

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

Meeting Minutes, Approved

Task Force Members Attending: *Pamela Sagness, Designee* (Behavioral Health Division Director, ND Department of Human Services), *Erica Wondrasek, Designee* (Judicial Systems Administrator, 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).

Recorders: Rose Stoller, Executive Director, and Greg Gallagher, Program and Research Director, The Consensus Council, Inc.

Call to Order and Welcome: Pamela Sagness, Designee for Chris Jones and Acting-Chairperson, called the meeting to order at 12:01 p.m. and welcomed Task Force members and guests to the meeting. Task Force members and guests introduced themselves.

Quorum: With all members present, a quorum was recorded.

Approval of April 2, 2018 Meeting Minutes: LISA BJERGAARD MADE AND PAM MACK SECONDED A MOTION TO APPROVE THE MEETING MINUTES OF MAY 4, 2018. MOTION PASSED UNANIMOUSLY.

Acceptance of Agenda. Acting-Chairperson Sagness accepted the May 16, 2018, meeting agenda as presented.

Review of Task Force Responsibilities: Ms. Sagness reviewed the responsibilities of the Children's Behavioral Health Task Force, directing Task Force members to the May 4, 2018 meeting minutes that outlined the Task Force's charge, 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.

Ms. Sagness stated that Chris Jones, Executive Director of the Department of Human Services, has reported to interim legislative committees regarding the status of establishing the Children's Behavioral Health Task Force, expressing confidence in meeting Task Force responsibilities within the allotted time. Members concurred on the importance of providing a progress report to the Interim Human Services Committee by July 2018, highlighting some of the important issues identified by the Task Force and those efforts currently being managed by various agencies. Members expressed encouragement about the growing commitment among agencies' leadership in addressing children's behavioral health needs, including deploying different diversion responses for dual status youth to forestall more extreme interventions. Members stated their confidence in adhering to the Task Force's original plan of inventorying the various agency efforts, both statewide and local, within the context of a continuum of care model, to focus on the more promising initiatives for wider adoption.

Members discussed a means of managing the scope of information provided to the Task Force and consolidating the content of the various presentations into a manageable matrix of programs and initiatives, indexed by specific criteria. Before endorsing any initiatives, the Task Force must transparently report crucial information, catalog best practices, identify evident gaps, and invite others to join in developing meaningful proposals. Members identified a list of possible organizational criteria upon which to develop a survey matrix of children's behavioral health initiatives: target population; continuum of care phase an effort addresses; program focus; program titles; key definitions and language; agency of responsibility; program budget; payors of first- and second-resort; anticipated program impacts; status of research-based activities; expressed goals; expressed outcomes; areas of gaps, unmet needs, barriers, or limited resources; funding sources. The Consensus Council will provide a template for compiling the matrix criteria and the process for conducting the data collection among agencies. Ms. Sagness stated that she would meet with Chris Jones, Task Force Chairperson, to discuss preparations for the forthcoming Interim Committee presentation.

Members discussed setting a strategy to accelerate Task Force activities, enabling the development of a plausible budget proposal for the 2019 Legislative Assembly. Members reiterated the importance of reporting Task Force activities to the Interim Human Services Committee during the summer, effectively establishing a relationship and introducing the broad themes and initiatives under consideration by the Task Force. Members expressed a need to better understand the history of previous children's behavioral health legislative proposals and what factors might best secure a successful legislative outcome for any Task Force proposals. Ms. Sagness instructed Task Force members to prepare a list of any previous, related agency bills that had been proposed, those that were successful, and what lessons were learned during the process. Members supported any efforts of the Task Force to categorize, link, align, and prioritize promising legislative proposals for possible Task Force recommendation.

Members agreed, following a discussion of alternative meeting dates, to extend the previously established June 19, 2018, Task Force meeting date to run from 8:30 a.m. to 4:00 p.m., CT, at the State Capitol. The primary focus of the meeting agenda is to move deliberately through a review of historical legislative efforts, consider an inventory matrix of behavioral health program service criteria, receive reports on previously identified agency programs, and discuss with key legislative

leaders plausible strategies to move any Task Force proposals forward to the 2019 Legislative Assembly. Members agreed that Acting-Chairperson Sagness would invite key legislators, representing health, human services, and education committees, to the June 19 meeting.

Consensus Council staff informed Task Force members that the Department of Human Services had established a website presenting the Task Force's official mandate, meeting agendas and minutes, and support materials (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/index.html>).

Presentation on an Overview of the K-12 Education Service System. Acting-Chairperson Sagness invited Robin Lang, Assistant Director for Safe and Healthy Schools, ND Department of Public Instruction, to present an overview of the Department of Public Instruction's (DPI) service system. Ms. Sagness invited Task Force members to integrate questions and discussion throughout the presentation. Ms. Lang presented a prepared program with extemporaneous narrative (<https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-5-16-presentation--overview-k-12-education-programs.pdf>).

Ms. Lang stated that her presentation would cover an array of DPI program initiatives, including an overview of the DPI strategic plan; an umbrella of behavioral health and safe and healthy behavior K-12 themes; Elementary and Secondary Education Act, Title IV, funding for behavioral health activities and programs; an overview of data regarding students, schools, homeless students, Youth Risk Behavior Survey results, and the state's student engagement dashboard; the K-12 system structure; school-based mental health efforts; state initiatives; special education programming and data by disability category; and various challenges facing K-12 programming.

Ms. Lang presented an overview of the DPI five-year strategic plan, facilitated by the Greenway Strategic Group, which addresses five overarching goals: quality early childhood education; support for safe and healthy behaviors; career exploration; quality education professionals; and quality instruction for personalized learning. The DPI seeks to align its vision for behavioral health with other agencies, avoiding duplication of services, through three objectives: (1) facilitating partner collaboration to initiate cultural change among students and communities; (2) creating a framework and providing resources for all students; and (3) collaborating with stakeholders to ensure full implementation of policies for safety and healthy behaviors.

DPI envisions behavioral health covering the range of mental and emotional well-being, from coping with day-to-day life challenges to the treatment of depression or personality disorder, as well as substance abuse and risk behaviors. Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit, such as eating habits, drinking, or exercising, that impact our ability to cope. Behavioral health includes broader areas such as family factors, relationships, and social situations, impacting one's physical and mental health. Ms. Lang presented an illustration of the behavioral health continuum, representing movement through promotion and prevention, early intervention, treatment, and reentry and recovery.

Ms. Lang presented an overview of federal Elementary and Secondary Education Act (ESEA) Title IV funding for authorized health and safety initiatives and available to the state and local public school districts. Task Force members viewed data presenting a breakdown of the state's public schools by grade configuration and the demographics of students, including homeless students,

statewide Youth Risk Behavior Survey (YRBS) and other school-administered student survey results, student engagement indicators, and social and emotional health results. Overall student engagement rates show 43% of students are committed, 41% are compliant, and 14% or disengaged with school and its related activities. YRBS data indicate 17% of students have seriously considered attempting suicide; 29% of students have experienced sadness or hopelessness for more than two consecutive weeks; and approximately 25% of students would most likely talk with an adult family member about their sadness. Task Force members requested, and Ms. Lang agreed to provide, additional information regarding the distribution of indicators by age category and any additional analysis of perceived service gaps. Ms. Lang reported that schools regularly refer to these data as they develop their programming goals. The DPI provides a collection of student data (<https://insights.nd.gov>) that illustrate the expanse of student engagement in school academic and interpersonal activities.

Ms. Lang presented the structure of the state's Multi-Tiered System of Support (MTSS). The MTSS strives to ensure that all students' academic, social, emotional, and behavioral needs are supported holistically, allowing students to be choice-ready for college, career, and community, within a positive, safe, and productive learning environment. The MTSS seeks to establish a continuum of services, including an integrated framework of high quality instruction, data-driven decision-making, collaboration, and shared leadership. The state has adopted a three-tiered model to provide school-based mental health services. Tier 1 services, directed to approximately 85% of students, provide general supports to all students to promote successful outcomes, and includes promotion- and prevention-related activities. Tier 2 services, directed to approximately 10% of students, provide more specific monitoring- and mentoring-related activities to at risk students. Tier 3 services, directed to approximately 5% of students, provide specialized, direct support services to more highly impacted students.

Ms. Lang presented an overview of the various professionals who provide an array of student support services within schools, including school counselors, school social workers, school psychologists, school resource officers, and school nurses. Each profession's role within the MTSS structure, professional preparation, and credential standards were discussed and compared within the K-12 structure and against other outside professions' licensure standards.

School counselors provide broad education, prevention, and intervention activities. School counselors participate in, among a wide variety of responsibilities, guiding universal expectations for student services, collaborating in the development of core behavioral health curriculum, coordinating behavioral health-related events, screening and referring students for additional services, conducting progress monitoring, conducting individual and group counseling, providing care guidance, leading emergency and crisis treatments, among other duties. School counselors are required to maintain a valid teaching license and hold a master's degree in school counseling from a state approved program or within an approved school counseling program.

School social workers collaborate with school staff and parents to mitigate barriers limiting a student from receiving the full benefit of school services or accessing appropriate community resources. School social workers' responsibilities include supporting behavioral health events, meeting with parents for outside service referrals, acting as a liaison with other community agencies, conducting home visitations, monitoring student progress, developing individual behavior plans, initiating emergency and crisis referrals and treatments, supporting court

interventions, among other duties. There exist no state-defined licensing requirements for school social workers.

School psychologists have specialized training in both psychology and education. School psychologists engage in a variety of responsibilities, including consultation, assessment (e.g., learning aptitudes, personality and emotional development, social skills, learning environments, special education eligibility), intervention strategies, prevention, education, research and planning, and health care provision. An approved school psychologist requires the completion of a master's degree in school psychology from a national association of school psychology-accredited institution.

School resource officers provide safe learning environments, foster positive relationships with students, and develop strategies to resolve problems affecting students. School resource officers enforce criminal and traffic laws in schools, conduct classroom and community presentations, build police-to-student rapport, act as an informal youth counselor as required, ensure school safety and security, and act as a school liaison for local residents.

School nurses help increase attendance, enhance academic growth, improve school climate and support lifelong healthy behaviors. School nurses promote and protect optimal health for students, attend to student illness or injury, participate in the development of local health and physical education curriculum, develop and assess staff wellness programs, provide parent trainings, initiate referrals to parents and school personnel or community health resources for diagnosis and follow through treatment, and plan and implement school health management protocols.

Task Force members discussed the variant backgrounds and requirements of school support professionals against other outside-school behavioral health professionals. For example, school psychologists, who minimally hold a master's degree, do not have the same level of training or responsibilities as professional clinical psychologists, who minimally hold a doctorate degree. Within schools, school support professionals' credentials may vary, with some professionals holding several credentials, allowing them greater opportunities for direct services to students and families. There exist differences in school support services across the state, dependent on location, budget, and availability of credentialed professionals. Some schools' interventions appear to be more reactive than proactive, oftentimes based on staff time constraints or unmet early intervention efforts. There exists a need to connect services between school support professionals and outside-school professionals.

Ms. Lang presented a summary overview of other behavioral health support services schools provide, including tele-health outlets, trauma-sensitive environments, social and emotional learning, health education standards, community-focused collaboration, attention to student engagement and safety, and prevention of bullying.

Ms. Lang completed her report and introduced Susan Gerenz, Special Education Regional Coordinator, Department of Public Instruction, to present an overview of special education services statewide.

Ms. Gerenz presented statewide special education student counts by disability categories. Approximately 13% of students statewide are identified with a disability. The DPI has tracked

increases in recent years in the designations of autism, emotional disturbance, non-categorical delay, and other health impaired. Overall, learning disabilities marks the highest identified category. The state has adopted three identified priorities to improve the delivery of special education services: (1) a state systemic improvement plan to increase the graduation rates of all students with disabilities; (2) a professional development plan focused on expanding MTSS training and other prevention-through-treatment efforts; and (3) cross-system collaboration directed at increasing access to behavioral health in schools and reducing out-of-state placements for students requiring residential treatment.

Ms. Lang and Ms. Gerenz summarized the challenges facing schools regarding behavioral health:

- Establishing universal definitions and understandings of what behavioral health encompasses;
- Clarifying statewide health standards requirements, which are currently set at one credit of physical education or ½ credit health plus ½ credit physical education;
- Increased availability of home- and community-based services statewide, especially in rural areas;
- Improved coordination of services across systems for both individuals and families;
- Managing significant increases in students with complex and intense behavioral health issues;
- Absorbing the influx of populations with significant unmet needs, including transient issues;
- Improving early identification and intervention efforts statewide; and
- Managing the projected increase in kindergarten population, approaching 2000 new students for each of the next five years.

Val Fischer, Director of Safe and Healthy Schools, Department of Public Instruction, offered comments regarding health education within North Dakota schools. Ms. Fischer referenced the current state credit requirements for health education and observed that schools face a challenge in covering the required course material within the limited time afforded for these classes. Health, a topic as important as reading and mathematics, covers an array of important issues, including the identification and management of behavior risks, resiliency, decision-making, and more. Attention to health issues requires more time in the school curriculum than currently offered by schools. The DPI is currently drafting the next generation of state health standards, which will become the basis for local school curricula statewide.

Task Force members observed that health education, broadly defined, needs to occur throughout the elementary, middle, and high school years. Schools need to focus on the foundations of capacity building rather than remediation to optimize outcomes. Members inquired into DPI's involvement regarding Level D Service Schools, schools providing dedicated disability category services, in some school districts. The DPI has provided technical assistance in these instances, providing for ultimate local determinations. In instances where schools seek certain innovations with federal funds, schools must select only those initiatives that are federally authorized activities and employ evidence-based, supported, and evaluated proposals.

Ms. Lang and Ms. Gerenz completed their presentations. Acting-Chairperson Sagness thanked Ms. Lang and Ms. Gerenz for their presentations and the Task Force members for their questions and comments.

Finalize Agenda for Next Meeting, Requests for Supplemental Reports and Presentations.
Acting-Chairperson Sagness announced the scheduled dates for the next couple meetings.

- Tuesday, June 19, 2018: 8:30 a.m. – 4:00 p.m., CT, at the State Capitol Building, Missouri River Room: Previously agreed to material included social services, child welfare and tribal services, including jurisdictional issues; and
- Monday, July 16, 2018: 10:00 a.m. – 2:00 p.m., CT, at the State Capitol Building, Sakakawea Room: Previously agreed to material included home- and community-based services; 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.

Task Force members endorsed the prior discussion on goals for the June 19 Task Force meeting, including a review of historical legislative efforts, consideration of an inventory matrix of behavioral health program service criteria, reports on previously identified agency programs, recommendations on possible health education initiatives, and a discussion with key legislative leaders regarding plausible strategies to move any Task Force proposals forward to the 2019 Legislative Assembly. Members agreed that Acting-Chairperson Sagness would invite key legislators, representing health, human services, and education committees, to the June 19 meeting. Following the June 19 meeting, the Task Force would assess what future issues might need to be presented to the Interim Human Services Committee and what other issues the Task Force would need to bring forward to the July 16 scheduled meeting.

Public Comment: Acting-Chairperson Sagness invited any members of the public to provide comments for the Task Force. No members of the public stepped forward to testify.

Adjournment: Having completed the meeting’s agenda and hearing no further comments from the Task Force, Acting-Chairperson Sagness entertained a motion to adjourn the Task Force meeting.

PAM MACK MADE AND MYLYNN TUFTE SECONDED A MOTION TO ADJOURN. THE MOTION TO ADJOURN PASSED UNANIMOUSLY.

Acting-Chairperson Sagness declared the meeting adjourned at 2:18 p.m. CT.

Respectfully submitted,

Greg Gallagher
Consensus Council, Inc.