

**Testimony Prepared for the:  
Senate Human Services Committee  
March 22, 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 Lee and members of the Senate 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 sizable portion of the mandated services we provide are to children and families, focusing on child safety, permanency, and well-being.

Human service zones serve children who are fragile due to a variety of physical and behavioral health needs. We are also charged with providing services to children who are 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 struggles that accompany the events present in their lives. While these children and their trials are often invisible to many, they are seen and recognized by human service zones.

In our highly rural state, accessing physical and 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 pediatric medicine and adolescent psychiatry/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 physical and mental health needs, and often results in placement disruptions, emergency room visits, short term shelter placements, and possibly hospitalizations—if there is a bed available. This compounds and exacerbates existing 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 youths waiting for services, leaving the state for service, in conjunction with reasons for denial of services, will lay the groundwork to identify 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.