

Chairman Dever, and Committee Members,

My name is Emma Quinn, and I am a constituent of District 46 in Fargo. I am testifying today in support of HB 1012 regarding fully funding the Behavioral Health Division and the building of a new state hospital.

I have worked as a peer support specialist and care coordinator for Free Through Recovery and Community Connect. Currently, I work as the Business Development Manager for ShareHouse where I connect with behavioral health providers across the state of North Dakota with one main question “How can I help?”. I hold a consumer position on the North Dakota Behavioral Health Planning Council and just ended my term on the Medicaid Medical Advisory Committee. Most importantly though, I am a consumer of behavioral health services in North Dakota and live with a lifelong serious mental illness. I have spent the last 6 years studying and advocating for better behavioral health services in North Dakota, and the views I express here today are of my own and not on behalf of an employer or committee.

I strongly believe that everyone should have access to good affordable behavioral health services no matter where you live. I have always looked at our state’s behavioral health as an echo system where every service plays a part and where every part is equally important. We must continue to invest in community-based programs as well as our most intensive services. We have a lot of great programs in North Dakota, but we still have gaps that need to be filled and facilities that need to be updated. When we look at investing in behavioral health it is not an either/or, every level of care is needed and is equally important to the recovery process.

North Dakotans like myself deserve a full continuum of care from outpatient community based services to a therapeutic state hospital and every level in between. I have used various levels of care throughout my mental health journey, and they all were equally important to me finding recovery. Without intensive treatment I would not be standing here today, and it is outpatient services that make my serious mental illness manageable. However, just because I use outpatient services to manage my illness at this time does not mean I will not need intensive services again.

North Dakota’s peer support program changed my life as well as hundreds of others. Previously in my career I had worked at a major hospital in Portland Oregon for their chief of surgery but due to my mental health it was hard to maintain a stressful work environment and because of this my symptoms returned resulting on me needing to attend a partial hospitalization program. After moving back to North Dakota I was deathly afraid of my symptoms returning. Prior to taking the peer support training and working as a peer

support, I was working as a part time server in a restaurant, I knew I wanted to do something more with my career, but I felt stuck and unworthy of a career because my mental health had proven to be a challenge in my past.

In that peer support training something magical happened, for the first time outside of treatment and waiting rooms I saw myself in others. The people that were in the training not only understood what it felt like to be me, but we all encouraged each other to be the best versions of ourselves. That peer support training changed my life and that was because legislators decided to invest in behavioral health.

Community based programs such as Community Connect and Free Through Recovery, connect people with mild to moderate symptoms to receive services in their home communities. In Community Connect and Free Through Recovery people are connected with a care coordinator and peer support to help them navigate a complicated system and get wrap around services. No one teaches you how to use the behavioral health system and it can be very intimidating and overwhelming if you are unfamiliar with it. Having someone to walk beside you as figure it out is invaluable.

These programs did not exist when I was severely struggling but I often wonder what my life would look like if I would have received support early on in my mental health journey. Other states are very envious of our programs. When talking with the Roberts County Sheriff Tyler Appel in South Dakota about the programs we have in North Dakota, he talked about how much his community needed something like Community Connect or Free Through Recovery and how he wished South Dakota law makers would invest in behavioral health the way North Dakota did. He was tired of seeing the people of his community die and he knew that these programs would help. That is what these programs do, they save lives. They put families back together, and they make our communities safer places to live.

I once worked with a young woman that had lost both her children to protective custody, she was still actively using and just found out she was pregnant. With the help of Free Through Recovery she was able to find recovery, give birth to a healthy beautiful little boy, gained meaningful employment, and she got custody of her children back. I am proud to say that she is on track to graduate college this spring with a desire to work at ShareHouse to help other people like herself. I am beyond proud of this woman, and it was with help from legislators like yourself that she was able to accomplish so much.

Despite having wonderful community-based programs, there is a section of our population where their symptoms are too severe to be treated in the community in an outpatient setting. This is why a new state hospital is essential to our entire behavioral health care system. Without it people will be left without services.

It would be nice to think that if everyone gets community-based services there is no need for inpatient services in our state but that is simply not how it works. Just like any other illness my symptoms fluctuate depending on many factors. When I went to treatment for my mental health I had already been in therapy for 10 plus years and had been taking mental health medications since I was 14 years old. This did not stop my need for intensive mental health treatment. It was only after intensive services that I was able to start making progress towards managing my illness again.

The state hospital serves populations that no one else in the community is willing to serve. If no one in the community will serve you, does that make you unworthy of services? We pay for people's care one way or another, either we serve people with mental illnesses in our behavioral health system or our criminal justice system. How we budget state money determines how we respond to a behavioral health crisis.

As a mentally ill individual, being sent to the current state hospital is my biggest fear. I am not afraid of treatment or how staff will treat me, in fact there are many wonderful people that work at the state hospital and make the best of what they have. However, the building itself is an institution plain and simple.

When I was the chair of the Behavioral Health Planning Council, I started studying the state hospital and have had the opportunity to talk with staff on multiple occasions. When I ask how I can help I always get the same answer, "we need a new building". I would encourage every legislator to tour the state hospital and explore the museum. The current state hospital is an institution, there is no amount of remodeling that is going to make the current state hospital a therapeutic environment.

We have learned a lot about behavioral health since the current state hospital was built. To you, windows and outdoor courtyards may be a line item in a budget, but they play a vital role in my recovery. We know more about behavioral health than we did in 1984 when the Lahaug building was built, and even more than prior to that. When we know better, we do better. It is time that North Dakota does better.

While a new state hospital is one piece to North Dakota's behavioral health puzzle we must remember to continue to invest in regional inpatient beds as well. Again, this is not an either/or we must invest in both to have a system where people get healthy.

When people are ready to get help, we must meet them where they are at and reduce as many barriers as we can. The SUD voucher has been and continues to be a vital resource for consumers. The SUD voucher has helped families heal and made our communities safer by allowing people access to treatment that previously would not have been able to afford it.

By continuing to invest in the SUD voucher we are providing critical funding to the people that need it the most. I ask that you implement the recommendation of Governor Armstrong's proposed 2.5 million dollars increase to the SUD voucher, so that more North Dakotans can have access to their choice of provider.

Currently the SUD voucher only pays for treatment but not medical care. I did not realize what a barrier this was for people receiving care until my office was placed directly next to ShareHouse's admission department.

If we want to be the healthiest state in the nation, then it is critical that we fund people's medical care when they are in a residential facility. People in active addiction are not prioritizing their physical health and are often delaying recovery in order to get their physical health care under control so that they can be cleared to come to treatment. It is hard enough to make a phone call and ask for help let alone actually show up and do the work, please do not make it harder for people to get help.

Lastly, we need to be investing in recovery housing. Treatment for both mental health and substance use disorder are just one piece to recovery. People cannot focus on getting healthy if they are worried about where they will live and how they will survive. Stable supportive housing is one of the fundamental pieces to the recovery puzzle and there are many barriers that play a part in why people can't find housing. Currently the Recovery Housing Assistance Program (RHAP) has a waitlist of providers wanting to help but there is not enough money in the program to help ensure people find housing after treatment.

I hope my testimony has helped highlight the wonderful programs that we already have in place and shed light on some of the holes that still exist in our system. We must build a new state hospital as well as investing in community-based programs, it is the only way we will be able to get a handle on this behavioral health crisis. I ask that you fully fund our behavioral health division and give them room to grow so that every North Dakotan can have the opportunity to be happy and healthy.

Thank you for your time and I am prepared to answer any questions that you may have.

-Emma Quinn