



**House Appropriations-Human Resources Committee
HB 1012 Testimony
January 27, 2025
Representative Nelson, Chair**

Good morning, Chairman Nelson and Members of the House Appropriations- Human Resources 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 2012. Our priorities and recommendations rely on implementing best practice models of service delivery, including continued pursuit of Certified Community Behavioral Health Clinics in all eight regions of North Dakota and maintaining the IMD Exclusion. Best practices understand that we first need to ensure our citizens receive assistance before they have emergencies. We must have a robust community mental health system of care so that we can reduce the reliance on our costly, intensive institutional care settings. We must have substantial and multifaceted mental health workforce, which includes utilizing those with lived experience to help people navigate services and embark on their recovery.

SAMHSA's best practices models also include crisis response systems. When a crisis emerges, we must rely on three pillars of crisis response. Those pillars are: 1) a place to call (988), 2) someone to respond (mobile crisis teams), 3) a place to go (crisis stabilization beds/safe beds).

MHAN Priorities For 69th Legislative Assembly

MHAN has realized that while we are not done making improvements to the adult mental health system, the efforts over the last decade have created a solid foundation for further progress. It is now time to expend the same energy in creating a solid foundation for the North Dakota children's mental health system.

Children's Mental Health Services: MHAN urges the state of North Dakota to make a substantial investment in community-based mental health services for children and youth with Serious Emotional Disturbance (SED). One in ten children in North Dakota has a SED, which is over 18,000 children. According to the most recent and corrected data from DHHS, during the 2023-2024 fiscal year, 1,086 children with SED received case management services through the Human Service Centers.

There is a need for high-fidelity wraparound services for children that are individualized to meet a child and family's needs. These are not simply children who have any mental illness or moderate mental illness, they are those with the most significant mental health challenges. When out-of-home placements are to occur, they should be as near their home as possible. A proper crisis response system can divert many from needing more costly out-of-home placements such as hospitalization.

Cross-Disability Waiver: MHAN is supporting the establishment of a cross-disability waiver and that it be inclusive of children with mental health needs. As stated earlier, North Dakota is lacking a full continuum of care for children’s mental health services in both the public and private sector. Families who have a child with a mental health challenge are expected to make tremendous sacrifices to get their child access to care. Specifically including children with mental health needs into the cross-disability waiver will go a long way to address existing service gaps.

Family Support Organizations: Family organizations that serve children with mental health needs do great work with small budgets for families throughout the state of North Dakota. Those organizations and programs should continue to be supported and funded so that children with mental health needs and their families can receive assistance. Families would be lost without them.

Peer Support: MHAN supports efforts to make peer support more accessible. This could include making coverage for peer support eligible through standard Medicaid. MHAN believes that employers should be paid a reimbursement rate that allows for all peer support specialist positions to have a living wage with benefits. MHAN also supports the expansion of certification for family peer support specialists, who will be providing support for families raising children with mental health needs. ND Federation of Families has been providing this evidence-based practice to families since 1994 and wants to be part of the solution to needed children’s mental health services.

Mobile Crisis Teams: MHAN strongly supports the continued expansion of mobile crisis teams statewide, especially in rural communities. MHAN also supports efforts to make

mobile crisis teams more functional and accessible for families with a child experiencing a mental health crisis.

Crisis Stabilization Beds: We want to build an appropriate regionalized children's crisis bed stabilization system that is responsive to the needs of children experiencing a mental health crisis. These crisis stabilization beds are the third pillar of SAMHSA's crisis response system. This prevents the escalation of crisis within the family unit, ER visits and hospitalizations. This allows for youth having a mental health crisis to have treatment at the most appropriate level on the continuum of care to meet their needs.

Supported Housing: MHAN supports the continuum of services required to support individuals to obtain and maintain housing. This would be a financial savings to the state, considering the cost of institutional care vs. community-based placements. This would also assist institutions to be able to offer successful transitioning to the community for persons. Additional supported housing is needed for persons with mental health needs including those that are justice involved and those transitioning out of institutional facilities to allow persons to live in the most integrated setting. This would assist in addressing current gaps related to housing and the service delivery system.

New State Hospital: MHAN supports the establishment of a new State Hospital that is both therapeutic and separated from any prison complex. The physical conditions at the existing State Hospital are as such that North Dakota has a significant risk of a catastrophic systems failure at any time. The expenses of repairing those facilities are so extensive that building a new facility became necessary. MHAN urges the legislature to build a new State Hospital.

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

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