

**Testimony**  
**Engrossed House Bill No. 1268**  
**Senate Human Service Committee**  
**Senator Judy Lee, Chairman**  
March 5, 2025

Chair Lee, and members of the Senate Human Services Committee, I am Kelsey Bless, Licensing Unit Administrator with Children and Family Services under the Department of Health and Human Services (Department). I appear before you in opposition of Engrossed House Bill No. 1268.

**Child Welfare Policy.** Engrossed House Bill No. 1268 requires custodial child welfare case managers to administer and consider results from a drug test before any unsupervised parent-child visit for all cases where parental substance abuse was a contributing factor to the removal.

Drug testing is a tool that child welfare case managers consider when engaging parents in visitation with a child. Local Human Service Zone staff working directly with the child will assess when and if drug testing should be utilized based on the parent/s involvement of law enforcement, probation, and drug court, in addition to hearsay and ongoing parental assessments, all of which are part of their regular practice in assessing both safety and case progress. Custodial case managers also factor in the knowledge that recovery is not linear. Like other chronic conditions, recurrence and relapse are often a part of the recovery process, which means that custodial case managers assess a broad range of considerations as they safety plan and engage with families. Ultimately, case managers are constantly reevaluating when visits between parents and their children can occur, deciding if and when visits can transition from supervised to unsupervised, and considering if drug testing should be utilized to support such decision making.

In an effort to support consistency of practice regarding the intention of Engrossed House Bill No. 1268, the Department has drafted formal state policy that will go into effect on April 1, 2025. Policy is most often used as a driver of service delivery, accountability and as a reference when front line staff are seeking guidance or need assistance in knowing how to proceed in a case. The new policy language will be inserted into Manual Chapter 624-05, Permanency Planning. The policy will reiterate the requirement that custodial case managers are to utilize drug testing as one factor in the agency's full assessment of safety regarding visitation status for the child and his/her parents. The Department recognizes that having a clearly defined policy around this topic will lead to more consistency in how Human Service Zone staff use drug testing of parents as a tool from the point of initial contact to closure of a foster care case. The development of clear language in policy supports the intention of this Bill, grants staff guidance on how to align the use of drug testing with the Safety Framework Practice model, while factoring in the various nuances of each child and family's unique circumstances.

I also want to provide you with additional context regarding the North Dakota child welfare system as it relates to the issue of child safety and parental substance use.

**Child Welfare Data.** Today, the Department supervises and oversees the delivery of statewide child welfare services administered by local Human Service Zones, Tribal Nations and the Division of Juvenile Services. On any given day, there are roughly 1,150 children in foster care in North Dakota; 83% of the children are under Human Service Zone custody, 15% are under Tribal custody, while the remaining 2% are under the custody of the Division of Juvenile Services. This data does not account for all children under the custody of Tribal Nations; the Department only includes in its

count, the children who are Title IV-E eligible, which is where the state matches the federal funds that are used for the daily cares of the child. Each Tribal Nation has additional children in foster care who are not counted in this data and as such are not included in information typically captured by the Department.

Looking at data from the last four years (2020-2024), approximately 870 children enter the foster care system each year. While there are many reasons that explain why a child may be removed from their family home for safety reasons, the number one reason for foster care entry remains parental substance abuse. During this timeframe approximately 36% of children who entered foster care did so primarily because of parental substance use, which includes both the use of illegal drugs as well as alcohol abuse.

While family preservation or reunification is a primary goal in every child welfare case, experience tells us that outcome is not possible in every circumstance. Over the last four years our data shows that approximately 49% of children who exit a child welfare placement (i.e., case closure) are able to reunify with their parents; 9% of those children return to foster care within 12 months. The reasons for return to care can involve a variety of factors contributing to safety, which include but are not limited to parental substance use.

**Child Welfare Practice Model.** The Department implemented the Safety Framework Practice Model (SFPM) in December 2020 from the well-established Safety Assessment and Family Evaluation Model (SAFE) developed by Action for Child Protection. SFPM directs how the ND child welfare system engages and works with families. Child safety is the primary focus of SFPM and attention is provided to children who may be unsafe

based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make child safety decisions. This ensures the child welfare system intervene in families' lives only when necessary. SFPM supports change-focused case planning, ongoing safety management, timely reunification and case closure when children are safe. Through SFPM practices, Human Service Zone staff utilize a variety of assessment tools, motivational interviewing techniques, family engagement strategies, referrals to behavioral health services, participation in Kinship ND, and shelter care options, while sometimes even identifying relatives to move into the home to maintain continuity for the child while collaborating with service providers to assist in monitoring parental goal achievement. Since implementation of SFPM, North Dakota has seen improvement in a number of key measures related to child safety and wellbeing.

- 55% improvement in assuring children remain safely at home
- 29% improvement assuring children remain connected to people, places and culture that are important to them
- 43% improvement involving children and parents in the case planning process
- 48% improvement ensuring frequent and quality visits occur with children

In addition, North Dakota has seen a decrease in the total number of children entering foster care and a concurrent increase in the number of kinship placements identified to support the out of home safety plan -- family helping family.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.