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

Joint Appropriations Committee
HB 1623 Testimony
January 20, 2026
Senator Bekkedahl, Chair
Representative Vigesaa, Chair

Good morning, Chairmen Bekkedahl and Vigesaa and Members of the Joint Appropriations 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 1623. Our priorities and recommendations rely on implementing best practice models of service delivery, including continued pursuit of Certified Community Behavioral Health Clinics (CCBHC) in all eight regions of North Dakota and expanding services in rural communities. 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, which do need to be responsive to the needs of individuals in rural communities. 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

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 Behavioral Health Clinics.

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. North Dakota does not have a mental health waiver for children, and deductibles make it difficult for families to afford services for their child. Having a reimbursable funding stream will allow private providers to invest in needed services for children and their families. 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, like the ND Federation of Families for Children's Mental Health (NDFFCMH) and Family Voices of ND do great work with small budgets for families throughout the state of North Dakota. NDFFCMH goes into rural communities to support families with: system navigation in their community, providing education and training to families, and peer support. Many of the families that NDFFCMH support in rural communities do not have access to case management services. Family-run organizations and programs should continue to be supported and funded so that children with mental health needs and their families can receive assistance. Ensuring family-run organizations are sustained through braided funding goes a long way to providing services and support directly to families. Families in rural communities would be lost without them.

Peer Support: MHAN supports efforts to make peer support more accessible, especially in rural communities, where the mental health workforce shortage is acutely felt. MHAN believes that employers should be paid a reimbursement rate that allows 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. This could include making coverage for peer support and family peer support eligible through standard Medicaid. Currently, peer support for adults has multiple means for reimbursement, but family peer support for children does not. 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, especially in rural North Dakota.

Mobile Crisis Teams: MHAN strongly supports the continued expansion of mobile crisis teams statewide, especially in rural communities. ND DHHS is continuing to make strides in expanding crisis service coverage in rural communities (including with Avel), but significant coverage gaps remain for the communities outside the 45-mile radius for Behavioral Health Clinics. In region 2, mobile crisis teams can respond to any crisis in the region, including rural communities outside the 45-mile radius from the Behavioral Health Clinic. MHAN also supports efforts to make mobile crisis teams more functional and accessible for families with a child experiencing a mental health crisis. Compared to adults experiencing crisis, children and families need more in-person communication and deescalation, but those options are not consistently available across the state. For instance, the region 7 mobile crisis teams go directly to the child instead of relying on providing families phone support. We applaud West Central and North Central

Behavioral Health Clinics for adjusting to those community needs, and we wish to see that expanded throughout the state.

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. Ensuring that each region has readily available crisis stabilization beds would also mean that families, often in rural communities, would not have to travel across the state to receive that service.

Supported Housing: MHAN supports the continuum of services required to support individuals with mental health needs to obtain and maintain housing in the most integrated setting. This would be a financial savings to the state, considering the cost of institutional care vs. community-based placements. This would also assist institutions (jails, prisons, the State Hospital) to be able to offer successful transitions to the community. This would assist in addressing current gaps related to housing and the service delivery system.

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

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