mental health care for children in the state, the study should determine recommendations to address the gaps between home- and community-based services available in the state and the need for inpatient mental health care for children.

PREVIOUS REPORTS AND STUDIES Student Behavioral Health Crisis

During the 2019-20 interim, the Education Policy Committee conducted a study on student behavioral health issues pursuant to Senate Concurrent Resolution No. 4004 (2019).

Testimony and Committee Considerations

The committee received information from a representative of the Department of Health and Human Services (DHHS) regarding terminology and data related to behavioral health, and behavioral health as it relates to students. According to the testimony, behavioral health is an umbrella term that covers many different concepts and includes more than mental health. Special education, behavioral health, and trauma are used synonymously at times, but the terms are distinct and distinguishable. Behavioral health is a state of mental and emotional being, and choices and actions that affect wellness.

The testimony indicated the keys to reforming the state's behavioral health system are to support the full continuum of care from promotion and prevention to treatment and recovery, increase community-based behavioral health services, and prevent criminal justice involvement for individuals with behavioral health conditions. Fifty percent of all people with mental health or substance use disorders, or both, are diagnosed by age 14, and 75 percent of people with these conditions are diagnosed by age 24. Intervening during windows of opportunity when the person is young can prevent a disorder from developing. The majority of funding is spent on treatment, which is high cost and low impact.

Conclusion

The committee indicated DHHS, the regional education associations, and school districts are to be commended for the efforts being made to address the behavioral health needs of students. The committee generally agreed school districts are implementing positive behavioral interventions and supports and engaging in systemic changes to their approach on student behavioral health issues. Committee members indicated some data collection used by school districts is too all encompassing and does not contain enough detail.

Recommendations

The committee made no recommendation regarding its study of student behavioral health issues.

NORTH DAKOTA LAW

North Dakota Century Code Section 50-06-01 defines "behavioral health" as the planning and implementation of preventive, consultative, diagnostic, treatment, crisis intervention, rehabilitative, and suicide services for individuals with mental, emotional, or substance use disorders, and psychiatric conditions. Pursuant to its website, DHHS defines behavioral health further as "a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health conditions affect people from all walks of life and all age groups."

Section 50-06-41 provides for DHHS to publish a quarterly report on behavioral health services provided by or supported by the department. The report must include each type of behavioral health service, the number of clients served for each service, and the amount of state and federal funds budgeted and spent for each service. The data

must be identified for behavioral health services by human service region and by mental health services provided to children, mental health services provided to adults, and substance abuse services. The report is available at www.hhs.nd.gov/behavioral-health/data.

Section 50-06-43.1 establishes the Children's Cabinet to assess, guide, and coordinate the care for children across the state's branches of government and tribal nations.

OVERVIEW OF 2020-21 NATIONAL SURVEY OF CHILDREN'S HEALTH

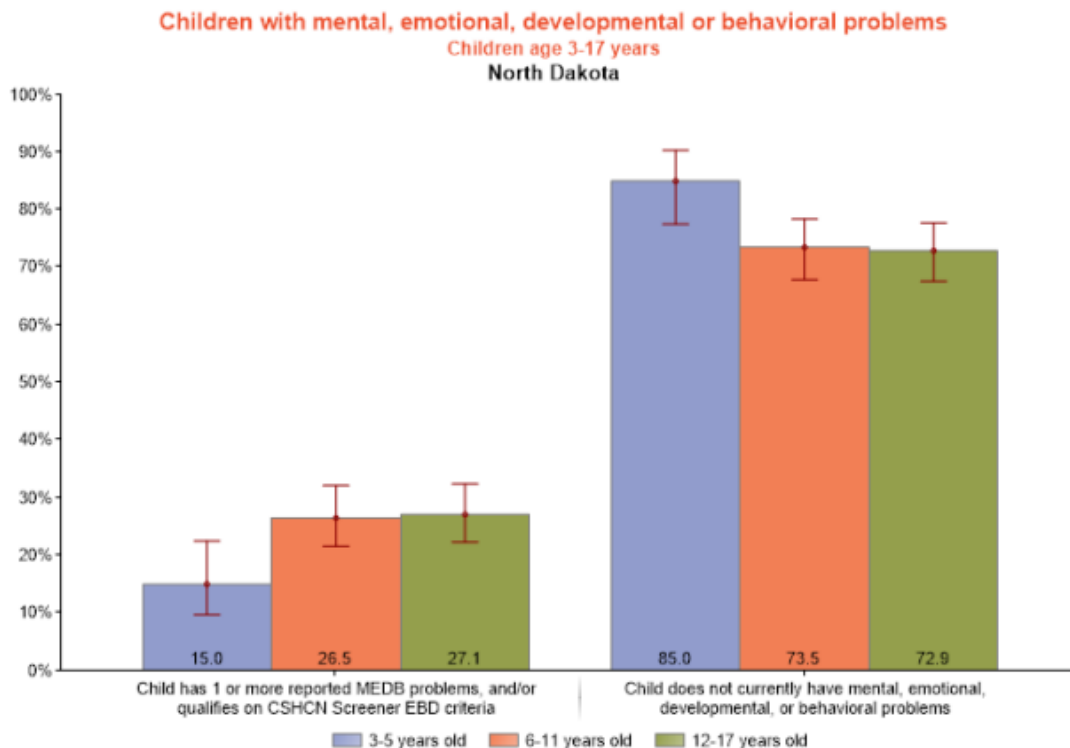
According to the 2020-21 National Survey of Children's Health, there are approximately 34,412 children and youth who have a special health care need in the state. Children with special health care needs are defined as those children and youth who have a chronic condition of at least one year, a physical disability, or a mental health/behavior health diagnosis. Additionally, many children and youth who may have a physical disability and a chronic health issue may also have a co-occurring mental health diagnosis.

The National Data Center for Child and Adolescent Health (www.childhealthdata.org) provides data on the complexities of children and youth with special health care needs. Data below provides an overview of the data related to mental, emotional, developmental, or behavioral needs in North Dakota.

Does a child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?

	Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria	Child does not currently have mental, emotional, developmental, or behavioral problems	Total %
%	24.4	75.6	100.0
C.I.	21.3 - 27.6	72.4 - 78.7	
Sample Count	311	979	
Pop. Est.	35,816	111,262	

C.I. = 95% Confidence Interval.
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.



Percent of children, ages 3-17, with a mental/behavioral condition who receive treatment or counseling:

	Received treatment or counseling	Did not receive treatment or counseling	Total %
%	50.8	49.2	100.0
C.I.	41.5 - 60.1	39.9 - 58.5	
Sample Count	121	93	
Pop. Est.	12,319	11,921	

C.I. = 95% Confidence Interval.
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Many children who have a chronic health illness or disability also have a behavioral health condition. The number of children and youth needing access to services in mental health have increased.

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Psychiatric residential treatment facilities are facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services, and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family. Psychiatric residential treatment facilities are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less-restrictive setting. North Dakota psychiatric residential treatment providers include the Dakota Boys and Girls Ranch in Bismarck, Fargo, and Minot, Nexus-PATH Family Healing in Fargo, Pride Manchester House in Bismarck, and Ruth Meiers Adolescent Center in Grand Forks. Psychiatric residential treatment facilities are licensed by DHHS and carry accreditation by national accreditation bodies.

FUNDING HISTORY

The following schedule provides a comparison of funding for the psychiatric residential treatment facilities program for the 2015-17 biennium through the 2023-25 biennium, including funding from the general fund and other funds, including federal funds.

Biennium	Budget	Increase (Decrease)
2015-17	\$25,615,188	N/A
2017-19	\$32,407,032	\$6,791,844
2019-21	\$42,087,531	\$9,680,499
2021-23	\$34,657,042	(\$7,430,489)
2023-25	\$23,651,704	(\$11,005,338)

PROPOSED ACTION PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding the mental health services available in the state for children with mental health treatment needs and where these services are offered;
2. Gather and review information regarding the number of children in the state in need of mental health services, the number of children on waiting lists for services or denied services due to lack of service availability, and the number of children sent outside the state to receive these services due to lack of service availability;
3. Gather and review information regarding the costs of providing inpatient mental health care services for children in state and out of state and the cost borne by the state and the families of the children;
4. Gather and review information regarding circumstances where parents relinquish guardianship of children for the children to receive mental health care services;
5. Identify the impacts on children and their families when children are placed outside this state to receive inpatient mental health care;
6. Identify gaps in the need for inpatient mental health care for children and the availability of services;

7. Receive comments by interested persons regarding the study of inpatient mental health care for children;
8. Determine reasons behind the increasing needs of inpatient mental health services for children and the availability of community- and home-based care and outpatient services for the number of children and the location of need;
9. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations; and
10. Prepare the final report for submission to the Legislative Management.

ATTACH:1