

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

I am a third-year medical student attending the University of North Dakota who is currently in clinical rotations in Bismarck, North Dakota. As a part of my psychiatry rotation, I was able to study at the State Hospital in Jamestown, primarily under the guidance of Dr. Eduardo Yabut, the medical director at the institution. I consider my time spent at the state hospital invaluable, as it helped me decide to pursue a career in psychiatry after graduating from medical school.

While at the State Hospital, I witnessed and partook in an environment uniquely suited to fit the behavioral health needs of the state of North Dakota, yet I also saw a system that was being stretched thin in ways nobody could have imagined when the current institution was originally built. At the time it was built, the current institution was perfectly suited for behavioral health care with the tools available at the time. In today's environment, however, the current institution is starting to show its age. There are multiple safety and logistical features in the current hospital that, while adequate, could be drastically improved, which would provide a better level of care for patients at the facility, as well as provide increased safety for all residents and employees at the institution.

Another unforeseen complication that the current institution has had to adapt to is the increase in long-term care patients that have remained at the state hospital after initial admission. Behavioral symptoms are common in neurocognitive disorders such as Alzheimer's or Parkinson disease as they progress, which can lead to patient difficulties in being cared for, whether it is by family or by a long-term care facility. When these behavioral altercations occur, patients are often referred to the state hospital due to their complex neurocognitive illnesses. Once at the state hospital, patients are stabilized with specialized medical care, but due to their history of behavioral issues, no long-term care facility will accept the patient as a resident. With no other location to go, these patients remain at the state hospital indefinitely. The state hospital in its current building is inadequately prepared to properly care for a growing population of long-term care residents, yet it has been forced to adapt to this change due to the inability or unwillingness of other long-term care facilities to accept residents with histories of behavioral challenges.

With HB 1012, the state of North Dakota has the ability to completely overhaul a vital facility in the behavioral health framework within the state. The current facility is outdated and unprepared for the growing and changing behavioral health needs of the state. A new

facility is needed to continue to provide excellent care for the growing and changing needs of behavioral health professionals across the state of North Dakota. I implore all members of the committee to support HB 1012 to provide adequate funding for a new state hospital that will provide excellent behavioral care for the people of North Dakota for decades to come.

Sincerely,

Nolan Christenson