

**Children’s Behavioral Health Task Force  
Prospective Policy Initiatives**

**July 16, 2018**

During its July 16, 2018, meeting, the Children’s Behavioral Health Task Force (CBHTF) identified several prospective policy initiatives that the CBHTF may advance, either through legislative proposals for the 2019 Legislative Assembly or interagency collaboration. The following topics emerged from CBHTF discussions.

**A. Adoption of School Seclusion and Restraint Policy and Practices Guidelines.**

The CBHTF has identified the need for the state to require local school districts and schools to adopt student seclusion and restraint policy and practices guidelines, including a requirement for all local school districts and schools to adopt and implement plans of action. The CBHTF has stated its interest in initiating the revision of previously studied seclusion and restraint policies by further adapting and incorporating national best-practice policies. Any resulting guidelines should secure the safety and wellbeing of students and school staff, ensure effective yet flexible expressions of best practices, eliminate the prospects of student or staff harm, and reduce unnecessary legal exposure. The CBHTF supports the reconvening of statewide stakeholders to complete the development of these policies and to agree upon a mechanism that ensures the implementation of these policies through legislative mandate, established school improvement or compliance rules, or other means of effective adoption.

**B. Formation of a State-level Children’s Services Committee or Cabinet, with Supportive Regional Subcommittees.**

The CBHTF is assessing the prospects of (re)constituting a state-level children’s services committee or cabinet, supported by similarly structured regional committees, which would be dedicated to coordinating the development and implementation of policies and practices driving children’s services. The focus of this children’s committee might center on (1) ensuring the coordinated, efficient provision of continuum-of-care services across all public institutions and (2) advocating for the wellbeing of children and youth statewide across all service areas. Such a committee/cabinet structure might potentially replicate the design and purpose of the former Children’s Services Coordinating Committee, provided for under N.D.C.C. 54-56-01 and subsequently repealed. A combined state- and regional-level committee structure balances the interests of ensuring uniform service accessibility and accommodating unique local program implementation. This committee structure would allow for an interdisciplinary service focus, addressing the state’s behavioral health challenges, including early identification and intervention, within the context of other, wider socio-economic service needs. The Children’s Behavioral Health Task Force will assess how any (re)constitution of a state-level committee/cabinet might proceed within current interagency agreements or require legislative action.

**C. Suicide Prevention.**

The CBHTF is assessing how improved interagency coordination and communication might make suicide prevention and response efforts more effective. The CBHTF is evaluating if any changes in agencies' protocols might require additional interagency agreement or legislative action.

**D. Bullying Prevention and Intervention**

The CBHTF has identified a need to (1) evaluate the effectiveness of current bullying prevention and intervention practices, especially within schools, and (2) assess if bullying policies might need to be revised to address the impact of technology use, including social media exposure and media-based bullying, on student wellbeing. The CBHTF will benefit from the activities of the State Superintendent's Student Advisory Committee, as the Advisory Committee conducts its independent review of bullying policies and provides its findings to the CBHTF. The CBHTF will evaluate if any changes in agencies' policies might require additional interagency agreement or legislative action.

**E. Young Drivers and Traumatic Brain Injury**

The ND Department of Health has raised the issues of young drivers and traumatic brain injury as two independent issues that may require the consideration of the CBHTF for interagency collaboration. The CBHTF will compile information on how each agency touches each of these issues and how cooperation among agencies might improve overall outcomes.

**F. Taxation Policy: Dedicated Sales Tax Increases and Revenue Use**

The CBHTF is assessing the prospects of developing legislative proposals to increase dedicated sales taxes on alcohol, tobacco, and recreational marijuana, pending its approval, and applying all or a portion of derived revenue to behavioral health initiatives statewide, across the breadth of the continuum of care. The CBHTF seeks to produce clear policy aims and distribution formulas that ensure the appropriate coverage of continuum-of-care programs.

**G. Expanded Emergency Care Resources**

The CBHTF has identified 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 will evaluate if any changes in agencies' policies or appropriation-levels might require additional interagency agreement or legislative action.

**H. Juvenile Court Rules for Maltreatment**

The CBHTF is assessing how current juvenile court definitions and rules for the management of child maltreatment, including the current registry or index of identified abusers, might introduce circular penalties that can inappropriately impact the affected children and destroy the identified adults' prospects for restitution and recovery. The CBHTF will evaluate if any changes in agency policies might require additional interagency agreement or legislative action.

**I. State and Tribal Service Collaboration**

The CBHTF is assessing current practices of exchanging appropriate client service information across jurisdictions (e.g., state, tribe, regional human service centers, counties, cities) to improve access to service programs. The CBHTF will evaluate if any changes in agencies' policies might require additional interagency agreement or legislative action.