

## TESTIMONY OF ANDREA HOCHHALTER

Hearing on HB 1261

January 16, 2023

### Written Testimony in Opposition

To the House Committee on Health and Human Services, thank you for the opportunity to provide written testimony regarding HB 1261. This testimony is in opposition to providing an appropriation to the Department of Health and Human Services for the implementation for Medicaid plan amendments or Medicaid waivers for IMDs.

HB 1261, while at first glance sounds like a positive plan and solution to addressing a component of North Dakota's mental health crisis through creating a means for ND to collect federal dollars for services provided to residents of Institutions for Mental Diseases, is not in our best interest. My experience and research tell me an IMD 1115 waiver for ND is the wrong answer and would set back the progress ND is making in mental health services. The waiver does not align with the needs of North Dakotans nor the strategic initiatives of DHHS. Saying yes to an IMD 1115 waiver is saying yes to pulling energy away from what is working and redirecting it toward an initiative that does support our state's behavioral health vision of investing in community-based services and supports.

First, why do I care? I am a parent of child with serious mental illness. Finding, accessing, integrating services for my family has entailed a great deal of challenges over the years. In particular and related to HB 1261, in 2016 my daughter attempted suicide and following a 9-day stay in a pediatric intensive care unit, fighting for her life, we were informed by the social worker she was going to be relocated to a psychiatric unit at a location not of our choice. What I learned was that the process was to send acute psychiatric cases to wherever there was a bed open in the state or surrounding area outside of ND. Knowing I wanted something better and different for my daughter, believing there had to be another option, I called and called around our state and even out of state for a residential program that would keep her close to home and wrap her in the acute and recovery services she needed. I did not find that solution and with our daughter's safety as the number one priority we admitted her to a facility 100 miles away where she was in residence for 29 days. For these days my husband and I stayed in a hotel to be close to take regular meetings with her medical and care team, to hold regular visits with her, to help her know just how very much she was loved. I can't imagine not being close to our daughter during this traumatic event. Having to be present for her meant added expenses and loss of income for us, an added burden during an already difficult time. Additionally, once released from the hospital we needed to go back to our community and identify providers, wait for providers to be available, and coordinate her care. The navigation of establishing care and support for our daughter, and ourselves, was exhausting and all while we lived in fear of her hurting herself again.

So why do I care? Because my hope is that nobody must experience what we did by sending a family member of any age away for treatment (to an IMD not located near you), to experience added burdens during what may be the most difficult and worst thing in life you ever experience. My hope is for people,

families, to receive treatment where they live surrounded by their family and friends, to have a continuum of services accessible and integrated in their community.

HB 1261 is more than about accessing federal funds for IMDs, it is about prioritizing IMDs over community services. Having the benefit of participating in learnings sessions with four organizations responsible for providing specialty services on health policy, complex state strategies, private/public sector consulting, and legal specialists, all experienced with the IMD 1115 waiver application, planning, demonstration project, implementation, and evaluation process, I am confident pursuing or obtaining the waiver is not in the best interest of North Dakota and our citizens. In these conversations I learned a waiver project is timely, expensive, resource heavy and there is no conclusive data from any of the 8 states approved for mental health IMD waivers that demonstrates added value or positive outcomes.

Separate from the State Hospital, North Dakota has three IMDs that would benefit from a mental health 1115 waiver, two located in Fargo, the other in Raleigh. Channeling Medicaid funds toward two locations does not address the state's mental health crisis, it just adds more of what we already have that is not working for North Dakota. What is working for ND is the current vision, strategy, and initiatives of DHHS with emphasis on community-based services. While the idea of adding new IMDs in ND has been expressed, it is not facilities with 16+ beds we need, we know this. It is getting beds, treatment and services, closer to where people live and work.

There is so much we can do that truly focuses on and addresses ND's mental health crisis without displacing resources toward a waiver. Look for example at what has been accomplished and is continuing to develop with 1915(i) and the ability to receive Medicaid matching funds for mobile crisis and stabilization services. What we focus on expands, let's keep our focus on the existing initiatives that have momentum and are clearly aligned with the needs of the communities and people of our state by not passing HB 1261.

With Regard,

Andrea Hochhalter

. We have the ability to add mental health services to our state's plan, to increase community, program, and care integration, and extend crisis stabilization service all without an IMD 1115 waiver. What DHHS is doing is working. Let's make decisions and investments in the existing vision and strategies that have been well researched, planned, and are working and not get distracted in a shiny waiver that will inevitably become a line in another future Schulte report telling us we are....

Recommendation, focus on continued momentum currently underway by DHHS with emphasis on getting the mental health resources closer to where people are living. Invest in psychiatric care in existing general hospitals and 16 beds or less facilities

- Move attention and resources away from the progress North Dakota has been making with addition and expansion of community based services
- With a waiver comes additional requirements from Centers for Medicaid Services, an additional burden requiring and pulling resources
  - As
- 1915i is taking off and expanding services across the state.

When we choose to invest in communities over IMDs we are demonstrating that we know and understand who ND residents are, are residents of ND are; we are rural, we are

When we invest in IMDs we are enforcing the stigma of mental illness. Mental illness should not be a disease where we ship people off to be housed together like IA waiver on the contrary would have the following negative impacts.

- The waiver provides matching federal funds to the state, for every \$1 ND would put toward Medicaid mental health services at an IMB the state receives \$0.50. Thus the state is incented to direct funds toward IMD's and away from community based services.
- What we need is not to invest in the bottom line of these facilities but rather to build out community based mental health services across the state and achieving this does not require an IMD waiver nor benefit in anyway from.