



**Senate Human Services Committee  
Sixty-seventh Legislative Assembly of North Dakota  
Senate Bill 2179  
January 20, 2021  
Honorable 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 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.

MHAN is speaking in support of SB 2179. Advocates for behavioral health system reform have stressed that tele-behavioral health services are a vital means to address several weak points in North Dakota's behavioral health system. The 2018 Human Services Research Institute (HSRI) report has been touted by the Department of Human Services and the North Dakota legislature as the "road map" to ending the behavioral health system crisis in North Dakota. The HSRI devoted much of its report to underscoring the importance of telebehavioral health, with nearly 350 mentions scattered throughout the report. Recommendation 8 of the report were short- and long-term goals in expanding the use of telebehavioral health services in North Dakota. Those recommendations with telebehavioral health services were as follows: "8.1. Support providers to secure necessary equipment/staff," "8.2 Expand the reach of services for substance use disorders, children and youth, American Indian populations," "8.3 Increase types of services available," and "8.4 Develop clear, standardized regulatory guidelines."

The HSRI report found that telebehavioral health services were quickly increasing in North Dakota are well-suited this state as we have both a lack of behavioral health professionals and a large rural population. “In the Center for Rural Health Survey, a majority of facilities providing telebehavioral health services were located in urban areas whereas a majority of those receiving telebehavioral health services were in rural areas, indicating that telebehavioral health is being used effectively to address access and workforce shortage issues experienced in underserved rural communities.” The HSRI report also found that “mental health outpatient service was the most commonly delivered service via telebehavioral health in both the Medicaid and [Human Service Center] data...”

This discussion about who uses this service and why leads me to discussing the up close and personal human impact of having access to telebehavioral health services. MHAN advocates for a full continuum of care that gives consumers and families options in how they receive community-based services. For many years, consumers and families have had difficulty accessing behavioral health services, especially services that are near their home. Without telebehavioral health services, consumers and families have difficulty setting appointments that are convenient for them, especially if they live far from the service provider.

Adults with behavioral health disorders have to seek time off from their employer and may have to account for traveling hundreds of miles just to receive services. Having access to reliable transportation can also be a problem for consumers and families who have to make a long trek to receive services. If they have children, they have get respite or find other supervision, which can be limited or cost a lot of money. Children who

receive other supervision which can be limited or costly. Children receiving behavioral health services also face numerous inconveniences or detriments while accessing traditional, non-telebehavioral health services. Children have to be pulled out of school and miss hours of their education to account for extensive travel to receive behavioral health services. Families with multiple children also have to account for the supervision of their other children, leading to a desperate scramble to find other supports.

It comes as no surprise that the COVID-19 pandemic has led to an increase in behavioral health challenges and has forced our society to rethink how it conducts business and serves the community. Our national Mental Health America released a report this year finding that there was a 93% increase from 2019 in the number of people who took their anxiety screen, and a 62% increase in the number of people who took their depression screen. They found that children and youth ages 11-17 had been “more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.” In addition, they found that “since the end of May 2020, nearly every racial/ethnic group has been experiencing consistently higher rates of suicidal ideation than the 2019 average.” The Centers for Disease Control found that the COVID-19 pandemic has considerably increased the symptoms of anxiety disorder and depressive disorder compared to 2019. In their study, 40.9% of American adults reported at least one adverse mental or behavioral health condition, with 10.7% of respondents reporting to have seriously considered suicide in the previous 30 days. Suicidal ideation was especially pronounced among racial and ethnic minorities, young adults, unpaid caregivers for adults, and essential workers.

The COVID-19 pandemic posed numerous challenges in being able to provide in-person services. Many North Dakotans were at risk of losing whatever services they had access to, and telebehavioral health increased that access. People who ordinarily would have sought or received services in an in-person setting were able to receive telebehavioral health services. While it was not an optimal setting for those individuals, at least they were able to receive services and supports and maintain that needed human connection. We also found consumers and families who preferred the telebehavioral health method, as it removed many of the barriers they faced in being able to access services and maintain appointments. Others found that telebehavioral health services were more comfortable in comparison with in-person appointments. Telebehavioral health services provide consumers and families options in how they seek care.

The COVID-19 pandemic will not become our new normal and we all eagerly await the day when it is over. That said, it would be seriously damaging to consumers and families to view telemedicine through the lens of a temporary delivery method that goes away when the impact of a pandemic or act of God ends. For years consumers and families have asked for a choice in services and how those services are delivered. Over the last five years, North Dakota has substantially increased the prominence of telemedicine services and that has led to an increase of service utilization and convenience for consumers and families. But we and the HSRI report knew we had a lot more work to do. This was all before COVID-19. With or without COVID-19, the needs were always the same. What COVID-19 has done is underscore how right consumers and families were in wanting access to telemedicine in our large, rural state that has experienced several decade shortages in behavioral health professionals.

We should not go backwards. We should take what we learned from the last few years and COVID-19 to make telemedicine as strong as possible.

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

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