

**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 Kelsey Bless, Licensing Unit Administrator with Children and Family Services (CFS) under 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.

As child welfare leader, CFS as well as many of the partners, providers, advocates, and Department colleagues present today all believe in the same thing - serving children with the right service, at the right time, for the right duration will return the best outcome in terms of safety, permanency, and wellbeing. This means ensuring we have a robust system to support the least restrictive level of care for a child whenever possible.

Senate Bill No. 2112 will allow Life Skills Transition Center to serve as a rare but necessary placement option for children who are not eligible under the terms of Developmental Disability guidelines, while the Department continues to strengthen other elements of the state's continuum of care. The proposed bill reinforces temporary placement and maintains Life Skills and Transition Center's responsibility to manage admissions and determine admission for residential services through their established processes.

Today the Committee will hear about the need for placements in circumstances where needs are particularly complex and layered, as well as the greater need for enhanced access to non-facility-based services statewide. At CFS we encourage family settings over facility-based placement whenever possible as research indicates children have better outcomes when they live in family-type settings. Facilities should be used for short periods of time when the child cannot safely be in a family home due to the complexity of their needs.

I can share with you that the CFS Licensing Unit, which I oversee, works vigorously each day to recruit family homes to provide foster care. North Dakota is fortunate to have the depth of individuals choosing to take on the challenge and reward of providing this great safety service.

On any given day, we have nearly 750 licensed family foster homes representing the state and Tribal Nations, as well as treatment foster care through Nexus PATH Family Healing. Today, North Dakota has approximately 1,150 children in foster care. While the number of children has reduced in the past five years, the number of provider homes remains fairly consistent, validating that placement options exist, but the match of the child's needs to the provider's household, daily routine, service network, support systems, and geography are all important indicators in making a placement decision.

Foster care data shows that roughly 5% of the children who engage with the child welfare system in some way, have highly complex needs. This most often means multiple overlapping behavioral health diagnoses, developmental, cognitive or intellectual disabilities, a history of multiple disrupted placements, and separation from siblings and family. These

complexities, when layered together, often result in symptoms that make it difficult to establish successful placements in traditional settings across the continuum of service. When serving these children well, we have an enhanced need for comprehensive wraparound supports, ongoing respite, and robust community services to ensure children can avoid escalating to crisis and remain stable in the least restrictive environment that's right for them. This includes efforts on my team's part to continue to engage, recruit, and train relatives and community constituents to become licensed family foster care providers to serve our most vulnerable children throughout our North Dakota communities.

Additionally, CFS has been working closely with Nexus PATH, the state's contracted provider of treatment foster care, to support focused recruitment of highly specialized foster care providers who will be better equipped to serve children with the most complex needs. This involves recruiting providers with different frustration-tolerance thresholds, who have enhanced training and support in certain specialized medical or behavioral health diagnoses, and home environments suitable to the child's need (which may mean that no other children are present, that pets are or are not present, etc.). CFS has created a new partnership with Human Service Zones to offer enhanced case management support in particularly complex cases, to better support the increased intensity that is required to appropriately and effectively serve children with complex needs.

Even though we do everything we can to minimize the need for placement in congregate care settings, I want to also state that facility-based residential options remain an essential part of the state's continuum of services for children. CFS licenses Qualified Residential

Treatment Programs (QRTPs) as a facility-based option for crisis and stabilization support. We have worked with QRTPs to establish tiered payment to acknowledge the varied acuity of children being served.

Our teams and our partners all know and believe that every child should be given the absolute best opportunity possible to live their best life. The very small number of children we are talking about today, who need the kinds of residentially based crisis and stabilization services offered by LSTC, have life experiences that require a highly specialized approach to care and support.

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