



**House Human Services Committee
SB 2112 Testimony
March 17, 2025
Representative 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 Deputy 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 2112. SB 2112 would create a mechanism to greatly expand the children's population of the Life Skills and Transition Center (LSTC) but to do so without examining whether these children are being offered community-based services, crisis stabilization beds, or, if need be, a psychiatric residential treatment facility. According to the information we have received from some of our state government partners, the "noneligible" population referred to in SB 2112 are predominately children with a serious emotional disturbance. These children are also not qualifying for developmental disability services. While some may not succeed at lower levels of care, many of these youth are caught in the existing service gaps in North Dakota's children's mental health system of care. We need a full and functional continuum of care in our children's mental health system. We do not have that system of care right now. We have some of these services, children are not receiving the amount needed to succeed for families to be able to sustain a community placement.

Many of these youth who have significant mental health struggles could have benefited from but have not been given access (or in the amount needed) to in-home support for their families or foster care families. These in-home supports would include case aides (also known as personal care attendants) who would be that “extra set of hands” in the home. Over the last many years, North Dakota has lost another service that it used to have, which are crisis stabilization beds. Children who were experiencing a mental health crisis, who do not meet the criteria for hospitalization, but need a place to go, are finding it difficult to do so. North Dakota has a shelter care program, but there is a growing consensus that the model of those programs may not align with the needs of children with mental health issues. In addition, some regions do not have a shelter care program. Until North Dakota figures out how to better align the shelter care program for children with mental health struggles, shelter care staff may not be able to meet their needs.

Before we look at opening Life Skills and Transition Center for children with SED, we should look at expanding options for partial hospitalization programs like what CHI is doing in Bismarck. We could also look at psychiatric residential treatment facilities (PRTF), including the Ruth Meiers Adolescent Center in Grand Forks, who are better suited to meet the needs of children with mental health struggles than the Life Skills and Transition Center.

But most of all, we should be focusing on the importance of a fully functional continuum of care that places emphasis on the need for community-based services. There are over 18,000 children in North Dakota with serious emotional disturbance (SED). Those children and their families need accessible services in their homes and in their community, not just because it improves outcomes, but because it prevents bad outcomes.

Out-of-home placements should always be considered a last resort. Community services prevent out-of-home placements. When out-of-home placements are to occur, we want to bring children back to their homes and their communities. That occurs when the community supports are strong and supports children and their families so that they can thrive.

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

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