Schulte Report Draft Comments

Chairman Nelson & Members of the Committee,

My name is Ty Hegland and I served as President/CEO of ShareHouse in Fargo and Grand Forks. On the behalf of Behavioral Health/SUD providers across North Dakota, I was asked to provide some words of support and counterpoints to the latest Schulte Report.

The State of North Dakota is at a crossroads. With Mental Health, suicide, and overdose occurrences on the rise we are at a place and time where we need to get this right. Studies need to be conducted, data needs to be assembled, and leveraging the expertise of providers across the state needs to occur. We are fortunate to have clinical and operational experts throughout the state and its time for their voices to be heard.

As providers, there are some encouraging aspects of the report that we support;

1. Studying of a potential state hospital needs to continue. Though progress has been made, an in-depth study on alternate locations, State Hospital workforce needs, and State Hospital funding model need to continue. It would be fiscally irresponsible to not tie a new State Hospital to an IMD Waiver. The State Hospital is the largest IMD provider in the state. Rather than pay 94% of the operational needs of the hospital through the general fund, we need to leverage Medicaid/Medicaid Expansion.

2. Codifying and updating the purpose of the State Hospital and Human Service Centers is gravely needed. Quite often we are confided in as private providers and those who work at state entities are desperately seeking clarity on their purpose. In turn, this would help private provider operations and avoid creating unnecessary competition where private providers can/want to serve.

3. Maximizing telehealth where possible is a clinical process we all support and continue to navigate. Providers like ShareHouse have dedicated partnerships with hospitals, jails, and other entities to provide telehealth assessment and there is real opportunity to expand services if Case Management and transportation is available to support transitioning patients.

4. We wholeheartedly support Universal Licensure Recognition. In 2018, we had a 20% shortage of Licensed Addiction Counselors in North Dakota and the problem has only got worse. The gap is increasing each year and its time to modernize the process. Universal recognition with a one year license review makes the most sense and gives us an immediate jump start with workforce. We cannot continue to piecemeal this approach as we are at a once in a lifetime juncture with workforce.

As providers, there were multiple areas which we found to be inaccurate and potentially detrimental;

1. There were two comments about Residential providers that were inaccurate. We know there are not enough beds and definitely not enough Medicaid/Medicaid Expansion beds for Residential SUD, particularly those providers who operate both IMD and non-IMD facilities. In addition, the comment about the “choice of private providers to serve out of state patients” was inappropriate and worded in a precarious manner. Serving out of state patients is a geographic reality and financially necessary due to the IMD Exclusion blocking entities from serving North Dakotans.

2. We cannot place a majority of the blame for current Behavioral Health trends on hospitals. The hospitals in North Dakota are a vital component of the Behavioral Health system. To expect under

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manned Critical Access Hospitals to provide Acute Psychiatric services without resources would be to compromise their overall care model. Our goal should be to use their space for entry into the system, access to assessment, and to ensure timely transportation to more appropriate Behavioral Health providers.

3. We need to intently listen to the frontline public providers at Human Service Centers/State Hospital and private providers en masse. Too often we pivot to out of state entities to tell us how we should development our systems and spend our resources or we look to thought leaders to provide silver bullet ideas. Meanwhile the answers lie within our existing frontline providers. North Dakotans who work in Behavioral Health do not do it for the glory nor pay. We need to retain these employees and work to ensure we are not unnecessarily losing our workforce due to a difficult operating system. We need to put far more resources into workforce development and retention through listening to what they are saying, or we will not have enough workforce to operate.

In closing, I want to make one personal point about our interaction with this process. Though we earnestly support having third party vendors conduct studies with taxpayer money, we were perplexed by how this was process carried out. For months, time went by and there was no meeting scheduled with us. As the largest SUD Voucher provider who operates three residential facilities, three clinics, and soon to be an adding a permanent supportive housing SUD center, we hoped we would be included in the process. Eventually we had to reach out and demand our own meeting. When we asked why we weren't scheduled, Schulte Consulting stated they were told not to speak with residential providers as the state was in the process of dealing with them. Though I am sure this was a fluke or a misinterpretation, we conduct 130,000 patient interactions annually and we felt our patients' voices needed to be heard.

I thank you for your time and will yield to any questions.

Ty Hegland
President/CEO
ShareHouse

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Recovery is possible.