

SB 2096  
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**From:** Admin-Legislative Council  
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**Subject:** FW: Testimony on Senate Bill 2096

**From:** Goetz Denny <goetzdenny1@gmail.com>  
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**To:** t.mathern@ndlegis.gov; Admin-Legislative Council <lcouncil@ndlegis.gov>  
**Subject:** Testimony on Senate Bill 2096

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Testimony regarding Senate Bill 2096

My name is Dennis Goetz and I provide this written testimony in support of Senate Bill 2096. My apologies for not speaking to you in person, as I have just returned home from having back surgery at Mayo Clinic.

Having been employed for 22 years as Executive Director of the Children and Adolescent Unit and my last two years as Executive Director of the Adult Psychiatric Service Unit, I bring to you my experiences and now opinion of what would make an ideal mental health treatment model for our great state. It is time for financial resources to be spread into a continuum of care with the fewest spent at the institutional in Jamestown and more at the regional and local levels. The current model with hospital beds limited to one location and without step down services in regional and home communities, make the hospital a revolving door for many patients, who get released to community placements without the services needed to keep them from repeating a sheriff's ride back to the State Hospital. I hope you can see this is not a cost effective model. In fact, on the addiction side of the hospital's treatment, there was the sad, but true slang category of repeat patients, earning the "200<sup>th</sup> Club".

Another flawed piece of the current model is the long distance patients are removed from their family and home communities. This isolation makes it harder for family and supportive friend to visit, which are as important as friends and family visitors to loved ones in non-mental health treatment services. In addition, the requirement for sheriff departments to transport "at risk" patients is a costly burden on those departments and reinforces to the patient, including children, that their mental illness must make them a criminal needing hand cuffs and at least two law enforcement personnel to transport.

With regard to the proposed treatment model outlined in Senate Bill 2096, the bulk of treatment could take place regionally and in community based settings. Some individuals with mental health issues would still need hospital beds. This ideally, could be a mix of public and private providers. By providing a continuum of care through residential, group home, and home support services, there would be an opportunity for swifter discharge from hospital beds and less likelihood of relapse. Community failure is often due to no one monitoring medications and little structure in their living arrangement.

There are many good support services at the regional level from both public and private providers, however, there is a serious shortage of services to make for a complete model to meet the needs of tribal and non-tribal citizens. By continuing to pour resources into a centralized state hospital, misses the opportunity to finally build a system of care that is more humane and cost effective.

These are my humble opinions and I am willing to help pursue this venture by answering questions and, perhaps, being available for future testimony in person. Thank you for the opportunity to share with you today..

Dennis E. Goetz, retired (Masters Degree in Policy, Planning, and Administration, Western Michigan Un.

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Executive Director, Children and Adolescent Unit      May 1983 - March 2014

Executive Director, Adult Psychiatric Service Unit September 2012 – March 2014