



ND SPECIAL EDUCATION CONSORTIUM
• EST 2020 •

Written Testimony in Support of SB2096

Chairman Beard and Senate Education Committee,

For the record, my name is Dr. Katherine Terras. I represent the [North Dakota Special Education Consortium](#). The Special Education Consortium represents stakeholder groups across North Dakota who serve children and families with disabilities collaborate on issues impacting those with disabilities and to identify resolutions using a multi-faceted lens.

We are in support of SB2096 with one minor amendment under Section 2.

SECTION 2. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND RESIDENTIAL SUPPORTIVE HOUSING SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing regional acute psychiatric treatment services and residential supportive housing, [including pediatric wings](#), for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall establish four acute psychiatric treatment service regions in the state. The department may use the funds provided in this section to either construct an up to twenty-four bed acute psychiatric treatment facility in each service region or to contract with one or more private entities to provide

The children and youth in North Dakota, who need mental health services, are in desperate need of services. To date most of these children and youth are not receiving the necessary treatment to successfully live in their homes with their families, to attend school and learn and allow other students to learn, and to be physically safe from self-harm and from harming others. Families and schools are on waiting lists, up to one year, to simply have children and youth evaluated; this does not include any treatment nor services. Beyond this, access to psychiatric treatment services and residential supportive housing needs to be expanded to include direct referrals from families and schools. These services cannot be exclusively accessed by human service agencies. We need to ensure all children and youth have equal access to these services.
