

January 20, 2025

Senate Appropriations Committee, Human Resource Section

Chairman Dever and Senators, Davison, Magrum, and Cleary,

My name is Tim Mathern. I am the senator from District 11 and sponsor of Senate Bill 2096.

As we commence this legislative session, we are presented with a pivotal and historic opportunity to shape a behavioral health care system that will meet the needs of North Dakotans with efficiency, equity, and sustainability for generations to come. I urge you to support SB 2096, a proposal that embodies the principles of responsible innovation and reflects the core values of our state.

North Dakota faces a behavioral health crisis. We share a commitment to finding solutions. While a new centralized state hospital in Jamestown has been proposed, I believe that approach does not adequately address the long-term needs of our state. Evidence and experience show that centralized care models often fail to provide the accessibility, resilience, and cost-effectiveness required in a state as geographically vast and rural as ours.

SB 2096 offers a forward-thinking alternative by building a system that serves every region of the state. This approach aligns with the Council of State Governments' recommendations, which emphasizes the critical role states play in building local crisis systems that move beyond stand-alone services to create comprehensive systems with an integrated continuum of care (Blandford & Ueberall, 2024). Key components include:

Investments in Regional Care: \$25 million, or some portion of \$100 million statewide, for behavioral health facilities in each of the four regions with the largest cities of Fargo, Grand Forks, Minot and Bismarck. An additional \$5 million is appropriated to upgrade the Jamestown facilities that may continue to provide treatment for persons under the custody of the department of corrections and rehabilitation, persons who are otherwise involuntarily committed to the state hospital for care or are under a court order to receive a forensic evaluation.

A Focused Role for the State Hospital: Transitioning Jamestown State Hospital to specialize in forensic evaluations, correctional custody, and civil commitments.

Empowering Regional Solutions: Allowing the Department of Health and Human Services to collaborate with local providers on region-specific care models.

This approach ensures that behavioral health care is rooted in the communities it serves. Decentralized care is supported by research, with one study showing a 65% reduction in hospital days and a 50% reduction in costs compared to centralized models (Integrityinc.org, 2015). It also connects individuals to local resources, family networks, and social supports, key elements in achieving and maintaining lasting recovery.

This bill is an alternative to a \$300 million investment in a centralized hospital facility envisioned in HB 1012. Such a facility would outdo staffing resources available in the smaller city of Jamestown and be outdated before even fully operational. By contrast, decentralizing care in our four regions ensures resilience, scalability, and adaptability to changing needs over time. Our present facility in Jamestown is not even fully staffed and DOCR has testified to us that finding staff in Jamestown is the most difficult of each of the cities they operate in.

You might ask where the \$105 million figure comes from. I have been following our reports about the costs of upgrades offered by JLG Architects and DHHS. Keeping our present main building of LaHaug, which is not that old, built in 1986, saves considerable money if not replaced but upgraded with \$5 million. Prairie St. John's in Fargo just completed building a new psychiatric hospital of 136 beds at the cost of \$48 million. Using this real information leads me to believe a 24-bed facility could easily be built or this \$25 million used to renovate existing buildings in the four regions. You note the language of the bill gives flexibility to DHHS to determine what facilities are needed in each region. Just from my observation I believe Altru in Grand Forks, Trinity in Minot, St. Alexious CHI in Bismarck, and several present providers in Fargo could meet this need, the state wouldn't even need to build. Fargo probably is less in need of more acute care beds but more in residential treatment beds which is an option in this bill. BTW very few people are able to get into Jamestown State Hospital at the present time due to staff shortages.

This session is more than a debate about infrastructure, it is a chance to build a legacy rooted in North Dakota's values of resilience, innovation, and care for our communities. Supporting Bill SB 2096 allows us to meet today's challenges while laying a strong foundation for future generations. Are there other important ingredients? Yes, and I note three, 1. Stable leadership at the largest state agency, ND DHHS, 2. implementation of the CCBHC system, Certified Community Behavioral Health Clinic, a desperately needed upgrade of our 8 human service center, and 3, a Medicaid waiver or amendment regarding the IMD, 1965 Institute for Mental Disease provision, which would introduce market principles resulting in additional behavioral health facilities.

Governor Armstrong has urged us to be innovate and bold. I invite you to join me in making this vision a reality. Together, we can lead the way in creating a system that prioritizes accessibility, sustainability, and the well-being of all North Dakotans.

Others are here to testify or have sent in testimony. I look forward to further discussion in committee with you.

Thank you for your dedication to our state and your leadership on this critical issue.