

Senate Appropriations – Human Resources Division

Senator Dick Dever, Chairman

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Testimony of:

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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 Dever and members of the Senate Appropriations Committee – Human Resources Division. My name is Jo Ellison and I am a licensed psychologist in the state of North Dakota. I earned my doctorate at the University of North Dakota and have remained in North Dakota since graduating. I have worked in a variety of settings and am currently the section chair for behavioral health at Essentia Health, overseeing the provision of behavioral health care services across ND with offices in Fargo, Wahpeton, Valley City, and Jamestown, as well as hoping to continue to move into the Bismarck area. I actively see patients four days a week and am in a leadership role. I also serve as the psychotherapy training director for psychiatry residents at the UND School of Medicine and Health Science’s residency program. I am here today to speak to you as a mental health professional who was trained and has grown up professionally in North Dakota. I am not only a clinician but am also involved in institutional, financial, and educational aspects of mental health provision in the state. ND has become my home and I care deeply for my patients and for the process of providing mental health care in this state.

Today I am here with 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.**

As others in my coalition are presenting, you are aware of the significant mental health crisis affecting youth and adults in our country and that North Dakota has not been insulated from this crisis. The National Alliance on Mental Illness (NAMI) collects national and state-based statistics on mental health and Health Professional Shortage Areas (HPSAs), close to half of North Dakota’s citizens live in a community without enough mental health professionals and youth that live in rural areas are at higher risk for suicide.

We spend a lot of time focused on suicide risk, because these are terrifying numbers and very significant increases in risk over the past several years that deserve immediate attention and focus. However, the suicide increase exists alongside many different areas of mental health and functioning are involved when we discuss the people of North Dakota affected by mental health concerns. Mental health covers a variety

of symptoms and areas of difficulty causing impairment in functioning at school, work, socially, and at home. Problems can range from emotional distress following divorce or a death of a loved one, to ADHD impacting school performance, to significant anxiety impacting the ability to attend work, to substance use conditions and overdoses, to more chronic conditions such as schizophrenia or bipolar disorder.

I work in an organization where am professionally credentialed across many payors, including state-based insurances. This is not something that all my colleagues in the state can afford to do. The reimbursement rates for the largest number of mental health providers (tier 2 and 3) does not allow them to sustain a business if they take an unrestricted number of state-based insurance cases. When professionals place limits on or do not take state-based insurance, wait times for this population increase, limiting not only the number of individuals who can provide care, but also limiting locations, hours, and methods of access (in-person vs. telehealth).

In North Dakota do not have enough mental health professionals, we have a highly rural state, and we are experiencing a mental health crisis. This situation combined with the inability for mental health providers to sustain both private and larger organizational budgets if they do not limit the number of state-based insurers, has created a situation where many children and adults cannot receive the mental health services that they need.

When individuals are struggling with mental health, we would like to have them access psychological therapy services and/or psychiatric medication management and have regular contact with a professional to help ensure stability and support. Without regular support and treatment of their conditions, individuals often lean on emergency services, creating added complexity and difficulty to the cases seen by law enforcement, child protection, ambulances, and emergency rooms. These individuals are also more likely to become unemployed, homeless, and medically ill. When our mental health patients arrive to services from the direction of emergency services, they are also met by long wait times and a lack of access to immediate services due to all the reasons I have already outlined, but now they are in greater distress and are likely to re-utilize emergency services while they wait for services.

I have lived in North Dakota now for 16 years and have stayed in the state largely because of the wonderful mental health providers I have met along the way. I have grown to love and care for this state, I have worked to broaden my impact on patientcare not only through direct services but also through training future mental health providers for the state and thinking from an operational and systemic perspective about these issues. We cannot make an impact on our current mental health crisis without our entire team of mental health providers, at all levels.

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