2023 HOUSE HUMAN SERVICES

HB 1026

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1026
1/4/2023

A BILL for an Act to provide for a legislative management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.

Chairman Weisz called the meeting to order at 9:35 am.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Institutions for mental disease
- Medicaid funding
- Utilization of available services

Rep. Nelson introduced the bill and provided further testimony

Rep. Porter moved a do pass on HB 1026.

Rep. Dobervich seconded the motion.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carried 14-0-0.

Rep. Kiefert carried HB 1026.

Chairman Weisz adjourned the meeting at 9:45.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1026: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1026 was placed on the Eleventh order on the calendar.

2023 SENATE HUMAN SERVICES

HB 1026

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1026
2/20/2023

Regarding a legislative management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.

10:18 AM **Madam Chair Lee** called the hearing to order. Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan were present.

Discussion Topics:

- Community behavioral centers
- Preserving families
- Children mental health needs

10:19 AM **Senator Hogan** introduced HB 1026 verbal

10:22 AM **Senator Lee** formally read **Kimberly Jacobson** testified in favor. #21139

10:24 AM **Pam Sagness, Executive Director Behavioral Health, ND Department of Health and Human Services,** provided information. #21141

10:26 AM **Carlotta McCleary, Executive Director of the ND Federation of Families for Children's' Mental Health,** testified in favor. #21156

10:30 AM **Madam Chair Lee** closed the hearing.

Senator Cleary moves **DO PASS.**

Senator Hogan seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan will carry HB 1026

Additional written testimony:
Kimberly Jacobson, Director of Agssiz Valley Human Service Zone and President of the North Dakota Human Service Zone Director Association in favor #21139

10:31 AM **Madam Chair Lee** adjourned the hearing.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1026: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1026 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.

TESTIMONY

HB 1026

Testimony Prepared for the
Senate Human Services Committee
February 20, 2023
Kim Jacobson, Agassiz Valley Human Service Zone Director

RE: HB 1026: Study regarding the Implementation of the Recommendations from the 2018 North Dakota Behavioral Health Study conducted by the Human Services Research Institute and the 2022 Recommendations regarding Acute Psychiatric and Residential Care Needs provided by Renee Schulte Consulting, Inc.

Chair Lee and members of the Senate Human Services Committee, my name is Kim Jacobson. I am the Director of the Agassiz Valley Human Service Zone with the service area of Traill and Steele Counties. In addition, I am the President of the North Dakota Human Service Zone Director Association. I am here today to provide testimony in support of HB 1026.

Human Service Zones provide services to the most vulnerable citizens of all ages in our communities. A significant portion of the mandated services we provide are to children and families, focusing on child safety, permanency and well-being. Human Service Zones are charged with providing services to children who have been victims of abuse, neglect, as well as those who are exhibiting disruptive behaviors such as truancy and running away.

As legal custodians for children in foster care, we are tasked to secure the most appropriate placement for foster youth and to support birth parents in securing services for themselves to resolve contributing causes of child abuse and neglect. Often those underlying contributing factors are related to substance use and untreated mental health conditions. The availability of a continuum of timely mental health services is critical to preserving families, reuniting families, and securing child safety and well-being.

In our highly rural state, accessing mental health services of any kind typically involves travel. This frequently means additional missed time from school for youth, work for parents and/or foster parents, along with increased costs to families. However, even in our larger communities, waiting lists for substance use, psychiatry and therapy services are common.

Frequently, the moment when those services are needed most, they are not readily available. In foster care settings, this routinely results in in placement disruptions for children, emergency room visits, and possibly psychiatric hospitalizations—**if** there is a bed available. This compounds and exacerbates existing mental health needs and fails to meet the needs of the children we are entrusted to care for and protect.

A thorough and extensive effort to examine service gaps and recommendations identified in the 2018 and 2022 studies are essential to develop a strategic approach to ensure North Dakotans – including our children - have the right service available, at the right time, in the right location in order to meet their immediate and ongoing behavioral health needs.

Please accept my testimony in support of HB 1026. I stand for any questions from the committee.

Human Services Research Institute

North Dakota Behavioral Health Plan

Project Dashboard | January 2023

Human Services Research Institute

North Dakota Plan for Behavioral Health

Partners & Purpose

The Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council (BHPC) and working with stakeholders—including service users and families, advocates, providers, administrators, and other North Dakotans—**to set a course for ongoing system monitoring, planning, and improvements**.

Vision

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.

ND Behavioral Health System Study

In 2017-2018, HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of North Dakota's behavioral health system, including use and expenses. The final report details the findings and provides **13 areas of recommendations for improvement**.

Plan

Building on the study recommendations, we identified priority goals and established implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to **effectively and equitably meet the community's needs**.

Dashboard Use

This dashboard summarizes the goals and objectives of the plan and is updated every three months. **This dashboard reflects progress through December 31, 2022.** The information can be used to inform and educate, track project status, and encourage participation with local and state entities to improve the behavioral health system.

Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.

	Aims	Complete or In Progress and On Time
1.	Develop and implement a comprehensive strategic plan	91%
2.	Invest in prevention and early intervention	86%
3.	Ensure all North Dakotans have timely access to behavioral health services	94%
4.	Expand outpatient and community-based service array	96%
5.	Enhance and streamline system of care for children and youth	47%
6.	Continue to implement and refine the current criminal justice strategy	73%
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	92%
8.	Continue to expand the use of telebehavioral health interventions	88%
9.	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	83%
10.	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100%
11.	Partner with tribal nations to increase health equity for American Indian populations	78%
12.	Diversify and enhance funding for behavioral health	94%
13.	Conduct ongoing, system-wide, data-driven monitoring of need and access	80%

How we're achieving this aim

23 Action Steps

1 Goal

+

5 Objectives

AIM 1

Develop and implement a comprehensive strategic plan

1.1 Develop and implement a comprehensive strategic plan

	Objectives	Complete
1.	Develop a strategic plan based on the recommendations in the 2018 HSRI report that reflects community priorities and contain actionable, feasible strategies for behavioral health systems change	✓
2.	Secure funding for ongoing strategic planning support	✓
3.	Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports	70%
4.	Create 2022 strategic plan based on progress to date and lessons learned	✓
5.	Strengthen linkages between the BHPC and related stakeholder groups (governmental advisory bodies, coalitions, and community initiatives)	✓

How we're achieving this aim

21 Action Steps

2 Goals

+

9 Objectives

AIM 2

Invest in prevention and early intervention

2.1 Develop a comprehensive suicide prevention approach

	Objectives	Complete
1.	Develop a cross-cutting workgroup (including both public and private entities)	✓
2.	Conduct a scan of suicide prevention activities in all behavioral health and primary healthcare systems in the state	
3.	Engage with the community to enhance awareness and assess priorities to inform a comprehensive suicide prevention plan	50%
4.	Develop the comprehensive suicide prevention plan focused on decreasing risk factors and increasing protective factors	50%

AIM 2.2

Expand suicide prevention activities with a focus on American Indian populations, LGBTQ communities, and military service members, veterans, family members, and survivors

	Objectives	Complete
1.	Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ and gender non-conforming communities	✓
2.	Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations	
3.	Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors	66%
4.	Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations	✓
5.	Work with higher education programs that train school counselors to adopt suicide prevention training models in alignment with workgroup recommendations	50%

How we're achieving this aim

31 Action Steps

4 Goals

+

13 Objectives

AIM 3

Ensure all North Dakotans have timely access to behavioral health services

3.1 Establish statewide mobile crisis teams for children and youth in urban areas

	Objectives	Complete
1.	Expand funding for mobile crisis teams for children and youth in urban areas	✓
2.	Review existing mobile crisis programs to understand implementation challenges and opportunities and inform efforts to scale the service out to other areas of the state	✓
3.	Create contract language for mobile crisis teams for children and youth in urban areas	✓

AIM 3.2

Reduce access barriers to behavioral health services for individuals with brain injury

	Objectives	Complete
1.	Review and revise Nursing Facility Level of Care criteria to reduce access barriers for people with brain injury	✓
2.	Review eligibility determination processes across all HHS Divisions to identify access barriers for people with brain injury	✓
3.	Review and revise policy and procedure to reduce access barriers for people with brain injury	
4.	Incorporate information about brain injury prevention into existing behavioral health prevention programming	50%

AIM 3.3

Incorporate brain injury screening and referral protocols into justice settings and community-based behavioral health services

	Objectives	Complete
1.	Develop a standardized process for brain injury screening and referral	✓
2.	Promote brain injury screening across behavioral health community-based programming	✓
3.	Incorporate brain injury screening into existing behavioral health and criminal justice programming	

AIM 3.4

Develop and execute planning, implementation, and communications strategies to establish a 988 behavioral health crisis service line

	Objectives	Complete
1.	Engage a statewide coalition of first responders, providers, people with lived experience, and state administrators to develop a state plan to inform implementation of 988	✓
2.	Ensure FirstLink has the capacity to respond to all 988 calls, text, and chats	60%
3.	Develop and implement a communications framework to ensure awareness about 988 in general public and amongst underserved populations	25%

How we're achieving this aim

55 Action Steps

4 Goals

+

19 Objectives

AIM 4

Expand outpatient and community-based service array

4.1 Provide targeted case management services based on assessed need, with a focus on enhancing self-sufficiency and connecting to natural supports and appropriate services

	Objectives	Complete
1.	Revise the Medicaid state plan to include private providers of targeted case management services for adults with serious mental illness and children with serious emotional disturbance	✓
2.	Use the Daily Living Activities Functional Assessment (DLA) to inform transitions to and from targeted case management consistently across Human Service Center (HSC) regions	✓
3.	Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need	✓

AIM 4.2

Expand evidence-based, culturally responsive supportive housing

	Objectives	Complete
1.	Receive technical assistance through the Medicaid Innovation Accelerator Program	✓
2.	Increase access to supportive housing in rural areas	✓
3.	Establish quality standards for all supportive housing services in the state	67%
4.	Engage in evaluation and continuous quality improvement to aid sustainability of supportive housing services	80%
5.	Finance additional permanent supportive housing	✓

AIM 4.3

Expand school-based mental health and substance use disorder treatment services

	Objectives	Complete
1.	Maximize opportunities for Medicaid reimbursement of school-based mental health and substance use disorder treatment services	50%
2.	Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports	✓
3.	Provide grant funding to schools to address gaps along the behavioral health continuum of care	67%
4.	Engage Behavioral Health Resource Coordinators in each school in North Dakota to address behavioral health	50%
5.	Offer free, evidence-based, online, virtual, mental health and suicide prevention training for school personnel across North Dakota	33%

AIM 4.4

Establish a formalized training and certification process for peer support specialists

	Objectives	Complete
1.	Designate personnel to oversee formalized training and credentialing process	✓
2.	Establish a formalized training and credentialing process based on local and national best practice that includes endorsements for specific sub-groups including culturally specific peers, family peers, and youth peers	✓
3.	Establish endorsements for culturally specific (specific to American Indian and New American populations) peer services	33%
4.	Establish a training and credentialing process for family peer services	67%
5.	Establish endorsement for youth peers	
6.	Establish endorsement for brain injury peer support	67%

How we're achieving this aim

15 Action Steps

3 Goals

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7 Objectives

AIM 5

Enhance and streamline system of care for children and youth

5.1 Establish and ratify a shared vision of a community system of care for children and youth

	Objectives	Complete
1.	Submit a response to the SAMHSA System of Care Expansion and Sustainability Grant Funding Opportunity Announcement to support system of care planning and expansion in North Dakota	✓

AIM 5.2

Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families

	Objectives	Complete
1.	Establish a shared definition of wraparound services that will be used in future contractual and policy documents	
2.	Establish fidelity standards to apply to all wraparound services in the state	
3.	Engage in evaluation and continuous quality improvement to support sustainability of wraparound services	

AIM 5.3

Expand in-home community supports for children, youth, and families — including family skills training and family peers

	Objectives	Complete
1.	Map the current capacity, location, financing, oversight, eligibility, staffing, and populations served for all existing in-home services in the state	
2.	Expand access to in-home community supports for Medicaid beneficiaries	
3.	Expand access to in-home community supports for individuals without Medicaid	

How we're achieving this aim

41 Action Steps

3 Goals

+

12 Objectives

AIM 6

Continue to implement and refine the current criminal justice strategy

6.1 Implement a statewide Crisis Intervention Team training initiative for law enforcement, other first responders, and jail and prison staff

	Objectives	Complete
1.	Identify and secure resources for pilot implementation within the ND DOCR	✓
2.	Pilot a CIT initiative within the ND DOCR	67%
3.	Secure buy-in and commitment from at least one agency of each type in each human services region for expanded CIT	20%

AIM 6.2

Implement training on trauma-informed approaches—including vicarious trauma and self-care—for all criminal justice staff

	Objectives	Complete
1.	Select trauma training curricula	✓
2.	Develop internal staff resources to help move the DOCR from trauma-sensitive to trauma-responsive and trauma-informed	✓
3.	Secure buy-in and commitment from Department of Corrections and Rehabilitation (DOCR) divisions	✓
4.	Implement screenings for trauma and brain injury in DOCR prisons and use the screening data to develop an evidence-guided trauma treatment program	
5.	Create a plan for sustainability for trauma-reform projects	

AIM 6.3

Review jail capacity for behavioral health needs identification, support, and referral, and create a plan to fill gaps

	Objectives	Complete
1.	Obtain buy-in from local jails to examine and address behavioral health needs	✓
2.	Conduct a review of behavioral health identification, support, and referral capacity in jails	✓
3.	Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity	67%
4.	Implement universal mental health and substance use disorder screening tools in at least one jail in each HSC region	

How we're achieving this aim

12 Action Steps

3 Goals

+

6 Objectives

AIM 7

Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce

7.1 Designate a single entity responsible for supporting behavioral health workforce* implementation

	Objectives	Complete
1.	Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Summit	✓
2.	Convene a Behavioral Health Workforce Collaborative, with representatives from relevant groups and initiatives invited, to review and collaborate on workforce-related goals and establish a mechanism for sharing activities and aligning efforts	33%

** The "behavioral health workforce" encompasses all licensed and unlicensed staff providing prevention, early intervention, treatment, services, or supports to people with mental health conditions, substance use disorders, or brain injury*

AIM 7.2

Develop a program for recruitment and retention support to assist with attracting and retaining skilled providers

	Objectives	Complete
1.	Conduct a scan of local and national programs to identify preexisting untapped resources, barriers to effectiveness of existing resources, and best practice	✓
2.	Expand current health care workforce recruitment and retention support programs to include a focus on behavioral health workforce	✓

AIM 7.3

Expand loan repayment programs for behavioral health students working in areas of need

	Objectives	Complete
1.	Review current loan repayment programs to identify best practice and barriers to effectiveness	✓
2.	Revise and/or expand loan repayment programs for behavioral health students working in areas of need	

How we're achieving this aim

16 Action Steps

2 Goals

+

8 Objectives

AIM 8

Continue to expand the use of telebehavioral health

8.1 Increase the types of services available through telebehavioral health

	Objectives	Complete
1.	Identify and facilitate resolution of any regulatory or funding barriers to adoption of telebehavioral health services	✓
2.	Develop clear, standardized procedural and regulatory guidelines for telebehavioral health	✓
3.	Identify priority services for telebehavioral health expansion	✓
4.	Expand capacity for school-based telebehavioral health services	50%
5.	Capitalize on learnings and best practices for telebehavioral health practices that were expanded as a result of the pandemic	✓
6.	Provide funding to community providers to expand their telebehavioral health service offerings	

AIM 8.2

Enhance capacity of community providers to provide telebehavioral health services through education and awareness

	Objectives	Complete
1.	Offering training for providers on best practice in providing telebehavioral health services	
2.	Include providers that offer telebehavioral health options in the Behavioral Health Registry	✓

How we're achieving this aim

18 Action Steps

3 Goals

+

8 Objectives

AIM 9

Ensure the system reflects values of person-centeredness, health equity, and trauma-informed approaches

9.1 Develop and initiate action on a statewide plan to enhance overall commitment to person-centered thinking, planning, and practice

	Objectives	Complete
1.	Apply for technical assistance to support statewide plan development and initiation	✓
2.	Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice	✓
3.	Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development	✓
4.	Build capacity among HHS leadership and administration on person-centered thinking, planning, and practice	✓
5.	Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice	50%
6.	Develop and execute an action plan to enhance the Behavioral Health Division's commitment to person-centered thinking, planning, and practice based on public engagement and organizational self-assessment	

AIM 9.2

Convene behavioral health leaders in New American/foreign-born/immigrant communities to understand and identify community-specific strengths, needs, and priorities, and identify opportunities to partner with HHS

	Objectives	Complete
1.	Meet with behavioral health leaders in New American/foreign-born/immigrant communities to understand strengths, needs, and priorities, and identify opportunities to partner with HHS	50%

AIM 9.3

Through consultation between the Behavioral Health Division and the Health Equity Unit, identify populations currently underserved by behavioral health program and initiatives, and strategies for promoting health equity for those underserved populations

	Objectives	Complete
1.	Identify populations that are potentially underserved by behavioral health services and programs	

How we're achieving this aim

4 Action Steps

1 Goal

+

3 Objectives

AIM 10

Encourage and support communities to share responsibility with the state for promotion of high-quality services

10.1 Include dedicated trainings and sessions at the state Behavioral Health Conference on advocacy skills and partnerships with advocacy communities

	Objectives	Complete
1.	Identify local or national experts who can deliver presentations and trainings	✓
2.	With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities	✓
3.	Include dedicated trainings and sessions at the state Behavioral Health Conference on advocacy skills and partnerships with advocacy communities	✓

How we're achieving this aim

9 Action Steps

1 Goal

+

2 Objectives

AIM 11

Partner with tribal nations to increase health equity for American Indian populations

11.1 Convene behavioral health leaders in tribal nations and Urban Indian communities to understand and identify community-specific strengths, needs, and priorities, and identify opportunities to partner with HHS

	Objectives	Complete
1.	Meet with behavioral health leaders at each tribe to understand strengths, needs, and priorities, and identify opportunities to partner with HHS	
2.	Meet with behavioral health leaders in Urban Indian communities to understand and identify community-specific needs and priorities, and identify opportunities to partner with HHS	

94%
completed or in progress

How we're achieving this aim

18 Action Steps

3 Goals

+10 Objectives

AIM 12

Diversify and enhance funding for behavioral health

12.1 Develop an organized system for identifying and responding to behavioral health funding opportunities

	Objectives	Complete
1.	Secure funding for Behavioral Health Division staff time to complete the remaining objectives	✓
2.	Designate personnel to coordinate identification and response to behavioral health funding opportunities	✓
3.	Develop a system for identifying behavioral health funding opportunities	✓
4.	Develop a process for responding to behavioral health funding opportunities	

AIM 12.2

Establish 1915(i) Medicaid state plan amendments to expand community-based services for key populations

	Objectives	Complete
1.	Secure legislative approval for the 1915(i) state plan amendments	✓
2.	Draft 1915(i) state plan amendments	✓
3.	Submit 1915(i) state plan amendments to CMS for approval	✓

AIM 12.3

Establish peer services as reimbursed service in the Medicaid state plan and the Medicaid expansion plan

	Objectives	Complete
1.	Secure legislative approval to add peer support as a Medicaid state plan service	✓
2.	If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service	
3.	Include peer support as covered service under Medicaid expansion	✓

How we're achieving this aim

10 Action Steps

3 Goals

+

5 Objectives

AIM 13

Conduct ongoing, system-wide data driven monitoring of need and access

13.1 Create the groundwork to align state and local data systems to support system goals of quality, equity, transparency, cross-system collaboration and coordination

Objectives	Complete
1. Establish a data work group with representatives from each relevant entity	✓
2. Conduct a review of current alignment of state and local data systems	✓

AIM 13.2

Review epidemiological data collection and analysis processes and revise to ensure they reflect best practice in identifying and tracking disparities and promoting health equity

	Objectives	Complete
1.	Conduct an equity review of epidemiological data collection and analysis processes	
2.	Revise epidemiological data collection and analysis based on equity review	

AIM 13.3

Invest in infrastructure and establish parameters for a Behavioral Health Division data collection, management, and analysis process

	Objectives	Complete
1.	Identify investments in infrastructure to support increased capacity for quality data collection, management, and analysis within the BHD	

Human Services Research Institute

HSRI

Visit hsri.org/nd-plan for more information about the North Dakota Plan for Behavioral Health

HB 1026 Testimony
Senate Human Services
Senator Lee, Chairman
February 20, 2023

Chairman Lee and Members of the Committee, I am Carlotta McCleary, the Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for Mental Health America of ND (MHAND) which is a consumer-run organization whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals. Today I am testifying as the Chairman of the Behavioral Health Planning Council (BHPC). Members of the BHPC are appointed by the Governor. BHPC's objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota. The BHPC has a focus and vision on wellness and recovery that is consumer and family driven. Part of the BHPC's work has been to oversee the implementation of the Human Services Research Institute's (HSRI) report Implementation Plan. We work with HSRI and the North Dakota Department of Health and Human Services to provide advice on the implementation process.

The ND Behavioral Health Planning Council (BHPC) is testifying in support of HB 1026. Since 2014, with the release of the Schulte Report, and HSRI report of 2018, North Dakota has recognized that it has been in a behavioral health systems crisis, one that was costing North Dakotans their health, their livelihoods, and even their lives. We needed to act. The HSRI report was meant to be used as a "road map" to ending this crisis. The

BHPC in its advisory role has been able to report meaningful progress in implementing the HSRI report, but much work remains to be done, especially with rebuilding the children's behavioral health system, both with community services as well as crisis services.

The legislature has played a vital role in moving forward improvement to North Dakota's behavioral health system and has wisely placed emphasis on studying and tracking the *implementation* of recommendations from the HSRI report. That work continued during the past interim session when the legislature investigated the acute psychiatric needs of North Dakota, where Renee Schulte released her report last year, highlighting the many challenges we have meeting the needs of those facing a behavioral health crisis. That report introduced specific recommendations to address acute psychiatric and residential care needs. HB 1026 is once again asking that we do not merely study our system gaps, but actively work to fix them. The BHPC wholeheartedly agrees. We need to use the Renee Schulte and HSRI reports to fix our acute psychiatric and residential care needs.

Thank you for your time. I would be happy to respond to any questions that you may have.

Carlotta McCleary, Chairman ND BHPC
PO Box 3061
Bismarck, ND 58502
cmccleary@ndffcmh.com
(701) 222-3310