

SB 2012

House Appropriations Committee – Human Resources Section

Jon Nelson, Chair

Testimony of Sandra Leyland

Good morning Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Sandra Leyland, Chief Executive Officer for Fraser Ltd., in Fargo. Thank you for this opportunity to speak on behalf of at risk youth in North Dakota as well as Fraser's *Stepping Stones Resource Center (SSRC)* which is a part of our youth services department.

Our services began in 1893 as the Florence Crittenton Home for unwed mothers. Since our inception we continue as a private nonprofit and we meet the needs of children, youth and adults. Services and resources have grown to include independent living supports, residential services and day support services for people with disabilities; childcare services for children who are typically developing and children with special needs; and youth services for those 16 to 26 who are at risk and requiring case management and basic resources for themselves and their children. We serve youth in crisis, experiencing trauma, and can literally report life saving measures by our staff at both physical and mental health levels.

After three years of running the program we recognized the need for our youth to access timelier outpatient mental health supports. We opened Valley Hope Counseling Center serving the community and our youth program.

We support SB 2012 and are asking for an amendment in support of the thousands of youth across our state who are risk of homelessness, human trafficking, suicide and incarceration. Since our Stepping Stones Resource Center began 14 years ago, we see an increase in chemical dependency, mental health issues, youth raising children, and more. Reviewing demographics we show youth utilizing SSRC in Fargo from as far away as Beach, North Dakota. Speaking with other providers we believe there is a need statewide for new money to address this target population.

This population of youth is recognized in behavioral health circles as extending to age twenty six. These at risk individuals are often referred to as the invisible population because of the great lengths they go to in order to avoid being detected. This often leads to couch hopping, suicide, sex trafficking, drug use and overdose. They want to avoid foster care as they know it, and models like SSRC meet them where they are at in their young lives. To be clearer, the model we support at our resource center – IS NOT a social club, a drop in center, addiction program – although we do intervene, nor are we a homeless shelter, although we do provide emergency extended hours from November to March to youth and their children when adult shelters are full, or youth are afraid to access adult congregate settings for fear of abuse. We network in the community to meet youth in trauma or in crisis.

In the Senate we presented on a study completed by the University of Mary fourteen years ago which identified not only a successful model we run to date, but a recommendation the program be supported within the community. We have built a comprehensive network spanning all areas impacting this population of youth – coalitions, community providers, law enforcement, and the medical field. This support positively impacts the success of our youth. Services from providers like Fraser Ltd., can be step

down programs, referral sources, or hand in hand partnerships. The capacity of other providers to reach at risk youth through similar methods across the state exists if support is given to them. Indeed, the proposal for Certified Community Behavioral Health Clinics by the Department seems to propose a similar model of healthcare for an entire community.

Speaking specifically for the program/service model we follow at Fraser for SSRC, the funding options through 1915i, Community Connect (CC) or Free Through Recovery (FTR) are limited and more suitable to fund our permanent supportive and transitional housing for youth. These state resources are about 22% of the budget. Remaining operational funding for SSRC is at 88% and is derived from donations, foundations, grants, in-kind, fundraisers and social entrepreneurial projects. All of this has been impacted by the pandemic at some level.

SSRC functions as a community center attracting youth from the across the state. We feel statewide funding would assist other regions in keeping their youth in their perspective communities.

Fraser Ltd., is requesting from the House Appropriations Committee what could be considered an obnoxious ask of \$2,000,000, but what we believe could be a cost effective approach to the issues facing our at risk youth. Incarceration and inpatient care for physical and mental health care is far more costly per person than we are requesting. We are willing to collaborate, share information, provide more data, whatever necessary to address the needs and prove good stewardship. We need funding to continue our efforts. Providers across the state identify the same needs.

Please note Fraser's request is not in support of our capital campaign. Money for this project is not available for operations and is privately funded.

Thank you again for this opportunity to share our insight and speak on behalf of our state's youth.

# Stepping Stones Resource Center

## Continuum of Care Model

2009 to present

