

**North Dakota
Children's Behavioral Health Task Force
October 16, 2018**

Meeting Minutes, Approved

Task Force Members Attending: *Pam Sagness, Designee and Acting Chairperson*, (Director, Behavioral Health Division, ND Department of Human Services); *Robin Lang* (Assistant Director, Safe & Healthy Schools, ND Department of Public Instruction); *Mylynn Tufte* (ND State Health Officer, ND Department of Health); *Pam Mack* (Director of Program Services, ND Protection & Advocacy Project); and *Lisa Bjergaard* (Director, Division of Juvenile Services, ND Department of Corrections & Rehabilitation).

Members Absent: *Chris Jones, Chairperson* (Executive Director, ND Department of Human Services); and *Erica Thunder*, Designee (Judicial Systems Administrator, ND Indian Affairs Commission).

Recorder: Greg Gallagher, Program and Research Director, The Consensus Council, Inc.

Call to Order and Welcome: Pam Sagness, Acting Chairperson, called the meeting to order at 1:05 PM, CT, and welcomed Task Force members and guests to the meeting. Members introduced themselves.

Quorum: A quorum was recorded.

Approval of September 21, 2018 Meeting Minutes: ROBIN LANG MADE AND LISA BJERGAARD SECONDED A MOTION TO APPROVE THE MEETING MINUTES OF SEPTEMBER 21, 2018. MOTION PASSED UNANIMOUSLY. (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-9-21-ndcbhtf-minutes-final.pdf>).

Review of Task Force Responsibilities: Acting Chairperson Sagness reviewed the responsibilities of the Children's Behavioral Health Task Force, including:

- a. Assess and guide efforts within the children's behavioral health system to ensure a full behavioral health continuum of care is available in the state;
- b. Make recommendations to ensure the children's behavioral health services are seamless, effective, and not duplicative;
- c. Identify recommendations and strategies to address gaps or needs in the children's behavioral health system;
- d. Engage stakeholders from across the continuum to assess and develop strategies to address gaps or needs in areas including:
 - (1) Education,
 - (2) Juvenile justice,
 - (3) Child welfare,
 - (4) Community,
 - (5) Health; and
- e. Provide a report to the governor and legislative management every six months regarding the status of the task force's efforts.

Acceptance of Agenda. Acting Chairperson Sagness reviewed and accepted the October 16, 2018, meeting agenda as presented.

Presentation on implementing the HSRI Behavioral Health Recommendations: Dr. Bevin Croft. Acting Chairperson Sagness introduced Dr. Bevin Croft, Human Services Research Institute (HSRI), to provide information regarding the implementation plan for the ND Behavioral Health Systems Study, authored by HSRI. Dr. Croft presented an overview of the next phase of the implementation of the ND Behavioral Health System Study (NDBHSS), facilitated by HSRI, under contract with the ND Department of Human Services, Behavioral Health Division (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/hsri-nd-behav-health-system-implementation-support.pdf>). Implementation activity will focus on two primary NDBHSS goals: Goal 1, develop a comprehensive implementation plan, and Goal 13, conduct ongoing, system-wide, data-driven monitoring of needs and access. Dr. Bevin will propose to the ND Behavioral Health Planning Council (BHPC) that the BHPC act as the steering committee for the implementation of the NDBHSS recommendations, involving ongoing system monitoring, planning, and facilitating improvements in the long-term. Under this proposal, the BHPC would serve as the hub organization, coordinating the collaborative efforts of the state's various behavioral health specialty organizations, including the Children's Behavioral Health Task Force, Tribal-State Health Council, Behavioral Health Workforce Work Group, ND Brain Injury Network, Dual Status Youth Initiative, Free Through Recovery, ND Rural Health Learning Collaborative Team, Physical BH Integration Work Group, Prevention Work Group, 1915(i) Work Group, among other organizations.

Activity would move forward in four phases: (1) strategic planning (October, 2018); (2) prioritization and refinement (November- December, 2018); (3) initiation (January – March, 2019); (4) monitoring and sustaining (April – June, 2019). Work activities would be recorded using a goal matrix template and strategic plan protocol. The central protocol would aid in articulating roles of the various organizations, providing a strategy for ensuring ongoing alignment with existing initiatives, providing processes for group coordination and communication, and managing processes for ensuring meaningful and ongoing stakeholder engagement.

Members inquired into the membership roles of the BHPC and whether it constituted a comprehensive membership base to advance meaningful input. Ms. Sagness presented an overview of the BHPC advisory mandate, structure, membership, and functioning. CBHTF would act as a critical feeder into the implementation process. Funding for this implementation work would involve current 2017-2019 funding, with 2019 legislative appropriations proposals moving forward for a 2019-2021 continuation. Members inquired into the prospects of expanding the current 1915(i) plan beyond exclusive adults coverage to likewise include children. Members requested that future CBHTF agenda items include the final Governor's Budget, once the budget proposals have been approved. Members also requested that Family First Act updates be provided at future CBHTF meetings.

The challenge of working on NDBHSS priority recommendations requires focusing attention on policies, initiatives, and funding. The established timelines attempt to optimize activities within the 2019 Legislative Session, requiring an intensive December schedule, yet foresee that this process will be iterative and long term. The state, including its various behavioral health organizations, must own this process. This proposal places the BHPC at the center of the planning and collaboration process.

Dr. Croft requested that the CBHTF communicate regularly with her regarding forthcoming meetings or future initiatives. Acting Chairperson Sagness requested that Greg Gallagher serve as

the contact and liaison for communications between the CBHTF and Dr. Croft. Acting Chairperson Sagness thanked Dr. Croft for her presentation and expressed encouragement for the upcoming work of implementing the state’s behavioral health system study recommendations.

Amend CBHTF Platform Position and Strategy Statements, Previously Deferred: Preamble; Section C (Suicide Prevention); Section F (Sufficient, Sustainable Funding); Section G (Expanded Emergency Care Resources); and Section I (State and Tribal Service Collaboration): Greg Gallagher, The Consensus Council.

Mr. Gallagher provided an overview of the CBHTF Platform Position and Strategy Statements, Draft 2.0, which requires CBHTF review and approval of certain sections. During the August 20, 2018, CBHTF meeting, certain sections within Draft 1.0 were deferred to allow absent members to provide expert consultation on content and process issues. Members reviewed Draft 1.0, provided amendments, where appropriate, and moved the current Draft 2.0 forward for further work. Members determined that Erica Thunder’s absence required any matters regarding tribal affairs to be deferred to the November meeting. Members proceeded to review the Preamble, Section C, Section F, and Section G to move these sections forward for amendment and approval (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/cbhtf-platform-positions-strategies-draft-2.pdf>). It is the understanding of the CBHTF that these position and strategy statements will remain open for further amendment until the CBHTF moves to finalize the statements.

Acting Chairperson Sagness introduced Draft 2.0 for CBHTF consideration. Mr. Gallagher provided background information regarding each document section. Based on the request of the CBHTF, each section provides a cross-reference to HSRI recommendations applicable to the section’s purpose, grounding the legitimacy of each statement to a researched recommendation.

Preamble: Platform Position and Strategy Statements

Acting Chairperson Sagness introduced the Preamble, a summary statement of the CBHTF’s statutory mandate and the expressed need for platform statements, for the CBHTF’s consideration.

Members proposed the insertion of the phrases “good and modern behavioral health system” and “promote health and well-being” in select locations to underscore the promotional mission of behavioral health efforts. Members concurred with the specified cross-references.

Preamble

The Children’s Behavioral Health Task Force (CBHTF), pursuant to its statutory responsibility enacted under NDCC 50-06-43, affirms its commitment to provide a voice for advocacy for a good and modern behavioral health system and to develop recommendations, presented herein, that

- (1) establish, through either interagency agreement or statute, and
- (2) sustain, through either interagency cost savings or legislative appropriations,

behavioral health policy initiatives designed to

- (a) eliminate service redundancies and efficiencies,
- (b) fill in apparent service gaps, ~~and~~

- (c) deploy program and professional best practices; and
- (d) promote health and well-being.

These position and strategy statements constitute the CBHTF's position platform, directing future CBHTF activity. Each platform statement consists of

- (1) a *position* statement that identifies a need for systemic improvement, and
- (2) a *strategy* statement that provides a plan of action.

The CBHTF foresees the combined use of different strategies to achieve the desired aims of each platform statement, including enacting interagency agreements, statutory change, and/or appropriations proposals.

Reference: N.D.C.C. 50-06-43. North Dakota Behavioral Health Systems Study, 2018 (NDBHSS) Recommendations 1.0; 3.1; 5.1; 6.1; 9.1; 10.2; 11.0; 12.0.

Acting Chairperson Sagness entertained action on the Preamble.

PAM MACK MADE AND LISA BJERGAARD SECONDED A MOTION TO ADOPT THE PREAMBLE AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section A: Adoption of School Seclusion and Restraint Policy and Practices Guidelines

Acting Chairperson Sagness introduced Section A, a recommendation regarding the adoption of school seclusion and restraint policy and practices guidelines, for the CBHTF's consideration.

Members proposed that Robin Lang be included as a second lead to advance Section A. Members concurred with the specified cross-references.

A. Adoption of School Seclusion and Restraint Policy and Practices Guidelines.

Position. The CBHTF identifies the need for the state, local school districts, and schools to adopt student seclusion and restraint policy and practices guidelines, including a requirement for all local school districts and schools to adopt and implement effective plans of action. The CBHTF expresses its commitment to advance the adoption and implementation of previously studied seclusion and restraint guidelines that adapt and incorporate national best-practice standards. These guidelines move schools forward in securing the safety and wellbeing of students and school staff, ensuring effective yet flexible expressions of best practices, eliminating the prospects of student or staff harm, coordinating data reporting, and reducing unnecessary legal exposure.

The CBHTF affirms the validity of the previous work, conducted by the state Seclusion and Restraint Task Force, to develop these effective best-practice guidelines. The CBHTF seeks to find the most appropriate mechanism that ensures the ultimate adoption and implementation of these guidelines, including consideration of incremental competitive deployment grants, legislative mandate, established school improvement or compliance rules, or other means of effective adoption.

The CBHTF differs with the assessment of some opponents of any state seclusion and restraint guidelines who assert, under the pretext of local control, that current federal reporting requirements constitute a sufficient policy response. The CBHTF asserts that clear rules or guidelines of conduct are required to appropriately manage student behavior and staff interventions, ensuring the safety and security of students and the establishment of a healthy learning environment. The CBHTF is mindful of previous, unsuccessful attempts to achieve a resolution of this matter and the existence of persistent resistance. Nevertheless, the CBHTF perceives a clear need and expresses its commitment to move forward with interim steps to achieve incremental implementation among selective school sites that support such an effort.

Strategy. The CBHTF recommends that funding be sought during the 2019 Legislative Assembly to provide competitive grants to select school districts or schools who voluntarily (1) adopt and implement comprehensive seclusion and restraint policies and practices, incorporating those best practices that are either specified within the Seclusion and Restraint Task Force’s guidelines or are documented by some equivalent policies, and (2) provide sufficient assurances and action plans to ensure the establishment of safe and appropriate student behavior management and staff intervention policies and practices.

As recorded in the CBHTF July 16, 2018, meeting minutes, Chairperson Jones has appointed Pam Mack and Robin Lang to assume the lead to coordinate this task.

Reference: NDBHSS Recommendations 1.3; 2.1; 3.5; 9.8; 13.2.

Acting Chairperson Sagness entertained action on Section A.

MYLYNN TUFTE MADE AND ROBIN LANG SECONDED A MOTION TO ADOPT SECTION A AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section B: Formation of a State-level Children’s Services Committee

Acting Chairperson Sagness introduced Section B, a recommendation regarding the formation of a state-level children’s services committee, for the CBHTF’s consideration.

Members proposed to substitute the original term “organizational body” with the term “committee” and to delete select extraneous narrative. Members concurred with the specified cross-references.

B. Formation of a State-level Children’s Services Committee and ~~Regional Children’s Services Committees~~

Position. The CBHTF identifies a need to establish a ~~standing~~ state-level children’s services ~~committee~~ organizational body that is (1) ~~supported by similarly structured regional children services committees and~~ (2) dedicated to the collaborative development and implementation of policies and practices that drive coordinated children’s services, within the constructs of state law ~~and the recommendations contained within the HSRI North Dakota Behavioral Health Systems Study.~~ These This children’s services committee ~~organizational body~~ will (1) ensure the coordinated and efficient provision of continuum-of-care services across all public institutions, and (2) advocate for the wellbeing of children and

youth, statewide ~~and regionally~~, across all service sectors (e.g., education, social services, health, corrections, and others). This ~~committee structure~~ organizational body encourages an interdisciplinary service focus, addressing, among a variety of children's issues, the state's behavioral health challenges, across the continuum of care and within the context of wider socio-economic service needs.

The CBHTF affirms that the state must establish an inclusive, comprehensive, and sustainable committee ~~organizational body~~ that can meaningfully move coordination efforts forward into the future, beyond the ad hoc lifespan of the CBHTF.

~~The CBHTF envisions a standing structure that might replicate the design and purpose of the former Children's Services Coordinating Committee, provided for under N.D.C.C. 54-56-01 and subsequently repealed. Such a combined state- and regional-level committee structure balances the interests of ensuring uniform service accessibility and accommodating unique local program implementation.~~

Furthermore, the CBHTF affirms that funding should be provided to ensure that these state ~~and regional~~ efforts be sustained and flourish, including the ability of local committees to receive and distribute restricted-purpose grant funding.

Strategy. The CBHTF assumes responsibility to develop a plan of action that advances the establishment of this state ~~and regional coordination structure~~ coordinating committee ~~organizational body~~, including the development of broad governance interagency agreements, required statutory changes (if any), potential incremental or piloted deployment models, and shared agency resources or state appropriations proposals. ~~The CBHTF entertains the prospects of establishing a relationship with any other state behavioral health organization to gain further efficiencies without diminishing the charge of the CBHTF to advocate for and advance the best interests of children's behavioral health needs.~~

The CBHTF did not assign any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.0; 2.0; 3.0; 4.0; 5.0; 6.0; 7.0; 8.0; 9.0; 10.0; 11.0; 12.0; 13.0.

Acting Chairperson Sagness entertained action on Section B.

LISA BJERGAARD MADE AND PAM MACK SECONDED A MOTION TO ADOPT SECTION B AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section C: Suicide Prevention

Acting Chairperson Sagness introduced Section C, a recommendation regarding collaborative support for suicide prevention programming, for the CBHTF's consideration.

Members proposed extending support for budget adjustments for suicide prevention efforts across all agencies. Members proposed a new strategy committing the CBHTF to draft a resolution of support for statewide suicide prevention activities. Members concurred with the specified cross-references.

C. Suicide Prevention.

Position. The CBHTF endorses a proactive, coordinated, systemic interagency effort to advance suicide prevention programs across all public agencies statewide.

Strategy. The CBHTF supports the Department of Health's budget adjustments within the Department of Health's state agency baseline budgets to that sustain and expand its suicide prevention programs.

Strategy. The CBHTF will consider the merits of drafting a resolution of support for the continuation and expansion of the Department of Health's Suicide Prevention program, implementing comprehensive best-practice suicide prevention programs and protocols in schools and healthcare settings.

Strategy. The CBHTF will draft a resolution to support sustaining and expanding suicide prevention programs across all state public and nonpublic agencies.

Strategy. The CBHTF supports the development of best-practices suicide prevention policy guidelines that may be adopted for use by state, regional, and local agencies, including schools, medical facilities, social service agencies, and other interested public and non-public organizations.

Strategy. The CBHTF will compile a list of the various agencies' suicide prevention outreach efforts to assess how collaboration among agencies might improve the combined effect of these efforts across their respective venues.

Mylynn Tufte initiated the proposal to adopt this position statement. The CBHTF has not assigned any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.3; 2.1; 2.3; 3.1; 3.3; 4.8; 6.2; 9.8; 10.2; 10.4; 10.5.

Acting Chairperson Sagness entertained action on Section C.

MYLYNN TUFTE MADE AND PAM MACK SECONDED A MOTION TO ADOPT SECTION C AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section D: Bullying Prevention and Intervention

Acting Chairperson Sagness introduced Section D, a recommendation regarding bullying prevention and intervention, for the CBHTF's consideration.

Members made no amendments to section language. Members concurred with the specified cross-references.

D. Bullying Prevention and Intervention

Position. The CBHTF identifies a need to (1) evaluate the effectiveness of current school bullying prevention and intervention practices, and (2) assess if school bullying policies might

need to be revised to address the impact of technology use on student wellbeing, including social media exposure and media-based bullying.

The CBHTF supports the work of the State Superintendent's Student Advisory Committee to study and provide recommendations to improve the state's bullying prevention and intervention policies and practices.

Strategy. The CBHTF stands prepared to review and provide a supportive response to the Student Advisory Committee's findings and recommendations, contributing an interagency voice to express commendations for the effort and to extend the effect of any recommendations across agencies. The CBHTF will evaluate whether any recommendations in agencies' policies might require additional interagency agreement or legislative action.

Robin Lang, serving as Department of Public Instruction delegate, has expressed willingness to serve as CBHTF liaison to the State Superintendent's Student Advisory Committee. The CBHTF has not assigned any primary point of responsibility for this task.

References: NDBHSS Recommendations 1.3; 2.1; 3.5; 7.2; 7.3; 9.7; 9.8; 10.4; 13.2.

ACTING CHAIRPERSON SAGNESS ENTERTAINED ACTION AND DECLARED THE ADOPTION OF SECTION D. MEMBERS ACCEDED TO THE DECLARATION WITHOUT OBJECTION.

Section E: Brain Development

Acting Chairperson Sagness introduced Section E, a recommendation regarding brain development, for the CBHTF's consideration.

Members requested the attendance of Rebecca Quinn (Center for Rural Health and the ND Brain Injury Network) at a forthcoming CBHTF meeting to discuss the programming and policy development efforts of the TBI Planning Council and the ND Brain Injury Network. Members made no amendments to section language. Members concurred with the specified cross-references.

E. Brain Development

Position. The CBHTF supports the efforts of the Department of Health to incorporate brain development research findings, including the effects of traumatic brain injury on brain development, into its health promotion and prevention programming. This initiative provides direct application for staff training and client services regarding accident prevention, early intervention monitoring, shaken baby identification, and other activities. The CBHTF anticipates the benefits of this integration of research into prevention measures will produce insights that may provide value to other cross-agency, continuum of care programming.

Strategy. The CBHTF will consider the merits of drafting a resolution of support to accompany the Department of Health's promotional and technical assistance publications, expressing the CBHTF's support for incorporating brain development research and best practices into service delivery.

The CBHTF, with the technical assistance support of the Department of Health, will review and consider expanding the use of this brain development research and its resulting best

practices into select cross-agency programs. The CBHTF will compile information identifying how each agency might benefit from this research to improve overall outcomes.

Mylynn Tufte initiated the proposal to adopt this position statement. The CBHTF has not assigned any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.3; 2.2; 2.4; 3.0; 4.2; 4.8; 6.2; 8.2; 9.8; 13.2.

Acting Chairperson Sagness entertained action on Section E.

MYLYNN TUFTE MADE AND PAM MACK SECONDED A MOTION TO ADOPT SECTION E AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section F: Sufficient, Sustainable Funding

Acting Chairperson Sagness introduced Section F, a recommendation regarding sufficient, sustainable funding.

Members made no amendments to section language. Members concurred with the specified cross-references.

F. Sufficient, Sustainable Funding

Position. The CBHTF advocates providing quality behavioral health services to all citizens statewide, extending across the complete continuum of care, including prevention. Providing quality behavioral health services across the continuum demands sufficient and sustainable funding, avoiding biennium-to-biennium variations that threaten statewide health indicators. Insufficient funding directly affects the system's ability to provide services across the continuum, oftentimes to the detriment of prevention efforts. The CBHTF commits itself to advocate for the protection and expansion of state appropriations for interagency behavioral health-related programming, covering the continuum of care, with specific attention to securing adequate prevention funding.

The CBHTF is mindful of the Legislative Assembly's constitutional responsibility to set and secure a biennial budget across all public obligations and services, and the Legislature's reluctance to dedicate revenue sources to selective programming targets. Legislators respond best when clear needs are identified and supported with validated data and supportive constituent testimony. Securing and preserving prevention funding requires making a case for prevention's return on investment and then seeking commitments to sustain that level of proportional funding into the future.

Strategy. The CBHTF proposes (1) to develop a case proposal that substantiates the return on investment argument regarding behavioral health programming, and (2) to advance this argument before the Legislative Assembly, referencing case studies and source data. This case proposal will be provided to each agency for voluntary adoption and use during the Legislative Assembly's appropriations hearings.

Strategy. The CBHTF proposes to adopt a resolution advocating for setting and sustaining behavioral health funding levels that support prevention measures.

Strategy. The CBHTF, recognizing the evident need for prevention activities regarding substance use, supports continued funding to eliminate the use of alcohol, tobacco, and other controlled substances among children and youth.

Strategy. The CBHTF commits itself to establish a coordinated service delivery system that secures and sustains essential children’s behavioral health services across the continuum of care, evidencing efficiency through collaboration, drawing upon the unique competencies and reach of all dedicated agencies, sharing recognized best-practice policies and resources, and securing financial sufficiency and stability through meaningful legislative appropriations. The CBHTF endorses the practice of agencies readily providing narrative support to other agencies’ appropriations requests before the North Dakota Legislative Assembly, which seek funding for initiatives recognized by the CBHTF.

The CBHTF did not assign any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.0; 2.0; 3.0; 4.0; 5.0; 6.0; 7.0; 8.0; 9.0; 10.0; 11.0; 12.0; 13.0.

Acting Chairperson Sagness entertained action on Section F.

MYLYNN TUFTE MADE AND PAM MACK SECONDED A MOTION TO ADOPT SECTION F AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Section G: Expanded Emergency Care Resources

Acting Chairperson Sagness introduced Section G, a recommendation regarding expanding emergency care resources.

Members proposed to defer further consideration of Section G until a later time.

G. Expanded Emergency Care Resources

Position. The CBHTF recognizes a critical shortage of financial resources to support clients and/or families during crisis or emergency events, affecting their abilities to secure proper housing arrangements, out-of-home placements, or other supervisory responsibilities.

The CBHTF recognizes that child deprivation protocols, within Children’s Protective Services, need to be applicable for infants, young children, and youth alike. Deprived older youth require service options that range from residential care to care coordination to appropriately serve their needs.

Strategy. The CBHTF will evaluate if any changes in agencies’ policies or appropriation levels might require additional interagency agreement or legislative action.

The CBHTF did not assign any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.3; 3.3; 4.0; 5.2; 5.3; 5.4; 6.0; 9.8; 10.5.

ACTING CHAIRPERSON SAGNESS DECLARED THAT THE CBHTF HOLD SECTION G CONSIDERATION FOR A FUTURE MEETING. MEMBERS CONCURRED.

Section H: Juvenile Court Rules for Maltreatment

Acting Chairperson Sagness introduced Section H, a recommendation regarding juvenile court rules for maltreatment.

Members made no amendments to section language. Members concurred with the specified cross-references.

H. Juvenile Court Rules for Maltreatment

Position. The CBHTF recognizes that current juvenile court definitions and rules for the management of child maltreatment, including the current registry or index of identified abusers, might introduce circular penalties that can inappropriately impact children and destroy an adult's prospects for restitution and recovery. The CBHTF affirms the need to propose measured changes to current deficient practices.

Strategy. Whereas, the Uniform Juvenile Care Act presumes that any youth found by the courts to have committed a delinquent act is determined to be in need of treatment and rehabilitation, the CBHTF seeks to apply this principle to parents of deprived children, where evidence or presumed deprivation by a parent similarly establishes a determination of the parents' need for treatment, rehabilitation, and support.

Position. The CBHTF recognizes the need for states attorneys to acquire additional training on NDCC 27-20, regarding the appropriate disposition of a deprived child and the ability of parents to receive training and treatment, something often sought by case workers but not readily supported by states attorneys. This training is designed to mitigate the historical use of NDCC 27-14, which defines the abuse of the child in exclusive terms of criminality and, instead, redirects efforts to family rehabilitation.

Strategy. The CBHTF supports providing training to states attorneys to optimize the ability of parents of deprived children to receive or be compelled to receive the training and treatment they need and deserve to secure the viability of the family unit. The CBHTF supports surveying states attorneys to determine the prevalence of criminal case management and the prospects for beneficial training. The CBHTF will reach out to the state's Courts Improvement Project to offer behavioral health technical assistance that might reinforce the Project's work.

Position. The current standards for building a child maltreatment case, based on clear and convincing versus preponderance levels of evidence, introduce difficulties for child protection professionals and raise the prospects of doing harm to children. Professionals are unnecessarily required to become experts in drafting affidavits to document a credible case navigating the technicalities of troublesome legal distinctions.

Strategy. The CBHTF supports the lowering of the evidentiary standard for child maltreatment cases, effectively replacing the clear and convincing standard with the preponderance standard. The CBHTF supports this change to provide greater options for rehabilitative care to families.

As recorded in the CBHTF July 16, 2018, meeting minutes, Chairperson Jones has appointed Lisa Bjergaard to assume the lead in coordinating this task.

Reference: NDBHSS Recommendations 1.3; 2.1; 3.5; 4.1; 4.3; 4.8; 5.2; 6.0; 10.4.

ACTING CHAIRPERSON SAGNESS ENTERTAINED ACTION AND DECLARED THE ADOPTION OF SECTION H. MEMBERS ACCEDED TO THE DECLARATION WITHOUT OBJECTION.

Section I: State and Tribal Service Collaboration

Acting Chairperson Sagness introduced Section I, a recommendation regarding state and tribal service collaboration.

Members proposed to defer further consideration of Section I until a later time.

I. State and Tribal Service Collaboration

Position. The CBHTF recognizes the importance of exchanging appropriate client service information across jurisdictions (e.g., state, tribe, regional human service centers, counties, cities) to improve access to service programs.

Strategy. The CBHTF will evaluate if any changes in agencies' policies, regarding the exchange of client information and shared reporting, might require additional interagency cooperative agreements or legislative action.

Position. The CBHTF recognizes the role that the Tribal-State Taxation Committee plays in studying the management of alcohol and tobacco tax collections and distributions and the effect that such tax management has on behavioral health services and outcomes. The structure of tribal and state taxation agreements contributes to the responsible collection and use of tax revenue, especially taxes collected from alcohol and tobacco. There exist long-standing conversations among state and tribal leaders concerning how to manage tax revenues to improve community health outcomes.

Strategy. The CBHTF will review current tribal-state taxation agreements to determine if the interests of behavior health, including prevention and treatment, might be advanced by amending any agreement provisions. The CBHTF may reach out to tribal-state taxation committees to provide technical assistance and to raise awareness how tax collection and use policies can impact health and behavioral health outcomes.

Position. The CBHTF recognizes the importance of updating older Title IV-E agreements, which are currently undergoing revision, to improve foster care services, including data management and sharing.

Position. The CBHTF supports the reinstatement and work of the Tribal and State Court Affairs Committee, which has endorsed a memorandum of agreement on Drug Courts and which impacts the identification and disposition of individuals with behavioral health needs.

Strategy. The CBHTF will extend an offer to provide technical assistance and support to the committees working on memoranda of agreement regarding Title IV-E and the courts. The CBHTF seeks to optimize the effect and reach of interagency agreements that ultimately drive the constructive collaboration among the various agencies.

Erica Thunder initiated the proposal to adopt this position statement. The CBHTF has not assigned any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.0; 3.1; 4.1; 5.1; 8.2; 9.0; 10.2; 10.4; 10.5; 11.0; 13.1.

ACTING CHAIRPERSON SAGNESS DECLARED THAT THE CBHTF HOLD SECTION I REVISIONS FOR A FUTURE MEETING. MEMBERS CONCURRED.

Section J: Early Intervention, IDEA Part C.

Acting Chairperson Sagness introduced Section J, a recommendation regarding early intervention, IDEA Part C.

Members recommended no amendments to section language. Members concurred with the specified cross-references.

J. Early Intervention, IDEA Part C

Position. The CBHTF recognizes the need to promote strong IDEA Part C early intervention programs, ages birth to three years, and to secure a comprehensive statewide Child Find system. High quality early intervention attends to the unique needs of each child, including the child's social and emotional health.

Strategy. The CBHTF will reach out to the Interagency Coordinating Council, which provides guidance on IDEA Part B and Part C services, to begin discussions regarding current early intervention efforts and what might be required to further enhance these programs.

The CBHTF did not assign any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.0; 2.0; 3.0; 4.1; 5.0; 9.1; 9.9; 10.2.

ACTING CHAIRPERSON SAGNESS ENTERTAINED ACTION AND DECLARED THE ADOPTION OF SECTION J. MEMBERS ACCEDED TO THE DECLARATION WITHOUT OBJECTION.

Section K: Substance Exposed Newborn Services

Acting Chairperson Sagness introduced Section K, a recommendation regarding substance exposed newborn services.

Members recommended no amendments to section language. Members concurred with the specified cross-references.

K. Substance Exposed Newborn Services

Position. The CBHTF acknowledges the need to provide and sustain high quality service supports for all newborns and infants who have experienced substance exposure. The CBHTF further recognizes the need to attend to the behavioral health needs of other family members, as well. The CBHTF expresses its appreciation for the valued research and proposals on substance exposed newborns developed in the previous biennium by the

Substance Exposed Newborns Task Force. The CBHTF affirms the validity of the Task Force's completed work plan, which, although proposed, was never enacted or funded.

Strategy. The CBHTF assumes responsibility to review and update the findings and proposed work plan of the Substance Exposed Newborn Task Force, and to bring forth its recommendations for final, successful resolution.

Pam Sagness initiated the proposal to adopt this position statement. The CBHTF has not assigned any primary point of responsibility for this task.

Reference: NDBHSS Recommendations 1.3; 2.0; 3.0; 4.3; 5.1; 5.2; 8.2; 9.8.

ACTING CHAIRPERSON SAGNESS ENTERTAINED ACTION AND DECLARED THE ADOPTION OF SECTION K. MEMBERS ACCEDED TO THE DECLARATION WITHOUT OBJECTION.

Acting Chairperson Sagness instructed Mr. Gallagher to compile Draft 3.0 of the CBHTF Platform Position and Strategy Statements for CBHTF review at the November meeting.

Design Model for Organization Body Identified in Section B, CBHTF Platform Position and Strategy Statements.

Mr. Gallagher stated that the CBHTF had committed itself to establishing a committee structure to conduct the activities set forth within the CBHTF Position and Strategy Statements, Section B, regarding a statewide service coordination committee. The CBHTF must define the structure and mission of this statewide committee. Mr. Gallagher presented, as historical background, the originating memorandum of understanding of the Children's Services Coordinating Council (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/csc-cc-interagency-agreement-original.pdf>), which specified the purpose of the state's previous service coordination body. Mr. Gallagher also presented a template outline for developing interagency agreements, used in WI, identifying criteria to be considered in developing agreements.

Members stated that there exists a need to coordinate the delivery of services statewide. Some services can be provided outright by a designated agency, some services require higher levels of coordination. Any coordination efforts must be actionable and actively fill gaps. The CBHTF must attend to improving behavioral health, both in terms of offering traditional services and in addressing more complex socio-economic realities.

Members discussed if the CBHTF should invest the time to assess how other states have structured their coordination efforts, analyzing different organizational models. The principal goal is to improve actual services and not simply to redesign organizational charts. The CBHTF should move quickly, if any actions are to proceed in anticipation of the 2019 Legislative Assembly. Any model must cross agency lines, requiring strong interagency leadership and engagement with stakeholders.

Finalize Agenda for Next Meeting, Requests for Supplemental Reports and Presentations.

Acting Chairperson Sagness recommended that each member come forward at the November meeting with examples of effective models of statewide service coordination. Members identified the following agenda items for the November meeting:

- (1) consider unresolved CBHTF position and strategy statements;
- (2) discuss state service coordination models brought forward by CBHTF members;

- (3) entertain extended public comment regarding sections of the CBHTF position and strategy statements, with particular attention to Section B;
- (4) develop a framework for a state coordination model; and
- (5) consider the role of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program and Medicaid in supporting children's behavioral health services.

Mr. Gallagher will prepare a general public notice that provides a summary of the CBHTF position statements and a specific call for public comment on Section B.

Members selected November 16, 2018, 10:00 AM – 3:00 PM for the next CBHTF meeting.

Acting Chairperson Sagness instructed the Consensus Council to prepare a manageable agenda to meet these objectives, considering also any outstanding issues from the CBHTF's issue bin:

Prospective Agenda Issue Bin for Forthcoming Meetings. Issues identified by the Task Force for consideration at forthcoming meetings include home-, school-, and community-based services; social services; child welfare and tribal services, including jurisdictional issues; health and wellness checks (including EPSDT, screenings); ~~health integration;~~ peer, family and community supports; ~~complex, fragile medical needs;~~ how the behavioral health and developmental disabilities systems are or are not connected; ~~and a review of primary and secondary payors in the behavioral health system.~~

Public Comment: Acting Chairperson Sagness invited interested members of the public to provide comments for the Task Force.

Rebecca Matthews, advocate and family representative at BECEP, encouraged the CBHTF to focus its attention on the actual provision of quality services to children statewide. Ms. Matthews emphasized the need to attend to the needs of children, birth through three years, and their families, providing direct early intervention support regionally.

Adjournment: Having completed the meeting's agenda and hearing no further comments from the CBHTF, Acting Chairperson Sagness declared the meeting adjourned.

Respectfully submitted,
Greg Gallagher
Consensus Council, Inc.