

Testimony
Senate Bill No. 2112
Senate Human Services Committee
Senator Judy Lee, Chairman
January 13, 2025

Chairman Lee, and members of the Senate Human Services Committee, I am Jessica Thomasson, Executive Director for the Human Services Division of the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2112, which was introduced at the request of the Department.

Of all of the challenges brought to our attention on an almost daily basis, “gaps in service” is perhaps the most frequent. At its core, gaps in service calls are about the times when people feel like they have no options; a “what are we supposed to do” moment. Sometimes the answer to that question is about better navigation to existing resources and services that may be unknown to the individual because they are encountering a challenge that is new to them. But sometimes, the answer to that question can be much more difficult to give because there may not be a pre-existing service or resource that would meet the very unique need being expressed.

In North Dakota and across the country, there is ongoing and robust conversation about how to better serve youth and families with particularly complex needs. Often that complexity is the accumulated impact of multi-layered challenges. When the state and Human Service Zone teams came together a couple years ago to try to identify what it means when we are talking about “children with complex needs”, we asked ourselves several questions, because precision in the answer to

those questions is very important to any subsequent conversation about solutions. We discussed trends and patterns seen by people working directly with children and families. We talked about what “crisis” looks like for these youth, variations by age and family circumstance, precipitating events to crisis, what “stability” looks like, expectations of future system engagement when chronic physical and behavioral health conditions are present. We talked about the hardest problems to solve when looking for success. The services teams wish they had in their toolbox. Geographic differences? What stability looks like in school? In child care? How to avoid creating intersections with juvenile justice? The list goes on and on.

What we found is that we are often talking about children in public custody, for whom there is no meaningful opportunity for kin care or bio family engagement. They’ve perhaps had a failed adoption post-termination-of-parental-rights. They may have had multiple facility-based placements and have experienced extensive disruption in many areas of life – school and child care, medication and health management, family, and community. They exhibit higher than normal risks related to vulnerability, including low IQ, aggressive or problematic behaviors, dangerous substance use, serious mental illness or emotional disturbance, and involvement with law enforcement. These children may be disruptive in many environments, which can show up as “out-of-control” behavior at school or child care or harming other youth or themselves. They may have a history of being physical with caregivers, persistently run from the places they are supposed to be, or act out in inappropriate ways. And they almost always will have a history of abuse that is a basal traumatic experience.

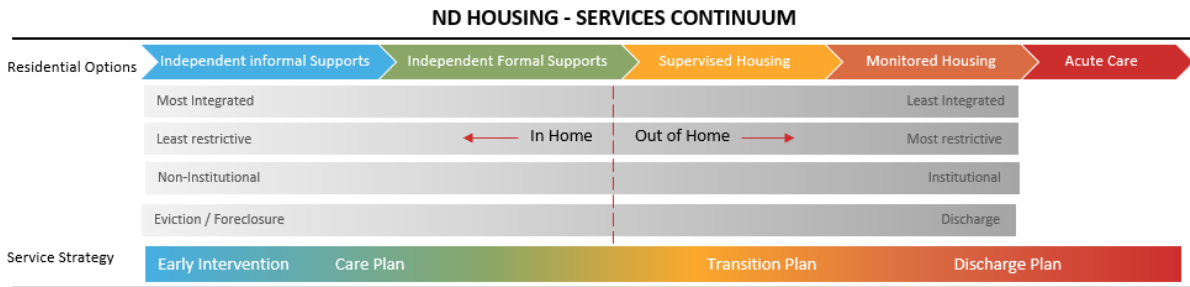
With all of that being said, these children are often bright and engaging, funny and talented, strong, and resilient. But it is a reality that they have a lot to carry. The issues they are facing are, to some degree, chronic, which means that periods of crisis and re-stabilization should be expected as various life stages come and go or triggering events occur. The people who work directly with children who have complex needs and multi-layered challenges will tell you of the simultaneous hopefulness and hopelessness that can come from the work of helping these children make a path forward for themselves. They will also tell you that a brighter future is possible, with appropriate care and support.

I say all of that because I want to be clear. What we are talking about in this bill is a highly specialized service option for a very small number of youth who have extremely complicated needs, that are often further complicated by the already-challenging physical and hormonal changes that come with adolescence and young adulthood.

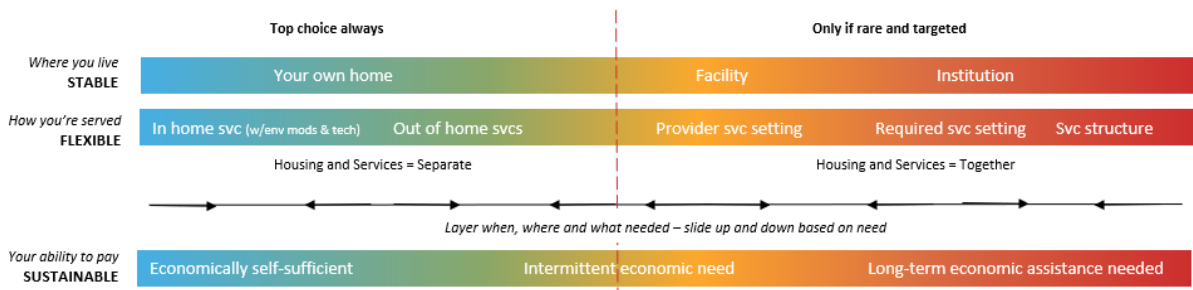
You will hear from several of my colleagues at the Department and from the Human Service Zones about the pressures they are trying to resolve in these circumstances. To help set the stage for that conversation, and before I walk through the specifics of Senate Bill No. 2112, I wanted to share with you a graphical representation of the continuum of services that is available to children and families today and highlight how and where this Bill would enhance that continuum. (Attachment A)

Our systems are most often built to meet specific types of needs for people who meet specific criteria that would make them "eligible" for those services. The images in Attachment A offer a simplified view of what our various system-focused continuums of care look like, layering together

the two most essential elements of each option: where the person will be living when they receive whatever type of service is offered. As such, I refer to it as the Housing-Services Continuum. The graphics represent five systems differentiated for adults and for children. The care array is organized to show a continuum of most integrated to least integrated setting, least restrictive to most restrictive, non-institutional to institutional.



We know that we need safe, well-supported places for children to stabilize when their current home isn't a good fit. We strive to assure that where you live is stable, with the top choice being in your own home, having readily available and appropriately equipped facility- and institution-based living options for the rare circumstances when it is required. We want to make sure that flexibility defines how you are served, which means that services can be layered when, where and how they are needed, and can be offered wherever you may be living to the greatest extent possible. We want people to be informed about their choices, and to have the ability to help guide their own path, while being supported by people who share a commitment to their health and wellbeing.



For more than 30 years, the state of North Dakota has been working to minimize the role that institutions play in meeting people's needs. Particularly in the realm of service to people with intellectual and developmental disabilities and serious mental illness, but truly we are seeing this shift occur across the board, including with services to children and families, adults with physical disabilities, and the delivery of behavioral health services. The drive to reduce reliance on institutional care has and is continuing to transform the system of care in our state.

Even with all the work that has been done to develop a system of care that allows us to meet the macro-level goal of de-institutionalization while also meeting the needs of the residents of North Dakota, there are gaps in the current system that we must work together to address. Children with complex and co-occurring disabilities are not always well-served by the current continuum of services. Senate Bill No. 2112 presents an opportunity to utilize the highly specialized skillset of one of our safety net resources to at least temporarily help fill a gap in the continuum of services available to children in North Dakota.

Section 1: The proposed changes in Section 1 of this Bill amend section 25-04-00.1 of the North Dakota Century Code by adding a definition of "Noneligible" to this section of law, which is the one that governs the operations of Life Skills and Transition Center. Page 1, lines 14-15 defines "noneligible" to mean a "minor who is a legal resident of the state and has not been deemed eligible by the department for developmental disability services." The definition intentionally makes clear that this does not apply to anyone who is not a North Dakota resident.

Section 2: The proposed changes in Section 2 of this Bill amends section 25-04-02 of the North Dakota Century Code to require the approval of both the commissioner of Department and the Superintendent of LSTC in making a decision to offer residential or nonresidential services to any noneligible individual. Because of the specialized expertise that LSTC has developed in serving adults and youth with co-occurring and layered disabilities and diagnoses, page 3, lines 4-5 also clarifies that LSTC is able to offer consultation services to other providers who are serving noneligible individuals.

Section 3: The proposed changes in Section 3 of this Bill define the type of services that may be offered to a noneligible individual, to include residential services for up to 90 days, with an extension of an additional 90 days upon approval of the Superintendent, as well as the nonresidential and consultative services offered by LSTC to families and providers of eligible individuals today.

Section 4: The proposed changes in Section 4 of this Bill on page 4, lines 8-9 adjusts language to indicate that both eligible and noneligible individuals will be actively served by program management, which could include a Developmental Disabilities Program Manager (DDPM), a Human Service Zone Child Welfare Case Manager, a CFS Complex Care Case Manager, or other similar professional, to assure ongoing and proactive planning for transition to a longer-term appropriate placement in partnership with the individual's guardian and the care teams at LSTC.

Section 5: The changes proposed in Section 5 of this Bill offer parameters for when the Superintendent of LSTC can authorize someone's access to either residential or nonresidential services delivered

at or by LSTC. Page 4, lines 25-28 states that the services should not be delivered to a noneligible individual if it would be to the exclusion of an eligible individual.

Section 6: Section 6 of this Bill adds reference to “noneligible” individual to assure that the same visiting privileges and transfer and discharge practices apply to both eligible and noneligible individuals.

Section 7: Section 7 of this Bill on page 8, lines 2-3 adds the requirement that discharge must occur when the Superintendent of LSTC “makes a determination that the noneligible individual no longer qualifies for accessing services provided by” LSTC.

Section 8: Section 8 of this Bill adds reference to “noneligible individual” when defining required notification before discharge.

Section 9: Section 9 of this Bill adds reference to “noneligible individual” when discussing estate recovery practices for cost of care received.

Section 10: Section 10 of this Bill adds reference to “noneligible individual” when discussing reduction or write off of accounts.

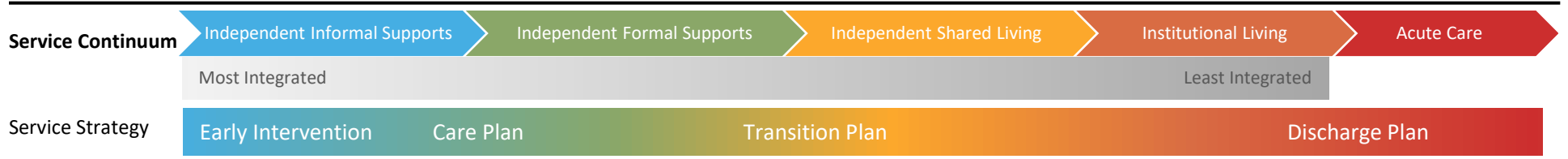
You will hear from other presenters about several existing efforts that are either newly in place or that will be available in the near future. The ongoing work to enhance the array of community- and non-facility based service options for children will continue.

In everything we do as a Department, we are guided by the belief that everyone should have the opportunity to realize their potential. When

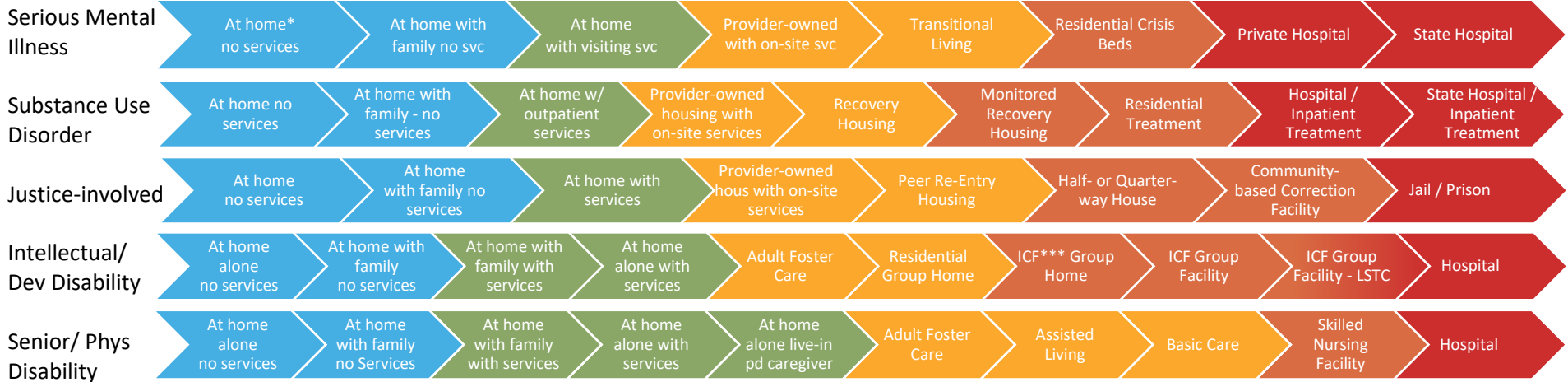
trying to problem solve for the issues facing children with complex needs, it is a reality that caregivers will find themselves in a “what are we supposed to do” moment at some time or other. As a state we know that we don’t want children to become justice-involved, which means we don’t want juvenile detention to be a preferred option for services. We know kids can’t live in hospitals. Imminent risk to self and others is real. Sometimes children can’t be in their home setting. We don’t want long-term facility-based or congregate care; sometimes, for some kids, that can actually make things worse. We also don’t want North Dakota kids to have to be served out of state. In the most complex circumstances, the question can be very difficult to answer. What is the option for these unique cases?

Safety net services are intended to serve as a last resort, available to people whose needs cannot otherwise be met by the array of service options available to them. And who, but for the ability to access a safety net service, would likely be pushed deeper into systems and circumstances that threaten their ability to stabilize and re-engage with the broader continuum of services and supports available in the community. The proposal outlined in Senate Bill No. 2112 offers a small but important expansion of a safety net resource that may help answer the need for short term crisis and stabilization services for a small number of children in our state. Thank you for your time and your consideration of this complex matter. This concludes my testimony. I would be happy to try to answer any questions the committee may have.

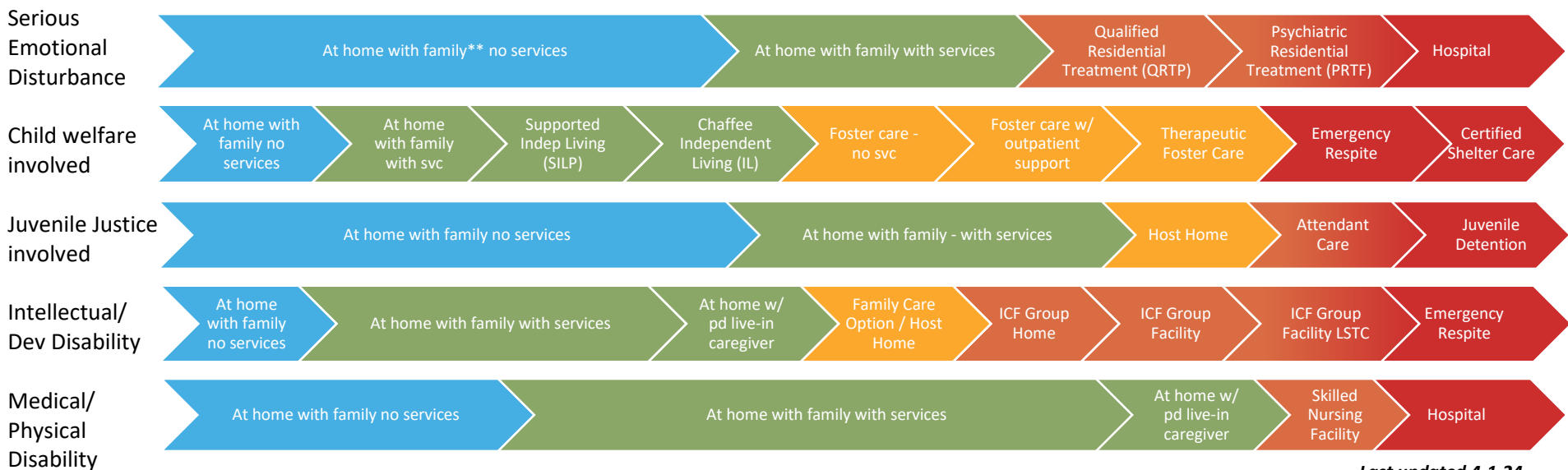
Attachment A: The Housing-Service Continuum



ADULTS



CHILDREN



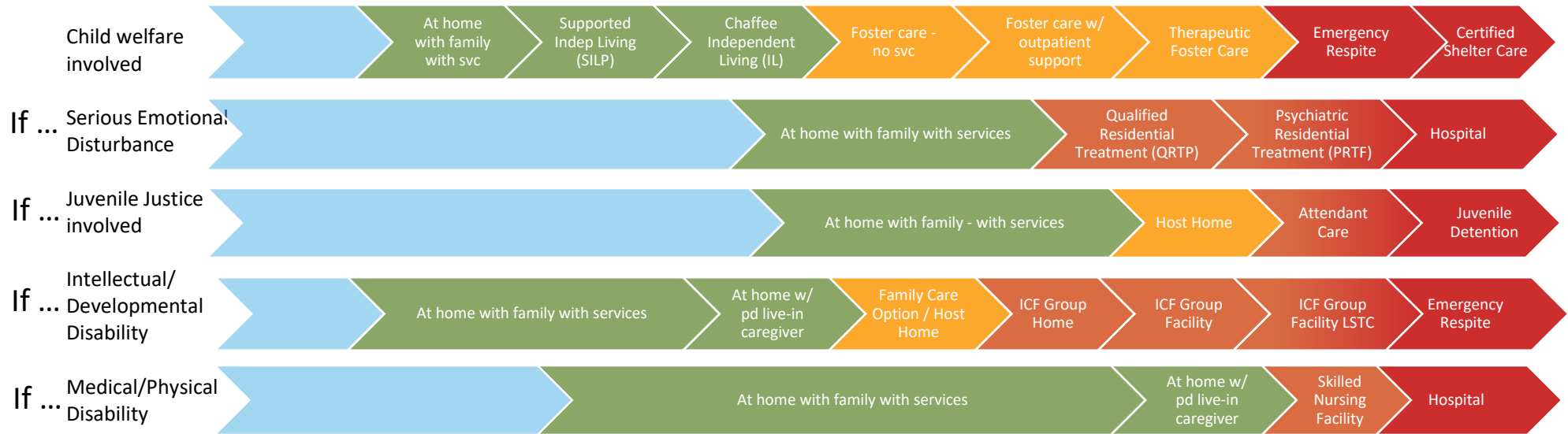
*Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

**Family = includes birth family, kin-caregiver, adopted family

***ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

Housing-Service Options vary across systems | Access is ultimately determined by a variety of factors

A child who is **Child Welfare-involved** could possibly be served in a number of ways



A child with an **Intellectual / Developmental Disability** and who is seeking services, could possibly be served in a number of ways

