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

House Education Committee
HB 1129 Testimony
January 14, 2025
Representative Heinert, Chair

Good afternoon, Chairman Heinert and Members of the Senate 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 support of HB 1129. MHAN urges the legislature to think of these issues in broader terms, incorporating existing legislative studies into the children's mental health system along with existing initiatives within the Department of Public Instruction and Department of Health and Human Services. We would also urge the legislature to be inclusive of families so that we might find out what their children's unmet needs are in getting them to school.

Children with mental health struggles are among the most likely to have challenges maintaining school attendance and are at risk of veering into chronic absenteeism. I want to stress to you that these are often children and families with unmet needs.

As has been widely reported across the country, the impacts of COVID-19 were tremendous: it created traumas, upended routines, it led to children with disabilities not receiving the support they needed, it increased workforce shortages among "helper" occupations, and stretched the existing workforce thin in their capacity to know how to proceed. In our work, we saw that develop in real time.

The impact of COVID-19 is real, but those impacts were also interacting with structural issues in North Dakota that long preceded COVID-19. Many of the potential solutions to our current challenges have been in discussion for several years, and there are several initiatives that are currently operating within state agencies. What is lacking is a much greater infusion of resources (e.g., mental health-related services for children and their families), and more deliberate alignment and coordination between parents and government agencies who are operating their improvement efforts aimed at the same demographics. These children are interacting with multiple agencies, and so we must think about this issue without silos and in a family-driven manner.

Since 2014, the ND legislature and the Department of Health and Human Services have studied the state of the North Dakota behavioral health system, most notably the 2014 Schulte Report and the 2018 HSRI Report. The latter is being used as a "road map" for the Department of Health and Human Services and has several recommendations for the children's mental health system. During the most recent interim session, the legislature also studied the children's mental health system. Among the recommendations is to reestablish the practice of Wraparound care coordination in North Dakota, which is an intensive means to "wrap" services around a child and their family.

The North Dakota children's mental health system is in a state of crisis, and our best means to improve outcomes for our children is to be able to provide them and their families with services and support. According to national prevalence rates, one out of every ten children in North Dakota has a serious emotional disturbance (SED). That equates to over 18,000 children in North Dakota. According to the most recent and corrected data from the Department of Health and Human Services, 1,086 such children received case management services in the regional Human Service Centers during the 2023-2024 state fiscal year.

The state of North Dakota has also acquired a federal Substance Abuse and Mental Health Services Administration grant called the "System of Care," which is administered under the Behavioral Health Division in the Department of Health and Human Services. The System of Care grant in the mid-to-late 1990s built the foundations of the North Dakota children's mental health system that the state is now attempting to rebuild. That grant is for the service regions of Bismarck and Devils Lake, hopefully being used to help the entire state develop a fully functional continuum of care for our children. DHHS is also in the process of having each Human Service Center become a Certified Community Behavioral Health Clinic (CCBHC), which would greatly expand the service array and capacity to serve North Dakota's children and families. SAMHSA is also stressing that System of Care grant values should also be integrated into CCBHCs.

A little over a decade ago, the national Department of Education required each state to positively improve an outcome measure ("Indicators") for students in special education with a new Indicator called the State Systemic Improvement Plan (SSIP). North Dakota chose to improve the (extended) graduation rate of students in special education with a

primary disability category of Emotional Disturbance. This was because those students were among the two most likely demographics to drop out of school, among other poor academic or life outcomes. Part of the Department's logic model (included in this testimony) was increasing the engagement and reengagement of students with social/emotional/behavioral challenges in school. The Department argued that making sure a student was engaged in their schooling was a primary means to prevent disengagement and dropping out. Likewise, efforts to get young people who had dropped out of school back into school could produce positive life outcomes for that youth.

As the legislature considers a study into school attendance and student absenteeism, we encourage the legislature to look at this issue through the lens of the family, the entire system of care, and the ways that each agency can improve the outcomes, education, and well-being of children and their families.

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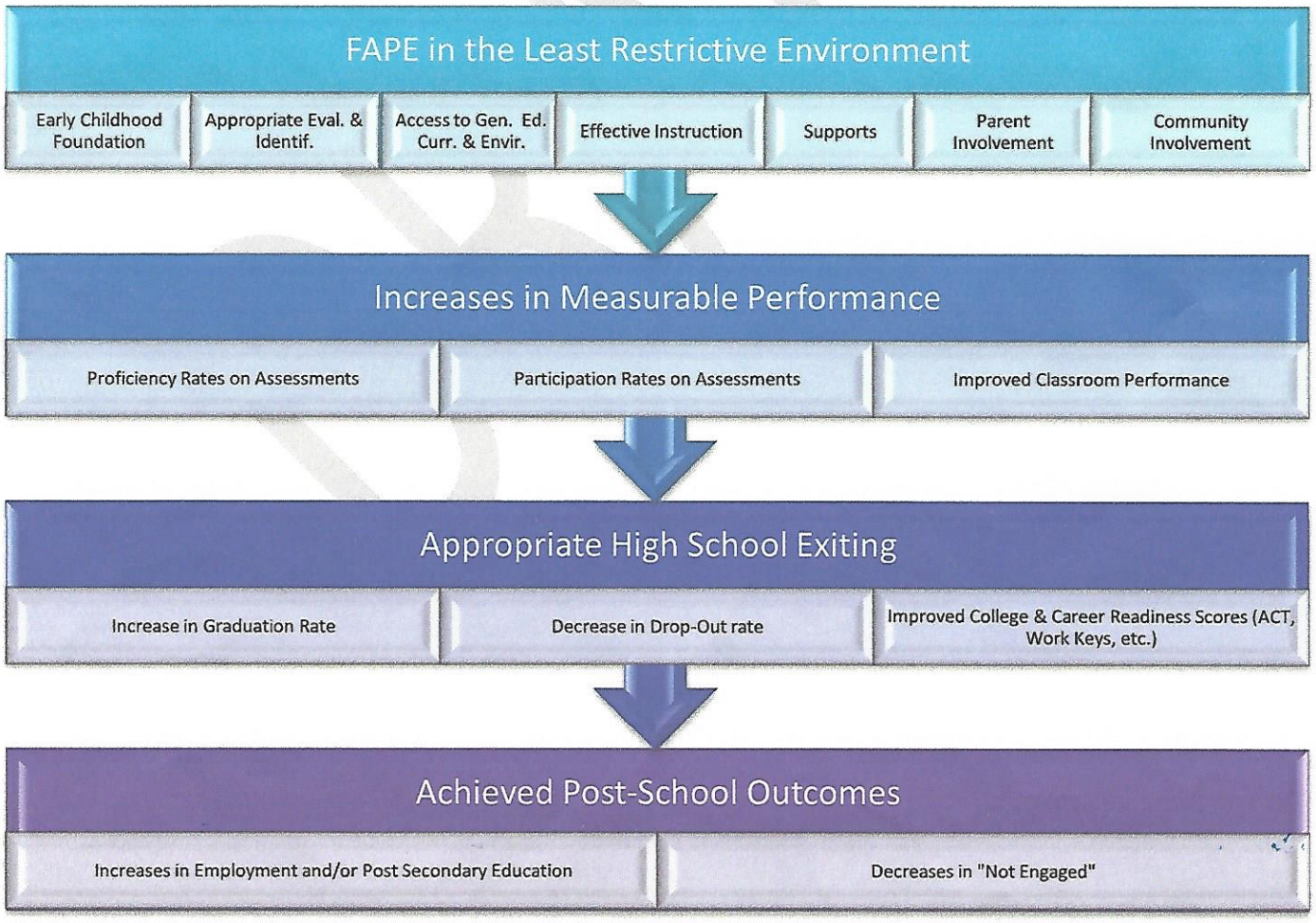
SSIP Logic Model

Positive post school outcomes for students with disabilities result from students staying in school and obtaining independent living and college and career readiness skills. In order to stay in school, the students and their families need to see and feel success with skills and concepts that are taught. That success is demonstrated through participation in assessments that measure it, by receiving meaningful feedback about scores from those assessments that indicate positive or negative growth, and by demonstrating the knowledge and skill level that they have attained through participation in classroom activities with grade and age level peers. In order to demonstrate success in the classroom and on assessments, each student must be given FAPE (Free Appropriate Public Education) in the Least Restrictive Environment (LRE). FAPE in the LRE is made up of many factors. The DPI staff has broadly defined them with seven elements***: Early Childhood Foundation, Appropriate Evaluation and Identification, Access to the General Education Curriculum and Environment, Effective Instruction, Effective Supports, Parental Involvement, and Community Involvement.*** This model is represented by reversing the arrows in the chart below.

SSIP Theory of Action

The chart below represents a general theory of action for improved outcomes for students with disabilities. If one or more elements in the 1st tier are improved, then one or more elements in the 2nd tier will be improved. If one or more elements in the 2nd tier are improved, then one or more elements in the 3rd tier will be improved. If one or more elements in the 3rd tier are improved, then the elements in "Achieved Post School Outcomes" will be improved. The amount of growth is dependent upon the number of elements in the previous tier that are improved.



North Dakota Special Education Improvement Model