

2025 SENATE APPROPRIATIONS

SB 2096

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2096
1/20/2025

A Bill for an Act to provide appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive services.

9:00 a.m. Senator Dever called the meeting to order.

Members Present: Chairman Dever, Senators Cleary, Davison, Magrum, and Mathern

Discussion Topics:

- Behavioral Health Crisis
- Proposed New Centralized State Hospital
- Proposed Alternative Decentralized Option (SB 2096)
- Council of State Government's Recommendations
- Regional Care Investments - 4 Regions - Fargo, Grand Forks, Minot, Bismarck
- Focused Role for State Hospital
- Empowering Regional Solutions
- Jamestown Hospital Staffing
- Regional Providers/Behavioral Health Needs
- Mental Health Infrastructure and Reliance on State Hospital
- Timely Treatment for Court-ordered Patients
- Homelessness and Mental Illness
- Reduce Strain on Emergency Services and Police
- Improve Patient Outcomes
- Establishment of Residential Services
- Court Cases of Importance
- Recommended Section 2 Change to Include Pediatric Wings
- New State Hospital Support
- Patients Referred to State Hospital Refused Elsewhere
- State Hospital as Safety Net
- Creation of Regional IMD Facilities - Concerns
- Pursuit of IMD Exclusion Waiver - Consequences
- Legislative Studies - Recommendations
- Acute Psychiatric and Residential Care Final Report 2021
- Current Community-Based Services - Free Through Recovery
- Department for Williston and Dickinson regions

9:01 a.m. Senator Mathern, District 11, testified in favor and submitted testimony #30121.

9:29 a.m. Madison Hanson, BS Degree in Social Work, BS Degree in Human Behavior, and Graduate Student, testified in favor and submitted testimony #30090.

9:40 a.m. Dr. Katherine Terras, ND Special Education Consortium, testified in favor and submitted testimony #30091.

9:52 a.m. Charlotta McCleary, Executive Director, Mental Advocacy Network (MHAN) testified in opposition and submitted testimony #30048.

10:03 a.m. Pamela Sagness, Executive Director, Behavior Health Division, ND Health and Human Services testified in opposition and submitted testimony #30155.

Additional written testimony

Denise Dykeman, Attorney, submitted testimony in favor #29914.

Sarah J. Dixon-Hackey, Mental Health Advocate, submitted testimony in favor #29947.

Peggy L. Calderon, LBSW, LSW, LADC, submitted testimony in favor #29969.

Fay Seidler, Suicide Prevention Advocate, submitted testimony in favor #30060.

Amber Andrews, Social Worker, submitted testimony in favor #30079.

Sue Rae Helgeland, Mental Health Advocate, submitted testimony in favor #30120.

Denny Goetz, Masters Degree in Policy, Planning & Administration, Executive Director, Children and Adolescent Unit, 1983-2014 ; Executive Director of Adult Psychiatric Services 2012-2014 submitted testimony in favor. #31884.

10:23 a.m. Senator Dever closed the hearing.

Joan Bares, Committee Clerk

WRITTEN TESTIMONY IN SUPPORT OF
TO SB 2096

Date of Hearing: January 20, 2025

Denise Ann Dykeman 1840 12th St SW, Minot, ND 58701

Committee chair and members of the committee, my name is Denise Ann Dykeman. I am a resident of Minot, North Dakota, and practicing attorney. I am here in support of Senate Bill 2096. I support this bill because I recently visited the hospital emergency room in Minot, and there were not enough beds for everyone to be seen quickly. Members of the unhoused community were also in the ER in a desperate attempt to find somewhere warm to be in sub-freezing temperatures.

This bill would provide \$5 million for state hospital facilities and provide for regional acute psychiatric treatment and residential supportive housing services. These supports would greatly benefit all North Dakota citizens by ensuring that our neighbors struggling with mental health concerns and housing insecurity have access to care and shelter they need.

Please support SB 2096.

Respectfully,

Denise A. Dykeman
1840 12th St SW
Minot, ND 58701

Dear Members of the Committee:

Thank you for the opportunity to provide written testimony in support of Bill SB 2096. My name is Sarah Dixon-Hackey and I am a 25 year resident of North Dakota. As a mental health advocate and someone who has personally navigated the challenges of our behavioral health system, I strongly believe that continued growth and expansion of our services are needed in a manner that effectively meets the needs of all North Dakotans.

In order to accomplish this we must pursue decentralization of our behavioral health services so that individuals and families may receive care within their own communities. Research has shown that community-based behavioral health services are valuable because they often lead to greater success rates in treatment by providing accessible care, allowing for better engagement with patients and a stronger connection to local support systems that can lead to better mental health outcomes and reduced healthcare costs.

In 2018 and 2020 two separate studies were conducted to assess our state's behavioral health services. In both studies recommendations were made to limit monetary investments to the State Hospital and expend greater effort and resources into establishing community-based services. It is now 2025 – seven years after implementation of this process to improve our system. During these seven years the people of North Dakota have continued to struggle with their mental health – have continued to see numbers increase in mental health challenges and suicide rates – all with the existing centralized system. It is time for us to stop doing what no longer works and to make a change. It is time for us to begin the work of bringing behavioral health services directly to communities.

Thank you for your time and consideration.

Testimony on SB 2096

Senate Appropriations - Human Resources Division
January 20th, 2025

Chairman Dever and members of the committee,

My name is Peggy Calderon, and I am a social worker committed to advocating for the rights and dignity of individuals I serve with mental illness. I strongly support SB 2096, which calls for establishing regional treatment facilities across North Dakota, and ask you to vote yes on this bill.

Behavioral health care must be delivered in a manner that unequivocally promotes integration, recovery, and community engagement. Centralizing care in a large state hospital undermines these values and risks reversing decades of progress in mental health care. Research has shown that individuals with mental illness heal most effectively when they are surrounded by their families, communities, and support systems. Isolation only deepens suffering and disrupts recovery.

The current model in North Dakota, the State Hospital, faces issues with overcapacity, inadequate staffing, and lengthy transport times, which adversely affect individuals in crisis. The answer is not to construct another centralized facility. Instead, we must prioritize regional facilities that keep individuals close to their communities and provide care in environments that promote recovery, dignity, and respect for everyone.

A decentralized model of care is more cost-effective, improves access to services, increases community involvement, and promotes continuity of care. North Dakota is a predominantly rural state, and the proposed \$300 million investment in the State Hospital represents a significant financial commitment concentrated in a single community, which does not effectively address the widespread needs of the rural population. By providing care closer to home, we can improve mental health outcomes and reduce barriers to seeking treatment.

I ask the committee to vote yes on SB 2096 and prioritize regional care. Decentralized services uphold justice, equity, and dignity while addressing the state's overwhelmed behavioral health system. This decision will shape the future of mental health care in North Dakota.

Thank you for your time and consideration,

Peggy Calderon, LBSW, LSW, LADC



Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck

Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Fraser, Ltd. Individual Consumers & Families

**Senate Appropriations-Human Resources Committee
SB 2096 Testimony
January 20, 2025
Senator Dever, Chair**

Good morning, Chairman Dever and Members of the Senate Appropriations- Human Resources Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in opposition to SB 2096. MHAN is in support of the building of the New State Hospital, as outlined in Governor Armstrong's budget. North Dakota needs a new state hospital that is therapeutic and safe, in addition to no longer being co-located with the State Prison. The State Hospital serves as a safety net for North Dakotans. Many patients referred to the State Hospital have been referred because they have been turned away by private hospital providers. Increasing regional capacity for service delivery is laudable and desperately needed. As designed, however, SB 2096 would not accomplish that goal. MHAN is greatly concerned about the creation of four additional IMD facilities (presumably operated by the private sector) in the state of North Dakota. The Human Service Centers already provide funding for hospitals for inpatient stays and there are means to have more regional inpatient services through private hospitals by having those services available in their existing facilities.

Rather than allowing private hospitals to integrate inpatient psychiatric services within their existing facilities, SB 2096 would create four separate facilities with a bed capacity of 24 beds. As they are above 16 beds, they would be ineligible to receive Medicaid funding.

MHAN could have also understood the idea of constructing eight facilities at 12 beds (half the proposed 24 bed facilities in four regions of the state), thereby regionalizing North Dakota's inpatient needs while maintaining IMD Exclusion rules. Alas, SB 2096 does not do that. The construction of such facilities as prescribed in SB 2096 could be the catalyst for advocating for an IMD Exclusion Waiver.

What would the consequence of pursuing an IMD Exclusion Waiver be? The state of North Dakota would have to expend millions of dollars and devote immense staffing resources from the Department of Health and Human Services to apply for the waiver, without guarantee to succeed. If the state were to receive the waiver, however, it would have to demonstrate cost neutrality to the federal government with current Medicaid expenditures at a moment in which we are attempting to increase utilization of community mental health services to end our current mental health crisis. Unless the state of North Dakota has unlimited funds, it would be funneling preciously needed resources away from community-based services into institutional care; something that would be tantamount to pursuing the antithesis of recommendations from every major research report funded by the legislature and the Department since the late 1980s. Rather than expand regional services, the consequences of this bill could very well significantly decrease regional services.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
Phone: (701) 222-3310

Senate Appropriations Committee
Jan 20th, 2025 HB 2096
Testimony in Support

Dear Chair Bekkedahl and the members of the Senate Appropriations Committee,

I urge a "Do Pass" on HB 2096

I believe that this bill is attempting to address a shortcoming within our state in terms of mental health access for individuals living in rural communities. Having read over all 737 bills on the ND Legislative website as of 1/19/25 and I found no bill to stop a particular problem that we are having in the world of mental health crisis in North Dakota.

Specifically, if you are experiencing suicidal crisis on the west side of North Dakota, you are likely not going to a clinic or a hospital, but rather a jail. Not because you've done anything criminal, but because there is no other place to put you.

I'd like the members of this committee to imagine the worst day they've ever had. The courage it takes for someone to finally call for help. And the realization that the only help you get is to be put behind some bars. You will not call again. As a survivor of suicide, I can assure you of that.

Today I am a suicide prevention advocate to fight for and assure we don't let people fall through the cracks. And I have longed dreamed of services that could cover large areas of our rural communities and mobile crisis teams to handle the situations that arise.

Each suicide death impacts 135 people by the research and I believe personally that is felt even more and even harder in the small towns of our state. I think entire communities and small towns can be lost in these events. So, I believe any effort to reduce this trauma, to increase support across our state, and build hope for the future is worth funding. Please consider passing this bill to whatever extent is possible.

Thank you for your time, consideration, and service to our state,
Faye Seidler

Testimony on SB 2096

Senate Appropriations - Human Resources Division

January 20th, 2025

Chairman Dever and members of the committee,

My name is Amber Andrews and I am a social worker committed to advocating for the rights and dignity of individuals I serve with mental illness. I stand in strong support of SB 2096, which calls for the establishment of regional treatment facilities across North Dakota, and ask you to vote yes on this bill.

Behavioral health care must be delivered in a way that promotes integration, recovery, and community connection. Centralizing care in a large state hospital undermines these values and risks reversing decades of progress in mental health care. Research has shown that individuals with mental illness heal most effectively when they are surrounded by their families, communities, and support systems. Isolation only deepens suffering and disrupts recovery.

The current model in North Dakota, the State Hospital, struggles with overcapacity, insufficient staffing, and long transport times that negatively impact individuals in crisis. The solution is not to build another centralized facility, which only reinforces these problems. Instead, we must prioritize regional facilities that keep individuals close to their communities and provide care in settings that support recovery, dignity, and respect for all.

A decentralized model of care is more cost-effective, improves access to services, increases community involvement and promotes continuity of care. A study has shown that community-based services reduce hospital days by 65% and expenses by 50% (Integrityinc.org, 2015). Further, community care connects individuals to local social networks and resources, enhancing their sense of belonging and increasing the likelihood of recovery (Bromage et al., 2017).

The financial investment in a state hospital of \$300 million represents a sunk cost in a single community. By instead investing in regional facilities, we can distribute resources more effectively and ensure that mental health care is accessible and equitable for all North Dakotans. Studies indicate that decentralizing healthcare investments improves both access to care and the resilience of the system (Abimbola et al., 2019).

I ask the committee to vote yes on SB 2096 and prioritize regional care. Decentralized services uphold justice, equity, and dignity while addressing the state's overwhelmed behavioral health system. This decision will shape the future of mental health care in North Dakota.

Thank you for your time and consideration.

Amber Andrews

Testimony on SB 2096

Senate Appropriations - Human Resource Division

January 20, 2025

Chairman Dever and members of the committee, my name is Madison Hanson. I hold a bachelor's degree in Social Work, a bachelor's degree in Human Development, and I am currently in my final semester of a master's program in Macro level Social Work, specializing in public policy. Over the course of my studies, I have conducted rigorous research on system sustainability and efficiency. I appreciate the opportunity to provide testimony on SB 2096, a bill that aligns closely with my research in a cost-effective and efficient solution to North Dakota's behavioral health needs.

An overview of the issues SB 2096 seeks to address includes the following:

North Dakota's mental health infrastructure faces significant challenges due to an overreliance on the Jamestown State Hospital, which is consistently at capacity. Staffing shortages have amplified this issue, preventing the hospital from utilizing all available beds and limiting its ability to serve those in need. As a result, healthcare providers and law enforcement agencies across the state face barriers when referring individuals for inpatient psychiatric care. Local judges have also expressed concerns about the inability to provide timely treatment for court-ordered patients, creating additional strain on both legal and healthcare systems. Meanwhile, homelessness continues to be a concern, with many individuals experiencing untreated serious mental illness, further taxing public safety resources and community services.

SB 2096 proposes decentralizing acute services by establishing regional acute hospitals in four North Dakota cities. This approach would increase access to care, reduce strain on emergency services and law enforcement, and improve patient outcomes. Timely and continuous care would decrease morbidity and mortality rates. Additionally, this solution would enable the establishment of residential services. While North Dakota currently operates six psychiatric residential treatment facilities (totaling 82 beds) for youth aged 5–18, to the best of my knowledge there are no residential facilities targeted specifically for adults with serious mental illness.

Furthermore, SB 2096 aligns with the goals of deinstitutionalization by supporting the development of community-based services, as mandated by federal court rulings. For example, the 1966 DC Court of Appeals case, *Lake v. Cameron*, introduced the principle of “least restrictive setting” for psychiatric care. Later, the U.S. Supreme Court's *O'Connor v. Donaldson* (1975) ruled that confinement is only justified when an individual poses a danger to themselves or others. Most recently, the 1999 *Olmstead v. L.C.* case classified mental illness as a disability, requiring states to transition individuals from institutional settings to community-based care whenever appropriate.

The urgency of this issue can be explained by findings from the Treatment Advocacy Center, which reported that in the first half of 2023, 40% of patients at the Jamestown State Hospital

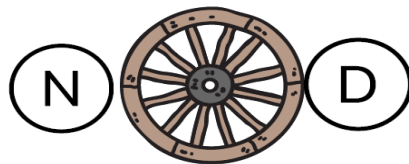
were ready for discharge but could not leave due to the lack of community-based services. The North Dakota Department of Health and Human Services also noted last week that some individuals have lived in the state hospital since the early 1990s. These individuals, while they may have complex needs, deserve the opportunity to thrive in community settings, as required by law. Our current system fails to provide that opportunity.

SB 2096 offers a strategic solution to these challenges. By establishing four regional facilities, the state would alleviate capacity strain through a decentralized system. Patient loads would be redistributed, allowing the state hospital to focus primarily on specific populations such as those under the custody of the Department of Corrections and Rehabilitation, individuals who are involuntarily committed, and those requiring court-ordered forensic evaluations. Meanwhile, patients who may need longer term care could transition to residential treatment, freeing up much needed bed space. This approach not only optimizes patient flow but also improves overall system efficiency and reduces potential legal liabilities.

In conclusion, I respectfully ask this committee to vote yes on SB 2096. As both a tax-paying citizen and a graduate student with a focus on systems design and research, I believe this investment is fiscally responsible, sustainable, and critical for building a resilient hospital system that meets the needs of our state and its citizens.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Madison Hanson
Fargo, ND



N D S P E C I A L E D U C A T I O N C O N S O R T I U M
• EST 2020 •

Written Testimony in Support of SB2096

Chairman Beard and Senate Education Committee,

For the record, my name is Dr. Katherine Terras. I represent the [North Dakota Special Education Consortium](#). The Special Education Consortium represents stakeholder groups across North Dakota who serve children and families with disabilities collaborate on issues impacting those with disabilities and to identify resolutions using a multi-faceted lens.

We are in support of SB2096 with one minor amendment under Section 2.

SECTION 2. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND RESIDENTIAL SUPPORTIVE HOUSING SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing regional acute psychiatric treatment services and residential supportive housing, [including pediatric wings](#), for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall establish four acute psychiatric treatment service regions in the state. The department may use the funds provided in this section to either construct an up to twenty-four bed acute psychiatric treatment facility in each service region or to contract with one or more private entities to provide

The children and youth in North Dakota, who need mental health services, are in desperate need of services. To date most of these children and youth are not receiving the necessary treatment to successfully live in their homes with their families, to attend school and learn and allow other students to learn, and to be physically safe from self-harm and from harming others. Families and schools are on waiting lists, up to one year, to simply have children and youth evaluated; this does not include any treatment nor services. Beyond this, access to psychiatric treatment services and residential supportive housing needs to be expanded to include direct referrals from families and schools. These services cannot be exclusively accessed by human service agencies. We need to ensure all children and youth have equal access to these services.

TESTIMONY TO SUPPORT SB # 2096

by Susan Rae Helgeland, January 20, 2025

To Senator Dick Dever, Chair of the Human Resources Section of the Senate Appropriations Committee:

61 years ago in 1964 I was a senior at UND majoring in Social Work. I wanted to help those who were less fortunate. I was young and naïve. I traveled by bus with my classmates on a mandated site visit to the ND State Hospital (NDSH). I was shocked! The image of that visit has never left me. I observed about 2000 folks with bars in the windows of their rooms.

Because we did not know much about brain disorders at that time, patients were given the only drugs that were recognized as effective: Thorazine and Haldol. The patients were segregated with all the men dressed in a beige two piece pajama outfits and women in beige "housedresses." Many were seated on the floor of the hallways with a vacant and dazed look on their faces. There were counters with glassed barriers in the hallways where the patients filed in to pick up their medication in little white pill containers. I observed bath tubs with ice and hot water for shock "therapy." It was also said that lobotomies were performed at NDSH and electro shock therapy. I am grateful that we have advanced forward in the effective treatment of brain disorders.

My entire perspective on mental illness changed. I had no personal experience with major depression, bi-polar disorder, schizophrenia, etc. but I made a personal commitment at that time to spend my professional career advocating for those with mental illness. It was my conviction that brain disorders should be treated like others who were diagnosed with diabetes, heart disease, etc. I thought at my age of 22, that through no fault of their own, these individuals were segregated and treated differently from others suffering from physical/biological illnesses. I always thought of mental illness as an illness of the brain which is another organ of the body like the heart, the liver, the intestine, the esophagus, etc. Why are those with a brain disorders treated like criminals and need to be separated from those with other kinds of physical health disorders? Why do individuals experiencing a mental health crisis need to be subjected to the trauma of transport from all parts of the state to Jamestown?

I also want to bring up that even though I now live in SD, I was shocked by the news in *The Forum* that ND Governor Armstrong's proposed budget calls for funding a new \$300 Million Dollar state hospital in Jamestown. Why in the world would we go backward and support that incredible amount of money to build a new state hospital for those with mental illnesses/brain disorders?

In 1965 I was asked by Greeidee Wheeler to work with her on educating the ND Citizens about the need to deinstitutionalize NDSH. She was the Executive Director of the Mental Health Association of ND (MHAND) and her non-profit organization had received a federal grant to implement regional mental health centers all over the state. The entire reason was to treat mental illness in the community or community-based services. Surely that is the direction that needs to continue to be implemented.

My husband, John Helgeland, died in May of 2023. I moved to Sturgis SD in 2021 to be closer to my family. I recognized that I needed them since I was the primary caregiver for my husband. He had Alzheimer's, a disease of the brain. I was never refused treatment for him and had wonderful care both at Sanford in the Fargo-Moorhead community and at Monument Health in Sturgis. No one suggested that I send my husband to a state hospital. Dementia and Alzheimer's are brain disorders. Why do we treat other biological mental health disorders such as major depression, bi-polar disorder, substance use disorders, etc. by segregating them to a brand new state hospital? SB Bill # 2096 offers a less expensive alternative when compared to a new \$300 million dollar state hospital in Jamestown.

Gerridee Wheeler and Myrt Armstrong were my mentors and they taught me well. Of course there are some individuals who need to be in "custody" due to a severe mental illness diagnosis and would benefit from a state hospital setting. However most folks do much better by receiving services closer to their home and within the community. Wrap around services including peer support help to aid in their recovery and have proved to be effective in promoting recovery. It is cost effective and will increase the benefit of the existing regional community based services. It will also help to reduce chronic homelessness and help to reduce the local jail population by providing services in the community.

I spent over 25 years of my professional career in ND. I care about reducing stigma related to brain disorders. I thank you for reading and considering my testimony as you make important decisions for the citizens of ND. I would join you in person if not for the fact that at 82 years of age, my ability to travel alone is no longer an option.

I ask for your vote of support on SB #2096.

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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.



Testimony
Senate Bill No.2096
Senate Appropriations-Human Resources Division
Senator Dick Dever, Chairman

Chairman Dever, and members of the Senate Appropriations Committee, Human Resources Division, I am Pamela Sagness with the Department of Health and Human Services, Behavioral Health Division. I appear today in opposition to Senate Bill No. 2096.

Since 2014 North Dakota has been working to expand and enhance behavioral health services in North Dakota. This work has included multiple legislative studies that have resulted in clear actionable recommendations and efforts. During the 21-22 Interim, the Acute Psychiatric Treatment Services Committee commissioned a study on hospital and residential beds in North Dakota.

The Acute Psychiatric and Residential Care *Final Report* was published April 28, 2021. The first recommendation was to build a modern and efficient state hospital.

The report states, "This should not come as a surprise, North Dakota needs a modern state hospital. The deterioration of the existing campus, mounting deferred maintenance, inefficient use of space, shared prison foods and intimidating barbed wire all around are just a few of the many reasons a new hospital is warranted. North Dakota needs a facility dedicated to its citizens that specializes in court-mandated, forensic care and persons with complex needs unable to be cared for in the private sector and their local community."

Last session the legislature appropriated \$12,500,000 for the design of a new state hospital (2023 SB2012 Section 21). Governor Armstrong's Executive Budget request includes \$300,000,000 to build the new state hospital.

North Dakota has also expanded behavioral health services for community-based services. New programs like Free Through Recovery, Community Connect, the Substance Use Disorder Voucher, Permanent Supportive Housing, Recovery Housing Assistance Program, the Certified Community Behavioral Health (CCBHC) initiative and many other efforts have shown the state's commitment to community-based services. An effective behavioral health system requires all levels of care.

Last session the legislature appropriated funds to the Department for Williston and Dickinson regions. The goal was to work with a private hospital to build 10 bed behavioral health inpatient services in all regions of the state. This funding demonstrates the already existing efforts to ensure individuals can access inpatient services in their home region. The Department is currently in contract for the 10 beds in Williston but there was no interest to develop this service in Dickinson with the appropriated funds.

Lastly, I've met with most of the hospitals in North Dakota and many of their psychiatric leads, they clearly identify support for the new state hospital as we serve a population the private sector does not and they do not plan to serve in the future.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

SB 2096
1-10-25
Vaagen, Leslie - STechClerk9 - SAPPHR

From: Admin-Legislative Council
Sent: Monday, January 20, 2025 8:25 AM
To: NDLA, S APP HR
Subject: FW: Testimony on Senate Bill 2096

From: Goetz Denny <goetzdenny1@gmail.com>
Sent: Sunday, January 19, 2025 7:56 PM
To: t.mathern@ndlegis.gov; Admin-Legislative Council <lcouncil@ndlegis.gov>
Subject: Testimony on Senate Bill 2096

You don't often get email from goetzdenny1@gmail.com. [Learn why this is important](#)

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 "200th 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.

3522 Woodbury Park Dr. S, Fargo, ND 58103 email address: goetzdenny1@gmail.com .

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

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

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2096
1/31/2025

Relating to providing appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.

10:43 a.m. Chairman Dever opened the hearing.

Members Present: Chairman Dever, Senators Cleary, Davison, Magrum and Mathern

Discussion Topics:

- Regional Acute Psychiatric Treatment Services
- Residential Supportive Housing
- Proposed Amendment

10:44 a.m. Senator Mathern introduced the bill and the amendment.

10:00 a.m. Senator Mathern moved to adopt the amendment LC 25.0114.04002 and submitted testimony #33225.

10:48 a.m. Senator Davison seconded the motion.

11:06 a.m. Voice Vote - Motion passed.

11:07 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

SB 2096
1-31-25

25.0114.04002
Title.

Prepared by the Legislative Council
staff for Senator Mathern
January 29, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

1 A BILL for an Act to provide ~~appropriations~~ an appropriation to the department of health and
2 human services for ~~state hospital facilities and to provide for~~ regional acute psychiatric
3 treatment and residential supportive housing services.

4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

5 ~~SECTION 1. APPROPRIATION - STATE HOSPITAL BUILDING RENOVATIONS. There is~~
6 ~~appropriated out of any moneys in the general fund in the state treasury, not otherwise~~
7 ~~appropriated, the sum of \$5,000,000, or so much of the sum as may be necessary, to the~~
8 ~~department of health and human services for the purpose of building renovation costs at the~~
9 ~~state hospital, for the biennium beginning July 1, 2025, and ending June 30, 2027. The~~
10 ~~department shall use the funds appropriated in this section to renovate buildings at the state~~
11 ~~hospital to primarily serve individuals with a mental illness who are under the custody of the~~
12 ~~department of corrections and rehabilitation, who are involuntarily committed to receive acute~~
13 ~~psychiatric treatment services, or who are under a court order to receive a forensic examination.~~

14 **SECTION 1. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND**
15 **RESIDENTIAL SUPPORTIVE HOUSING SERVICES.** There is appropriated out of any moneys
16 in the general fund in the state treasury, not otherwise appropriated, the sum of
17 ~~\$100,000,000~~ \$64,000,000, or so much of the sum as may be necessary, to the department of
18 health and human services for the purpose of providing regional acute psychiatric treatment
19 services and residential supportive housing, for the biennium beginning July 1, 2025, and
20 ending June 30, 2027. The department shall establish four acute psychiatric treatment service

1 regions in the state. The department may use the funds provided in this section ~~to either~~
2 ~~construct an up to twenty-four bed acute psychiatric treatment facility in each service region or~~
3 ~~to contract with one or more private entities to provide acute psychiatric treatment and~~
4 ~~residential supportive housing services in each region~~ for the purpose of providing behavioral
5 health facility grants in each of the four regions. To be eligible to receive a grant under this
6 section, a recipient must increase the number of inpatient behavioral health beds as determined
7 by the department. The beds must be for the purpose of providing acute psychiatric treatment or
8 residential supportive housing. The department shall require an entity receiving a grant to
9 operate the behavioral health facility for at least ten years and enter into a contract accordingly.
10 Facility locations must be based on options to eliminate or reduce the number of referrals to the
11 state hospital.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2096
2/3/2025

Relating to providing appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.

3:39 p.m. Chairman Dever opened the hearing.

Members Present: Chairman Dever, Senators Cleary, Davison, Magrum and Mathern

Discussion Topics:

- Committee Action
- 4 Regional Centers
- Regional Center Staffing

3:50 p.m. Senator Mathern opened the discussion.

4:01 p.m. Pamela Sagness, Executive Director, Behavioral Health Division, ND Department of Human Services, testified in opposition and submitted testimony #34042.

4:13 p.m. Chairmen Dever closed the hearing.

Joan Bares, Committee Clerk

2-22-25
2-3-25

		SFY2022			SFY2023			SFY2024		
Region		Dollars Spent	Persons Served	Hospital Days	Dollars Spent	Persons Served	Hospital Days	Dollars Spent	Persons Served	Hospital Days
Williston										
Minot	Trinity	20,787	6	39	50,695	21	95	28,050	33	51
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	1,543,850	562	2807	1,884,850	510	3427	2,079,622	545	3671
	Sanford Health	74,027	23	144	96,641	24	181	110,000	29	200
	Clay Cty Detox	625,518	722	1829	535,572	654	1566	665,419	770	1889
Jamestown										
Bismarck	Sanford Health	62,844	23	118	9,612	4	18			
Dickinson										
Totals:		2,327,026	1,336	4,937	2,577,370	1,213	5,287	2,883,091	1,377	5,811

Here is the updated data for July – Sept 2024 for inpatient hospitalization contracts.

		Jul-24 Dollars Spent	Persons Served	Hospital Days	Aug-24 Dollars Spent	Persons Served	Hospital Days	Sep-24 Dollars Spent	Persons Served	Hospital Days
Williston										
Minot	Trinity									
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	231,650	60	397	219,980	54	377	402,032	70	689
	Sanford Health	6,659	3	9	2,226	1	4	13,913	3	25
	Clay Cty Detox	74,380	60	205	59,867	50	165	56,601	50	156
Jamestown										
Bismarck	Sanford Health									
Dickinson										
Totals:		312,688	123	611	282,073	105	546	472,546	123	870

No invoices received by Sanford Fargo this past quarter yet and Clay County is behind on sending us invoices for Nov and Dec 2024.

Region		Oct-24 Dollars Spent	Persons Served	Hospital Days	Nov-24 Dollars Spent	Persons Served	Hospital Days	Dec-24 Dollars Spent	Persons Served	Hospital Days
Williston										
Minot	Trinity	45,267	37	77						
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	190,805	42	327	224,064	64	384	318,008	61	545
	Sanford Health									
	Clay Cty Detox	76,194	53	210						
Jamestown										
Bismarck	Sanford Health				18,144	7	32	2,268	1	4
Dickinson										
Totals:		312,266	132	614	242,208	71	416	320,276	62	549

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2096
2/10/2025

A BILL for an Act to provide appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.

3:28 p.m. Chairman Dever opened the hearing.

Members Present: Chairman Dever, Senators Cleary, Davison, Magrum, Mathern

Discussion Topics:

- Four Quadrants of Service
- Fiscal Review Findings
- 10-year Commitment
- Provider Contract

3:34 p.m. Senator Mathern moved amendment LC# 25.0114.04003 and submitted #37429.

3:34 p.m. Senator Cleary seconded the motion.

Voice Vote - Motion passed.

3:43 p.m. Senator Mathern moved a Do Pass as Amended.

3:44 p.m. Senator Magrum seconded the motion.

Roll Call Vote:

Senators	Vote
Senator Dick Dever	Y
Senator Sean Cleary	Y
Senator Kyle Davison	N
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	Y

Motion passed 4-1-0.

Senator Mathern will carry the bill.

4:08 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

25.0114.04003
Title.

Prepared by the Legislative Council
staff for Senator Mathern
February 6, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

1 A BILL for an Act to provide ~~appropriations~~ an appropriation to the department of health and
2 human services for ~~state hospital facilities and to provide for~~ regional acute psychiatric
3 treatment and residential supportive housing services.

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11 ~~hospital to primarily serve individuals with a mental illness who are under the custody of the~~
12 ~~department of corrections and rehabilitation, who are involuntarily committed to receive acute~~
13 ~~psychiatric treatment services, or who are under a court order to receive a forensic examination.~~

14 **SECTION 1. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND**
15 **RESIDENTIAL SUPPORTIVE HOUSING SERVICES.** There is appropriated out of any moneys
16 in the general fund in the state treasury, not otherwise appropriated, the sum of
17 ~~\$100,000,000~~ \$64,000,000, or so much of the sum as may be necessary, to the department of
18 health and human services for the purpose of providing facility and operations grants to improve
19 regional acute psychiatric treatment services and residential supportive housing, for the
20 biennium beginning July 1, 2025, and ending June 30, 2027. ~~The department shall establish~~

1 ~~four acute psychiatric treatment service regions in the state.~~ The department may use the funds
2 provided in this section ~~to either construct an up to twenty-four bed acute psychiatric treatment~~
3 ~~facility in each service region or to contract with one or more private entities to provide acute~~
4 ~~psychiatric treatment and residential supportive housing services in each region~~for the purpose
5 of providing behavioral health grants to improve facilities and operations. To be eligible to
6 receive a grant under this section, a recipient must increase the number of inpatient behavioral
7 health beds as determined by the department. The beds must be for the purpose of providing
8 acute psychiatric treatment or residential supportive housing. The department shall require an
9 entity receiving a grant to operate the behavioral health facility for at least ten years and enter
10 into a contract accordingly. Facility locations must be based on options to eliminate or reduce
11 the number of referrals to the state hospital. The department shall distribute grants to ensure
12 equal acute psychiatric treatment and residential supportive housing services in each quadrant
13 of the state.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

SB 2096
2/13/2025

A BILL for an Act to provide appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.

8:42 a.m. Chairman Bekkedahl opened the hearing.

Members Present: Chairman Bekkedahl, Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.

Discussion Topics:

- Incentive Grants and Stipulations
- Usage of Private Providers
- Quadrants for Regional Facilities
- Private and Public Partnerships
- HB 1468 Correlation

8:42 a.m. Senator Mathern introduced the bill, the amendment LC 25.0114.04003, and submitted testimony #37621.

8:44 a.m. Senator Mathern moved amendment LC 25.0114.04003.

8:44 a.m. Senator Cleary seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	A
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Motion Passed 15-0-1.

8:47 a.m. Senator Mathern moved a Do Pass as Amended.

8:47 a.m. Senator Burckhard seconded the motion.

8:50 a.m. Senator Davison discussed HB 1468 and submitted testimony #37639.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	N
Senator Kyle Davison	N
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	Y
Senator Scott Meyer	N
Senator Donald Schaible	N
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	N
Senator Paul J. Thomas	N
Senator Terry M. Wanzek	N

Motion Passed 9-7-0.

Senator Mathern will carry the bill.

9:05 a.m. Chairman Bekkedahl closed the hearing.

Elizabeth Reiten, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

MB
2/13/25
1 of 2

SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

1 A BILL for an Act to provide ~~appropriations~~an appropriation to the department of health and
2 human services for ~~state hospital facilities and to provide for~~ regional acute psychiatric
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11 ~~hospital to primarily serve individuals with a mental illness who are under the custody of the~~
12 ~~department of corrections and rehabilitation, who are involuntarily committed to receive acute~~
13 ~~psychiatric treatment services, or who are under a court order to receive a forensic examination.~~

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16 in the general fund in the state treasury, not otherwise appropriated, the sum of
17 ~~\$100,000,000~~\$64,000,000, or so much of the sum as may be necessary, to the department of
18 health and human services for the purpose of providing facility and operations grants to improve
19 regional acute psychiatric treatment services and residential supportive housing, for the
20 biennium beginning July 1, 2025, and ending June 30, 2027. ~~The department shall establish~~

1 ~~four acute psychiatric treatment service regions in the state.~~ The department may use the funds
2 provided in this section ~~to either construct an up to twenty-four bed acute psychiatric treatment~~
3 ~~facility in each service region or to contract with one or more private entities to provide acute~~
4 ~~psychiatric treatment and residential supportive housing services in each region~~ for the purpose
5 of providing behavioral health grants to improve facilities and operations. To be eligible to
6 receive a grant under this section, a recipient shall increase the number of inpatient behavioral
7 health beds as determined by the department. The beds must be for the purpose of providing
8 acute psychiatric treatment or residential supportive housing. The department shall require an
9 entity receiving a grant to operate the behavioral health facility for at least ten years and enter
10 into a contract accordingly. Facility locations must be based on options to eliminate or reduce
11 the number of referrals to the state hospital. The department shall distribute grants to ensure
12 equal acute psychiatric treatment and residential supportive housing services in each quadrant
13 of the state.

**REPORT OF STANDING COMMITTEE
SB 2096**

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS** ([25.0114.04003](#)) and when so amended, recommends **DO PASS** (9 YEAS, 7 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). SB 2096 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

25.0114.04003
Title.

Prepared by the Legislative Council
staff for Senator Mathern
February 6, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

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19 regional acute psychiatric treatment services and residential supportive housing, for the
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2 provided in this section ~~to either construct an up to twenty-four bed acute psychiatric treatment~~
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4 ~~psychiatric treatment and residential supportive housing services in each region~~ for the purpose
5 of providing behavioral health grants to improve facilities and operations. To be eligible to
6 receive a grant under this section, a recipient must increase the number of inpatient behavioral
7 health beds as determined by the department. The beds must be for the purpose of providing
8 acute psychiatric treatment or residential supportive housing. The department shall require an
9 entity receiving a grant to operate the behavioral health facility for at least ten years and enter
10 into a contract accordingly. Facility locations must be based on options to eliminate or reduce
11 the number of referrals to the state hospital. The department shall distribute grants to ensure
12 equal acute psychiatric treatment and residential supportive housing services in each quadrant
13 of the state.

Darison
2-13-25 SB2096 (discussion)

25.1081.02000

Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1468

Introduced by

Representatives Bosch, Berg, Dockter, Martinson, Nathe, Porter, Heinert

Senators Axtman, Cleary, Larson

- 1 A BILL for an Act to provide an appropriation to the department of health and human services
- 2 for a behavioral health facility grant.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION. DEPARTMENT OF HEALTH AND HUMAN SERVICES -**
5 **BEHAVIORAL HEALTH FACILITY GRANT.**

- 6 1. There is appropriated out of any moneys in the general fund in the state treasury, not
7 otherwise appropriated, the sum of \$16,000,000, or so much of the sum as may be
8 necessary, to the department of health and human services for the purpose of
9 providing a behavioral health facility grant, for the biennium beginning July 1, 2025,
10 and ending June 30, 2027.
- 11 2. A grant of \$16,000,000 must be provided to increase the number of behavioral health
12 beds in the west central human service center region. To be eligible to receive a grant
13 under this section, an entity must increase the number of available inpatient behavioral
14 health beds by thirty.
- 15 3. The department shall require an entity receiving a grant under this section to operate
16 the behavioral health facility for at least ten years and require the grant amount to be
17 repaid if the entity does not operate the facility for at least ten years. Grant funding
18 may not be awarded under this section until the physical infrastructure of the
19 behavioral health facility is complete and the entity submits documentation to the
20 department to detail adequate staffing plans to support the facility.
- 21 4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient,
22 the grant award, or payments made under this section.

Draft Facility Renovation Estimates

*Preliminary Program and Budget to be confirmed	Convert vacated Peds to expanded BH with private rooms. Upgrade existing BH. HIIH license of BH.
Total Duration in Months:	12
Allocated Space (SF):	
Cosmetic	
Minor Renovation	18,265
Major Renovation	13,693
New Construction	
Shelled Construction	
Shell Buildout - Hospital	
Shell Buildout - MOB	
Canopies & Overhangs	
Total Allocated Space	31,958
Budget Categories:	
Planning & Consultants	\$ -
Sitework & Utilities	\$ -
Environmental	\$ -
Testing	\$ -
Demolition (if over \$50,000)	\$ 273,860
Construction	\$ 10,157,175
Contingency	\$ 1,015,718
Design Fees & Reimbursables	\$ 1,218,861
Building & Impact Fees	\$ -
Tenant Buildout	\$ -
Other - (Define)	\$ -
Equipment & Furnishings	\$ 1,100,000
Land	\$ -
I/S & Telecom	\$ 1,022,656
Totals	\$ 14,788,270
Interest	\$ 503,040
Overhead	
Totals	\$ 15,291,310

Areas of Focus:

Workforce & Staffing - St. Alexius has begun the process of building flexible, hybrid job descriptions to build roles that provide care across the continuum, including professional development of our current team members. We will begin recruiting immediately for full time Nursing and Mental Health Therapists. We will leverage our staffing agencies to contract for both International and traveling staff. Operationally, St. Alexius will need to staff for a daily census of 48 to meet the necessary volumes to drive the business plan.

Psychiatrists - Currently, St Alexius employs a Child Psychiatrist and has telemedicine options for Adult and Geri Psych services. We are also currently recruiting for a second Child Psychiatrist and a second Adult Psychiatrist.

Funding - The \$16M requested is intended to fund the capital construction costs. All other start up and operational costs will be assumed by the facility.

Timeline - Once funds are secured, St Alexius would look to begin construction in October 2025. Construction is estimated at approximately 12 months with a goal of being open and operational by September 2026.

All operational planning would be in partnership with the State of ND and other Behavioral Health Partners to ensure a system of care approach for providing Behavioral Health care in Central and Western ND.

2025 HOUSE HUMAN SERVICES

SB 2096

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2096
3/5/2025

A BILL for an Act to provide an appropriation to the department of health and human services for regional acute psychiatric treatment and residential supportive housing services.

2:53 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios
Members Absent: Representative Rohr

Discussion Topics:

- Behavioral healthcare system
- Regional Care investments
- Acute care facilities

2:53 p.m. Senator Mathern introduced the bill and submitted testimony #44909.

3:19 p.m. Dr. Stephan Podrygula, Clinical Psychologist, Dakota Family Services, testified in support.

3:39 p.m. Madison Hanson, Social Work student, testified in support and submitted testimony #44910.

3:45 p.m. Carlotta McCleary, Spokesperson, Mental Health Advocacy Network, testified in support and submitted testimony #38732.

3:53 p.m. Representative Nelson testified in opposition.

4:11 p.m. Pam Sagness, Executive Director of Behavioral Health, ND Department of Health and Human Services, testified in opposition and submitted testimony #45390.

Additional written testimony:

Karen Eriksmoen, Fargo citizen, provided testimony in support #38729.

4:16 p.m. Chairman M. Ruby closed the hearing.

Mary Brucker, Committee Clerk, for Jackson Toman, Committee Clerk

March 3, 2025

HB 2096 Testimony in Support

Dear Chairman Dever and the members of the Senate Appropriations Committee,

I urge a "Do Pass" on HB 2096.

Psychiatric treatment for North Dakotans is desperately needed in our state. Living in Fargo, my family and I have the advantage of services being more available due to our larger population. Accessing psychiatric services and treatment when they are needed are required for our residents to be safe. Living in the more rural parts of North Dakota makes mental health care far less accessible and when there are mental health emergencies, care must be immediately available by trained professionals.

SB 2096 offers much needed services by establishing hospitals in four areas of North Dakota cities. These services will bring the needed care and improve the chance for the healthy outcome of our residents who need these services. Many have died due to the lack of psychiatric services in our state. Mental health issues are prevalent in our homeless, elderly, and youth populations. Since the pandemic, mental health care is needed more than ever and the shortage of professionals who can treat serious psychiatric issues and facilities that can provide in-patient treatment is very concerning.

My experience of working with young people who need psychiatric care is in the school setting of a psychiatric facility. There are only six of these facilities in North Dakota with very limited beds and other than addiction treatment centers, there are few, if any, facilities that offer psychiatric care to adults. Family members have experienced the need for intense psychiatric inpatient treatment. Having to go far from home to find services is devastating and expensive and creates additional stress which can adversely affect the outcome. Not finding services can be deadly.

I ask you to vote YES on SB 2096. The health of our citizens is a top priority!

Thank you for your consideration,
Karen S. Eriksmoen, Fargo



Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck

Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Fraser, Ltd. Individual Consumers & Families

**House Human Services Committee
SB 2096 Testimony
March 5, 2025
Representative Matthew Ruby, Chair**

Good morning, Chairman Ruby and members of the House Human Services Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible. MHAN is testifying in support of SB 2096 as it is currently written. MHAN originally testified in opposition to SB 2096 in the Senate. As SB 2096 was originally written, we were concerned that it would lead to IMD Exclusion issues and thus make it more likely private providers would request an IMD Exclusion Waiver. MHAN also supports the building of a new, more therapeutic State Hospital that is not co-located with the State Prison.

Increasing regional capacity for service delivery is laudable and desperately needed. The Human Service Centers provide funding for hospitals for inpatient stays and there are means to have more regional inpatient services through private hospitals by having those services available in their existing facilities. North Dakota does have a service gap in regional access to inpatient mental health services. Assisting the Department of Health and Human Services to provide additional funding to incentivize accessibility of more regional inpatient services, especially within existing community hospitals, is good.

MHAN does have one note of caution, however. MHAN is always focused on the impact of how mental health services are funded, because those funding mechanisms can either lead to greater access to community-based services or an increased reliance on institutional care to receive help. MHAN would be concerned about utilizing funds to expand the number of IMD facilities in the state of North Dakota. IMDs are stand-alone behavioral health inpatient facilities with more than 16 beds.

If stand-alone behavioral health inpatient facilities were to have more than 16 beds, they would be ineligible to receive Medicaid funding. That would likely lead to a conversation about the IMD Exclusion Waiver, for those facilities to gain access to Medicaid funding. Unless the state of North Dakota has unlimited funds, it would be funneling precious resources away from community-based services into institutional care; something that would be tantamount to pursuing the antithesis of recommendations from every major research report funded by the legislature and the Department since the late 1980s.

MHAN supports SB 2096 as it is currently written. MHAN always urges that public investments carefully consider if funds are being used to fulfill the intention for North Dakotans to be able to access a vast array of services in their local communities, or if those funds could unintentionally lead to the opposite.

Lastly, we think it is important to highlight the work that the State Hospital does perform, and why a State Hospital is necessary. Many patients referred to the State Hospital have been referred because they have been transferred by private hospital providers. Increasing the availability of regional inpatient mental health beds should not be done in lieu of the existence of a State Hospital, nor should it come at the expense of community-based services. With those caveats, MHAN supports SB 2096.

This concludes my testimony, and I will be happy to respond to any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
Phone: (701) 222-3310

March 5, 2025

House Human Services Committee

Chairman Ruby and Human Service Committee members,

My name is Tim Mathern. I am the senator from District 11 and co-sponsor with Representative Ruby of Senate Bill 2096.

As we proceed through 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 state hospital in Jamestown has been proposed, evidence and experience show that centralized care models 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 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: Incentive grants for behavioral health facilities in each of the four quadrants of our state. The original amount approved by the Senate Human Resources Committee was \$64 million. This was reduced by the full Senate appropriations Committee to \$16 million. There was support for the concept, but as we approached crossover the amount was over the appropriation goal for the Senate which made the reduction to \$16 million.

A Focused Role for the State Hospital: Jamestown facilities would continue to provide treatment for people under the custody of the department of corrections and rehabilitation, people who are otherwise involuntarily committed to the state hospital, or those under a court order to receive a forensic evaluation.

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

give one example. The northwest needs acute care beds so people do not have to be transported to Jamestown or Fargo for acute care. Williston needs \$2.5 million to finish their hospital psychiatric unit and Minot, with a new hospital with two unfinished floors, might be able to include behavioral health beds if they had the money to do so.

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.

You might ask where the original \$64 million figure came from. 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 we could easily afford to upgrade buildings around the state. You note the language of the bill gives flexibility to ND DHHS to determine what facilities are needed in each quadrant of the state. From my experience as a social worker in the state for 50 years and almost 40 years in Senate Human Services, I believe the private sector including Tribes could meet this need. Residential treatment beds or acute care beds are options in this bill and any facility getting a grant would be required to operate a behavioral health facility for at least ten years.

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 Clinics, a desperately needed upgrade of our 8 human service centers, and 3, a state Medicaid plan 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 make 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.

I ask for a Do Pass recommendation on SB 2096

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

Sixty-ninth
Legislative Assembly
of North Dakota

SECOND ENGROSSMENT

REENGROSSED SENATE BILL NO. 2096

Introduced by

Senator Mathern

Representative M. Ruby

1 A BILL for an Act to provide an appropriation to the department of health and human services
2 for regional acute psychiatric treatment and residential supportive housing services.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION - REGIONAL ACUTE PSYCHIATRIC TREATMENT AND**
5 **RESIDENTIAL SUPPORTIVE HOUSING SERVICES.** There is appropriated out of any moneys
6 in the general fund in the state treasury, not otherwise appropriated, the sum of \$16,000,000, or
7 so much of the sum as may be necessary, to the department of health and human services for
8 the purpose of providing facility and operations grants to improve regional acute psychiatric
9 treatment services and residential supportive housing, for the biennium beginning July 1, 2025,
10 and ending June 30, 2027. The department may use the funds provided in this section for the
11 purpose of providing behavioral health grants to improve facilities and operations. To be eligible
12 to receive a grant under this section, a recipient shall increase the number of inpatient
13 behavioral health beds as determined by the department. The beds must be for the purpose of
14 providing acute psychiatric treatment or residential supportive housing. The department shall
15 require an entity receiving a grant to operate the behavioral health facility for at least ten years
16 and enter into a contract accordingly. Facility locations must be based on options to eliminate or
17 reduce the number of referrals to the state hospital. The department shall distribute grants to
18 ensure equal acute psychiatric treatment and residential supportive housing services in each
19 quadrant of the state.

Chairman Ruby and members of this committee,

My name is Madison Hanson. I am currently a Master of Social Work student specializing in macro-level social work, which includes understanding how systems work, interact, and evolve. Over the course of my studies, I have developed a passion for research, particularly in system sustainability and efficiency. I appreciate the opportunity to provide testimony on SB 2096, a bill that aligns closely with what reflects the most cost-effective, efficient, and forward-thinking approach for North Dakota's mental health system.

Our mental health system is on the verge of collapse. We must take decisive action to restructure and strengthen our model of care. The financial burden of repeated hospitalizations, incarcerations, emergency room visits, and law enforcement interventions far exceeds the cost of investing in a strategic, community-based system that delivers effective care and long-term stability.

North Dakota's current model, reliance on centralized acute care through the Jamestown State Hospital, has created unsustainable strain on both our justice and healthcare systems. As of 2022, individuals with serious mental illness (SMI) were among the highest subpopulations experiencing homelessness in the state (ND COC, 2022). In 2023, 15 individuals accounted for over 400 police calls- the workload of three full-time officers. These individuals were not engaging in criminal behavior; they were caught in a system where their only options were jail, the emergency room, or a multi-hour drive to the state hospital, which may or may not have the capacity to accept them (Carvell, 2024).

In 2024, local judges raised serious concerns about the inability to provide treatment for court-ordered patients. Judge Clark stated that people are "sick and dying," and that the state hospital is failing to fulfill its purpose (Port, 2024). In 2020, the Urban Institute for Research highlighted North Dakota's tendency to sentence individuals to prison as a means of connecting them with behavioral health treatment. A 2018 study by the Human Services Research Institute confirmed that individuals with SMI are frequently institutionalized or criminalized due to severe service gaps in our system (HSRI, 2018).

For the past four decades, mental healthcare for individuals with mental illness has shifted toward community-based approaches, which have been proven more effective (Van Genk et al., 2023). Transitioning from long-term psychiatric institutions to community-based care supports personal autonomy, improves quality of life, and provides more effective, individualized care. This approach also increases opportunities for individuals to regain independence, engage in social and vocational activities, and improve overall well-being (WHO, 2024).

A decentralized system also stimulates economic growth and aligns with principles that prioritize competitive markets, which drive innovation, improve service efficiency, and enhance local control (Hayek, 1945). In a state like North Dakota, where local solutions are highly valued, this approach would allow for the development of tailored services that better meet the needs of rural communities.

There has been language referring to SB 2096 as an “and” bill, suggesting it should complement rather than replace investment in a new state hospital. While I recognize the state hospital has a role, it is not a role that will resolve the crisis we are facing. Investing \$300 million in a new facility will not reduce incarceration rates, lower emergency room visits, or create sustainable, community-based care solutions. It will not free our communities from the cycle of institutionalization. It is neither a fiscally responsible nor effective long-term strategy.

SB 2096 takes a different approach, it invests in solutions that directly address the root cause of our crisis. It is unique in that it supports the development of residential supportive housing, which North Dakota currently lacks entirely for this population. Right now, we are warehousing human beings in locked wards for sometimes decades, not because they need to be there, but because we have failed to build the community-based services required for them to live with dignity. This is not just inefficient, it is inhumane.

The 1999 *Olmstead v. L.C.* decision made it clear- states have a legal and ethical duty to ensure that individuals with mental illness are not unnecessarily confined in institutions when they could live in the community. Yet, in North Dakota, 40% of patients at the Jamestown State Hospital remain locked inside not because they need that level of care, but because we have left them without the very support that would allow them the opportunity to thrive in the community. (TAC, 2023) This is incarceration by neglect.

Chairman Ruby and members of this committee, we have a choice before us today. We can continue to pour money into an outdated model of institutionalization, one that has failed generations before us, or we can invest in a future where people with mental illness are treated as full members of society- where they have homes, not just hospital beds; opportunities, not just prescriptions; and freedom, not just confinement.

In conclusion, I sincerely ask you to vote yes on SB 2096, not only because it is the fiscally responsible choice, not only because it is evidence-based, but because it is the right choice. I come before you today, not merely to present research and statistics, but to serve as a voice for those whose lives and futures will be directly impacted by your decision, the individuals who cannot be here today to speak for themselves.

Our system is broken, but it does not have to stay that way. You have the power to change the future of mental health care in North Dakota. I ask you, do not let this moment pass. Vote yes.

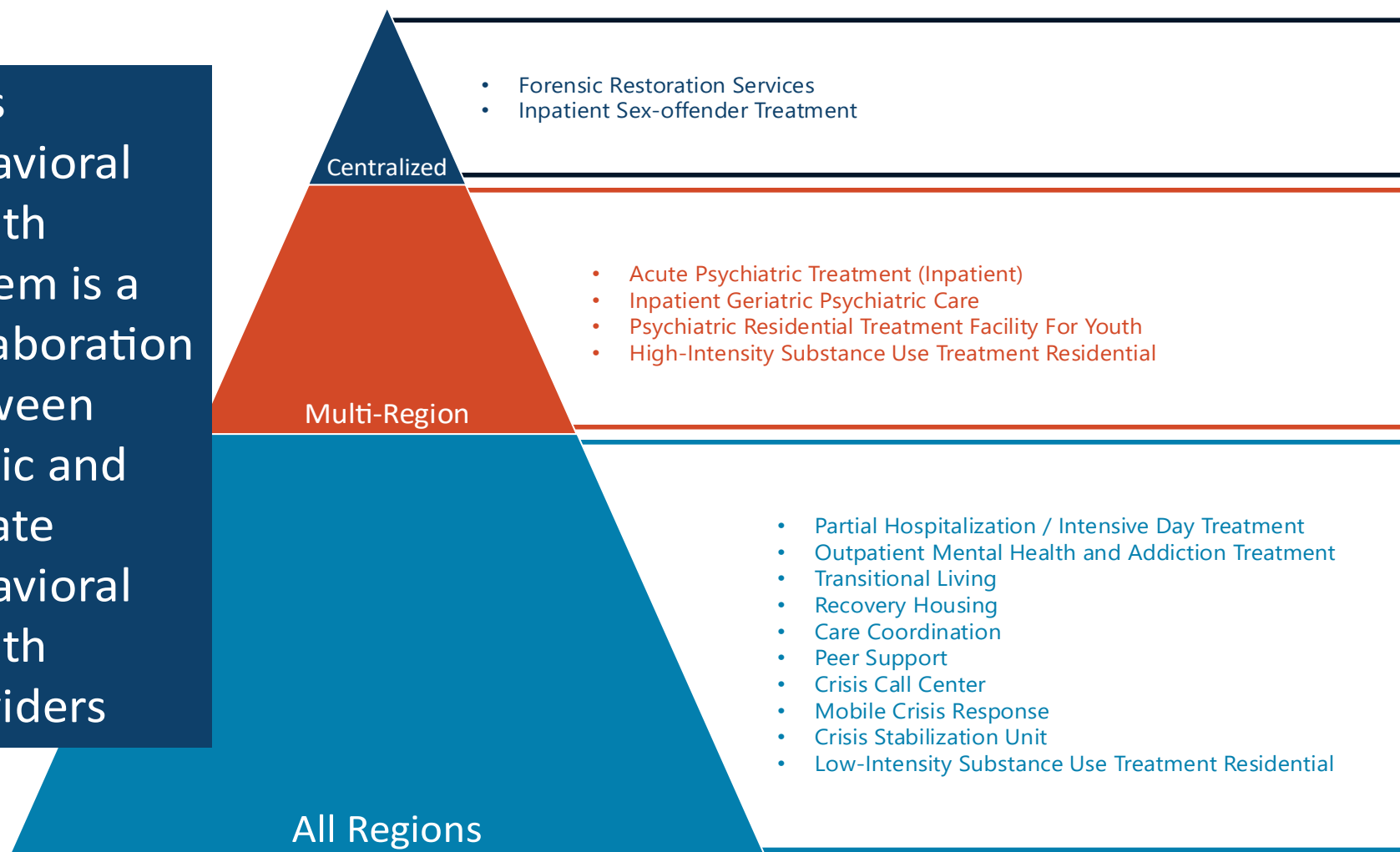
Thank you for your time and consideration. I am happy to answer any questions.

Madison Hanson
Fargo, ND

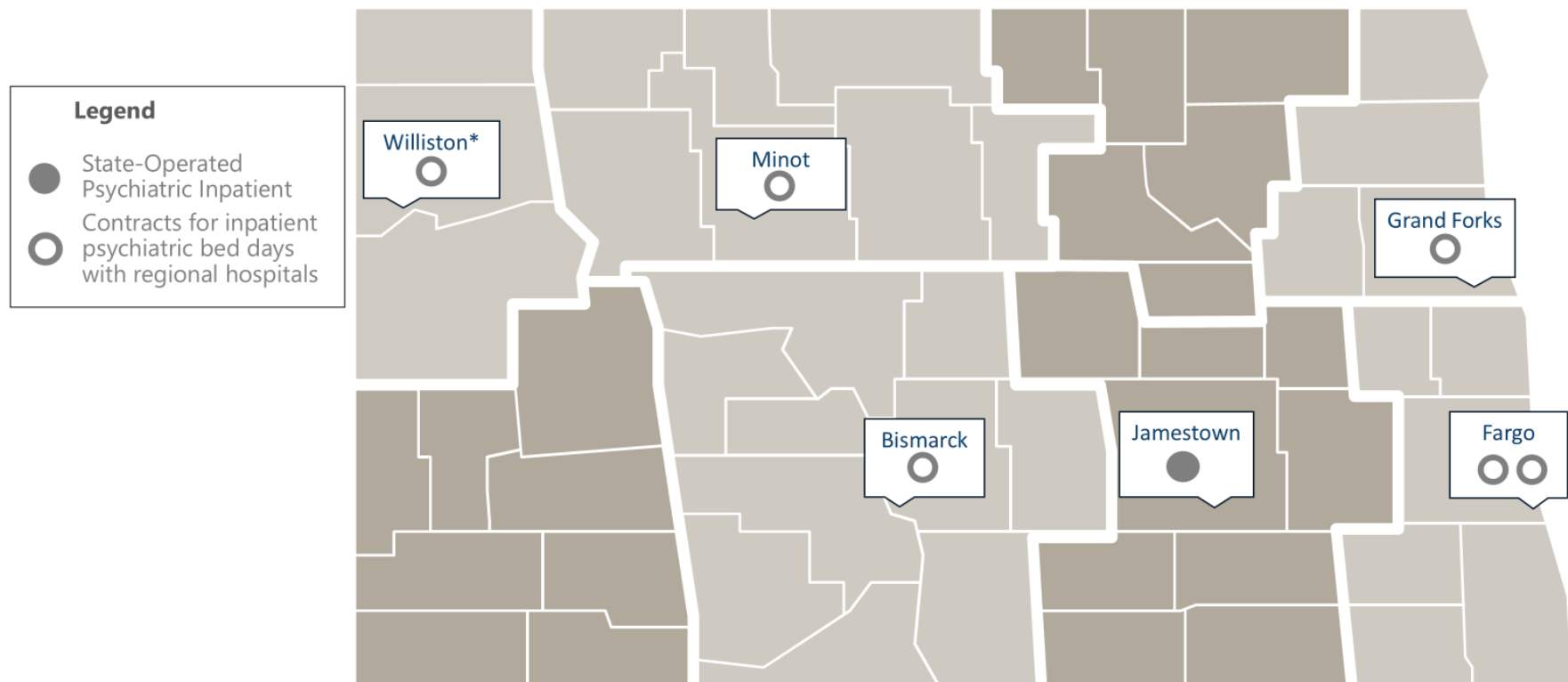
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ND's
Behavioral
Health
System is a
Collaboration
between
Public and
Private
Behavioral
Health
Providers



Adult Psychiatric Inpatient



*Williston pending inpatient facility

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2096
3/25/2025

A BILL for an Act to provide an appropriation to the department of health and human services for regional acute psychiatric treatment and residential supportive housing services.

10:10 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Fegley, Hendrix, Holle, Rohr
Members Absent: Representatives Dobervich, Kiefert, Rios

Discussion Topics:

- Committee action

10:13 a.m. Representative Rohr moved a Do Not Pass.

10:13 a.m. Representative Holle seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	AB
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	AB
Representative Nico Rios	AB
Representative Karen Rohr	Y

10:16 a.m. Motion passed 9-1-3.

Representative Holle will carry the bill.

10:20 a.m. Chairman M. Ruby adjourned the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
REENGROSSED SB 2096 ([25.0114.06000](#))

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO NOT PASS** (9 YEAS, 1 NAY, 3 ABSENT OR EXCUSED AND NOT VOTING). SB 2096 was placed on the Fourteenth order on the calendar.