



**House Human Services Committee  
SB 2096 Testimony  
March 5, 2025  
Representative Matthew Ruby, Chair**

Good morning, Chairman Ruby and members of the House Human Services 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 SB 2096 as it is currently written. MHAN originally testified in opposition to SB 2096 in the Senate. As SB 2096 was originally written, we were concerned that it would lead to IMD Exclusion issues and thus make it more likely private providers would request an IMD Exclusion Waiver. MHAN also supports the building of a new, more therapeutic State Hospital that is not co-located with the State Prison. Increasing regional capacity for service delivery is laudable and desperately needed. The Human Service Centers provide funding for hospitals for inpatient stays and there are means to have more regional inpatient services through private hospitals by having those services available in their existing facilities. North Dakota does have a service gap in regional access to inpatient mental health services. Assisting the Department of Health and Human Services to provide additional funding to incentivize accessibility of more regional inpatient services, especially within existing community hospitals, is good.

MHAN does have one note of caution, however. MHAN is always focused on the impact of how mental health services are funded, because those funding mechanisms can either lead to greater access to community-based services or an increased reliance on institutional care to receive help. MHAN would be concerned about utilizing funds to expand the number of IMD facilities in the state of North Dakota. IMDs are stand-alone behavioral health inpatient facilities with more than 16 beds.

If stand-alone behavioral health inpatient facilities were to have more than 16 beds, they would be ineligible to receive Medicaid funding. That would likely lead to a conversation about the IMD Exclusion Waiver, for those facilities to gain access to Medicaid funding. Unless the state of North Dakota has unlimited funds, it would be funneling precious resources away from community-based services into institutional care; something that would be tantamount to pursuing the antithesis of recommendations from every major research report funded by the legislature and the Department since the late 1980s.

MHAN supports SB 2096 as it is currently written. MHAN always urges that public investments carefully consider if funds are being used to fulfill the intention for North Dakotans to be able to access a vast array of services in their local communities, or if those funds could unintentionally lead to the opposite.

Lastly, we think it is important to highlight the work that the State Hospital does perform, and why a State Hospital is necessary. Many patients referred to the State Hospital have been referred because they have been transferred by private hospital providers. Increasing the availability of regional inpatient mental health beds should not be done in lieu of the existence of a State Hospital, nor should it come at the expense of community-based services. With those caveats, MHAN supports SB 2096.

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

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