

North Dakota
Children's Behavioral Health Task Force
December 6, 2018

Meeting Minutes, Draft

Task Force Members Attending: *Chris Jones, Chairperson* (Executive Director, ND Department of Human Services); *Erica Thunder, Principal Designee* (Judicial Systems Administrator, ND Indian Affairs Commission); *Kim Mertz, Designee* (Section Chief, Healthy and Safe Communities, Title V/Maternal and Child Health Director, 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); *Pam Sagness, Designee*, (Director, Behavioral Health Division, ND Department of Human Services);

Members Absent: *Robin Lang* (Assistant Director, Safe & Healthy Schools, ND Department of Public Instruction).

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

Call to Order and Welcome: Chris Jones, Chairperson, called the meeting to order at 3:05 PM, CT, and welcomed Task Force members and guests to the meeting.

Quorum: A quorum was recorded.

Approval of November 16, 2018 Meeting Minutes: Chairperson Jones called for a review of the November 16, 2018 meeting minutes. LISA BJERGAARD MADE AND ERICA THUNDER SECONDED A MOTION TO APPROVE THE MEETING MINUTES OF NOVEMBER 16, 2018. MOTION PASSED UNANIMOUSLY. (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-11-16-ndcbhtf-minutes.pdf>).

Acceptance of Agenda. Chairperson Jones called for a review of the December 6, 2018 meeting agenda. Kim Mertz requested the inclusion of a brief report and the consideration of a program proposal regarding the North Dakota Pediatric Mental Health Care Access Program. Chairperson Jones approved the amended agenda and members acceded accordingly.

Review of Task Force Responsibilities: Chairperson Jones 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,

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- (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.

North Dakota Pediatric Mental Health Care Access Program and Request for Program Consideration: Kim Mertz, Section Chief, Healthy and Safe Communities, Title V/Maternal and Child Health Director, ND Department of Health.

Kim Mertz, Section Chief, Healthy and Safe Communities, Title V/Maternal and Child Health Director, ND Department of Health, presented an overview of the Pediatric Mental Health Care Access Program grant recently awarded to the ND Department of Health (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/nd-pediatric-mental-health-care-access-program.pdf>). This grant is funded for five years, at \$445,000 per year, to increase tele-behavioral health services to children in underserved areas, extend knowledge of program information to primary care providers, include direct school-based service delivery, and enhance existing partnerships to extend programming. Prairie St. John's will serve as principal grant service provider and coordinator. Ms. Mertz requested that the CBHTF consider acting as the primary advisory committee for the grant program. Members offered congratulations for the receipt of the grant and recommended that the primary advisory committee role might best be served by the ND Behavioral Health Planning Council, since the BHPC includes a wide range of stakeholder interests, including a 50% representation by consumers.

LISA BJERGAARD MADE AND PAM MACK SECONDED A MOTION THAT THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE REQUEST THE ND BEHAVIORAL HEALTH COUNCIL TO CONSIDER ACCEPTING THE ROLE AS PRIMARY ADVISORY COMMITTEE FOR THE ND PEDIATRIC MENTAL HEALTH CARE ACCESS GRANT PROGRAM. THE MOTION PASSED UNANIMOUSLY.

Ms. Mertz thanked the CBHTF for its recommendation and will arrange to meet with the BHPC at its next scheduled meeting. Greg Gallagher, CBHTF facilitator, will contact the Executive Committee of the BHPC to include this proposal on the agenda for the December 19, 2018, BHPC meeting in Bismarck.

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

Chairperson Jones 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>). If such a structure were to be established, it may provide a constructive replacement for the CBHTF, allowing for the CBHTF's eventual repeal.

Members stated that any new statewide children's committee must hold the stated authority, access sufficient and secure funding, and be assured of sufficient longevity to hold any meaningful influence on children's matters, statewide. Members stated that any children's committee might best be served by adopting a cabinet-level structure, chaired by the governor or lieutenant governor, that includes all three branches of government: legislative, executive agencies, and judiciary. The Olmstead Commission may provide an organizational model to guide the structure

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and function of such a high-level children's committee structure. The Olmstead Commission is jointly chaired by the governor and a consumer, with organizational assistance provided by Protection and Advocacy. Regardless of the structure selected, this new children's committee would assume a high-level, collaborative means to address all children's issues, beyond the behavioral health issues managed by the CBHTF, across all participating branches, agencies, and stakeholder interests. Members reported that the interim Justice Reinvestment Committee observed that juvenile care matters require an interagency coordinated response, mirroring the efforts of the Commission on Alternatives to Incarceration, currently staffed through the Legislative Council's staff. Any new children's committee should not diminish the work of other ongoing efforts; perhaps, these other efforts might be linked to the new children's committee. Members raised the prospects of reconciling any new children's committee with the Early Childhood Education Committee, which involves a more narrowed focus. Funding may rest on state appropriations, with some level of administrative support, short of an FTE allocation.

Chairperson Jones encouraged the CBHTF to consider the adoption of a children's committee structure that would reside, perhaps, within the Governor's Office. This committee would ensure protections of children, a recognized vulnerable population. Members identified the criteria referenced on page 3 of the November 16 CBHTF minutes that might guide the formation and mission of the children's 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. Members favored removing the term "services" from the committee's title, allowing for a more inclusive presentation of the committee's focus on children rather than services.

Members expressed an interest in moving forward with a legislatively-defined, state- and cabinet-level committee, based on the criteria identified.

PAM MACK MADE AND LISA BJERGAARD SECONDED A MOTION THAT THE CHAIR OF THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE SUBMIT TO THE 2019 LEGISLATIVE ASSEMBLY, ON BEHALF OF THE TASK FORCE, A BILL DRAFT TO ESTABLISH A STATE CABINET-LEVEL COMMITTEE, UNDER THE DIRECTION OF THE GOVERNOR, TO PROVIDE INTER-BRANCH AND -TRIBAL GUIDANCE ON ALL CHILDREN'S MATTERS, INCLUDING BEHAVIORAL HEALTH, THAT (1) ADVANCES BROAD-BASED INTERDISCIPLINARY SUPPORT TO CHILDREN, (2) ATTENDS TO THE FULL CONTINUUM OF CARE OF SERVICES, (3) EXTENDS ACROSS PUBLIC AND PRIVATE PROVIDERS, (4) ENGAGES CHILDREN RESPECTFULLY WHERE THEY ARE BEST SERVED, (5) UNIFIES INTERGOVERNMENTAL EFFORTS, (6) PROMOTES PROVIDING SERVICES WITHOUT THE PRIOR INVOLVEMENT OF JUVENILE SERVICES, AND (7) INVITES THE ACTIVE VOICE OF CONSUMERS STATEWIDE.

THE MOTION PASSED UNANIMOUSLY.

Chairperson Jones requested that Mr. Gallagher, CBHTF recorder, prepare language that would anticipate structural issues and form the basis for a legislative bill draft to be managed through the Department of Human Services.

Review CBHTF Platform Position and Strategy Statements for Section A (Seclusion and Restraint).

Chairperson Jones invited the CBHTF to consider and seek resolution to Section A of the CBHTF Platform and Strategy Statements. In the November CBHTF meeting, members expressed an interest to reconsider the scope of Section A. Ms. Mack reported that she and Robin Lang, Department of Public Instruction, had met to restructure Section A to reflect a more comprehensive proposal than currently presented, including the provision of best practices technical assistance to local school districts, enabling school districts to develop meaningful seclusion and restraint policies and practices. This technical assistance would emphasize the presentation of guidance, marked by more specific training measures, rather than guidelines that are oftentimes expressed only as broad principles. Ms. Mack and Ms. Lang will meet with Superintendent Baesler on December 14 to seek clarification and resolution on the most effective manner to establish seclusion and restraint policies in all schools statewide. This discussion will allow the subsequent redrafting of Section A.

Members expressed an interest in proceeding with the adoption of an amended Section A that would retain the current focus of the statement but remove (1) any language regarding grant financial incentives, or (2) the term “guidelines”, which was the focal point for concerns during previous public comments. The proposed amended Section A follows:

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 policies 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~~ policies and practices that adapt and incorporate national best-practice standards. These ~~guidelines~~ policies and practices 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~~ policies and practices. The CBHTF seeks to find the most appropriate mechanism that ensures the ultimate adoption and implementation of these ~~guidelines~~ policies and practices, 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~~ policies and practices 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~~ policies of conduct are required to appropriately

manage student behavior and staff interventions, ensuring the safety and security of students and staff 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.

PAM MACK MADE AND LISA BJERGAARD SECONDED A MOTION TO ADOPT SECTION A OF THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE PLATFORM POSITION AND STRATEGY STATEMENTS, AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Review CBHTF Platform Position and Strategy Statements for Section G (Expanded Emergency Care Resources).

Chairperson Jones invited the CBHTF to consider and seek resolution to Section G of the CBHTF Platform and Strategy Statements. Mr. Jones observed that the Governor's Budget Request for the 2019 Legislative Assembly includes a variety of optional adjustment request items that advance the interests of Section G. Members expressed an interest in proceeding with the adoption of an amended Section G that would retain the current focus of the statement but restate the strategy to support any legislative initiatives that would advance the aims of Section G, especially the various supplemental request provisions currently identified. The proposed amended Section A follows:

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 actively supports any legislative proposals initiated in the 2019 Legislative Assembly that provide sufficient financial resources to support clients and/or families during crisis and emergency events.

~~The CBHTF did not assign any primary point of responsibility for this task.~~ Chairperson Jones will serve as 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.

ERICA THUNDER MOVED AND PAM MACK SECONDED A MOTION TO ADOPT SECTION G OF THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE PLATFORM POSITION AND STRATEGY STATEMENTS, AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Review CBHTF Platform Position and Strategy Statements for Section I (State and Tribal Service Collaboration).

Acting Chairperson Sagness, temporarily presiding with the absence of Chairperson Jones, invited the CBHTF to consider and seek resolution to Section I of the CBHTF Platform and Strategy Statements, regarding State and Tribal Service Collaboration. Erica Thunder expressed support for the language of Section I and requested the insertion of one sentence to paragraph 3, citing the Tribal-State Taxation Committee's authorization language, with an additional inserted reference to health. The sentence was inserted for CBHTF consideration.

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. This study addressed tribal-state issues, including government-to-government relations, health, human services, education, corrections, and issues related to the promotion of economic development.

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.

ERICA THUNDER MADE AND KIM MERTZ SECONDED A MOTION TO ADOPT SECTION I OF THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE PLATFORM POSITION AND STRATEGY STATEMENTS, AS AMENDED.

THE MOTION PASSED UNANIMOUSLY.

Review CBHTF Platform Position and Strategy Statements for Section K (State and Tribal Service Collaboration).

Chairperson Jones invited the CBHTF to consider and seek resolution to Section K of the CBHTF Platform and Strategy Statements, regarding Substance Exposed Newborn Services. Ms. Sagness requested that the CBHTF take formal action to endorse the efforts of the Substance Exposed Newborn Task Force and its resulting study findings and proposed work plan, completed in the previous biennium. Ms. Sagness will forward to Mr. Gallagher the final Task Force report for public posting.

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.

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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.

KIM MERTZ MOVED AND LISA BJERGAARD SECONDED A MOTION THAT THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE ENDORSES THE ENACTMENT, THROUGH APPROPRIATE LEGISLATION, OF THE RECOMMENDATIONS PRESENTED IN THE SUBSTANCE EXPOSED NEWBORN TASK FORCE STUDY AND PLAN FOR ACTION.

THE MOTION PASSED UNANIMOUSLY.

Chairperson Jones invited CBHTF members to place additional proposals before the Task Force for consideration. Ms. Sagness requested that the CBHTF adopt a resolution formally endorsing all provisions contained in the *North Dakota Behavioral Health System Study*, drafted by the Human Services Research Institute, released in April 2018, and previously reviewed by the CBHTF in previous meetings.

KIM MERTZ MOVED AND LISA BJERGAARD SECONDED A MOTION THAT THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE ENDORSES THE ADOPTION AND IMPLEMENTATION OF ALL RECOMMENDATIONS SET FORTH WITHIN THE NORTH DAKOTA BEHAVIORAL HEALTH SYSTEM STUDY, RELEASED BY THE HUMAN SERVICES RESEARCH INSTITUTE IN APRIL 2018.

Ms.Sagness announced the release of an online resource, title ND Behavioral Health Vision 2020, (www.hsri.org/ndvision-2020) providing a comprehensive repository and survey of information for all recommendations related to the *North Dakota Behavioral Health System Study*.

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

Chairperson Jones deferred the scheduling of future CBHTF meeting dates until after the formal release of the Legislative Calendar, expected soon, which will inform the CBHTF of potential conflict dates. The Chairperson will determine the schedule, which will be managed by Mr. Gallagher through an electronic scheduling application. Public notice will be posted once a date and arrangements are finalized.

Ms. Thunder informed the CBHTF of possible legislation regarding the provision of pilot services for adjudicated youth, coordinating efforts between state and tribal courts. This would be an example of the activities suggested in Section I. Ms. Thunder will forward any final bill draft to CBHTF members for possible support by members.

Ms. Sagness observed that there is a general expectation for agencies to actively participate in providing testimony in support of other agencies' legislative initiative. Ms. Sagness invited members to take full advantage of the legislative monitoring efforts provided by Protection and Advocacy, and Ms. Mack offered to add all CBHTF members to the legislative monitoring list. The North Dakota Behavioral Health Planning Council will be participating in this collaborative

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legislative monitoring service. Chairperson Jones encouraged all members to actively engage in the legislative process and proactively support other agencies' legislative proposals.

CBHTF members expressed agreement with the proposed course of action.

Mr. Gallagher will prepare the agenda for the next meeting, 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, Chairperson Jones declared the meeting adjourned at 4:32 PM, CT.

Respectfully submitted,
Greg Gallagher
Consensus Council, Inc.