

Testimony
Engrossed House Bill 1035
Senate Judiciary Committee
Senator Larson, Chair

March 23, 2021

Chairman Larson, and members of the Senate Judiciary Committee, I am Rosalie Etherington, Superintendent of the North Dakota State Hospital (NDSH) and Chief Clinics Officer of the Human Service Centers, of the Department of Human Services (Department). I am here to testify in support of House Bill 1035, with suggested amendments.

Engrossed House Bill 1035, and its companion, Engrossed House Bill 1427, puts forth expectations for improving and expanding services to youth and families as an alternative to adjudication. This benefits youth and families receiving behavioral health services at the Regional Human Service Centers (HSC). Our HSC's serve a priority set of youth with severe and persistent mental illness and substance use disorders. Our intensive in-home and community-based interventions are effective but labor intensive, leaving no resource to add new treatment, and therefore we look forward to service provider expansion to meet new need.

We have two suggested amendments. Page 94, lines 8-12, contain new language that requires the Department to file developmental disability determination results to the court within the time required by the court.

The time it takes to determinate eligibility, however, is dependent upon many factors and therefore the time varies. The proposed amendment modify the language for the Department to submit the results to the court upon completion. If necessary, we could provide periodic updates to the court regarding the status. The proposed amendment also adds language to clarify what is expected of the Department.

We also suggest amending Page 94, lines 13-17, as it contains new language that requires the detention staff or intake officer request a court order for mental health hospital placement prescreening if it appears there is a mental health disorder.

Appearance of a mental health disorder, however, doesn't always align with need for mental health hospitalization. If the intent is to screen all youth with the appearance of a mental health disorder then the language should be broad to include assessment for the presence of a mental illness and a need for any level of care. If, however, the intent is to screen those with severe illness that may need hospitalization then the language should be narrow to include only a child at risk for harm due to a mental illness. We are happy to assist with amended language after clarification regarding the intent.

This concludes my testimony and I am happy to answer any questions. Thank you.