

3/23/10

To: Health and Human Services Committee

From: James Pfeifer, MS LPCC, Chief Clinical Officer, Prairie St. John's

Re: Prairie St. John's comments regarding the possible use of a voucher system for uninsured/underinsured North Dakota residents in the provision of mental health and chemical dependency services

The system as it currently functions funnels the under- and uninsured residents of North Dakota through the publically funded regional human service centers and the state hospital for mental health and chemical dependency treatment. This process affects the patient, the providers, and the system negatively in the following ways:

- The patient is disempowered in that the ability to access their preferred provider is minimized or eliminated.
- The patient is affected negatively because regional service centers are often incredibly busy or have wait lists for different services. Services are not immediately available or the specific regional service center might not have the service level most appropriate for the patient.
- If a patient is dissatisfied with services at a regional human service center their options for alternatives are limited to non-existent.
- The regional service centers often have caseloads that exceed capacity.
- Patients in the state hospital are often a long way from their homes. Families are an important component of treatment.
- The state system is less able to provide a full continuum of care to the patients.
- Having the state hospital centralized its functions as an emergent psychiatric hospital for the central part of the state, limiting its ability to function as a long-term psychiatric hospital for the remainder of the state, placing additional burden on private facilities.
- Often the most appropriate service level is not available to the patient and their needs go under served, which increases the likelihood of future hospitalizations.

Given these concerns, we support the use of a voucher system in North Dakota. Implementing a system in which the funds would follow the patient would:

- Give the patient the option to choose their preferred provider and empower them in their treatment.
- Give the patient the opportunity to receive care closer to home and to have family involved in their care.
- Ensure facilities are improving quality of care as patients would be better able to choose other entities if dissatisfied with the care provided.
- Reduce the strain on the state system.
- Allow the state hospital to function as it is designed to function: as a long-term psychiatric facility.
- Offer a patient access to a full continuum of care.
- Offer to patients better access to the level of care that best matches their psychiatric needs.
- Improve the public-private partnerships, increasing the network of resources available for our neighbors

Thank you for the opportunity to provide input.