

**Testimony Prepared for the:
House Human Services Committee
February 20, 2023
Kim Jacobson, Agassiz Valley Human Service Zone Director**

HCR 3017: *Relating to studying the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need*

Chair Weisz and members of the House Human Services Committee, I am Kim Jacobson. I serve as the Director of the Agassiz Valley Human Service Zone which includes the services areas of Traill and Steele Counties. In addition, I am appointed to the North Dakota Children's Cabinet and serve as President of the North Dakota Human Service Zone Director Association. Please consider my support of HCR 3017.

Human Service Zones provide services to North Dakota's most vulnerable citizens. In this role, we serve citizens of all ages and throughout all of North Dakota's communities. A significant portion of the mandated services we provide are to children and families, focusing on child safety, permanency, and well-being. Additionally, when youth are in foster care, Human Service Zone Director serves as the legal custodian for those children. In this role, human service zones are tasked with securing the most appropriate placement for them. Preference is given to keeping foster youth connected to their families, schools, and communities. Regardless of if children are in public custody or not, the availability of a continuum of timely mental health services is critical to preserving families, reuniting families and equipping parents and guardians to meet the behavioral health needs of North Dakota's youth.

Human Service Zones are charged with providing services to children who have been victims of abuse, neglect, as well as those who are exhibiting disruptive behaviors such as

truancy and running away. Many of these youth have experienced trauma, but do not currently have the skills or supports to address and overcome the emotional struggles that accompany grief, loss and traumatic events present in their lives.

In our highly rural state, accessing mental health services of any kind typically involve travel. This often means missed time from school for youth, missed time for work for the parents and/or foster parents, and increased costs to families. However, even in our larger communities, waiting lists for adolescent psychiatry and therapy services are common. Frequently, the moment when those services might be needed most, they are not readily available. This leaves families, foster parents and legal custodians to triage mental health needs, and often results in placement disruptions, emergency room visits, short term shelter placements, and possibly psychiatric hospitalizations—if there is a bed available. This compounds and exacerbates existing mental health needs.

A thorough and extensive effort to collect and compile this information across multiple private and public service providers is needed. A comprehensive quantitative and qualitative analysis of the number of youth waiting for services in conjunction with reasons for denial of services, will lay the groundwork to identify mental health service gaps and begin the steps of ensuring the right service is available, at the right time, and in the right location.

Please accept my testimony in support of House Concurrent Resolution 3017. I stand for any questions from the committee.