

2025 SENATE HUMAN SERVICES

SB 2112

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2112
1/13/2025
9:03 a.m.

Relating to life skills and transition center.
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9:03 a.m. Chairman Lee called the meeting to order.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Long term goals for DHHS
- Number of qualified youths
- Maintaining family contact
- Types of service offered
- Youth safety
- Maintaining child residences

9:04 a.m. Jessica Thomasson, Executive Director of ND Department of Health and Human Services, testified in favor and submitted testimony #28495.

9:29 a.m. Tina Bay, Director of Development Disabilities of ND Health and Human Services testified in favor and submitted testimony #28527.

9:37 a.m. Kelsey Bless, Administrator of NDHHS Children and Family Services, testified in favor and submitted testimony #28498, #28692 and #28693.

9:51 a.m. Desiree Sorenson, Director of Mountrail McKenzie Human Services, testified in favor and submitted testimony #28534.

10:05 a.m. Shauna Eberhardt, Clinical Director of ND Department of Health and Human Services, Testified in Favor.

10:09 a.m. Kirsten Dvorak, Executive Director of The Arc of North Dakota, testified in Opposition and submitted #28609.

10:17 a.m. Carlotta MCleary, Executive Director of Mental Health of North Dakota testified in opposition and submitted testimony #28590.

10:28 a.m. Angela Dinius, Executive Director of ND Association of Community Providers, testified in opposition and submitted testimony #28578.

10:30 a.m. Veronica Zietz, Executive Director of ND Protection and Advocacy Project, testified in opposition and submitted testimony #28691.

Additional written testimony:

Heather Jenkins, Superintendent of Life Skills and Transition Center with the Department of Health and Human Services, submitted testimony in favor #28567.

Julianne Horntvedt, Executive Director of the North Dakota State Council on Developmental Disabilities, submitted testimony in opposition #28949 and #28950.

10:39 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk



Health & Human Services

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

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

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

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

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

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

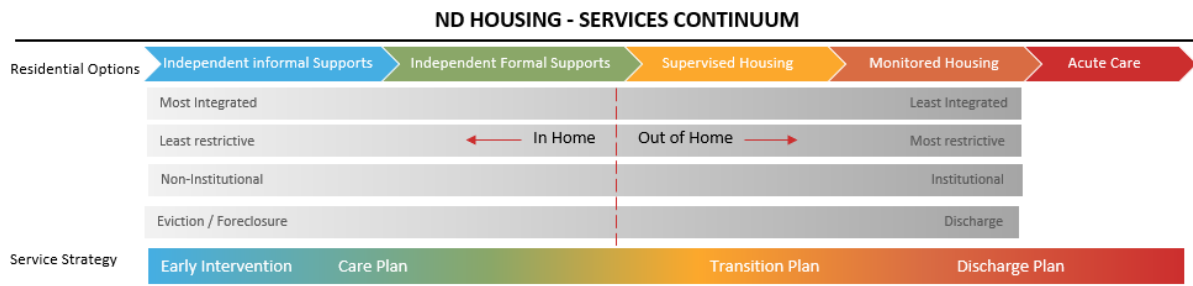
With all of that being said, these children are often bright and engaging, funny and talented, strong, and resilient. But it is a reality that they have a lot to carry. The issues they are facing are, to some degree, chronic, which means that periods of crisis and re-stabilization should be expected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

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

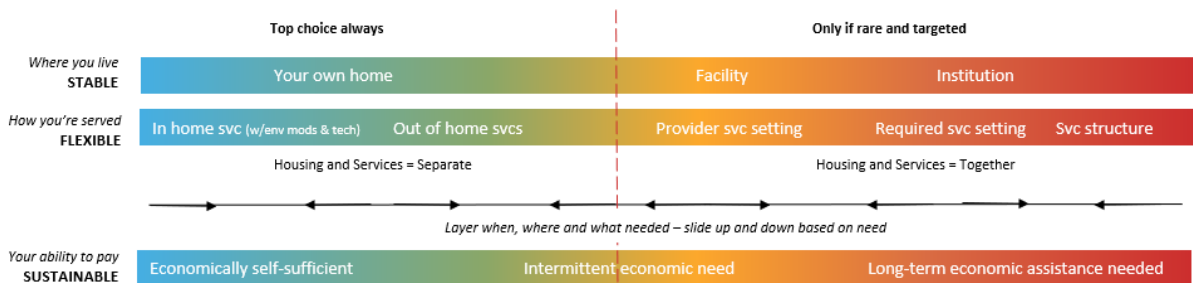
You will hear from several of my colleagues at the Department and from the Human Service Zones about the pressures they are trying to resolve in these circumstances. To help set the stage for that conversation, and before I walk through the specifics of Senate Bill No. 2112, I wanted to share with you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

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

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

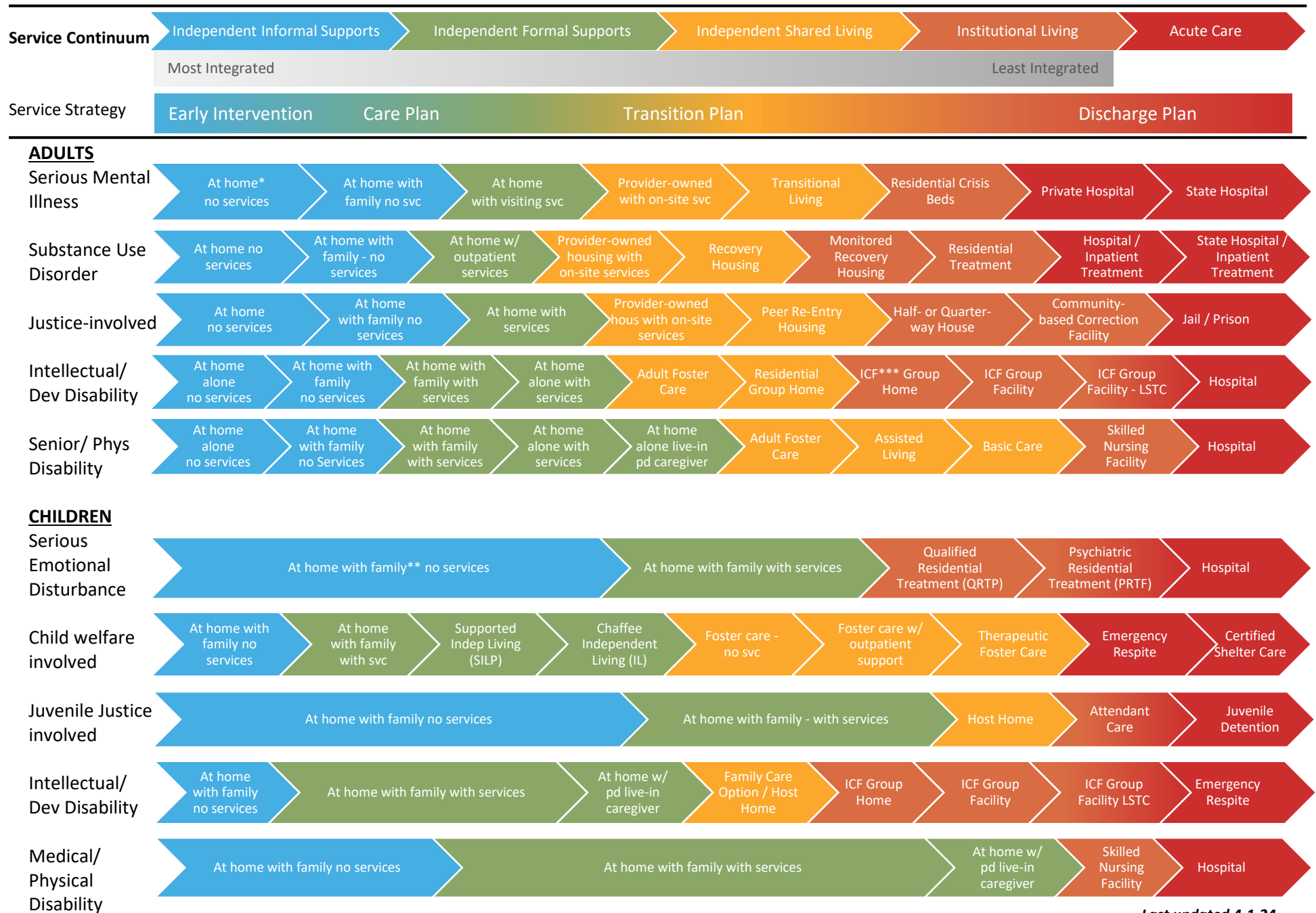
You will hear from other presenters about several existing efforts that are either newly in place or that will be available in the near future. The ongoing work to enhance the array of community- and non-facility based service options for children will continue.

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

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

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

Attachment A: The Housing-Service Continuum



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

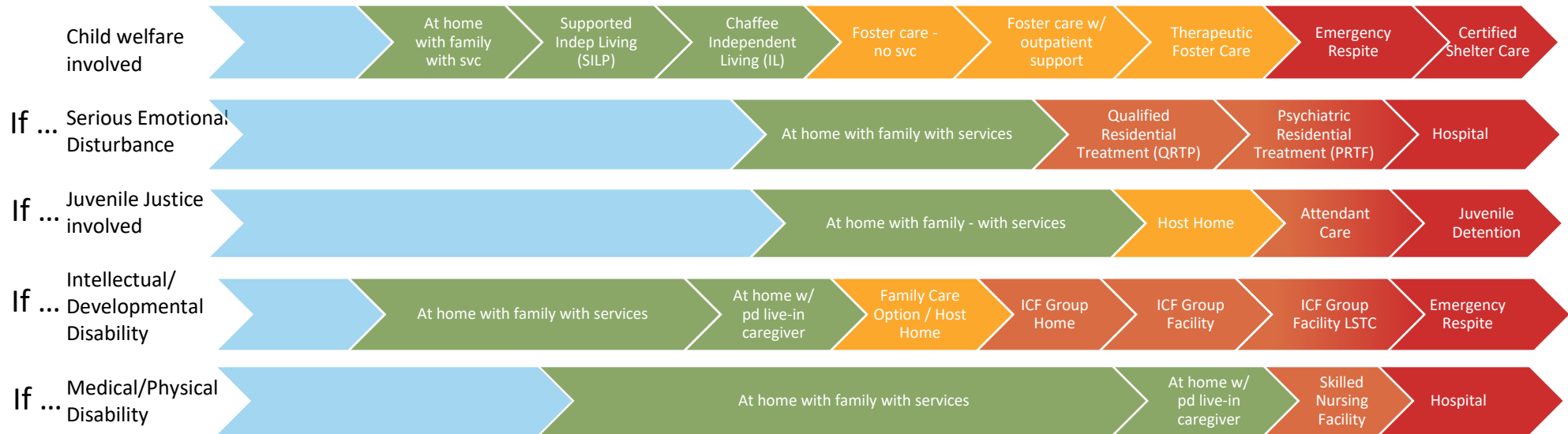
**Family = includes birth family, kin-caregiver, adopted family

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

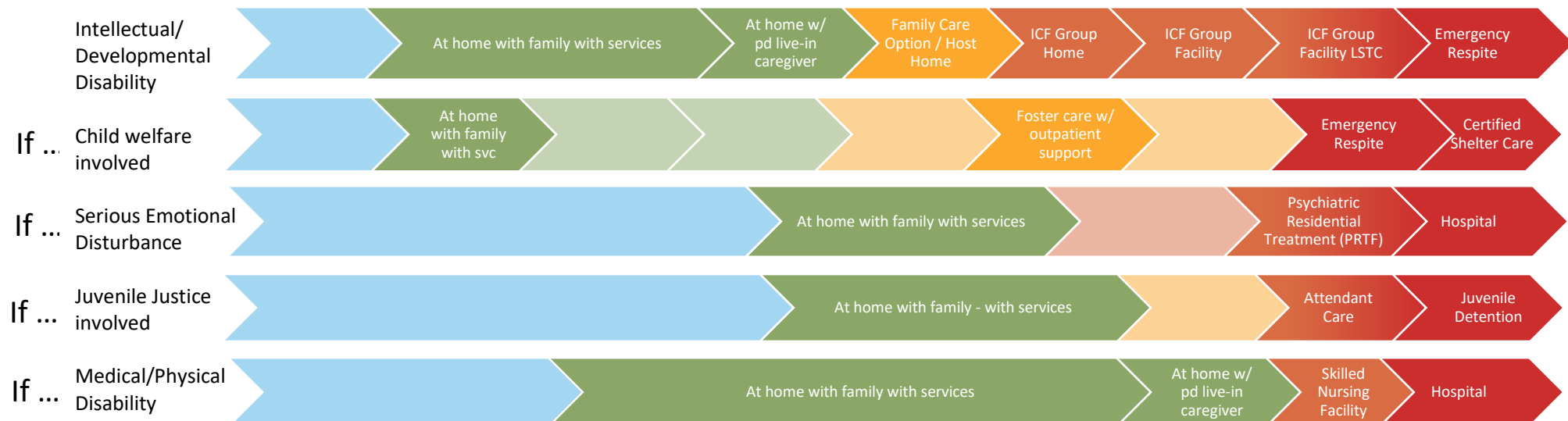
Last updated 4-1-24

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

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



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



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

Chairman Lee and members of the Senate Human Services Committee, I am Kelsey Bless, Licensing Unit Administrator with Children and Family Services (CFS) under the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2112, which was introduced at the request of the Department.

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

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

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

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

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

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

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

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

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

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

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

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



Health & Human Services

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

Chairman Lee, and members of the Senate Human Services Committee, I am Tina Bay, Director of the Developmental Disabilities Section with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2112, which was introduced at the request of the Department.

While I do not oppose this proposed change, I do have concerns regarding the potential impact this will have on the developmental disabilities (DD) system. Many of the eligible individuals residing at the Life Skills and Transition Center are vulnerable, and it is possible that the co-mingling of these populations may present challenges. Additionally, given the pressures the DD system is already facing, I have concerns about how this change may impact the overall availability of capacity for individuals who are eligible and in need of crisis services. It will be important to carefully consider the potential strain on resources to ensure that these critical services remain accessible to those in urgent need.

It is important to emphasize that the goal of the Department is to serve all children, both DD-eligible and non-DD-eligible, in the least restrictive environment possible. However, due to the limited options currently available for these most complex cases, we believe that this proposed solution represents the best available approach at this time.

We know one of the challenges faced by Life Skills Transition Center today, as they serve youth with a variety of complex care needs, is the lack of meaningful opportunities for a non-institutional but longer-term structured residential option after the need for crisis and stabilization services has been met.

To address this gap in the continuum of service options, the Department is in the process of piloting a host home model that will be available to youth with developmental disabilities. This pilot is expected to launch later this year, using one-time funds available through the 10 percent Home and Community-Based Services Capacity Fund (CMS Section 9817). Host homes are modeled in part after the philosophy of therapeutic foster care. It is a family setting where the provider is recruited specifically to serve the youth's unique needs, with extensive training and service supports attached to the home. There will be no requirement that a child be in public custody; the pilot will explore opportunities for bio families to share residential time with the designated host home. We believe this model will provide an effective option for supporting youth and their families as they transition from the urgent need for crisis and stabilization to a longer-term service alternative. The host home model will allow children to remain close to their families while focusing on reunification and ensuring that both the child and their family receive the appropriate level of care and support.

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

Testimony Prepared for the
Senate Human Services Committee

January 13, 2025

By: Desiree Sorenson, Mountrail McKenzie Human Service Zone Director

RE: SB 2112: Related to Life Skills and Transition Center

Chair Lee, and members of the Senate Human Services Committee, my name is Desiree Sorenson. I am the Director for the Mountrail McKenzie Human Service Zone, which includes the counties of Mountrail and McKenzie. In addition, I serve as Vice-Chair of the North Dakota Human Service Zone Director Association. I am here today to provide testimony in support of SB 2112.

Human Service Zones are the legal designee of the North Dakota Department of Health and Human Services (NDHHS) to perform an array of human service duties. This includes foster care case management and legal custodian duties for children in our foster care system. In the past, Human Service Zone Directors have brought to the legislature's attention the struggles at meeting the needs of difficult to place children. When a child enters the child welfare system and they are unable to be placed (for a variety of reasons) in a relative placement, foster home, therapeutic foster home, psychiatric residential treatment facility (PRTF), or qualified residential treatment program (QRTP) there becomes no option but to find less suitable arrangements. This in the past has included the human service zone staff providing 24/7 care and supervision of the child in a hotel or office setting. I am happy to say that there are currently zero children being hoteled by the Zones due to the hard work of the Zones, and that we want this continue to remain the case in the future. Since 2019, Zones have had 5 denials for admission or early discharge. CFS implemented performance-based standards and if a QRTP denies an eligible child the QRTP does not receive the performance

payment. It is my understanding that efforts and conversations are occurring to consider performance-based standards for PRTF facilities as well. Some state family foster care homes are taking these complex cases, but the child is not eligible for a community/family setting. When that happens, we do our best to wrap services and supports into that home as they are very much a blessing to the case planning when we know we have a willing provider. However, they get tired, and they cannot be up 24-7 like a facility staff who rotate shift work, etc. When a child has a change of placement due to the child needing access to higher level of services to support their mental health, intellectual needs (that don't meet Developmental Disabilities requirements), and behavioral needs. This poses an array of challenges, risks, and liabilities. However, the child needs shelter and care and as legal custodians, we have a responsibility to the child. Yet we at times are left with no suitable options and in a demanding situation.

In 2024, the North Dakota Human Service Zone Director Association forwarded a position letter to ND HHS regarding our concerns for complex needs youth to identify solutions. Discussion was held with various HHS leaders and all (19) Human Service Zone Directors. Subsequent conversations were held with HHS leadership and the Governor's Office. As a result of those conversations, SB 2112 originated.

We all agree that the behavioral health continuum in North Dakota has gaps. Complex needs children are a population of North Dakota citizens that are significantly impacted by this gap. We desperately need a safety net. We understand that the Life Skills and Transition Center is not designed to care for this population of youth. However, it is a state owned and operated residential center that has professional medical and care staff. While this may not be a long-term solution, we urge passage of SB 2112 as a safety net for youth that are in need, that meet the criteria outlined in the bill.

North Dakota needs time to determine how best to develop a long-term solution. However, today's complex needs children in the child welfare system cannot continue to wait. We need an option today so that we may care for all children with the care that they deserve.

Thank you for consideration of my testimony regarding Senate Bill 2112. I stand for questions from the committee.



Health & Human Services

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

Chairman Lee, and members of the Senate Human Services Committee, I am Heather Jenkins, the Superintendent of the Life Skills and Transition Center with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2112, which was introduced at the request of the Department.

The Life Skills and Transition Center (LSTC) Youth Transition Program is dedicated to supporting youth in crisis who require stabilization and have complex needs. The program serves as a vital bridge, offering these youth the opportunity to develop the essential skills needed to successfully reintegrate into their chosen community. By providing targeted support, LSTC aims to empower these youth to lead more independent and fulfilling lives.

LSTC's Approach is built on three core goals:

- Goal 1: Empower youth with the skills necessary to achieve the highest level of independence, tailored to their unique abilities.
- Goal 2: Provide a structured, nurturing environment that helps build rapport with the youth, offering them guidance, motivation, and unwavering support in believing that they can achieve anything they set their hearts and minds to.
- Goal 3: To establish a consistent, replicable routine that can seamlessly transition into the community they choose to return to,

fostering seamless transition to life outside of LSTC, long-term success and stability.

LSTC utilizes a team-based, collaborative approach to ensure that every youth receives the most comprehensive care possible. The multi-disciplinary team works alongside the youth to develop a structured, 24-hour schedule that includes essential learning activities, opportunities to build social skills, and chances to explore and engage with the surrounding community.

Youth reside in a supportive environment consisting of a twelve-person residence with private bedrooms and shared living areas, divided into three suites, each with four rooms and a common living space. This layout encourages both privacy and social interaction. A team of dedicated staff provides 24-hour support across all areas of daily living. When assigning youth to their living areas, we consider their individual abilities, age, gender, and risk factors to ensure a supportive and appropriate living environment. Each youth also receives a Risk Management Assessment Plan, which helps identify and address potential risks in key areas such as activities of daily living, behavioral health, medical needs, and community living. This ensures that each youth's safety and well-being are closely monitored and managed.

By providing a safe, nurturing, and structured environment, LSTC fosters trust and rapport with each youth, guiding and motivating them to overcome challenges and believe in their potential.

Through strong partnerships with local school districts, stakeholders, providers, other HHS partners (Developmental Disabilities, Children and Family Services, and Behavioral Health) and families, these partnerships have been instrumental in the successful reintegration of youth back into

their chosen communities. Over the past three years, 12 youth have been successfully transitioned in from a crisis/stabilization placement at LSTC back to home and community. This success highlights that successful stabilization services, like those offered by LSTC, can effectively meet the diverse needs of youth in crisis.

At LSTC, safety is always a top priority. We are committed to continuously assessing and managing the risks and vulnerabilities of the youth in our care to provide a safe, supportive environment for all. LSTC is dynamic and ever-evolving, regularly evaluating the needs of those we serve and adjusting our approach to ensure that we are providing the highest level of care and support for youth in crisis who are working toward stabilization and community reintegration.

Given the current challenges in North Dakota and the demand for services, the Youth Transition Program at LSTC offers a comprehensive, effective solution for stabilizing youth in crisis and equipping them with the skills they need to thrive in their communities. This program stands as a testament to the Department's commitment to providing the best care and opportunities for youth, despite the constraints that exist.

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

Senate Human Services
Senate Bill 2112
Monday, January 13, 2025

Chair Lee, Members of the Committee:

I'm Angela Dinius, the executive director of the North Dakota Association of Community Providers (NDACP). Our members are the organizations across the state that provide essential services and supports to individuals with intellectual and developmental disabilities (IDD). I am here to express our opposition to Senate Bill 2112.

As stated in section 25-04-02, the purpose of the life skills and transition center is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing crisis or who would benefit from stabilization. We understand there is a need for services for individuals who do not meet the eligibility criteria for developmental disability (DD) services. However, we do not think that LSTC is the best setting to address the needs of these individuals.

We are concerned about the impact to DD services provided by LSTC. Providers across the state, including LSTC, are experiencing significant staffing shortages. We worry that diverting their limited resources, including staff, funding, and physical space, to accommodate these individuals could reduce the quality and availability of critical services for individuals currently served within the DD system.

We ask you to oppose this bill. And we urge the department to explore other options that ensure both populations receive the appropriate services and level of care. Thank you for your time. I'm happy to answer any questions.

Angela Dinius
Executive Director
North Dakota Association of Community Providers

**Mental
Health
Advocacy
Network**



Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck

Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Fraser, Ltd. Individual Consumers & Families

**Senate Human Services Committee
SB 2112 Testimony
January 13, 2025
Senator Lee, Chair**

Good morning, Chairman Lee and Members of the Senate Human Services Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Deputy Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in opposition to SB 2112. SB 2112 would create a mechanism to greatly expand the children's population of the Life Skills and Transition Center (LSTC) but to do so without examining whether these children are being offered community-based services, crisis stabilization beds, or, if need be, a psychiatric residential treatment facility. According to the information we have received from some of our state government partners, the "noneligible" population referred to in SB 2112 are predominately children with a serious emotional disturbance. These children are also not qualifying for developmental disability services. While some may not succeed at lower levels of care, many of these youth are caught in the existing service gaps in North Dakota's children's mental health system of care. We need a full and functional continuum of care in our children's mental health system. We do not have that system of care right now. We have some of these services, children are not receiving the amount needed to succeed for families to be able to sustain a community placement.

Many of these youth who have significant mental health struggles could have benefited from but have not been given access (or in the amount needed) to in-home support for their families or foster care families. These in-home supports would include case aides (also known as personal care attendants) who would be that “extra set of hands” in the home. Over the last many years, North Dakota has lost another service that it used to have, which are crisis stabilization beds. Children who were experiencing a mental health crisis, who do not meet the criteria for hospitalization, but need a place to go, are finding it difficult to do so. North Dakota has a shelter care program, but there is a growing consensus that the model of those programs may not align with the needs of children with mental health issues. In addition, some regions do not have a shelter care program. Until North Dakota figures out how to better align the shelter care program for children with mental health struggles, shelter care staff may not be able to meet their needs.

Before we look at opening Life Skills and Transition Center for children with SED, we should look at expanding options for partial hospitalization programs like what CHI is doing in Bismarck. We could also look at psychiatric residential treatment facilities (PRTF), including the Ruth Meiers Adolescent Center in Grand Forks, who are better suited to meet the needs of children with mental health struggles than the Life Skills and Transition Center.

But most of all, we should be focusing on the importance of a fully functional continuum of care that places emphasis on the need for community-based services. There are over 18,000 children in North Dakota with serious emotional disturbance (SED). Those children and their families need accessible services in their homes and in their community, not just because it improves outcomes, but because it prevents bad outcomes.

Out-of-home placements should always be considered a last resort. Community services prevent out-of-home placements. When out-of-home placements are to occur, we want to bring children back to their homes and their communities. That occurs when the community supports are strong and supports children and their families so that they can thrive.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
Phone: (701) 222-3310



Senate Human Services
SB 2112
January 13, 2025

My name is Kirsten Dvorak, and I am the Executive Director of The Arc of North Dakota, the oldest statewide disability advocacy organization. While SB 2112 intends to address broader service needs, The Arc strongly opposes it because it could set a dangerous precedent, leading to unintended and harmful consequences for those who depend on the Life Skills and Transition Center (LSTC). While we recognize that LSTC currently provides specialized care for individuals with developmental disabilities, our focus must remain on reducing reliance on the Center by investing in community-based alternatives.

LSTC exists to serve individuals with developmental disabilities who require specialized care and support. Expanding its scope to include non-eligible individuals risks overwhelming the Center's resources and compromising the quality of care provided to its most vulnerable residents. These individuals rely on the stability, consistency, and expertise of LSTC to maintain their progress and quality of life. Diverting resources to address broader populations would leave these residents underserved and vulnerable, effectively abandoning the Center's mission to provide life-changing care.

We are particularly concerned about proposals to use LSTC for minors facing mental health challenges. While these needs are critical, we believe that LSTC is not equipped to provide the specialized, community-based care that these minors require. Institutionalizing minors in an environment that is not tailored to their needs risks isolating them and undermining their well-being. Instead, the state should prioritize developing strong community-based mental health programs that offer tailored, integrated, and compassionate support. This approach effectively addresses their needs and aligns with best practices for mental health care.

The Arc of North Dakota firmly believes that individuals with developmental disabilities thrive best when supported in their communities. Over-reliance on LSTC as a default solution for vulnerable populations undermines the broader goal of fostering inclusion, independence, and dignity. By investing in community-based services, the state can provide targeted support that empowers individuals and strengthens our communities rather than defaulting to institutional solutions.

In conclusion, SB 2112 threatens to undermine LSTC's core mission and jeopardize the care of those who depend on its services. While we are saddened that it has gotten to this point, we strongly believe that the solution lies in expanding and strengthening community-based programs that address the diverse needs of all individuals in North Dakota.

Thank you for your time and consideration. I am happy to answer any questions the committee may have.

Sincerely,
Kirsten Dvorak
Executive Director, The Arc of North Dakota
701-222-1854



Protection & Advocacy Project

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Human Services Committee

Senate Bill 2112 - January 13, 2025

Testimony of Veronica Zietz , P&A Executive Director

Greetings Madam Chair Lee and members of the Human Services Committee. My name is Veronica Zietz and I'm the Executive Director at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

P&A opposes Senate Bill 2112, which seeks to expand services to individuals who do not have developmental disabilities and are therefore not eligible for services at the Life Skills Transition Center (LSTC). Additionally, the bill expands LSTC services to nonresidents. The ND Constitution Article IX, Section 12 (8) details "...there shall be located at or near the city of Grafton, in the county of Walsh, a facility for individuals with developmental disabilities." This language is very clear that the facility's purposes is to serve individuals with developmental disabilities (DD).

There are not enough services in ND for crisis intervention and stabilization for individuals who meet the criteria for developmental disability services. It would not be in the best interest of North Dakotans with DD to allow the LSTC to serve individuals without developmental disabilities or individuals who are nonresidents when there is an acute lack of services for residents with DD. If LSTC is at capacity serving individuals without developmental disabilities or nonresidents; a resident with developmental disabilities would be denied placement and services at LSTC.

Nonresidential services available to individuals who meet the criteria for the DD are lacking. Families and DD providers are often left waiting for support services even in crisis situations. LSTC is to be the "safety net" and placement of last resort for people with developmental disabilities, but that is not always a reality. Families and DD providers are often told there is no bed available as LSTC is over capacity and the LSTC is only for short-term placements. Serving nonresidents and individuals that do not meet the criteria for developmental disabilities will create new barriers for residents with developmental disabilities seeking to access LSTC services.

During the ARC vs ND class action lawsuit, individuals without developmental disabilities, resided at

the Grafton State School (LSTC). This included individuals with mental and behavioral health needs, physical needs without any other disability, medical needs without any other disability, and other inappropriately placed individuals. Now, under state statute the purpose of the life skills and transition center is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing crisis or who would benefit from stabilization, and to work together with parent, guardian, or legal custodian and care teams to identify opportunities for each individual served to live in a family home or community setting of their choice when possible. LSTC is to be a facility for individuals with developmental disabilities and not a catch all for individuals who are not being provided services appropriate to meet their specific disabilities and needs.

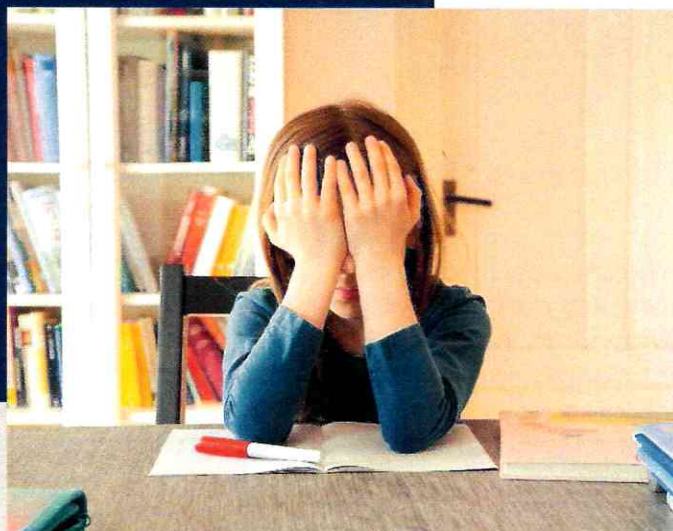
While much of this bill language is existing, the language reads as if the superintendent has the supreme right to hospitalize residents, control temporary and permanent discharge, determine when a resident can have visitors, and when they can communicate with parents, guardians, or legal custodians. Of major concern is also that there is no language for how a resident who is their own legal decision maker would be discharged if they wish to leave LSTC. This bill appears to maintain the superintendent's all-encompassing decision-making power and control over residents and their legal decision-makers, which brings into question possible violations of constitutional and civil rights.

There is no question that ND needs a service delivery system that meets the needs of individuals who do not have developmental disabilities including children and youth. The needs of individuals without DD are different than the needs of individuals with DD. Individuals without DD have needs that are vast and varied with circumstance such as social maladjustment, mental and behavioral health, violent criminal behavior, and sexualized behaviors. Nationwide, it is rare to find a facility that serves both populations in the same facility due to the safety risks for individuals with developmental disabilities. People with developmental disabilities are vulnerable to becoming victims of violent crimes, physical and sexual abuse, neglect, and exploitation at much higher rates than their peers without developmental disabilities. People with DD may also be victimized and harmed because they are less able to protect themselves, less likely to tell someone who can help them, and may lack sufficient communication and/or language skills needed to seek help. These two groups have very different needs when it comes to therapeutic services and safe living environments; these cannot be provided in the same environment.

This bill seems to remove the rights of people with developmental disabilities and seeks to serve two different populations placing both groups at risk of being harmed and harming. P&A is opposed to this Bill for these reasons.

Thank you for your time and consideration.

Veronica Zietz
Executive Director
vzietz@nd.gov



Children's Treatment Services Level of Care Determinations

Children's Treatment Services- Level of Care Determination

North Dakota Health and Human Services, Behavioral Health, Children and Family Services and Medical Services partnered across sections to implement a unified clinical assessment to aid in securing treatment services for children.

Purpose

- Determine the least restrictive most appropriate level of care.
- Ensure community services have been exhausted before seeking out-of-home or residential treatment for children.
- Ensure children receive the right services, at the right time, for the right duration.

Eligibility

- Children aged 6 through 17 in need of treatment services.
- Families or case workers seeking out-of-home or residential treatment for a child in their care.

Assessments by Third Party Vendor (Maximus)

- Contracted employees residing in ND use an evidence-based assessment tool.
- Interview with the child, family, therapist, and treatment providers.
- Review clinical and treatment services supporting documentation.
- Review every 90 days when a child is in a residential treatment facility (QRTP/PRTF)
- Review every 180 days when a child is in treatment foster care (TFC)

Placements

- Emergency placements can occur, while the assessment is taking place.
- TFC and QRTP, emergency placements can occur for up to 30 days.
- PRTF, emergency placements can occur for up to 10 days.

Changing the Trajectory

- Data and outcomes show that children do better in family settings. Research indicating placement in institutional/group setting are associated with poorer outcomes.
- Treatment in out-of-home or residential treatment should be short-term.
- Supporting HHS mission in providing services closer to home.

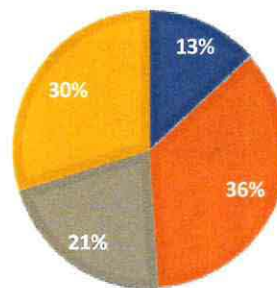
Children and Family Services Section
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538
Email: hhsdfs@nd.gov
[Maximus Website](#)
[HHS Website](#)

HHS Clinical Alignment Team

The HHS Clinical Alignment Team has employees from Behavioral Health, Children and Family Services, Medical Services and Maximus. The team meets weekly to review cases, the clinical decision support model, trainings for stakeholders, process changes or policy modifications.

CTS-LOC Determinations issued since July 1, 2024

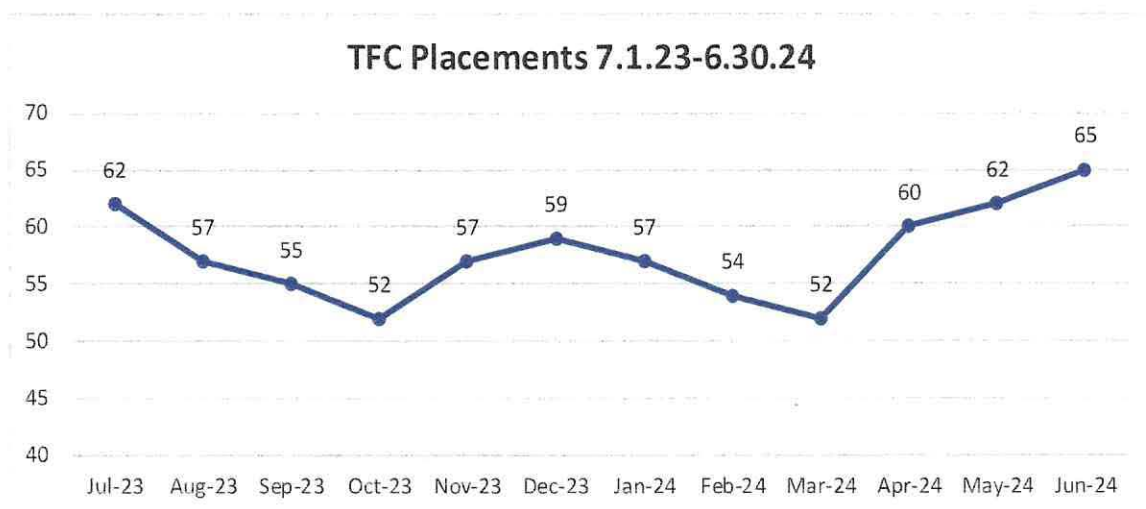
Since July 1, 2024, there have been 357 assessments, completed 203 (57%) for children in public custody. Majority 91% have been approved for treatment to remain in or enter a PRTF, QRTP or TFC foster home.



Treatment Foster Care

Treatment Foster Care is provided by Nexus PATH Family Healing as a Licensed Child Placing Agency (LCPA) licensed and paid for by HHS Children and Family Services. Treatment Foster Care (TFC) providers receive extra training and support by the agency as children placed in their home require additional in-home supports and services. TFC is an alternative to institutional and residential facilities offering a home environment to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children ages six through 17 who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

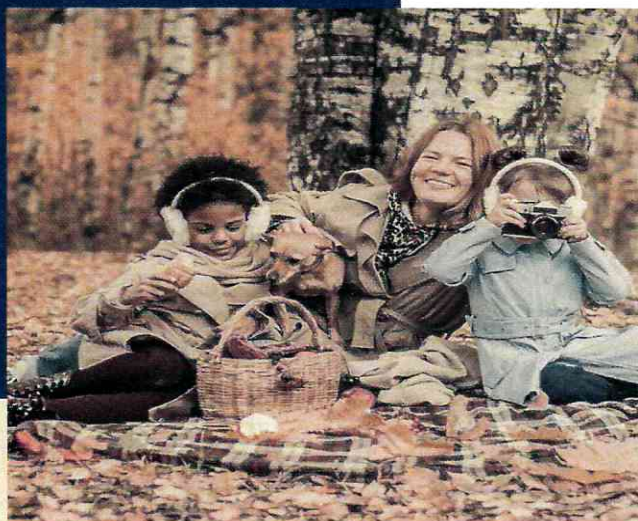
From July 1, 2023, to June 30, 2024, the chart below shows the number of children served in treatment foster care through Nexus PATH Family Healing:



Qualified Residential Treatment Programs

North Dakota has two Qualified Residential Treatment Programs (QRTP), Home on the Range located in Sentinel Butte averaging 94% occupancy in the last six months and Dakota Boys and Girls Ranch located in Minot averaging 69% occupancy in the last six months.

QRTP's are licensed and paid for by HHS Children and Family Services. QRTP's are **short-term** residential treatment providers offering trauma-informed treatment designed to address the serious complex behavioral health needs of children ages 10 through 17. QRTPs must have a trauma-informed treatment model, a registered or licensed nurse and other clinical staff available 24/7. QRTP's must facilitate participation of family members in a child's treatment program, and provide aftercare supports for at least 6 months post discharge.



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Interstate Compact for the Placement of Children (ICPC)

General Information:

The Interstate Compact for the Placement of Children (ICPC) is a contract between all 50 states that allow them to work together to ensure that children who are placed across state lines, who are in the care or custody of a state public child welfare agency, for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children. The purpose of the ICPC is to protect the child and the party states in the interstate placement of children so that:

- The child is placed in a suitable environment;
- The receiving state has the opportunity to assess that the proposed placement is not contrary to the interests of the child and that its applicable laws and policies have been followed before it approves the placement;
- The sending state obtains enough information to evaluate the proposed placement;
- The care of the child is promoted through appropriate jurisdictional arrangements; and
- The sending agency or individual guarantees the child legal and financial protection

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Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538
Email: hhscfs@nd.gov

Placement options for which an ICPC be requested:

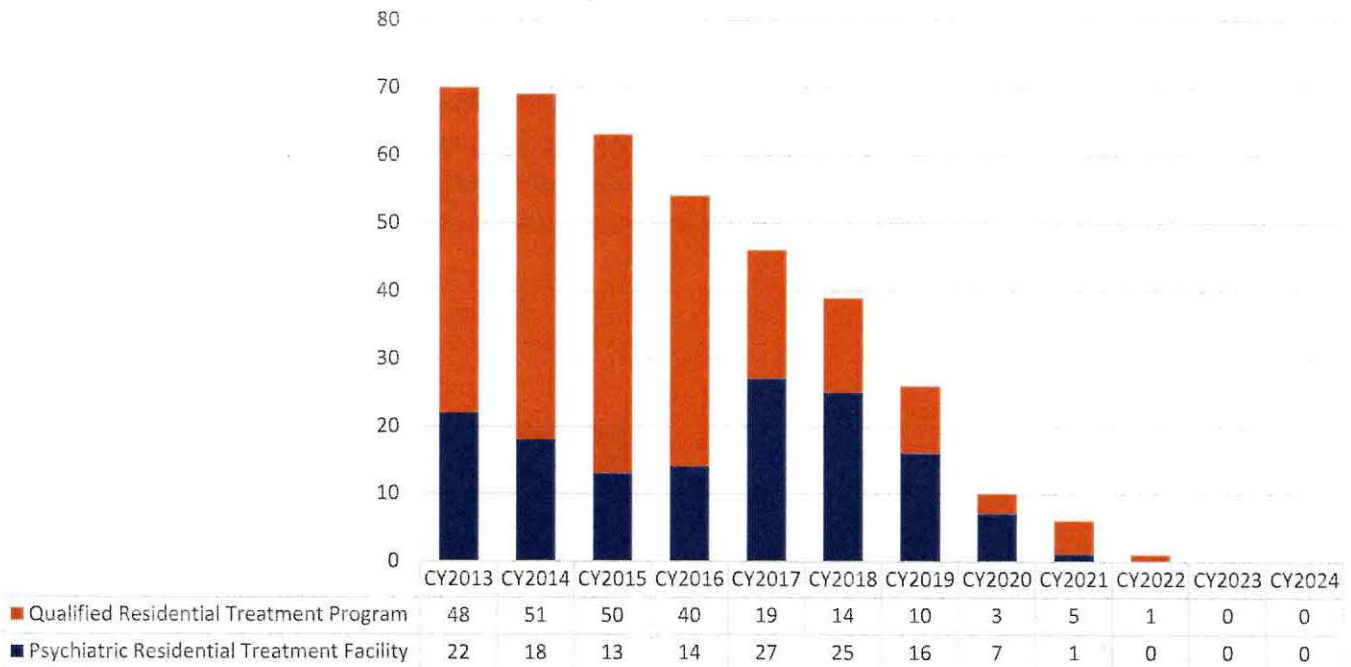
ICPC can be requested to support several potential placement options

- Parent home
- Relative home
- Foster care provider home
- Adoptive home
- Qualified Residential Treatment Program Facility

ICPC requests processed by North Dakota

- Foster Care and Relative Care – 600 per year (50 per month) both incoming and outgoing
- Adoption – 80 per year both incoming and outgoing
- Out of State Residential Facility Placement – See below

Out-of-State Residential Facility Placements
CY2013-CY2024





State Council on Developmental Disabilities

HEALTH & HUMAN SERVICES

Senate Human Services

SB 2112

January 13, 2025

My name is Julianne Horntvedt, and I am the Executive Director of the North Dakota State Council on Developmental Disabilities. I am submitting this testimony on behalf of our Advocacy Committee. We feel 2112 is a bill that seeks to address broader service needs but, in doing so, threatens to set a dangerous precedent for the future of services for individuals with developmental disabilities.

While we understand the intent of SB 2112, which seeks to expand service options, we are deeply concerned that this bill could lead to unintended and harmful consequences for individuals who rely on the Life Skills and Transition Center (LSTC). LSTC plays a vital role in providing specialized care for individuals with developmental disabilities who require high levels of support. However, it is critical that our focus shift toward reducing reliance on institutional settings like LSTC and instead invest in community-based alternatives that promote independence, inclusion, and dignity.

LSTC exists to serve individuals with complex needs who require specialized, 24-hour care. While it provides a critical safety net for some, over-reliance on this institutional model not only isolates individuals from their communities but can also hinder their long-term well-being and development. We urge the state to prioritize the expansion of community-based services that offer tailored, integrated, and compassionate support. This approach not only meets individuals' needs more effectively, but it also aligns with best practices in mental health care and supports the long-term goals of independence and community inclusion.

The North Dakota State Council on Developmental Disabilities believes that individuals with developmental disabilities thrive best when they are supported within their communities. Overusing LSTC as a catch-all solution for vulnerable populations undermines this principle. By investing in community-based services, we can provide support that is both personalized and empowering, rather than relying on institutional solutions that may not meet individuals' needs in the most appropriate way.

Expanding LSTC's scope to include individuals who do not meet its current eligibility criteria poses significant risks. It could overwhelm the Center's resources and compromise the quality of care for its current residents—those who depend on its stability, consistency, and specialized expertise. Diverting resources to serve a broader population could ultimately leave these individuals underserved and vulnerable, undermining LSTC's core mission of providing life-changing care for those who need it most.

We are particularly concerned about proposals to extend LSTC services to minors facing mental health challenges. While these needs are pressing and deserve attention, we strongly believe that LSTC is not equipped to provide the specialized, community-based care that minors require. Institutionalizing minors in a setting that is not specifically designed to meet their developmental and mental health needs can have long-term negative effects. Instead, we advocate for a system that prioritizes community-based mental health programs, offering integrated care and support that is more appropriate and effective for minors.

In conclusion, we strongly urge the legislature to reconsider SB 2112 in its current form and focus on building a robust network of community-based services that promote independence, inclusion, and dignity for individuals with developmental disabilities. The future of care for vulnerable populations lies in supporting them within their communities, not in expanding reliance on institutional settings like LSTC. Thank you for your time and consideration.

Behavioral Health and Long-term Care Continuum

Inpatient

- State Hospital
- Psych Hospital
- Hospital Inpatient

Skilled Nursing Facilities (SNF)

Community Based Intensive Behavioral Long-Term Care

Currently Unavailable

- Needed for:
- Younger individuals with neurological/behavioral needs
- Need options for co-occurring w/substance use & criminal justice history

Geropsych Facilities

- Currently 3 facilities
- Average age 67
- Both SMI & Medical need
- Seeing younger; co-occurring w/ substance use & criminal justice history

Basic Care

- Basic Care Facilities
- Specialized Basic Care:
 - 2 Brain Injury Group Homes
 - Memory Care Units

Home and Community Based Services

- Agency Adult Foster Homes
- 1:1 Services in home up to 24 hrs
- Other QSP services

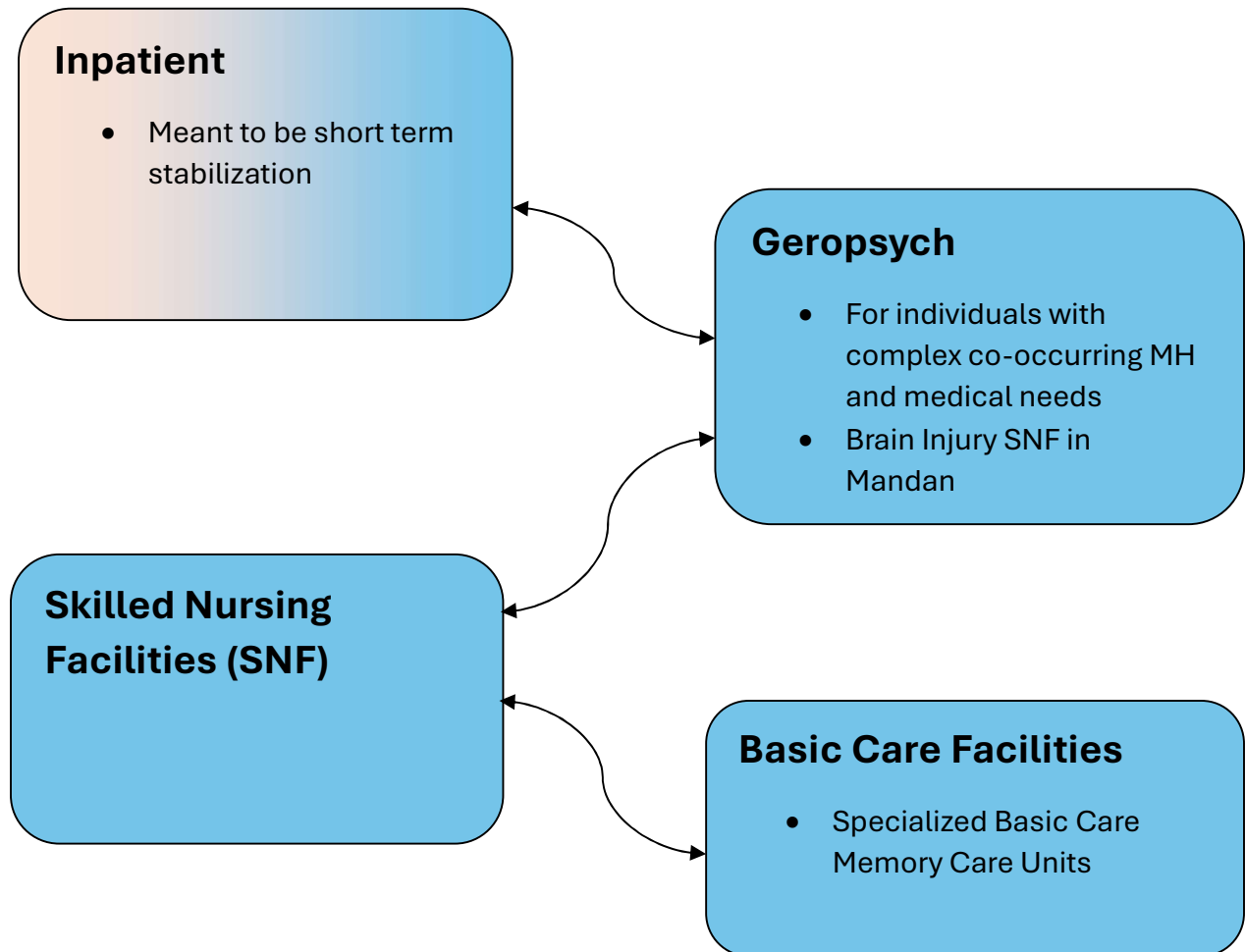
Various Community Based Services

Services based on individuals needs and eligibility

- Human Service Centers
- 1915I
- SUD Voucher
- Etc.

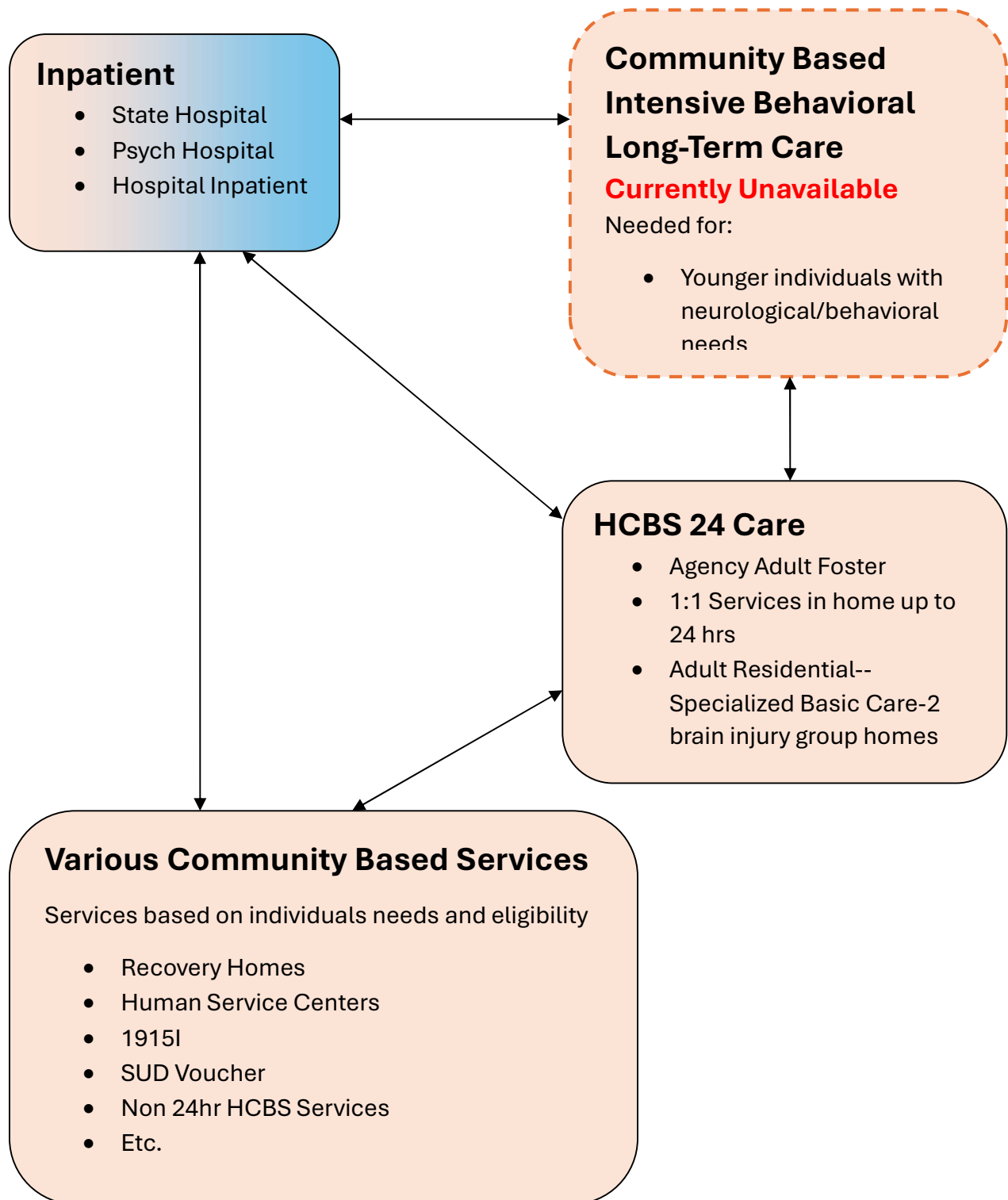
Facility Based Continuum

Best suited for older adults with co-occurring needs, complex medical needs



Community Based Continuum

Better fit for younger, less medically complex



2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2112
1/13/2025

Relating to life skills and transition center.
--

2:06 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Type of units
- On site staff
- Type of providers available
- Right to refuse
- Safety of residents
- Types of interventions
- Number of youths being serviced
- Provider support for the service

2:09 p.m. Jessica Thomason, Director of ND Department of Health and Human Services, answered committee questions.

2:40 p.m. Carlotta McCleary, Mental Health America of ND, responded to committee questions.

2:44 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2112
1/22/2025

Relating to the life skills and transition center.
--

2:57 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Ruth Myers
- Application to facilities
- Statewide facilities
- Federal confidentiality

2:55 p.m. Johnathan Alm, Attorney with ND Department of Human Health and Services, answered committee questions.

2:58 p.m. Kim Jacobson, Director of Human Service Zone, answered committees questions.

3:25 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2112
1/29/2025

Relating to the life skills and transition center.
--

3:28 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Sunset clause

3:34 p.m. Senator Hogan moved Do Pass on Amendment LC#25.8077.01001.

3:34 p.m. Senator Roers seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

3:26 p.m. Senator Hogan moved Do Pass as amended.

3:27 p.m. Senator Roers seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Lee will carry the bill.

3:38 p.m. Chairman Lee closed the hearing.

Senate Human Services Committee

SB 2112

01/30/25

Page 2

Andrew Ficek, Committee Clerk

January 29, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

SENATE BILL NO. 2112

Introduced by

Human Services Committee

(At the request of the Department of Health and Human Services)

JB 1-29-25
1 of 9

1 A BILL for an Act to amend and reenact sections 25-04-00.1, 25-04-02, 25-04-04, 25-04-04.1,
2 25-04-05, 25-04-05.1, 25-04-08, 25-04-08.1, 25-04-14, and 25-04-17 of the North Dakota
3 Century Code, relating to the life skills and transition center; to provide for a legislative
4 management report; and to provide an expiration date.

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

6 **SECTION 1. AMENDMENT.** Section 25-04-00.1 of the North Dakota Century Code is
7 amended and reenacted as follows:

8 **25-04-00.1. Definitions.**

9 For the purposes of this chapter:

- 10 1. "Department" means the department of health and human services.
- 11 2. "Eligible" means an individual has been deemed eligible by the department for
12 developmental disability services.
- 13 3. "Individual served" is an eligible individual who is a legal resident of the state of North
14 Dakota and is receiving services from the life skills and transition center.
- 15 4. "Noneligible" means a minor who is a legal resident of the state and has not been
16 deemed eligible by the department for developmental disability services.
- 17 5. "Nonresident individual served" includes:
 - 18 a. Any individual served by the life skills and transition center who is under eighteen
19 years old and whose responsible relative is not a bona fide resident of this state.

JB 2009

b. Any enrolled member of a federally recognized Indian tribe for whom the United States government has, through its statutes and regulations, a responsibility for their care.

~~5-6.~~ "Nonresident responsible relative" includes the nonresident spouse, father, or mother of the individual served. It includes the bureau of Indian affairs in those cases involving an enrolled member of a federally recognized Indian tribe for whom the United States government has, through its statutes and regulations, a responsibility for their care.

~~6-7.~~ "Nonresidential services" means rehabilitative services and supports that are provided in a family home or community setting.

~~7-8.~~ "Residential services" are specialized services and supports provided at the life skills and transition center facility which include both room and board and rehabilitative services in accordance with an individual's care and support plan. Residential services provided at the life skills and transition center are available to address an individual's needs for stabilization.

SECTION 2. AMENDMENT. Section 25-04-02 of the North Dakota Century Code is amended and reenacted as follows:

25-04-02. Purpose of life skills and transition center.

1. The purpose of the life skills and transition center is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing crisis or who would benefit from stabilization, and to work together with parent, guardian, or legal custodian and care teams to identify opportunities for each individual served to live in a family home or community setting of their choice when possible.
2. The life skills and transition center must be maintained to provide care, treatment, training, rehabilitation, and supervision for eligible individuals. For this purpose the department may introduce and establish such rehabilitative and support services as, in its judgment, will best prepare the individuals served to live in the most integrated, independent setting possible.
3. The life skills and transition center may provide both residential services and nonresidential services and effectuate its powers and duties to best serve eligible individuals who may benefit from those activities.

JB 329

4. Upon approval of the commissioner of the department or designee and in the opinion of the superintendent of the life skills and transition center, the life skills and transition center may provide:

- a. Residential services or nonresidential services and effectuate its powers and duties to best serve noneligible individuals who are experiencing crisis or who would benefit from stabilization and may benefit from those activities; or
- b. Consultation services to public and private providers serving noneligible individuals.

SECTION 3. AMENDMENT. Section 25-04-04 of the North Dakota Century Code is amended and reenacted as follows:

25-04-04. Who may receive benefits of life skills and transition center.

1. Subject to this chapter and to any rules adopted by the department, the benefits of the life skills and transition center may be received only by:
 - a. Eligible individuals who may benefit from services provided by the life skills and transition center who, in the opinion of the superintendent of the life skills and transition center are of suitable age and capacity to receive care, treatment, training, rehabilitation, or supervision by the life skills and transition center or whose disabilities prevent them from receiving training and instruction in the public schools;
 - b. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from services provided by the life skills and transition center and who are in need of stabilization supports and cannot be properly cared for in their family home or other available community settings; or
 - c. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from either residential services or nonresidential services provided by the life skills and transition center; or
 - d. Noneligible individuals who, upon approval of the commissioner of the department or designee and in the opinion of the superintendent of the life skills and transition center, may benefit from:

AB 4089

1 (1) Residential services for up to ninety days, unless an extension is granted for
2 an additional ninety days by the superintendent of the life skills and
3 transition center to facilitate effective transition;

4 (2) Nonresidential services provided by the life skills and transition center; or

5 (3) Consultation services to public and private providers serving noneligible
6 individuals.

7 2. Residents and nonresidents of this state may receive services from the life skills and
8 transition center. Priority, however, must be given to residents of this state.

9 **SECTION 4. AMENDMENT.** Section 25-04-04.1 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **25-04-04.1. Program management for an individual served.**

12 The department shall ensure active program management is maintained for eligible
13 individuals served and noneligible individuals receiving residential services at the life skills and
14 transition center.

15 **SECTION 5. AMENDMENT.** Section 25-04-05 of the North Dakota Century Code is
16 amended and reenacted as follows:

17 **25-04-05. Qualifications for accessing services provided by life skills and transition**
18 **center - Educational or related services without charge for individuals twenty-one years**
19 **of age and under.**

20 1. The superintendent of the life skills and transition center may admit an eligible or
21 noneligible individual to the life skills and transition center for residential services
22 based on consideration of the following factors:

23 a. Ability of the life skills and transition center to provide the appropriate level of
24 care based on the individual's need.

25 b. Health and safety considerations for both the individual served and other
26 individuals currently being served by the life skills and transition center.

27 c. The individual may be admitted without exceeding the resident capacity of the
28 facility as specified in the professional standards of the department.

29 d. A noneligible individual may not receive residential services to the exclusion of an
30 eligible individual, unless the noneligible individual is receiving residential

JB 5089

1 services before the life skills and transition center receives an application to
2 admit an eligible individual for residential services.

- 3 2. The superintendent of the life skills and transition center may approve an eligible or
4 noneligible individual for nonresidential services provided by the life skills and
5 transition center if all of the following conditions have been met:
- 6 a. Application has been made on behalf of the individual by a department
7 developmental disabilities program manager, a parent, guardian, or legal
8 custodian, in accordance with procedures established by the department.
- 9 b. Information has been submitted to the life skills and transition center which allows
10 the superintendent to determine that the ~~individual served~~ eligible or noneligible
11 individual would benefit from ~~nonresidential~~;

12 (1) Nonresidential stabilization services offered by the life skills and transition
13 center for the purpose of avoiding institutionalization or further
14 destabilization of the individual's living situation; or

15 (2) Consultation services to public and private providers serving noneligible
16 individuals.

- 17 3. Notwithstanding any other provision of this chapter, no eligible individual served,
18 twenty-one years of age or under, no noneligible individual, eighteen years of age or
19 under, or the estate or the parent of such individual, may be charged for educational or
20 related services provided at the life skills and transition center. Except as provided in
21 subsection 4, the department has prior claim on all benefits accruing to such
22 individuals served or noneligible individuals for medical and medically related services
23 under entitlement from the federal government, medical or hospital insurance
24 contracts, workforce safety and insurance, or medical care and disability programs.
- 25 For purposes of this subsection, "related services" means transportation and such
26 developmental, corrective, and other supportive services, as determined by the
27 department of public instruction, as are required to assist an individual with a
28 developmental disability to benefit from special education. The cost of related services
29 other than medical and medically related services must be paid by the life skills and
30 transition center, the school district of residence of the child with a developmental
31 disability, and other appropriate state agencies and political subdivisions of this state.

for 6 of 9

The department of public instruction, the department, the school district of residence, and other appropriate state agencies and political subdivisions, as determined by the department of public instruction, shall determine and agree to that portion of related services, other than medical and medically related services, for which each agency and political subdivision is liable. The department of public instruction may adopt rules necessary to implement this section.

4. Parents of an eligible individual, who is twenty-one years of age or under, are not required to file, assist in filing, agree to filing, or assign an insurance claim when filing the claim would pose a realistic threat that the parents would suffer a financial loss not incurred by similarly situated parents of children with disabilities. Financial losses do not include incidental costs such as the time needed to file or assist in filing an insurance claim or the postage needed to mail the claim. Financial losses include:
 - a. A decrease in available lifetime coverage or any other benefit under an insurance policy.
 - b. An increase in premiums or the discontinuation of a policy.
 - c. An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim unless the life skills and transition center pays or waives the out-of-pocket expense.

SECTION 6. AMENDMENT. Section 25-04-05.1 of the North Dakota Century Code is amended and reenacted as follows:

25-04-05.1. Transfer of individuals - Visiting privileges - Release and placement of individuals served.

1. The superintendent of the life skills and transition center shall have the right of temporary transfer of any individual served or noneligible individual, at the life skills and transition center, to an appropriate hospital or other specialized facility when in the superintendent's opinion the immediate health and safety of the individual or the immediate health and safety of others requires the transfer.
2. Subject to reasonable rules for the orderly operation of the life skills and transition center, any parent, guardian, or legal custodian of the individual served or noneligible individual shall have the right of visiting and communicating with the individual served or noneligible individual and authorizing visits and communications with others.

JB 7/8/9

3. The superintendent may authorize the temporary discharge of any individual served or noneligible individual to the custody of the individual served's or noneligible individual's parent, guardian, or legal custodian of the individual, or to another person designated by the parent, guardian, or legal custodian. In the absence of such authorization, any parent, guardian, or legal custodian of the individual served may formally request, in writing, the individual served's temporary discharge. The discharge must be granted at the earliest reasonable opportunity, but not more than thirty days after receipt of a written application. If a discharge is, or would be, effected contrary to the advice of the superintendent based on a recent comprehensive evaluation of the individual, the superintendent shall so advise the parent, guardian, or legal custodian in writing.
4. The superintendent may arrange for the suitable placement of ~~an~~:
 - a. An individual served outside the life skills and transition center and to discharge the individual served, provided placement has been preceded by a comprehensive evaluation. No such placement of an individual served may be effected until all reasonable efforts have been made to consult with the individual served's care team and parent, guardian, or legal custodian of the individual served; and
 - b. A noneligible individual outside the life skills and transition center or to discharge the noneligible individual.

SECTION 7. AMENDMENT. Section 25-04-08 of the North Dakota Century Code is amended and reenacted as follows:

25-04-08. Discharge of an individual served from life skills and transition center.

An individual who receives residential services at the life skills and transition center must be discharged if any one of the following conditions are present:

1. The superintendent of the life skills and transition center, on the basis of a comprehensive evaluation and in consultation with the ~~individual's~~individual served's parent, guardian, legal custodian, or care team, finds that the care, treatment, training, rehabilitation, and supervision offered by the life skills and transition center are no longer needed.

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- 1 2. The parent, guardian, or legal custodian who voluntarily admitted the individual served
- 2 to residential services at the life skills and transition center and who retains legal
- 3 custody makes a written request for discharge.
- 4 3. The individual served is admitted on indefinite transfer to a hospital, school, or other
- 5 facility, or a protective service under the jurisdiction of another state, or another
- 6 agency or department of this state.
- 7 4. A court of competent jurisdiction orders the discharge of the individual served.
- 8 5. The superintendent makes a determination that the noneligible individual no longer
- 9 qualifies for accessing services provided by the life skills and transition center.

10 **SECTION 8. AMENDMENT.** Section 25-04-08.1 of the North Dakota Century Code is
11 amended and reenacted as follows:

12 **25-04-08.1. Notification before discharge.**

13 Before discharge the superintendent of the life skills and transition center shall meet with
14 the parent, guardian, legal custodian, or care team of the individual:

- 15 1. Individual served to be discharged, or with the court that ordered the individual served
- 16 to receive services at the life skills and transition center pursuant to section 25-04-06.
- 17 2. Noneligible individual to be discharged.

18 **SECTION 9. AMENDMENT.** Section 25-04-14 of the North Dakota Century Code is
19 amended and reenacted as follows:

20 **25-04-14. Expenses chargeable against individual or individual's estate - Filing**
21 **claims.**

22 Expenses for care and treatment of each individual served or noneligible individual by the
23 life skills and transition center must, if practicable, be in accordance with the cost of providing
24 care and treatment for the different degrees or conditions of mental and physical health and
25 charges may be adjusted in accordance with the individual served's or noneligible individual's
26 ability to pay which must include an estimate of potential future receipts, including amounts from
27 estates. The department shall recover from the individual served or noneligible individual or
28 from a discharged individual expenses chargeable for care and treatment. If any individual
29 served or noneligible individual is receiving social security benefits or is a veteran or a
30 dependent of a veteran who has received, is receiving, or is entitled to receive compensation or
31 pension from the veterans' administration, the expenses are a current claim against the

Jan 9/29

individual served or noneligible individual and may be recovered monthly by the department except that any amount required by the payer of the benefits to be paid directly to the individual served or noneligible individual must, upon approval of the department, be credited to the individual served's or noneligible individual's personal account from any money thus received.

SECTION 10. AMENDMENT. Section 25-04-17 of the North Dakota Century Code is amended and reenacted as follows:

25-04-17. Reduction or writeoff of accounts - Report to legislative audit and fiscal review committee.

The department may authorize the reduction or writeoff of an individual served's or noneligible individual's past-due account from the life skills and transition center's financial records upon determining that the account is not collectible. The department, by September first after the close of each fiscal year, shall present a detailed report to the legislative audit and fiscal review committee on the status of accounts receivable for that fiscal year. The report must include:

1. An aging by individual classification of accounts remaining unpaid.
2. The amounts by individual classification by which accounts were reduced or written off for reasons other than payment during that fiscal year.

SECTION 11. LEGISLATIVE MANAGEMENT REPORT - LIFE SKILLS AND TRANSITION CENTER. The department of health and human services shall submit a report every six months during the 2025-27 biennium to legislative management regarding:

1. The number of ineligible children served under this Act by the life skills and transition center, including consultation services to public and private providers.
2. Deidentified information and reasons describing barriers to utilization of community-based services for ineligible children served under this Act by the life skills and transition center, including efforts made by the life skills and transition center.
3. The activities and strategies of the department, and any statutory recommendations to improve the state's community-based services and alternative community crisis and stabilization services to ineligible children served under this Act.

SECTION 12. EXPIRATION DATE. Section 2 of this Act is effective through June 30, 2027, and after that date is ineffective.

**REPORT OF STANDING COMMITTEE
SB 2112**

Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS** ([25.8077.01001](#)) and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2112 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

2025 SENATE APPROPRIATIONS

SB 2112

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2112
2/7/2025

Relating to the life skills and transition center; to provide for a legislative management report; and to provide an expiration date.

8:47 a.m. Chairman Dever opened the hearing.

Discussion Topics:

- Life Skills Transition Center
- Provision of Care
- Noneligible Youth
- Noneligible Young Adult

8:48 a.m. Jessica Thomasson, Executive Director, Human Services Division, Department of Health & Human Services (DHHS) testified in favor.

9:12 a.m. Senator Davison moved a Do Pass.

9:14 a.m. Senator Magrum seconded the motion.

9:14 a.m. Brady Larson, Assistant Legislative Budget Analyst & Auditor, LC, testified neutral.

Roll Call Vote:

Senators	Vote
Senator Dick Dever	Y
Senator Sean Cleary	N
Senator Kyle Davison	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	N

Motion Passed 3-2-0.

9:17 a.m. Chairman Dever will take to full committee.

9:17 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

SB 2112
2/10/2025

A BILL for an Act to amend and reenact sections 25-04-00.1, 25-04-02, 25-04-04, 25-04-04.1, 25-04-05, 25-04-05.1, 25-04-08, 25-04-08.1, 25-04-14, and 25-04-17 of the North Dakota Century Code, relating to the life skills and transition center; to provide for a legislative management report; and to provide an expiration date.

9:34 a.m. Chairman Bekkedahl opened the hearing.

Members Present: Chairman Bekkedahl, Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.

Discussion Topics:

- Usage of State Facilities
- New Placements
- Level of Care Service Concerns
- Lack of Follow-Up
- Lack of Community Connections

9:34 a.m. Senator Dever introduced the bill and submitted testimony #36706.

9:36 a.m. Senator Dever moved a Do Pass.

9:36 a.m. Senator Magrum seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	N
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	N
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	N
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Senate Appropriations Committee
SB 2112
02/10/2025
Page 2

Motion Passed 12-4-0.

Senator Lee will carry the bill.

9:48 a.m. Chairman Bekkedahl closed the hearing.

Elizabeth Reiten, Committee Clerk

**REPORT OF STANDING COMMITTEE
ENGROSSED SB 2112 ([25.8077.02000](#))**

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (12 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). SB 2112 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

25.8077.02000

Sixty-ninth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2112

Introduced by

Human Services Committee

(At the request of the Department of Health and Human Services)

- 1 A BILL for an Act to amend and reenact sections 25-04-00.1, 25-04-02, 25-04-04, 25-04-04.1,
2 25-04-05, 25-04-05.1, 25-04-08, 25-04-08.1, 25-04-14, and 25-04-17 of the North Dakota
3 Century Code, relating to the life skills and transition center; to provide for a legislative
4 management report; and to provide an expiration date.

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

6 **SECTION 1. AMENDMENT.** Section 25-04-00.1 of the North Dakota Century Code is
7 amended and reenacted as follows:

8 **25-04-00.1. Definitions.**

9 For the purposes of this chapter:

- 10 1. "Department" means the department of health and human services.
11 2. "Eligible" means an individual has been deemed eligible by the department for
12 developmental disability services.
13 3. "Individual served" is an eligible individual who is a legal resident of the state of North
14 Dakota and is receiving services from the life skills and transition center.
15 4. "Noneligible" means a minor who is a legal resident of the state and has not been
16 deemed eligible by the department for developmental disability services.
17 5. "Nonresident individual served" includes:
18 a. Any individual served by the life skills and transition center who is under eighteen
19 years old and whose responsible relative is not a bona fide resident of this state.
20 b. Any enrolled member of a federally recognized Indian tribe for whom the United
21 States government has, through its statutes and regulations, a responsibility for
22 their care.

- 1 ~~5-6.~~ "Nonresident responsible relative" includes the nonresident spouse, father, or mother
2 of the individual served. It includes the bureau of Indian affairs in those cases involving
3 an enrolled member of a federally recognized Indian tribe for whom the United States
4 government has, through its statutes and regulations, a responsibility for their care.
5 ~~6-7.~~ "Nonresidential services" means rehabilitative services and supports that are provided
6 in a family home or community setting.
7 ~~7-8.~~ "Residential services" are specialized services and supports provided at the life skills
8 and transition center facility which include both room and board and rehabilitative
9 services in accordance with an individual's care and support plan. Residential services
10 provided at the life skills and transition center are available to address an individual's
11 needs for stabilization.

12 **SECTION 2. AMENDMENT.** Section 25-04-02 of the North Dakota Century Code is
13 amended and reenacted as follows:

14 **25-04-02. Purpose of life skills and transition center.**

- 15 1. The purpose of the life skills and transition center is to serve as a specialty care and
16 support resource for eligible individuals with developmental disabilities who are
17 experiencing crisis or who would benefit from stabilization, and to work together with
18 parent, guardian, or legal custodian and care teams to identify opportunities for each
19 individual served to live in a family home or community setting of their choice when
20 possible.
21 2. The life skills and transition center must be maintained to provide care, treatment,
22 training, rehabilitation, and supervision for eligible individuals. For this purpose the
23 department may introduce and establish such rehabilitative and support services as, in
24 its judgment, will best prepare the individuals served to live in the most integrated,
25 independent setting possible.
26 3. The life skills and transition center may provide both residential services and
27 nonresidential services and effectuate its powers and duties to best serve eligible
28 individuals who may benefit from those activities.
29 4. Upon approval of the commissioner of the department or designee and in the opinion
30 of the superintendent of the life skills and transition center, the life skills and transition
31 center may provide:

- a. Residential services or nonresidential services and effectuate its powers and duties to best serve noneligible individuals who are experiencing crisis or who would benefit from stabilization and may benefit from those activities; or
- b. Consultation services to public and private providers serving noneligible individuals.

SECTION 3. AMENDMENT. Section 25-04-04 of the North Dakota Century Code is amended and reenacted as follows:

25-04-04. Who may receive benefits of life skills and transition center.

1. Subject to this chapter and to any rules adopted by the department, the benefits of the life skills and transition center may be received only by:
 - a. Eligible individuals who may benefit from services provided by the life skills and transition center who, in the opinion of the superintendent of the life skills and transition center are of suitable age and capacity to receive care, treatment, training, rehabilitation, or supervision by the life skills and transition center or whose disabilities prevent them from receiving training and instruction in the public schools;
 - b. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from services provided by the life skills and transition center and who are in need of stabilization supports and cannot be properly cared for in their family home or other available community settings; ~~or~~
 - c. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from either residential services or nonresidential services provided by the life skills and transition center; or
 - d. Noneligible individuals who, upon approval of the commissioner of the department or designee and in the opinion of the superintendent of the life skills and transition center, may benefit from:
 - (1) Residential services for up to ninety days, unless an extension is granted for an additional ninety days by the superintendent of the life skills and transition center to facilitate effective transition;
 - (2) Nonresidential services provided by the life skills and transition center; or

1 (3) Consultation services to public and private providers serving noneligible
2 individuals.

3 2. Residents and nonresidents of this state may receive services from the life skills and
4 transition center. Priority, however, must be given to residents of this state.

5 **SECTION 4. AMENDMENT.** Section 25-04-04.1 of the North Dakota Century Code is
6 amended and reenacted as follows:

7 **25-04-04.1. Program management for an individual served.**

8 The department shall ensure active program management is maintained for eligible-
9 individuals served and noneligible individuals receiving residential services at the life skills and
10 transition center.

11 **SECTION 5. AMENDMENT.** Section 25-04-05 of the North Dakota Century Code is
12 amended and reenacted as follows:

13 **25-04-05. Qualifications for accessing services provided by life skills and transition**
14 **center - Educational or related services without charge for individuals twenty-one years**
15 **of age and under.**

16 1. The superintendent of the life skills and transition center may admit an eligible or
17 noneligible individual to the life skills and transition center for residential services
18 based on consideration of the following factors:

- 19 a. Ability of the life skills and transition center to provide the appropriate level of
20 care based on the individual's need.
- 21 b. Health and safety considerations for both the individual served and other
22 individuals currently being served by the life skills and transition center.
- 23 c. The individual may be admitted without exceeding the resident capacity of the
24 facility as specified in the professional standards of the department.
- 25 d. A noneligible individual may not receive residential services to the exclusion of an
26 eligible individual, unless the noneligible individual is receiving residential
27 services before the life skills and transition center receives an application to
28 admit an eligible individual for residential services.

29 2. The superintendent of the life skills and transition center may approve an eligible or
30 noneligible individual for nonresidential services provided by the life skills and
31 transition center if all of the following conditions have been met:

- 1 a. Application has been made on behalf of the individual by a department
2 developmental disabilities program manager, a parent, guardian, or legal
3 custodian, in accordance with procedures established by the department.
- 4 b. Information has been submitted to the life skills and transition center which allows
5 the superintendent to determine that the ~~individual served~~eligible or noneligible
6 individual would benefit from ~~nonresidential~~;
7 (1) Nonresidential stabilization services offered by the life skills and transition
8 center for the purpose of avoiding institutionalization or further
9 destabilization of the individual's living situation; or
10 (2) Consultation services to public and private providers serving noneligible
11 individuals.
- 12 3. Notwithstanding any other provision of this chapter, no eligible individual served,
13 twenty-one years of age or under, no noneligible individual, eighteen years of age or
14 under, or the estate or the parent of such individual, may be charged for educational or
15 related services provided at the life skills and transition center. Except as provided in
16 subsection 4, the department has prior claim on all benefits accruing to such
17 individuals served or noneligible individuals for medical and medically related services
18 under entitlement from the federal government, medical or hospital insurance
19 contracts, workforce safety and insurance, or medical care and disability programs.
20 For purposes of this subsection, "related services" means transportation and such
21 developmental, corrective, and other supportive services, as determined by the
22 department of public instruction, as are required to assist an individual with a
23 developmental disability to benefit from special education. The cost of related services
24 other than medical and medically related services must be paid by the life skills and
25 transition center, the school district of residence of the child with a ~~developmental~~
26 disability, and other appropriate state agencies and political subdivisions of this state.
27 The department of public instruction, the department, the school district of residence,
28 and other appropriate state agencies and political subdivisions, as determined by the
29 department of public instruction, shall determine and agree to that portion of related
30 services, other than medical and medically related services, for which each agency

1 and political subdivision is liable. The department of public instruction may adopt rules
2 necessary to implement this section.

3 4. Parents of an eligible individual, who is twenty-one years of age or under, are not
4 required to file, assist in filing, agree to filing, or assign an insurance claim when filing
5 the claim would pose a realistic threat that the parents would suffer a financial loss not
6 incurred by similarly situated parents of children with disabilities. Financial losses do
7 not include incidental costs such as the time needed to file or assist in filing an
8 insurance claim or the postage needed to mail the claim. Financial losses include:

9 a. A decrease in available lifetime coverage or any other benefit under an insurance
10 policy.

11 b. An increase in premiums or the discontinuation of a policy.

12 c. An out-of-pocket expense such as the payment of a deductible amount incurred
13 in filing a claim unless the life skills and transition center pays or waives the
14 out-of-pocket expense.

15 **SECTION 6. AMENDMENT.** Section 25-04-05.1 of the North Dakota Century Code is
16 amended and reenacted as follows:

17 **25-04-05.1. Transfer of individuals - Visiting privileges - Release and placement of**
18 **individuals served.**

19 1. The superintendent of the life skills and transition center shall have the right of
20 temporary transfer of any individual served or noneligible individual, at the life skills
21 and transition center, to an appropriate hospital or other specialized facility when in the
22 superintendent's opinion the immediate health and safety of the individual or the
23 immediate health and safety of others requires the transfer.

24 2. Subject to reasonable rules for the orderly operation of the life skills and transition
25 center, any parent, guardian, or legal custodian of the individual served or noneligible
26 individual shall have the right of visiting and communicating with the individual served
27 or noneligible individual and authorizing visits and communications with others.

28 3. The superintendent may authorize the temporary discharge of any individual served or
29 noneligible individual to the custody of the individual served's or noneligible individual's
30 parent, guardian, or legal custodian of the individual, or to another person designated
31 by the parent, guardian, or legal custodian. In the absence of such authorization, any

1 parent, guardian, or legal custodian of the individual served may formally request, in
2 writing, the individual served's temporary discharge. The discharge must be granted at
3 the earliest reasonable opportunity, but not more than thirty days after receipt of a
4 written application. If a discharge is, or would be, effected contrary to the advice of the
5 superintendent based on a recent comprehensive evaluation of the individual, the
6 superintendent shall so advise the parent, guardian, or legal custodian in writing.

7 4. The superintendent may arrange for the suitable placement of ~~an~~:

8 a. An individual served outside the life skills and transition center and to discharge
9 the individual served, provided placement has been preceded by a
10 comprehensive evaluation. No such placement of an individual served may be
11 effected until all reasonable efforts have been made to consult with the individual
12 served's care team and parent, guardian, or legal custodian of the individual
13 served; and

14 b. A noneligible individual outside the life skills and transition center or to discharge
15 the noneligible individual.

16 **SECTION 7. AMENDMENT.** Section 25-04-08 of the North Dakota Century Code is
17 amended and reenacted as follows:

18 **25-04-08. Discharge of an individual served from life skills and transition center.**

19 An individual who receives residential services at the life skills and transition center must be
20 discharged if any one of the following conditions are present:

- 21 1. The superintendent of the life skills and transition center, on the basis of a
22 comprehensive evaluation and in consultation with the ~~individual's~~ individual served's
23 parent, guardian, legal custodian, or care team, finds that the care, treatment, training,
24 rehabilitation, and supervision offered by the life skills and transition center are no
25 longer needed.
- 26 2. The parent, guardian, or legal custodian who voluntarily admitted the individual served
27 to residential services at the life skills and transition center and who retains legal
28 custody makes a written request for discharge.
- 29 3. The individual served is admitted on indefinite transfer to a hospital, school, or other
30 facility, or a protective service under the jurisdiction of another state, or another
31 agency or department of this state.

1 4. A court of competent jurisdiction orders the discharge of the individual served.

2 5. The superintendent makes a determination that the noneligible individual no longer
3 qualifies for accessing services provided by the life skills and transition center.

4 **SECTION 8. AMENDMENT.** Section 25-04-08.1 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **25-04-08.1. Notification before discharge.**

7 Before discharge the superintendent of the life skills and transition center shall meet with
8 the parent, guardian, legal custodian, or care team of the individual:

9 1. Individual served to be discharged, or with the court that ordered the individual served
10 to receive services at the life skills and transition center pursuant to section 25-04-06.

11 2. Noneligible individual to be discharged.

12 **SECTION 9. AMENDMENT.** Section 25-04-14 of the North Dakota Century Code is
13 amended and reenacted as follows:

14 **25-04-14. Expenses chargeable against individual or individual's estate - Filing**
15 **claims.**

16 Expenses for care and treatment of each individual served or noneligible individual by the
17 life skills and transition center must, if practicable, be in accordance with the cost of providing
18 care and treatment for the different degrees or conditions of mental and physical health and
19 charges may be adjusted in accordance with the individual served's or noneligible individual's
20 ability to pay which must include an estimate of potential future receipts, including amounts from
21 estates. The department shall recover from the individual served or noneligible individual or
22 from a discharged individual expenses chargeable for care and treatment. If any individual
23 served or noneligible individual is receiving social security benefits or is a veteran or a
24 dependent of a veteran who has received, is receiving, or is entitled to receive compensation or
25 pension from the veterans' administration, the expenses are a current claim against the
26 individual served or noneligible individual and may be recovered monthly by the department
27 except that any amount required by the payer of the benefits to be paid directly to the individual
28 served or noneligible individual must, upon approval of the department, be credited to the
29 individual served's or noneligible individual's personal account from any money thus received.

30 **SECTION 10. AMENDMENT.** Section 25-04-17 of the North Dakota Century Code is
31 amended and reenacted as follows:

1 **25-04-17. Reduction or writeoff of accounts - Report to legislative audit and fiscal**
2 **review committee.**

3 The department may authorize the reduction or writeoff of an individual served's or
4 noneligible individual's past-due account from the life skills and transition center's financial
5 records upon determining that the account is not collectible. The department, by September first
6 after the close of each fiscal year, shall present a detailed report to the legislative audit and
7 fiscal review committee on the status of accounts receivable for that fiscal year. The report must
8 include:

- 9 1. An aging by individual classification of accounts remaining unpaid.
10 2. The amounts by individual classification by which accounts were reduced or written off
11 for reasons other than payment during that fiscal year.

12 **SECTION 11. LEGISLATIVE MANAGEMENT REPORT - LIFE SKILLS AND TRANSITION**
13 **CENTER.** The department of health and human services shall submit a report every six months
14 during the 2025-27 biennium to legislative management regarding:

- 15 1. The number of ineligible children served under this Act by the life skills and transition
16 center, including consultation services to public and private providers.
17 2. Deidentified information and reasons describing barriers to utilization of community-
18 based services for ineligible children served under this Act by the life skills and
19 transition center, including efforts made by the life skills and transition center.
20 3. The activities and strategies of the department, and any statutory recommendations to
21 improve the state's community-based services and alternative community crisis and
22 stabilization services to ineligible children served under this Act.

23 **SECTION 12. EXPIRATION DATE.** Section 2 of this Act is effective through June 30, 2027,
24 and after that date is ineffective.

2025 HOUSE HUMAN SERVICES

SB 2112

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2112
3/18/2025

Relating to the life skills and transition center; to provide for a legislative management report; and to provide an expiration date.

10:01 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Specialized service options
- Deinstitutionalization
- Addition of definitions for noneligible
- Safety net resources

10:01 a.m. Jessica Thomasson, Executive Director, Human Services Division of the ND Department of Health and Human Services, testified in favor and submitted testimony, #42697.

10:16 a.m. Kelsey Bless, CFS Licensing Unit Administrator of the NDHHS: Children and Family Services, testified in favor and submitted testimony, #42602.

10:34 a.m. Tina Bay, Developmentally Disability Section Director of Health & Human Services, testified in favor and submitted testimony, #42690.

10:37 a.m. Heather Jenkins, Health & Human Services-Life Skills & Transition Center, testified in favor and submitted testimony, #42576.

10:45 a.m. Kimberly Jacobsen, Director of the Agassiz Valley Human Service Zone, testified in favor and submitted testimony, #42636.

11:11 a.m. Carlotta McCleary, Executive Director of Mental Health America of North Dakota, testified in opposition and submitted testimony, #42648.

11:23 a.m. Veronica Zietz, Executive Director of the North Dakota Protection & Advocacy Project, testified in opposition and submitted testimony, #42546.

11:30 a.m. Kirsten Dvorak, Executive Director of The Arc of ND, testified in opposition and submitted testimony, #42680

11:33 a.m. Angele Dinius, Executive Director of the North Dakota Association of Community Providers, testified in opposition and submitted testimony, #42587.

11:36 a.m. Dr. Shauna Eberhardt, Clinical Policy Director Behavioral Health Division, testified and answered questions.

11:41 a.m. Heather Jenkins, Health & Human Services-Life Skills & Transition Center, testified and answered questions.

11:45 a.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk



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Human Services Committee
Senate Bill 2112 - March 18, 2025
Testimony of Veronica Zietz, P&A Executive Director

Greetings Chairman Ruby and members of the Human Services Committee. My name is Veronica Zietz and I'm the Executive Director at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

P&A opposes Senate Bill 2112, which seeks to expand services to individuals who do not have developmental disabilities and are, therefore, not eligible for services at the Life Skills Transition Center (LSTC). Additionally, the bill expands LSTC services to non-eligible nonresidents.

North Dakota's Constitution Article IX, Section 12 (8) details "...there shall be located at or near the city of Grafton, in the county of Walsh, a facility for individuals with developmental disabilities." This language is very clear that the facility's purpose is to serve individuals with developmental disabilities (DD).

It would not be in the best interest of North Dakotans with DD to allow the LSTC to serve individuals without developmental disabilities or individuals who are nonresidents when there is an acute lack of services for residents with DD. If LSTC is at capacity serving individuals without developmental disabilities or nonresidents; a resident with developmental disabilities would be denied placement and services at LSTC.

Families and DD providers are often left waiting for support services even in crisis situations. LSTC is to be the "safety net" and placement of last resort for people with developmental disabilities, but that is not always a reality. Families and DD providers are often told there is no bed available and the LSTC is only for short-term placements. Serving nonresidents and individuals who do not meet the criteria for developmental disabilities will create new barriers for residents with developmental disabilities seeking to access LSTC services. There are already not enough services in ND for crisis intervention and stabilization; this bill will exacerbate the problem.

During the ARC vs ND class action lawsuit, individuals without developmental disabilities resided at the Grafton State School (LSTC). This included individuals with mental and behavioral health needs, physical needs without any other disability, medical needs without any other disability, and other inappropriately placed individuals. Now, under state statute, the purpose of the life skills and transition center is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing a crisis or who would benefit from stabilization, and to work together with the parent, guardian, or legal custodian and care teams to identify opportunities for each individual served to live in a family home or community setting of their choice when possible. LSTC is to be a facility for individuals with developmental disabilities and not a catch-all for individuals who are not being provided services appropriate to meet their specific disabilities and needs.

Adults and youth with primary diagnoses of mental and behavioral health, including trauma, PTSD, self-harm, sexualized and criminalized behavior, and violence, both as victim and perpetrator, will need medical care and treatment for their psychiatric needs. These diagnoses require onsite expertise in psychiatric care and psychiatric treatment teams, which LSTC does not have. In a recent attempt to have an individual with DD and behavioral health needs admitted for a short-term stay at LSTC for stabilization, the team was informed that “LSTC is a residential service and not a psychiatric center.”

Programming and services for individuals with mental and behavioral health stabilization require different skills, training, and qualifications than what LSTC’s staff have. Those individuals also cannot be served at LSTC due to their psychiatric diagnoses and needs. More appropriate placement for psychiatric treatment already exists in North Dakota. For youth that need in-patient services, there are six Psychiatric Residential Treatment Facilities (PRTF) in our state that offer services to include the use of child psychiatrists and psychologists, counselors, trauma-based care, and specialized treatment services. In addition, North Dakota also has a Qualified Residential Treatment Programs (QRTP) offering services to youth with a focus on trauma-based services. For adults with psychiatric treatment needs the state hospital or private acute psychiatric providers are better options than the LSTC.

Of further note, existing law outlined in the bill language reads as if the superintendent has the supreme right to hospitalize residents, control temporary and permanent discharge, determine when a resident can have visitors, and when they can communicate with parents, guardians, or legal custodians. Of major concern is also that there is no language for how a resident who is their own legal decision-maker would be discharged if they wish to leave LSTC. This bill appears to maintain the superintendent’s all-encompassing decision-making power and control over residents and their legal decision-makers, which brings into question possible violations of constitutional and civil rights.

There is no question that ND needs a service delivery system that meets the needs of individuals who do not have developmental disabilities including children and youth. The needs of individuals

without DD are different than the needs of individuals with DD. Individuals without DD have needs that are vast and varied with circumstances such as social maladjustment, mental and behavioral health, violent criminal behavior, and sexualized behaviors.

Nationwide, it is rare to find a facility that serves both populations in the same facility due to the safety risks for individuals with developmental disabilities. People with developmental disabilities are vulnerable to becoming victims of violent crimes, physical and sexual abuse, neglect, and exploitation at much higher rates than their peers without developmental disabilities. People with DD may also be victimized and harmed because they are less able to protect themselves, less likely to tell someone who can help them, and may lack sufficient communication and/or language skills needed to seek help. These two groups have very different needs when it comes to therapeutic services and safe living environments; these cannot be provided in the same environment. This bill is not the answer to the mental health crisis in North Dakota.

This bill undermines the rights of people with developmental disabilities and seeks to serve two different populations placing both groups at risk of being harmed and harming. P&A is opposed to this Bill for these reasons.

Thank you for your time and consideration.

Veronica Zietz
Executive Director
vzietz@nd.gov



Health & Human Services

Testimony
Engrossed Senate Bill No. 2112
House Human Services Committee
Representative Matthew Ruby, Chairman
March 18, 2025

Chairman Ruby and members of the House Human Services Committee, I am Heather Jenkins, the Superintendent of the Life Skills and Transition Center with the Department of Health and Human Services (Department). I appear before you in support of Engrossed Senate Bill No. 2112, which was introduced at the request of the Department.

I appreciate the opportunity to provide testimony regarding Engrossed House Bill No. 2112. This bill addresses a population of youth that most facilities are unable, unwilling, or ill-equipped to serve—youth who require intensive stabilization services due to significant behavioral, developmental, or psychiatric needs.

The Life Skills & Transition Center (LSTC) Youth Transition Program is uniquely positioned to provide these essential services. Unlike many facilities, LSTC does not issue unplanned discharges, ensuring that youth are not left without support when no other provider will accept them. Many psychiatric and residential treatment facilities have toured LSTC and have acknowledged that our environment is significantly less restrictive than their own, despite the complex needs of the youth we serve. Furthermore, LSTC has a proven history of serving youth in tribal custody and those who are tribal members. These individuals, like all youth in crisis, deserve access to quality stabilization services that can help them transition successfully into their chosen communities.

LSTC's Youth Transition Program: A Bridge to Stability and Independence

The Youth Transition Program at LSTC is dedicated to supporting youth in crisis who require stabilization and structured support. The program serves as a vital bridge, equipping youth with the necessary skills to reintegrate successfully into their communities and lead more independent, fulfilling lives.

Core Goals of the Youth Transition Program

- Empowerment – Provide youth with the skills they need to achieve the highest level of independence possible, tailored to their unique abilities.
- Support & Stability – Foster a structured, nurturing environment that builds rapport, instills motivation, and reinforces the belief that they can achieve their goals.
- Successful Transition – Establish a replicable routine that supports a smooth transition into community life, ensuring long-term stability.

LSTC utilizes a collaborative, multidisciplinary approach to provide comprehensive support to youth. A dedicated team works alongside each individual to create a structured 24-hour schedule that includes essential skill-building activities, opportunities to develop social skills, community engagement experiences.

Youth live in a home-like setting, with a twelve-person residence that includes private bedrooms and shared living spaces. The residence is divided into three suites, each with four rooms and a common area, balancing privacy with opportunities for social interaction.

When assigning youth to living areas, age, gender, risk factors, and abilities are carefully considered to ensure the most appropriate

environment. Each youth receives a Risk Management Assessment Plan, which identifies and addresses potential challenges in:

- Activities of daily living (bathing, dressing, eating, toileting),
- Behavioral health (self-harm, aggression toward others, elopement, inappropriate sexual behavior),
- Medical needs (breathing, mobility, medication considerations) and
- Community integration (school, activities, socialization).

This proactive risk management ensures the safety, well-being, and success of every youth in the program.

LSTC collaborates with a wide range of partners, including local school districts, other human services teams (Developmental Disabilities, Child & Family Services, Behavioral Health), service providers, families, custodians and guardians.

These partnerships have been instrumental in successfully transitioning 12 youth back into their communities within the past three years. This success underscores the effectiveness of LSTC's model in stabilizing and preparing youth for reintegration.

Safety is a top priority at LSTC. The program continuously assesses and adjusts its services to meet the evolving needs of the youth we serve. Unlike other providers that may refuse to admit or make decisions to discharge youth prematurely, LSTC remains committed to providing long-term, stable support through all of the ups and downs that characterize periods of instability.

While we join others in wishing that no young person would ever find themselves in crisis, we know that is not realistic. Given the need for stable and specialized solutions for youth who are in crisis, the LSTC Youth Transition Program can serve as a comprehensive, effective and temporary solution. The work the team does stands as a testament to the state's commitment to providing the best possible care to youth in need, even within the constraints of available resources.

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

House Human Services
Senate Bill 2112
Tuesday, March 18, 2025

Chairman Ruby and Members of the Committee:

I'm Angela Dinius, the executive director of the North Dakota Association of Community Providers (NDACP). NDACP represents organizations across the state that provide essential services and supports to individuals with intellectual and developmental disabilities (IDD). I am here to express our opposition to Senate Bill 2112.

Section 25-04-02 outlines that the purpose of the Life Skills and Transition Center (LSTC) is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing crisis or who would benefit from stabilization. We understand there is a need for services for individuals who do not meet the eligibility criteria for developmental disability (DD) services. However, we strongly believe that LSTC is not the appropriate setting to address the needs of these individuals.

Our primary concern is the potential impact on the quality and availability of DD services currently provided by LSTC. Providers across the state, including LSTC, are experiencing significant staffing shortages. We worry that diverting their limited resources, including staff, funding, and physical space, to serve these individuals could undermine the critical services available to individuals currently served within the DD system.

We ask you to oppose this bill and encourage the Department of Health and Human Services to explore other options that ensure both populations receive the appropriate care without compromising the services provided to individuals with IDD. Thank you for your time. I'm happy to answer any questions.

Angela Dinius
Executive Director
North Dakota Association of Community Providers
angela@ndacp.org





Testimony
Engrossed Senate Bill No. 2112
House Human Services Committee
Representative Matthew Ruby, Chairman
March 18, 2025

Chairman Ruby and members of the House Human Services Committee, I am Kelsey Bless, Licensing Unit Administrator with Children and Family Services (CFS) under the Department of Health and Human Services (Department). I appear before you in support of Engrossed Senate Bill No. 2112, which was introduced at the request of the Department.

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

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

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

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

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

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

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

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

Even though we do everything we can to minimize the need for placement in congregate care settings, I want to emphasize that facility-based residential options remain an essential part of ND's continuum of services for children. CFS licenses Qualified Residential Treatment Programs (QRTPs) as a residential option for crisis and stabilization support. We have worked with QRTPs to establish tiered payment to acknowledge the varied acuity of children being served. In addition, all

children in need of treatment services engage in a third-party assessment process which determines their level of care, monitors treatment gains and evaluates continued stay needs every 90 - 180 days.

Even though we can say that North Dakota has a wide range of services available to children and families that span the continuum from prevention to crisis stabilization, it is important that we also recognize the reality that the agencies who provide those services have to be both willing and able to serve youth with complex needs through the ups and downs of their condition. While we work with system partners to shore up access within our existing resources, it remains the case that there are still a handful of children today who need and deserve the care offered by LSTC. The wide range of behavioral management techniques, skills integration, and specialized therapy services will help stop the cycle of discharge and give the child a chance to stabilize before entering placement in a family home.

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



Testimony prepared for the House Human Services Committee
HB 2112 – Related to Life Skills and Transition Center
Kim Jacobson, Agassiz Valley Human Service Zone Director
March 18, 2025

Chair Ruby, and members of the House Human Services Committee, my name is Kim Jacobson. I serve as the Director of Agassiz Valley Human Service Zone, which includes Traill and Steele counties, and as President of the North Dakota Human Service Zone Director Association. Thank you for this opportunity to testify in support of SB 2112.

Human service zones are the legal designee of the North Dakota Department of Health and Human Services (NDHHS). We provide foster care case management, including legal custodianship of children in the foster care system. I stand today with the support of my colleagues across the state to urge support of SB 2112.

Youth who have high and complex needs are a small segment of the overall number of children in public custody. However, these youth have a profound impact upon our system, and they deserve appropriate levels of care. Legislation has a direct impact on whether we as a state have the resources, such as shelter and services, to meet the needs of these youth. The number one priority of the Human Service Zone Director Association is securing viable solutions for complex-needs children. We advocate for the alignment of state law, policy, and resources to meet the best interests of North Dakota children.

When a child enters public custody, zones seek placement with extended family members and “fictive kin” — essentially, someone who has already established a safe relationship with the child. When placement with relatives or fictive kin is not possible, we explore alternatives. Our options include shelter care, traditional or therapeutic foster care with a non-relative, psychiatric residential treatment facilities (PRTF), and qualified residential treatment programs (QRTP). As needed, we also engage the Level of Care team within NDHHS for support with assessment and placement. However, there are still situations where every placement option is unable or unwilling to serve a child. This is called a placement crisis.

A placement crisis should not, and does not, negate the zone’s legal and ethical responsibility to serve vulnerable children. However, with no other place for the child to stay, zones have no alternative but to provide 24/7 care and supervision in a setting such as a zone office — sometimes

for extended periods of time. This option fails to deliver the level of care that youth deserve. It also fails our zone employees, and it comes with considerable risks. A child who is deemed to exceed the ability of every placement option in the state often has complex intellectual, developmental and behavioral health challenges. These youth need, and are legally entitled to, timely stabilization, services, and placement.

Zone offices are not designed to provide that space for children. Our offices do not offer a homelike residential environment where youth can stabilize, adequately decompress from the stressors they are facing, or relate with others who share similar experiences. It also creates stress and disruption for our county partners, who share our county office buildings. It is crucial to understand that while zone employees coordinate behavioral health treatment for youth and families, we are not the providers of that treatment. Therapeutic residential treatment occurs in treatment foster care homes, PRTFs, and QRTPs. Outpatient treatment occurs during office hours with licensed mental health professionals in confidential settings.

The Human Service Zone Director Association would like to reiterate that when we are faced with a placement crisis, we can and do call upon literally every resource that is legally available to us so that we can find an appropriate placement for youth. When our resources turn children away, it remains in the child's best interest to be fed, sheltered, and supervised by safe adults who have passed background checks. Yet being housed in an office is an unacceptable standard of care. Zone directors thread an exceptionally fine needle when we manage a placement crisis, serve as the legal custodian of the foster youth, while being the employing agent of zone personnel. Respectfully, this cannot continue. It is critical, urgent, and nonnegotiable for the State of North Dakota to expand placement and services so that no child must repeatedly sleep in an office building, and so that human service zones are adequately equipped with the resources they need to fulfill legal obligations. Senate Bill 2112 is a concrete step toward preventing placement crisis events in our child welfare system.

Chair Ruby, and members of the House Human Services Committee, our Association recognizes as you consider youth rights, legal responsibilities, and various liabilities, you must also consider systems collaboration. This bill originates from extensive, collaborative solutioning with state leaders. In June 2024, our Association forwarded a letter to key NDHHS officials expressing our concerns regarding complex-needs youth, placement challenges, and the urgent need to identify solutions. A copy is attached for the Committee's reference. In response, the Department met with all 19 human service zone directors on July 10, 2024. This meeting included executive HHS leadership and division representatives from Behavioral Health, Medical Services, and Child and Family Services. Following this meeting, discussions continued with Department leadership and the Office of the Governor. Ultimately, the Life Skills and Transition Center (LSTC) in Grafton, North Dakota received approval from the Governor's Office and the Department to provide temporary emergency

placement and services for complex-needs youth.

Our Association is aware that some of our community partners oppose SB 2112 on the basis that complex-needs youth in foster care may not be eligible for placement and services from the LSTC. This opposition comes from respected organizations that provide irreplaceable partnership to human service zones. Therefore, it is with great respect and care that our Association emphatically disagrees with such opposition. Many, if not all, of our complex youth have developmental and/or intellectual disabilities. Their treatment needs may be more complex due to trauma, loss of stability, and placement in the foster care system — but these compounding factors do not make them less deserving of treatment and care.

Further evidence of the appropriateness of this proposal is found in the positive outcomes that youth have experienced resulting from temporary placement with the LSTC. Collectively, zone directors have found them to be highly effective at meeting the needs of this population. In placement with the Center, youth have stabilized. Their basic needs are met through a stable living environment, physical safety, social enrichment, and community care. Additionally, trained professionals provide them with specialized care and services that are designed exactly for their needs. This includes mental health care, as well as intellectual, educational, and behavioral support. For some children, the LSTC is their first-ever provider of stable placement and treatment. This gives us hope that we can improve quality of life and long-term outcomes for this extremely vulnerable youth population. Opponents of this bill rightfully want to ensure that services are not diverted from eligible individuals, and the Association supports the importance of the Center's mission and focus. However, we argue that SB 2112 helps ensure that complex needs youth are not denied services for which they are eligible. I also remind the Committee that SB 2112 directly and intentionally provides for legislative management reports that will help us continually evaluate the appropriateness of this solution.

It is important to reinforce that SB 2112 is designed for youth who have been repeatedly denied or discharged from all other North Dakota facilities. The authority to place “non-eligibles” at the LSTC provides an essential safeguard against North Dakota's foster care system *causing* homelessness. When opponents of this bill argue that other services should be used instead, we are compelled to ask: What services? When a zone has called and been rejected by every other foster care placement option in the state, and the LSTC can provide temporary emergency placement that is appropriate to the needs of the youth, it would be an injustice to that youth to turn them away. We must not violate the rights of children to receive appropriate placement and services simply because they happen to be in foster care and have complex needs. With that said, we urge the committee to recognize that SB 2112 also provides the State with the valuable opportunity to gather data about the needs of this population. Legislative management reports will equip State stakeholders and legislators to explore why the Center's interventions are so successful for these youth, and whether the Center is the best delivery channel through which to serve them.

It is equally important to highlight that the Association recognizes and agrees that placement with the LSTC is temporary. Our case managers work tirelessly to find the best placement options for youth. This means that when our first available placement option is only authorized to provide temporary shelter, we continue to search for a more stable and suitable solution until one is found. But neither temporary nor long-term care can be provided in a human service zone office, or even a hotel. That solution fails to meet an acceptable standard of care for children. It even fails to meet expectations for how we use zone funds. As legal custodians, we have a responsibility to the children in our care, and we face significant legal risk and liability if the State cannot provide viable options that meet the needs of children in foster care including safe housing.

Finally, I want to stress that there are few children who meet these criteria, especially compared with other child population groups. In fact, I am happy to report that as of today, there are no children being housed in a zone office. This is a direct result of hard work by human service zones and support from HHS, including the LSTC. However, the complex-needs youth population is not going away. Trends indicate that this service demographic is actively growing. Unless we expand our placement options immediately, the number of children housed in zone offices will not stay at zero. We need solutions today. Senate Bill 2112 does not play a nominal role in providing these urgent solutions. This bill codifies the Center's authority to serve and treat this narrowly defined and vulnerable population on a time-limited basis so that further study and analysis can occur. This bill also appropriates the necessary funds to cover the cost of care. It's worth noting that while these costs are new to the LSTC, they are not new to the State child welfare system at large. Historically, these costs have been incurred and budgeted for by human service zones, Medicaid, and/or the Child Welfare and Behavioral Health divisions of HHS.

In closing, we agree that there are gaps in North Dakota's behavioral health continuum of care. Complex-needs children in foster care are North Dakota citizens who are significantly impacted by these gaps. We desperately need a safety net for them. Senate Bill 2112 provides a temporary solution in the present, and the necessary data to continually improve and innovate long-term solutions. The LSTC is a state-owned and -operated residential facility with professionals who are trained to provide specialized services. The Center has met these youth where they are at, and it has not given up on them in the face of challenges. As such, they are North Dakota's most viable and legally compliant solution for the target audience of this bill.

Chair Ruby, and members of the House Human Services Committee, the Human Service Zone Director Association urges you to support SB 2112. We must not, and cannot, let this legislative session pass without expanding the safety net for North Dakota's most vulnerable youth.

Thank you for your consideration of my testimony. I stand for questions from the committee.

Testimony Attachment:
Letter from North Dakota Human Service Zone Director Association to HHS Officials

North Dakota Human Service Zone Director Association

July 1, 2024

Pamela Sagness, Executive Director - Behavioral Health Division
Cory Pedersen, Director - Children and Family Services Division
Brendan Joyce, Pharmacy and Clinical Services Director - Medical Services Division

Dear Ms. Sagness, Mr. Pedersen, and Mr. Joyce:

On behalf of the North Dakota Human Service Zone Director Association, I extend an invitation for you to join for discussion about the QRTP/PRTF discharge planning experience. It is our goal to have insightful discussions and collaborate on solutions to improve services to children and families.

As discussed, the North Dakota Human Service Zone Director Association will be meeting and have reserved time for this conversation on Wednesday, July 10, 2024, at 8:30 AM at the Hampton Inn, 1140 Mapleton Avenue, Bismarck, North Dakota. An option to attend virtually will also be available. Please look for an electronic meeting invitation to follow.

As Human Service Zone Directors and the legal custodians of North Dakota foster youth, we have faced ongoing concerns with the QRTP/PRTF discharge process. In addition, core questions about QRTP/PRTF's have arisen that would benefit from discussion and shared understanding.

To help prepare for our discussion, areas of concern include:

- Differing opinions regarding levels of care (across systems) and scope of care.
- Facility personnel not participating in the discharge planning process.
- Lack of communications/follow through to the legal custodian regarding youth receiving QRTP/PRTF care.
- Discharge with no/short notice (eject/reject) leaving the human service zone extremely limited or no time to appeal. This results in other hasty placements that can lead to further disruption.
- Youth discharged for the same reason the child was placed.
- Lack of communication/collaboration between acute psychiatric hospitals to QRTP/PRTF.
- Lack of continuity of care despite recommendations including level of care which differs from other models (such as long-term care).
- Conflicting referrals recommending out of state placement, detention, other placements, or referring to community services when such services do not exist.
- Lack of support/services to assist youth with IQs under 70 who do not qualify for DD services.
- Lack of connectivity between child welfare and DD system.

For background, several human service zones have prepared written summaries of recent experiences that illustrate the concerns above. Please see attached for details.

In addition, the following questions have arisen that we look forward to discussing:

- What is the relationship between Medical Services, the Behavioral Health Division, and QRTP/PRTFs?
- What is the level or method of accountability for facilities?
- What is the role of Ruth Meiers Adolescent Center (RMAC), Life Skills Transition Center (LSTC), etc. as public entities in meeting the needs of North Dakota youth?
- Zones have noted success at LSTC. How can that service philosophy, commitment, and outcomes be replicated and/or expanded?

- Why are human service zones required to follow the Maximus authorization process while facilities have their own “desk reviews”? This results in facilities determining their own eligibility for admission or level of care that can conflict with Maximus determinations.
- What can be done to increase emergency bed/assessment bed access to support true evaluation, stabilization, and placement planning?
- What is the human service zone’s liability when CON indicates a certain level of care, yet service providers will not accept the youth, and a lower level of care is provided?

The North Dakota Human Service Zone Director Association looks forward to the opportunity for mutual learning and discussion. Thank you for your willingness to join us on July 10, 2024.

Respectfully,

Kim Jacobson, North Dakota Human Service Zone Director Association, President
Agassiz Valley Human Service Zone Director

Cc: Jessica Thomasson, ND HHS Executive Policy Director
Wayne Salter, ND HHS Commissioner

Attachment: Concern examples



Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck

Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Fraser, Ltd. Individual Consumers & Families

**House Human Services Committee
SB 2112 Testimony
March 17, 2025
Representative Ruby, Chair**

Good morning, Chairman Ruby and Members of the House Human Services Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Deputy Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in opposition to SB 2112. SB 2112 would create a mechanism to greatly expand the children's population of the Life Skills and Transition Center (LSTC) but to do so without examining whether these children are being offered community-based services, crisis stabilization beds, or, if need be, a psychiatric residential treatment facility. According to the information we have received from some of our state government partners, the "noneligible" population referred to in SB 2112 are predominately children with a serious emotional disturbance. These children are also not qualifying for developmental disability services. While some may not succeed at lower levels of care, many of these youth are caught in the existing service gaps in North Dakota's children's mental health system of care. We need a full and functional continuum of care in our children's mental health system. We do not have that system of care right now. We have some of these services, children are not receiving the amount needed to succeed for families to be able to sustain a community placement.

Many of these youth who have significant mental health struggles could have benefited from but have not been given access (or in the amount needed) to in-home support for their families or foster care families. These in-home supports would include case aides (also known as personal care attendants) who would be that “extra set of hands” in the home. Over the last many years, North Dakota has lost another service that it used to have, which are crisis stabilization beds. Children who were experiencing a mental health crisis, who do not meet the criteria for hospitalization, but need a place to go, are finding it difficult to do so. North Dakota has a shelter care program, but there is a growing consensus that the model of those programs may not align with the needs of children with mental health issues. In addition, some regions do not have a shelter care program. Until North Dakota figures out how to better align the shelter care program for children with mental health struggles, shelter care staff may not be able to meet their needs.

Before we look at opening Life Skills and Transition Center for children with SED, we should look at expanding options for partial hospitalization programs like what CHI is doing in Bismarck. We could also look at psychiatric residential treatment facilities (PRTF), including the Ruth Meiers Adolescent Center in Grand Forks, who are better suited to meet the needs of children with mental health struggles than the Life Skills and Transition Center.

But most of all, we should be focusing on the importance of a fully functional continuum of care that places emphasis on the need for community-based services. There are over 18,000 children in North Dakota with serious emotional disturbance (SED). Those children and their families need accessible services in their homes and in their community, not just because it improves outcomes, but because it prevents bad outcomes.

Out-of-home placements should always be considered a last resort. Community services prevent out-of-home placements. When out-of-home placements are to occur, we want to bring children back to their homes and their communities. That occurs when the community supports are strong and supports children and their families so that they can thrive.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
Phone: (701) 222-3310



House Human Services
SB 2112
March 18, 2025

My name is Kirsten Dvorak, and I am the Executive Director of The Arc of North Dakota, the oldest statewide disability advocacy organization. While SB 2112 intends to address broader service needs, The Arc strongly opposes it because it could set a dangerous precedent, leading to unintended and harmful consequences for those who depend on the Life Skills and Transition Center (LSTC). While we recognize that LSTC currently provides specialized care for individuals with developmental disabilities, our focus must remain on reducing reliance on the Center by investing in community-based alternatives.

LSTC exists to serve individuals with developmental disabilities who require specialized care and support. Expanding its scope to include non-eligible individuals risks overwhelming the Center's resources and compromising the quality of care provided to its most vulnerable residents. These individuals depend on the stability, consistency, and expertise of LSTC to maintain their progress and quality of life. Diverting resources to address broader populations would leave these residents underserved and exposed, effectively undermining the Center's mission to provide life-changing care.

We are particularly concerned about proposals to use LSTC for minors facing mental health challenges. While these needs are critical, we believe that LSTC is not equipped to provide the specialized, community-based care that these minors require—institutionalizing minors in an environment that is not tailored to their needs risks isolating them and undermining their well-being. Instead, the state should prioritize developing strong community-based mental health programs that offer tailored, integrated, and compassionate support. This approach effectively addresses their needs and aligns with best practices for mental health care.

The Arc of North Dakota firmly believes that individuals with developmental disabilities thrive best when supported in their communities. Over-reliance on LSTC as a default solution for vulnerable populations undermines the broader goal of fostering inclusion, independence, and dignity. By investing in community-based services, the state can provide targeted support that empowers individuals and strengthens our communities rather than defaulting to institutional solutions.

In conclusion, SB 2112 threatens to undermine LSTC's core mission and jeopardize the care of those who depend on its services. While we are saddened that it has gotten to this point, we firmly believe that the solution lies in expanding and strengthening community-based programs that address the diverse needs of all individuals in North Dakota.

Thank you for your time and consideration.

Sincerely,

Kirsten Dvorak

Executive Director, The Arc of North Dakota

701-222-1854

Testimony
Engrossed Senate Bill No. 2112
House Human Services Committee
Representative Matthew Ruby, Chairman
March 18, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Tina Bay, Director of the Developmental Disabilities Section with the Department of Health and Human Services (Department). I appear before you in support of Engrossed Senate Bill No. 2112, which was introduced at the request of the Department.

While I do not oppose this proposed change, I do have concerns regarding the potential impact this will have on the developmental disabilities (DD) system. Many of the eligible individuals residing at the Life Skills and Transition Center are vulnerable, and it is possible that the co-mingling of these populations may present challenges. Additionally, given the pressures the DD system is already facing, I have concerns about how this change may impact the overall availability of capacity for individuals who are eligible and in need of crisis services. It will be important to carefully consider the potential strain on resources to ensure that these critical services remain accessible to those in urgent need.

It is important to emphasize that the goal of the Department is to serve all children, both DD-eligible and non-DD-eligible, in the least restrictive environment possible. However, due to the limited availability of private providers willing to serve these most complex cases through ups and downs that are the reality for individuals with multi-layered needs, we believe that this proposed solution represents the best available approach at this time.

We know one of the challenges faced by Life Skills Transition Center today, as they serve youth with a variety of complex care needs, is the lack of meaningful opportunities for a non-institutional but longer-term structured residential option after the need for crisis and stabilization services has been met.

To address this gap in the continuum of service options, the Department is in the process of piloting a host home model that will be available to youth with developmental disabilities. This pilot is expected to launch later this year, using one-time funds available through the 10 percent Home and Community-Based Services Capacity Fund (CMS Section 9817). Host homes are modeled in part after the philosophy of therapeutic foster care. It is a family setting where the provider is recruited specifically to serve the youth's unique needs, with extensive training and service supports attached to the home. There will be no requirement that a child be in public custody; the pilot will explore opportunities for bio families to share residential time with the designated host home. We believe this model will provide an effective option for supporting youth and their families as they transition from the urgent need for crisis and stabilization to a longer-term service alternative. The host home model will allow children to remain close to their families while focusing on reunification and ensuring that both the child and their family receive the appropriate level of care and support.

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

Testimony
Engrossed Senate Bill No. 2112
House Human Services Committee
Representative Matthew Ruby, Chairman
March 18, 2025

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

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

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

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

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

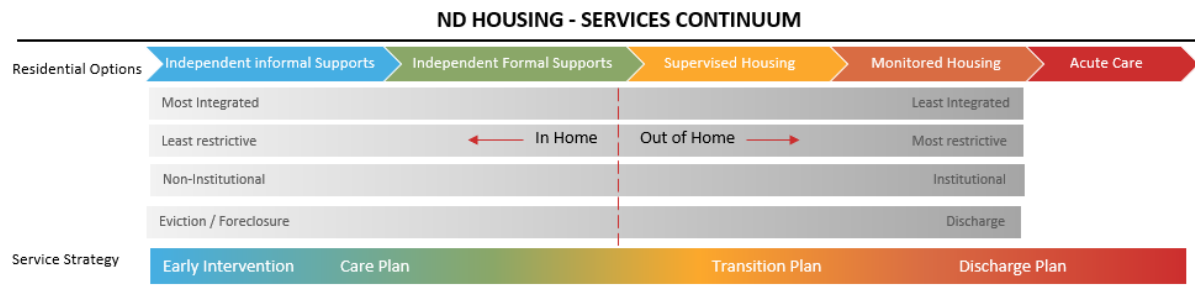
With all of that being said, these children are often bright and engaging, funny and talented, strong, and resilient. But it is a reality that they have a lot to carry. The issues they are facing are, to some degree, chronic, which means that periods of crisis and re-stabilization should be expected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

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

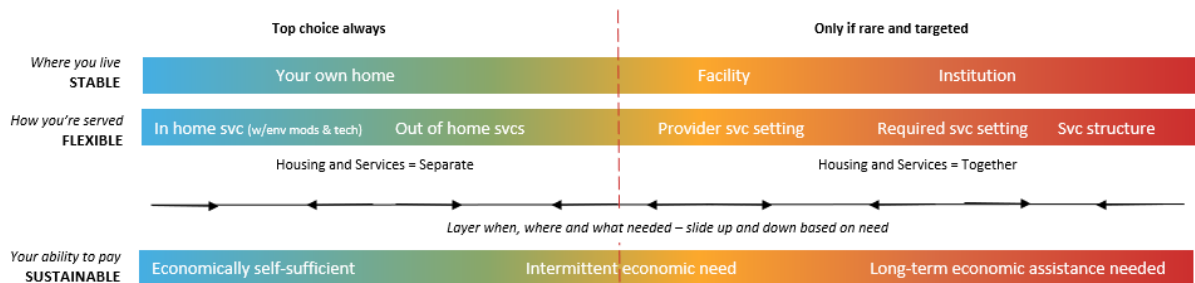
You will hear from several of my colleagues at the Department and from the Human Service Zones about the pressures they are trying to resolve in these circumstances. To help set the stage for that conversation, and before I walk through the specifics of Engrossed Senate Bill No. 2112, I wanted to share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

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

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



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



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

Even with all the work that has been done to develop a system of care that allows us to meet the macro-level goal of de-institutionalization while also meeting the needs of the residents of North Dakota, there are gaps in the current system that we must work together to address. Children with complex and co-occurring disabilities are not always well-served by the current continuum of services. Engrossed Senate Bill No. 2112 presents an opportunity to utilize the highly specialized skillset of one of our safety net resources to at least temporarily help fill a gap in the continuum of services available to children in North Dakota, as represented by the amendment approved in the Senate (Section 12 of Engrossed Senate Bill No. 2112) to add a sunset date of June 30, 2027 to this authority, and the requirement in Section 11 to report to Legislative Management every 6 months regarding the number of children served under this Act, reasons for barriers to utilization of community-based services, and activities and strategies of the Department to improve the state's community-based services and alternative community crisis and stabilization services.

Section 1: The proposed changes in Section 1 of this Bill amend section 25-04-00.1 of the North Dakota Century Code by adding a definition of

“Noneligible” to this section of law, which is the one that governs the operations of Life Skills and Transition Center. Page 1, lines 15-16 defines “noneligible” to mean a “minor who is a legal resident of the state and has not been deemed eligible by the department for developmental disability services.” The definition intentionally makes clear that this does not apply to anyone who is not a North Dakota resident.

Section 2: The proposed changes in Section 2 of this Bill amends section 25-04-02 of the North Dakota Century Code to require the approval of both the commissioner of Department and the Superintendent of LSTC in making a decision to offer residential or nonresidential services to any noneligible individual. Because of the specialized expertise that LSTC has developed in serving adults and youth with co-occurring and layered disabilities and diagnoses, page 3, lines 7-8 also clarifies that LSTC is able to offer consultation services to other providers who are serving noneligible individuals.

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

Section 4: The proposed changes in Section 4 of this Bill on page 4, lines 12-13 adjusts language to indicate that both eligible and noneligible individuals will be actively served by program management, which could include a Developmental Disabilities Program Manager (DDPM), a Human Service Zone Child Welfare Case Manager, a CFS Complex Care Case

Manager, or other similar professional, to assure ongoing and proactive planning for transition to a longer-term appropriate placement in partnership with the individual's guardian and the care teams at LSTC.

Section 5: The changes proposed in Section 5 of this Bill offer parameters for when the Superintendent of LSTC can authorize someone's access to either residential or nonresidential services delivered at or by LSTC. Page 4, lines 29-30 and page 5, lines 1-2 states that the services should not be delivered to a noneligible individual if it would be to the exclusion of an eligible individual.

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

Section 7: Section 7 of this Bill on page 8, lines 8-9 adds the requirement that discharge must occur when the Superintendent of LSTC "makes a determination that the noneligible individual no longer qualifies for accessing services provided by" LSTC.

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

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

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

Section 11: Section 11 of this Bill adds the legislative management reporting requirement.

Section 12: Section 12 of this Bill adds the sunset date of June 30, 2027.

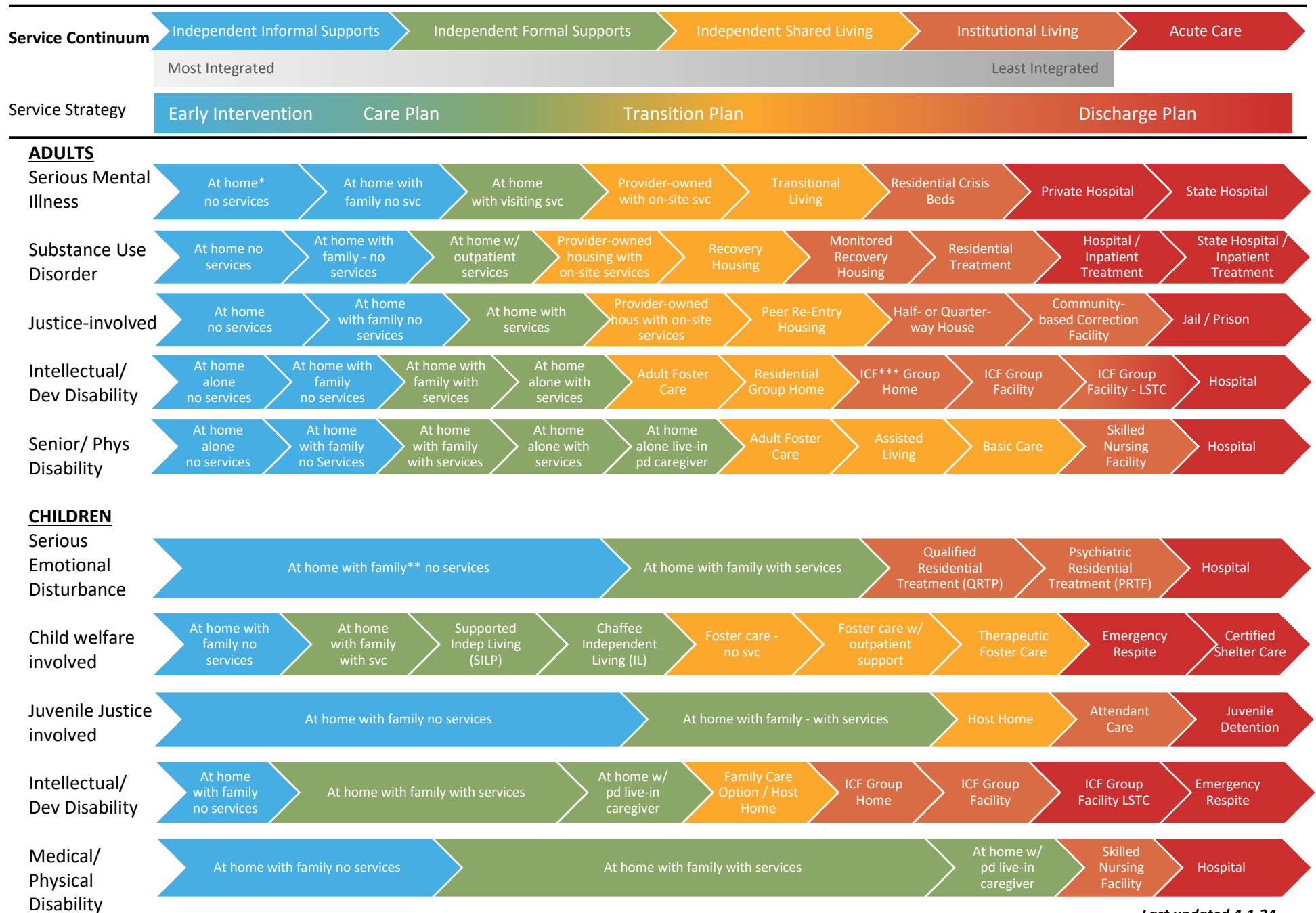
You will hear from other presenters about several existing efforts that are either newly in place or that will be available in the near future, including enhanced therapeutic foster care services and establishment of a host home service. The multi-biennia-effort to enhance the array of community- and non-facility based service options for children will continue.

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

Safety net services are intended to serve as a last resort, available to people whose needs cannot otherwise be met by the array of service

options available to them. And who, but for the ability to access a safety net service, would likely be pushed deeper into systems and circumstances that threaten their ability to stabilize and re-engage with the broader continuum of services and supports available in the community. The proposal outlined in Engrossed Senate Bill No. 2112 offers a small but important expansion of a safety net resource that may help answer the need for short term crisis and stabilization services for a small number of children in our state. Thank you for your time and your consideration of this complex matter. This concludes my testimony. I would be happy to try to answer any questions the committee may have.

Attachment A: The Housing-Service Continuum



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

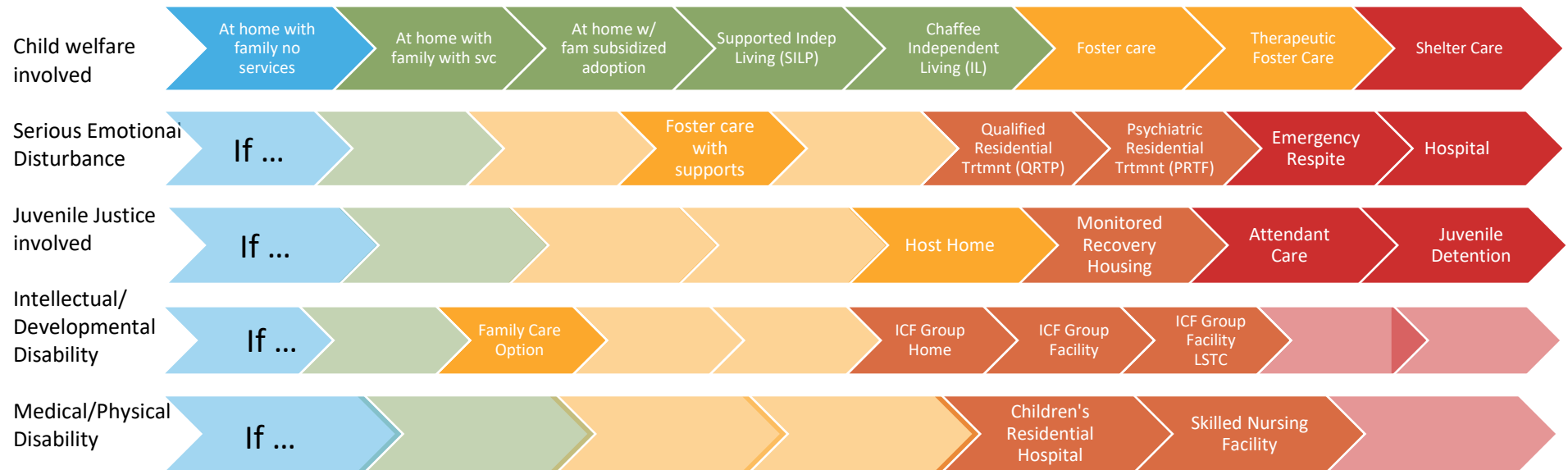
**Family = includes birth family, kin-caregiver, adopted family

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

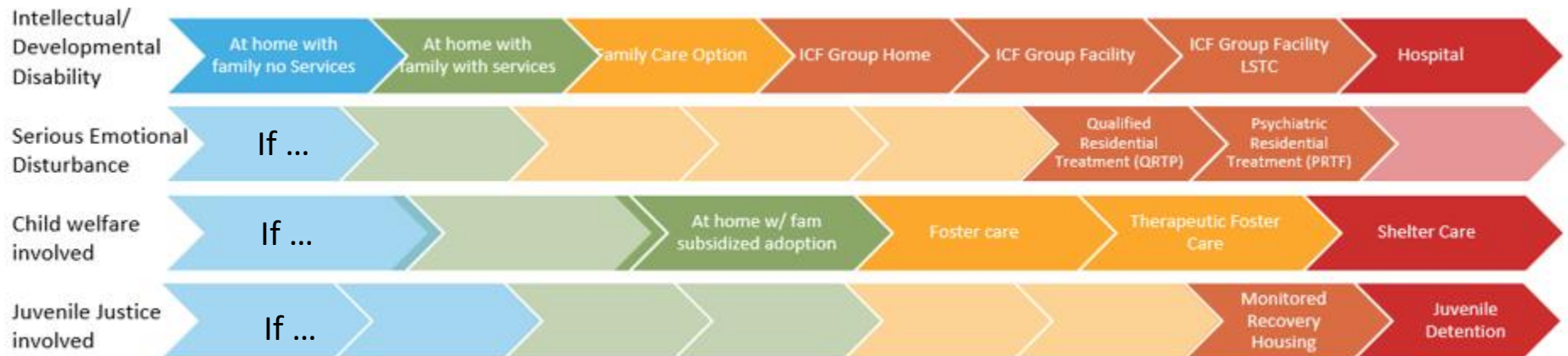
Last updated 4-1-24

Housing-Service Options vary across systems

A child who is Child Welfare-involved may be served in a number of ways



A child with an Intellectual / Developmental Disability may be served in a number of ways



2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2112
3/31/2025

Relating to the life skills and transition center; to provide for a legislative management report; and to provide an expiration date.

4:12 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Committee action

4:13 p.m. Representative Dobervich introduced proposed amendments LC#25.8077.02002, #44500.

4:24 p.m. Representative Davis moved to adopt the LC#25.8077.02002 amendments.

4:24 p.m. Representative Kiefert seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	N
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	N

4:27 p.m. Motion passed 10-3-0.

4:27 p.m. Representative Dobervich moved a Do Pass as amended.

4:27 p.m. Vice-chairman Frelich seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y

Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

4:28 p.m. Motion passed 13-0-0.

Representative K. Anderson will carry the bill.

4:28 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

CO
3/31/25
10F10

ENGROSSED SENATE BILL NO. 2112

Introduced by

Human Services Committee

(At the request of the Department of Health and Human Services)

1 A BILL for an Act to amend and reenact sections 25-04-00.1, 25-04-02, 25-04-04, 25-04-04.1,
2 25-04-05, 25-04-05.1, 25-04-08, 25-04-08.1, 25-04-14, and 25-04-17 of the North Dakota
3 Century Code, relating to the life skills and transition center; to provide for a legislative
4 management report; to provide for a department of health and human services study; and to
5 provide an expiration date.

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

7 **SECTION 1. AMENDMENT.** Section 25-04-00.1 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **25-04-00.1. Definitions.**

10 For the purposes of this chapter:

- 11 1. "Department" means the department of health and human services.
- 12 2. "Eligible" means an individual has been deemed eligible by the department for
13 developmental disability services.
- 14 3. "Individual served" is an eligible individual who is a legal resident of the state of North
15 Dakota and is receiving services from the life skills and transition center.
- 16 4. "Noneligible" means a minor who is a legal resident of the state and has not been
17 deemed eligible by the department for developmental disability services.
- 18 5. "Nonresident individual served" includes:
 - 19 a. Any individual served by the life skills and transition center who is under eighteen
20 years old and whose responsible relative is not a bona fide resident of this state.

1 b. Any enrolled member of a federally recognized Indian tribe for whom the United
2 States government has, through its statutes and regulations, a responsibility for
3 their care.

4 ~~5-6.~~ "Nonresident responsible relative" includes the nonresident spouse, father, or mother
5 of the individual served. It includes the bureau of Indian affairs in those cases involving
6 an enrolled member of a federally recognized Indian tribe for whom the United States
7 government has, through its statutes and regulations, a responsibility for their care.

8 ~~6-7.~~ "Nonresidential services" means rehabilitative services and supports that are provided
9 in a family home or community setting.

10 ~~7-8.~~ "Residential services" are specialized services and supports provided at the life skills
11 and transition center facility which include both room and board and rehabilitative
12 services in accordance with an individual's care and support plan. Residential services
13 provided at the life skills and transition center are available to address an individual's
14 needs for stabilization.

15 **SECTION 2. AMENDMENT.** Section 25-04-02 of the North Dakota Century Code is
16 amended and reenacted as follows:

17 **25-04-02. Purpose of life skills and transition center.**

- 18 1. The purpose of the life skills and transition center is to serve as a specialty care and
19 support resource for eligible individuals with developmental disabilities who are
20 experiencing crisis or who would benefit from stabilization, and to work together with
21 parent, guardian, or legal custodian and care teams to identify opportunities for each
22 individual served to live in a family home or community setting of their choice when
23 possible.
- 24 2. The life skills and transition center must be maintained to provide care, treatment,
25 training, rehabilitation, and supervision for eligible individuals. For this purpose the
26 department may introduce and establish such rehabilitative and support services as, in
27 its judgment, will best prepare the individuals served to live in the most integrated,
28 independent setting possible.
- 29 3. The life skills and transition center may provide both residential services and
30 nonresidential services and effectuate its powers and duties to best serve eligible
31 individuals who may benefit from those activities.

1 4. Upon approval of the commissioner of the department or designee and in the opinion
2 of the superintendent of the life skills and transition center, the life skills and transition
3 center may provide:

- 4 a. Residential services or nonresidential services and effectuate its powers and
5 duties to best serve noneligible individuals who are experiencing crisis or who
6 would benefit from stabilization and may benefit from those activities; or
7 b. Consultation services to public and private providers serving noneligible
8 individuals.

9 **SECTION 3. AMENDMENT.** Section 25-04-04 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **25-04-04. Who may receive benefits of life skills and transition center.**

- 12 1. Subject to this chapter and to any rules adopted by the department, the benefits of the
13 life skills and transition center may be received only by:
- 14 a. Eligible individuals who may benefit from services provided by the life skills and
15 transition center who, in the opinion of the superintendent of the life skills and
16 transition center are of suitable age and capacity to receive care, treatment,
17 training, rehabilitation, or supervision by the life skills and transition center or
18 whose disabilities prevent them from receiving training and instruction in the
19 public schools;
- 20 b. Eligible individuals who, in the opinion of the superintendent of the life skills and
21 transition center, may benefit from services provided by the life skills and
22 transition center and who are in need of stabilization supports and cannot be
23 properly cared for in their family home or other available community settings; ~~or~~
- 24 c. Eligible individuals who, in the opinion of the superintendent of the life skills and
25 transition center, may benefit from either residential services or nonresidential
26 services provided by the life skills and transition center; or
- 27 d. Noneligible individuals who, upon approval of the commissioner of the
28 department or designee and in the opinion of the superintendent of the life skills
29 and transition center, may benefit from:

- 1 (1) Residential services for up to ninety days, unless an extension is granted for
2 an additional ninety days by the superintendent of the life skills and
3 transition center to facilitate effective transition;
- 4 (2) Nonresidential services provided by the life skills and transition center; or
- 5 (3) Consultation services to public and private providers serving noneligible
6 individuals.
- 7 2. Residents and nonresidents of this state may receive services from the life skills and
8 transition center. ~~Priority, however, must be given to residents~~ Residents of this state
9 and minors with developmental disabilities must be given priority in receiving services
10 from the life skills and transition center.

11 **SECTION 4. AMENDMENT.** Section 25-04-04.1 of the North Dakota Century Code is
12 amended and reenacted as follows:

13 **25-04-04.1. Program management for an individual served.**

14 The department shall ensure active program management is maintained for eligible
15 individuals served and noneligible individuals receiving residential services at the life skills and
16 transition center.

17 **SECTION 5. AMENDMENT.** Section 25-04-05 of the North Dakota Century Code is
18 amended and reenacted as follows:

19 **25-04-05. Qualifications for accessing services provided by life skills and transition**
20 **center - Educational or related services without charge for individuals twenty-one years**
21 **of age and under.**

- 22 1. The superintendent of the life skills and transition center may admit an eligible or
23 noneligible individual to the life skills and transition center for residential services
24 based on consideration of the following factors:
 - 25 a. Ability of the life skills and transition center to provide the appropriate level of
26 care based on the individual's need.
 - 27 b. Health and safety considerations for both the individual served and other
28 individuals currently being served by the life skills and transition center.
 - 29 c. The individual may be admitted without exceeding the resident capacity of the
30 facility as specified in the professional standards of the department.

- 1 d. A noneligible individual may not receive residential services to the exclusion of an
2 eligible individual, unless the noneligible individual is receiving residential
3 services before the life skills and transition center receives an application to
4 admit an eligible individual for residential services.
- 5 2. The superintendent of the life skills and transition center may approve an eligible or
6 noneligible individual for nonresidential services provided by the life skills and
7 transition center if all of the following conditions have been met:
- 8 a. Application has been made on behalf of the individual by a department
9 developmental disabilities program manager, a parent, guardian, or legal
10 custodian, in accordance with procedures established by the department.
- 11 b. Information has been submitted to the life skills and transition center which allows
12 the superintendent to determine that the ~~individual served~~ eligible or noneligible
13 individual would benefit from ~~nonresidential~~;
- 14 (1) Nonresidential stabilization services offered by the life skills and transition
15 center for the purpose of avoiding institutionalization or further
16 destabilization of the individual's living situation; or
- 17 (2) Consultation services to public and private providers serving noneligible
18 individuals.
- 19 3. Notwithstanding any other provision of this chapter, no eligible individual served,
20 twenty-one years of age or under, no noneligible individual, eighteen years of age or
21 under, or the estate or the parent of such individual, may be charged for educational or
22 related services provided at the life skills and transition center. Except as provided in
23 subsection 4, the department has prior claim on all benefits accruing to such
24 individuals served or noneligible individuals for medical and medically related services
25 under entitlement from the federal government, medical or hospital insurance
26 contracts, workforce safety and insurance, or medical care and disability programs.
27 For purposes of this subsection, "related services" means transportation and such
28 developmental, corrective, and other supportive services, as determined by the
29 department of public instruction, as are required to assist an individual with a
30 developmental disability to benefit from special education. The cost of related services
31 other than medical and medically related services must be paid by the life skills and

1 transition center, the school district of residence of the child with a developmental
2 disability, and other appropriate state agencies and political subdivisions of this state.
3 The department of public instruction, the department, the school district of residence,
4 and other appropriate state agencies and political subdivisions, as determined by the
5 department of public instruction, shall determine and agree to that portion of related
6 services, other than medical and medically related services, for which each agency
7 and political subdivision is liable. The department of public instruction may adopt rules
8 necessary to implement this section.

- 9 4. Parents of an eligible individual, who is twenty-one years of age or under, are not
10 required to file, assist in filing, agree to filing, or assign an insurance claim when filing
11 the claim would pose a realistic threat that the parents would suffer a financial loss not
12 incurred by similarly situated parents of children with disabilities. Financial losses do
13 not include incidental costs such as the time needed to file or assist in filing an
14 insurance claim or the postage needed to mail the claim. Financial losses include:
- 15 a. A decrease in available lifetime coverage or any other benefit under an insurance
16 policy.
 - 17 b. An increase in premiums or the discontinuation of a policy.
 - 18 c. An out-of-pocket expense such as the payment of a deductible amount incurred
19 in filing a claim unless the life skills and transition center pays or waives the
20 out-of-pocket expense.

21 **SECTION 6. AMENDMENT.** Section 25-04-05.1 of the North Dakota Century Code is
22 amended and reenacted as follows:

23 **25-04-05.1. Transfer of individuals - Visiting privileges - Release and placement of**
24 **individuals served.**

- 25 1. The superintendent of the life skills and transition center shall have the right of
26 temporary transfer of any individual served or noneligible individual, at the life skills
27 and transition center, to an appropriate hospital or other specialized facility when in the
28 superintendent's opinion the immediate health and safety of the individual or the
29 immediate health and safety of others requires the transfer.
- 30 2. Subject to reasonable rules for the orderly operation of the life skills and transition
31 center, any parent, guardian, or legal custodian of the individual served or noneligible

- 1 individual shall have the right of visiting and communicating with the individual served
2 or noneligible individual and authorizing visits and communications with others.
- 3 3. The superintendent may authorize the temporary discharge of any individual served or
4 noneligible individual to the custody of the individual served's or noneligible individual's
5 parent, guardian, or legal custodian of the individual, or to another person designated
6 by the parent, guardian, or legal custodian. In the absence of such authorization, any
7 parent, guardian, or legal custodian of the individual served may formally request, in
8 writing, the individual served's temporary discharge. The discharge must be granted at
9 the earliest reasonable opportunity, but not more than thirty days after receipt of a
10 written application. If a discharge is, or would be, effected contrary to the advice of the
11 superintendent based on a recent comprehensive evaluation of the individual, the
12 superintendent shall so advise the parent, guardian, or legal custodian in writing.
- 13 4. The superintendent may arrange for the suitable placement of ~~an~~:
14 a. An individual served outside the life skills and transition center and to discharge
15 the individual served, provided placement has been preceded by a
16 comprehensive evaluation. No such placement of an individual served may be
17 effected until all reasonable efforts have been made to consult with the individual
18 served's care team and parent, guardian, or legal custodian of the individual
19 served; and
20 b. A noneligible individual outside the life skills and transition center or to discharge
21 the noneligible individual.

22 **SECTION 7. AMENDMENT.** Section 25-04-08 of the North Dakota Century Code is
23 amended and reenacted as follows:

24 **25-04-08. Discharge of an individual served from life skills and transition center.**

25 An individual who receives residential services at the life skills and transition center must be
26 discharged if any one of the following conditions are present:

- 27 1. The superintendent of the life skills and transition center, on the basis of a
28 comprehensive evaluation and in consultation with the ~~individual's~~ individual served's
29 parent, guardian, legal custodian, or care team, finds that the care, treatment, training,
30 rehabilitation, and supervision offered by the life skills and transition center are no
31 longer needed.

1 2. The parent, guardian, or legal custodian who voluntarily admitted the individual served
2 to residential services at the life skills and transition center and who retains legal
3 custody makes a written request for discharge.

4 3. The individual served is admitted on indefinite transfer to a hospital, school, or other
5 facility, or a protective service under the jurisdiction of another state, or another
6 agency or department of this state.

7 4. A court of competent jurisdiction orders the discharge of the individual served.

8 5. The superintendent makes a determination that the noneligible individual no longer
9 qualifies for accessing services provided by the life skills and transition center.

10 **SECTION 8. AMENDMENT.** Section 25-04-08.1 of the North Dakota Century Code is
11 amended and reenacted as follows:

12 **25-04-08.1. Notification before discharge.**

13 Before discharge the superintendent of the life skills and transition center shall meet with
14 the parent, guardian, legal custodian, or care team of the ~~individual~~:

15 1. Individual served to be discharged, or with the court that ordered the individual served
16 to receive services at the life skills and transition center pursuant to section 25-04-06.

17 2. Noneligible individual to be discharged.

18 **SECTION 9. AMENDMENT.** Section 25-04-14 of the North Dakota Century Code is
19 amended and reenacted as follows:

20 **25-04-14. Expenses chargeable against individual or individual's estate - Filing**
21 **claims.**

22 Expenses for care and treatment of each individual served or noneligible individual by the
23 life skills and transition center must, if practicable, be in accordance with the cost of providing
24 care and treatment for the different degrees or conditions of mental and physical health and
25 charges may be adjusted in accordance with the individual served's or noneligible individual's
26 ability to pay which must include an estimate of potential future receipts, including amounts from
27 estates. The department shall recover from the individual served or noneligible individual or
28 from a discharged individual expenses chargeable for care and treatment. If any individual
29 served or noneligible individual is receiving social security benefits or is a veteran or a
30 dependent of a veteran who has received, is receiving, or is entitled to receive compensation or
31 pension from the veterans' administration, the expenses are a current claim against the

1 individual served or noneligible individual and may be recovered monthly by the department
2 except that any amount required by the payer of the benefits to be paid directly to the individual
3 served or noneligible individual must, upon approval of the department, be credited to the
4 individual served's or noneligible individual's personal account from any money thus received.

5 **SECTION 10. AMENDMENT.** Section 25-04-17 of the North Dakota Century Code is
6 amended and reenacted as follows:

7 **25-04-17. Reduction or writeoff of accounts - Report to legislative audit and fiscal**
8 **review committee.**

9 The department may authorize the reduction or writeoff of an individual served's or
10 noneligible individual's past-due account from the life skills and transition center's financial
11 records upon determining that the account is not collectible. The department, by September first
12 after the close of each fiscal year, shall present a detailed report to the legislative audit and
13 fiscal review committee on the status of accounts receivable for that fiscal year. The report must
14 include:

- 15 1. An aging by individual classification of accounts remaining unpaid.
- 16 2. The amounts by individual classification by which accounts were reduced or written off
17 for reasons other than payment during that fiscal year.

18 **SECTION 11. LEGISLATIVE MANAGEMENT REPORT - LIFE SKILLS AND TRANSITION**
19 **CENTER.** The department of health and human services shall submit a report every six months
20 during the 2025-27 biennium to legislative management regarding:

- 21 1. The number of ineligible children served under this Act by the life skills and transition
22 center, including consultation services to public and private providers.
- 23 2. De-identified information and reasons describing barriers to utilization of community-
24 based services for ineligible children served under this Act by the life skills and
25 transition center, including efforts made by the life skills and transition center.
- 26 3. The activities and strategies of the department, and any statutory recommendations to
27 improve the state's community-based services and alternative community crisis and
28 stabilization services to ineligible children served under this Act.

29 **SECTION 12. STUDY OF LIFE SKILLS AND TRANSITION CENTER ALTERNATIVES -**
30 **DEPARTMENT OF HEALTH AND HUMAN SERVICES - REPORT TO LEGISLATIVE**
31 **MANAGEMENT.** During the 2025-26 interim, the department of health and human services

1 shall study alternatives to placement at the life skills transition center. The study must include
2 development of a continuum of care to meet the mental health needs of youth in their
3 community and, if needed, in an appropriate psychiatric residential facility. By March 1, 2026,
4 the department of health and human services shall report its findings and recommendations,
5 together with any legislation required to implement the recommendations, to the legislative
6 management.

7 **SECTION 13. EXPIRATION DATE.** Section 2 of this Act is effective through June 30, 2027,
8 and after that date is ineffective.

**REPORT OF STANDING COMMITTEE
ENGROSSED AND AMENDED SB 2112**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.8077.02002](#)) and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). Engrossed SB 2112, as amended, was placed on the Sixth order on the calendar.

25.8077.02002
Title.

Prepared by the Legislative Council
staff for Representative M. Ruby
March 31, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2112

Introduced by

Human Services Committee

(At the request of the Department of Health and Human Services)

1 A BILL for an Act to amend and reenact sections 25-04-00.1, 25-04-02, 25-04-04, 25-04-04.1,
2 25-04-05, 25-04-05.1, 25-04-08, 25-04-08.1, 25-04-14, and 25-04-17 of the North Dakota
3 Century Code, relating to the life skills and transition center; to provide for a legislative
4 management report; to provide for a department of health and human services study; and to
5 provide an expiration date.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 25-04-00.1 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 25-04-00.1. Definitions.

10 For the purposes of this chapter:

- 11 1. "Department" means the department of health and human services.
- 12 2. "Eligible" means an individual has been deemed eligible by the department for
13 developmental disability services.
- 14 3. "Individual served" is an eligible individual who is a legal resident of the state of North
15 Dakota and is receiving services from the life skills and transition center.
- 16 4. "Noneligible" means a minor who is a legal resident of the state and has not been
17 deemed eligible by the department for developmental disability services.
- 18 5. "Nonresident individual served" includes:
 - 19 a. Any individual served by the life skills and transition center who is under eighteen
20 years old and whose responsible relative is not a bona fide resident of this state.

b. Any enrolled member of a federally recognized Indian tribe for whom the United States government has, through its statutes and regulations, a responsibility for their care.

5-6. "Nonresident responsible relative" includes the nonresident spouse, father, or mother of the individual served. It includes the bureau of Indian affairs in those cases involving an enrolled member of a federally recognized Indian tribe for whom the United States government has, through its statutes and regulations, a responsibility for their care.

6-7. "Nonresidential services" means rehabilitative services and supports that are provided in a family home or community setting.

7-8. "Residential services" are specialized services and supports provided at the life skills and transition center facility which include both room and board and rehabilitative services in accordance with an individual's care and support plan. Residential services provided at the life skills and transition center are available to address an individual's needs for stabilization.

SECTION 2. AMENDMENT. Section 25-04-02 of the North Dakota Century Code is amended and reenacted as follows:

25-04-02. Purpose of life skills and transition center.

1. The purpose of the life skills and transition center is to serve as a specialty care and support resource for eligible individuals with developmental disabilities who are experiencing crisis or who would benefit from stabilization, and to work together with parent, guardian, or legal custodian and care teams to identify opportunities for each individual served to live in a family home or community setting of their choice when possible.
2. The life skills and transition center must be maintained to provide care, treatment, training, rehabilitation, and supervision for eligible individuals. For this purpose the department may introduce and establish such rehabilitative and support services as, in its judgment, will best prepare the individuals served to live in the most integrated, independent setting possible.
3. The life skills and transition center may provide both residential services and nonresidential services and effectuate its powers and duties to best serve eligible individuals who may benefit from those activities.

4. Upon approval of the commissioner of the department or designee and in the opinion of the superintendent of the life skills and transition center, the life skills and transition center may provide:

- a. Residential services or nonresidential services and effectuate its powers and duties to best serve noneligible individuals who are experiencing crisis or who would benefit from stabilization and may benefit from those activities; or
- b. Consultation services to public and private providers serving noneligible individuals.

SECTION 3. AMENDMENT. Section 25-04-04 of the North Dakota Century Code is amended and reenacted as follows:

25-04-04. Who may receive benefits of life skills and transition center.

1. Subject to this chapter and to any rules adopted by the department, the benefits of the life skills and transition center may be received only by:
 - a. Eligible individuals who may benefit from services provided by the life skills and transition center who, in the opinion of the superintendent of the life skills and transition center are of suitable age and capacity to receive care, treatment, training, rehabilitation, or supervision by the life skills and transition center or whose disabilities prevent them from receiving training and instruction in the public schools;
 - b. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from services provided by the life skills and transition center and who are in need of stabilization supports and cannot be properly cared for in their family home or other available community settings; or
 - c. Eligible individuals who, in the opinion of the superintendent of the life skills and transition center, may benefit from either residential services or nonresidential services provided by the life skills and transition center; or
 - d. Noneligible individuals who, upon approval of the commissioner of the department or designee and in the opinion of the superintendent of the life skills and transition center, may benefit from:

(1) Residential services for up to ninety days, unless an extension is granted for an additional ninety days by the superintendent of the life skills and transition center to facilitate effective transition;

(2) Nonresidential services provided by the life skills and transition center; or

(3) Consultation services to public and private providers serving noneligible individuals.

2. Residents and nonresidents of this state may receive services from the life skills and transition center. ~~Priority, however, must be given to residents~~ Residents of this state and minors with developmental disabilities must be given priority in receiving services from the life skills and transition center.

SECTION 4. AMENDMENT. Section 25-04-04.1 of the North Dakota Century Code is amended and reenacted as follows:

25-04-04.1. Program management for an individual served.

The department shall ensure active program management is maintained for ~~eligible~~ individuals served and noneligible individuals receiving residential services at the life skills and transition center.

SECTION 5. AMENDMENT. Section 25-04-05 of the North Dakota Century Code is amended and reenacted as follows:

25-04-05. Qualifications for accessing services provided by life skills and transition center - Educational or related services without charge for individuals twenty-one years of age and under.

1. The superintendent of the life skills and transition center may admit an eligible or noneligible individual to the life skills and transition center for residential services based on consideration of the following factors:

- a. Ability of the life skills and transition center to provide the appropriate level of care based on the individual's need.
- b. Health and safety considerations for both the individual served and other individuals currently being served by the life skills and transition center.
- c. The individual may be admitted without exceeding the resident capacity of the facility as specified in the professional standards of the department.

d. A noneligible individual may not receive residential services to the exclusion of an eligible individual, unless the noneligible individual is receiving residential services before the life skills and transition center receives an application to admit an eligible individual for residential services.

2. The superintendent of the life skills and transition center may approve an eligible or noneligible individual for nonresidential services provided by the life skills and transition center if all of the following conditions have been met:

a. Application has been made on behalf of the individual by a department developmental disabilities program manager, a parent, guardian, or legal custodian, in accordance with procedures established by the department.

b. Information has been submitted to the life skills and transition center which allows the superintendent to determine that the ~~individual served~~ eligible or noneligible individual would benefit from ~~nonresidential~~;

(1) Nonresidential stabilization services offered by the life skills and transition center for the purpose of avoiding institutionalization or further destabilization of the individual's living situation; or

(2) Consultation services to public and private providers serving noneligible individuals.

3. Notwithstanding any other provision of this chapter, no eligible individual served, twenty-one years of age or under, no noneligible individual, eighteen years of age or under, or the estate or the parent of such individual, may be charged for educational or related services provided at the life skills and transition center. Except as provided in subsection 4, the department has prior claim on all benefits accruing to such individuals served or noneligible individuals for medical and medically related services under entitlement from the federal government, medical or hospital insurance contracts, workforce safety and insurance, or medical care and disability programs. For purposes of this subsection, "related services" means transportation and such developmental, corrective, and other supportive services, as determined by the department of public instruction, as are required to assist an individual with a ~~developmental~~ disability to benefit from special education. The cost of related services other than medical and medically related services must be paid by the life skills and

transition center, the school district of residence of the child with a developmental disability, and other appropriate state agencies and political subdivisions of this state. The department of public instruction, the department, the school district of residence, and other appropriate state agencies and political subdivisions, as determined by the department of public instruction, shall determine and agree to that portion of related services, other than medical and medically related services, for which each agency and political subdivision is liable. The department of public instruction may adopt rules necessary to implement this section.

4. Parents of an eligible individual, who is twenty-one years of age or under, are not required to file, assist in filing, agree to filing, or assign an insurance claim when filing the claim would pose a realistic threat that the parents would suffer a financial loss not incurred by similarly situated parents of children with disabilities. Financial losses do not include incidental costs such as the time needed to file or assist in filing an insurance claim or the postage needed to mail the claim. Financial losses include:
- a. A decrease in available lifetime coverage or any other benefit under an insurance policy.
 - b. An increase in premiums or the discontinuation of a policy.
 - c. An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim unless the life skills and transition center pays or waives the out-of-pocket expense.

SECTION 6. AMENDMENT. Section 25-04-05.1 of the North Dakota Century Code is amended and reenacted as follows:

25-04-05.1. Transfer of individuals - Visiting privileges - Release and placement of individuals served.

1. The superintendent of the life skills and transition center shall have the right of temporary transfer of any individual served or noneligible individual, at the life skills and transition center, to an appropriate hospital or other specialized facility when in the superintendent's opinion the immediate health and safety of the individual or the immediate health and safety of others requires the transfer.
2. Subject to reasonable rules for the orderly operation of the life skills and transition center, any parent, guardian, or legal custodian of the individual served or noneligible

- 1 individual shall have the right of visiting and communicating with the individual served
2 or noneligible individual and authorizing visits and communications with others.
- 3 3. The superintendent may authorize the temporary discharge of any individual served or
4 noneligible individual to the custody of the individual served's or noneligible individual's
5 parent, guardian, or legal custodian of the individual, or to another person designated
6 by the parent, guardian, or legal custodian. In the absence of such authorization, any
7 parent, guardian, or legal custodian of the individual served may formally request, in
8 writing, the individual served's temporary discharge. The discharge must be granted at
9 the earliest reasonable opportunity, but not more than thirty days after receipt of a
10 written application. If a discharge is, or would be, effected contrary to the advice of the
11 superintendent based on a recent comprehensive evaluation of the individual, the
12 superintendent shall so advise the parent, guardian, or legal custodian in writing.
- 13 4. The superintendent may arrange for the suitable placement of an:
14 a. An individual served outside the life skills and transition center and to discharge
15 the individual served, provided placement has been preceded by a
16 comprehensive evaluation. No such placement of an individual served may be
17 effected until all reasonable efforts have been made to consult with the individual
18 served's care team and parent, guardian, or legal custodian of the individual
19 served; and
20 b. A noneligible individual outside the life skills and transition center or to discharge
21 the noneligible individual.

22 **SECTION 7. AMENDMENT.** Section 25-04-08 of the North Dakota Century Code is
23 amended and reenacted as follows:

24 **25-04-08. Discharge of an individual served from life skills and transition center.**

25 An individual who receives residential services at the life skills and transition center must be
26 discharged if any one of the following conditions are present:

- 27 1. The superintendent of the life skills and transition center, on the basis of a
28 comprehensive evaluation and in consultation with the ~~individual's~~individual served's
29 parent, guardian, legal custodian, or care team, finds that the care, treatment, training,
30 rehabilitation, and supervision offered by the life skills and transition center are no
31 longer needed.

1 2. The parent, guardian, or legal custodian who voluntarily admitted the individual served
2 to residential services at the life skills and transition center and who retains legal
3 custody makes a written request for discharge.

4 3. The individual served is admitted on indefinite transfer to a hospital, school, or other
5 facility, or a protective service under the jurisdiction of another state, or another
6 agency or department of this state.

7 4. A court of competent jurisdiction orders the discharge of the individual served.

8 5. The superintendent makes a determination that the noneligible individual no longer
9 qualifies for accessing services provided by the life skills and transition center.

10 **SECTION 8. AMENDMENT.** Section 25-04-08.1 of the North Dakota Century Code is
11 amended and reenacted as follows:

12 **25-04-08.1. Notification before discharge.**

13 Before discharge the superintendent of the life skills and transition center shall meet with
14 the parent, guardian, legal custodian, or care team of the individual:

15 1. Individual served to be discharged, or with the court that ordered the individual served
16 to receive services at the life skills and transition center pursuant to section 25-04-06.

17 2. Noneligible individual to be discharged.

18 **SECTION 9. AMENDMENT.** Section 25-04-14 of the North Dakota Century Code is
19 amended and reenacted as follows:

20 **25-04-14. Expenses chargeable against individual or individual's estate - Filing**
21 **claims.**

22 Expenses for care and treatment of each individual served or noneligible individual by the
23 life skills and transition center must, if practicable, be in accordance with the cost of providing
24 care and treatment for the different degrees or conditions of mental and physical health and
25 charges may be adjusted in accordance with the individual served's or noneligible individual's
26 ability to pay which must include an estimate of potential future receipts, including amounts from
27 estates. The department shall recover from the individual served or noneligible individual or
28 from a discharged individual expenses chargeable for care and treatment. If any individual
29 served or noneligible individual is receiving social security benefits or is a veteran or a
30 dependent of a veteran who has received, is receiving, or is entitled to receive compensation or
31 pension from the veterans' administration, the expenses are a current claim against the

individual served or noneligible individual and may be recovered monthly by the department except that any amount required by the payer of the benefits to be paid directly to the individual served or noneligible individual must, upon approval of the department, be credited to the individual served's or noneligible individual's personal account from any money thus received.

SECTION 10. AMENDMENT. Section 25-04-17 of the North Dakota Century Code is amended and reenacted as follows:

25-04-17. Reduction or writeoff of accounts - Report to legislative audit and fiscal review committee.

The department may authorize the reduction or writeoff of an individual served's or noneligible individual's past-due account from the life skills and transition center's financial records upon determining that the account is not collectible. The department, by September first after the close of each fiscal year, shall present a detailed report to the legislative audit and fiscal review committee on the status of accounts receivable for that fiscal year. The report must include:

1. An aging by individual classification of accounts remaining unpaid.
2. The amounts by individual classification by which accounts were reduced or written off for reasons other than payment during that fiscal year.

SECTION 11. LEGISLATIVE MANAGEMENT REPORT - LIFE SKILLS AND TRANSITION CENTER. The department of health and human services shall submit a report every six months during the 2025-27 biennium to legislative management regarding:

1. The number of ineligible children served under this Act by the life skills and transition center, including consultation services to public and private providers.
2. De-identified information and reasons describing barriers to utilization of community-based services for ineligible children served under this Act by the life skills and transition center, including efforts made by the life skills and transition center.
3. The activities and strategies of the department, and any statutory recommendations to improve the state's community-based services and alternative community crisis and stabilization services to ineligible children served under this Act.

SECTION 12. STUDY OF LIFE SKILLS AND TRANSITION CENTER ALTERNATIVES - DEPARTMENT OF HEALTH AND HUMAN SERVICES - REPORT TO LEGISLATIVE MANAGEMENT. During the 2025-26 interim, the department of health and human services

1 shall study alternatives to placement at the life skills transition center. The study must include
2 development of a continuum of care to meet the mental health needs of youth in their
3 community and, if needed, in an appropriate psychiatric residential facility. By March 1, 2026,
4 the department of health and human services shall report its findings and recommendations,
5 together with any legislation required to implement the recommendations, to the legislative
6 management.

7 **SECTION 13. EXPIRATION DATE.** Section 2 of this Act is effective through June 30, 2027,
8 and after that date is ineffective.

2025 CONFERENCE COMMITTEE

SB 2112

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2112
4/18/2025
Conference Committee

Relating to the life skills and transition center; to provide for a legislative management report; to provide for a department of health and human services study; and to provide an expiration date.

11:06 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Hogan, Representative Anderson, Representative Beltz, Representative Rios.

Discussion Topics:

- Children's Cabinet
- Life Skills and Transition Center
- Reimbursement process

11:07 a.m. Representative Anderson opened discussion on possible study.

11:16 a.m. Sarah Aker, Executive Director of Medical Services with the Department of Health and Human Services, answered committee questions.

11:18 a.m. Senator Hogan moved the Senate accepts the House amendment LC#25.8077.02002.

11:18 a.m. Senator Weston seconded the motion.

Roll Call Vote - Motion passed 6-0-0.

Senator Lee will carry the bill.

Representative Anderson will carry the bill.

11:19 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

SB 2112 041825 1118 AM Roll Call Vote

Final Recommendation

SB 2112

Date Submitted: April 18, 2025, 11:18 a.m.

Recommendation: Accept

Amendment LC #: 25.8077.02002

Engrossed LC #: N/A

Description:

Motioned By: Hogan, Kathy

Seconded By: Weston, Kent

House Carrier: Anderson, Karen A.

Senate Carrier: Lee, Judy

Emergency Clause: None

Vote Results: 6 - 0 - 0

Sen. Lee, Judy	Yea
Sen. Hogan, Kathy	Yea
Sen. Weston, Kent	Yea
Rep. Anderson, Karen A.	Yea
Rep. Beltz, Mike	Yea
Rep. Rios, Nico	Yea

**REPORT OF CONFERENCE COMMITTEE
ENGROSSED SB 2112**

Your conference committee (Sens. Lee, Hogan, Weston and Reps. K. Anderson, Beltz, Rios) recommends the **SENATE ACCEPT** the House amendments ([25.8077.02002](#)) to Engrossed SB 2112.

Engrossed SB 2112 was placed on the Seventh order of business on the calendar.