The Children's Behavioral Health Task Force was authorized in Senate Bill 2036 during the 2017 North Dakota Legislative Session (NDCC 50-06-43)

It is the purpose of the Children's Behavioral Health Task force to assess and guide efforts within the children's behavioral health system to ensure a full continuum of care is available in the state.

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

Meeting notices, minutes, resources and information are available at http://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/index.html

The first meeting of the task force was April 2, 2018. Including the meeting in April, the task force has held 4 meetings with the next meeting scheduled for July 16, 2018.

<u>Task Force Membership</u>
The members of the task force include:

- 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).

The Department of Human Services has contracted with the Consensus Council to project manage and facilitate task force meetings. While not an official member of the Task Force, Pam

Sagness (Director, Behavioral Health Division) plays a key role in connecting and leading other behavioral health initiatives across the State as part of this task force.

Key Issues

- 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.

Current Children's Behavioral Task Force Considerations

- 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.
- 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.

Overview of Juvenile Justice

Lisa Bjergaard (Director of Juvenile Services, ND Department of Corrections and Rehabilitation) and Cory Peterson (Director of Juvenile Court, Unit 3) provided the following reports during May 4, 2018 meeting. The reports are included here:

- http://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/overview-juvenilejustice-system-2018.pdf
- http://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2017-juvenilecourt-annual-report.pdf
- http://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/nd-juvenile-courtstatewide-intake-matrix.pdf

Key Points in Juvenile Justice

Members stated the need to use data as a primary means to influence legislators to upfront-fund prevention measures. The state must assess how best to fund prevention-to-recovery efforts in a balanced, equitable manner. The state's limited budget will demand a thoughtful means of funding overall priorities. When a typical referral youth indicates a three-year delay in learning goals, the role of identification and prevention becomes clear. Intervention efforts must better grasp referral youths' motivations and the efficacy of relational and development service models. While certain youth may require a corrections model to realign their cognitive and behavioral needs, the vast majority of youth respond best to care provided closest to home. Capturing how to place a human face on the complexity of this issue will determine the degree of attention and funding this effort receives.

Overview of Behavioral Health Services

Pam Sagness, Director of the Behavioral Health Division, ND Department of Huan Services provided the following reports during the May 4, 2018 meeting.

- http://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-5-presentation-nd-behavioral-health-services.pdf
- http://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-healthsystem-study-final-report-hsri.pdf

Key Points in a Children's Behavioral Health System

The core values of the state children's behavioral health system: community-based, family-driven, youth-guided, and culturally and linguistically competent. The system is built on certain key principles, including multi-system collaboration, service integration, least restrictive environment, resist criminalizing outcomes, and providing a broad array of services and supports (i.e., accessible and timely, quality and effective outcomes, tailored to youth and family, and strengths-based). The state endorses the behavioral health continuum of care model, issued by the Institute of Medicine Continuum of Care, which includes promotion, prevention, treatment, and recovery.

Research reports the need to attend to shared risk and protective factors, where mental illness factors are significantly impacted by the presence of substance use disorders factors. Providing certain developmental supports helps to promote client resilience and the prospects of success. Community-based prevention efforts offer a means to collaborate and optimize impact on children, youth, and families.

Members noted that the state's county social services and regional human service agencies increasingly collaborate to improve identification and referral services. The Vera Institute in New York, a non-profit organization to advance community reforms and resilience work, offers a model for community systems development (https://www.vera.org). The state has historically underfunded prevention and promotion efforts, dedicating resources largely to treatment. Agencies can work together, based on shared values and improved collaboration of practices, to build resilience among children, youth, and families. An opportunity exists to resurrect the substance exposed newborns task force, originally proposed during the 2015 Legislative Assembly in SB 2367. The state must emphasize early intervention and identification to look for those first symptoms that might lead to concerted monitoring, assessment, and referral to services. Children and youth require dedicated substance use disorder treatment programs that are more appropriate to their personal development.

Members identified a need to better align education and behavioral health efforts. The state needs to pursue an integrated systems approach to advancing behavioral health, built on best practices, mindful of school and workforce needs, resilience-focused, non-punitive, collaborative in nature, community-based, inclusive of tele-behavioral health delivery, supportive of a continuum of care model, and sufficiently funded.

Overview of K-12 Education Service System

Robin Lang, Assistant Director for Safe and Healthy Schools, ND Department of Public Instruction, presented an overview of the Department of Public Instruction's (DPI) service system during May 16, 2018 meeting.

- https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/2018-5-16-presentation--overview-k-12-education-programs.pdf

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.

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.

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.

Review of ND Behavioral Health System Study

Pam Sagness, Behavioral Health Division Director, ND Department of Human Services, presented an overview of the North Dakota Behavioral Health System Study during June 19, 2018 meeting. Materials listed below:

- https://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study- final-report-hsri.pdf

- https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/overview-nd- behavioral-health-system-study-april-2018.pdf
- https://www.nd.gov/dhs/services/mentalhealth/children-bh- taskforce/docs/hsri-presentation-behav-health-system-study-4-2018.pdf

Task Force members expressed support for the findings and recommendations of the NDBHSS. Members stated that there needs to be a commitment to coordinate behavioral health services across all agencies and entities. The CBHTF must assess how behavioral health is interwoven throughout the various programs and services of every agency. Members recognized the current interest of certain legislators and committees in behavioral health issues, which may enhance the prospects of the Task Force successfully advancing proposals for action. To design an effective behavioral health system, programs and funding need to be commensurate to the expressed needs. Certain school funding, especially dedicated federal programs, allows schools to adopt a variety of behavioral health initiatives; however, the field is oftentimes stymied by uncertainty over which initiatives might be most effective. All agencies need to build high-quality training as a central component to designing an effective statewide system.

Presentation Previewing a Service Delivery Survey, Classification System

Greg Gallagher, Program and Research Director, The Consensus Council, presented an overview of a possible service delivery survey to be used by Task Force members and their agencies to inventory the current system of behavioral health services across agencies.

Prior to beginning his presentation, Mr. Gallagher informed the Task Force that an abstracted summary of the NDBHSS, compiled by The Consensus Council in April 2018, had been forwarded to members prior to the June 19, 2018, meeting. (https://www.nd.gov/dhs/services/mentalhealth/children-bh-taskforce/docs/nd-behav-health-system-study-abstracted-summary.pdf). A list of criteria, generated by Task Force members in previous Task Force meetings and compiled by The Consensus Council, that might provide the framework for a survey of agency services (https://www.nd.gov/dhs/services/mentalhealth/children-bh- taskforce/docs/service-inventory-elements.pdf).

Next Step Deliverable

The Task Force had expressed a desire to conduct an inventory of behavioral health-related programs and services provided by all agencies represented on the Task Force. The purpose for this survey included:

1. To compile an inventory of children's behavioral health services, including programs, policies and practices, provided by public agencies and nonpublic providers;
2. To allow for the analysis of perceived service gaps, redundancies, inefficiencies, best practices, and emergent priorities; and
3. To allow for the development of integrated program service responses to improve the state's system of children's behavioral health.

Emergent Issues

Members expressed an interest in crafting policy recommendations that enhance well-rounded services and remedy funding concerns. Issues such as seclusion/restraint or bullying management practices require meaningful policy solutions and the proper training of professionals. Attention should be given to family economic and social stressors that affect children and youth. Policy proposals will need to accommodate certain governance restrictions, such as school districts' local control, since such restrictions may affect program effectiveness and consistency statewide. Past experience with statewide behavioral health training and substance abuse and bullying prevention efforts illustrate the variance that can occur in the scope and quality of service offerings. Policies that support community- and school-based programming may provide a primary means of addressing a wide array of needs. The scope of services provided to children have been determined or influenced by reimbursement practices and funding, such as Medicaid and insurance plans, rather than the services being determined by the expressed needs of children and youth. Policies should try to fill the gaps that reimbursement practices create. It may be advisable for the Task Force to adopt recommendations that equitably touch each of the continuum of care levels to ensure that the state's statewide system remains supportive of every level of care for all the state's citizens. If schools become a focus for activity, then attention should be centered on those areas where schools' current competencies are the weakest. Policies might move to restrict cherry-picking students or conditions. The Task Force might benefit from addressing community-based services as a central theme for service design and delivery.

Members expressed a means to move forward by

1. Endorsing the principled adoption of the continuum of care model for the design and delivery of services, acknowledging the wide and varied needs of the state's population and committing to attend to the unique aspects of each level of the continuum;
2. Adopting a longer-term, incremental plan to identify and address statewide behavioral health policy and practice improvements across all levels of the continuum of care; and
3. Proceeding within the constraints of approaching reporting and legislative deadlines to propose those initiatives that will advance key improvements in as many levels of the continuum of care as is practicable.

<u>July 16, 2018 Agenda</u>

1. Facilitating an approximate two-hour discussion with Senator Judy Lee and Representative Kathy Hogan regarding possible legislative proposals arising from the NDBHSS recommendations;
2. Prioritizing Task Force initiatives for inclusion in reports to the Interim Human Services Committee and the Interim Health Services Committee in late July 2018;
3. Prioritizing any policy initiatives and/or supplemental budget requests across agencies;
4. Providing guidance to the CBHTF Chairperson regarding the content of Task Force reports to the Governor's Office, the Interim Human Services Committee, and the Interim Health Services Committee; and

5. Identifying additional reports from other agencies or organizations that might support the Task Force's work across the continuum of care levels. Task Force members expressed support for the proposed agenda.

Respectfully Submitted
Christopher Jones