



Testimony prepared for the House Human Services Committee  
**HB 2112 – Related to Life Skills and Transition Center**  
Kim Jacobson, Agassiz Valley Human Service Zone Director  
March 18, 2025

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Chair Ruby, and members of the House Human Services Committee, my name is Kim Jacobson. I serve as the Director of Agassiz Valley Human Service Zone, which includes Traill and Steele counties, and as President of the North Dakota Human Service Zone Director Association. Thank you for this opportunity to testify in support of SB 2112.

Human service zones are the legal designee of the North Dakota Department of Health and Human Services (NDHHS). We provide foster care case management, including legal custodianship of children in the foster care system. I stand today with the support of my colleagues across the state to urge support of SB 2112.

Youth who have high and complex needs are a small segment of the overall number of children in public custody. However, these youth have a profound impact upon our system, and they deserve appropriate levels of care. Legislation has a direct impact on whether we as a state have the resources, such as shelter and services, to meet the needs of these youth. The number one priority of the Human Service Zone Director Association is securing viable solutions for complex-needs children. We advocate for the alignment of state law, policy, and resources to meet the best interests of North Dakota children.

When a child enters public custody, zones seek placement with extended family members and “fictive kin” — essentially, someone who has already established a safe relationship with the child. When placement with relatives or fictive kin is not possible, we explore alternatives. Our options include shelter care, traditional or therapeutic foster care with a non-relative, psychiatric residential treatment facilities (PRTF), and qualified residential treatment programs (QRTP). As needed, we also engage the Level of Care team within NDHHS for support with assessment and placement. However, there are still situations where every placement option is unable or unwilling to serve a child. This is called a placement crisis.

A placement crisis should not, and does not, negate the zone’s legal and ethical responsibility to serve vulnerable children. However, with no other place for the child to stay, zones have no alternative but to provide 24/7 care and supervision in a setting such as a zone office — sometimes

for extended periods of time. This option fails to deliver the level of care that youth deserve. It also fails our zone employees, and it comes with considerable risks. A child who is deemed to exceed the ability of every placement option in the state often has complex intellectual, developmental and behavioral health challenges. These youth need, and are legally entitled to, timely stabilization, services, and placement.

Zone offices are not designed to provide that space for children. Our offices do not offer a homelike residential environment where youth can stabilize, adequately decompress from the stressors they are facing, or relate with others who share similar experiences. It also creates stress and disruption for our county partners, who share our county office buildings. It is crucial to understand that while zone employees coordinate behavioral health treatment for youth and families, we are not the providers of that treatment. Therapeutic residential treatment occurs in treatment foster care homes, PRTFs, and QRTPs. Outpatient treatment occurs during office hours with licensed mental health professionals in confidential settings.

The Human Service Zone Director Association would like to reiterate that when we are faced with a placement crisis, we can and do call upon literally every resource that is legally available to us so that we can find an appropriate placement for youth. When our resources turn children away, it remains in the child's best interest to be fed, sheltered, and supervised by safe adults who have passed background checks. Yet being housed in an office is an unacceptable standard of care. Zone directors thread an exceptionally fine needle when we manage a placement crisis, serve as the legal custodian of the foster youth, while being the employing agent of zone personnel. Respectfully, this cannot continue. It is critical, urgent, and nonnegotiable for the State of North Dakota to expand placement and services so that no child must repeatedly sleep in an office building, and so that human service zones are adequately equipped with the resources they need to fulfill legal obligations. Senate Bill 2112 is a concrete step toward preventing placement crisis events in our child welfare system.

Chair Ruby, and members of the House Human Services Committee, our Association recognizes as you consider youth rights, legal responsibilities, and various liabilities, you must also consider systems collaboration. This bill originates from extensive, collaborative solutioning with state leaders. In June 2024, our Association forwarded a letter to key NDHHS officials expressing our concerns regarding complex-needs youth, placement challenges, and the urgent need to identify solutions. A copy is attached for the Committee's reference. In response, the Department met with all 19 human service zone directors on July 10, 2024. This meeting included executive HHS leadership and division representatives from Behavioral Health, Medical Services, and Child and Family Services. Following this meeting, discussions continued with Department leadership and the Office of the Governor. Ultimately, the Life Skills and Transition Center (LSTC) in Grafton, North Dakota received approval from the Governor's Office and the Department to provide temporary emergency

placement and services for complex-needs youth.

Our Association is aware that some of our community partners oppose SB 2112 on the basis that complex-needs youth in foster care may not be eligible for placement and services from the LSTC. This opposition comes from respected organizations that provide irreplaceable partnership to human service zones. Therefore, it is with great respect and care that our Association emphatically disagrees with such opposition. Many, if not all, of our complex youth have developmental and/or intellectual disabilities. Their treatment needs may be more complex due to trauma, loss of stability, and placement in the foster care system — but these compounding factors do not make them less deserving of treatment and care.

Further evidence of the appropriateness of this proposal is found in the positive outcomes that youth have experienced resulting from temporary placement with the LSTC. Collectively, zone directors have found them to be highly effective at meeting the needs of this population. In placement with the Center, youth have stabilized. Their basic needs are met through a stable living environment, physical safety, social enrichment, and community care. Additionally, trained professionals provide them with specialized care and services that are designed exactly for their needs. This includes mental health care, as well as intellectual, educational, and behavioral support. For some children, the LSTC is their first-ever provider of stable placement and treatment. This gives us hope that we can improve quality of life and long-term outcomes for this extremely vulnerable youth population. Opponents of this bill rightfully want to ensure that services are not diverted from eligible individuals, and the Association supports the importance of the Center's mission and focus. However, we argue that SB 2112 helps ensure that complex needs youth are not denied services for which they are eligible. I also remind the Committee that SB 2112 directly and intentionally provides for legislative management reports that will help us continually evaluate the appropriateness of this solution.

It is important to reinforce that SB 2112 is designed for youth who have been repeatedly denied or discharged from all other North Dakota facilities. The authority to place “non-eligibles” at the LSTC provides an essential safeguard against North Dakota's foster care system *causing* homelessness. When opponents of this bill argue that other services should be used instead, we are compelled to ask: What services? When a zone has called and been rejected by every other foster care placement option in the state, and the LSTC can provide temporary emergency placement that is appropriate to the needs of the youth, it would be an injustice to that youth to turn them away. We must not violate the rights of children to receive appropriate placement and services simply because they happen to be in foster care and have complex needs. With that said, we urge the committee to recognize that SB 2112 also provides the State with the valuable opportunity to gather data about the needs of this population. Legislative management reports will equip State stakeholders and legislators to explore why the Center's interventions are so successful for these youth, and whether the Center is the best delivery channel through which to serve them.

It is equally important to highlight that the Association recognizes and agrees that placement with the LSTC is temporary. Our case managers work tirelessly to find the best placement options for youth. This means that when our first available placement option is only authorized to provide temporary shelter, we continue to search for a more stable and suitable solution until one is found. But neither temporary nor long-term care can be provided in a human service zone office, or even a hotel. That solution fails to meet an acceptable standard of care for children. It even fails to meet expectations for how we use zone funds. As legal custodians, we have a responsibility to the children in our care, and we face significant legal risk and liability if the State cannot provide viable options that meet the needs of children in foster care including safe housing.

Finally, I want to stress that there are few children who meet these criteria, especially compared with other child population groups. In fact, I am happy to report that as of today, there are no children being housed in a zone office. This is a direct result of hard work by human service zones and support from HHS, including the LSTC. However, the complex-needs youth population is not going away. Trends indicate that this service demographic is actively growing. Unless we expand our placement options immediately, the number of children housed in zone offices will not stay at zero. We need solutions today. Senate Bill 2112 does not play a nominal role in providing these urgent solutions. This bill codifies the Center's authority to serve and treat this narrowly defined and vulnerable population on a time-limited basis so that further study and analysis can occur. This bill also appropriates the necessary funds to cover the cost of care. It's worth noting that while these costs are new to the LSTC, they are not new to the State child welfare system at large. Historically, these costs have been incurred and budgeted for by human service zones, Medicaid, and/or the Child Welfare and Behavioral Health divisions of HHS.

In closing, we agree that there are gaps in North Dakota's behavioral health continuum of care. Complex-needs children in foster care are North Dakota citizens who are significantly impacted by these gaps. We desperately need a safety net for them. Senate Bill 2112 provides a temporary solution in the present, and the necessary data to continually improve and innovate long-term solutions. The LSTC is a state-owned and -operated residential facility with professionals who are trained to provide specialized services. The Center has met these youth where they are at, and it has not given up on them in the face of challenges. As such, they are North Dakota's most viable and legally compliant solution for the target audience of this bill.

Chair Ruby, and members of the House Human Services Committee, the Human Service Zone Director Association urges you to support SB 2112. We must not, and cannot, let this legislative session pass without expanding the safety net for North Dakota's most vulnerable youth.

Thank you for your consideration of my testimony. I stand for questions from the committee.

*Testimony Attachment:*  
*Letter from North Dakota Human Service Zone Director Association to HHS Officials*

## North Dakota Human Service Zone Director Association

July 1, 2024

Pamela Sagness, Executive Director - Behavioral Health Division  
Cory Pedersen, Director - Children and Family Services Division  
Brendan Joyce, Pharmacy and Clinical Services Director - Medical Services Division

Dear Ms. Sagness, Mr. Pedersen, and Mr. Joyce:

On behalf of the North Dakota Human Service Zone Director Association, I extend an invitation for you to join for discussion about the QRTP/PRTF discharge planning experience. It is our goal to have insightful discussions and collaborate on solutions to improve services to children and families.

As discussed, the North Dakota Human Service Zone Director Association will be meeting and have reserved time for this conversation on Wednesday, July 10, 2024, at 8:30 AM at the Hampton Inn, 1140 Mapleton Avenue, Bismarck, North Dakota. An option to attend virtually will also be available. Please look for an electronic meeting invitation to follow.

As Human Service Zone Directors and the legal custodians of North Dakota foster youth, we have faced ongoing concerns with the QRTP/PRTF discharge process. In addition, core questions about QRTP/PRTF's have arisen that would benefit from discussion and shared understanding.

To help prepare for our discussion, areas of concern include:

- Differing opinions regarding levels of care (across systems) and scope of care.
- Facility personnel not participating in the discharge planning process.
- Lack of communications/follow through to the legal custodian regarding youth receiving QRTP/PRTF care.
- Discharge with no/short notice (eject/reject) leaving the human service zone extremely limited or no time to appeal. This results in other hasty placements that can lead to further disruption.
- Youth discharged for the same reason the child was placed.
- Lack of communication/collaboration between acute psychiatric hospitals to QRTP/PRTF.
- Lack of continuity of care despite recommendations including level of care which differs from other models (such as long-term care).
- Conflicting referrals recommending out of state placement, detention, other placements, or referring to community services when such services do not exist.
- Lack of support/services to assist youth with IQs under 70 who do not qualify for DD services.
- Lack of connectivity between child welfare and DD system.

For background, several human service zones have prepared written summaries of recent experiences that illustrate the concerns above. Please see attached for details.

In addition, the following questions have arisen that we look forward to discussing:

- What is the relationship between Medical Services, the Behavioral Health Division, and QRTP/PRTFs?
- What is the level or method of accountability for facilities?
- What is the role of Ruth Meiers Adolescent Center (RMAC), Life Skills Transition Center (LSTC), etc. as public entities in meeting the needs of North Dakota youth?
- Zones have noted success at LSTC. How can that service philosophy, commitment, and outcomes be replicated and/or expanded?

- Why are human service zones required to follow the Maximus authorization process while facilities have their own “desk reviews”? This results in facilities determining their own eligibility for admission or level of care that can conflict with Maximus determinations.
- What can be done to increase emergency bed/assessment bed access to support true evaluation, stabilization, and placement planning?
- What is the human service zone’s liability when CON indicates a certain level of care, yet service providers will not accept the youth, and a lower level of care is provided?

The North Dakota Human Service Zone Director Association looks forward to the opportunity for mutual learning and discussion. Thank you for your willingness to join us on July 10, 2024.

Respectfully,

Kim Jacobson, North Dakota Human Service Zone Director Association, President  
Agassiz Valley Human Service Zone Director

Cc: Jessica Thomasson, ND HHS Executive Policy Director  
Wayne Salter, ND HHS Commissioner

Attachment: Concern examples