

**Testimony**  
**House Bill No. 1556**  
**House Human Services Committee**  
**Representative Matthew Ruby, Chairman**  
January 27, 2025

Chairman Ruby and members of the House Human Services Committee, I am Kelsey Bless, Licensing Administrator with the Children and Family Services Section in the Department of Health and Human Services (Department). I appear before you in opposition to House Bill No. 1556.

House Bill No. 1556 describes a new option under the law for a parent(s) to, in certain circumstances, voluntarily terminate their parental rights by relinquishing custody of their child to the state.

I want to take a few moments to outline the options that exist today for families who are experiencing intra-family safety concerns because of their child's actions, which we know are often the outward symptoms of a physical or behavioral health need, a disability or traumas. Regardless of whether a family relationship is biological or adoptive, a family who is experiencing crisis is faced with the need to formulate a plan for how to respond.

We know that the first thing people often do is to reach out to family and friends. Families can call a statewide crisis line (211 or 988) to initiate connection to services. They may also, depending on the circumstance, seek help from a hospital, an emergency room, or a psychiatric facility. Sometimes families talk to someone at their child's school or they may call their local Human Service Zone or the Department. In extreme

circumstances, families may call the police. In any of these scenarios, the person they have called will do their best to help them problem-solve and connect them to other resources as needed. Often that referral will involve some type of outpatient therapeutic service. Depending on the circumstance, it could also result in a conversation with one of the Department's behavioral health navigators who may as part of their consultative role, help them through the process that determines whether a child meets level of care criteria for one of the more intensive residential therapeutic options, including qualified residential treatment programs (QRTP) or psychiatric residential treatment facilities (PRTF).

If a youth has been hospitalized, admitted to a treatment facility or other out-of-home placement and, if at the point of provider-initiated discharge, the family refuses to pick the child up from the facility, a court may issue a temporary custody order for the Human Service Zone to take custody of the child for 72 hours, while the court determines if there is probable cause for a child in need of protection (CHINS) under North Dakota Century Code (NDCC) chapter 27-20.3. If probable cause is found, the child would remain in public custody under the Human Service Zone for a period of time until a hearing can be held under NDCC chapter 27-20.3, which is the portion of law that describes processes related to children in need of protection. At a subsequent hearing, the court may be determined a child in need of protective services (CHIPS) due to reasons of parental abandonment under NDCC chapter 27-20.3. At this point, the child is in public custody with the Human Service Zone, not the Department, and the Human Service Zone would work with the family under the policies of Children and Family Services, which requires Human Service Zone staff to evaluate and plan for the safety, wellbeing and permanency for the child.

While the array of resources available to support stability of children and families, even in times of crisis, has increased dramatically in recent years, it is also true that gaps in the continuum of care still exist. House Bill No. 1556 identifies one of those gaps. When the services offered by QRTP and PRTFs are not adequate or not appropriate, a family may find themselves with few if any resources that will allow them to maintain custody of their child while at the same time improving the overall safety and stability of their family environment, particularly when an out of home placement option may be needed. Today, the only meaningful option a family has for a longer-term therapeutic or rehabilitative residential placement is if the child is eligible for Developmental Disability services (intermediate care facility or residential habilitation), if the child is in public custody (therapeutic foster care), or if the child has been involved with juvenile court due to a delinquency offense (host home).

The Department's opposition to House Bill No. 1556 is not because we are dismissive of the very real challenges that are faced in the most extreme circumstances. We are registering our opposition because there are other challenges that are likely to be created if state law confers different rights and responsibilities on adoptive parents as compared to biological parents, and because we do not want to codify in state law the expectation that a family has to relinquish custody of their child in order to receive the services they may need to support their child and their family's health and wellbeing.

In the last two years, the Department has seen 268 cases of parental abandonment in cases where a child has been removed from their family home and placed in foster care. Over the last five years, 3% of entries to

foster care involved a child who had previously been adopted. While each case is unique, they typically involve a child with persistent escalated behaviors, placement(s) related to some type of crisis (juvenile detention, psychiatric residential treatment facility, hospitalization, shelter care), and universally a parent(s) feeling that they have exhausted all options and are not sure where to turn. Approximately 2/3 of all removals that occur due to parental abandonment involve children ages 13-17. This circumstance accounts for 30-35% of all entries to foster care for children in this age category. All of these instances of parental abandonment have occurred using existing legal processes that are available to parents, regardless of whether biological and adoptive.

If there is interest in doing so, the Department is open to working with the Bill sponsor and the Committee to draft amendment language that would address some of these concerns and offer alternatives for consideration.

What we know is that there are often no simple or immediate answers to these most complex situations. As a state we are working on behalf of all children and their families to help them safely navigate through times of crisis and instability, without permanently disrupting family bonds that are so important.

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