



**Senate Judiciary Committee
HB 1263 Testimony
April 4, 2023
Senator Larson, Chair**

Good morning, Chairman Larson and Members of the Senate Judiciary 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 HB 1263. MHAN has continued to echo the findings of two Schulte Reports (2014, 2022) and two HSRI reports (2018, 2022) that North Dakota has a mental health systems crisis stemming from a lack of services, especially community-based services. Since 2003, North Dakota has served fewer and fewer children with serious mental health issues. That problem has accelerated over the last decade. We can see the impact of the destruction of the children's mental health system. While North Dakota was providing services to fewer children, over time those children were funneled into the juvenile justice and child welfare systems. From 2011 to 2017, the composition of children in the juvenile justice system radically changed. Although the prevalence rate for children with serious mental health issues (Serious Emotional Disorders, or SED) is only 10% of all children (over 18,000 in ND), in 2011 they constituted 49% of all children in juvenile corrections. By 2017 they represented 79%. We have made improvements to reduce the number of children with SED in the juvenile justice system, but it is not because we are providing mental health services to children.

In the last year, the state served 1,101 children with SED (or roughly 1/18th the prevalence rate), but only 135 of them received ongoing services and support. As such, it would be fair to suggest that improvements are being made in spite of the current state of affairs in our children's mental health system.

A frequent consequence of community service shortages are juveniles coming into contact with law enforcement and the juvenile justice system. Our law enforcement and juvenile justice system partners are often at a loss for what to do with individuals who are presenting with significant mental health needs, or may not even be aware of an individual's needs. As we are collaborating on CIT trainings with our law enforcement community, we have been hearing from them and other first responders that they have a better handle on those who have substance use issues and how to help them but are caught unaware of those with mental health and/or brain injury issues.

As Dan Gulya, Attorney from North Dakota Protection & Advocacy Project (P&A) previously testified, the Individual Justice Plan (IJP) model originated in the developmental disability community as a means to divert those individuals from involvement with the justice system when issues arise from behaviors that are as a result of their cognitive disabilities. For a number of years, MHAN's member organizations have partnered with P&A to promote the IJP model and the updated materials that P&A has created. We have continued to see the IJP model as having great promise for addressing the needs of people with mental illness, brain injuries, and their families.

For a number of years, Mental Health America of North Dakota and the North Dakota Federation of Families for Children's Mental Health have partnered with local law enforcement and first responder agencies to provide CIT training to their and other related workforces through a consumer panel. This panel provides CIT trainees the opportunity to listen to people with lived experience with mental health needs, brain injuries, and/or addiction issues discuss their story and provide information about how they perceive events during a crisis. The intention is for our law enforcement and first responder workforce to have greater awareness of the needs of these citizens and help them better interact with persons who have a behavioral health needs or cognitive difficulties due to a brain injury or a developmental disability.

During these interactions, it has been common for this workforce to be unaware of the existence of IJPs. It has also been common for this workforce to be enthusiastic about the prospect of having such a tool to utilize before they even arrive on scene with someone who has a behavioral health disorder or a brain injury. Not only would they have a better idea of how to interact with them, they would have a better idea of how to better serve them. They also believe that through the IJP process, there are a number of individuals who would not need to be criminally charged in the first place.

In North Dakota, we have over 30,000 adults with Serious Mental Illness (SMI) and over 18,000 children with Serious Emotional Disorders. That's nearly 50,000 North Dakotans, the overwhelming majority of whom are not receiving community-based mental health services. When individuals are not receiving the help they need, they tend to have increased contact with law enforcement and are involved in the justice system. Over the last decade, North Dakota saw that in both the adult and juvenile corrections systems. While most people with serious mental health issues do not need IJPs, there are many who could benefit from them. We urge the passage of HB 1263.

Thank you and I would be happy to respond to any questions you may have.

Carlotta McCleary

Spokesperson

Mental Health Advocacy Network

Phone: (701) 222-3310

E-mail: cmccleary@ndffcmh.com