Sixty-fifth Legislative Assembly of North Dakota

SENATE BILL NO. 2038

Introduced by

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Legislative Management

(Human Services Committee)

1	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota
2	Century Code, relating to the establishment of a task force on children's behavioral health; to
3	amend and reenact section 15.1-07-34, subsection 1 of section 25-03.1-11, and sections
4	25-03.1-26 and 50-11.1-02.3 of the North Dakota Century Code, relating to behavioral health
5	training for educators and early childhood service providers and to emergency hold limitations
6	for mental health examinations; and to provide for a report to the governor and the legislative
7	management; and to repeal sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century
8	Code, relating to professional development training regarding the prevention of bullying and
9	youth suicide.

10 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 11 **SECTION 1. AMENDMENT.** Section 15.1-07-34 of the North Dakota Century Code is 12 amended and reenacted as follows:
 - 15.1-07-34. Provision of youth mentalbehavioral health training to teachers, administrators, and ancillary staff.
 - Once everyEvery two years, each school district shall provide a minimum of eight hours of trainingprofessional development on youth mentalbehavioral health to prekindergarten, elementary, middle, and high school teachers, paraprofessionals, and administrators. Each school district shall encourage ancillary and support staff to participate in the trainingprofessional development.
 - Based on the annual needs assessment of the school district, at least twothese
 hours must address be designated from the following categories:
 - (1) Trauma;
 - (2) Social and emotional learning, including resiliency;
- 24 (3) Suicide prevention; and

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1		<u>(4)</u>	Bullying-;
2		<u>b.</u> The	trainingremainder of the professional development must include:
3		a. <u>(1)(5)</u>	Understanding of the prevalence and impact of youth mental behavioral
4			health disorderswellness on family structure, education, juvenile services,
5			law enforcement, and health care and treatment providers;
6		b.(2) (6)	Knowledge of mentalbehavioral health symptoms, social stigmas, and risks,
7			and protective factors as it relates to depression, anxiety, stress, and
8			substance abuse; and
9		c.(3) (7)	Awareness of referral sources and evidence-based strategies for
10			appropriate interventions; or
11		(8)	Other evidence-based strategies to reduce risk factors for students.
12	2.	Each sch	nool district shall report the outcome of the training professional development

- Each school district shall report the outcome of the trainingprofessional development hours to the department of public instruction.
- The superintendent of public instruction shall collaborate with regional education associations to disseminate information, training materials, and notice of training opportunities to school districts and nonpublic schools.

SECTION 2. AMENDMENT. Subsection 1 of section 25-03.1-11 of the North Dakota Century Code is amended and reenacted as follows:

- 1. The respondent must be examined within a reasonable time by an expert examiner as ordered by the court. If the respondent is taken into custody under the emergency treatment provisions of this chapter, the examination must be conducted within twenty-four hours, exclusive of holidays, of custodythe time limitations set forth in section 25-03.1-26. Any expert examiner conducting an examination under this section may consult with or request participation in the examination by any qualified mental health professional and may include with the written examination report any findings or observations by that mental health professional. This examination report, and that of the independent examiner, if one has been requested, must be filed with the court. The report must contain:
 - a. Evaluations of the respondent's physical condition and mental status.
 - b. A conclusion as to whether the respondent is a person requiring treatment, with a clear explanation of how that conclusion was derived from the evaluation.

- Sixty-fifth Legislative Assembly 1 If the report concludes that the respondent is a person requiring treatment, a list 2 of available forms of care and treatment that may serve as alternatives to 3 involuntary hospitalization. 4 The signature of the examiner who prepared the report. d. 5 **SECTION 3. AMENDMENT.** Section 25-03.1-26 of the North Dakota Century Code is 6 amended and reenacted as follows: 7 25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice -8 Court hearing set. 9 A public treatment facility immediately shall accept and a private treatment facility may 10 accept on a provisional basis the application and the individual admitted under section 11 25-03.1-25. The superintendent or director shall require an immediate examination of 12 the subject and, either within twenty-four hours, exclusive of holidays, after admission 13 or within seventy-two hours after admission, exclusive of holidays, if the individual is 14 admitted with a serious physical condition or illness that requires prompt treatment. 15 shall either release: 16 Release the individual if the superintendent or director finds that the subject does <u>a.</u> 17 not meet the emergency commitment standards; or file 18 <u>b.</u> File a petition if one has not been filed with the court of the individual's residence 19 or the court which directed immediate custody under subsection 2 of section 20 21
 - 25-03.1-25, giving notice to the court and stating in detail the circumstances and facts of the case.

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2. Upon receipt of the petition and notice of the emergency detention, the magistrate shall set a date for a preliminary hearing, if the respondent is alleged to be a person who is mentally ill or a person who is both mentally ill and chemically dependent, or a treatment hearing, if the respondent is alleged to be a person who is chemically dependent, to be held no later than four days, exclusive of weekends and holidays, after detention unless the person has been released as a person not requiring treatment, has been voluntarily admitted for treatment, has requested or agreed to a continuance, or unless the hearing has been extended by the magistrate for good cause shown. The magistrate shall appoint counsel if one has not been retained by the respondent.

1	SECTION 4. A new section to chapter 50-06 of the North Dakota Century Code is created		
2	and enacted as follows:		
3	Task force on children's behavioral health - Membership - Duties - Reports to		
4	governor and legislative management.		
5	<u>1.</u>	<u>The</u>	task force on children's behavioral health is created for the purpose of assessing
6		and	guiding efforts within the children's behavioral health system to ensure a full
7		cont	tinuum of care is available in the state.
8	<u>2.</u>	<u>The</u>	task force consists of the following members:
9		<u>a.</u>	The superintendent of public instruction, or the superintendent's designee;
10		<u>b.</u>	The executive director of the department of human services, or the executive
11			director's designee;
12		<u>C.</u>	The state health officer, or the state health officer's designee;
13		<u>d.</u>	The director of the department of corrections and rehabilitation, or the director's
14			designee;
15		<u>e.</u>	The executive director of the Indian affairs commission, or the executive
16			director's designee;
17		<u>f.</u>	The director of the committee on protection and advocacy, or the director's
18			<u>designee;</u>
19		<u>g.</u>	A member of the senate, appointed by the legislative management;
20		<u>h.</u>	A member of the house of representatives, appointed by the legislative
21			management;
22		<u>i.</u>	A representative of the North Dakota medical association;
23		<u>j.</u>	Four enrolled tribal members representing tribes located in the state, appointed
24			by the Indian affairs commission;
25		<u>k.</u>	A representative of law enforcement, appointed by the attorney general;
26		<u>.</u>	A representative of the department of public instruction with expertise in safe and
27			healthy schools, appointed by the superintendent of public instruction;
28		<u>m.</u>	A representative of the department of public instruction with expertise in special
29			education, appointed by the superintendent of public instruction;
30		<u>n.</u>	A representative of an elementary school, appointed by the superintendent of
31			public instruction from a list of recommendations submitted by the North Dakota

1		school boards association, regional education associations, teacher groups, and
2		school administrators;
3	<u>O.</u>	A representative of a secondary school, appointed by the superintendent of
4		public instruction from a list of recommendations submitted by the North Dakota
5		school boards association, regional education associations, teacher groups, and
6		school administrators;
7	<u>р.</u>	A representative of the state department of health with expertise in maternal child
8		health, appointed by the state health officer;
9	<u>q.</u>	A representative of the foster care community, appointed by the executive
10		director of the department of human services from a list of recommendations
11		submitted by organizations that provide foster care;
12	<u> </u>	A county social services director, appointed by the executive director of the
13		department of human services from a list of recommendations submitted by the
14		North Dakota association of counties;
15	<u> </u>	A representative of the department of human services with expertise in children's
16		behavioral health, appointed by the executive director of the department of
17		human services;
18	<u>t.</u>	A representative of early childhood services, appointed by the executive director
19		of the department of human services from a list of recommendations submitted
20		by organizations that provide early childhood services;
21	<u>u.</u>	A representative of early intervention behavioral health, appointed by the
22		executive director of the department of human services from a list of
23		recommendations submitted by organizations that provide early intervention
24		behavioral health services;
25	<u> </u>	A representative with expertise of medicaid, appointed by the executive director
26		of the department of human services;
27	<u>W.</u>	A representative of a public behavioral health facility, appointed by the executive
28		director of the department of human services from a list of recommendations
29		submitted by nonprofit or charitable organizations that provide behavioral health
30		services;

1		<u>X.</u>	A representative of a private behavioral health facility, appointed by the executive
2			director of the department of human services from a list of recommendations
3			submitted by for profit organizations that provide behavioral health services;
4		<u>y.</u>	A representative of family and consumer services, appointed by the executive
5			director of the department of human services from a list of recommendations
6			submitted by organizations that provide family and consumer services;
7		<u>Z.</u>	A representative of a psychiatric residential treatment facility, appointed by the
8			executive director of the department of human services from a list of
9			recommendations submitted by organizations that provide psychiatric residential
10			treatment;
11	<u>2</u>	ia.	A representative of a residential child care facility, appointed by the executive
12			director of the department of human services from a list of recommendations
13			submitted by organizations that provide residential child care;
14	<u>b</u>	<u>b.</u>	A representative of the university of North Dakota children and family services
15			training center, appointed by the executive director of the department of human-
16			services from a list of recommendations submitted by the chair of the university
17			of North Dakota department of social work;
18	<u> </u>	<u>cc.</u>	A representative of the department of corrections and rehabilitation with expertise
19			in juvenile services, appointed by the director of the department of corrections
20			and rehabilitation;
21	<u> </u>	ld.	A representative of a juvenile court, appointed by the chief justice; and
22	<u> </u>	<u>e.</u>	A pediatrician, appointed by the North Dakota academy of pediatrics.
23	<u>3.</u>	<u>The</u>	executive director of the department of human services, or the executive director's
24		<u>desi</u>	gnee, shall serve as the chairman of the task force. The task force shall meet at
25		<u>leas</u>	t quarterly. Additional meetings may be held at the discretion of the chairman.
26	<u>4.</u>	<u>The</u>	task force may request appropriate staff services from the department of human
27		<u>serv</u>	ices.
28	<u>5.</u>	<u>The</u>	members of the task force who are not state employees or members of the
29		<u>legis</u>	slative assembly are entitled to mileage and expense reimbursement as provided
30		by la	aw for state officers and employees. Unless otherwise provided in this subsection,
31		the o	expenses of appointed members must be paid by the department of human

1		ser	<u>vices. A state employee who is a member of the task force is entitled to receive that</u>			
2	employee's regular salary and is entitled to mileage and expenses, to be paid by the					
3	employing agency. The members of the task force who are members of the legislative					
4		assembly are entitled to compensation from the legislative council for attendance at				
5		task force meetings at the rate provided for members of the legislative assembly for				
6		atte	attendance at interim committee meetings and are entitled to reimbursement for			
7		<u>exp</u>	enses incurred in attending the meetings in the amounts provided by law for other			
8		<u>stat</u>	re officers.			
9	<u>6.</u>	– <u>The</u>	e task force shall:			
10		<u>a.</u>	Collect and organize data that addresses screening and assessment processes,			
11			early intervention services, and transitions and coordination between services for			
12			youthAssess and guide efforts within the children's behavioral health system to			
13			ensure a full behavioral health continuum of care is available in the state;			
14		<u>b.</u>	Identify available federal, state, and local programs that provide children			
15			behavioral health services and evaluate those programs and services to			
16			determine if gaps in programs or ineffective policies exist;			
17		<u>C.</u>	Make recommendations to ensure the children's behavioral health services are			
18			seamless, efficienteffective, and not duplicative; and			
19		<u>d.</u>	Evaluate methods that support a full continuum of services for youth to ensure			
20			health and safety, access to services, and quality of services.			
21	<u>7.</u>	<u>a.</u>	The task force shall develop a state children's behavioral health services plan.			
22		<u>b.</u>	After the development of the initial state children's behavioral health services			
23			plan, the task force shall continue to review and periodically update or otherwise			
24			amend the state plan so it best serves the needs of children with behavioral			
25			<u>health issues.</u>			
26		<u>C.</u>	By July first of each even-numbered year, the task force shall provide Identify			
27			recommendations and strategies to address gaps or needs in the children's			
28			behavioral health system;			
29		d.	Engage stakeholders from across the continuum to assess and develop			
30			strategies to address gaps or needs in areas including:			
31			(1) Education;			

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1		(2) Juvenile justice;	
2		(3) Child welfare;	
3		(4) Community; and	
4		(5) Health; and	
5		e. Provide a report to the governor and the legislative management every six	
6		months regarding the status of the children's behavioral health services plantask	
7		force's efforts.	
8	SECTION 5. AMENDMENT. Section 50-11.1-02.3 of the North Dakota Century Code is		
9	amended and reenacted as follows:		
10	50-11.1-02.3. Early childhood services providers - Training on infant safe sleep		
11	practices and behavioral health issues.		
12	The department shall adopt rules to require an early childhood service provider and the		
13	provider's staff members who are responsible for the care or teaching of children under:		
14	<u>1.</u>	<u>Under</u> the age of one to <u>annually</u> complete <u>annually</u> a department approved sudden	
15		infant death syndrome prevention training course; and	
16	<u>2.</u>	To complete annually a minimum of two Two hours of the required department	
17		approved training relatingmust relate to behavioral health issues of children.	
18	SECTION 6. REPORT TO GOVERNOR AND LEGISLATIVE MANAGEMENT. Before		
19	July 1, 2	2018, the task force on children's behavioral health shall:	
20	1.	Report its findings and recommendations and any proposed legislation necessary to	
21		implement the recommendations to the legislative management; and	
22	2.	Present to the governor and the legislative management the state children's	
23		behavioral health services plan developed under subsection 7 of section 4 of this Act.	
24	SEC	CTION 7. REPEAL. Sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century	
25	Code ar	re repealed.	