

2011 SENATE HUMAN SERVICES

SB 2357

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2357  
February 1, 2011  
13825

Conference Committee

*T. Anderson*

## Explanation or reason for introduction of bill/resolution:

SB 2357 builds upon the work done by the Family Impact Initiative during the last legislative session.

## Minutes:

*Attached testimony*

**Chairman Senator J. Lee** opened the hearing on SB 2357, a bill to provide an appropriation to the department of human services for implementing programs associated with the family impact initiative.

**Vice Chairman Senator Uglem** recognized Senator J. Lee, prime sponsor for SB 2357.

**Senator Lee**, District 13, introduced SB 2357. She gave a brief history of the North Dakota Family Impact Initiative and how they looked at work being done in a community in Allegheny County, Pennsylvania. She said that SB 2357 is looking forward with that. She stated that the following testimonies will provide the committee with more detail and expertise.

**Shari Doe**, Director of Burleigh County Social Services and Co-Chairman of North Dakota's Family Impact Initiative testified in support of SB 2357. Written testimony #1. One other area this group was very interested in is parent's resource centers and that will be addressed in a bill by NDSU Extension.

**Senator Mathern** asked if she had any recent contact with the Director of Allegheny County.

**Ms. Doe** answered that she had not but maybe others have had contact.

**Gary Wolsky**, President/CEO of the Village Family Service Center testified in support of SB 2357. Written testimony #2

**Senator Lee** asked for an example of how these programs work for a child with problems.

**Mr. Wolsky** said that these programs are typically dealing with children who have problems. They are often in trouble with the law and dealing with the county social service

systems. What they are trying to do is intervene and prevent an out of the home placement. He said that they have found if you treat the entire family, that family often times has the capability of dealing with the problems without a placement. In North Dakota if a child is placed in out of home care, that child is not just placed once but an average of three different placements. If that can be stopped by supplying strength through the family, to give them the ability to deal with their problems, it can work.

**Senator Lee** asked him to explain the differences between the programs you're reviewing.

**Mr. Wolsky** said that the first thing to know is that philosophical there is a common denominator that families can get better. He said they would get better if you treat the family as a whole rather than pulling the child out and trying to just treat the child. The three programs are different components of the philosophy: Therapy and Bringing together the family.

**Senator Mathern** asked if the research done and the history has ever been published in a professional journal about the program and its outcome.

**Mr. Wolsky** replied that they hadn't. He said that they have been focused on the program. He continued to say that the concept across the country has been published and in his opinion it is one of the best research approaches that exist in the field today.

**Senator Dever** said that the description of Family Team Decision Making (FTDM) on page two looks very similar to the Short Term Crises Assessment program that we have with Youthworks. He asked if those two programs were working together.

**Mr. Wolsky** replied that they do sound similar but he could not answer that. He did say that as we go forward there will be a lot of programs that use the concepts.

**Ms. Doe** answered that they would use the FTDM in their county for those families with children of all ages at risk of being placed in foster care. She also answered a previous question on the difference between family group decision making and family team. She said that family group is more intensive.

**Mr. Wolsky** said they have used the family group concept with elderly adults.

**Janelle Regimbal**, Senior Vice President of Children and Family Services of Lutheran Social Services of ND testified in support of SB 2357, specifically relating to the Healthy Families program. Written testimony #3

**Janelle Regimbal** handed out additional testimony from families that are participating in Healthy Families. Written testimonies #4

**Senator Dever** asked the statues of the Federal Grant for a particular program approved last summer.

**Ms. Regimbal** was not sure which one he was asking about. She said the pregnancy serving grant was not funded and a different program has been awarded the grant and it is in the Health Department.

**Senator Lee** asked for additional information on this.

**Dale Twedt**, Director of Operations for PATH North Dakota Inc. testified in support of SB 2357, specifically the Family Support Program. Written testimony #5

**Senator Mathern** asked what the rate payment was for the services of a specialized foster family.

**Mr. Twedt** said that the families who provide this service receive \$90. /night. That rate covers the care of the child overnight, and the mentoring service they provide.

**Larry Bernhardt**, Executive Director of Catholic Charities in North Dakota (CCND) testified in support of SB 2357 specifically the Post-Adoption Services expansion.  
Written testimony #6

**Sandy Bendewald**, Director of Stutsman County Social Services, testified in support of SB 2357. She implied that these services would be very valuable to them in Stutsman County and she gave examples of how the services could be used in present situations that already exist.

**Senator Mathern** asked why Stutsman County doesn't put this in their budget. Why isn't there that initiative on the part of the counties to put resources together to accomplish these purposes?

**Ms. Bendewald** said that it comes down to dollars and overwhelming needs.

**Senator Lee** commented that legislators struggle with the same problems as county commissioners and it is called property tax.

**Tim Hathaway**, Executive Director of Prevent Child Abuse North Dakota testified in support of SB 2357. Written testimony #7. He also gave an update on the grant funds that were questioned previously in the hearing

**Bob Sanderson**, CEO of Lutheran Social Services of ND testified in support of SB 2357.  
Written testimony #8

**Tara Muhlhauser**, Director of Children and Family Services Division in the Department of Human Services, introduced herself and stated that she was available for any questions.

There was no opposition to SB 2357.

**Senator Lee** closed the hearing on SB 2357.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2357  
February 7, 2011  
14114

Conference Committee

*AMMONSON*

## Explanation or reason for introduction of bill/resolution:

## Minutes:

*Discussion/Action*

**Chairman Senator J. Lee** opened SB 2357 for discussion. She stated that she did not have the information from the Health Department on their grant for home visits. She felt that if this bill is sent to Appropriations that information will be needed.

**Senator Mather** highlighted the focus on the prevention model and the collaboration of groups coming together to bring this forward.

**Senator Mathern** moved a **Do Pass** and **refer to Appropriations**.

**Senator Dever** seconded the motion.

**Senator Lee** commented on the overall collaboration. She stated that they were looking at having some opportunities for families throughout the state, not just in one or two places where they have had a pilot program. She would love to see this go statewide. She said the goal is to keep children out of foster care and help families to get their lives back on track.

**Senator Berry** commented that there was no opposing testimony.

**Senator Uglem** commented that the results we see are immediate and should save more state money than what it costs.

Roll call vote 5-0-0. **Motion passed.**

Carrier is **Senator Dever**.

Date: 2-7-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2357

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment

Rerefer to Appropriations  Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Dever

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2357: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2357 was rereferred to the Appropriations Committee.**

2011 SENATE APPROPRIATIONS

SB 2357



# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2357  
February 10, 2011  
Job # 14325

Conference Committee

Committee Clerk Signature

*Rose Lanning*

## Explanation or reason for introduction of bill/resolution:

A bill to provide for implementing programs associated with the family impact initiative.

## Minutes:

See attached testimony # 1 - 7.

**Chairman Holmberg** called the committee hearing to order on SB 2357. Also attending was Roxanne Woeste - Legislative Council; Joe Morrissette - OMB.

**Chairman Holmberg** said that Senator Warner has the information for P&A budget.

**Senator Judy Lee, State Senator, District 13**, Bill sponsor. She said she realized that the human service committee recognizes the importance of investing in the programs in 2357 and they have excellent people that will summarize their specifics.

**Shari Doe, Co-Chair, ND Family Impact Initiative**: Testified in favor of SB 2357. Testimony attached #1.

**Chairman Holmberg** asked are any of these items in this list OARs that were not funded in the Governor's Executive Budget or are they all new.

**Joe Morrissette** answered the question and said he didn't know but could get information and get back to you.

**Brenda Weisz** said the intensive in home family therapy was an OAR, the family group decision making expansion was an OAR and family team decision making expansion an OAR, they were combined as one OAR on the listing and the post adopt expansion was a separate OAR.

**Bob Sanderson, CEO, Lutheran Social Services of ND**: Testified in favor of SB 2357. Testimony attached # 2

**Senator Warner**, This a is voluntary program, are there any parts of it that are a condition of receiving aid or condition where courts have ordered this kind of service, is any part of this coerced or is it voluntary?

**Bob** We meet with participants at the hospital or at time of birth and it's strictly voluntary if on their part as to whether they participate. If they are working with them and they get involved with something like neglect and abuse we will report them but they are not forced to do this.

**Senator Warner** The reporting would be mandatory under current law.

**Bob** Yes.

**Senator Bowman** asked with all the programs there are, how come we continue to ask for more? There is never a conclusion, it is always if we could do this or that and if we could spend way more money we could have this problem solved but whenever they meet, the problems are never solved, they just keep asking for more money. Some of these programs that have been in existence for a long time, why are we getting more demand for more money. There has to be somebody that says we have to try something else.

**Bob** said that it was a good but complicated question. He said that over the years in Human Services, we have one of the best systems in America but we have not had resources to spend on prevention. He also said that they will never stop child neglect and abuse. They will see these problems forever but what they are doing with these programs that are being heard today is we are getting involved before they get started. It has taken generations to get to this point and it will take some time before they will see a breakthrough where we can stand before a committee like this and say we actually are not asking for anymore and hopefully asking for less.

**Gary Wolsky, President/CEO of The Village Family Service Center:** Testified in favor of SB 2357. Written testimony attached # 3. Testimony attached # 4 - Children in Foster Care graph. Testimony attached #5, SB 2357 amendment # 11.0746.02000. (with breakdown by counties)

**Dale Twedt, Director of Operations, PATH North Dakota, Inc.:** Testified in favor of the bill. Testimony attached #6

**Chairman Holmberg** said that he asked the departments to give them the current budgetary numbers for the various programs that this bill expands upon. This goes to the subcommittee on human services which will have a lot to talk about next week.

**Chairman Holmberg** closed the hearing on SB

Additional written testimony in support of SB 2357:

**Larry Bernhardt, Executive Director, Catholic Charities North Dakota (CCND)**  
Testimony attached - # 7.

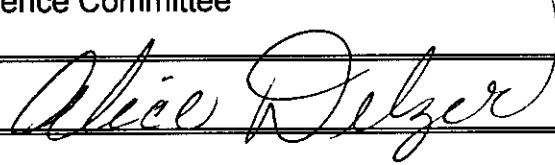
# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2357  
02-17-2011  
Job # 14672 (Meter 68.07)

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

**A SUBCOMMITTEE HEARING ON SB 2012 (SEVERAL BILLS WERE DISCUSSED AND ACTION WAS TAKEN BY THE SUBCOMMITTEE CONCERNING THOSE BILLS)**

## Minutes:

You may make reference to "attached testimony."

**Senator Fischer, Chairman** opened the subcommittee hearing in reference to the Department of Human Services. Senator Kilzer, Senator Erbele, Senator Warner were also present. Lori Laschkewitsch, OMB and Roxanne Woeste, Legislative Council were also present.

**Senator Kilzer** states he would like to go through the nine "stand alone" bills.

**The bills that this subcommittee is assigned are: 2029, 2043, 2163, 2212, 2240, 2264, 2298, 2334, 2357**

**Senator J. Lee, District 13**, concerning the family impact initiative. It is itemized by program. The healthy families program would just expand to one more district. Right now, it is in Grand Forks area, very successful intervention for families at risk. Intensive, in home family therapy is a program that is handled right now, one of the providers is the "The Village Family Service Center" and they have been doing this since 1986. They have an 80% preventional placement rate for keeping kids out of foster care. What they do is family counseling, crisis intervention and skills developing to the children and their families in the home, to reduce the risk factors that can result in placement outside the home. In-home family therapy would be expanded to the Williston region. There isn't any intensive in-home services available in that region, at this time. They are finding, especially with all the energy and oil development, going on in the western part of the state, there is always been a need for services throughout the state but more critical need to expand that service into that area. This would provide services to that region, Divide, Williams and McKenzie counties. The Family Group Decision Making has been in existence since 2006 and that helps families make critical decisions for a child, that would involve kinship decisions for a child, that would be considered for substitute care, when their biological parents cannot make a decision. We have had 415 people served and they have had an excellent impact there. Family Group Decision Making is more of an intensive program. PATH supports adoption services for kids with special needs. They have been serving families since 1994 and it is designed to

support families, whose kids have severe mental health issues that place them at risk of out-of-home residential treatment or hospitalization and in some cases out of state. They have developed a wrap-around team approach that includes mentoring support to the family, the parents by highly trained licensed foster parents, crisis interventions services, and respite care, as needed. Post adoption services expansion is not a large number. A lot of the adoptions that are being done are children with special needs. There have been extraordinary challenges for these families that are adopting kids with special needs. These are not experimental new programs, we have them various parts of the state and it would be fabulous, if we could have them all throughout the state. we knew that wasn't going to work. So I would encourage you to consider, continuation but some small expansions of these programs that have demonstrated great results and I think in the end result in less cost to the state because we are not looking at foster care placement, which never has as good an outcome as something that really helps the family to be able to function well again and it also means we are not looking at residential care for those children who have serious needs.

**Senator Warner moved a DO PASS ON SB 2357.**

**Senator Kilzer** states that these programs are expansion of existing programs for the most part. As I understand it, there is money, at least in most of these programs, in the governor's budget. This would be an expansion. I move a DO NOT PASS.

**Senator Fischer seconds the motion for DO PASS ON SB 2357.**

**Senator Fischer** states that most of these programs are initiated in the larger cities in the East. We are seeing that the oil has put some tremendous pressures on societal life in the west.

**Roll call vote taken on DO PASS ON SB 2357.**

**Vote is Yea: 2; Nay: 2. MOTION FAILED.**

**The subcommittee will bring to full committee without committee recommendation.**

**Senator Fischer** stated we will take a 15 minute break.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2357  
02-17-2011  
Job # 14716 (Meter 68.53)

Conference Committee

Committee Clerk Signature

*Alice Dehner*

## Explanation or reason for introduction of bill/resolution:

A ROLL CALL VOTE on the BILL to provide for implementing programs associated with the family impact initiative.

## Minutes:

You may make reference to "attached testimony."

**Chairman Holmberg** called the committee to order on Thursday, February 17, 2011 in reference to SB 2357. Lori Laschkewitsch, OMB and Roxanne Woeste, Legislative Council were also present.

There was discussion on several bills and when the committee will be taking action on the bills that are left to pass out of committee.

**JOB # 14716 INCLUDES THE ROLL CALL VOTES ON THE FOLLOWING BILLS: SB 2345, 2159, 2029, 2299, 2298, 2212, 2334, 2357.**

SB 2357 (Meter 68.53)

**Chairman Holmberg:** SB 2357 was the OAR's it is some different programs that some of them were OAR's and we also received from the Department some idea of what the amount of money was that is some of these areas. Some do not have current money. What did your subcommittee say about 2357?

**Senator Warner** This one came out without recommendation.

**Senator Kilzer:** This bill is an expansion of existing programs. At least most of these would be in the budget but this would add to them and these are OAR's. The first one I have Healthy Families Programs Expansion has \$500,000.00 in the budget and this would add \$350,000. And the next one, I wrote down \$1.7M in the budget and this would add \$196,000.00. The next one has 0 in the budget but would put in \$375,000.00. I have the next one, Family Team Decision Making Expansion has \$100,000.00 and this would add \$230,000.00. The next one I have a figure of \$1.1M and there is an expansion proposed of \$200,000.00. And the last one there is 0 in the budget and this would add \$129,000.00. I hope those are all right.

**Chairman Holmberg:** We don't have any experts in the room but I know that when we work on the extension service budget there's always some family kinds of help, and I can't remember what they're called. Parent Resource Centers, that's what is in Extension. There's always been a push and how different are any of these things to what they do there? Are they totally separate, do they work together, does anyone know. **(the recorder stopped for a few seconds here so Tara's statement is not recorded)**

**Tara Muhlhauser, Children and Family Services, DHS:** They are located in all regions. Certainly they are working with some of the same families, at night, weekends, different kinds of programs.

**V. Chair Grindberg:** Was there any discussion in subcommittee over prioritization of these OAR's or was it all a lump sum in your decision making? **Senator Fischer:** We did not separate them. **V. Chair Grindberg:** My second question, I didn't track all the numbers, what is the total amount of these programs now that is in the budget? Do you have a grand total what is in these various programs? **Senator Fischer:** \$4.4M. More discussion was held regarding the dollar amount.

**Senator Warner:** Just one point. Some of these are actually, the first one especially, the Healthy Families, I think only exists in Grand Forks. He was told it is expanded to Burleigh and Morton. They want to expand to Minot and Dickinson. These are places where they are experimental programs that have proven to be successful and just looking at a second location within the state for some of these.

**Senator Kilzer moved a DO NOT PASS ON SB 2357. SECONDED BY V. Chair Bowman.**

**V. Chair Grindberg:** (METER 74.51) I am struggling. I think a lot of these programs have made a tremendous difference, but if my math is correct this is well over a 30% increase to these line items. And there's one that's new. That's a big increase. I would get back to my question on the front end was there any discussion on prioritization?

**Chairman Holmberg:** Another question that there was no discussion of prioritization. The numbers we have, for example, Intensive In-home Family Therapy Expansion, that was \$1.7M. Is there growth in these numbers, have they already gotten the 3%, the 6%, or are they flat-lined?

**Brenda Weisz, Chief Financial Officer for DHS:** Yes, this area is subject to the inflationary increase, actually this is a hold even so I am not sure, current budget, I don't have the amount of the inflation but they would have been subject to the inflation they would have got the 6 and 6 from the last session and then there were built in for the 3 and 3 so the cost of the 3 and 3 for that number, the \$1.7M, is \$82,000.00. I will clarify for you because this has been bothering me ever since I told you that's 0 in for Family Group Decision Making. We don't separate that out from Family Intensive In-home in our budget and that's why it appears there 0, we combine those services together, the Family Group Decision Making and Family Intensive In-Home. They do Family Group Decision Making but it's combined with that \$1.7M that Senator Kilzer shared with you.

**V. Chair Grindberg:** So the 4.4 that is currently in the budget, what percent increase is embedded in that \$4.4M, you said 6 and 6, no it would be 3 and 3.

**Brenda Weisz:** Let me tell you this. There is one other number that I stated during testimony, for that Intensive In-home that's combined with Family Group in that \$1.7M, there is also a Medicaid component to Family Intensive In-home and that number is \$1.1M. So you know that. Your numbers increase by \$1.1M because we do pay for the Medicaid eligible.

**V. Chair Grindberg:** Of the 4.4 there is \$1.1 of new money in there?

**Brenda Weisz:** Not new money, just existing money, because Intensive In-home has a Medicaid component as well.

**V. Chair Grindberg:** What is the current appropriation in this biennium?

**Brenda Weisz:** \$5.5 for all of these.

**V. Chair Grindberg:** 11-13 is \$4.4?

**Brenda Weisz:** No, the numbers that were discussed as to what's in our budget, there was only \$1.1M missing from that number. There is actually \$1.1M in the governor's budget for all of these services. Because when I talked during the testimony for Intensive In-home there is a non-Medicaid component of \$1.7M and there's a Medicaid component of \$1.1. Those numbers were missed, the \$1.1M. (Meter 79.05)

More questions were asked regarding the budget.

**Senator Kilzer:** On line 10 if you add both the non-Medicaid and the Medicaid, it would be \$2.8M.

**Brenda Weisz:** that's right. The Intensive In-home is eligible is included in the 3 and 3 inflation and the PATH Family Support Expansion, the Medicaid eligible portion of that would be entitled to the 3 and 3 inflation. The rest of the services would not have inflation on them and that's all that would be in the budget.

**V. Chair Grindberg:** I really need to know. Given what they are going to receive under this proposed budget and what they asked for in addition in this Bill, what warrants the request?

**Brenda Weisz:** For the Healthy Families, what they were looking to was to expand that to the Minot region or possibly Dickinson and that's what that amount of money would be for. For the Intensive Family Therapy Expansion, right now the Northwest region, or up in Williston is the region, that is the only region that does not have that service, that's where that expansion was going to go is to serve those families. The Family Group Decision Making Expansion would expand to a couple of regions. The Team Decision Making was going to expand also to a couple of regions. There's a memo that Tara Muhlhauser has prepared for the committee for 2357 that talked about families unmet needs that was distributed. And then the PATH Family Support Expansion is to help families that are not Medicaid eligible, currently it's covered by Medicaid, this is going to help those that are not Medicaid eligible or wouldn't have insurance

and then the Post Adopt Services, right now for the 300 families that are in an adoptive situation, we currently don't, the Department itself, does not have services for post-adopt and these are for Special-needs children that are adopted and sometimes they run into trouble with the adoption and what this would be is after the adoption, put services in place to help those families. That would be state-wide.

**V. Chair Grindberg:** I am looking at Lori. Did you factor at all this discussion or increase in the executive budget because a significant portion of this is reflective to the northwest part of the state, which means there is a huge population growth which means there is all kinds of societal things with increased population? Would seem to me that this would make sense given the emphasis what you just said on the northwestern corner of the state.

**Lori Laschkewitsch, OMB:** Some of them were in their optional request, however, we did not include them in the governor's recommendation.

**Senator Christmann:** Never having worked with this, when the governor gave his budget address, he talked about mental health issues and some kind of an initiative or program in that regard, where is that at and does that do some of these things?

**Brenda Weisz:** As far as the mental health portion of his budget request, where that is included is \$6.1M of that is included in our budget and it was for dealing with the in-patient psychiatric hospital where we treat people in the community and that's included in the Department's budget and that's also included a facility in Minot, Fargo and an expansion just for beds in Bismarck to deal with the mental health issues here. There was also mental health monies added in the Department of Health, which I am not as familiar with, that went along with that initiative and the Indian Affairs.

**Chairman Holmberg** We do have a motion for a DO NOT PASS ON SB 2357. Would you call the roll on a DO NOT PASS ON 2357. Could I ask the Department, if this motion passes, if you could put together a worksheet of what they currently get, what the increases were and what this bill would do, that would make it a lot easier. We have that but we can't visualize it.

**A ROLL CALL VOTE WAS TAKEN ON A DO NOT PASS ON SB 2357. YEA: 9; NAY: 4; ABSENT: 0. MOTION CARRIED. Chairman Holmberg will carry the Bill.**

The hearing was closed on SB 2357.



Date: 2-17-11  
Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2357

Senate Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Kilzer Seconded By Bowman

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner		✓
Senator Bowman	✓		Senator O'Connell		✓
Senator Grindberg	✓		Senator Robinson		✓
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach		✓			
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 9 No 4

Absent 0

Floor Assignment Holmberg

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2357: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO NOT PASS (9 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). SB 2357 was placed on the Eleventh order on the calendar.**

2011 TESTIMONY

SB 2357

#1

**Testimony**  
**SB 2357**  
**Senate Human Services Committee**  
**Chairwoman Senator Judy Lee**  
**February 1, 2011**

Senator Lee and members of the Senate Human Services Committee, my name is Shari Doe and I'm the Director of Burleigh County Social Services. Today I am here also in my role as Co-Chair of North Dakota's Family Impact Initiative to speak in support of SB 2357.

First, a brief background on the Family Impact Initiative: In 2008, a group of public, private and legislative leaders, concerned about the needs of children and families began looking at the best systems that support children's and families' needs. This group, named the North Dakota Family Impact Initiative, studied the foster care reduction initiatives of both the Casey Family Program and Pew Foundations and the research of the National Family Preservation Network regarding effective models of practice. In addition, the Family Impact Initiative looked at the work being done in communities showing great outcomes for children and families. With funding from the Casey Foundation, this group made an on-site visit to one of the communities showing great outcomes, Allegheny County, Pennsylvania.

Allegheny County (Pittsburg, Pennsylvania) was selected because it is a county that showed significant improvements in child welfare outcomes and, like North Dakota, has a state supervised – county administered child welfare system. Allegheny County implemented four primary changes:

- Established a fully integrated comprehensive vision and philosophy;
- Implemented flexible funding that is based on the needs of the individual child/family;
- Developed extensive prevention, early intervention and family support services;
- Integrated all aspects of services (public and private) into a common model of practice.

These changes resulted in reduction of out of home care, improved safety for children and higher family satisfaction – great outcomes.

North Dakota leaders came back from Allegheny County with a renewed commitment to what became the Family Impact Initiative's vision: *All children in North Dakota should be safe and have needed family support.*

Since the 1980's family support and preservation services have been key components of North Dakota's child welfare delivery system. We in the child welfare world appreciate the impact Allegheny's model can make. However, because of limited resources, we have a patchwork of prevention and early intervention services throughout the state. For example: Minot region has family group decision making services, Bismarck region does not; Burleigh/Morton and Grand Forks counties are the only counties that have home-visiting services; family team decision making is available in Burleigh and Cass counties only. Are the children and families in one county /region more deserving than others? Of course not - decisions about where to place services are resource-driven.

SB 2357 will enhance the services we know work and bring prevention and preservation services to more children and families in North Dakota. We have the ability, the willingness and the skills to make North Dakota a star in the child welfare world. More importantly, we have a responsibility to keep North Dakota children safe. The programs outlined in the bill provide well-researched, outcome based prevention and preservation services. SB 2357 builds upon the work done by the Family Impact Initiative during the last legislative session and dove-tails with the goals of the Department's Children and Family Services Division.

Chairwoman Lee thank you for the opportunity to speak on this bill. I call upon my Family Impact Initiative colleagues to describe the programs in more detail but I'm happy to answer any questions you may have for me.

#2  
**TESTIMONY**

Health and Human Services Committee

Date: February 1, 2011

Chairman and members of the Human Services Committee, I am Gary Wolsky, President/CEO of The Village Family Service Center. I have been working with children and families in North Dakota for over 40 years. I am here today to provide testimony for Senate Bill 2357-- The Family Impact Initiative. As part of this bill, The Village Family Service Center is proposing the expansion of Intensive In-Home Therapy Services,

Family Group Decision Making and Family Team Decision Making

**Name of the program:** Intensive In-Home Family Therapy

**Description of the program:**

This service provides family counseling, parenting, crisis intervention and skills to children and their families in their home to reduce the risk factors that could result in placement of a child outside the home. The intensity and duration of service is dependent upon safety issues, risk factors and community resources. The Village Family Service Center has provided this service for over 20 years and has an 80% prevention of placement rate.

**How long has the program existed?** Since 1986

**Data and Outcomes (from 1/1/10-12/31/10):**

Number of counties currently served: 31

Number of people served: 1191

Unit cost: \$4229.74 (per family)

**The Family Impact Initiative proposes expanding Intensive In-Home Family Therapy to include:**

Service provision to Divide, Williams and McKenzie counties in the Williston region, at a biennial cost of \$196,028. No Intensive In-home services are currently available in this region. The expansion would bring the total number of counties served by Intensive In-home Services to 34.

**Name of the program:** Family Group Decision Making (FGDM)

**Description of the program:**

This is a service designed to bring family members, extended family, and community resources together to participate in a family conference around the issues of safety, permanence and well-being of the child(ren) at risk. The service engages the kinship system in making critical decisions that affect the children. This is a national evidence-based family engagement strategy utilized to prevent children from being placed in substitute care, and instead calls upon the kinship system to care for children when the biological parents cannot.

**How long has the program existed?** Since 2006

**Data and Outcomes: (from 1/1/10-12/31/10):**

Number of counties served: 31 (from 2006-2009 FGDM was funded by a grant from the Bush Foundation and all counties were able to access FGDM)

Number of people served: 415

Unit cost: \$3570.69 (per case)

**The Family Impact Initiative proposes expanding Family Group Decision Making to include:**

Service provision to Williston, Bismarck and Dickinson (Badlands) regions where this service is not currently available, at a biennial cost of \$375,672. Twenty-two counties will be served in these three regions. The expansion would bring the total number of counties served by Family Group Decision Making to 53.

**Name of the program:** Family Team Decision Making (FTDM)

**Description of the program:**

This is an early intervention service provided to the county social service child protection unit which is designed to engage families and resources within 48 to 72 hours of child placement outside the home. The meeting is conducted by objective and trained facilitators for the sole purpose of making critical decisions around the issue of child removal, changes in out-of-home care, and timely re-unification. This pilot service for Burleigh and Cass County was funded in the 2009 Family Impact Initiative bill.

**How long has the program existed?** Since 2009

**Data and Outcomes:**

Number of counties currently served: 2

Number of people served: Projected 200 children served in the two counties

Unit cost: Unknown at this time.



**The Family Impact Initiative proposes expanding Family Team Decision Making to include:**

Services to one new pilot site not being served, selected from Ward County, Grand Forks County or Stark County, while maintaining services in Burleigh and Cass counties. The biennial cost for all three sites is \$230,000. The expansion would bring the total number of counties served by Family Team Decision Making to 3.

The Village Family Service Center (The Village) has been providing Family-Based Services such as Intensive In-home Family Therapy in North Dakota since 1987. Intensive In-home Family Therapy staff are professionally trained and licensed practitioners who serve families up to three times a week for anywhere from 30 days to up to 6 months duration, right in the families' homes. As the name suggests, treatment is intense, comprised of evidence-based therapies such as Structural Family Therapy, Cognitive-Behavioral Therapy, Trauma-Focused Therapy, and Solution Focused Therapy. Staff are trained in several skills-based parenting programs widely used across the country, such as Total Transformation, Love and Logic, Positive Parenting and the Nurtured Heart Parenting Approach.

The 3 most significant risk factors that would lead to referrals for Intensive In-Home Family Therapy include: child abuse and neglect, severe mental health issues of the parent and/or of the child, and parent child conflict/family discord.

For families, Intensive In-home is a cost effective program when you consider that finding transportation and the expense to drive to the regional service centers is a hardship for many of them.



Family Group Decision Making (FGDM) was implemented statewide in 2006. FGDM is one of several evidence-based family engagement strategies launched nationally in the past 10 years. States that are committed to the implementation of these practices have seen a decrease in the cost of out of home care, reduction of kids re-entering care and an overall improvement of safety and well-being of children.(see [www.aecf.org](http://www.aecf.org))

FGDM is a practice that brings together parents, family members and concerned professionals in a conference/meeting setting to make decisions about child safety and child placement.

Common purposes for conducting a family meeting are:

- \*To identify needed supports for the child to be reunified.
- \*To develop a safety plan upon the child's return home
- \*To identify adoptive placement options should reunification be unsuccessful
- \* To develop permanent placement options in the kinship system should parent reunification be unsuccessful.

Over half of the families served by Intensive In-home services and FGDM live in rural areas. The average family size is three and 40% of our families earn less than \$15,000 annually.

Here are things to know about Intensive In-home and FGDM:

- The safety of children is uncompromised.
- Families are more satisfied.

- Families feel more involved in decision making for their children and less hostile toward child protective services.
- Families are assisted in learning about and accessing services including access to basic necessities such as food, clothing, shelter, and medical care.
- Well-being in children improved as reported by regular school attendance, medical appointments, and positive social improvements.
- 81.34% out-of-home prevention of placement rate for kids referred to intensive in-home.
- 85% of the families met their goals and improved family functioning.
- Clinical functional assessment scores for children and adolescents improved.
- 83% of the children referred to FGDM were living with family.
- Families report a more connected relationship with each other (69.4%) and service providers (73.39%).

Through the expansion of these three programs, Intensive In-home Family Therapy, Family Group Decision Making and Family Team Decision Making, financial savings for the state can be realized:

- When reducing placement costs for kids, families, and social services by preventing and intervening early in child abuse and neglect situations. The direct effects of child abuse cost the U.S. more than \$33.1 billion dollars per year. The indirect costs to treat the numerous consequences of child

maltreatment are \$70.7 billion per year.

(<http://www.preventchildabuse.org>).

- When children receive early interventions which allow them to stay in school, get an education and eventually seek employment.
- When children and families receive services that prevent them from becoming part of the penal system.
- When families are able to obtain services that stabilize and support them enough so that employment is either accessed or maintained.
- When employees afflicted with mental health issues and substance abuse concerns are receiving treatment and can continue working.

We have compiled demographic data and clinical outcomes from July 1, 2005 to December 30, 2010.

### INTENSIVE IN-HOME

### FAMILY GROUP DECISION MAKING

GENERAL DATA		TOTAL	GENERAL DATA		TOTAL
Number of families served		1494	Number of families served		380
Number of children at risk		1779	Number of conferences held		380
Number of children in the home		2349	Number of follow-up conferences held		241
ANNUAL HOUSEHOLD INCOME		%	ANNUAL HOUSEHOLD INCOME		%
Less than \$20,000		51.52	Less than \$20,000		49.31
\$20,001 to \$40,000		25.33	\$20,001 to \$40,000		18.8
\$40,001 and over		23.15	\$40,001 and over		12.53
CHILD GENDER		PERCENTAGE	CHILD GENDER		PERCENTAGE
Male		47.66	Male		48.18
Female		52.34	Female		51.82
REFERRAL SOURCE		PERCENTAGE	REFERRAL SOURCE		PERCENTAGE
County child protection/child welfare		28.77	County child protection/child welfare		67.92
Mental Health		8.9	Mental Health		8.09
Juvenile court action/DJS		3.56	Juvenile court action/DJS		6.74

Other	12.25	Other	17.25	
REFERRAL REASONS		PERCENTAGE	REFERRAL REASONS	PERCENTAGE
CP//Abuse//Neglect	10.2		CP//Abuse//Neglect	14.29
Early intervention //services recommended	17.5		Early intervention //services recommended	10.71
Reunification	15.8		Reunification	5.36
Children's Mental Health	12.9		Children's Mental Health	0
Child//family team process	8		Child//family team process	3.57
Juvenile Court//DJS	6.3		Juvenile Court//DJS	5.36
Social Services case management	17.8		Social Services case management	50.42
RISK FACTORS		PERCENTAGE	RISK FACTORS	PERCENTAGE
Child abuse//neglect	20.62		Child abuse//neglect	45.5
Parent/Child Conflict/Family Discord	79.29		Parent/Child Conflict/Family Discord	35.8
Severe mental health issues	27.2		Substance Abuse	37.6
DEMOGRAPHICS		PERCENTAGE	DEMOGRAPHICS	PERCENTAGE
Caucasian	71.68		Caucasian	64.21
Black	1.74		Black	0.27
Hispanic	1.56		Hispanic	1.91
Native American	19.29		Native American	23.5
Asian	3.5		Asian	1.09
Multi-racial	3.65		Multi-racial	8.47
Other racial/unknown	1.74		Other racial/unknown	0.55
OUTCOME DATA		TOTAL	OUTCOME DATA	TOTAL
% families achieving their goals		85.62	% reporting more connected relationship with family members	69.4
Average point decrease in CAFAS score (measurement of functioning)		2.64	% reporting more connected relationship with service providers	73.39



Introduced by

Senators J. Lee, Dever, Warner

Representatives Hawken, R. Kelsch, S. Meyer

1 A BILL for an Act to provide an appropriation to the department of human services for  
2 implementing programs associated with the family impact initiative.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION.** The funds provided in this section, or so much of the funds  
5 as may be necessary, are appropriated out of any moneys in the general fund in the state  
6 treasury, not otherwise appropriated, to the department of human services for the purpose of  
7 implementing programs associated with the family impact initiative, for the biennium beginning  
8 July 1, 2011, and ending June 30, 2013, as follows:

9	Healthy families program expansion	\$350,000
10	Intensive in-home family therapy expansion	196,028
11	Family group decisionmaking expansion	375,672
12	Family team decisionmaking expansion	230,000
13	PATH family support expansion	200,000
14	Postadoption services expansion	<u>129,188</u>
15	Total general fund	\$1,480,888

Divide, Williams and McKenzie  
 Counties  
 1 FTE  
 2 Years

22 Counties added covering  
 Williston, Bismarck and Dickinson  
 2 FTE

Burleigh, Cass and one Additional  
 County

# 3

**Testimony**  
**Senate Bill 2357**  
**Senate Human Services Committee**  
**Submitted By: Janell Regimbal**  
**Sr. Vice President of Children and Family Services**  
**Lutheran Social Services of North Dakota**

Madam Chairman, and members of the Senate Human Services Committee, I am Janell Regimbal, Senior Vice President of Children and Family Services of Lutheran Social Services of ND. I am here today to testify in support of this bill and specifically related to the Healthy Families program.

Healthy Families is an *evidence-based, nationally recognized home visitation program*. It is designed to work with overburdened expectant or new parents who have been identified as at-risk for child abuse and neglect and other adverse childhood experiences, as indicated through the use of a standardized screening tool. This service has been available in North Dakota since April of 2000 when it was initiated as a pilot in northeastern ND through the support of private foundations such as the Bush, Bremer, Dakota Medical and others. Its strong outcomes led to its expansion to Burleigh and Morton counties in the summer of 2008, supported by Bush Foundation seed money.

Presently two sites, each covering two counties, continue to operate in Grand Forks/Nelson counties and Burleigh/Morton counties. The majority of funding for these two existing sites is now allocated from the Department of Human Services, with additional

dollars also secured from local and private sources to sustain these efforts. As child advocates and as those who have seen the positive results this program brings, it is our hope that this service could continue to expand to bring stronger outcomes to more children in our state. Senate Bill 2357 would allow for an additional location to be added, moving us one step closer to that goal.

When parents cannot fulfill their roles, children as well as society, pay a terrible price. Among the consequences are lack of preventive health care, lack of school readiness, low immunization rates, and increased rates of child abuse and neglect with children placed in foster care. While child welfare agencies (through the county social service offices) provide intervention for families suspected of abusing or neglecting their children, they do not provide prevention services like Healthy Families. *Healthy Families promotes preventive and supportive services to families prior to the formal identification and intervention of child welfare.* We advocate that providing early support and assistance can prevent families from being involved in the formal child welfare system.

The objectives of Healthy Families include:

- Decrease child abuse and neglect and out-of-home placement.
- Enhance children's physical and social emotional development.
- Improve parenting skills and focus on fatherhood issues.
- Promote children's health, safety and well-being.
- Encourage achievement and self-sufficiency of parents.

Healthy Families addresses the needs of parents by offering free, voluntary home visiting by extensively trained and supervised para-professionals, beginning prenatally and extending until age three. Use of evidence based- curriculum for education purposes, and role modeling is used to address the program's objectives. Our outcomes to note include:

- All of our participants have a medical home, cutting cost of emergency room visits.
- Healthy Families serves overburdened parents at risk for child abuse and neglect. North Dakota Kids Count 2008 report showed, 6.1% of children in Grand Forks County, 1.4% in Nelson County, 5.8% in Morton County, 5.7% in Burleigh County were suspected victims of child abuse. For those families in the above listed counties participating in Healthy Families from July 2008-June 2009, only 1.49% of children were *suspected* of child abuse or neglect with 0% *requiring* Child Protective Services. From July 2009-June 2010 in the same counties, of families participating in our program, none was suspected of child abuse or neglect or required services. Keep in mind we are only serving high risk families which would be expected to have a higher rate of incidence than the general public, versus our outcomes which show a lower rate of incidence.
- Healthy Families strives to include fathers in our visits and encourages their involvement in raising and taking responsibility for their children. In FY09 the percent of father involvement in our program was 46.27%. In FY10 this percent increased to 54.43%. We strongly encourage that the father pay child support for children not in their custody and health insurance whenever possible as well as to be positively involved in their child's life.



- 99% of our children are up-to date with immunizations, versus 77% of North Dakota children in 2009. According to the *American Journal of Preventive Medicine*, every dollar spent now on childhood immunizations will save \$10-14 in future disease prevention.
- 98% of our children were on track with well-child visits. Again, the impact of preventive health care cannot be underestimated.
- 96% of our participants are in enrolled in school or working.

We now know just how vital the first three years of life especially are to laying the foundation for a child's successful development. It is also the time when a child is most likely to be a victim of maltreatment. Most maltreated babies are under age one and more than 1/3 were harmed during their first week of life. These two facts alone should cause us to feel a sense of urgency to focus on primary prevention. The well being of children should be motivation enough but getting prevention right early is also less costly than trying to fix things later. Prevent Child Abuse America estimates that implementing effective policies and strategies to prevent child abuse and neglect can save taxpayers \$104 billion per year. The cost of not doing so includes more than \$33 billion in direct costs for foster care services, hospitalization, mental health treatment, and law enforcement. Indirect costs of over \$70 billion include loss of productivity, as well as expenditures related to chronic health problems, special education, and the criminal justice system. These costs greatly impact a number of our state department budgets.

I urge you to support this bill. I would be happy to answer any questions you may have.

#4

Dear Members of the Human Services Committee,

My name is Peggy Mock. I am 23 years old, and I am a mother of a wonderful daughter, Madison Ruth O'Hara. She's 6 months old as I write this letter, and will be hitting the 7 month mark on the 16<sup>th</sup> of January. Her father, Cody O'Hara, has already written to you about the program. We first heard of it when I was in the hospital with Madison. One of the nurses suggested that we give Healthy Families a try, since we were both young parents. Cody has a son with a different woman, but Madison was my first. I said I would like to get in touch with the program, because I thought they'd offer helpful advice and help us with Madison's development a bit. I was right. Jolene has been as helpful as can be since day one. She started stopping by within a few days of me coming home from the hospital, checking up on us and seeing how we were doing. She's always in a great mood when she stops by, and that really reflects back on our attitudes at the time and Madison's mood. She's always happy to see Jolene whenever she comes over. Jolene has been helpful with Madison's development and in helping us to set goals so we may try to work together as a family better. She's been advocating that either Cody or myself go back to school so we can afford a better lifestyle and better upbringing conditions for Madison, and I do agree with her. Cody is going back to school now, and Jolene has been helpful in helping us get motivated in getting that ball rolling. She really does quite a bit for us when she stops by. Our moods improve, we get a little more hopeful of a better future, and we just seem to generally be more productive when she stops by. I would like to see those visits continue in the future if that's at all possible. Madison's really taking a liking to Jolene, as well. She's also increased Cody's participation in Madison's development by offering activities and games they can play together. He's grown so much closer to our daughter over the last six months, it's unbelievable. When Madison was first born, he was happy to have her, but he wasn't very attached. Since Healthy Families has been involved, he's grown so close and protective of her that I sometimes have to argue with him just to get to hold her! I'm not complaining, though. I'd rather see him feel strongly towards her than not care at all.

So, I'd like to just summarize that we love Healthy Families, and would love to see them continue to stop by. They've been a big help for us, and for our daughter.

Thank you very much,

Peggy Mock

My name is Twila Herald, I am one of your constituents, and since you are my local legislator, I wanted you to hear the story of my families experience with Healthy Families, my workers name is Jamie, our story took place here in Bismarck, in a variety of different location in which I will explain.

Healthy Families has positively affected us from the first initial contact when we resided at 1101 Westwood, we had a premature daughter she was around 32 weeks when I delivered. I had heard about the Healthy Families program through the MedCenter One Hospital where our child was born. The nurse from the neonatal unit gave me a brochure or brochure on several different programs that can help with the growth and development of our baby. I of course chose Healthy Families, and within one week I had Jamie at my apt. She explained how the program works and gave us pamphlets updated information for the growth and development of our child. She asked if we had any questions or concerns about the baby. We continued to see Jamie, and throughout the months the program has been helpful by providing info and has helped us throughout these seventeen months, by recommending our family to different programs so we could receive a bed. We even got the bed a day before Christmas, with brand new sheets, and a new blanket. It's been hard within these months to keep up financially with bills, and buying clothing for our four girls. But through healthy families when we didn't have very much money to get our girls clothing for school, the program helped us and provided three outfits for each child. It was a tremendous help. We have moved in the Bismarck area three times, and Healthy Families continues to stay by our side for support and guidance which has been a blessing.

The program even helped us by joining a jumper for our daughters for winter and provided a hat, and gloves for each of the girls.

● This program is great to be with not only for the help they've provided, and resources or referrals, but it's a relief to have someone to talk to I know they're not counselors, but but it's nice to have someone to talk to that you trust that can help sort through the ups and downs in which every family goes through.

What I've learned through the program is not to feel overwhelmed by things, and if you just roll with life and take it as it comes good or bad as long as communicate with one another in your family, you can make it through anything life throws at you. And I've also learned to not be afraid of reaching out and asking for help even if it's just to talk to someone.

● We are grateful for these resources or services in our community and wanted to hear about our success.

Thank You and may you have a pleasant legislative session. Warmest Regards,

Jwila Marie Herold

I am a recently a single mother who is now going through a divorce. When I heard about the Healthy Families program I was in the hospital maternity ward. I had just had my second child, my daughter. I have now been on the program a little more then a year. Over the last year I have had some rough times with my children's father. While going through these times, I did not have many people to talk to or lean on for support. The healthy families program gave me those things I needed. While being on the program I had a friend and confidant there to talk to me and give me advice on all the questions that came up. Not only having them there, I had someone to talk to me and just be around me and it was a time I looked forward to, being I was very lonely and did not have much adult interaction.

Along with being a friend and a person of knowledge that I could turn to, my healthy families worker encouraged me to go back to school. I am now in my second semester of college. I am also looking for a job to help support my children and myself. I did not believe I had the courage to go back to school until I had someone to talk to about it, that understood and knew what I was dealing with. Not only in that way did the Healthy Families program help me, it helped me become a better mother and a better person. After each home visit with my worker I felt better about things that were and are happening in my life no matter how bad they might have been. It is nice to have someone else's opinion when things seem really bad. It was almost like having a best friend that has gone through the things I was going through and could give me not just advice but the right advice. My husband and I are no longer together but we both enjoyed the company of a third party when things were getting rough. We now are fully separated but we can stay friends and raise our children together. Having an Healthy Families worker is a gift to me and my soon to be ex-husband because we now have a person we can both talk to and confide in.

I have fully enjoyed being part of the Healthy Families program and love being part of the home visits with my children. I would be highly disappointed if the visits could not continue in our state. Along with my children who have become very close with my worker. I think home visits are amazing for mothers who are home all day with the kids and don't get much adult interaction at times. I know I felt like I was going to go crazy and knowing that my worker was going to come and talk and visit was a blessing. I feel this program is amazing and the home visits can and will continue to help many mothers or fathers in a situation just like mine. I hope these home visits do not end and I will look forward to each visit I have coming.

Thank you,

A very thankful family

#15

**Testimony**

**Senate Bill 2357**

**Senate Human Services Committee**

**Senator Judy Lee, Chairman**

**February 1, 2011**

**Madam Chair and members of the Senate Human Services Committee, my name is Dale Twedt and I am the Director of Operations for PATH North Dakota Inc. Today I am here to speak on behalf of Senate Bill 2357 and specifically about the Family Support Program.**

**Family Support has been provided to families since 1994. It is a community based program designed to support and serve families whose children struggle with severe mental health issues which place them at risk of psychiatric residential treatment, hospitalization, or other placement outside of their home and community. The Family Support Program utilizes the WRAP Around Team approach to provide concrete supports making this service a true alternative to psychiatric residential type placements. These supports are:**

- **mentoring support to parents by highly trained licensed foster parents**
- **crisis intervention services**
- **24 hour on call support**
- **respite care on an as needed basis**
- **comprehensive treatment planning**

- professional case management
- coordinated of community services
- parent education and training

The service is provided to families with youth at risk of out of home placement due to child psychiatric conditions. These issues include:

- Chronic mental health issues as indicated by repeated hospitalization and psychiatric placement
- Psychiatric diagnosis resulting in severe functional disabilities as indicated by extreme behavioral and emotion issues such as aggression, self harm, destructiveness, vandalism, truancy, school expulsion, running away, alcohol and drug abuse, sexual acting out, etc.
- Severe abuse and neglect as indicated by reports of physical abuse, sexual abuse, domestic violence, emotional and verbal abuse, etc

Referrals are made by psychiatrists, psychologists, treatment facilities, schools, county social services child protection teams, adoption services, and families themselves.

Youth referred average 2.6 diagnosis per child and range in age from 6 to 18.

150 youth have been served in the last year by Family Support. Families are currently receiving services in Minot, Bismarck, Fargo and Grand Forks.

80% of the youth served have been able to remain in their homes and avoid placement in psychiatric treatment facility, foster care, group

home placement, etc which are more costly than family support services.

Family satisfaction and referral source satisfaction with the program is over 90 percent.

Payment for family support has been limited to and available only to those families having Medical Assistance and Blue Cross/Blue Shield of North Dakota as a resource.

Families without Medical Assistance or BCBS have not been able to receive the service through any other funding sources.

In the past year there have been approximately 120 families referred where current funding sources could not be accessed and services were not available often resulting in placement in more costly and restrictive facilities outside of the home and community.

Additional funding is being requested to provide services to those families and youth throughout North Dakota who do not have Medical Assistance or Blue Cross Blue Shield as resources to pay for Family Support.

This funding will also allow the additional recruitment of licensed foster homes to serve additional families currently not being able to be served through Medical Assistance and Blue Cross Blue Shield.

These services would be provided to families throughout North Dakota as indicated by the family's need for the program.



# 6

**Senate Human Services Committee**  
Testimony on Senate Bill 2357  
Senator Judy Lee – Chairman  
February 1, 2011

Chairman Lee and members of the Senate Human Services Committee, my name is Larry Bernhardt and I am the Executive Director of Catholic Charities North Dakota (CCND) and I am here today in support of Senate Bill 2357.

I would like to focus on the Post-Adoption Services expansion part of the bill and want to share with you excerpts from the Post Adoption Services White Paper developed in June, 2010 and amended in October 2010.

While most adoptions have positive outcomes for the children and their families, many adoptive families need supportive services at some time during the life of the adoption. The typical crisis and transition periods (such as adolescence) that all families face can be especially difficult for adoptive families because they also must address specific adoption-related issues. Families who adopt children with special needs from the foster care system face additional challenges, often including the children's past experiences of abuse or neglect or serious physical, mental or emotional disabilities. While the vast majority of adoptions of children with special needs succeed, research indicates that 15 to 20 percent of the adoptions disrupt before the adoption is finalized and an increasing number of children disrupting after finalization. Children whose adoptions disrupt or dissolve re-enter the foster care system, adding to their already traumatic experiences of separation and loss. To avoid disruption or dissolution, many families need access, throughout the life of the adoption, to adoption-competent services, supports, and resources designed to promote the family's well being. This bill would provide for a start of those services.

As a beginning point, these funds for Post-Adoption Services could provide a ND Post Adoption Center concept, with the target population to be served as families who have adopted children with special needs from the state's foster care system. The primary goal would be to provide triage for adoptive families in

crisis and post adoption support services. This concept would focus on providing the following services:

- Information and referral through a toll-free phone number, web site and published materials
- Publish materials (cooperatively with the Department of Human Services) regarding adoption process and adoption supports in ND.
- Facilitate support groups for adoptive parents and adopted youth (cooperatively with local foster/adopt recruitment and retention coalitions.
- Advanced training on special needs adoption for families(possibly done cooperatively with UND Children and Family Service Training Center)
- Training of mental health providers on uniqueness of special needs adoptions.
- Crisis intervention, primarily through phone contact with families.
- Referral for on-going case management services, therapeutic services, mental health services (in-home and residential care) and respite care.
- Facilitating a mentorship program for adoptive parents

All of these services would be provided to families state wide, primarily through phone and other electronic means.

According to the National Conference of State Legislatures Report of November, 2002 on Post-Adopt Services, "Many families that adopt children from foster care report feeling abandoned by the child welfare system after finalization." "Many advocates, adoption experts, child welfare professionals and policymakers feel that supporting families that adopt children from foster care is an important public responsibility. Keeping adoptive families together avoids trauma to both children and their families, is less expensive for states than foster care, retains adoptive families as prospective adopters of other children and as recruiters of other adoptive families, and avoids discouraging prospective adoptive families."

As you know the number of children in Subsidized Adoption in North Dakota continues to increase and as that number continues to increase, so does the need for Post-Adoption services for families. I ask for your support and a “do pass” recommendation on SB 2357.

Thank you for the opportunity to share my thoughts with you today and I would be happy to try to answer any questions you may have.

Larry Bernhardt, Executive Director  
Catholic Charities North Dakota  
5201 Bishops Blvd.  
Fargo, ND 58104  
(701) 235-4457

February 1, 2011

Senate Bill 2357

# 7

Chairperson Lee and Members of the Senate Human Services Committee,

My name is Tim Hathaway, Executive Director of Prevent Child Abuse North Dakota. My organization exists for the purpose of eliminating child maltreatment in its various forms.

Child abuse is a perennial problem in our state. Each year thousands of North Dakotan children are affected by this issue and some \$53 million dollars are spent to address the devastation created by abuse. This bill attempts to reduce that impact by investing in our states infrastructure.

Primary prevention creates an environment in communities that supports children and their families. The home visitation program outlined in this bill will engage families prior to the emergence of child maltreatment and help us grow healthy North Dakota families.

Secondary prevention efforts such as the family preservation programs proposed in SB 2357 help us reach families that have a clear risk of harming their children. By supporting these families now we reduce the harm done to children, help families avoid further involvement with Child Welfare Services and decrease overall future expenditures for the state.

Child abuse is preventable. It requires intentional building of infrastructure programs such as these presented in SB 2357. Thank you for voting in support of North Dakota's children.

# 8

SB 2357  
Senate Human Services Committee  
Senator Judy Lee, Chairperson

February 1, 2011

Madam Chairperson, Members of the Committee:

My name is Bob Sanderson, I am the CEO of Lutheran Social Services of ND. Thank you for the opportunity to be here today and for your support of SB2357.

I am here to speak only to the Healthy Families program part of the bill. Ms. Regimbal has provided you with a very good overview of these services as they are delivered today.

I would like to share a few thoughts with you about prevention from the perspective of having been in the Human Service field since 1967. The majority of those years spent working in some area of children's services.

We have much to be proud of in this state in regard to protecting our children. We have a wonderful state system in the department of Human Services, and many excellent private agencies that work well with the department, as well as each other. We have a legislative body that has been very supportive over the years to ensure that the resources we have needed were available to meet the needs of our children. We can certainly be proud of all of this. However, as I look back I feel a sense of loss in the fact that we could have done more in the area of prevention. I believe that if we would have had programs like Healthy Families we could have helped many of these dysfunctional families raise their children and helped keep their families intact.

Many of the children we worked with back then were either placed in foster care or left to be raised in these troubled families.

We know that many of these children we have worked with over the years are the second and third generation of these families. In other words they are the children and grandchildren of the families we encountered in the 70's.

How did this happen? Does this mean the system failed all these years? I do not believe we did.

The truth is that we got involved with many of these families after the problem had become very serious. Many of these children were placed in foster care and many of them stayed in their troubled families and learned these patterns of parenting that caused them to have problems in raising their own children.

We did all that we were capable of at the time to meet the needs of these children and their families. Does this mean we never did anything preventive? Certainly not. We did the best we could with the resources we had available and the knowledge basis we worked from during these times. All of us are still doing that.

Human Services, like every profession, evolved over time. We have learned over the past ten years in our Healthy Families program what can happen if you reach these families at

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**Testimony**  
**SB 2357**  
**Senate Appropriations Committee**  
**February 10, 2011**

Mr. Chairman and members of the Senate Appropriations Committee, my name is Shari Doe and I'm the Director of Burleigh County Social Services. Today I am here also in my role as Co-Chair of North Dakota's Family Impact Initiative to speak in support of SB 2357.

First, a brief background on the Family Impact Initiative: In 2008, a group of public, private and legislative leaders, concerned about the needs of children and families began looking at the best systems that support children's and families' needs. This group, named the North Dakota Family Impact Initiative, studied the foster care reduction initiatives of both the Casey Family Program and Pew Foundations and the research of the National Family Preservation Network regarding effective models of practice. In addition, the Family Impact Initiative looked at the work being done in communities showing great outcomes for children and families. With funding from the Casey Foundation, this group made an on-site visit to one of the communities showing great outcomes, Allegheny County, Pennsylvania.

Allegheny County (Pittsburg, Pennsylvania) was selected because it is a county that showed significant improvements in child welfare outcomes and, like North Dakota, has a state supervised – county administered child welfare system. Allegheny County implemented four primary changes:

- Established a fully integrated comprehensive vision and philosophy;
- Implemented flexible funding that is based on the needs of the individual child/family;
- Developed extensive prevention, early intervention and family support services;
- Integrated all aspects of services (public and private) into a common model of practice.

These changes resulted in reduction of out of home care, improved safety for children and higher family satisfaction – great outcomes.

The North Dakota leaders came back from Allegheny County with a renewed commitment to what became the Family Impact Initiative's vision: *All children in North Dakota should be safe and have needed family support.*

Since the 1980's family support and preservation services have been key components of North Dakota's child welfare delivery system. We in the child welfare world appreciate the impact Allegheny's model can make. However, because of limited resources, we have a patchwork of prevention and early intervention services throughout the state. For example: Minot region has family group decision making services, Bismarck region does not; Burleigh/Morton and Grand Forks counties are the only counties that have home-visiting services; family team decision making is available in Burleigh and Cass counties only. Are the children and families in one county /region more deserving than others? Of course not - decisions about where to place services are resource-driven.

SB 2357 will enhance the services we know work and bring prevention and preservation services to more children and families in North Dakota. We have the ability, the willingness and the skills to make North Dakota a star in the child welfare world. More importantly, we have a responsibility to keep North Dakota children safe. The programs outlined in the bill provide well-researched, outcome based prevention and preservation services. SB 2357 builds upon the work done by the Family Impact Initiative during the last legislative session and dove-tails with the goals of the Department's Children and Family Services Division.

Mr. Chairman, thank you for the opportunity to speak on this bill. I'll answer questions you may have but there are others here who can speak more specifically on the programs outlined in the bill.



**Testimony****Senate Bill 2357****Senate Appropriations Committee****Senator Ray Holmberg, Chairman****Submitted By: Robert Sanderson, CEO****Lutheran Social Services of North Dakota**

Mr. Chairman, and members of the Senate Appropriations Committee, I am Bob Sanderson, CEO of Lutheran Social Services of ND. I am here today to testify in support of this bill and specifically related to the Healthy Families program.

Healthy Families is an *evidence-based, nationally recognized home visitation program*. It is designed to work with overburdened expectant or new parents who have been identified as at-risk for child abuse and neglect and other adverse childhood experiences, as indicated through the use of a standardized screening tool. This service has been available in North Dakota since April of 2000 when it was initiated as a pilot in northeastern ND through the support of private foundations such as the Bush, Bremer, Dakota Medical and others. Its strong outcomes led to its expansion to Burleigh and Morton counties in the summer of 2008, supported by Bush Foundation seed money.

Presently two sites, each covering two counties, continue to operate in Grand Forks/Nelson counties and Burleigh/Morton counties. The majority of funding for these two existing sites is now allocated from the Department of Human Services, with additional dollars also secured from local and private sources to sustain these efforts. As child

advocates and as those who have seen the positive results this program brings, it is our hope that this service could continue to expand to bring stronger outcomes to more children in our state. Senate Bill 2357 would allow for an additional location to be added, moving us one step closer to that goal.

When parents cannot fulfill their roles, children as well as society, pay a terrible price. Among the consequences are lack of preventive health care, lack of school readiness, low immunization rates, and increased rates of child abuse and neglect with children placed in foster care. While child welfare agencies (through the county social service offices) provide intervention for families suspected of abusing or neglecting their children, they do not provide prevention services like Healthy Families. *Healthy Families promotes preventive and supportive services to families prior to the formal identification and intervention of child welfare.* We advocate that providing early support and assistance can prevent families from being involved in the formal child welfare system.

The objectives of Healthy Families include:

- Decrease child abuse and neglect and out-of-home placement.
- Enhance children's physical and social emotional development.
- Improve parenting skills and focus on fatherhood issues.
- Promote children's health, safety and well-being.
- Encourage achievement and self-sufficiency of parents.

Healthy Families addresses the needs of parents by offering free, voluntary home visiting by extensively trained and supervised para-professionals, beginning prenatally and extending until age three. Use of evidence based- curriculum for education purposes, and role modeling is used to address the program's objectives. Our outcomes to note include:

- All of our participants have a medical home, cutting cost of emergency room visits.
- Healthy Families serves overburdened parents at risk for child abuse and neglect. North Dakota Kids Count 2008 report showed, 6.1% of children in Grand Forks County, 1.4% in Nelson County, 5.8% in Morton County, 5.7% in Burleigh County were suspected victims of child abuse. For those families in the above listed counties participating in Healthy Families from July 2008-June 2009, only 1.49% of children were *suspected* of child abuse or neglect with 0% *requiring* Child Protective Services. From July 2009-June 2010 in the same counties, of families participating in our program, none was suspected of child abuse or neglect or required services. Keep in mind we are only serving high risk families which would be expected to have a higher rate of incidence than the general public, versus our outcomes which show a lower rate of incidence.
- Healthy Families strives to include fathers in our visits and encourages their involvement in raising and taking responsibility for their children. In FY09 the percent of father involvement in our program was 46.27%. In FY10 this percent increased to 54.43%. We strongly encourage that the father pay child support for children not in their custody and health insurance whenever possible as well as to be positively involved in their child's life.

- 99% of our children are up-to date with immunizations, versus 77% of North Dakota children in 2009. According to the *American Journal of Preventive Medicine*, every dollar spent now on childhood immunizations will save \$10-14 in future disease prevention.
- 98% of our children were on track with well-child visits. Again, the impact of preventive health care cannot be underestimated.
- 96% of our participants are in enrolled in school or working.

We now know just how vital the first three years of life especially are to laying the foundation for a child's successful development. It is also the time when a child is most likely to be a victim of maltreatment. Most maltreated babies are under age one and more than 1/3 were harmed during their first week of life. These two facts alone should cause us to feel a sense of urgency to focus on primary prevention. The well being of children should be motivation enough but getting prevention right early is also less costly than trying to fix things later. Prevent Child Abuse America estimates that implementing effective policies and strategies to prevent child abuse and neglect can save taxpayers \$104 billion per year. The cost of not doing so includes more than \$33 billion in direct costs for foster care services, hospitalization, mental health treatment, and law enforcement. Indirect costs of over \$70 billion include loss of productivity, as well as expenditures related to chronic health problems, special education, and the criminal justice system. These costs greatly impact a number of our state department budgets.

I urge you to support this bill. I would be happy to answer any questions you may have.

## TESTIMONY

Senate Appropriations Committee

Date: February 9, 2011

Chairman and members of the Human Services Committee, I am Gary Wolsky, President/CEO of The Village Family Service Center. I have been working with children and families in North Dakota for over 40 years. I am here today to provide testimony for Senate Bill 2357-- The Family Impact Initiative. As part of this bill, The Village Family Service Center is proposing the expansion of Intensive In-Home Therapy Services, Family Group Decision Making and Family Team Decision Making.

**Name of the program:** Intensive In-Home Family Therapy

**Description of the program:**

This service provides family counseling, parenting, crisis intervention and skills to children and their families in their home to reduce the risk factors that could result in placement of a child outside the home. The intensity and duration of service is dependent upon safety issues, risk factors and community resources. The Village Family Service Center has provided this service for over 20 years and has an 80% prevention of placement rate.

**How long has the program existed?** Since 1986

**Data and Outcomes (from 1/1/10-12/31/10):**

Number of counties currently served: 31

Number of people served: 1191

Unit cost: \$4229.74 (per family)

**The Family Impact Initiative proposes expanding Intensive In-Home Family Therapy to include:**

Service provision to Divide, Williams and McKenzie counties in the Williston region, at a biennial cost of \$196,028. No Intensive In-home services are currently available in this region. The expansion would bring the total number of counties served by Intensive In-home Services to 34.

**Name of the program:** Family Group Decision Making (FGDM)

**Description of the program:**

This is a service designed to bring family members, extended family, and community resources together to participate in a family conference around the issues of safety, permanence and well-being of the child(ren) at risk. The service engages the kinship system in making critical decisions that affect the children. This is a national evidence-based family engagement strategy utilized to prevent children from being placed in substitute care, and instead calls upon the kinship system to care for children when the biological parents cannot.

**How long has the program existed?** Since 2006

**Data and Outcomes: (from 1/1/10-12/31/10):**

Number of counties served: 31 (from 2006-2009 FGDM was funded by a grant from the Bush Foundation and all counties were able to access FGDM)

Number of people served: 415

Unit cost: \$3570.69 (per case)

**The Family Impact Initiative proposes expanding Family Group Decision Making to include:**

Service provision to Williston, Bismarck and Dickinson (Badlands) regions where this service is not currently available, at a biennial cost of \$375,672. Twenty-two counties will be served in these three regions. The expansion would bring the total number of counties served by Family Group Decision Making to 53.

**Name of the program:** Family Team Decision Making (FTDM)

**Description of the program:**

This is an early intervention service provided to the county social service child protection unit which is designed to engage families and resources within 48 to 72 hours of child placement outside the home. The meeting is conducted by objective and trained facilitators for the sole purpose of making critical decisions around the issue of child removal, changes in out-of-home care, and timely re-unification. This pilot service for Burleigh and Cass County was funded in the 2009 Family Impact Initiative bill.

**How long has the program existed?** Since 2009

**Data and Outcomes:**

Number of counties currently served: 2

Number of people served: Projected 200 children served in the two counties

Unit cost: Unknown at this time.

**The Family Impact Initiative proposes expanding Family Team Decision Making to include:**

Services to one new pilot site not being served, selected from Ward County, Grand Forks County or Stark County, while maintaining services in Burleigh and Cass counties. The biennial cost for all three sites is \$230,000. The expansion would bring the total number of counties served by Family Team Decision Making to 3.

The Village Family Service Center (The Village) has been providing Family-Based Services such as Intensive In-home Family Therapy in North Dakota since 1987.

Intensive In-home Family Therapy staff are professionally trained and licensed practitioners who serve families up to three times a week for anywhere from 30 days to up to 6 months duration, right in the families' homes. As the name suggests, treatment is intense, comprised of evidence-based therapies such as Structural Family Therapy, Cognitive-Behavioral Therapy, Trauma-Focused Therapy, and Solution Focused Therapy. Staff are trained in several skills-based parenting programs widely used across the country, such as Total Transformation, Love and Logic, Positive Parenting and the Nurtured Heart Parenting Approach.

The 3 most significant risk factors that would lead to referrals for Intensive In-Home Family Therapy include: child abuse and neglect, severe mental health issues of the parent and/or of the child, and parent child conflict/family discord.

For families, Intensive In-home is a cost effective program when you consider that finding transportation and the expense to drive to the regional service centers is a hardship for many of them.

Family Group Decision Making (FGDM) was implemented statewide in 2006. FGDM is one of several evidence-based family engagement strategies launched nationally in the past 10 years. States that are committed to the implementation of these practices have seen a decrease in the cost of out of home care, reduction of kids re-entering care and an overall improvement of safety and well-being of children.(see [www.aecf.org](http://www.aecf.org))

FGDM is a practice that brings together parents, family members and concerned professionals in a conference/meeting setting to make decisions about child safety and child placement.

Common purposes for conducting a family meeting are:

- \*To identify needed supports for the child to be reunified.
- \*To develop a safety plan upon the child's return home
- \*To identify adoptive placement options should reunification be unsuccessful
- \* To develop permanent placement options in the kinship system should parent reunification be unsuccessful.

Over half of the families served by Intensive In-home services and FGDM live in rural areas. The average family size is three and 40% of our families earn less than \$15,000 annually.

Here are things to know about Intensive In-home and FGDM:

- The safety of children is uncompromised.
- Families are more satisfied.



- Families feel more involved in decision making for their children and less hostile toward child protective services.
- Families are assisted in learning about and accessing services including access to basic necessities such as food, clothing, shelter, and medical care.
- Well-being in children improved as reported by regular school attendance, medical appointments, and positive social improvements.
- 81.34% out-of-home prevention of placement rate for kids referred to intensive in-home.
- 85% of the families met their goals and improved family functioning.
- Clinical functional assessment scores for children and adolescents improved.
- 83% of the children referred to FGDM were living with family.
- Families report a more connected relationship with each other (69.4%) and service providers (73.39%).

Through the expansion of these three programs, Intensive In-home Family Therapy, Family Group Decision Making and Family Team Decision Making, financial savings for the state can be realized:

- When reducing placement costs for kids, families, and social services by preventing and intervening early in child abuse and neglect situations. The direct effects of child abuse cost the U.S. more than \$33.1 billion dollars per year. The indirect costs to treat the numerous consequences of child

maltreatment are \$70.7 billion per year.

(<http://www.preventchildabuse.org>).

- When children receive early interventions which allow them to stay in school, get an education and eventually seek employment.
- When children and families receive services that prevent them from becoming part of the penal system.
- When families are able to obtain services that stabilize and support them enough so that employment is either accessed or maintained.
- When employees afflicted with mental health issues and substance abuse concerns are receiving treatment and can continue working.

We have compiled demographic data and clinical outcomes from July 1, 2005 to December 30, 2010.

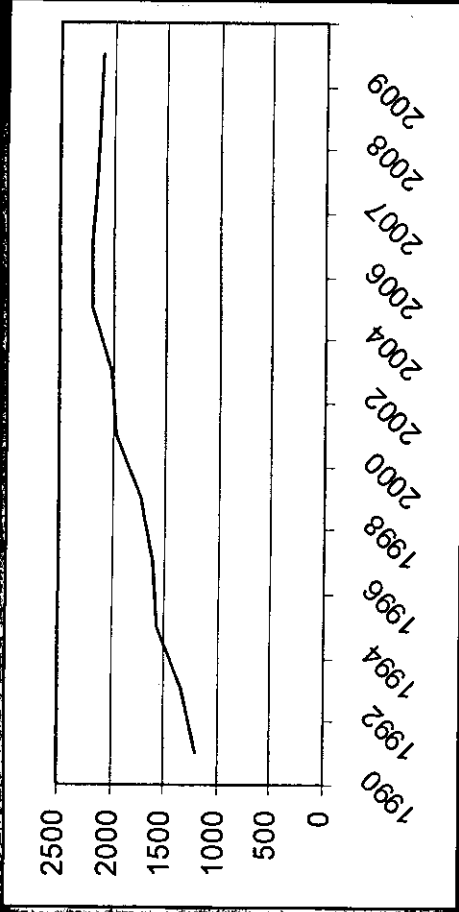
**INTENSIVE IN-HOME**

**FAMILY GROUP DECISION MAKING**

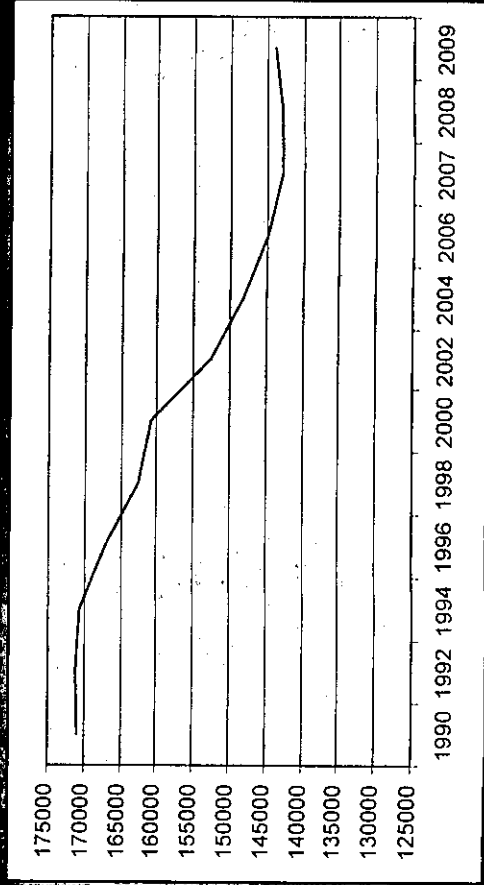
<b>GENERAL DATA</b>		<b>TOTAL</b>	<b>GENERAL DATA</b>		<b>TOTAL</b>
Number of families served		1494	Number of families served		380
Number of children at risk		1779	Number of conferences held		380
Number of children in the home		2349	Number of follow-up conferences held		241
<b>ANNUAL HOUSEHOLD INCOME</b>		<b>%</b>	<b>ANNUAL HOUSEHOLD INCOME</b>		<b>%</b>
Less than \$20,000		51.52	Less than \$20,000		49.31
\$20,001 to \$40,000		25.33	\$20,001 to \$40,000		18.8
\$40,001 and over		23.15	\$40,001 and over		12.53
<b>CHILD GENDER</b>		<b>PERCENTAGE</b>	<b>CHILD GENDER</b>		<b>PERCENTAGE</b>
Male		47.66	Male		48.18
Female		52.34	Female		51.82
<b>REFERRAL SOURCE</b>		<b>PERCENTAGE</b>	<b>REFERRAL SOURCE</b>		<b>PERCENTAGE</b>
County child protection/child welfare		28.77	County child protection/child welfare		67.92
Mental Health		8.9	Mental Health		8.09
Juvenile court action/DJS		3.56	Juvenile court action/DJS		6.74

Other	12.25	Other	17.25
<b>REFERRAL REASONS</b>	<b>PERCENTAGE</b>	<b>REFERRAL REASONS</b>	<b>PERCENTAGE</b>
CP / Abuse / Neglect	10.2	CP / Abuse / Neglect	14.29
Early intervention / services recommended	17.5	Early intervention / services recommended	10.71
Reunification	15.8	Reunification	5.36
Children's Mental Health	12.9	Children's Mental Health	0
Child / family team process	8	Child / family team process	3.57
Juvenile Court / DJS	6.3	Juvenile Court / DJS	5.36
Social Services case management	17.8	Social Services case management	50.42
<b>RISK FACTORS</b>	<b>PERCENTAGE</b>	<b>RISK FACTORS</b>	<b>PERCENTAGE</b>
Child abuse / neglect	20.62	Child abuse / neglect	45.5
Parent/Child Conflict/Family Discord	79.29	Parent/Child Conflict/Family Discord	35.8
Severe mental health issues	27.2	Substance Abuse	37.6
<b>DEMOGRAPHICS</b>	<b>PERCENTAGE</b>	<b>DEMOGRAPHICS</b>	<b>PERCENTAGE</b>
Caucasian	71.68	Caucasian	64.21
Black	1.74	Black	0.27
Hispanic	1.56	Hispanic	1.91
Native American	19.29	Native American	23.5
Asian	.35	Asian	1.09
Multi-racial	3.65	Multi-racial	8.47
Other racial/unknown	1.74	Other racial/unknown	0.55
<b>OUTCOME DATA</b>	<b>TOTAL</b>	<b>OUTCOME DATA</b>	<b>TOTAL</b>
% families achieving their goals	85.62	% reporting more connected relationship with family members	69.4
Average point decrease in CAFAS score (measurement of functioning)	2.64	% reporting more connected relationship with service providers	73.39

# Children in Foster Care in North Dakota



# Children in North Dakota; age 0-17



Introduced by

Senators J. Lee, Dever, Warner

Representatives Hawken, R. Kelsch, S. Meyer

1 A BILL for an Act to provide an appropriation to the department of human services for  
2 implementing programs associated with the family impact initiative.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION.** The funds provided in this section, or so much of the funds  
5 as may be necessary, are appropriated out of any moneys in the general fund in the state  
6 treasury, not otherwise appropriated, to the department of human services for the purpose of  
7 implementing programs associated with the family impact initiative, for the biennium beginning  
8 July 1, 2011, and ending June 30, 2013, as follows:

9	Healthy families program expansion	\$350,000	
10	Intensive in-home family therapy expansion	196,028	
11	Family group decisionmaking expansion	375,672	
12	Family team decisionmaking expansion	230,000	
13	PATH family support expansion	200,000	
14	Postadoption services expansion	<u>129,188</u>	
15	Total general fund	\$1,480,888	

Divide, Williams and McKenzie  
Counties  
1 FTE  
2 Years

22 Counties added covering  
Williston, Bismarck and Dickinson  
2 FTE

Burleigh, Cass and one Additional  
County

**Testimony**

**Senate Bill 2357**

**Senate Appropriations Committee**

**Senator Ray Holmberg, Chairman**

**February 10, 2011**

**Chairman Holmberg and members of the Senate Appropriations Committee, my name is Dale Twedt and I am the Director of Operations for PATH North Dakota Inc. Today I am here to speak on behalf of Senate Bill 2357 and specifically about the Family Support Program.**

**Family Support has been provided to families since 1994. It is a community based program designed to support and serve families whose children struggle with severe mental health issues which place them at risk of psychiatric residential treatment, hospitalization, or other placement outside of their home and community. The Family Support Program utilizes the WRAP Around Team approach to provide concrete supports making this service a true alternative to psychiatric residential type placements. These supports are:**

- **mentoring support to parents by highly trained licensed foster parents**
- **crisis intervention services**
- **24 hour on call support**
- **respite care on an as needed basis**
- **comprehensive treatment planning**

- professional case management
- coordinated of community services
- parent education and training

The service is provided to families with youth at risk of out of home placement due to child psychiatric conditions. These issues include:

- Chronic mental health issues as indicated by repeated hospitalization and psychiatric placement
- Psychiatric diagnosis resulting in severe functional disabilities as indicated by extreme behavioral and emotion issues such as aggression, self harm, destructiveness, vandalism, truancy, school expulsion, running away, alcohol and drug abuse, sexual acting out, etc.
- Severe abuse and neglect as indicated by reports of physical abuse, sexual abuse, domestic violence, emotional and verbal abuse, etc

Referrals are made by psychiatrists, psychologists, treatment facilities, schools, county social services child protection teams, adoption services, and families themselves.

Youth referred average 2.6 diagnoses per child and range in age from 6 to 18.

150 youth have been served in the last year by Family Support. Families are currently receiving services in Minot, Bismarck, Fargo and Grand Forks.

80% of the youth served have been able to remain in their homes and avoid placement in psychiatric treatment facility, foster care, group

home placement, etc which are more costly than family support services.

The cost of Family Support compared to the cost of psychiatric or group home placement is a significant cost differential. Group Home and Psychiatric Residential Treatment Facilities can cost from \$195.71 per day to \$422 per day. The cost per day for family support is \$56.16. The savings of Family Support range from \$139.55 to \$365.84 per day.

Family satisfaction and referral source satisfaction with the program is over 90 percent.

Payment for family support has been limited to and available only to those families having Medical Assistance and Blue Cross/Blue Shield of North Dakota as a resource.

Alternative funding for families in need of this service has been limited.

In the past year there have been approximately 120 families referred where current funding sources could not be accessed and services were not available often resulting in placement in more costly and restrictive facilities outside of the home and community.

Additional funding is being requested to provide services to those families and youth throughout North Dakota who do not have access to these resources for Family Support.



**Senate Appropriations Committee**  
Testimony on Senate Bill 2357  
Senator Ray Holmberg – Chairman  
February 10, 2011

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Larry Bernhardt and I am the Executive Director of Catholic Charities North Dakota (CCND) and I am here today in support of Senate Bill 2357.

I would like to focus on the Post-Adoption Services part of the bill and want to share with you excerpts from the Post Adoption Services White Paper developed in June, 2010 and amended in October 2010.

While most adoptions have positive outcomes for the children and their families, many adoptive families need supportive services at some time during the life of the adoption. The typical crisis and transition periods (such as adolescence) that all families face can be especially difficult for adoptive families because they also must address specific adoption-related issues. Families who adopt children with special needs from the foster care system face additional challenges, often including the children's past experiences of abuse or neglect or serious physical, mental or emotional disabilities. While the vast majority of adoptions of children with special needs succeed, research indicates that 15 to 20 percent of the adoptions disrupt before the adoption is finalized and an increasing number of children disrupting after finalization. Children whose adoptions disrupt or dissolve re-enter the foster care system, adding to their already traumatic experiences of separation and loss. To avoid disruption or dissolution, many families need access, throughout the life of the adoption, to adoption-competent services, supports, and resources designed to promote the family's well being. This bill would provide for a start of those services.

As a beginning point, these funds for Post-Adoption Services could provide a ND Post Adoption Center concept, with the target population to be served as families who have adopted children with special needs from the state's foster care system. The primary goal would be to provide triage for adoptive families in

crisis and post adoption support services. This concept would focus on providing the following services:

- Information and referral through a toll-free phone number, web site and published materials
- Publish materials (cooperatively with the Department of Human Services) regarding adoption process and adoption supports in ND.
- Facilitate support groups for adoptive parents and adopted youth (cooperatively with local foster/adopt recruitment and retention coalitions.
- Advanced training on special needs adoption for families(possibly done cooperatively with UND Children and Family Service Training Center)
- Training of mental health providers on uniqueness of special needs adoptions.
- Crisis intervention, primarily through phone contact with families.
- Referral for on-going case management services, therapeutic services, mental health services (in-home and residential care) and respite care.
- Facilitating a mentorship program for adoptive parents


All of these services would be provided to families state wide, primarily through phone and other electronic means.

According to the National Conference of State Legislatures Report of November, 2002 on Post-Adopt Services, "Many families that adopt children from foster care report feeling abandoned by the child welfare system after finalization." "Many advocates, adoption experts, child welfare professionals and policymakers feel that supporting families that adopt children from foster care is an important public responsibility. Keeping adoptive families together avoids trauma to both children and their families, is less expensive for states than foster care, retains adoptive families as prospective adopters of other children and as recruiters of other adoptive families, and avoids discouraging prospective adoptive families."

As you know the number of children in Subsidized Adoption in North Dakota continues to increase and as that number continues to increase, so does the need for Post-Adoption services for families. I ask for your support and a "do pass" recommendation on SB 2357.

Thank you for the opportunity to share my thoughts with you today and I would be happy to try to answer any questions you may have.

Larry Bernhardt, Executive Director  
Catholic Charities North Dakota  
5201 Bishops Blvd.  
Fargo, ND 58104  
(701) 235-4457



the birth of these children and work with them over a period of time. We can keep families intact and we can help parents learn the skills that will help them become adequate parents, not perfect parents, if such a family even exists, but certainly adequate.

We have to keep in mind that we have learned that much of the inadequacy of these parents is generational. They have not been given the chance or the role models they needed to learn how to meet the needs of their children. We must also understand that most of the parents want to do a good job and they want to be able to raise their children and keep their families intact. We need to do everything we can to give them this opportunity.

It is the right thing to do from a humanitarian stand point and it is the fiscally prudent thing for us to do as a society.

Again thank you for the opportunity to be here today, and I will be glad to answer any questions you may have

