Mental Health Advocacy Network

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 Committee
Sixty-seventh Legislative Assembly of North Dakota
House Bill 1012
March 9, 2021
Senator Holmberg, Chair

Good afternoon Chairman Holmberg and Members of the Senate Appropriations 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 has provided testimony since the 64th interim human service committee meetings (2015-2016) regarding our priorities for mental health services. We argue that peer to peer and parent to parent support, consumer choice, diversion from corrections, a core services zero-reject model, and conflict free grievance and appeals processes, and the access to a full and functional continuum of care serve as the backbone to correcting the crisis in North Dakota's behavioral health system.

MHAN is speaking in support of HB 1012. During the Sixty sixth legislative session, MHAN stressed that North Dakota needed to put the HSRI Report of 2018 into action. That report, much like the Schulte Report of 2014 said that North Dakota needed to drastically reduce its reliance on institutionalization and make sure that it had a fully functional community-based mental health system for children, their families, and adults that is as near their home as possible. Among the accomplishments of the last legislative session were the commitment to apply for the 1915(i) State Plan Amendment, peer support certification and training, prevention and early intervention pilot program in schools, the behavioral health pilot program, and the behavioral health resource coordinator in our schools.

MHAN's vision for this current legislative session was to ensure that the HSRI report would continue to be an active "road map" to ending the decade-long behavioral health crisis. MHAN commends the Department of Human Services for its continued emphasis on improving behavioral health services. The Department of Human Services' efforts in diverting people from corrections with Free Through Recovery and Community Connect should be applauded. MHAN also supports the building of a new State Hospital at Jamestown with reduced number of beds, along with development of six to ten beds in the western part of the state.

However, MHAN is deeply concerned about the current state of North Dakota's mental health system of care and what may come to pass with this budget. Let us start with the children's mental health system of care. Of the 180,171 children that live in North Dakota, about 29,728 of them have some form of a mental health disorder. Roughly 10% of all children in North Dakota have a serious emotional disorder (SED). As of 2019, this translates to roughly 19,098 children. We are currently serving only 1 out of every 19 children who have a serious emotional disturbance. As a result of not having access to care, many children are being sent into the juvenile justice system. From 2011 to 2017, the number of children in juvenile corrections who had a serious emotional disturbance rose from 49% to 79%. Although there have been improvements, children with serious emotional disturbance still represent the majority of children in the corrections system despite only accounting for 10% of all children in North Dakota. The *Olmstead* decision of 1999 and subsequent litigation made clear that people with disabilities (including mental illness) must be given access to community-based services before requiring that they seek only institutional care. Let me be clear: *Olmstead* applies to children too.

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.

As the Executive Director of the North Dakota Federation of Families for Children's Mental Health I can attest that we have seen an increase in our children and youth who have displayed more significant mental health symptoms and suicidal ideation. In addition, COVID-19 has made it more difficult for children, families, and young adults to get access to the services and supports that they need and it has become much more difficult for teams to coordinate care. Families in the Bismarck area are reporting a concern for dealing with children's mental health crisis. Families have reported that when calling crisis response, the service is done over the phone instead of in-person. In order to deescalate someone, you really need to have an in-person, human connection to develop rapport with the individual. Once they are deescalated, in-person debriefing is essential to prevent future crises. In addition to crisis response, families in the Bismarck area are also without safe beds as an option for children's mental health crisis. Safe beds are a safe place for a child to deescalate as an alternative to costly hospitalization. As a result, the only options many families have are: a) do nothing, b) hospitalize their child, c) call law enforcement.

MHAN has other concerns with the Governor's proposed budget regarding reductions in children's mental health. The Governor's proposed budget cuts the voluntary treatment program from its previous budget of $533,440 to a proposed 2021-2023 budget of $453,424. Prior to this program, many parents were forced to relinquish custody of their children in order to receive mental health services (and those services were in a residential treatment facility). With the creation of the voluntary treatment program, those parents were no longer required to relinquish custody of their children in order to receive treatment that would be provided in that residential treatment facility. During the last

legislative session, the voluntary treatment program was given the flexibility to provide services to children in order to prevent an out-of-home placement. The voluntary treatment program is essential in families being able to maintain custody of their children and provide linkages to community-based services. Cuts to this program would be detrimental.

MHAN supports parent peer support and the organizations that provide this valuable service. Family Voices of North Dakota, who provides support to children with special healthcare needs and their families, and North Dakota Federation of Families for Children's Mental Health, who provides support to children with mental health needs and their families, are both facing reductions as proposed in the Governor's budget. Family peer support organizations provide support, provide education for families, assist families in system navigation, give education for providers, and advocate with families so that they receive the services and supports that their child needs. MHAN is also concerned with the elimination of the Experienced Parent Program for early intervention. MHAN supports fully funding family peer support organizations.

MHAN also has concerns about the current state of the mental health system for adults with serious mental illness. Of the 581,891 adults living in North Dakota, 119,870 have any mental illness (AMI). Roughly 30,258 adults in North Dakota have a serious mental illness (SMI). Much like the Developmental Disability system, individuals with serious mental illness rely on supported employment services and supported housing services so that they can maintain employment and can maintain living in the community. The proposed budget made significant cuts to both of those program areas, with some initial requests to eliminate entire programs. While some has been discussed to be restored to allow providers time to become Medicaid providers, it does not account for the fact that some of those individuals with serious mental illness will not meet the eligibility requirements of the 1915(i). Providers have serious concerns regarding whether or not their clientele will even qualify due to the requirement to have a WHODAS score of 50 or above. Another concern we have with the trajectory of supported employment services is with maintaining connection to services as a client's wages increase. For instance, once the client is being supported in a job and they get paid, they may no longer meet the financial eligibility for Medicaid. Will there be a process in place to maintain 1915(i)

while transitioning the adult SMI population who are no longer base Medicaid eligible, into Medicaid Expansion, or will they be cut off from services entirely?
This brings us to the 1915(i). Mental Health Advocacy Network advocated that all individuals meeting the definition of serious mental illness and serious emotional disturbance be eligible for the 1915(i) if they had access to Medicaid. Unlike "any mental illness," in adults, a serious mental illness is defined as "someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities." Unlike any mental illness in children, a "serious emotional disturbance" refers to a "diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities." These definitions also mean that an individual diagnosed with a serious mental health disorder are at significant risk of institutional level of care or meet the criteria for needing institutional level of care. When North Dakota submitted its application to the Centers for Medicare and Medicaid Services (CMS), it anticipated that it would be serving 11,150 individuals, divided between those with substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), and traumatic brain injury (TBI). If we only consider serious mental health disorders among children and adults, North Dakota has a legal obligation to serve those 49,356 people. These *are* the individuals with the most significant mental health needs.

MHAN urges the restoration to the cuts that have been made to the "1915(i) savings" to allow time and potential changes and adjustments to the 1915(i) to ensure that people are not going without services.

As you can see there is still a lot of work left to do in mental health. Now is not the time to reduce our efforts to improve the mental health system of care for children, adults, and their families.

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

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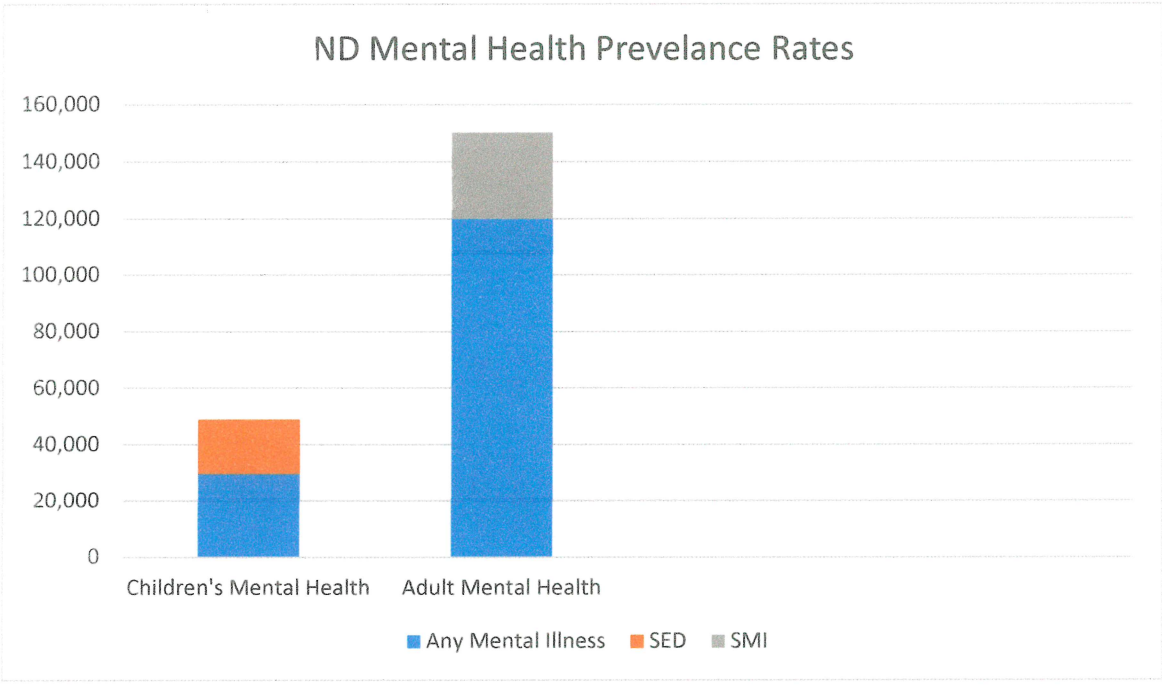
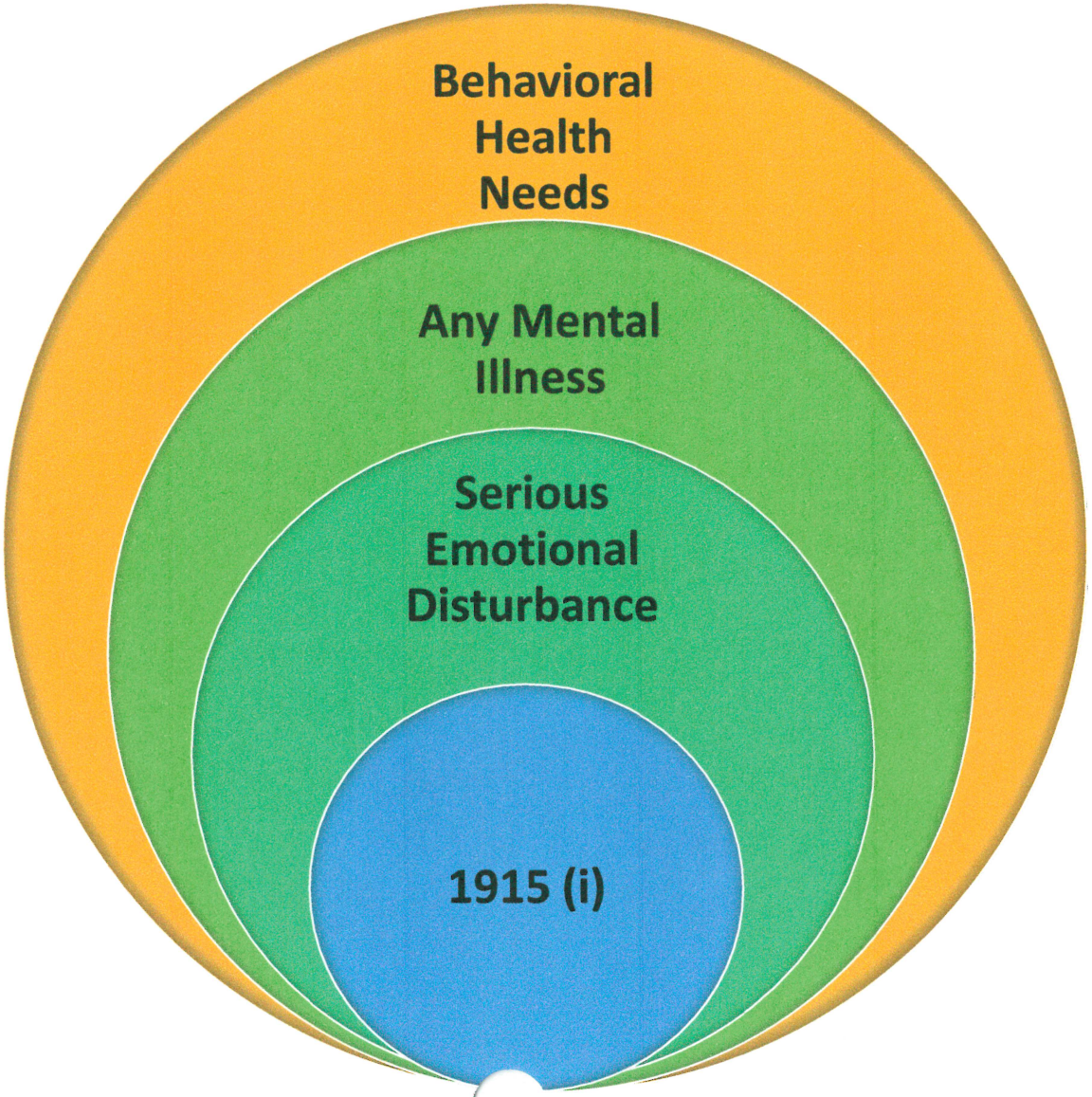


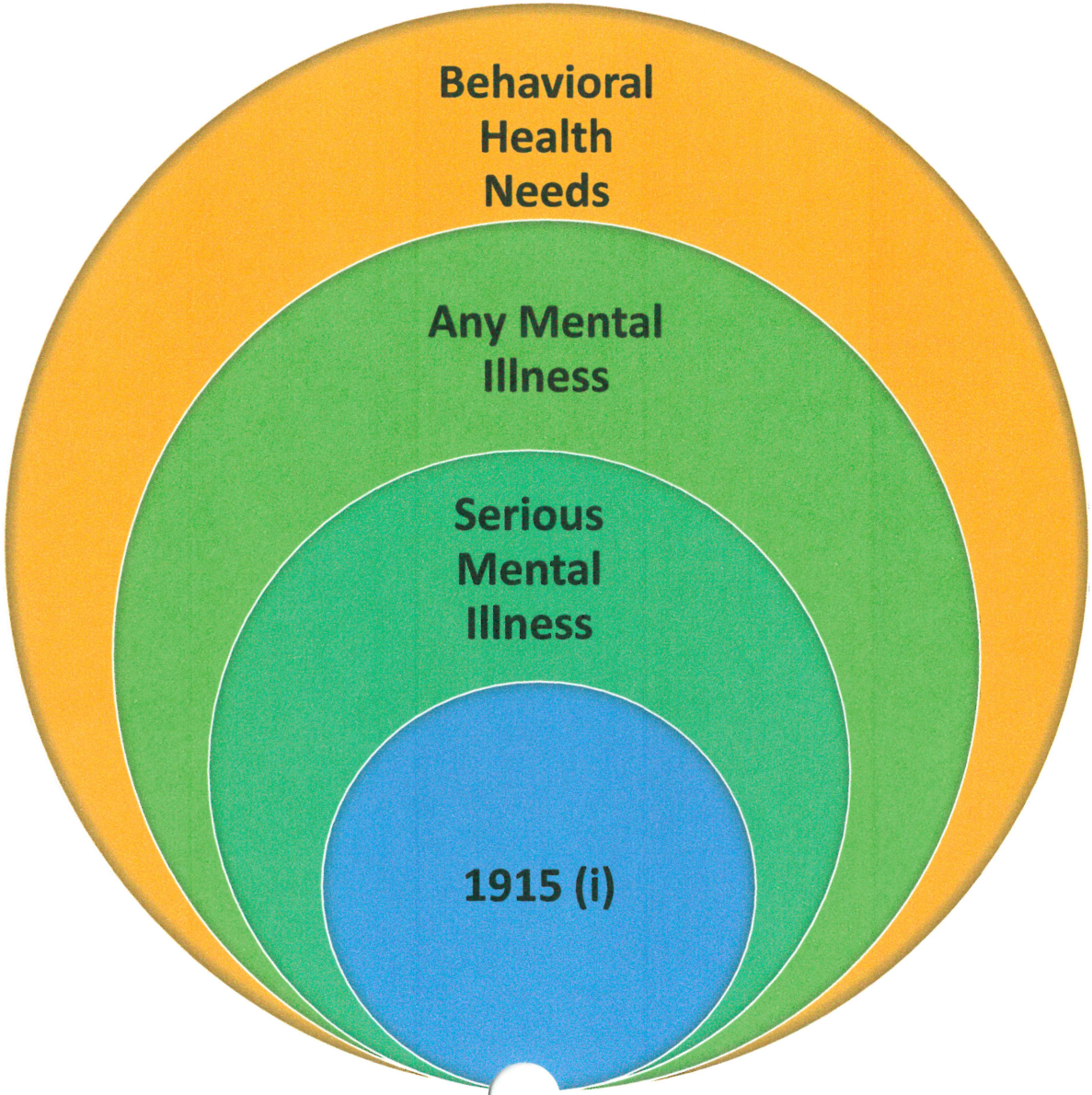
Serious Emotional Disturbance (SED): for people under the age of 18, SED is a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious Mental Illness (SMI): someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

Children with Mental Health Needs



Adults with Mental Health Needs



Any Mental Illness (Adults 18+), United States (2019): 20.6% (51.5 million)[1]

North Dakota Adult Population: 581,891[2]

North Dakota AMI (Adult) Translation: 119,869.5

Serious Mental Illness (Adults 18+), United States (2019): 5.2% (13.1 million)[3]

North Dakota Adult Population: 581,891[4]

North Dakota SMI (Adult) Translation: 30,258

Any Mental Illness (Children), United States: 16.5%[5]

North Dakota Children Population (2019): 180,171[6]

North Dakota AMI (Children) Translation: 29,728.2

Serious Emotional Disturbance (Children), United States: 10.6%[7]:

North Dakota Children Population (2019): 180,171[8]

North Dakota SED (Children) Translation: 19,098.1

Children Health Insurance, North Dakota (2019):

-Medicaid Enrollment (Kids Count), Aged 0-20: 56,371 (26.6%)[9]

-Medicaid children (Kaiser FF): 1/5 children in ND: 36,034.2[10]

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[1] National Institute of Mental Health, "Statistics: Mental Illness," https://www.nimh.nih.gov/health/statistics/mental-illness.shtml (accessed March 5, 2021).

[2] The Annie E. Casey Foundation: Kids Count Data Center, "Total Population by Child and Adult Populations in North Dakota," https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=36&loct=2#detailed/2/36/false/1729,37,871,870,573,869,36,868,867,133/39,40,41/416,417 (accessed March 5, 2021).

[3] National Institute of Mental Health, "Statistics: Mental Illness."

[4] The Annie E. Casey Foundation: Kids Count Data Center, "Total Population by Child and Adult Populations in North Dakota."

[5] Daniel G. Whitney, Mark D. Peterson, "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics* 173, no. 4 (2019): 389-391. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377 (accessed March 5, 2021).

[6] The Annie E. Casey Foundation: Kids Count Data Center, "Total Population by Child and Adult Populations in North Dakota."

[7] Nathaniel J. Williams, Lysandra Scott, Gregory A. Aarons, "Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis," *Psychiatric Services* 69, no. 1 (January 1, 2018): 32-40. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700145 (accessed March 5, 2021).

[8] The Annie E. Casey Foundation: Kids Count Data Center, "Total Population by Child and Adult Populations in North Dakota."

[9] The Annie E. Casey Foundation: Kids Count Data Center, "Medicaid Recipients Ages 0 to 20 in North Dakota," https://datacenter.kidscount.org/data/tables/10817-medicaid-recipients-ages-0-to-20?loc=36&loct=2#detailed/2/any/false/1729,37,871,870,573,869,36,868,867,133/any/21043,21044 (accessed March 5, 2021).

[10] Henry J. Kaiser Family Foundation, "Medicaid in North Dakota" (October 2019) http://files.kff.org/attachment/fact-sheet-medicaid-state-ND (accessed March 5, 2021).

-Children who have health insurance, by type:[11]

-Employer-based only: 116,000 (62%)

-Direct-purchase only: 12,000 (6%)

-Other private: 6,000 (3%)

-Public only: 30,000 (16%)

-Both public & private: 8,000 (4%)

-Uninsured: 15,000 (8%)

-ND Children ages 0 to 18 enrolled in Healthy Steps (CHIP) in 2019: 3,002 (1.6%)[12]

-Medicaid in ND Adults, aged 19-64: 1/13 (7.69%), or 44,747.4[13]

ND Medicaid 1915(i) State Plan Amendment

-Anticipated number served: 11,150

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[11] The Annie E. Casey Foundation: Kids Count Data Center "Children who have health insurance by health insurance type in North Dakota" https://datacenter.kidscount.org/data/tables/10183-children-who-have-health-insurance-by-health-insurance-type?loc=36&loct=2#detailed/2/36/false/1729,37,871/4847,4848,4849,4153,2807,2811/19706,19707 (accessed March 5, 2021).

[12] The Annie E. Casey Foundation: Kids Count Data Center "Children ages 0 to 18 enrolled in Healthy Steps (CHIP) in North Dakota," https://datacenter.kidscount.org/data/tables/10818-children-ages-0-to-18-enrolled-in-healthy-steps-chip?loc=36&loct=2#detailed/2/any/false/1729,37/any/21045,21046 (accessed March 5, 2021).

[13] Henry J. Kaiser Family Foundation, "Medicaid in North Dakota" (October 2019) http://files.kff.org/attachment/fact-sheet-medicaid-state-ND (accessed March 5, 2021).