

**2023 HOUSE HUMAN SERVICES**

**HCR 3017**

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HCR 3017  
2/20/2023

A concurrent resolution directing the Legislative Management to consider studying the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need.

Chairman Weisz called the meeting to order at 11:42 AM

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

### Discussion Topics:

- Committee action
- Youth mental health
- Outpatient services

Representative Dobervich, District 11, (#21151)

Kimberly Jacobson, Director of Agassiz Valley Human Service Zone, (#21108)

Representative McLeod moved a DO PASS and to be placed on the consent calendar

Representative Beltz seconded motion.

Roll call vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries: 14-0-0

Bill carrier: Representative McLeod

**Additional written testimony:**

- Donene Feist, Director for Family Voices of North Dakota, (#21107)

Chairman Weisz adjourned the meeting at 11:46 AM

*Phillip Jacobs, Committee Clerk By: Leah Kuball*

**REPORT OF STANDING COMMITTEE**

**HCR 3017: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3017 was placed on the Tenth order on the calendar.

**2023 SENATE HUMAN SERVICES**

**HCR 3017**

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HCR 3017  
3/22/2023

A concurrent resolution directing the Legislative Management to consider studying the increasing need for inpatient mental health care for children and whether there are adequate home and community-based care and outpatient services for the number of children and the location of need.

10:13 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Hogan, Weston** are present.

## **Discussion Topics:**

- Interim studies
- Services for children
- Physical and behavioral needs

10:15 AM **Representative Dobervich** introduced HCR 3017 testimony in favor #26201

10:16 AM **Kimberly Jacobson, Zone Director, Agassiz Valley Human Service Zone** testimony in favor #25766

10:30 AM **Madam Chair Lee** closed the hearing.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HCR 3017  
3/22/2023

A concurrent resolution directing the Legislative Management to consider studying the increasing need for inpatient mental health care for children and whether there are adequate home and community-based care and outpatient services for the number of children and the location of need.

10:44 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Hogan, Weston** are present.

### Discussion Topics:

- Interim studies
- Services for children
- Physical and behavioral needs

**Senator K. Roers** moved **DO PASS**.

**Senator Weston** seconded the motion.

Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

**Senator Hogan** will carry HCR 3017.

10:46 AM **Madam Chair Lee** closed the meeting.

*Patricia Lahr, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**HCR 3017: Human Services Committee (Sen. Lee, Chairman)** recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3017 was placed on the Fourteenth order on the calendar. This resolution affects workforce development.



**TESTIMONY**

**HCR 3017**

Testimony on HCR 3017  
2023 Legislative Session  
February 17, 2023  
Rep Weisz House Human Services Chairperson

Representative Weisz and Members of the Committee

My name is Donene Feist, I am the Director for Family Voices of North Dakota. I come before you today regarding HCR 3017.

Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center by HRSA federally. We are that entity for ND.

We stand today in support of HCR 3017. We hear from families on a regular basis, the lack of inpatient supports for psychiatric residential treatment facility for children.

According to the 2020-2021 National Survey of Children's Health, there is approximately 34,412 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis.

Because of many families who's children have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos.

The National Data Resource Center for Child and Adolescent Health <https://www.childhealthdata.org/> provides clear data on the complexities of children and youth with special health care needs.

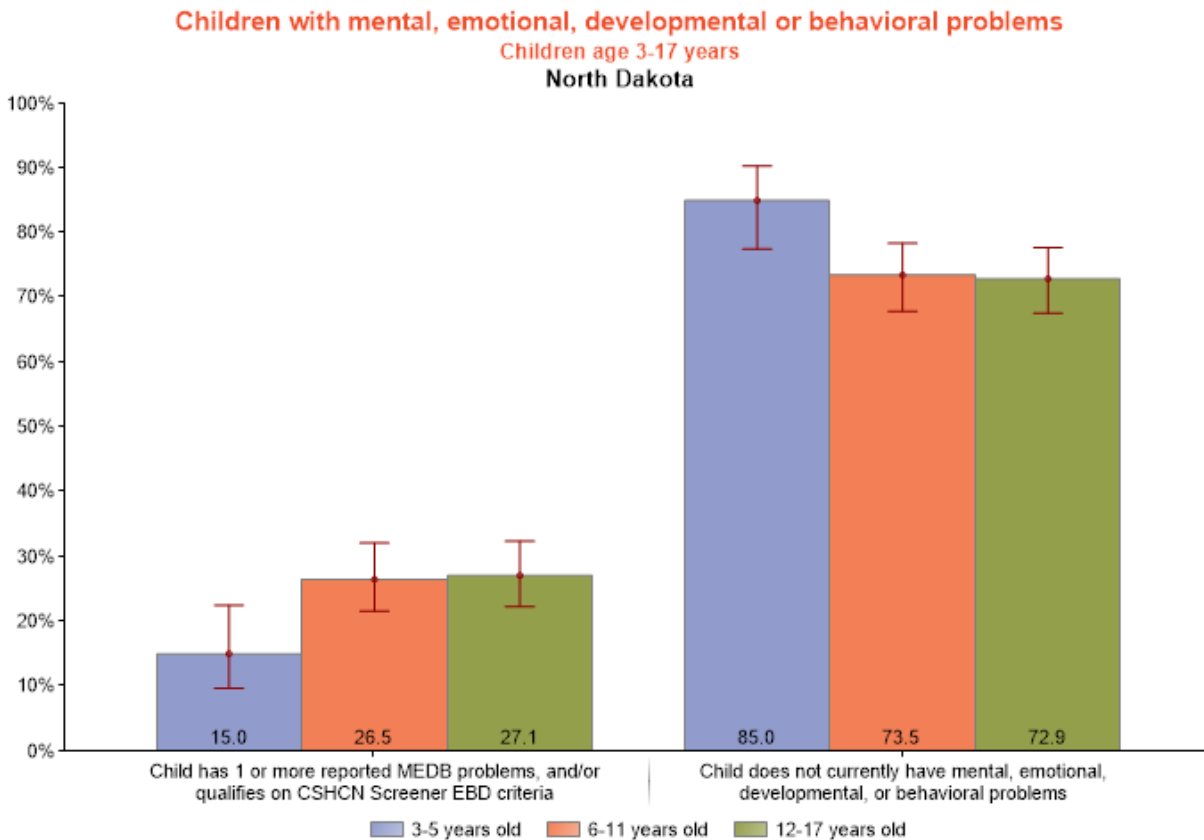
Data below will help provide an overview of the data related to mental, emotional, developmental or behavioral needs.

**Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?**

	Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria	Child does not currently have mental, emotional, developmental, or behavioral problems	Total %
%	24.4	75.6	100.0
C.I.	21.3 - 27.6	72.4 - 78.7	
Sample Count	311	979	
Pop. Est.	35,816	111,262	

C.I. = 95% Confidence Interval.  
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

**Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?**



## Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

	Received treatment or counseling	Did not receive treatment or counseling	Total %
%	50.8	49.2	100.0
C.I.	41.5 - 60.1	39.9 - 58.5	
Sample Count	121	93	
Pop. Est.	12,319	11,921	

C.I. = 95% Confidence Interval.  
 Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Many children who have a chronic health illness or disability also have a behavioral health condition as well. Calls regarding children and youth needing access to services in mental health has dramatically increased.

In many instances, we have assisted families in locating a facility that would take their child. We have also heard from emergency room administration and supported families and grandparents who are guardians for their grandchild, on how children are held in ER's as there are no beds, straining hospital infrastructure. There is a high need for behavioral health care for children, with often nowhere to go.

Recently, a family contacted us who needed to place their child/youth into a facility for stabilization and med changes. We called every hospital facility in the state and at that time there were no beds. As the youth had been very destructive and unable to stay within the home, the only option was to have him charged and placed in jail. This is not a helpful option to the youth, family or the community. It took many weeks to locate placement for this youth. Meanwhile adding tremendous strain to the entire family unit.

A study would be helpful to identify the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need.

While we would love home and community based services for these children, there is just not enough access for families in dire need. Hence what are families to do?

Some are having to garnish custody in order to get help. This is not a viable option and shouldn't have to be.

Additionally, in the height of Covid, a young youth had made a suicide attempt was inpatient at a hospital but when screened Covid positive was discharged immediately. The only place for her to go was to her grandparents which also exposed them to Covid. So not only did this young woman not receive the needed treatment, she also was dismissed as she had Covid and exposed all. Scenarios like these are never good.

There are many varying scenarios such as what I have provided occurring across the state.

Please pass HCR 3017, let's protect our children, youth and families and move towards positive outcomes for them.

Thank you for your consideration.

Donene Feist

Family Voices of ND

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**Testimony Prepared for the:  
House Human Services Committee  
February 20, 2023  
Kim Jacobson, Agassiz Valley Human Service Zone Director**

**HCR 3017:** *Relating to studying the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need*

Chair Weisz and members of the House Human Services Committee, I am Kim Jacobson. I serve as the Director of the Agassiz Valley Human Service Zone which includes the services areas of Traill and Steele Counties. In addition, I am appointed to the North Dakota Children's Cabinet and serve as President of the North Dakota Human Service Zone Director Association. Please consider my support of HCR 3017.

Human Service Zones provide services to North Dakota's most vulnerable citizens. In this role, we serve citizens of all ages and throughout all of North Dakota's communities. A significant portion of the mandated services we provide are to children and families, focusing on child safety, permanency, and well-being. Additionally, when youth are in foster care, Human Service Zone Director serves as the legal custodian for those children. In this role, human service zones are tasked with securing the most appropriate placement for them. Preference is given to keeping foster youth connected to their families, schools, and communities. Regardless of if children are in public custody or not, the availability of a continuum of timely mental health services is critical to preserving families, reuniting families and equipping parents and guardians to meet the behavioral health needs of North Dakota's youth.

Human Service Zones are charged with providing services to children who have been victims of abuse, neglect, as well as those who are exhibiting disruptive behaviors such as

truancy and running away. Many of these youth have experienced trauma, but do not currently have the skills or supports to address and overcome the emotional struggles that accompany grief, loss and traumatic events present in their lives.

In our highly rural state, accessing mental health services of any kind typically involve travel. This often means missed time from school for youth, missed time for work for the parents and/or foster parents, and increased costs to families. However, even in our larger communities, waiting lists for adolescent psychiatry and therapy services are common. Frequently, the moment when those services might be needed most, they are not readily available. This leaves families, foster parents and legal custodians to triage mental health needs, and often results in placement disruptions, emergency room visits, short term shelter placements, and possibly psychiatric hospitalizations—if there is a bed available. This compounds and exacerbates existing mental health needs.

A thorough and extensive effort to collect and compile this information across multiple private and public service providers is needed. A comprehensive quantitative and qualitative analysis of the number of youth waiting for services in conjunction with reasons for denial of services, will lay the groundwork to identify mental health service gaps and begin the steps of ensuring the right service is available, at the right time, and in the right location.

Please accept my testimony in support of House Concurrent Resolution 3017. I stand for any questions from the committee.

**House Concurrent Resolution 3017**

**House Human Services**

**Rep. Gretchen Dobervich**

**February 20, 2023**

Good morning Chairman Weiss and Members of the House Human Services Committee. For the record my name is Gretchen Dobervich, I work for the people of District 11 in Fargo.

House Concurrent resolution 3017 builds on previous interim studies and resulting policy to identify the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need, and possible solutions for meeting these needs.

This study was suggested by the Executive Directors of Family Voices of ND and Designer Genes.

I urge a do pass on this important study to meet the needs of children in ND.



**Testimony Prepared for the:  
Senate Human Services Committee  
March 22, 2023  
Kim Jacobson, Agassiz Valley Human Service Zone Director**

**HCR 3017:** *Relating to studying the increasing need for inpatient mental health care for children and whether there are adequate home- and community-based care and outpatient services for the number of children and the location of need*

Chair Lee and members of the Senate Human Services Committee, I am Kim Jacobson. I serve as the Director of the Agassiz Valley Human Service Zone which includes the services areas of Traill and Steele Counties. In addition, I am appointed to the North Dakota Children's Cabinet and serve as President of the North Dakota Human Service Zone Director Association. Please consider my support of HCR 3017.

Human Service Zones provide services to North Dakota's most vulnerable citizens. In this role, we serve citizens of all ages and throughout all of North Dakota's communities. A sizable portion of the mandated services we provide are to children and families, focusing on child safety, permanency, and well-being.

Human service zones serve children who are fragile due to a variety of physical and behavioral health needs. We are also charged with providing services to children who are victims of abuse, neglect, as well as those who are exhibiting disruptive behaviors such as truancy and running away. Many of these youth have experienced trauma, but do not currently have the skills or supports to address and overcome the struggles that accompany the events present in their lives. While these children and their trials are often invisible to many, they are seen and recognized by human service zones.

In our highly rural state, accessing physical and mental health services of any kind typically involve travel. This often means missed time from school for youth, missed time for work for the parents and/or foster parents, and increased costs to families. However, even in our larger communities, waiting lists for pediatric medicine and adolescent psychiatry/therapy services are common. Frequently, the moment when those services might be needed most, they are not readily available. This leaves families, foster parents and legal custodians to triage physical and mental health needs, and often results in placement disruptions, emergency room visits, short term shelter placements, and possibly hospitalizations—if there is a bed available. This compounds and exacerbates existing needs.

A thorough and extensive effort to collect and compile this information across multiple private and public service providers is needed. A comprehensive quantitative and qualitative analysis of the number of youths waiting for services, leaving the state for service, in conjunction with reasons for denial of services, will lay the groundwork to identify service gaps and begin the steps of ensuring the right service is available, at the right time, and in the right location.

Please accept my testimony in support of House Concurrent Resolution 3017. I stand for any questions from the committee.



# North Dakota House of Representatives

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Committees:  
Agriculture  
Human Services

## House Concurrent Resolution 3017 Senate Human Services Committee Rep. Gretchen Dobervich March 22, 2023

Good Morning Madame Chair and Members of the Senate Human Services Committee. For the record my name is Representative Gretchen Dobervich and I work for the people of District 11 in Fargo.

House Concurrent Resolution 3017 builds on previous interim studies and resulting policy to identify the increasing need for inpatient mental health services for children, whether there are adequate home and community-based services for the number of children requiring services in the communities they reside in, and solutions to meeting that need.

This study was suggested by the Executive Directors of Family Voices of ND and Designer Genes.

There is no fiscal note.

I urge a Do Pass on this important study to meet the needs of children in ND.