

North Dakota
Children's Behavioral Health Task Force
April 2, 2018

Meeting Minutes

Task Force Members Attending: *Chris Jones* (Executive Director, ND Department of Human Services), *Scott Davis* (Executive Director, ND Indian Affairs Commission), *Robin Lang* (Assistant Director, Safe & Healthy Schools, ND Department of Public Instruction), *Mylynn Tufte* (ND State Health Officer, ND Department of Health), *Lisa Bjergaard* (Director, Division of Juvenile Services, ND Department of Corrections & Rehabilitation), and *Pam Mack* (Director of Program Services, ND Protection & Advocacy Project).

Recorder: The Consensus Council, Inc.

Call to Order and Welcome: Chairperson Chris Jones called the meeting to order at 3:00 p.m. by welcoming all members to the first official meeting of the Governor's North Dakota Children's Behavioral Health Task Force (CBHTF): <https://www.governor.nd.gov/boards/BoardDetails.aspx?boardid=167>.

Attendees provided self-introductions. Chris Jones instructed appointed Task Force members to submit their formal application for appointment to the Governor's Office as soon as possible: <https://www.governor.nd.gov/boards/AppForm.aspx>.

The Consensus Council, represented by Rose Stoller and Greg Gallagher, is under contract with the NDDHS to provide the Task Force with administrative and facilitation services through the end of the biennium.

Review of Task Force Composition and Responsibilities: Chris Jones reviewed SB 2038 (<http://www.legis.nd.gov/assembly/65-2017/documents/17-0182-08000.pdf>), which contains the enabling legislation that created the Children's Behavioral Health Task Force. He directed Task Force members to Section 4 of the bill that details the Task Force expectations, 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; and
 - (5) Health; and
- e. Provide a report to the governor and the legislative management every six months regarding the status of the task force's efforts. (FACILITATOR NOTE: Next report is due July 1, 2018)

The Task Force, by its legislative mandate, may develop strategies that will have an impact on not only systems of care, but also on individual children and families. Members discussed the current expressions of a statewide continuum of care for children which has many components, provided by a variety of agencies, both public and private. Members expressed a need to undertake an inventory of these various services, including clinical, residential, educational, and support settings, and then to articulate entry and discharge requirements for these services, noting both strengths and gaps of programs and services. Members further identified the need to develop an understandable diagram that illustrates the interplay of systems (i.e. education, juvenile justice, child welfare, community and health) against the Institute of Medicine's Continuum of Care model (i.e. promotion/prevention, early identification/intervention, treatment and recovery). Such information would clarify how funding streams currently work, help legislators and others to better understand the systems' complexities, and potentially lead to discussions about integrated financing.

Several Task Force members noted specific issues that would be important to address in its study and work, including:

- Studying the unique role of the tribal courts and their relationship with the state in properly serving youth adjudicated through tribal court, including custody arrangements. All ND citizens should be afforded comparable, culturally-appropriate treatment options, regardless of location or jurisdiction, removing any stigma surrounding such options.
- Assessing how to better integrate the aims and designs of a comprehensive health system, including preventive, medical and behavioral healthcare.
- Assessing the potential development of a permanent "Children's Cabinet" or like organization. North Dakota is 1 of 16 states without any such high-level group. It is important for the CBHTF to study and act on needed improvements to the system and to ensure that there will exist a sound system or group to be responsible for sustaining them (going through the process before defining outcomes or models).
- Reviewing and updating the "Behavioral Health School Pilot" (HB 1040) to address behavioral health definitions and language, lessen differences between Special

Education and behavioral health, remove any common misunderstandings that might impede the best possible referrals, and clarifying practices and credentialing. This information can be included and presented when education is the focus of the Task Force meeting.

- Assessing the use of technology and its impact on child and family wellbeing.
- Reviewing how the Native American Training Institute (NATI) works regularly with County Social Service Directors, specifically to resolve jurisdictional issues. It may benefit the CBHTF to invite an overview on how the process forms and sustains good working relationships between tribes and counties.
- Assessing the need to include adequate housing and homelessness discussion within this work. North Dakota presently reports 233 kids in schools that are homeless and don't have a guardian, and many more have lack of appropriate or adequate food in the home.
- Including families in the work of the CBHTF, assessing the many stressors on family systems and how providers can better integrate wraparound services. Families have much to contribute, providing ideas through their lived experiences.
- Incorporating results from the statewide Behavioral Health Assessment conducted by Human Services Research Institute (HSRI), to identify strengths, trends and gaps in services. The early results of the assessment will be ready for public review, and posted on the DHS website, in the coming weeks.
- Reviewing various service models, including "Free Through Recovery," wraparound and others. It will be critical to create effective ways to communicate services and models broadly to the public.

Key Issues: Members identified key issues for the Task Force moving forward, including:

- building the general continuum of care for children;
- identifying providers who contribute to that continuum and representing the continuum through a matrix model, specifying where services are not currently meeting the needs of youth or placing them in wrong levels of care and/or out-of-region or out-of-state placements;
- reviewing the HSRI data; and
- defining terms and clarifying what behavioral health is and is not, including alignments and misalignments in children's services across programs.

It was agreed that each Task Force meeting would address 1 – 2 key issues or program areas per meeting. The schedule of meetings for the next 3 months is:

Friday, May 4, 2018: 10:00 a.m. – 2:00 p.m.: Focus on an Overview of Behavioral Health Services/Systems and Juvenile Justice Services/Systems;

Wednesday, May 16, 2018: 12:00 Noon – 4:00 p.m.: Focus on Education and Home and Community Based Services (HCBS);

Tuesday, June 19, 2018: 10:00 a.m. – 2:00 p.m.: Focus on Social Services, Child Welfare and Tribal Services, including Jurisdictional Issues; and

Monday, July 16, 2018: 10:00 a.m. – 2:00 p.m.: Focus on health, wellness (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 the primary and secondary payors.

Public Comment Period: Chris Jones requested that anyone with comment for the Task Force come forward. Susan Gerenz, Special Education Regional Coordinator from the ND Department of Public Instruction (NDDPI), was welcomed.

Susan Gerenz noted the following issues/initiatives being addressed by NDDPI and encouraged the Task Force to consider these in their work:

- Bed capacity across the state;
- The Role of the State Review Team, including monitoring of out-of-state placements of children;
- Development of an assessment/sub-acute center;
- Communities of Fargo and Williston piloting mental health in schools;
- Medicaid for payment of services in schools;
- Federal Family First legislation and its potential impact on foster care, and other residential services (repurposing of existing programs, buildings re-designated to serve specialty populations);
- Psycho-sexual risk assessment; and
- Strategies with/for youth exposed to poly-substances.

Susan was thanked for her comments.

Adjournment: Chris Jones entertained a motion to adjourn the Task Force meeting.

SCOTT DAVIS MADE AND MYLYNN TUFTE SECONDED A MOTION TO ADJOURN. PASSED UNANIMOUSLY.

The meeting was adjourned at 4:25 p.m. CT.

Respectfully submitted,

Rose M Stoller
Consensus Council, Inc.