

March 9, 2021

North Dakota Senate Appropriations Committee

Chairman Holmberg and Committee Members,

My name is Jeff Herman. I serve as the CEO of Prairie St. John's of Fargo. I am also the Chairman of the Board of Directors for the ND Hospital Association and a past member of the State Mental Health Planning Council.

Prairie St. John's offers a continuum of behavioral health care including acute inpatient hospital care, residential treatment and day hospitalization. Our patients come from throughout North Dakota. We are a part of a network of private and public providers.

I am here to ask that you support the \$9 million Substance Use Disorder Voucher allocation increase recommended by the Governor in HB1012.

Through my 25+ years in behavioral health, I have come to conclude that for persons who suffer from addiction and mental illness, the best outcomes are correlated with; 1. Immediate attention when there is an openness to care on the part of the patient, 2. Care is provided at the level determined by appropriately trained professionals, and 3. A reliable method of payment for services that exist so patients are not further destabilized and that providers stay viable. No person enters our facility without all these considerations being reviewed. The level of care ranges from individual assessment to acute hospital care (as an aside we provided over \$5.5 million dollars of charity care last year, a \$1 million increase due to capped SUDS funding).

As you know the allocation that you made last legislative session served our citizens for only about one year of the biennium. The additional \$9 million will serve to give the experience for a full biennium and provide evidence as to what is needed and what tweaks we need to make to

stabilize the programs in the next biennium. To change the program now would be making changes before useable information is available.

I also understand that NDDHS needs resources of staff to implement the voucher funding. This past year we were given 2 hours notice that there was going to be a freeze on the funding. The Department sets the criteria (ASAM criteria) to be used for treatment, it sets the process for getting patients approved for funding, then Providers absolutely felt blamed for meeting the demands of the volume of patients that needed the critical service. The full two-year investment will prevent pain and suffering for many individuals and families. The SUD program is also prudent to prevent clogging up our emergency rooms, courts, and prisons systems.

Thank you. Jeffrey A. Herman, MBA, RN