

**Testimony on Amending Behavioral Health Bed Management  
Reporting Requirements for Geropsychiatric Facilities  
Senate Human Services Committee  
January 8, 2025  
Senate Bill 2113**

Chair Lee and members of the Senate Human Services Committee, my name is Amy Kreidt, and I am the administrator at St. Luke's Home in Dickinson. Thank you for the opportunity to testify in support of Senate Bill 2113 with an amendment.

Our facility has been providing psychiatric services since 2018. Below is an overview of our activity and resident demographics for 2024:

- **Resident Movements in 2024:**
  - 1 resident transitioned to a different facility
  - 2 residents passed away
  - 2 residents moved to our regular nursing home
- **Total Residents Served:** 25 residents, with an average length of stay of **994 days**
- **Current Census:**
  - **Residents:** 19 (Capacity: 20)
  - **Gender:** 6 females and 13 males
  - **Age:**
    - Average age: 67
    - Youngest resident: 32
    - Oldest resident: 87
- **Resident Origins:**
  - Residents come from **9 different counties** in North Dakota

- Most residents are admitted from the State Hospital, with some exceptions from the VA Hospital or medical centers around the state

As a geropsychiatric care provider, I see firsthand the unique challenges we face. Our facility operates at near full capacity year-round, with very few openings, most of which are pre-planned. The daily reporting requirement for the Behavioral Health Bed Management System creates significant administrative burdens that don't reflect our operational reality. For example, my staff have to set an alarm or calendar notification each day, including weekends to log in and update our census. This is an excessive requirement and unnecessary cost when our census does not change very often.

While the North Dakota Department of Health and Human Services is adding language which would allow them to make exemptions, we believe a statutory exemption for geropsychiatric facilities is a more effective and permanent solution. This change would help us focus our resources where they are needed most: providing high-quality, specialized care to our residents.

**50-06-41.3. Behavioral health bed management system.**

The department shall establish and maintain a behavioral health bed management system to improve utilization of behavioral health bed capacity. Public and private providers of residential or inpatient behavioral health services, except the department of corrections and rehabilitation and geropsychiatric facilities, shall participate in and report daily to the department the information and documentation necessary to maintain the behavioral health bed management system in the form and manner prescribed by the department, unless otherwise specified.

Thank you for considering this important amendment. I am happy to answer any questions.

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