

March 5, 2025

House Human Services Committee

Chairman Ruby and Human Service Committee members,

My name is Tim Mathern. I am the senator from District 11 and co-sponsor with Representative Ruby of Senate Bill 2096.

As we proceed through this legislative session, we are presented with a pivotal and historic opportunity to shape a behavioral health care system that will meet the needs of North Dakotans with efficiency, equity, and sustainability for generations to come. I urge you to support SB 2096, a proposal that embodies the principles of responsible innovation and reflects the core values of our state.

North Dakota faces a behavioral health crisis. We share a commitment to finding solutions. While a new state hospital in Jamestown has been proposed, evidence and experience show that centralized care models fail to provide the accessibility, resilience, and cost-effectiveness required in a state as geographically vast and rural as ours.

SB 2096 offers a forward-thinking system that serves every region of the state. This approach aligns with the Council of State Governments' recommendations, which emphasizes the critical role states play in building local crisis systems that move beyond stand-alone services to create comprehensive systems with an integrated continuum of care (Blandford & Ueberall, 2024). Key components include:

Investments in Regional Care: Incentive grants for behavioral health facilities in each of the four quadrants of our state. The original amount approved by the Senate Human Resources Committee was \$64 million. This was reduced by the full Senate appropriations Committee to \$16 million. There was support for the concept, but as we approached crossover the amount was over the appropriation goal for the Senate which made the reduction to \$16 million.

A Focused Role for the State Hospital: Jamestown facilities would continue to provide treatment for people under the custody of the department of corrections and rehabilitation, people who are otherwise involuntarily committed to the state hospital, or those under a court order to receive a forensic evaluation.

Empowering Regional Solutions: The bill allows the Department of Health and Human Services to collaborate with local providers on region-specific care models. I

give one example. The northwest needs acute care beds so people do not have to be transported to Jamestown or Fargo for acute care. Williston needs \$2.5 million to finish their hospital psychiatric unit and Minot, with a new hospital with two unfinished floors, might be able to include behavioral health beds if they had the money to do so.

This approach ensures that behavioral health care is rooted in the communities it serves. Decentralized care is supported by research, with one study showing a 65% reduction in hospital days and a 50% reduction in costs compared to centralized models (Integrityinc.org, 2015). It also connects individuals to local resources, family networks, and social supports, key elements in achieving and maintaining lasting recovery.

You might ask where the original \$64 million figure came from. Prairie St. John's in Fargo just completed building a new psychiatric hospital of 136 beds at the cost of \$48 million. Using this real information leads me to believe we could easily afford to upgrade buildings around the state. You note the language of the bill gives flexibility to ND DHHS to determine what facilities are needed in each quadrant of the state. From my experience as a social worker in the state for 50 years and almost 40 years in Senate Human Services, I believe the private sector including Tribes could meet this need. Residential treatment beds or acute care beds are options in this bill and any facility getting a grant would be required to operate a behavioral health facility for at least ten years.

This session is more than a debate about infrastructure, it is a chance to build a legacy rooted in North Dakota's values of resilience, innovation, and care for our communities. Supporting Bill SB 2096 allows us to meet today's challenges while laying a strong foundation for future generations. Are there other important ingredients? Yes, and I note three, 1. Stable leadership at the largest state agency, ND DHHS, 2. Implementation of the CCBHC system, Certified Community Behavioral Health Clinics, a desperately needed upgrade of our 8 human service centers, and 3, a state Medicaid plan amendment regarding the IMD, 1965 Institute for Mental Disease provision, which would introduce market principles resulting in additional behavioral health facilities.

Governor Armstrong has urged us to be innovate and bold. I invite you to make this vision a reality. Together, we can lead the way in creating a system that prioritizes accessibility, sustainability, and the well-being of all North Dakotans.

I ask for a Do Pass recommendation on SB 2096

Thank you for your dedication to our state and your leadership on this critical issue.

Sixty-ninth
Legislative Assembly
of North Dakota

SECOND ENGROSSMENT

REENGROSSED SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

1 A BILL for an Act to provide an appropriation to the department of health and human services
2 for regional acute psychiatric treatment and residential supportive housing services.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND**
5 **RESIDENTIAL SUPPORTIVE HOUSING SERVICES.** There is appropriated out of any moneys
6 in the general fund in the state treasury, not otherwise appropriated, the sum of \$16,000,000, or
7 so much of the sum as may be necessary, to the department of health and human services for
8 the purpose of providing facility and operations grants to improve regional acute psychiatric
9 treatment services and residential supportive housing, for the biennium beginning July 1, 2025,
10 and ending June 30, 2027. The department may use the funds provided in this section for the
11 purpose of providing behavioral health grants to improve facilities and operations. To be eligible
12 to receive a grant under this section, a recipient shall increase the number of inpatient
13 behavioral health beds as determined by the department. The beds must be for the purpose of
14 providing acute psychiatric treatment or residential supportive housing. The department shall
15 require an entity receiving a grant to operate the behavioral health facility for at least ten years
16 and enter into a contract accordingly. Facility locations must be based on options to eliminate or
17 reduce the number of referrals to the state hospital. The department shall distribute grants to
18 ensure equal acute psychiatric treatment and residential supportive housing services in each
19 quadrant of the state.