

House Appropriations – Human Resources Division

Representative Jon Nelson, Chairman

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Responding to the Children’s Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division. My name is Clete Winkelmann, Executive Director Nexus Path Family Healing. I am representing a coalition of North Dakota organizations who meet the mental health needs of North Dakotans, **The Village Family Service Center, Anne Carlsen Center, Nexus-PATH, and Essentia Health.**

Our nation’s leading pediatric health experts recently declared the children’s behavioral health crisis so dire that it warrants a national emergency. In 2021 over 35% of ND high school students, grades 9-12, reported feeling persistent sadness or hopelessness and nearly 1 in 5 reported seriously considering dying by suicide within the past 12-months (Youth Risk Behavior Survey, 2021), equating to approximately 6,818 youth across the state. The pandemic has only increased the need for timely access to high-quality mental health services.

To put this number into perspective, this equates to the entire student enrollment of Bismarck State College, Dickinson State University, University of Jamestown, and Williston State College is experiencing suicidal ideation.

Failure to ensure that mental health services are available when and where people need them has dire consequences for individuals, families and communities throughout North Dakota. In the current system, only four counties have the mental health resources their population requires. Only if you live in one of these more densely populated counties can adequate services be found.

The current payment structure severely restricts access to needed services. Licensed mental health providers who fall into the Tier 2 and Tier 3 categories only receive 75% of the full rate set by the ND Medical Services Professional Fee Scale. This prevents either mental health organizations or private practitioners from providing sufficient services to meet the need in North Dakota.

The fix is to change the reimbursement rate for licensed Tier 2 and Tier 3 mental health professionals to be reimbursed at 100% of the rate. This same kind of reimbursement changes were made by this legislature in 2019 for Occupational and Physical Therapy professionals to ensure access to those services. Expanding the rate change to mental health professionals will increase access in the critical area of mental health.

The Senate chose to implement this additional funding (100% reimbursement rate) for fully clinically licensed Social Workers effective in the second year of the biennium. We respectfully ask this committee to fund the fully clinically licensed professional being paid at 100% of the fee schedule for both years of the 2023-25 budget cycle. The cost of this addition would be an additional \$2,867,516 in funding. Please consider making this addition as it would provide additional benefit to the access challenges allowing for more practices to accept NDMA with the increased reimbursement rate. The Senate did not include professionals working on their clinical licensure which are the majority of the workforce in community mental health centers. It also did not include other professionals in Tier 3 as well. While we would like to see these individuals included if this committee so chooses, however we understand the reason for this exclusion as the Appropriations committees must make difficult choices when allocating tax dollars.

Accessibility will increase in both the breadth and depth of mental health. Waitlists for services continue to be long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and expand services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates. An increase to the Medicaid reimbursement will also help address the workforce shortage within mental health professions by allowing agencies to offer more competitive salaries.

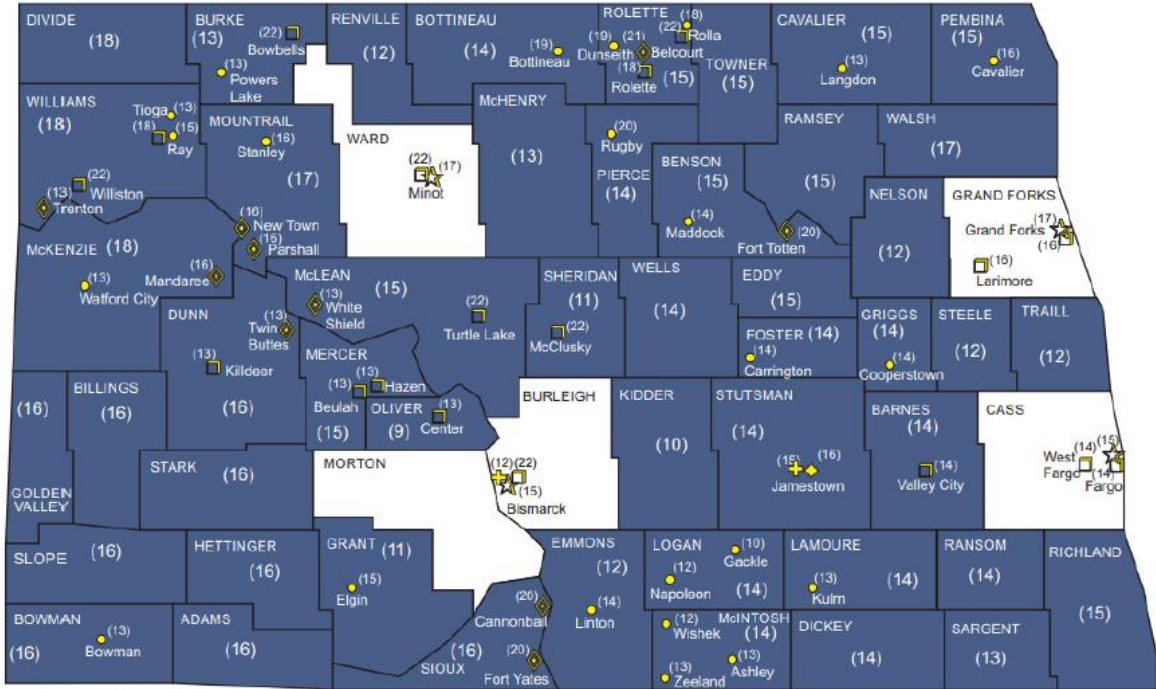
This change will ensure our most vulnerable ND youth and families are able to access high-quality services. The current reimbursement rates for these providers within NDMA is about 50% of the BCBSND reimbursement rate. Further, there is a strong trend for Tier 2 & 3 mental health providers to work in the private practice sector and often these practices are self-pay or limit their NDMA referral due to the poor reimbursement rates. Our communities depend on timely and accessible mental health services for our citizens – the cost of these needs going unaddressed are significant. When mental health needs are unaddressed, the hospital, law enforcement and child protection systems can be unnecessarily overburdened.

Informing the impact of this kind of change, we can look to the the Washington State Institute for Public Policy (WSIPP), a non-partisan branch of the Washington State Legislature tasked with calculating the cost-benefit ratios of intervention models used in particular sectors of service such as mental health and has examined the public monetary benefits to a number of programs. Cost-benefit estimates are calculated for state of Washington taxpayers but provide data that can inform other states' decisions for similar investments. For example, evidence-based mental health programs aimed at trauma¹ produce an average net present value benefit of \$26,789 for children and for adults, \$33,596.² WSIPP calculates these benefits based on numerous academic studies and evaluations that take into account the positive outcomes of programs that result in savings for publicly-funded programs (e.g., incarceration) and health care.

Most large investments in mental health services have occurred in the last year: impacts on other public expenditures such as reductions in juvenile justice costs, incarceration or hospitalizations will take time to be observed. However, WSIPP research suggests that taxpayer savings could be substantial over the next few years as these services are expanded.

Thank you for the opportunity to address you on this critical issue affecting the state of North Dakota.

North Dakota Mental Health Professional Shortage Areas



12/19



- Mental Health Professional Shortage Area
- Community Health Centers
- Designated State Mental Health Hospital
- Designated Health & Human Service Centers not located within current geographic area/region
- Automatic designated IHS facilities
- Automatic Designated RHC
- Designated Correctional Facility
- () HPSA score used in prioritizing resources

