



# NORTH DAKOTA FEDERATION OF FAMILIES

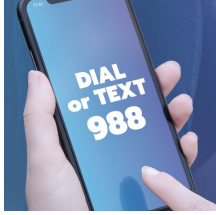
*For Children's Mental Health*

WINTER 2023

## 2023-2025 Legislative Session Edition: Stories in this Newsletter



DHHS Budget



988 Funding Bill



Certified Community Behavioral Health Clinic



Classroom Clearing Data Bill

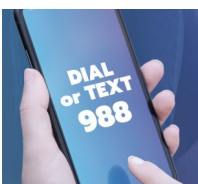
## Department of Health and Human Services Budget-Our Priorities



Senate Bill 2012, which is the main budget bill for the ND Department of Health and Human Services (DHHS), has traveled from the Senate and is now in the House chamber. ND Federation of Families, through Mental Health Advocacy Network (MHAN) has provided testimony on our main priorities for mental health services from 2023-2025.

- 1) Peer Support and Family Organizations. We are awaiting peer support reimbursement for people on regular Medicaid. We are also supporting turning the 16 temporary peer support specialists at the Human Service Centers into regular, benefitted full time employees. We are also asking that our family organization partner, Family Voices of ND, have its funding reinstated instead of cut.
- 3) We are opposed to the pursuit of an IMD Exclusion Waiver, to provide Medicaid funding to institutional facilities with over 16 beds by requiring budget neutrality on Medicaid Expenditures. While we understand the need for hospitalization, an IMD Exclusion Waiver would freeze the amount of money we could spend while simultaneously giving those moneys over to more expensive institutional facilities. Our mental health system desperately needs investment in community services and we cannot put ourselves in a situation where we prohibit ourselves from doing so.
- 4) Crisis Services. We supported the expansion of mobile crisis teams statewide. While the Governor's budget recommended an additional 4 staff, we thought that we should go with the original recommendation of 9 additional staff. We also wanted the state to build up its crisis stabilization beds and safe beds. Crisis stabilization beds for adults in some regions are difficult to maintain. Safe beds for children and youth are virtually non-existent throughout the state. This needs to be fixed.
- 5) Children's Mental Health Services. We urged that ND make a substantial investment in community-based mental health services for children and youth with Serious Emotional Disturbance (SED). From the 2021-2022 fiscal year, ND served 1,101 out of over 18,000 estimated children with SED and provided only 135 children with case management services.
- 6) Autism Voucher/Waiver. We were concerned about the elimination of the Autism voucher without addressing gaps in services for those who would not qualify for the Autism waiver. We are in support of creating a cross-disability waiver and start work on providing it for children up to the age of 5. Children below the age of 5 are at risk for falling off of services and are not able to get services, because they are not yet in school.
- 7) New State Hospital. We are in favor of the creation of a new State Hospital, because the current facilities are old, prohibitively expensive for repairs, not therapeutic, and are in danger of catastrophic systems failures at any point in time. The backup plan is for a handful of days, where in which everyone (including individuals in the sex offender wing) are to be served in the Jamestown Civic Center. This would not be a safe environment.

## 988 Funding Bill



In July 2022 ND launched its counterpart of the 988 suicide and crisis lifeline that rolled out across the country as part of the National Suicide Hotline Designation Act. This legislation created an easy-to-remember telephone number that would increase accessibility of the Lifeline. Federal funding was provided to help start up these 988 programs, with the intention for states to fund them from then on. SB 2149 was to provide that funding through telephone fees, but that has since been amended to be funded solely through \$2 million of state general fund dollars. This is a vital service for North Dakotans and will save lives. For more information, please visit: <https://www.behavioralhealth.nd.gov/988>

## Proposals for Certified Community Behavioral Health Clinics



The Department of Health and Human Service (DHHS) has been interested in moving toward a new service delivery model for behavioral health services called Certified Community Behavioral Health Clinics (CCBHCs). North Dakota is only one of three states in the U.S. without one. A CCBHC is open 24/7, provides an array of services, including: crisis services, treatment planning, screening, diagnosis and risk assessment, outpatient behavioral health services, targeted case management, outpatient primary care screening, community services for veterans, peer support, and psychiatric rehabilitation services.

A component to SB 2012 would potentially provide funding for three public providers to become CCBHCs. SB 2128 would provide \$1 million funding for one private provider to become a CCBHC. We believe all eight regions of North Dakota should have CCBHCs. These CCBHCs would have the potential to greatly expand the number of people receiving behavioral health services in North Dakota.

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## Education Data Collection & Reporting: Classroom & Hallway Clearings



The North Dakota children's mental health system is in a state of disrepair, leaving children without mental health services and supports. Schools are often left without knowledge of how to properly intervene with children experiencing mental health and behavioral struggles. Even without this state of affairs, children with disabilities (including autism, and mental health disorders) are often subject to inappropriate uses of seclusion and restraint, which can lead to trauma, injury, or death. To address escalating behaviors, other children in a classroom are safely cleared into the hallway as staff deescalate a child experiencing a crisis. Unfortunately, these classroom clearings lead to a disrupted learning environment, for the child experiencing a crisis as well as the other students. This is why it is essential for a fully functional children's mental health system of care to exist.

SB 2351 seeks to collect data relevant to the events of classroom and hallway clearings from local school districts, given to North Dakota Department of Public Instruction (DPI). In the past, advocacy organizations such as NDDFCMH have sought to gain access to this data as part of a broader effort to reform the practices of seclusion and restraint, so as to limit their use. Those previous efforts were unsuccessful, until now.

Many legislators were curious what practical effect collecting this data would do. SB 2351 has been amended to include a proactive approach whereby school districts identified as having numerous classroom or hallway clearings can receive relatively quick interventions from Department of Health and Human Services, so that students with challenges can get the services they need. We applaud this change.

Unfortunately, there is a dark cloud hanging over SB 2351's framing of children experiencing crisis and classroom dysregulation. Rather than seeing these children as children in need of services who have not been served by our mental health system, many are choosing to frame SB 2351 as a means to find offending children who are "causing classroom disruptions" for other students, or even a stepping stone to make seclusion and restraint *more* prevalent in our schools.

The data that SB 2351 seeks to collect can be used for good or ill intent. We want to ensure that data collected on classroom and/or hallway clearings is done for the safety of all students, including those who have been experiencing mental health or behavioral challenges. Students experiencing distress should be connected to services and faculty should be supported in delivering more effective educational services.

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North Dakota Federation of Families for Children's Mental Health  
cmcclary@ndffcmh.com (Email)  
www.ndffcmh.org  
PO BOX 3061  
Bismarck, ND 58502  
(701) 222-3310