

**North Dakota  
Children's Behavioral Health Task Force  
November 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); *Lisa Bjergaard* (Director, Division of Juvenile Services, ND Department of Corrections & Rehabilitation; and *Brad Hawk, Designee* (Indian Health Services Administrator, ND Indian Affairs Commission).

**Members Absent:** *Chris Jones, Chairperson* (Executive Director, ND Department of Human Services); and *Erica Thunder, Principal 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 10:08 PM, CT, and welcomed Task Force members and guests to the meeting.

**Quorum:** A quorum was recorded.

**Acceptance of Agenda.** Acting Chairperson Sagness proposed amendments to the draft agenda to accommodate weather-related cancellation of scheduled speakers and the desire to shorten the meeting in the interests of public safety regarding road conditions. Greg Gallagher, Recorder, reported that weather conditions required the cancellation of the "Pediatric Mental Health Care Access Program Grant" agenda item, scheduled to be presented by Jennifer Faul, Prairie St. John's, Fargo, ND. In the interests of shortening the agenda, Mr. Gallagher recommended that primary attention be given to the receipt of public comments regarding the CBHTF platform statements, specifically Section B. Mr. Gallagher recommended deferring to a future meeting further discussions and amendments to the CBHTF platform statements, outside of brief discussions related to Section B. Acting Chairperson placed these amendments to the agenda before the CBHTF members for consideration. LISA BJERGAARD MADE AND MYLYNN TUFTE SECONDED A MOTION TO ADOPT THE NOVEMBER 16, 2018, MEETING AGENDA, AS AMENDED. THE MOTION PASSED UNANIMOUSLY.

**Approval of October 16, 2018 Meeting Minutes:** MYLYNN TUFTE MADE AND ROBIN LANG SECONDED A MOTION TO APPROVE THE MEETING MINUTES OF OCTOBER 16, 2018. MOTION PASSED UNANIMOUSLY. (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-10-16-ndcbhtf-minutes.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.

**Behavioral Health Support Services: Early Periodic Screening, Diagnosis and Treatment (EPSDT): Jodi Hulm, Health Tracks and Healthy Steps Administrator, ND Department of Human Services.**

Jodi Hulm, Health Tracks and Healthy Steps Administrator, Medical Services Division, ND Department of Human Services, presented an overview of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The following presentation notes provide a complete summation of the presentation: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/presentation-nd-health-tracks-epsdt-jhulm-11-16-2018.pdf>. A separate handout was distributed which provides an additional summary of EPSDT provisions: (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/nd-health-tracks-epsdt.pdf>). In response to questions on the current rate of screenings, Ms. Hulm stated that the Department has worked consistently to increase the rate of screenings, since screening opens the prospects for subsequent treatment plans. Increased screening rates is the single most important means of improving health care for EPSDT-eligible children. Acting Chairperson Sagness thanked Ms. Hulm for her presentation.

**Consideration of CBHTF Member Proposals to Establish a Statewide Coordinating Committee, Pursuant to CBHTF Platform Statements, Section B, Introduction to Public Comments.**

Acting Chairperson Sagness invited CBHTF members to offer comments or put forth proposals regarding the structure or governance model of a statewide coordinating committee, as presented within Section B of the current CBHTF platform statements (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/cbhtf-platform-positions-strategies-draft-3-final.pdf>). Members stated an interest in establishing a statewide coordinating committee that reflects the fundamental aims of the previous Children's Services Coordinating Committee. Members stated that there exists a need for any committee to move beyond advocacy and hold the authority to act on initiatives. Members also stated there exists a need to institute some form of accountability, beyond good will, where authority lies with individuals of authority, such as the role the Lieutenant Governor served in leading the previous committee. Any such committee should hold the authority to move initiatives forward, including influencing the development of administrative rules in content, oversight, and assuring the right to redress disputes through an appeals process. Such a committee would require some form of administrative support to ensure the viability of its actions.

Members stated that the CBHTF should reintroduce the need to establish regional or community-based committees that would provide a means of advancing actions statewide. Any regional committee structure would require a funding mechanism.

Pam Mack introduced several committee model structures from other states, including Georgia. These models offer a comprehensive perspective to the provision of services to families and children, removing artificial bureaucratic barriers to direct services. Some of these models are specified in the following source references: (1) <https://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>; (2) <https://www.choa.org/medical-professionals/physician-resources/behavioral-health>; and (3) <http://georgiavoices.org/wp-content/uploads/2018/01/2017-Behavioral-Health-Workforce-Analysis.pdf>. This model structure looks into the confluence of behavioral health, developmental disabilities, and broader socio-economic matters. Members also raised the prospects of investigating further into service structures within Arizona (“Children and Families”) and Louisville, Kentucky (“The Neighborhood Place”), each providing for an interdisciplinary service delivery system.

Members identified certain criteria that should guide the modeling of any statewide coordinating committee: (1) a need for broad-based leadership across agencies, perhaps at a cabinet level, to support children services; (2) a focused attention to the full Continuum of Care, including attention to promotion, prevention, early intervention, broad-based services, recovery; (3) extending efforts across public and private providers and services; (4) a need for a comprehensive vision of how and where children are best served, attending to children in a manner most relevant to them; (5) unifying the collaborative efforts of all branches of government and the tribes; (6) attending to services that do not require a prior link to juvenile services, where services can be accessed free-standing without first entering into the judicial system; and (7) providing for the active voice of consumers statewide, offering a meaningful representative presence on governing or advisory committees.

#### **Public Comments on statewide Coordinating Committee Model, Pursuant to CBHTF Platform Statements, Section B.**

Acting Chairperson Sagness invited members of the public to provide testimony regarding the CBHTF Platform Statements, Section B, to guide the CBHTF in its work of amending Section B’s language.

Carlotta McCleary, Executive Director of North Dakota Federation of Families for Children’s Mental Health and Executive Director of Mental Health America of North Dakota, provided written and oral testimony. The complete text of Ms. McCleary’s testimony is provided: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/testimony-carlotta-mccleary-11-16-2018.pdf>. Ms. McCleary was asked about the current standing of the SAMSHA System of Care Expansion Planning Grants. Ms. McCleary stated that she would inform the Division of Behavioral Health when she becomes aware of any publicized release. Acting Chairperson Sagness thanked Ms. McCleary for her testimony.

Following Ms. McCleary’s presentation, CBHTF members discussed the need to revisit the CBHTF Platform Statements, Section A, to advocate for the universal adoption of statewide seclusion and restraint policies and practices.

MYLYNN TUFTE MADE AND PAM MACK SECONDED A MOTION INSTRUCTING PAM MACK AND ROBIN LANG, DESIGNATED MANAGERS FOR SECTION A OF THE CBHTF PLATFORM STATEMENTS, TO CONDUCT ADDITIONAL RESEARCH AND PREPARE NEW LANGUAGE TO AMEND SECTION A TO ADVANCE THE UNIVERSAL ADOPTION STATEWIDE OF SECLUSION AND RESTRAINT POLICIES AND PRACTICES.

Acting Chairperson Sagness requested that any CBHTF actions be deferred until later in the agenda, after the full hearing of public comments, when Task Force business would be in Order. Ms. Tufte and Ms. Mack agreed to defer their proposal until later in the agenda.

Gladys Cairns, Representative for the North Dakota Children's Caucus, provided written and oral testimony, on behalf of Tara Muhlhauser, Project Coordinator for the North Dakota Children's Caucus. The complete text of Ms. Cairns' testimony is provided: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/testimony-tara-muhlhauser-11-16-2018.pdf>. Acting Chairperson Sagness thanked Ms. Cairns for her testimony.

Missi Baranko, Team Lead for Healthy Families, Lutheran Social Services, provided written and oral testimony. The complete text of Ms. Baranko's testimony is provided: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/testimony-missi-baranko-11-16-2018.pdf>. Ms. Baranko also submitted separate written testimony from Jessica Thomasson, President/CEO, Lutheran Social Services. The complete text of Ms. Thomasson's testimony is provided: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/testimony-jessica-thomasson-11-16-2018.pdf>. Acting Chairperson Sagness thanked Ms. Baranko for her testimony.

Becky Matthews, Representative for the Friends of Part C Steering Committee, provided written and oral testimony. The complete text of Ms. Matthews' testimony is provided: <https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/testimony-becky-matthews-11-16-2018.pdf>. Acting Chairperson Sagness thanked Ms. Matthews for her testimony.

Cory Peterson, Juvenile Court Director for the Bismarck and Dickinson Offices, provided oral testimony. Mr. Peterson, referencing positions adopted in the state Dual Status Youth Study, spoke in support of the adoption of a statewide children's coordinating committee, perhaps establishing a cabinet-level presence, reflecting the structure used in the previous Children's Services Coordinating Committee. Mr. Peterson reiterated the need to establish a committee structure that offered meaningful authority and accountability. Mr. Peterson identified similar efforts to provide for a statewide committee in Washington, New York, and Wisconsin, each with its own unique application. Mr. Peterson stated that the state should invest in children, as the state's ultimate expression of infrastructure investment.

Acting Chairperson Sagness identified the recent change in the management of the Olmstead Commission from the Department of Human Services to a co-chair structure with the Governor's Office. Such a structural move provides a higher level of state accountability for the appropriate provision of services to children and families. Ms. Sagness inquired if such a structural change might reflect what the CBHTF is currently considering with a statewide coordinating committee. Mr. Peterson asserted that the state must act proactively to achieve meaningful systemic change. Members stated their support for a regional committee structure that would be sufficiently funded and authorized to act. Acting Chairperson Sagness thanked Mr. Peterson for his comments.

Acting Chairperson Sagness announced that the Department of Human Services would soon release a Request for Proposals regarding youth residential treatment programs. Information will be forthcoming shortly.

Valerie Bakken, Early Learning Special Education Assistant Director, Department of Public Instruction, commended Kim Mertz and the Department of Health, among other agencies, for their receipt of a preschool development grant, funded by the U. S. Department of Human

Services. The state is seeking, in part, the development of a statewide early childhood development data system, which is identified as a high need. This is the first time the state has been eligible to apply for this grant. Award notifications are expected by December 17, 2018. Acting Chairperson Sagness thanked Ms. Bakken for her testimony.

Hearing no further requests for testimony, Acting Chairperson Sagness closed the public comment period of the meeting.

#### **CBHTF Business.**

Acting Chairperson Sagness reintroduced the motion presented earlier by Mylynn Tufte and seconded by Pam Mack.

MYLYNN TUFTE MADE AND PAM MACK SECONDED A MOTION INSTRUCTING PAM MACK AND ROBIN LANG, DESIGNATED MANAGERS FOR SECTION A OF THE CBHTF PLATFORM STATEMENTS, TO CONDUCT ADDITIONAL RESEARCH AND PREPARE NEW LANGUAGE TO AMEND SECTION A TO ADVANCE THE UNIVERSAL ADOPTION STATEWIDE OF SECLUSION AND RESTRAINT POLICIES AND PRACTICES.

THE MOTION PASSED UNANIMOUSLY.

CBHTF identified the need to revisit the scope and language of Section K, regarding substance exposed newborn services. Action on Section K was deferred to a future meeting.

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

Acting Chairperson Sagness instructed Mr. Gallagher to prepare an electronic scheduling notice to CBHTF members, soliciting members' availability to attend a December 2018 meeting. Notice will be posted once a date and arrangements are finalized.

Acting Chairperson Sagness recommended that the agenda for the December meeting include items that would allow for an appropriate level of closure on outstanding CBHTF priorities:

- (1) reconcile previously unresolved CBHTF position and strategy statements;
- (2) resolve the framework of a state service coordination model specified in the CBHTF Position Statements, Section B;
- (3) resolve the CBHTF position statement on seclusion and restraint;
- (4) reschedule the presentation on the Pediatric Mental Health Care Access Program Grant, presented by Jennifer Faul, Prairie St. John's, Fargo, ND; and
- (5) reconcile any outstanding agenda items.

CBHTF members expressed agreement with the proposed course of action.

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.~~

**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.