

2025 SENATE HUMAN SERVICES

SB 2171

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2171
1/20/2025

Relating to an emergency mental health petition; and to declare an emergency.

9:15 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Patient travel time
- Psychosocial assessment
- Patients hold time

9:16 a.m. Ty Hegland, CEO of Prairie St. Johns, testified in favor.

9:28 a.m. Courtney Koebele, Executive Director at ND Medical Association, testified in favor.

Additional written testimony:

Senator Tim Mathern, District 11, submitted testimony in favor #30115.

Carlotta McCleary, Executive Director of Mental Health America of North Dakota, submitted in opposition #30055.

9:32 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk



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 Industry and Business Committee
SB 2171 Testimony
January 20, 2025
Senator Judy Lee, Chair**

Good morning, Chairman Lee and Members of the Senate 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 opposition to SB 2171. MHAN is concerned about increasing the time at which an individual admitted would receive an evaluation to determine if they meet emergency commitment standards. An individual's civil liberties should weigh more heavily compared to the convenience of staff. MHAN is therefore against any increase in time for an individual to be evaluated for emergency commitment.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
(701) 222-3310
cmcclary@ndffcmh.com

January 20, 2025

Senate Human Services Committee

Chairman Lee and Committee Members,

My name is Tim Mathern, Senator from District 11. I am the prime sponsor of SB 2171. I offer the bill at the request of mental health and law enforcement professionals.

There is concern about the involuntary hold/treatment North Dakota statute 25-03.1-26. In rural North Dakota it is difficult to find an expert to examine the individual in a 24-hour period and law enforcement informs me that on many occasions a 24-hour hold expires while the person is still in transport to a treatment facility. Also some psychiatrists have told me that with today's practice of doing blood tests as a part of a professional assessment, it is near impossible to do a professional assessment in 24 hours. The related consequence is that assessments done in such a short time frame are not in the patients interests as they are done without proper data or a person is released too early when treatment is indicated. Treatment is not started and multiple in and out episodes play out.

There is also confusion related to the fact that Minnesota has a 72-hour hold law.

The bill before is a compromise between the Minnesota 72 hour hold and the 24 hours hold and a reflection of practical realities of having professionals available. It retains the 24 hours but begins it when the examination contact is made with the assessment provider.

I ask you for a Do Pass recommendation on SB 2171.

Thank you for your service to our state.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
1/20/2025

A BILL for an Act to amend and reenact section 25-03.1-26 of the North Dakota Century Code, relating to an emergency mental health petition; and to declare an emergency.

11:26 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Medical test turnaround times
- Mental health hold insurance coverage

11:30 a.m. Sarah Aker, Executive Director of ND Department of Health and Human Services, answered committee questions.

11:33 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
1/27/2025
9:14 a.m.

Relating to an emergency mental health petition; and to declare an emergency.

9:14 a.m. Chairman Lee opened the hearing

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Clearly, Senator Van Oosting, Senator Hogan, Senator Roers.

Discussion Topics:

- 24-hour hold
- Transport time

9:17 a.m. Senator Hogan moved on amendment to change 24-hour hold to 72-hour hold.

9:17 a.m. Senator Roers second the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

9:17 a.m. Motion passed 6-0-0.

9:19 a.m. Senator Roers moved Do Pass as amended.

9:19 a.m. Senator Van Oosting seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

9:19 a.m. Motion passed 6-0-0.

9:19 a.m. Senator Roers will carry the bill.

Senate Human Services Committee

SB 2171

01/27/25

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9:19 a.m. Chairman Lee closed the hearing.

This bill was reconsidered at 3:00 p.m. on 1/27/25.

Andrew Ficek, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
1/27/2025
3:20 P.M.

Relating to the definition of adult residential facility; and to provide an appropriation.
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Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

3:20 p.m. Chairman Lee opened the hearing.

Discussion Topics:

- Separate court order
- Transportation time
- Joint forms

3:20 p.m. Victoria Christian, Legislative Council, answered committee question and submitted testimony #32301.

3:24 p.m. Senator Roers moved to reconsider.

3:24 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

3:30 p.m. Senator Roers moved Amendment to change 24 hour to 72 hour hold.

3:30 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

3:31 p.m. Senator Roers moved Do Pass as Amended.

3:31 p.m. Senator Van Oosting seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Roers will carry the bill.

3:32 p.m. Chairman Lee closed the hearing.

Bill was reconsidered on 1/27/25 at 3:35 p.m.

Andrew Ficek, Committee Clerk

in section 25-03.1-04, may cause the individual to be taken into custody and detained at a treatment facility as provided in subsection 3, and subject to section 25-03.1-26, except that if emergency conditions exist that prevent the immediate conveyance of the individual to a public treatment facility, a private facility that has adequate resources and capacity to hold that individual may hold the individual in anticipation of conveyance to a public treatment facility for up to twenty-three hours:

- a. Without conducting an immediate examination required under section 25-03.1-26; and
 - b. Without following notice and hearing requirements for a transfer to another treatment facility required under subsection 3 of section 25-03.1-34.
2. If a petitioner seeking the involuntary treatment of a respondent requests that the respondent be taken into immediate custody and the magistrate, upon reviewing the petition and accompanying documentation, finds probable cause to believe that the respondent is a person requiring treatment and there exists a serious risk of harm to the respondent, others, or property if allowed to remain at liberty, the magistrate may enter a written order directing that the respondent be taken into immediate custody and be detained as provided in subsection 3 until the preliminary or treatment hearing, which must be held no more than seven days after the date of the order.
 3. Detention under this section may be:
 - a. In a treatment facility where the director or superintendent must be informed of the reasons why immediate custody has been ordered. The facility may provide treatment that is necessary to preserve the respondent's life or to appropriately control behavior by the respondent which is likely to result in physical injury to self or to others if allowed to continue, but may not otherwise provide treatment to the respondent without the respondent's consent; or
 - b. In a public or private facility in the community which is suitably equipped and staffed for the purpose. Detention in a jail or other correctional facility may not be ordered except in cases of actual emergency when no other secure facility is accessible, and then only for a period of not more than twenty-four hours and under close supervision.
 4. Immediately upon being taken into custody, the individual must be advised of the purpose of custody, of the intended uses and possible effects of any evaluation that the individual undergoes, and of the individual's rights to counsel and to a preliminary or treatment hearing.
 5. Upon arrival at a facility the peace officer, physician, physician assistant, psychiatrist, psychologist, advanced practice registered nurse, or mental health professional who conveyed the individual or who caused the individual to be conveyed shall complete an application for evaluation and shall deliver a detailed written report from the peace officer, physician, physician assistant, psychiatrist, psychologist, advanced practice registered nurse, or the mental health professional who caused the individual to be conveyed. The written report must state the circumstances under which the individual was taken into custody. The report must allege in detail the overt act that constituted the basis for the beliefs that the individual is a person requiring treatment and that, because of that individual's condition, there exists a serious risk of harm to that individual, others, or property if the individual is not immediately detained.
 6. A peace officer maintains the peace officer's power of arrest, detention, and transport, throughout the entire state during a transport or detention in accordance with this section.

25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice - Court hearing set.

1. A public treatment facility immediately shall accept and a private treatment facility may accept on a provisional basis the application and the individual admitted under section 25-03.1-25. The superintendent or director shall require an immediate examination of the subject and, either within twenty-four hours, exclusive of holidays, after admission or within seventy-two hours after admission, exclusive of holidays, if the individual is

admitted with a serious physical condition or illness that requires prompt treatment, shall either:

- a. Release the individual if the superintendent or director finds that the subject does not meet the emergency commitment standards; or
 - b. File a petition if one has not been filed with the court of the individual's residence or the court which directed immediate custody under subsection 2 of section 25-03.1-25, giving notice to the court and stating in detail the circumstances and facts of the case.
2. Upon receipt of the petition and notice of the emergency detention, the magistrate shall set a date for a preliminary hearing, if the respondent is alleged to be a person who is mentally ill or a person who is both mentally ill and has a substance use disorder, or a treatment hearing, if the respondent is alleged to be a person who has a substance use disorder, to be held no later than four days, exclusive of weekends and holidays, after detention unless the person has been released as a person not requiring treatment, has been voluntarily admitted for treatment, has requested or agreed to a continuance, or unless the hearing has been extended by the magistrate for good cause shown. The magistrate shall appoint counsel if one has not been retained by the respondent.

25-03.1-27. Notice and statement of rights.

1. If an individual is detained for emergency evaluation and treatment under this chapter, the superintendent or director shall cause both the patient and, if possible, a responsible member of the patient's immediate family, a guardian, or a friend, if any, to receive:
 - a. A copy of the petition that asserted the individual is a person requiring treatment.
 - b. A written statement explaining the individual will be examined by an expert examiner within twenty-four hours of hospitalization, excluding holidays.
 - c. A written statement in simple terms explaining the rights of the individual alleged to be a person who is mentally ill or a person who is both mentally ill and has a substance use disorder to a preliminary hearing, to be present at the hearing, and to be represented by legal counsel, if the individual is certified by an expert examiner or examiners as a person requiring treatment.
 - d. A written statement in simple terms explaining the rights of the individual to a treatment hearing, to be present at the hearing, to be represented by legal counsel, and the right to an independent medical evaluation.
2. If the individual is unable to read or understand the written materials, every reasonable effort must be made to explain the written material in a language the individual understands, and a note of the explanation and by whom made must be entered into the patient record.

25-03.1-28. Records and proceedings.

A record must be made of all court hearings conducted under this chapter and a copy must be provided to the respondent upon request for purposes of appellate review of the proceedings. If the respondent is indigent, the copy must be provided free of charge, with the expense thereof borne by the county of residence of the respondent.

25-03.1-29. Appeal.

1. The respondent has the right to an expedited appeal from an order of involuntary commitment or alternative treatment, an order modifying a treatment order, an alternative treatment order or less restrictive treatment order, a continuing treatment order, an order denying a petition for discharge, or an order of transfer. Upon entry of an appealable order, the court shall notify the respondent of the right of appeal and the right to counsel. The notice of appeal must be filed within thirty days after the order has been entered. Such appeal must be to the supreme court and the hearing must be commenced within fourteen days of filing of the notice of appeal. The hearing must be

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
1/27/2025
3: 35 p.m.

Relating to an emergency mental health petition; and to declare an emergency.

3:35 p.m. Chairman Lee called the meeting to order.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Organization liability
- Admission start date

3:35 p.m. Johnathan Alm, Legal Council with ND Department of Human Health and Services, answered committee questions and submitted testimony #32306.

3:49 p.m. Senator Hogan moved to reconsider

3:49 p.m. Senator Roers seconded the motion.

Voice Vote- Motion passed

3:50 p.m. Chairman Lee adjourned the meeting.

Andrew Ficek, Committee Clerk

PROPOSED AMENDMENTS TO SENATE BILL NO. 2171

SECTION 1. AMENDMENT. Section 25-03.1-26 of the North Dakota Century Code is amended and reenacted as follows:

25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice - Court hearing set.

1. A public treatment facility immediately shall accept and a private treatment facility may accept on a provisional basis the application and the individual admitted under section 25-03.1-25. The superintendent or director shall require an immediate examination of the ~~subject and~~ individual admitted.
2. After the individual ~~contacts the provider conducting the examination is~~ admitted, exclusive of holidays ~~and weekends~~ under section 1-03-01, either within twenty-four hours, ~~exclusive of holidays, after admission or~~ within seventy-two hours ~~after admission, exclusive of holidays~~, if the individual is admitted with a serious physical condition or illness that requires prompt treatment ~~within seventy-two hours~~, the superintendent or director shall either:
 - a. Release the individual if the superintendent or director finds that the subject does not meet the emergency commitment standards; or
 - b. File a petition if one has not been filed with the court of the individual's residence or the court which directed immediate custody under subsection 2 of section 25-03.1-25, giving notice to the court and stating in detail the circumstances and facts of the case.
- ~~2.3.~~ Upon receipt of the petition and notice of the emergency detention, the magistrate shall set a date for a preliminary hearing, if the respondent is alleged to be ~~a person~~ an individual who is mentally ill or ~~a person~~ an individual who is both mentally ill and has a substance use disorder, or a treatment hearing, if the respondent is alleged to be ~~a person~~ an individual who has a substance use disorder, to be held no later than four days, exclusive of weekends and holidays, after detention unless the ~~person~~ individual has been released as ~~a person~~ an individual not requiring

treatment, has been voluntarily admitted for treatment, has requested or agreed to a continuance, or unless the hearing has been extended by the magistrate for good cause shown. The magistrate shall appoint counsel if one has not been retained by the respondent.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
1/29/2025

Relating to an emergency mental health petition; and to declare an emergency.

3:19 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Admission times
- Transportation and costs
- Assessment period

3:20 p.m. Johnathan Alm, ND department of human services, answered committee questions.

3:26 p.m. Senator Hogan moved to adopt amendment LC#25.0328.02001.

3:27 p.m. Senator Roers seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

3:27 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

January 29, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

*JB 1-29-25
1 of 2*

SENATE BILL NO. 2171

Introduced by

Senators Mathern, Roers

Representatives Porter, Rohr

- 1 A BILL for an Act to amend and reenact section 25-03.1-26 of the North Dakota Century Code,
2 relating to an emergency mental health petition; and to declare an emergency.

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

- 4 **SECTION 1. AMENDMENT.** Section 25-03.1-26 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice -**
7 **Court hearing set.**

- 8 1. A public treatment facility immediately shall accept and a private treatment facility may
9 accept on a provisional basis the application and the individual admitted under section
10 25-03.1-25. The superintendent or director shall require an immediate examination of
11 the subject and,
12 2. ~~After the individual contacts the provider conducting the examination, exclusive of~~
13 ~~holidays and weekends, either within twenty four hours, exclusive of holidays, after~~
14 ~~admission or within~~ Within seventy-two hours after admission, ~~exclusive of holidays, if~~
15 ~~the individual is admitted with a serious physical condition or illness that requires~~
16 ~~prompt treatment within seventy two hours~~ as medically necessary, the superintendent
17 or director shall either:
18 a. Release the individual if the superintendent or director finds that the subject does
19 not meet the emergency commitment standards; or

JKB 2022

- 1 b. File a petition if one has not been filed with the court of the individual's residence
2 or the court which directed immediate custody under subsection 2 of section
3 25-03.1-25, giving notice to the court and stating in detail the circumstances and
4 facts of the case.
- 5 2.3. Upon receipt of the petition and notice of the emergency detention, the magistrate
6 shall set a date for a preliminary hearing, if the respondent is alleged to be a ~~person~~an individual
7 individual who is mentally ill or a ~~person~~an individual who is ~~both~~ mentally ill and has a
8 substance use disorder, or a treatment hearing, if the respondent is alleged to be a
9 ~~person~~an individual who has a substance use disorder, to be held no later than four
10 days, exclusive of weekends and holidays, after detention unless the ~~person~~individual
11 has been released as a ~~person~~an individual not requiring treatment, has been
12 voluntarily admitted for treatment, has requested or agreed to a continuance, or unless
13 the hearing has been extended by the magistrate for good cause shown. The
14 magistrate shall appoint counsel if one has not been retained by the respondent.
- 15 **SECTION 2. EMERGENCY.** This Act is declared to be an emergency measure.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2171
2/3/2025

Relating to an emergency mental health petition; and to declare an emergency.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

10:41 a.m. Chairman Lee opened the hearing.

Discussion Topics:

- 72-hour hold

10:43 a.m. Senator Roers, moved Do Pass as amended.

10:44 a.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Roers will carry the bill.

10:44 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

**REPORT OF STANDING COMMITTEE
SB 2171**

Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS** ([25.0328.02001](#)) and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2171 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

2025 HOUSE HUMAN SERVICES

SB 2171

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2171
3/5/2025

Relating to an emergency mental health petition; and to declare an emergency.

9:58 a.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, Rohr

Discussion Topics:

- Involuntary treatment
- Mental Health assessments
- Patient holds

9:58 a.m. Senator Mathern introduced the bill and distributed testimony #38956.

10:10 a.m. Ty Hegland, CEO of Prairie St. Johns, testified in support.

10:32 a.m. Terry Effertz, representing the City of Fargo, testified in support.

10:33 a.m. Donna Thronson, ND Medical Association, testified in support.

10:34 a.m. Carlotta McCleary, Spokesperson for the Mental Health Advocacy Network, testified in opposition and submitted testimony #38731.

10:40 a.m. Denise Harvey, Director of Program Services, Protection and Advocacy, testified in opposition and submitted testimony #38821.

Additional written testimony:

David Zibolski, Chief of Police, Fargo Police Department, submitted testimony in favor #38734.

Madison Hanson, Master of Social Work student, submitted testimony in favor #38747.

10:43 a.m. Chairman M. Ruby closed the hearing.

Mary Brucker, Committee Clerk for Jackson Toman, Committee Clerk



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 2171 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 opposition to SB 2171. MHAN is concerned about increasing the time at which an individual admitted would receive an evaluation to determine if they meet emergency commitment standards. Such changes are not patient-centered. Patient needs, especially in cases where commitments are involuntary, should be met swiftly. A patient's needs should trump that of infrastructure. MHAN is therefore against any increase in time for an individual to be evaluated for emergency commitment.

Thank you for your time and I would be happy to respond to any questions that you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
(701) 222-3310
cmcclary@ndffcmh.com

March 5, 2025

North Dakota House of Representatives
House Human Service Committee
Representative Matt Ruby, Chair

RE: Testimony and Support of Senate Bill 2171

Dear Chair and Members of the North Dakota House of Representatives Human Service Committee.

My name is David Zibolski. I am a 40-year law enforcement professional and Chief of Police for the Fargo Police Department. Prior to taking the position as chief in Fargo, I served in both state and local law enforcement agencies in the state of Wisconsin.

I offer my testimony to you today in strong support for Senate Bill 2171. This bill addresses a serious gap in mental health services to those suffering from mental health issues, which adversely affects our communities across North Dakota. Under current law an individual may only be held under emergency detention for a 24 hour period. Mental health professionals will affirm that is rarely a long enough timeframe to fully evaluate an individual's mental health needs, especially those with significant chronic issues. Under the current scheme these individuals are quickly evaluated at a local facility and often released in a short period of time placing them back in the cycle of mental health crisis and continuing a revolving door approach.

As I am sure you are aware, the mental health crisis in North Dakota is emblematic of a national issue. While much has been done to provide first line outpatient type of treatment services the reverse is not true for those who suffer from extreme and chronic mental health issues, but are left to walk the streets of our cities for lack of adequate facilities. While a complicated issue, this bill would assist greatly in leveraging the facility space that does exist in order to provide an effective timeframe to evaluate and identify more appropriate treatment plans for many of these individuals.

This issue is not only impactful to those suffering and the communities they live in, but also to our police officers. In Fargo our Intelligence and Analysis Unit started tracking mental health calls for service in late 2022. A mental health call for service is a call that comes into our 911 center in a variety of different ways, to include some type of disturbance, criminal activity, unusual or concerning activity, or citizens fearful for their safety. Our officers respond to these calls and through their training are able to identify whether we have actual criminal activity occurring or we have someone in a mental health crisis. In each one of these cases they have to apply their crisis intervention and de-escalation skills in attempting to gain the cooperation of the individual so that they may be placed into an emergency detention status and/or referred to the proper services by working with our local partners. This can be challenging for the officers mental health as well, especially when they are dealing with the same individual with significant chronic

mental health issues day in and day out because, they are simply brought in and released in a short period of time.


The number of calls for service that fall under this category and the amount of time and personnel required to safely mitigate them is enormous and takes our personnel away from other public safety functions. In 2024 the Fargo Police Department responded to 3,500 calls for service that were mental health related. Because these situations are difficult and dangerous multiple units are often needed to resolve the situation. In 2024 7,867 Fargo Police units were involved in the 3,500 calls for service.

As you can see in the attached data, 15 individuals accounted for 465 (13%) of the 3,500 mental health related calls for service. Additionally, 470 (28%) of the total group were involved in more than one metal health related call for service. It is without question that the needs of these individuals are not being met and the strain operationally and mentally on our officers continues to increase while the community perception often becomes one of fear.

While additional mental health work will still be needed, Senate Bill 2171 provides significant progress and opportunity to address these significant mental health needs in our community by allowing more appropriate time for mental health evaluation and leveraging existing facilities for that purpose.

I thank you for the opportunity to testify before you today in strongly encourage you to motion Senate Bill 2171 as "do pass."

Respectfully,


David B. Zibolski
Chief of Police



FARGO POLICE DEPARTMENT
INTELLIGENCE AND ANALYSIS UNIT
105 25th St N, Fargo, ND 58102, USA
FPDIntelUnit@FargoND.gov

UNCLASSIFIED // LAW ENFORCEMENT SENSITIVE

2024 Mental Health CFS

Release Date: 1/9/2025

3,497 Mental Health Related Calls For Service in 2024

- **7,867** police units responded or were involved in these incidents
- **465** (13%) of the CFS involved the top 15 individuals listed →
- **470** (28%) of the individuals were involved in more than one MH related CFS
- **1,182** (72%) of the individuals were involved in only one MH related CFS

Call time approximations:

*Calculated duration from when the call was created, to when the call was closed

*Cannot take into account the unique call duration per officer involved

*Cannot take into account the length of time between when the call was created, to dispatched, enroute, or on scene time

- Over approximation (overall call duration x number of responding police units)
Approx. **6,116** hours amongst all officers involved were spent on MH CFS (equivalent to **254** days)
- Under approximation (only overall call duration)
Approx. **2,490** hours amongst all officers involved were spent on MH CFS (equivalent to **103** days)
- Average MH CFS duration was **49** minutes

Top 15 in 2024 YTD	MH CFS Count
[REDACTED]	58
[REDACTED] (Deceased)	44
[REDACTED]	41
[REDACTED] (Deceased)	39
[REDACTED]	38
[REDACTED]	33
[REDACTED]	32
[REDACTED]	31
[REDACTED]	26
[REDACTED]	22
[REDACTED]	21
[REDACTED]	21
[REDACTED]	20
[REDACTED]	20
[REDACTED]	19

UNCLASSIFIED // LAW ENFORCEMENT SENSITIVE

Testimony on SB 2171

House Human Services

March 5th, 2025

Chairman Ruby and Committee Members,

My name is Madison Hanson, and I am a Master of Social Work student and also hold a degree in Human Development. With a deep commitment to the well-being of individuals in North Dakota, particularly those living with mental illness and substance use disorders, I respectfully ask this committee to vote yes on SB 2171 for the following reasons.

While every individual has the right to self-determination, severe mental illness can distort one's perception of reality in very real ways. Some individuals may be seriously ill yet completely unaware of their condition or unable to recognize their need for care. This condition, known as anosognosia, affects approximately 20% of individuals with bipolar disorder and 30% of those with schizophrenia (NAMI).

Unlike denial, anosognosia is a neurological impairment that prevents individuals from recognizing their illness, often leading to medication noncompliance and increasing the risk of relapse, homelessness, incarceration, and sometimes violent behavior. Given its significant impact, research recommends that any legislation addressing mental health treatment must account for anosognosia (Dailey et al., 2020).

Extending the hold period to 72 hours provides significant benefits, including additional time for stabilization, a reduction in unnecessary hospitalizations, and the opportunity for mental health professionals to conduct thorough assessments to determine if continued care is necessary (Morris, 2020). Importantly, this additional time also increases the likelihood that the patient may voluntarily seek inpatient or outpatient treatment once stabilized.

In North Dakota, the current 24-hour hold period is often insufficient to make a well-informed decision regarding a patient's care. A rushed evaluation increases the risk of premature discharge, which can result in worsening symptoms and additional crises. By extending the hold period to 72 hours, providers will have the time needed to make a comprehensive assessment, ultimately ensuring that individuals receive the appropriate level of care while also reducing risks to the patient.

For these reasons, I respectfully ask this committee to vote yes on SB 2171. This bill can improve mental health crisis response, enhance patient outcomes, and provide the necessary safeguards to protect those most at risk.

Thank you for your time and consideration.

Madison Hanson

References

Anosognosia. (n.d.). NAMI.

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Dailey, L., Gray, M., Johnson, B., Muhammad, S., Sinclair, E., Stettin, B., & Treatment Advocacy Center. (2020). *An analysis of U.S. psychiatric treatment laws grading the states*.

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Morris, N. P. (2021). Reasonable or random: 72-Hour limits to psychiatric holds. *Psychiatric Services*, 72(2), 210–212. <https://doi.org/10.1176/appi.ps.202000284>



Protection & Advocacy Project

400 E. Broadway, Suite 409
Bismarck, ND 58501



701-328-2950
1-800-472-2670



TTY: 711

www.ndpanda.org



House Human Services

SB Bill 2171

Testimony of Denise Harvey, Protection & Advocacy, Program Director

March 5, 2025

Chairman Ruby and members of the House Human Services my name is Denise Harvey. I am a Director of Program Services at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

P&A opposes efforts to increase the time when a person can be held to complete an evaluation as required for an involuntary commitment from 24 to 72 hours. For the sake of parity of health care, if a family member was admitted to the hospital due to a medical issue such as a heart attack or COVID, we would expect that they would be seen and evaluated within 24 hours, not 72 hours. We should expect no less if the family member has a mental illness. This bill also refers to persons being admitted to public and private treatment facilities. These facilities are required to have providers with advanced skills available around the clock, such as other hospitals, to address psychiatric emergencies for persons.

P&A sees no inherent benefit to the involuntary commitment hold time being increased. During this time when the person is being detained, they will have no right to plead their case, no right to counsel or to appear before a judge. While this increases costs for the public and private hospital, the cost to individuals being held is the most concerning. The experience

of involuntary commitment and detention can cause significant emotional distress including much fear and anxiety for persons. Lengthening the time of detention greatly increases this distress, for all including some that will not be found to meet the emergency commitment standard.

Thank you for your time and consideration.

Denise Harvey
Director of Program Services
drharvey@nd.gov

March 5, 2025

Chairman Ruby and Members of the House Human Service Committee,

My name is Tim Mathern, Senator from District 11 in Fargo. I introduced SB 2171 at the request of mental health and law enforcement professionals. It deals with doing an assessment to determine if a person needs to be held for involuntary treatment, often regarding a mental illness or substance use disorder.

There is need to update the involuntary hold and treatment statute 25-03.1-26. In rural North Dakota it is difficult to find an expert in a short period of time and law enforcement informs me that often a 24-hour hold expires while a person is still in transport to a treatment facility. Exceptions are in place to address weekends and holidays. Also, psychiatrists have told me that with today's practice of doing blood tests as part of a mental health assessment, it is at times impossible to do a proper assessment in 24 hours. Related consequences are that an assessment hurried is not in the patient's interest or a person is required to be released when treatment is indicated. As a result, multiple in and out emergency hospitalizations play out.

There is also confusion as neighboring states like Minnesota have a 72-hour hold law which also then addresses issues of weekends and holidays.

The bill before you is the amended version as the Senate Human Service Committee, 6 to 0, changed the bill to address the practical issues of North Dakota travel times, assessment requirements, weekends, holidays and Minnesota law. The Senate passed the amended version 45 to 0. I think they made the bill better.

I ask you for a Do Pass recommendation on SB 2171.

Thank you for your service to our state.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2171
3/19/2025

Relating to an emergency mental health petition; and to declare an emergency.

9:05 a.m. Chairman M. Ruby opened the meeting.

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

Discussion Topics:

- Committee action

9:06 a.m. Representative Holle moved a Do Not Pass.

9:06 a.m. Motion failed due to a lack of second.

9:07 a.m. Vice-chairman Frelich moved a Do Pass.

9:07 a.m. Representative Rohr 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	AB
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Nico Rios	AB
Representative Karen Rohr	Y

9:08 a.m. Motion passed 10-1-2.

Representative Bolinske will carry the bill.

9:09 a.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

**REPORT OF STANDING COMMITTEE
ENGROSSED SB 2171 ([25.0328.03000](#))**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO PASS** (10 YEAS, 1 NAY, 2 ABSENT OR EXCUSED AND NOT VOTING). SB 2171 was placed on the Fourteenth order on the calendar.