Public Health
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Grand Forks Public Health

(701) 787-8100
Fax (701) 787-8145
151 South 4th Street, Suite N301
Grand Forks, ND 58201-4735
www.grandforksgov.com/publichealth

Chairman Weisz and Members of the Committee,

I am Michael Dulitz, Opioid Response Coordinator at Grand Forks Public Health, and I am testifying in **SUPPORT** on SB 2128.

Senate Bill 2128, in its current form, represents a significant step forward in proposing complimentary ways to address our behavioral health services access and delivery challenges in North Dakota. Namely, it provides a private, non-profit entity support to develop a certified community behavioral health clinic (CCBHC) to complement existing services and scale to meet unmet needs of individuals with mild, moderate, and severe behavioral health illnesses.

The CCBHC model requires an organization to provide or contract for nine core behavioral health services, such as outpatient treatment, addiction treatment, veterans services, crisis services, and case management. These services must be provided in a timely basis and to everyone who presents, which comes with additional costs for the organization. The organizations are compensated in part for these services through an enhanced Medicaid reimbursement based on the costs of providing these services.

While Human Service Centers currently provide many of these services, the HSCs have been challenged in their ability to scale services to meet the growing needs of the community – which results in clients referred out to the private providers, with varying capacities and limited follow up. HSCs would continue to provide important service under this system, but this bill trials an alternative, private method in one region for addressing this growing gap instead of growing government.

With the proper policies in place, healthcare systems have opportunity and incentive to help meet these gaps. For instance, emergency departments serve as a treatment of last resort for many people with behavioral illness, and the challenges with outpatient behavioral health scheduling makes it difficult to reliably ensure follow up. A hospital affiliated crisis team would have additional resources available to ensure quick and appropriate follow up, reduce the amount of time an emergency department bed is tied up, and reduce acute behavioral health hospitalizations. In this example, the ability to integrate services leaves the possibility for better outcomes with more appropriate service utilization.

In closing, the CCBHC model represents a tremendous opportunity for the private sector to help improve gaps in behavioral healthcare in North Dakota. I have worked closely with Altru Health System to develop their interest in this model as a component of their overall strategy to improve behavioral health in the Grand Forks region. They are present with me today, and I look forward to their testimony further demonstrating their interest in innovation by bringing a CCBHC to Northeast North Dakota. With that, I would stand for any questions.