

Health Services Committee

Children's Behavioral Health Task Force (CBTF)

Platform Strategy Statements

September 12, 2018

The CBHTF foresees the combined use of different strategies to achieve the desired aims of each platform statement, including enacting interagency agreements, statutory change, and/or appropriations proposals.

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

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.

B. Formation of a State-level Children's Services Committee and Regional Children's Services Committees

Strategy. The CBHTF assumes responsibility to develop a plan of action that advances the establishment of this state and regional coordination structure, including the development of broad governance interagency agreements, required statutory changes (if any), potential incremental or piloted deployment models, and shared agency resources or state appropriations proposals.

C. Suicide Prevention.

Strategy. The CBHTF will consider the merits of drafting a resolution of support for the continuation and expansion of the Department of Health's Suicide Prevention program.

The CBHTF will compile a list of the various agencies' suicide prevention outreach efforts to assess how collaboration among agencies might improve the combined effect of these efforts across their respective venues.

D. Bullying Prevention and Intervention

Strategy. The CBHTF stands prepared to review and provide a supportive response to the Student Advisory Committee's findings and recommendations, contributing an interagency voice to express commendations for the effort and to extend the effect of any recommendations across agencies. The CBHTF will evaluate if any recommendations in agencies' policies might require additional interagency agreement or legislative action.

E. Brain Development

Strategy. The CBHTF will consider the merits of drafting a resolution of support to accompany the Department of Health’s promotional and technical assistance publications, expressing the CBHTF’s support for incorporating brain development research and best practices into service delivery.

The CBHTF, with the technical assistance support of the Department of Health, will review and consider expanding the use of this brain development research and its resulting best practices into select cross-agency programs. The CBHTF will compile information how each agency might benefit from this research to improve overall outcomes.

F. Sufficient, Sustainable Funding

Strategy. The CBHTF proposes (1) to develop a case proposal that substantiates the return on investment argument regarding behavioral health programming, and (2) to advance this argument before the Legislative Assembly, referencing case studies and source data. This case proposal will be provided to each agency for voluntary adoption and use during the Legislative Assembly’s appropriations hearings.

The CBHTF proposes to adopt a resolution advocating for setting and sustaining behavioral health funding levels that support prevention measures.

The CBHTF, recognizing the evident need for prevention activities regarding substance use, supports continued funding to eliminate the use of alcohol, tobacco, and other control substances among children and youth.

G. Expanded Emergency Care Resources

Strategy. 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

Strategy. Whereas, the Uniform Juvenile Care Act presumes that any youth found by the courts to have committed a delinquent act is determined to be in need for treatment and rehabilitation, the CBHTF seeks to apply this principle to parents of deprived children, where evidence or presumed deprivation by a parent similarly establishes a determination of the parents’ need for treatment, rehabilitation, and support.

Strategy. The CBHTF supports providing training to states attorneys to optimize the ability of parents of deprived children to receive or be compelled to receive the training and treatment they need and deserve to secure the viability of the family unit. The CBHTF supports surveying states attorneys to determine the prevalence of criminal case management and the prospects for beneficial training. The CBHTF will reach out to the state’s Courts Improvement Project to offer behavioral health technical assistance that might reinforce in the Project’s work.

Strategy. The CBHTF supports the lowering of the evidentiary standard for child maltreatment cases, effectively replacing the clear and convincing standard with the preponderance standard. The CBHTF supports this change to provide greater options for rehabilitative care to families.

I. **State and Tribal Service Collaboration**

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.

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.

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.

J. **Early Intervention, IDEA Part C**

Strategy. The CBHTF will reach out to the Interagency Coordinating Council, which provides guidance on IDEA Part B and Part C services, to begin discussions regarding current early intervention efforts and what might be required to further enhance these programs.

K. **Substance Exposed Newborn Services**

Strategy. The CBHTF assumes responsibility to take up 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.