

FISCAL NOTE
Requested by Legislative Council
03/22/2017

Amendment to: SB 2038

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB2038 provides for the establishment of a task force on children's behavioral health. Also amends Century Code for behavioral health training for educators. In addition, it identifies emergency hold limitations for mental health examinations. No fiscal impact

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Engrossed SB2038, Section 1 requires the Department of Public Instruction to provide behavioral health training to teachers, administrators, and ancillary staff. There is no fiscal impact for Section 1. Sections 2 and 3 amend the emergency hold limitations for mental health examinations; there is no fiscal impact for Sections 2 and 3. Section 4 establishes a task force on children's behavioral health. There is no fiscal impact for Section 4. All members of the task force are state employees with the agencies residing in Bismarck, we assumed all meetings would be held in Bismarck and therefore no travel costs would be incurred. Section 5 calls for reporting findings to the Governor and Legislative Management. There is no anticipated fiscal impact to report the findings.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 03/23/2017

FISCAL NOTE
Requested by Legislative Council
01/19/2017

Amendment to: SB 2038

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$29,000		\$18,000	
Appropriations			\$29,000		\$18,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB2038 provides for the establishment of a task force on children's behavioral health. Also amends Century Code for behavioral health training for educators and early childhood service providers. In addition, it identifies emergency hold limitations for mental health examinations.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Engrossed SB2038, Section 1 requires the Department of Public Instruction to provide behavioral health training to teachers, administrators, and ancillary staff. There is no fiscal impact for Section 1. Sections 2 and 3 amend the emergency hold limitations for mental health examinations; there is no fiscal impact for Sections 2 and 3. Section 4 establishes a task force on children's behavioral health. There is no fiscal impact for Section 4. All members of the task force are state employees with the agencies residing in Bismarck, we assumed all meetings would be held in Bismarck and therefore no travel costs would be incurred. Section 5 requires early childhood service providers to complete annual training regarding behavioral health issues of children. The fiscal impact for Section 5 is \$29,000 all of which is general fund. \$20,000 is to acquire an online E-learning curriculum and hosting. In addition it would cost \$9,000 annually for the vendor to host the training each subsequent year. Section 6 calls for reporting findings to the Governor and Legislative Management. There is no anticipated fiscal impact to report the findings.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

N/A

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 17-19 biennium, the Department of Human Services would have a general fund increase of \$29,000 for training for early childhood service providers. The increase for the 19-21 biennium, would be \$18,000.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 17-19 biennium the Department of Human Services would need a general fund appropriation increase of \$29,000 and for 19-21 an increase of \$18,000.

For 17-19, for the Department of Human Services, this appropriation would be above what is already requested in HB1012 and HB1072.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 01/20/2017

FISCAL NOTE
Requested by Legislative Council
12/23/2016

Bill/Resolution No.: SB 2038

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$72,664		\$61,664	
Appropriations			\$72,664		\$61,664	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB2038 provides for the establishment of a task force on children's behavioral health. Also amends Century Code for behavioral health training for educators and early childhood service providers. In addition, it identifies emergency hold limitations for mental health examinations.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

SB2038, Section 1 requires the Department of Public Instruction to provide behavioral health training to teachers, administrators, and ancillary staff. There is no fiscal impact for Section 1. Sections 2 and 3 amend the emergency hold limitations for mental health examinations; there is no fiscal impact for Sections 2 and 3. Section 4 establishes a task force on children's behavioral health. The overall fiscal impact of Section 4 is a result of travel related expenditures for members of the task force. Estimates are based on quarterly meetings lasting two days, with each individual traveling for half of the trips. The total fiscal impact is \$43,664, all of which is general fund. The following agencies will have a fiscal impact as a result of Section 4: Public Instruction \$1,200, Human Services \$32,400, Health \$1,200, Corrections and Rehabilitation \$1,200, Indian Affairs Commission \$1,200, Protection & Advocacy \$1,200, and Legislative Council \$5,264. Section 5 requires early childhood service providers to complete annual training regarding behavioral health issues of children. The fiscal impact for Section 5 is \$29,000. \$20,000 is to acquire an online E-learning curriculum and hosting. In addition it would cost \$9,000 annually for the vendor to host the training each subsequent year. Section 6 calls for reporting findings to the Governor and Legislative Management. There is no anticipated fiscal impact to report the findings.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

N/A

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 17-19 and the 19-21 biennium the following agencies would have an increase in general fund operating expenditures for the expenses related to the task force: Public Instruction \$1,200, Human Services \$32,400, Health \$1,200, Corrections and Rehabilitation \$1,200, Indian Affairs Commission \$1,200, Protection & Advocacy \$1,200, and Legislative Council \$5,264.

In addition, for the 17-19 biennium, the Department of Human Services would also have a general fund increase of \$29,000 for training for early childhood service providers. The increase for the 19-21 biennium, would be \$18,000.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 17-19 biennium and the 19-21 biennium the following agencies would have an increase in general fund appropriation: Public Instruction \$1,200, Health \$1,200, Corrections and Rehabilitation \$1,200, Indian Affairs Commission \$1,200, Protection & Advocacy \$1,200, and Legislative Council \$5,264.

For the 17-19 biennium the Department of Human Services would have a general fund increase of \$61,400 and for 19-21 an increase of \$50,400.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 01/04/2017

2017 SENATE HUMAN SERVICES

SB 2038

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2038
1/4/2017
Job Number 26570

☐ Subcommittee
☐ Conference Committee

M. Aimee Copas

Explanation or reason for introduction of bill/resolution:

A bill relating to the establishment of a task force on children's behavioral health; behavioral health training for educators, and early childhood service providers, and to emergency hold limitations for mental health examinations; and to provide for a report to the governor and the legislative management.

Minutes:

14 attachments

Representative Hogan: provided testimony (please see attachment #1) (1:05-7:00). She recommends that the language be broad. A portion of the training required for school officials will be required to be on behavioral health. Part of the training, not additional.

Valerie Fischer, Director of Safe and Healthy School, Dept. Public Instruction. Provided testimony (please see attachment #3) (10:30-12:50)

Dr. Joan Connell, past president of the North Dakota Chapter of the American Academy of Pediatrics provided testimony (please see attachment #4) (14:10-16:50)

Dr. Connell estimates that 5-10% of our population is equipped to help a child who has experienced Adverse Childhood Experiences (ACEs).

Dr. Aimee Copas provided testimony (please see attachments #5, 6) (18:40-24:20).

Luke Schafer North Dakota Regional Education Association Director provided testimony, (please see attachment #9) is in favor of the amendment Dr. Copas provided, specifically the flexibility it allows the district in choosing which courses to fill requirement hours. Some classes are available online, allowing classes missed to be made up.

Steve Hall, superintendent of Kindred Public School District, (Please see attachment #14) supports more flexibility in the districts to decide which areas to spend their training.

Heather Simonich, Operations Director of PATH ND, testimony provided (please see attachment #8) (35:20-38:10)

Pam Sagness, Dept. Human Services Director of Behavioral Health Division, The Task Force recommendation to create a coordinated effort for all divisions that serve children. Address what we want to be able to see our children's services be like. Bring together key agencies, public private partnerships. She will bring suggestions as to the language involved on who will be on the task force on Wednesday afternoon. Sub-committees are a strong suggestion, to allow everyone to be heard.

Senator Kreun is in favor of the amendment provided by Dr. Copas, the flexibility provided by allowing but not requiring pre-k and paraprofessionals. Senator Anderson is in favor of preventative action.

Attachments 2, 7, 10,11,12,13 provided for committee's reference.

Chair J. Lee: Closed the hearing on SB 2038

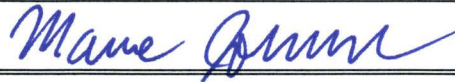
2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2038
1/11/2017
Job Number 26812

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the establishment of a task force on children's behavioral health, to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; and to provide for a report to the governor and the legislative management.

Minutes:

2 attachments

Chair Lee brought the meeting to order. All members present.

Reopen SB 2038

Pam Sagness, Director Behavioral Health, Department of Human Services: Provided testimony, please see attachment 1 walked through the graphic. (2:20-6:05)

The committee had a discussion on possible ways to create the task force (6:30-33:30).

Ms. Sagness 33:30: I might have an idea: Let's consider the first six individuals that were already named: Department of Public Instruction (DPI), Department of Human Services (DHS), Department of Health (DoH), Department of Corrections and Rehabilitation (DOCR), Indian Affairs Commission, and Protection and Advocacy. The six have a nice well rounded view, and their task is addressing behavioral health in education settings pre-birth to death, community perspective including law enforcement, criminal justice perspective with juvenile court, Department of Juvenile Services (DJS), early intervention strategies and lastly public health bringing in medical providers and looking at integrated care between behavioral health and mental health. These would be the four areas that this task force is tasked to address. We would schedule public meetings; we want to talk about for example behavioral health in education. It would give the group of six to be able to say what that agenda might look like and be able to have individuals have input, have a dialogue.

Chair J. Lee: So we're talking education, community, criminal justice and health.

V-Chair Larsen: I like that idea, and the education branch could have their own sub-committee to gather that information and then talk to these committee members to bring it all together.

Chair J. Lee: Whoever is the lieutenant in education would carry the message to the executive committee. So there is one person reporting back to the group.

Ms. Sagness This revision will require a new fiscal note. It doesn't look like anyone will be reimbursed, since they are state employees. We'd be able to address reimbursement from our mental health block grant, if we needed to.

A recap of the discussion follows.

The task force will include six individuals: a) the superintendent of Public Instruction; b) the executive director of the Department of Human Services; c) the state health officer; d) the director of the Department of Corrections and Rehabilitation; e) the executive director of the Indian Affairs Commission; and f) the director of the committee on Protection and Advocacy. It was recommended that all have a director's designee. The four areas that the task force would look to address all relate to behavioral health: education pre-birth to death, community, criminal justice, and health.

Chair J. Lee: Everything here fits into those.

Ms. Sagness: I imagine the strategy and policy change coming up is in these areas.

Chair J. Lee: We'd like to act on this next week. Could we get this pulled into order.

Some additional discussion on creating by-laws.

Chair J. Lee: Ok, looking at page 7, regular reports to the legislative management; I'd like to see them fairly often in the beginning, so the committee can give direction if necessary.

Ms. Sagness: I can look at the language for the child behavioral health plan section, it should be more about the task force identifying recommendations and goals. Identifying areas where we could have an impact.

Chair J. Lee: Looking at the proposed amendment, yellow sheet (please see attachment #2) Some folks want flexibility in the required hours of educator training. They also don't want mandates on paraprofessionals and pre-kindergarten. Any objections to these changes?

V-Chair Larsen: How many hours are allocated for professional development?

Dr. Copas, Executive Director for the Council of Educational Leaders: It is two days of development. We are pleased with the amendments proposed with the yellow sheet. We are excited to see these changes spread out to our staff. The district leaders will pinpoint their most critical people to receive the training first.

Chair J. Lee: Intern Ian, if you could start working on those amendments, we'll give this an informal ok for now.

Chair J. Lee: Closed the hearing on SB 2038

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2038
1/16/2017
Job Number 26909

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; and to provide for a report to the governor and the legislative council.

Minutes:

1 attachment

Chair J. Lee: Brought the meeting to order, all members present

The intern passed out the proposed amendment. (Attachment #1)

Chair J. Lee: Walked through the amendment, getting rid of pre-k and paraprofessionals, flexibility for school districts, renumbering. Next section task force on children's behavioral health membership, page 4, those were the 6 we discussed last week.

V-Chair Larsen: I know we had discussed on page 8, subsection C 1-5 we had talked about 4 areas, (5:00) behavioral health in education, community, juvenile justice and health. I don't remember child welfare. I'm ok with it though.

Chair J. Lee: Behavioral health is a big umbrella; Children's behavioral health would bring it down to a manageable level.

Senator Heckaman: On page 8, part 6, d, "including but not limited to areas", then we don't have to do a bill next session to add someone.

Senator Anderson: The most important thing is that we create an avenue for interested people to participate.

Senator Kreun: On page 9, part 5. Do those particular items go towards their required credits? This could just as well be pertinent, included in their required hours. Shouldn't we put an age bracket on there in item 2? Infant teachers needn't worry. The people involved with the kid's credit hours just for them, I want to make sure the credit hours are pertinent.

Chair J. Lee: There are behavioral health issues at ages 0-3.

Senator Kreun: As long as it goes towards their in-service credit hours, I'm ok.

Chair J. Lee: The required hours in sect 5 not being in addition to current hours, Ian, check with Legislative Council, let's make that clear. Talk with Ms. Sagness, make sure we're not adding something to butt up against required hours. There's more than one kind of training program.

Senator Kreun: That's where that flexibility come in, if they can direct those particular employees.

Chair J. Lee: How do we assure that there will be flexibility for early childhood staff members to take age appropriate classes.

Senator Heckaman: Right above that in the sentence above, is there redundancy? redundancy.

Chair J. Lee: Yes, let's delete the second one.

Senator Heckaman: I found a handwritten note, 2 of the 13 hours required hours.

Chair J. Lee: We'll have Ian look that up. Clarify that for us. Everyone's comfortable 5 pillars instead of 4 and splitting child welfare from education.

Senator Piepkorn: We are eliminating pre-k?

Chair J. Lee: Yes, we were going to be sprinkling instead of pouring, we'd like to add them eventually.

Chair J. Lee: Closed the hearing on SB 2038.


2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2038
1/16/2017
Job Number 26925

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; and to provide for a report to the governor and the legislative council.

Minutes:

1 Attachment

Chair J. Lee: Opened the meeting on SB 2038. Sen Kreun was absent for the beginning.

Chair J. Lee: Walked through proposed changes to 2038(Please see attachment #1). On page 7, section 4, fixing director's and the n back in human services. On page 8, 6d, delete "the following", add "in areas including". On page 9, we need to hear from Maggie, about whether the 2 hours are additional or included.

V-Chair Larsen: On page 2, part b. It's talking about our youth behavioral health training, to understand behavioral and mental health with these group and have the teachers and line staff understand it. The knowledge of behavioral health, need to put in the "symptoms social stigmas and the risks", there might be a redundancy, just have "knowledge of behavioral health as it relates to depression, anxiety, stress, and substance abuse." It seems like it flows better without that part.

Chair J. Lee: Let's ask Ms. Sagness to elaborate.

Pam Sagness, Director Behavioral Health, DHS: (7:15) When you change mental health to behavioral health, it may be confused with the old DSM, behavioral disorders. Behavioral health is anything to do with basic wellness.

Chair J. Lee: If you were to write part 6, would you include or exclude anything there.

V-Chair Larsen: When we talk about social stigmas, we have a wave of what's new and what's next, whether it's the lgbt social stigmas or bullying, if the task force is together and they're studying the four items, I don't want to restrict it.

Chair J. Lee: Are we leaving anything out if we just say knowledge of behavioral health systems?

V-Chair Larsen: On professional development day, ok, were going to concentrate on bullying, the task force will determine what's going to come from that. It's going to be what the task force deems everybody needs to learn. That's what the Schulte report said. I'm looking for behavioral health issues.

Ms. Sagness: In working with schools, the most difficult struggles were when these requirements came to be, they went to the mental health professionals, who treat, not prevent mental illness. Schools become more aware of resiliency and trauma, doesn't address substance abuse. Trauma is part of a much larger piece. I agree that they're limited, calling out different diagnoses. If it was simplified, there would be a definition of what the behavioral health might be.

V-Chair Larsen: Isn't that what our rewrite was, refer back to that. I don't want to change this definition, if we leave it with behavioral health, it's still a wide window.

Chair J. Lee: Are you suggesting knowledge and behavioral health symptoms is all we need in that?

V-Chair Larsen: Yes.

Ms. Sagness: I believe that's limiting. Conversations about bullying, dealing with the rest of the class, this would be specific to diagnosis. They're needing help different than a diagnosis. You don't want to limit it to these areas.

Chair J. Lee: So is "knowledge of behavioral health symptoms" enough?

Ms. Sagness: Perhaps leaving it at "knowledge of behavioral health symptoms and risks" would be best.

Senator Piepkorn: What are we striking? Just read it.

Chair J. Lee: Knowledge of behavioral health symptoms and risks. General consensus? Yes.

Ms. Sagness: I took the liberty of adding a 5th item. On page 9 I added "child welfare". We had discussed it, but I hadn't identified it verbally when we talked about the four areas.

V-Chair Larsen: Ms. Sagness, if you could clarify the evidence based strategies to reduce risk factor, where do you get that?

Ms. Sagness: They are usually reviewed through national registry evidence-based programs and practices (nrepp). We received training and tech assistance through grants. Sometimes it's a matter of doing the best with what we've got. We want to build kids who are resilient. There's research behind that, work with schools to connect those dots. There wasn't a connection with behavioral health and schools.

Chair J. Lee: Closed the hearing on SB 2038.

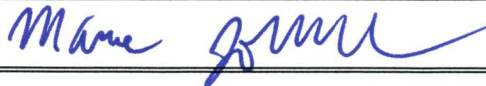
2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2038
1/17/2017
Job Number 26997

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examiners, to provide a report to the governor and the legislative management.

Minutes:

1 Attachment

Chair J. Lee: Brought the hearing to order. All members were present.

Chair J. Lee: Let's look at proposed amendments, got rid of pre-k and paraprofessionals, made things more flexible.

Senator Heckaman: (0:35-2:35) Told a story about nurturing hearts and expressed disappointment about not requiring training paraprofessionals and pre-kindergarten staff.

Senator Kreun: I agree, everybody should be involved, but there should be a guideline, because those are high turnover areas, you're going to be training every day. Put the requirement in, but let them decide who gets the training. I trained and trained in pre-kindergarten, the ones I knew were going to stay we spent the money on.

Senator Heckaman: The way it's written, every 2 years you have to have a training opportunity every 2 years. In my school, some paraprofessionals have been there longer than I have.

Senator Kreun: Those are the ones you train. The choice of the principal. After the flood we had lots of meetings on retention. How do you retain them? The principal and teacher should decide between them who gets the training. I'm more than happy to support this, we just have to be cautious how we do it.

Chair J. Lee: We don't want anything that sabotages this bill, incremental work that accomplishes something is better than nothing. We get a report in here don't we? Yes. I would love to see this as a requirement, maybe in the future.

Senator Piepkorn: Sen. Kreun, you're speaking as an owner of a child care business.

Senator Kreun: Yes, and as a school board 16 years. More than just the day care.

Chair J. Lee: Are there any more comments? Let's move on to page 7, 8 and 9, (please see attachment #1) looked at the proposed changes.

Ian: No, the person in charge who makes that decision isn't in the office until next week.

Chair J. Lee: Can we figure out a way to say this? Page 9. Ian suggested "2 hours of the required department approved training must relate to behavioral health issues of children."

V-Chair Larsen: On page 2, item b, "knowledge of behavioral health symptoms and risks"

Chair J. Lee: Is there any further discussion?

V-Chair Larsen: I move to adopt amendment to 2038.

Senator Heckaman: I second.

Motion passed 7-0-0

V-Chair Larsen: I move do pass as amended.

Senator Piepkorn: I second.

Motion passed 7-0-0

Carrier Sen. J. Lee

Chair J. Lee: closed the hearing on SB 2038.

January 17, 2017

UN
1/18/17
1 of 3

PROPOSED AMENDMENTS TO SENATE BILL NO. 2038

Page 1, line 6, remove the first "and"

Page 1, line 7, after "management" insert "; and to repeal sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code, relating to professional development training regarding the prevention of bullying and youth suicide "

Page 1, line 15, remove "prekindergarten."

Page 1, line 15, remove "paraprofessionals."

Page 1, line 18, replace "at least two" with "these"

Page 1, line 19, replace "address" with "be designated from"

Page 1, line 19, after "following" insert "categories"

Page 1, line 22, remove "and"

Page 1, line 23, replace the underscored period with an underscored semicolon

Page 1, line 24, remove "b."

Page 1, line 24, overstrike "The"

Page 1, line 24, remove "remainder of the professional development"

Page 1, line 24, overstrike "must include:"

Page 2, line 1, replace "(1)" with "(5)"

Page 2, line 4, replace "(2)" with "(6)"

Page 2, line 4, overstrike ", social stigmas"

Page 2, line 5, remove "as it relates to depression, anxiety, stress, and"

Page 2, line 6, remove "substance abuse"

Page 2, line 6, overstrike "and"

Page 2, line 7, replace "(3)" with "(7)"

Page 2, line 8, after "interventions" insert: ", or

(8) Other evidence-based strategies to reduce risk factors for students"

Page 4, remove lines 17 through 31

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 19

Page 6, line 25, remove "The members of the task force who are not state employees or members of the"

EW
1/18/17
2 of 3

Page 6, remove lines 26 through 31

Page 7, remove lines 1 through 5

Page 7, line 6, remove "6."

Page 7, line 7, remove "Collect and organize data that addresses screening and assessment processes."

Page 7, remove line 8

Page 7, line 9 replace "youth" with "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"

Page 7, line 10, remove "Identify available federal, state, and local programs that provide children"

Page 7, remove lines 11 and 12

Page 7, line 13, remove "c."

Page 7, line 14, replace "efficient" with "effective"

Page 7, line 14, remove the second "and"

Page 7, remove lines 15 through 21

Page 7, line 22, replace "By July first of each even-numbered year, the task force shall provide" with "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; and

(5) Health; and

e. Provide"

Page 7, line 23, after "management" insert "every six months"

Page 7, line 24, replace "children's behavioral health services plan" with "task force's efforts"

Page 8, line 3, replace "To complete annually a minimum of two" with "Two"

Page 8, line 3, after the second "of" insert "the required"

Page 8, line 3, replace "relating" with "must relate"

Page 8, after line 10, insert:

"SECTION 7. REPEAL. Sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code are repealed."

Renumber accordingly

OK
4/18/17
3 of 3

Date: 4/17 2017Roll Call Vote #: 12017 SENATE STANDING COMMITTEE
ROLL CALL VOTESBILL/RESOLUTION NO. 2038Senate Human Services Committee☐ SubcommitteeAmendment LC# or Description: 17. 0182. 05001Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent CalendarOther Actions: ☐ Reconsider ☐ _____Motion Made By Sen Larsen Seconded By Sen Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 4/17 2017
Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2038

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Larsen Seconded By Sen Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	<u>X</u>		Senator Joan Heckaman	<u>X</u>	
Senator Oley Larsen (Vice-Chair)	<u>X</u>		Senator Merrill Piepkorn	<u>X</u>	
Senator Howard C. Anderson, Jr.	<u>X</u>				
Senator David A. Clemens	<u>X</u>				
Senator Curt Kreun	<u>X</u>				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen J. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2038: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2038 was placed on the Sixth order on the calendar.

Page 1, line 6, remove the first "and"

Page 1, line 7, after "management" insert "; and to repeal sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code, relating to professional development training regarding the prevention of bullying and youth suicide "

Page 1, line 15, remove "prekindergarten."

Page 1, line 15, remove "paraprofessionals."

Page 1, line 18, replace "at least two" with "these"

Page 1, line 19, replace "address" with "be designated from"

Page 1, line 19, after "following" insert "categories"

Page 1, line 22, remove "and"

Page 1, line 23, replace the underscored period with an underscored semicolon

Page 1, line 24, remove "b."

Page 1, line 24, overstrike "The"

Page 1, line 24, remove "remainder of the professional development"

Page 1, line 24, overstrike "must include:"

Page 2, line 1, replace "(1)" with "(5)"

Page 2, line 4, replace "(2)" with "(6)"

Page 2, line 4, overstrike ", social stigmas"

Page 2, line 5, remove "as it relates to depression, anxiety, stress, and"

Page 2, line 6, remove "substance abuse"

Page 2, line 6, overstrike "and"

Page 2, line 7, replace "(3)" with "(7)"

Page 2, line 8, after "interventions" insert: "; or

(8) Other evidence-based strategies to reduce risk factors for students"

Page 4, remove lines 17 through 31

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 19

Page 6, line 25, remove "The members of the task force who are not state employees or members of the"

Page 6, remove lines 26 through 31

Page 7, remove lines 1 through 5

Page 7, line 6, remove "6."

Page 7, line 7, remove "Collect and organize data that addresses screening and assessment processes."

Page 7, remove line 8

Page 7, line 9 replace "youth" with "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"

Page 7, line 10, remove "Identify available federal, state, and local programs that provide children"

Page 7, remove lines 11 and 12

Page 7, line 13, remove "c."

Page 7, line 14, replace "efficient" with "effective"

Page 7, line 14, remove the second "and"

Page 7, remove lines 15 through 21

Page 7, line 22, replace "By July first of each even-numbered year, the task force shall provide" with "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; and
- (5) Health; and

e. Provide"

Page 7, line 23, after "management" insert "every six months"

Page 7, line 24, replace "children's behavioral health services plan" with "task force's efforts"

Page 8, line 3, replace "To complete annually a minimum of two" with "Two"

Page 8, line 3, after the second "of" insert "the required"

Page 8, line 3, replace "relating" with "must relate"

Page 8, after line 10, insert:

"SECTION 7. REPEAL. Sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code are repealed."

Renumber accordingly

2017 SENATE APPROPRIATIONS

SB 2038

2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

SB 2038
1/31/2017
Job # 27630

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Rose Daning

Explanation or reason for introduction of bill/resolution:

Relating to the establishment of a task force on children's behavioral health.

Minutes:

Testimony Attached # 1 – 3.

Legislative Council: Levi Kinnischtzke
OMB: Becky Deichert

Chairman Holmberg called the committee to order on SB 2038.

Representative Kathy Hogan, District 21, Fargo, North Dakota

Chairman, Interim Human Services Committee

Bill was introduced by Legislative Management. No written testimony.

This is one of the package of six bills that came through the interim legislative committee. It was originally designed to include all of the policy recommendations which we thought did not have fiscal impact. As we got into the details in the Senate Human Service Committee, we identified that there would be some costs. That's why the costs are so small. This is a very important bill because it does a number of policy issues that don't really cost money and so we tried to put them all into one bill and we ended up with the \$29,000. Two years ago, we added the requirement of behavioral health training for school personnel. The superintendents and the school people asked that we modify the language to make it more flexible and functional so we did that in this bill.

This bill establishes a children's behavioral health committee because that we found that behavioral health was in child welfare, in corrections, in education and often times the silos were talking to each other so this will be a small committee. The first fiscal note was \$79,000 is much bigger and we were paying for a larger group. We've made it a much smaller and tighter group. That's why the fiscal note went down and is smaller than the first.

The fiscal note is to establish a training requirement for early childhood providers. All licensed daycare providers are required 13 hours of continuing education annually and most of that is provided online. Originally we thought they could do that into their current contracts, but those contracts were reduced and they did not have the capacity so all of this funding would be to establish online training for early childhood providers in the area of behavioral

health so they know what normal development is. They learn how to manage difficult behavior problems in childcare centers. This was a consensus bill.

Dr. Amy Copas, Executive Director, North Dakota Council of Educational Leaders (NDCEL)

Testified in favor of SB 2038. Testimony Attached # 1

Testimony from HB 1382 – Education Savings Accounts - Testimony Attached # 2.

Chairman Holmberg: any discussion? Being none, he closed the hearing on SB 2038.

Also submitted:

Luke Schaefer, Mid-Dakota Education Cooperative Regional Education Association –
Testimony Attached # 3.

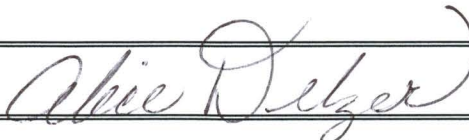
2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

SB 2038
2/1/2017
Job 27692

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A DO PASS on the BILL relating to the establishment of a task force on children's behavioral health

Minutes:

Chairman Holmberg: called the Committee to order on SB 2038. All committee members were present. Roll call was taken. Michael Johnson, Legislative Council and Becky J. Keller, OMB were also present. This came out of the Interim Committee. This is for the on-line training.

Senator Grabinger Moved a Do Pass. 2nd by Senator Mathern:.

Chairman Holmberg: at the end of the day it might be that this is folded into something else but we don't have those other bills.

Senator Mathern: stated he was on the interim committee and made comments regarding the way this bill affects the training for behavioral health in the schools.

Chairman Holmberg: asked Senator Mathern if he would agree that last session when we did those changes to behavioral health issues and had the studies, then through the allotment process almost everyone was axed, and this will happen if we pass it. In part we are redoing some of these things after 2 committees looked at this. Senator Mathern agreed.

Chairman Holmberg: Call the roll on a Do Pass. **A Roll Call vote was taken. Yea:10; Nay: 4; Absent: 0. This will go back to Human Services to carry the bill. Judy Lee will carry the bill.**

The hearing was closed on SB 2038.

Date: 2-1-17
Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2038

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Grabinger Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Mathern	✓	
Vice Chair Krebsbach	✓		Senator Grabinger	✓	
Vice Chair Bowman	✓		Senator Robinson	✓	
Senator Erbele		✓			
Senator Wanzek	✓				
Senator Kilzer		✓			
Senator Lee		✓			
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke		✓			
Senator Hogue	✓				

Total (Yes) 10 No 4

Absent 0

Floor Assignment refer to Human Services

If the vote is on an amendment, briefly indicate intent:

J. Lee

REPORT OF STANDING COMMITTEE

SB 2038, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (10 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2038 was placed on the Eleventh order on the calendar.

2017 HOUSE HUMAN SERVICES

SB 2038

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2038

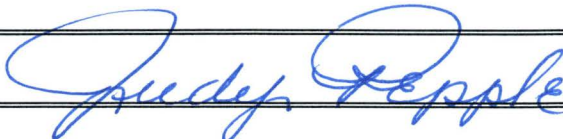
3/6/2017

28720

☐ Subcommittee

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; to provide for a report to the governor and the legislative management; relating to professional development training regarding the prevention of bullying and youth suicide.

Minutes:

1, 2,

Chairman Weisz: Called the committee to order.

Opened the hearing on SB 2038.

Is there any testimony in support of SB 2038?

Chairman Weisz: We will wait until we have someone to introduce this bill.

Rep. Kathy Hogan
(Attachment 1)

Chairman Weisz: Are there any questions from the committee?

7:21

Chairman Weisz: You are adding 2 more hours within the 13 hours that was already required? So the department approved the training for what kind of behavioral health? Did that discussion come up at all?

K. Hogan: Yes absolutely. I think the training is primarily coordinated in collaboration with the department's early childhood licensing protocol and Childcare Aware. It would be on line training so it would be convenient for rural and urban both. That is why we wanted to get this system set up so that it would not be a huge burden on the actual providers.

Vice Chairman Rohr: Would this committee be ongoing?

K. Hogan: Yes, I think the intent is that the child care task force will be ongoing. The feel is that there enough cross systems issues that need to be addressed.

Representative Porter: We are taking out the youth bullying and suicide. Are we shifting that responsibility to the state? What are we doing?

K. Hogan: Teachers and superintendents thought that those could be handled at the local level primarily. By making it a broader definition it made it have more room for strategy.

Representative Porter: Shouldn't we then just add to them and say that they still have to do them or alternate them? To completely remove them when they are high risk situations kind of bothers me.

Chairman Weisz: They are listed here though.

Representative Porter: In the other component.

Chairman Weisz: Yes, but that is part of the behavioral health.

K. Hogan: We tried to just merge them. We did add that language in.

Representative Skroch: In section 5 you brought up daycare providers? Are those private or public?

K. Hogan: The vast majority of daycare providers in ND are all private. They are licensed by the state and this would become part of their licensing standards. For example, they are all currently required to have CPR training and first aid training.

Representative Skroch: You are offering this online so it won't be so difficult for them to get it?

K. Hogan: This training has been in place for a long period of time. These requirements are pretty standard across the nation. If anything, they are probably a little low, but the 13 hours of education requirements have been in place for a long time.

Representative Porter: We have never paid for that training before. This is a policy change for that \$29,000. In the 80s we added CPR and that just became a requirement of the individual getting the license to make sure they are current. Last session we had a proposal that would pay for SIDS training and we changed that based on input from the department that it was readily available and at no cost to the providers. It was training on line. I have a significant problem with us changing our policy of money. Saying that all of a sudden this is costing the state \$29,000 when it is inside of a business model that they are supposed to be recouping from their customer not the state of ND. Why are we suddenly changing midstream when the costs of licensing have never belonged to the state?

K. Hogan: Coming out of the interim we didn't have the cost in there. I think the Senate added this. I think that might be the question that happened in the senate committee. This wasn't funded. I think the difference may be is there good evidenced based training available. In reference to SIDS, we knew that training was available. CPR is readily available. We aren't sure and that may be the difference between that and this. In the long run once we

get a model set up it is almost one time cost. I didn't bring a copy of the fiscal note, but I think the first biennium it is one-time cost setting up a system. It might not be available like SIDS or CPR. That might be the reason for the cost.

Representative Porter: They show this going out 2 bienniums and it doesn't appear that it is one-time anywhere.

K. Hogan: That might be something you would want to address. I understand what you are saying.

Chairman Weisz: Any further questions from the committee?

Is there further testimony in support of SB 2038
16:16

Dr. Aimee Copas, Exe. Dir. Of the ND Council of Educational Leaders
(Attachment 2)

Chairman Weisz: Questions from the committee?
22:00

Vice Chairman Rohr: On page two where you are talking to the evidence based training. Where are you going to get this evidence based training?

Dr. Copas: That is a real problem. Last session we had the 8 hours of mental health training come through and we really struggled with where do we even get this training? It doesn't even necessarily exist. So, a piece of this is why we worked with the department of public instruction. This provides them with further opportunity to help develop and assist our schools in getting the right kind of training. We have been working closely with the department of health trying to get this all on the same page and bridge some of the silos. We have education over here and then we have mental health training over here and we really need to be talking the same language. We feel that this is a step in the right direction. We are also trying to have pilot projects with in our communities to have better wrap-a-round services and really knock down these walls between education and behavioral health providers.

Vice Chairman Rohr: What are teachers saying?

Dr. Copas: They are on board. They are very supportive of this bill.

Chairman Weisz: We got a lot to grief about the changes last session. You are saying this is flexible enough to fit within their two professional days and not just add 8 more hours.

Dr. Copas: Yes, we are trying to broaden this and give us the flexibility we need to still be able to do this.

Vice Chairman Rohr: You train all the teachers and they then identify a problem. How do they address that? Do they have a protocol?

Dr. Copas: That is a wonderful question. That comes in with some of the other pieces we are working with the department of health with. This is where some of this training comes in. We have identified some serious gaps within the schools is that next step. One of our key problems is that our parents have no idea how to navigate these waters. What we have really identified is that we have some serious gaps between our schools and the services provided. We are trying to provide the wrap-around training they need. This bill doesn't address all of the problems, but it is a step in the right direction.

Vice Chairman Rohr: What about the confidentiality of the information?

Dr. Copas: Absolutely. The student's confidentiality is of most importance.

Chairman Weisz: Further questions? Seeing none, thank you.

Chairman Weisz: Further testimony in support of SB 2038?

Chairman Weisz: Is there any testimony in opposition to SB 2038

Closed the hearing on SB 2038.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2038
3/6/2017
28758

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; to provide for a report to the governor and the legislative management; relating to professional development training regarding the prevention of bullying and youth suicide.

Minutes:

Chairman Weisz: Called the committee back to order.

Opened the discussion on SB 2038.

Does anyone on the committee have an issue with the 8 areas they added?

I don't hear any. We did this last session and we basically got rid of the large fiscal note they had and told them they had to do it as part of their professional days. We received a lot of grief over it. This sort of says that it can be included with part of your training.

Vice Chairman Rohr: They could do their assessment locally to determine which of those areas would most benefit their schools. So they would have the training that is pertinent to their own area.

Chairman Weisz: Yes, that is correct. Where is the fiscal note? There was a question raised about why we are all of a sudden paying for this addition, but there is not anything in the bill that says we are to pay for it.

Representative Porter: I read it and read it and I don't see where it says that we should be paying for this.

Chairman Weisz: I agree, we shouldn't be paying for it, but I don't see it in here.

Representative Porter: There is nothing in the bill that says anything about money.

Chairman Weisz: It says they have to acquire the curriculum, but there is nothing in the bill that says the department has to acquire the curriculum. They don't do it for the other areas necessarily. I do remember when we had the SIDS bill. I think that was last session and it

was part of the discussion about what it would cost. It wasn't for the state's cost, but for what it would cost for the providers to get the training. There was never a discussion that if it was going to have a cost that the state should pick it up. Now they are just assuming that they are supposed to provide it.

Representative Skroch: It says that they will provide it in a more efficient manner. Is that at the level they can afford in their own district?

Chairman Weisz: Last session they wanted the state to pay for the 8 hours of training they are required to have. Now the school district is having to pay the instructional staff for the extra training. This bill is to allow that training to be within the two days that the state already pays for.

Representative Porter: They are writing this into early childhood, so my view is that they are saying the department of human services. Section 50-11.10203 is under the public welfare section of the century code. I think you need to amend the bill to say that it is not the responsibility of the department to pay the bill.

Chairman Weisz: I think it is clear if you read section 5. "The department shall adopt rules to require early childhood services provider and provider staff members who are responsible". Then it says, "the two hours of required training must be related to behavioral health". It is the responsibility of the child services provider which is the school.

Representative Porter: I would agree. I even wrote in front of mandate on the early childhood service provider. The fiscal note does not match the language in the bill.

Chairman Weisz: I agree with you.

Representative Porter: Who wrote it? Maybe we should have her come down and explain to us why she suddenly thinks the department should pay for it.

Vice Chairman Rohr: This is an ongoing task force. They are reporting every 6 months to the governor. Why at the end of two years can't this be reevaluated to see if it needs to continue? They are going to have a model and have evidence based research to come up with a plan that they will use and it needs to be evaluated.

Chairman Weisz: It doesn't go away. The issues don't go away so they are always looking at new data and new methods. From their perspective it is not a task force that should go away. We can decide whether they are being effective or not, but their position will be that it would be ongoing because the issues aren't going away.

Vice Chairman Rohr: This to me this was all about doing the assessment and coming up with the training module.

Chairman Weisz: There are two parts to this bill. One sets up a task force and the other one is giving them flexibility in the training.

Representative Skroch: Who is going to pay for this training?

Chairman Weisz: This will be their own cost, because it is like the other kinds of training they have to get.

Representative Porter: We got the sour grapes award for making this training mandatory and yet we weren't going to pay for it.

Chairman Weisz: Yes, but we required a lot less than the original bill. I think the first piece is important that deals with the educational part. Should the early childhood be required? If we took that section out that would eliminate the fiscal note. They would have a hard time putting anything in there.

Representative McWilliams: We have a big problem in Hillsboro because we had multiple day cares close and families leave. They didn't like all of the regulations and we are regulating all the profit out of the day care industry. No one is going to want to do it.

Chairman Weisz: I don't disagree with you, after the incident in Velva made everyone say how could we allow this to happen? Then when a day care closes, we get clobbered because we are making it too hard to do all the regulations. When something happens they say we aren't doing enough and then when daycares close they come back at us and want to know why we are making it so burdensome that they can't operate.

Representative P. Anderson: I think the earlier we can intervene on behavioral issues with children the better outcome we will have.

Chairman Weisz: This will be part of the requirements that they already have. They are not adding more hours, it is just saying that part of those hours have to be on behavioral health.

Representative McWilliams: Are the other hours already mandated for certain things in the law? Have we looked at the other hours? Are we adding to the mandated hours that are required to be there?

Chairman Weisz: I am trying to remember. It is pretty broad language and it says how many hours, but it doesn't say how many have to be done in each area. There is a requirement of 13 hours and it is all available online. They didn't have to go anywhere to get the training.

Representative Schneider: I think they are saying now that it is all available on line and there may be a cost for the state to buy the curriculum to put on line. I think that was what the cost was for.

Chairman Weisz: That is what it implies. They will purchase the curriculum and then offer it verses the provider going on line to find it on their own. I think section one is very important. What does the committee say about the task force in section 4? They say they will do it as part of their duties. They aren't adding a board.

Representative P. Anderson: I don't think there is a downside to dealing with the task force.

Representative Schneider: With the problems that we have already documented in behavioral health areas, maybe this task force could look at some of the possibilities we could use to eliminate some of those.

Chairman Weisz: We have some questions on the fiscal note.

Representative Porter: In the fiscal note we heard a couple of different explanations and none of them really seemed to fit. On page 5 section 5 there is a new requirement of 2 hours of required training that must relate to behavioral health issues. We are not seeing anywhere that we have to provide it, pay for it, or do anything. We just say that it is approved training, so we are having a hard time grasping the fiscal note. Others are saying that the department wants to develop their own course and that is where the money will go and it should be just one time but then it is extended into the second biennium. Nowhere in the bill does it say there is an appropriation of \$29,000 to do this. We are having a hard time understanding this.

Deb McDermot, Department of Human Services

Basically what we did when we were working on the fiscal note is that we worked with Childcare Aware. They are currently the provider that we contract with that provides our licensing for the childcare providers. Talking with them they said it would be basically the \$20,000 that first year to be able to develop that curriculum and then it would be hosting. That hosting would be the \$9,000 a year, so that was the \$18,000 going in to the 19-21 biennium. Currently right now to get certified in the Bright and Early program they don't have a curriculum for behavioral health, so it needs to be developed. Then to continue with the training to be certified, this would have to be new training.

Chairman Weisz: We currently require 13 hours, so are we developing that and offering that for free because they are providers? Current law says they have to have 13 hours.

D. McDermot: That is already in the contract we currently have with Childcare Aware.

Chairman Weisz: that includes the training we added last year?

D. McDermot: That should include all the required training for those providers. We don't collect any money from anybody for taking this training.

Representative Porter: I would be interested in seeing when we went into this contract with Childcare Aware what it cost us to go into it and what the particulars of the agreement are. I don't remember anything about this and when we talked about the SIDS bill last session there wasn't any discussion that there was a state provided service inside of something that we were paying for. I would be interested in some more information on our agreement inside of Childcare Aware and where it originated from and when we authorized it.

Deb McDermot; There was 4.2 million dollars appropriated about 2 or 3 bienniums ago. It was approved to enhance the provider services. I can get the specifics, but we had a contract for 2.3 million and then another amount was added. In our appropriation for this biennium I am basically doing an allotment that is 1.7 million that was decreased in our childcareWe contract with Childcare Aware. and they said that there would be a cost of

Chairman Weisz: Are we developing that and offering that free to the providers?

Deb Mc Dermot: It should include any training they have. We don't collect any money from anyone.

Representative Porter: I would be interested to see what that contract cost us. I don't remember any discussion about this being a state provided service that we are already paying for.

Deb McDermot: There was 2.9 million and then there was another 4.1 million added.

Chairman Weisz: I would like to see a breakdown of what Childcare Aware is costing us and what we get.

Representative Schneider: I would like to see a breakdown of the training hours that are required. Can we get a breakdown of who needs what?

D. McDermot: Yes.

Representative Porter: Daycare providers have said that the continuing education that is available is not high enough quality, so they go outside of the system to get their education. So, what they are actually doing for us in regard to training would be of interest to me. I would like to see if we are getting what we are paying for and to see if the providers are actually using it. I would hate to think that we are still spending that amount of money on something that is not high enough quality that the providers don't feel it is adequate and they need to go outside of our system if we are spending that amount of money to get it.

D. McDermot: It is more than training. It has a website that provides information about where I can get all the services that are provided by them. It is to keep that workforce working. I can get you a list of all the things included in the contract.

Representative McWilliams: You said the state is paying so that we have all the vacancies and providers, is that correct?

D. McDermot: That is a federal regulation that we have a place where they can go out to a website and look for their providers. There are also other federal regulations that are Child care Aware helps.

Chairman Weisz: Let's close this for the day.

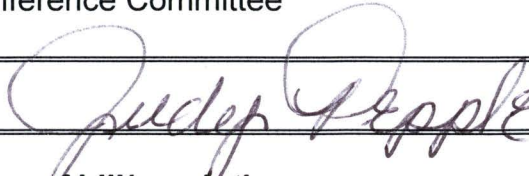
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2038
3/20/2017
29477

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the establishment of a task force on children's behavioral health; relating to behavioral health training for educators and early childhood service providers and to emergency hold limitations for mental health examinations; to provide for a report to the governor and the legislative management; relating to professional development training regarding the prevention of bullying and youth suicide.

Minutes:

Chairman Weisz: Opened the discussion on SB 2038. I did get some clarification on the fiscal note. That addresses section 5 on page 5 of the bill. Where it talks about the two hours of approved training. That kind of evidence based training and the people that own the software don't let them put it online. The department has to purchase it and then pay a fee yearly. So that is why you have the \$29,000 initially and then it is \$9,000 a year for the yearly fee. The other part about the 8 hours of training caused some trouble

Representative Porter: I move to amend the bill and remove section 5

Representative Skroch: Second.

Representative Porter: As I look at the issue and the dollars it takes we just don't have the money to do it. If the school district or department wants to use their money to do this, they can. We can either raise taxes or take it out of the general fund and I am not in favor of doing either of them.

Chairman Weisz: I believe it is going to cost the department money.
It deletes all the new language in section 5.

Representative P. Anderson: If a provider wanted to take this training can they spend the money and do it themselves? I hear that they require 13 hours of training.

Chairman Weisz: I really don't know. Maybe Pam can answer that question.

Pam Sagness, Behavioral Health Division of the Dept. Health

There are training available Those providers can register just as a regular person that does continuing education.

Representative P. Anderson: Is this kind of training available right now though?

P. Sagness: Yes, it is available nationally. It would be a matter of that provider seeking that training out and then be able to pay for training.

Representative McWilliams: If someone called your office and they wanted this training. Would you be able to direct them to where they would need to go to get it?

P. Sagness: I do believe we would be able to do that.

Chairman Weisz: Ok committee we have a motion on the amendment in front of us. Is there any more discussion? If not, we will try a voice vote.

Chairman Weisz: Voice vote to adopt the amendment.
Voice vote motion carried. Are there any more amendments?
What are the committee's wishes?

Vice Chairman Rohr I make a motion for a do pass as amended on ~~SB~~ 2038

Representative Schneider: I will second it.

Chairman Weisz: is there any discussion on the bill? Seeing none, the clerk will call the roll for a do pass as amended on SB 2038

Roll call vote taken Yes 14 No 0 Absent 0

Chairman Weisz: Motion passes. Do I have a volunteer to carry this one?

Representative McWilliams, thank you.

3/21/17 DF

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Adopted by the Human Services Committee

March 21, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2038

Page 1, line 3, replace "sections" with "section"

Page 1, line 4, remove "and 50-11.1-02.3"

Page 1, line 4, remove "behavioral health"

Page 1, line 5, remove "training for educators and early childhood service providers and to"

Page 5, remove lines 10 through 19

Page 5, line 21, remove the colon

Page 5, line 22, replace "1. Report" with " report"

Page 5, line 23, remove "; and"

Page 5, remove line 24

Page 5, line 25, remove "behavioral health services plan developed under subsection 7 of section 4 of this Act"

Renumber accordingly

Date: 3/20/17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2038

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove Section 5

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Porter Seconded By Rep. Schroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/20/17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2038

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Loke Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	<input checked="" type="checkbox"/>		Rep. P. Anderson	<input checked="" type="checkbox"/>	
Vice Chairman Rohr	<input checked="" type="checkbox"/>		Rep. Schneider	<input checked="" type="checkbox"/>	
Rep. B. Anderson	<input checked="" type="checkbox"/>				
Rep. D. Anderson	<input checked="" type="checkbox"/>				
Rep. Damschen	<input checked="" type="checkbox"/>				
Rep. Devlin	<input checked="" type="checkbox"/>				
Rep. Kiefert	<input checked="" type="checkbox"/>				
Rep. McWilliams	<input checked="" type="checkbox"/>				
Rep. Porter	<input checked="" type="checkbox"/>				
Rep. Seibel	<input checked="" type="checkbox"/>				
Rep. Skroch	<input checked="" type="checkbox"/>				
Rep. Westlind	<input checked="" type="checkbox"/>				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. McWilliams

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2038, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2038
was placed on the Sixth order on the calendar.

Page 1, line 3, replace "sections" with "section"

Page 1, line 4, remove "and 50-11.1-02.3"

Page 1, line 4, remove "behavioral health"

Page 1, line 5, remove "training for educators and early childhood service providers and to"

Page 5, remove lines 10 through 19

Page 5, line 21, remove the colon

Page 5, line 22, replace "1. Report" with " report"

Page 5, line 23, remove "; and"

Page 5, remove line 24

Page 5, line 25, remove "behavioral health services plan developed under subsection 7 of
section 4 of this Act"

Renumber accordingly

2017 TESTIMONY

SB 2038

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SB 2038
pg 1

TESTIMONY

SB 2038

House Human Service Committee

January 4, 2017

Representative Kathy Hogan

Senator Lee and Members of the Senate Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. This is the second of six bills related to behavioral health.

SB 2038 is a bill that includes a range of policy recommendations relating to policy changes that do not require significant additional funding. Let me briefly review each of the major sections of this bill.

Section 1 is a modification from the action of the 2015 statute regarding training of public school personnel on behavioral health. This section was proposed by the school superintendents to broaden the definitions of behavioral health.

Section 2 and 3 are slight modifications in the ND commitment law procedures. This was a recommendation of both health care professionals and the state attorney's association. It pertains to the time lines for emergency mental health situations when there are additional health issues.

Section 4 establishes a task force on children's behavioral health. Throughout the interim, testimony on children/adolescent mental health and substance abuse issues talked about the fragmented systems of education, child welfare, juvenile services, and the department of human services. This section would establish a formal mechanism to address these issues. The proposed membership in the bill is very broad and may need to be worked on but the concept is critical.

Section 5 would require behavioral health training for early childhood service providers within their existing training requirement. Currently early childhood providers are required to have 13 hours annual training but none of it has been targeted at behavioral issues for young children. This training would be

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pg.2

coordinated through the existing child care awareness program and would allow for both early identification and help in addressing emerging issues.

Thank you for considering this bill. If you have any questions I am more than willing to answer them.

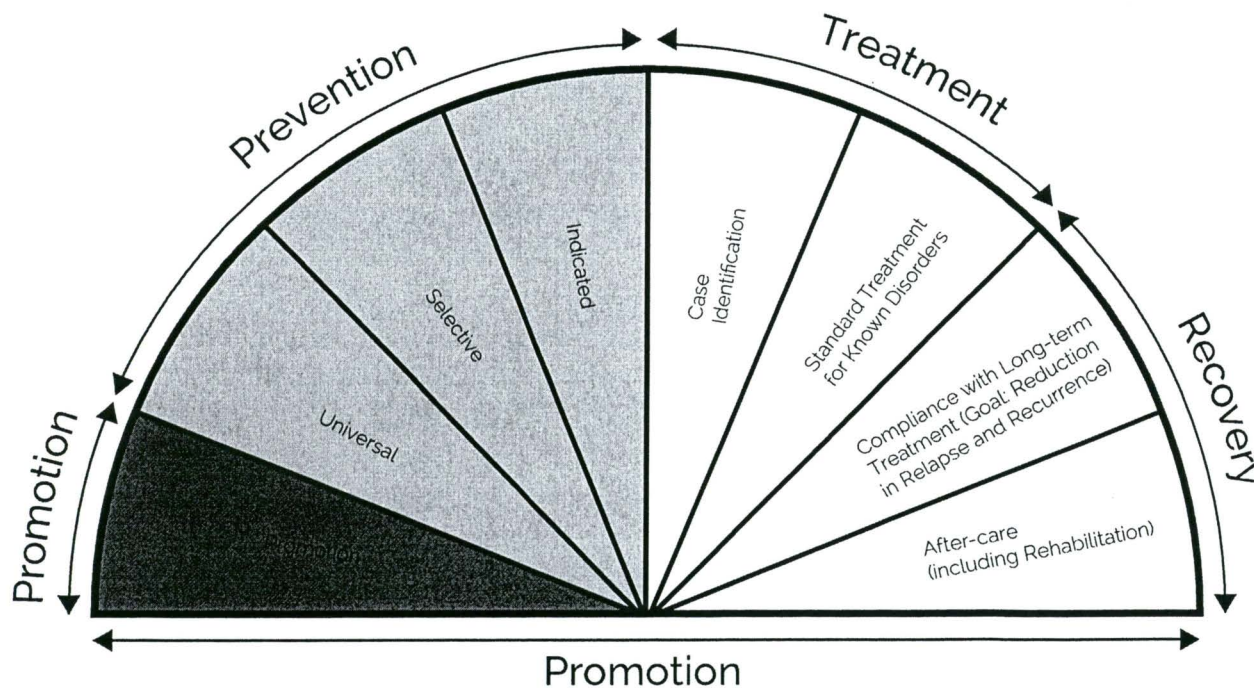
PARENTS LEAD

FOR PROFESSIONALS

1/4
att #2
SB 2038

Behavioral Health Continuum of Care Model

The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:



Promotion — These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

Treatment — These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

Recovery — These services support individuals' abilities to live productive lives in the community.

Source:
www.samhsa.gov/prevention



www.parentslead.org/professionals

SB 2038

Senate Human Services Committee

January 4, 2017

Valerie Fischer, Director of Safe & Healthy Schools

Department of Public Instruction

328.4138; vfischer@nd.gov

Madam Chair, members of the Senate Human Services Committee - I'm Valerie Fischer, Director of Safe & Healthy Schools for the Department of Public Instruction. The Department would like to offer support for the Section 1 amendment of SB 2038.

During the 2015 Human Services Interim Committee, the Department submitted amendment language to 15.1-07-34 which essentially combined two separate NDCC requirements for professional development in the areas of suicide prevention and behavioral mental health for school personnel. Combining the requirements streamlines the opportunity for more comprehensive professional development and allows each local school the opportunity to best determine how to meet their staff needs. Additionally, prekindergarten and paraprofessionals were included in the language. These staff also have established relationships with students and both contribute and benefit from team professional development training. The Human Services Interim Committee voted to support this language change.

This concludes my testimony. I'm available to take any questions the Committee may have. Thank you.

Senate Bill 2038

Sixty-fifth Legislative Assembly of North Dakota

January 4, 2017

Testimony in Favor of Senate Bill No. 2038

Joan M. Connell, MD FAAP

Good afternoon. My name is Joan Connell. I am here as past president of the North Dakota Chapter of the American Academy of Pediatrics, in support of Sections 1, 4, and 5 of Senate Bill 2038. As a pediatrician, I am well aware of the number of children in North Dakota affected by ACES (adverse childhood events). I am also aware that the more ACES one has experienced, the more likely they are to succumb to many chronic diseases as adults. Page 2 of this handout illustrates one format of ACE questions. Page 3 of this handout reports ACE data for North Dakotans. Page 4 of this handout shows the risks of progression from ACES to chronic disease, social problems, disability, and ultimately, premature death. Our state, along with the rest of the country, is currently facing an opioid crisis. It is no surprise that addiction is one of the chronic diseases disproportionately affecting those who experienced ACES. We must get to the root of this problem. We must address ACES head on.

In addition to the need to prevent ACES, it is important to teach children how to respond effectively to ACES. This is called resiliency. This bill would enable our daycare providers and preschool through high school teachers to learn about ACES and other childhood behavioral issues, as well as learning how to respond to those issues, including education about how to teach resilience. This type of education is an essential tool for breaking the cycle of ACES, particularly for children born into families who have generationally experienced multiple ACES. Section 4 creates a task force to develop a children's behavioral health plan, which will likely result in policies that prevent as well as recognize and treat ACES and other childhood behavioral health problems. The cumulative effects of this bill will bring a huge return on investment, both financially in the reduction of healthcare and disability costs, but also in the improved quality of life of our North Dakota citizens. I ask that you vote in favor of SB 2038.

BRFSS Adverse Childhood Experience (ACE) Module

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---

- 1) Did you live with anyone who was depressed, mentally ill, or suicidal?
- 2) Did you live with anyone who was a problem drinker or alcoholic?
- 3) Did you live with anyone who used illegal street drugs or who abused prescription medications?
- 4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- 5) Were your parents separated or divorced?
- 6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- 7) Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—
- 8) How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- 9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
- 10) How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
- 11) How often did anyone at least 5 years older than you or an adult, force you to have sex?

Response OptionsQuestions 1-4

1=Yes
2=No
7=DK/NS
9=Refused

Question 5

1=Yes
2=No
8=Parents not married
7=DK/NS
9=Refused

Questions 6-11

1=Never
2=Once
3=More than once
7=DK/NS
9=Refused

Adverse Childhood and Family Experiences Among American Indian Children in North Dakota: Analysis of 2011/12 National Survey of Children's Health Data

NDSU PUBLIC HEALTH

HRSA
Maternal & Child Health

NORTH DAKOTA
DEPARTMENT of HEALTH

Ramona Danielson, M.S.¹; Mary Kay Kenney, Ph.D.²; Devaiah Muccatira, M.S.³

¹Department of Public Health at North Dakota State University, College of Human Development and Education, Ramona.Danielson@ndsu.edu

²Health Resources and Services Administration, U.S. Department of Health and Human Services, Division of Epidemiology, Office of Epidemiology and Research, Maternal and Child Health Bureau, mkenney@hrsa.gov

³North Dakota Department of Health, Division of Children's Special Health Services, dmuccatira@nd.gov

PURPOSE

- Health disparities for American Indians (AI) in North Dakota (ND) are pronounced, the average age at death is 20 years younger than Whites (NDDoH, 2014)
- Historical trauma and adverse childhood experiences (ACEs) contribute to this disparity (Warne & Lajimodiere, 2015), and advances in neuroscience and epigenetics help explain the intergenerational impacts on individuals, extended families, and communities
- Our study explores the prevalence of nine adverse childhood and family experiences (ACFEs) among AI children in ND, and explores disparities in exposure to ACFEs among AI children and White children in the state

SAMPLE

- The National Survey of Children's Health (NSCH) is a cross-sectional telephone survey of U.S. households with at least one resident child 0 through 17 years of age
- Survey data reflecting children's experiences were parent-reported
- Data for this study came from the 2011/12 survey
 - ND total sample (N=1,798)
 - ND White only sample (N=1,541)
 - ND AI only sample (N=109), urban, rural, and tribal respondents
- ND is one of seven states with a representative sample of AI, using statistical weighting techniques that adjust for non-response

METHODS

Procedures of NSCH

- Random digit dialing procedure
- One child randomly selected from each household
- Sampling weights to permit national, state, and race-specific estimates of health and wellbeing, to adjust for nonresponse, and to account for non-coverage of non-telephone households
- Because the NSCH uses a different list of adverse experiences (e.g., not child physical abuse, sexual abuse, or neglect indicators) than the CDC's research on ACEs, and information is from parent/caregiver report (Anda et al., 2006), we refer to ACFEs in our study
- The nine categories of ACFEs: socioeconomic hardship, divorce/separation of parent, 3) death of parent, 4) parent served time in jail, 5) witness to domestic violence, 6) victim of neighborhood violence, 7) lived with someone mentally ill/suicidal, 8) lived with someone with alcohol/drug problem, 9) treated or judged unfairly due to race/ethnicity

Analysis for This Study

- Weighting of variables
- Descriptive statistics, cross-tabulations
- Significance testing

RESULTS

- In ND, 21.3 percent of children had 2 or more ACFEs (similar to the nation at 22.6%) (NDDoH, 2013). This fact masks significant disparities in exposure among different populations in the state
- AI children in ND were 3.2 times more likely than White children to have exposure to 2 or more ACFEs (50.8% compared to 15.8%)
- AI children were 6.6 times more likely than White children to have experienced 4 or more ACFEs (24.9% compared to 3.8%)
- Exposure increased with age, 28.0 percent of AI children 0 through 9 had a cumulative ACE score of 2 or more compared to 74.2 percent of AI children 10 through 17

Figure 1. Cumulative Number of Adverse Childhood and Family Experiences (ACFEs) Among White and AI Children Ages 0 Through 17 in North Dakota

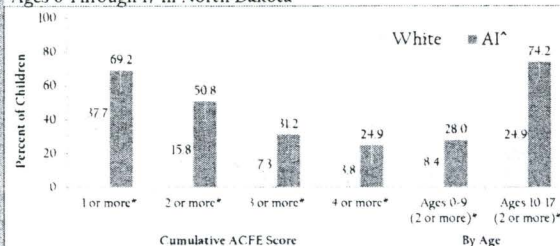
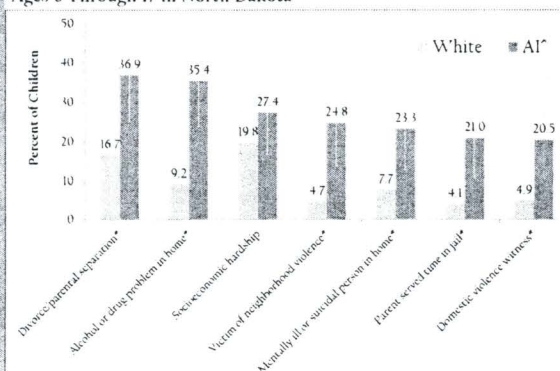


Figure 2. Prevalence of Specific Adverse Childhood and Family Experiences (ACFEs) Among White and AI Children Ages 0 Through 17 in North Dakota



*The NSCH uses the category "American Indian and Alaska Native"; the population of Alaska Natives in North Dakota is very small

*Significant differences between whites and AI were found at $p < .05$

Note: 95% confidence intervals are indicated; estimates for "unfair treatment due to race" for White respondents were unreliable due to small numbers; estimates for "death of a parent" were unreliable for White and AI respondents due to small numbers

- AI children were more likely than White children to have experienced (see Figure 2)
 - Neighborhood violence (5.3 times)
 - Parental incarcerations (5.1 times)
 - Witnessing domestic violence (4.2 times)
 - Living with someone with alcohol/drug problems (3.8 times)
 - Living with someone with mental illness (3.0 times)
 - Divorce/parental separation (2.2 times)
- AI children also had exposure to discrimination due to their race and to socioeconomic hardship

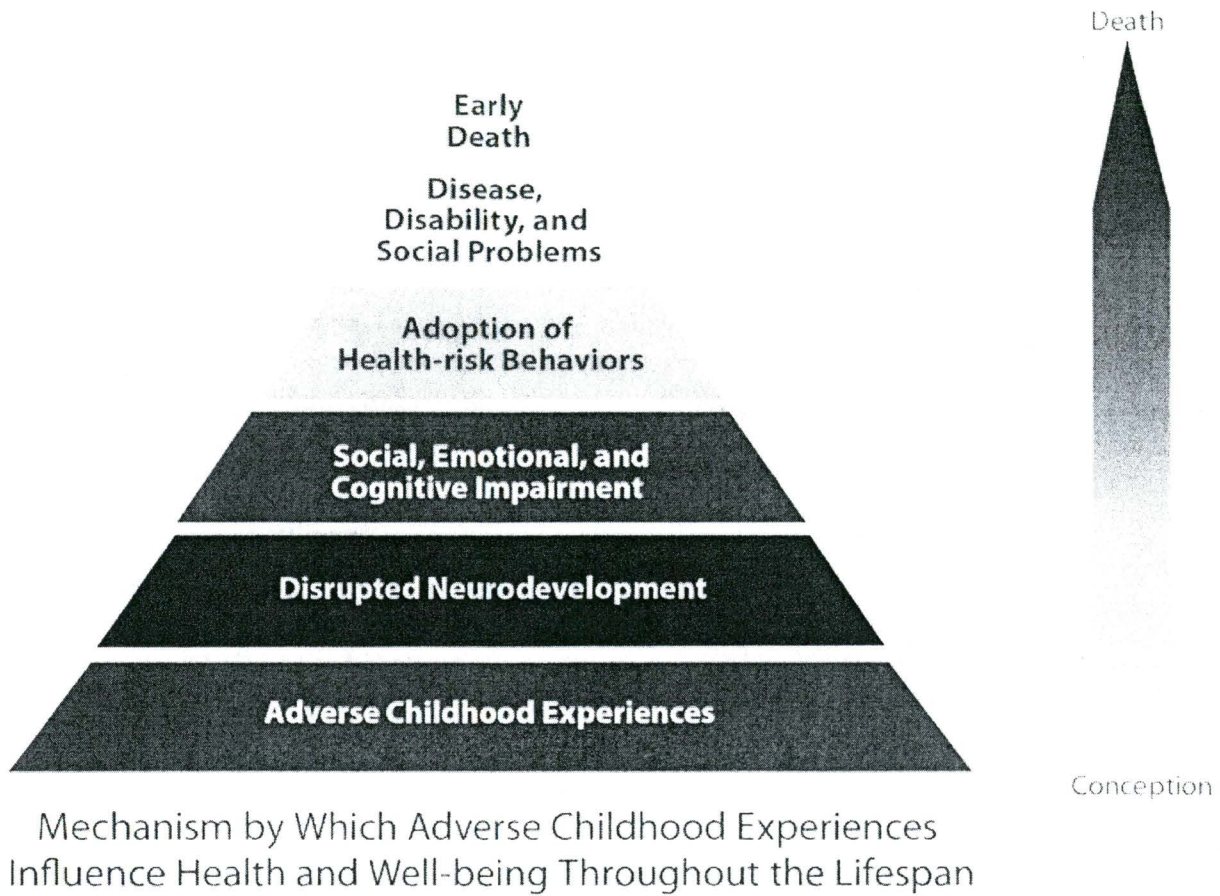
DISCUSSION

- The current study demonstrates considerably higher rates of ACFEs among AI children and previous research demonstrates long-term health consequences of adverse experiences in childhood, including greater comorbidity in adulthood (Anda et al., 2006)
- Health professionals and policy makers need to focus efforts on preventing ACFEs among AI children in order to reduce the health disparities seen in this population
- Trauma-informed care and ACE treatment can reduce the long-term costs associated with negative outcomes resulting from ACE exposure. It is important that people working in AI communities understand ACFEs and how they impact health and community outcomes
- Development of culturally based programs are instrumental
- The ND Collaborative Improvement and Innovation Network to Reduce Infant Mortality initiative is including strategies to educate individuals, providers, and communities about ACFEs and is contracting with the American Indian Public Health Resource Center for targeted outreach with American Indian tribes in the state
- Evidence-based maternal, infant, and early childhood home visiting programs in the state are exploring the use of a toolkit to assist home visitors in helping families understand how their lives have been impacted by ACFEs, and their capacities for resiliency and flourishing (Zorrah, 2015)
- Future research directions include quantifying the impact of ACFEs on AI health outcomes and evaluating programs and policies designed to treat and prevent ACFEs (Warne & Lajimodiere, 2015)

REFERENCES

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- Warne, D., & Lajimodiere, D. (2015). American Indian health disparities: psychosocial influences. *Social and Personality Psychology*, 9(10), 567-579.
- Zorrah, Q. (2015). *NEAR® Home toolkit: A guided process to talk about trauma and resilience in home visiting*. Retrieved from <https://thrives2.org/nearhome/toolkit-guided-process-talk-trauma-resilience-home-visiting>

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SB 2038

Testimony offering support with Amendment to SB 2038

Relating to training for educators

Hello Chairwoman Lee and members of the Senate Human Services Committee. Happy 2017 and welcome back to Bismarck. My name is Dr. Aimee Copas – I serve as the Executive Director for the North Dakota Council of Educational Leaders. Our organization is an umbrella organization which represents all our school leaders in North Dakota including the Superintendents (NDASA), County Superintendents (NDACS) Principals (NDASSP & NDAESP), Career and Technical Education Directors (NDCTEA), School Business Officials (NDSBO), Technology Leaders (NDATL), Athletic Directors (NDIAAA), Special Education Directors (NDSPESC), & REA Directors (NDREAL). We literally are your “boots on the ground” group to help our legislators identify what is happening in our schools and how any piece of legislation impacts our schools. We are excited to offer the ND Legislative Focus Group - a nimble and proactive group of leaders who can support and help you through session so the best possible outcome for our students is put into place. After my testimony and offered amendment to SB2038, a couple of our school leaders will address you with school based rationale to the requested adjustment to the bill.

The essence behind the work of the Interim Human Services Committee is work that was well done. Members of our legislative focus group came to Grand Forks and discussed with you some ways to adjust the law put into place last session to make the training more effective at the district level. We learned much over the past biennium regarding what training is effective, and what needs we have that the law was not yet addressing. As you are aware, the things that might be intense needs for Bowman may not be the same needs as in Fargo. What works for Minot may not work for Strasburg. Ensuring that district leaders can be responsive to the needs in their local district is a core belief that has existed in North Dakota for decades.

Our Legislative Focus Group has a subcommittee on student services. This subcommittee has studied this bill and has some recommendations that will make this bill even more effective and in essence streamline, eliminate silos and make more understandable several areas of century

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code. We've discussed these modifications with many legislators and have received positive feedback.

Please take a look at the amendment offered to you on the yellow paper. You'll note a couple modifications to the bill in the areas where it impacts Chapter 15 of century code with regard to K12 schools. You'll notice that we've requested the removal of prekindergarten teachers and paraprofessionals. The trainings of these individuals should be done at the discretion of the local district. (The mandate of all these professionals for all training in this area is not considered the appropriate approach and is a large unfunded mandate.) When a cost analysis was completed in our state, we uncovered the following information:

- Because of mandated training, over 75% of our districts are having to do more than the 2 funded days of professional development each year. These days are not funded in the formula and are a tremendous local cost burden. The mandated time by law in various areas encapsulates nearly all the time leaving important academic related PD left to be unfunded.
- Many areas of critical need are not addressed in a timely manner due to struggles with cost.

Through intense discussion and collaboration with NDDPI and with The ND Department of Health, we believe we've found a more efficient way to address local needs. Under 1a. in the bill, we list 8 (rather than the 4 listed in the original bill) areas that could be chosen from in the 8 hours of training. These areas actually expand upon training options in evidence based areas to support for the overall health of our students.

We are asking for an acceptance of the amendment and a do pass of this bill with amendment. At this time, I'd like to ask for Luke Schaefer and Steve Hall to join me. We'll all be available to you for questions following.

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SB 2038

Proposed Amendment from the field (NDCEL) to SB 2038

SECTION 1. AMENDMENT. Section 15.1-07-34 of the North Dakota Century Code is 10 amended and reenacted as follows:

15.1-07-34. Provision of youth mentalbehavioral health training to teachers, administrators, and ancillary staff.

1. ~~Once every~~Every two years, each school district shall provide a minimum of eight hours of ~~training~~professional 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 ~~training~~professional development.
 - a. Based on the annual needs assessment of the school district, these hours must be designated from the following categories:
 - (1) Trauma;
 - (2) Social and emotional needs of students, including resiliency;
 - (3) Suicide prevention;
 - (4) Bullying;
 - (5) Understanding of the prevalence and impact of youth mentalbehavioral health disorders wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
 - (6) Knowledge of mentalbehavioral health symptoms, social stigmas, and risks, and protective factors as it relates to depression, anxiety, stress, and substance abuse;
 - (7) Awareness of referral sources and evidence-based strategies for appropriate interventions; ~~and/or~~
 - (8) Other evidence-based strategies to reduce risk factors for students.
2. Each school district shall report the ~~outcome of the training~~professional development hours to the department of public instruction.

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3. 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.

~~15.1-19-19. Professional development activities. Each school district shall include, in professional development activities, information regarding the prevention of bullying and shall provide information regarding the prevention of bullying to all volunteers and nonlicensed personnel who have contact with students.~~

~~15.1-19-24. Youth suicide prevention – Training:~~


~~1. Annually, each school district shall provide to middle school and high school instructional staff, teachers, and administrators, at least two hours of professional development relating to youth suicide risk indicators, appropriate responses, and referral sources.~~

~~2. The superintendent of public instruction shall collaborate with the state department of health to obtain and disseminate to school districts and nonpublic schools, free of charge, information and training materials, including those available through the Jason foundation.~~

Repeal 15.1-19-19 Professional Development Activities

Repeal 15.1-19-24 Youth Suicide Prevention Training

MDEC Two Year Strategic Plan for Glenburn
Mental Health and Suicide Prevention Professional Development
Revised 1/15/16

The Law:				
15.1 - 13 Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include (a) Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers; (b) Knowledge of mental health symptoms social stigmas, risks, and protective factors; and (c) Awareness of referral sources and strategies for appropriate interventions. Each school district shall report the outcome of the training to the Department of Public Instruction.				
15.1-19-24 Annually, each school district shall provide middle school and high school instructional staff, teachers, and administrators at least two hours of professional development related to youth suicide risk indicators, appropriate responses, and referral sources.				
The Plan:				
Below is a breakdown of the professional development related to suicide prevention and mental health that MDEC will offer for member school districts. This plan is a two-year, strategic plan that fulfills North Dakota Century Code requirements. MDEC will accommodate requested dates for additional hours* on a first come, first serve basis.				
Schools Attending the Winter Conference			Schools Not Attending the Winter Conference	
2015-16			2015-16	
	MDEC Winter Conference	Additional Hours*		Schedule
Mental Health	3.0	1.0	Mental Health	0 2.0
Suicide Prevention	2.0	0	Suicide Prevention	0 2.0
2016-17			2016-17	
	MDEC Winter Conference	Additional Hours*		MDEC Winter Conference
				Additional Hours*
Mental Health	3.0	1.0	Mental Health	3.0 3.0
Suicide Prevention	0	2.0	Suicide Prevention	0 2.0
Total Mental Health Hours	8.0		Total Mental Health Hours	8.0
Total Suicide Prevention Hours	4.0		Total Suicide Prevention Hours	4.0
*Place your 2015-16 additional hours requests using the following links -				
Mental Health:		http://goo.gl/forms/Tvu2rQMI39		
Suicide Prevention:		http://goo.gl/forms/eVZKYNCigH		
Reporting:				
The MDEC Health & Wellness Coordinator will provide a detailed report of the criteria met during each MDEC sponsored training for reporting purposes.				
				

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 Attachment
 #7

**Testimony
Senate Bill 2038
Senate Human Services Committee
Senator J. Lee, Chairman
January 4, 2017**

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SB 2038
pg 1

Chairman Lee, members of the Senate Human Services Committee, I am Heather Simonich, Operations Director of PATH ND. As a provider of behavioral health services and a developer of the Trauma Sensitive Schools (TSS) curriculum for educators, PATH is testifying today in support of SB 2038, relating to behavioral health training for educators and early childhood service providers, and providing for establishment of a task force on children's behavioral health.

Regarding educator training, PATH has partnered in the current biennium with the Mid-Dakota Education Cooperative and the Department of Public Instruction by developing a professional development curriculum for educators entitled, "Trauma-Sensitive Schools (TSS)". This curriculum provides a new perspective to educators on student behavior and learning for children exposed to adverse childhood experiences. Additionally, the curriculum provides much needed evidence-based, practical strategies for teachers to support students' educational and behavioral health needs in the classroom. In just one year, 120 educators have been trained as trainers of this curriculum and as a result, approximately 4,000 educators across the state have received advanced training to support some of our most vulnerable students in the classroom. Feedback from educators has been overwhelmingly positive and the demand for such behavioral health training remains high.

As a treatment foster care provider, we see firsthand the importance of this training for educators. Recently, our case managers and foster parents have reported an increase in educator understanding of childhood trauma and its impact on student learning and behavior. Ultimately, this type of educator training enhances our communities' ability to support not only youth in foster care, but all youth.

The establishment of a task force on children's behavioral health would bring together representatives with expertise on training, assessment, and treatment to develop a plan for a coordinated system of care that is less duplicative and more efficient.

The Interim Committee on Human Services and the ND Behavioral Health Stakeholders group have received input from constituents and providers across the state as to service gaps and barriers that exist in the current system. As a result of these, it is unfortunately not uncommon for youth and their families to not be able to receive services until their behavioral health problems are already at a level that has seriously affected family, school, and community functioning.

SB2038 also requires regular review and updating of the plan, along with regular reporting requirements to assure that its objectives are being met. A more coordinated system of care would help youth receive services sooner and at the most appropriate level of intensity.

Because this bill would strengthen the continuum of care for children in North Dakota, we urge your support of SB2038.

Thank you for the opportunity to testify before your committee today.

Testimony to the
Senate Human Services Committee
January 4, 2017

By Luke Schaefer, Mid-Dakota Education Cooperative

RE: SB2038

Chairwoman Lee and members of the Senate Human Services Committee, my name is Luke Schaefer with Mid-Dakota Education Cooperative Regional Education Association and I am testifying in support of SB2038.

I would like to address two points found in this bill and proposed amendment; 1. Expanding the behavioral health topics 2. Simplifying tracking and reporting

North Dakota schools have been working diligently to meet the needs of their students as they continually grow and change. SB2038 provides language to allow schools to train staff appropriately in both the Promotion and Prevention stages of the Continuum of Care. We saw the effects mental health training had when schools began engaging in Trauma Sensitive Schools (TSS), a North Dakota developed curriculum and training created in collaboration with NDDPI, Heather Simonich with the support of PATH, and MDEC. In one short year, there are now 120 TSS trainers around the state and more than 50 districts who have begun training on awareness and responding to students suffering from trauma. Educators have reported that trainings like this *"...will have a profound impact on (their) teaching"*. This is just the first step of awareness for educators and this amendment will allow schools to dive deeper into the behavioral health needs in their building.

Empowering schools to base their professional development on specific needs in their area will provide a more robust and effective training for staff. Schools in my area have recognized that expanding the professional development to include trauma, social and emotional learning, suicide prevention, bullying, and other

evidence-based strategies to reduce risk factors for students will bolster the ability to hone in on the issues most prevalent in their learning environment.

Finally, the language change in the amendment will provide schools the ability to track all of their training related to behavioral health more easily. The multiple related professional development requirements within behavioral health make for a cumbersome tracking method to be developed for each district. This bill and proposed amendment would streamline the tracking and reporting.

Thank you for considering and I hope that you will DO PASS SB2038 and the proposed amendment.

Written testimony to Senate Human Services Committee
January 4, 2017
SB 2038

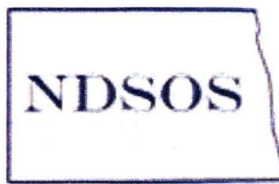
By: Dr. Michael McNeff, Superintendent, Rugby Public School District

Good afternoon, Chairman Lee and members of the Senate Human Services Committee. My name is Mike McNeff and I serve as superintendent for Rugby Public School District.

We support the recommendations brought forth by our organization (NDCEL) in regards to SB 2038. The bill expands professional development for behavioral health to prekindergarten and paraprofessionals. Most school districts already include prekindergarten into the professional development opportunities for teachers. I am concerned with the additional cost of requiring additional training for paraprofessionals. Currently, most school districts are not training paraprofessionals in this area. This is largely due to the cost of the training and the cost of paying paraprofessionals for attending the training. The additional costs of expanding the requirement to paraprofessionals will be a burden regardless of the size of school. Perhaps you could change the language to, "shall encourage ancillary, support staff, and paraprofessionals to participate in the professional development."

You will notice that within the amendment we would like to further expand professional development options to meet the hour requirements. We would like to be able to address our required professional development hours with our own needs assessment. In the amendment we combined all of the categorical areas. Which would mean a school district would conduct a needs assessment to help them further define their area of focus. For example, in my community I might have a major problem with youth suicide. This change would allow our school district to spend more time on this specific area. Our behavioral health needs in Rugby differ from those in Bismarck. Therefore I think it is important to allow schools to provide professional development tailored to their needs. With the expansion of these requirements we would like further flexibility. Please allow us to differentiate our behavioral health professional development to what our community needs.

We also recommend repealing 15.1-19-19 and 15.1-19-24, because we have included the mandated training within this amendment. I too am hopeful that you support SB 2038 and the amendments that we have recommended. Thank you!



Mr. ElRoy Burkle
Executive Director
1419 9th Ave NE
Jamestown, 58401
elroy.burkle@k12.nd.us
701-230-1973

North Dakota Small Organized Schools

Mr. Larry Zavada
President
401 3rd Ave SW
Wolford, ND 58385
larry.zavada@k12.nd.us
701-583-2387

Mrs. Janet Brown
Business Manager
925 Riverview Drive
Valley City, ND 58072
janet.brown@k12.nd.us
701-845-2910

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December 30, 2016

For the record, my name is Mr. ElRoy Burkle, Director North Dakota Small Organized Schools (NDSOS). NDSOS membership has grown to include 141 out of 179 North Dakota Public School Districts, or 78.7%. I request consideration that the amendments proposed by North Dakota Council of Educational Leaders (NDCEL) be included in SB 2038.

The required training for schools as cited in NDCC Section 15.1-07-34 has improved the awareness of mental health issues in schools. However, NDSOS supports added flexibility for school districts to address their individual and unique needs. Therefore, we support the proposed amendments as presented by NDCEL; specifically, "Other evidence-based strategies to reduce risk factors for students".

Thank you for your time and consideration of amending SB 2038 to increase schools' flexibility in meeting their respective mental health professional development needs. Please feel free to contact me with any additional questions.

Respectfully,

s/s Mr. ElRoy Burkle

Mr. ElRoy Burkle, Executive Director
North Dakota Small Organized Schools (NDSOS)
1419 9th Ave NE
Jamestown, ND
701-230-1973
elroy.burkle@k12.nd.us or eburklendsos@yahoo

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The mission of NDSOS is to provide leadership for the small/rural schools in North Dakota and to support legislation favorable to their philosophy while opposing legislation that is harmful.

Written Testimony to the
Senate Human Services Committee
January 4, 2017

By Robert Lech, Superintendent, Jamestown School District

RE: SB2038

Chairman Lee and members of the Senate Human Services Committee, this written testimony is being provided on behalf of Robert Lech, Superintendent of the Jamestown School District, in support of SB2038.

The North Dakota Council of Educational Leaders (NDCEL) and the North Dakota Association of School Administrators (NDASA) have been diligently working on education-related issues and prioritized behavioral health as one particular area of focus.

In recent sessions, the Human Services and Education Committees have wisely reinforced the need bring greater awareness and support through professional development to these areas. The NDCEL and NDASA would like to continue that focus while providing greater flexibility for schools to meet the unique needs of the community being served.

School currently have limited amounts of time devoted to professional development. Greater flexibility in the requirements would allow a healthy balance between the specific behavioral health needs of the students in that school district as well as continuing to support teachers and administrators on issues related directly to teaching and learning. Based on SB2038 and the NDCEL/NDASA suggested amendment to Section 1, through an annual needs assessment, a school district could target 8 hours per biennium across the Continuum of Care in the areas of: trauma; social and emotional needs of students; suicide prevention; bullying, understanding of the prevalence and impact of youth behavioral health wellness on family structure, education, juvenile services, law enforcement, and health care providers; knowledge of behavioral health symptoms, social stigmas and risks as it relates to depression, anxiety, stress, and substance abuse; awareness of referral sources and evidence-

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based strategies for appropriate interventions; and other evidence-based strategies to reduce risk factors student students.

An additional area of change in the amendment being proposed by NDCEL/NDASA relates to paraprofessionals. These decisions would be best made at the local level where financial impacts, specific needs of the students, intervention systems, training opportunities, etc. should be considered. The language remains that each school district shall encourage ancillary and support staff, which would be inclusive of paraprofessionals, to participate. This change still supports and reinforces the importance of all staff in the behavioral health of students and provides the necessary flexibility for school districts.

Lastly, I believe that passage of SB2038, with these suggested amendments would require repeal or change to 15.1-19-19 and 15.1-19.24 as they relate to professional development and training for bullying prevention and youth suicide prevention respectively. Both would be covered through the language in SB2038.

I am hopeful that you will support SB2038 with the proposed amendment and provide a Do Pass Recommendation.

Professional Development Costs

With 68 districts reporting – we can extrapolate and make some general predictions on costs.

Because it is assumed data based on respondents (68 of 180 districts) the sums are approximate.

Statewide cost to train teachers per day (only calculating based on the cost to pay them to be in an additional day)

- Approximately \$4.5-5.5 million per day

Statewide cost to train paraprofessionals per day

- Approximately \$850,000 per day

Statewide Cost to train classified staff

- Approximately \$950,000 per day

65% of our schools have had to add additional professional development over and above the state paid 2 days

The remaining schools had difficulty affording to pay for the additional professional development so had to correspondingly not hold other needed development.

In comments overwhelmingly the educational leaders are requesting flexibility to be responsive to unique local district needs.

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Testimony on SB 2038

SENATE HUMAN SERVICES COMMITTEE

January 4, 2017

By: Steve Hall, Superintendent, Kindred Public School District

Chairwoman Lee and members of the Senate Human Services Committee, I am Steve Hall, Superintendent of Kindred School District. Our district has 733 students in K-12, 54 regular education teaching staff, 6 special education teachers, and 15 paraprofessionals. I am here to support SB 2038 with the proposed amendments.

As Dr. Copas explained, I have been a part of the Focus Group and sit on the "Student Services" committee. We have been working on legislative issues that have and will affect schools, such as the mental health legislation from last session. Our committee has looked at the required 8 hours of mental health training or professional development every 2 years. It is very clear that mental health is only one of the many behavioral issues in schools.

For Kindred, the eight hours of training has been a challenge. One issue was finding time in the 2 professional development days we have in current teacher contracts. You might ask, "Why not just add another day and pay teacher for it"? In our district, one added contract day for teachers to be trained and paid would cost over \$15,000 in salary and benefits. In addition, current drafts of the bill require training for prekindergarten and paraprofessionals, an additional cost to our district of around \$1500.

In a school district, many needs must be addressed and coordinated during our professional development days. Addressing behavioral health is important, however we align professional development days to goals that have been established through our school improvement process. Over the past two years, eight of our sixteen contracted hours were required to be on mental health; just too much.

I support more flexibility for school districts to determine which behavior health issues are currently presenting a challenge. A district can do a needs assessment and this can be done through our school improvement process. In the Kindred district, we have addressed not only mental health but also eating disorders, trauma and bullying. Another behavioral health issue has risen this year; students who are cutting. I would support giving districts flexibility to use eight hours on behavioral health issues a district finds necessary over a two-year period of time.

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Another challenge our district has run into in meeting the required eight hours for mental health is finding presenters and information that are not duplicate. As stated earlier, professional development is aligned with school improvement goals. Hearing the same message from different presenters is non-productive, and reduces time commitments previously given to school improvement. Our employee assistance provider Village Business Institute has been of great assistance for us in meeting the requirements. Our final training hours will be completed this January.

Since I have been on our Focus Group Student Services Committee it has become very clear that behavioral health issues are in every school at varying levels and varying needs. Students, families and school staff are recognizing that help is needed but lack of resources, and health care services has been standing in the way of getting help that is needed.

In conclusion, I support the amendments presented to SB 2038 by Dr. Copas and feel they offer districts the flexibility to determine what is best for their districts.

SB 2038: Task force on children's behavioral health - Membership

**Need to consider process for nominating members*

EXECUTIVE COMMITTEE	OTHER VOTING MEMBERS	NON-VOTING MEMBERS
a. The superintendent of public instruction, or the superintendent's designee;	<u>Parent/Family member representative</u>	Department of Public Instruction should ensure representation among the following: expertise in safe and healthy schools, expertise in special education
b. The executive director of the department of human services, or the executive director's designee;	i. A representative of the North Dakota medical association/ <u>hospital association (Provider OR Administrator?)</u> ;	
	ee. A pediatrician, appointed by the North Dakota academy of pediatrics.	Department of Health should ensure representation among the following: expertise in maternal child health
c. The state health officer, or the state health officer's designee;	k. A representative of law enforcement, appointed by the attorney general ;	
d. The director of the department of corrections and rehabilitation, or the director's designee;	dd. A representative of a juvenile court, appointed by the chief justice ; and	Department of Human Services should ensure representation among the following: expertise in children's behavioral health, expertise of Medicaid
e. The executive director of the Indian affairs commission, or the executive director's designee;	t. A representative of early childhood services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide early childhood services ;	
f. The director of the committee on protection and advocacy, or the director's designee;	n. A representative of an elementary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators ;	Department of Corrections and Rehabilitation should ensure representation among the following: expertise in juvenile services
g. A member of the senate, appointed by the legislative management;	o. A representative of a secondary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators ;	
h. A member of the house of representatives, appointed by the legislative management;	q. A representative of the foster care community, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide foster care ;	
j. Four enrolled tribal members representing tribes located in the state, appointed by the Indian affairs commission;	r. A county social services director, appointed by the executive director of the department of human services from a list of recommendations submitted by the North Dakota association of counties ;	
	bb. A representative of the university of North Dakota children and family services training center, appointed by the executive director of the department of human services from a list of recommendations submitted by the chair of the university of North Dakota department of social work ;	
	y. A representative of family and consumer services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide family and consumer services ;	
	u. A representative of early intervention behavioral health, appointed by the executive director of	

~~the department of human services from a list of recommendations submitted by organizations that provide early intervention behavioral health services;~~

~~w. A representative of a public behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by nonprofit or charitable organizations that provide behavioral health services;~~

~~x. A representative of a private behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by for-profit organizations that provide behavioral health services;~~

~~z. A representative of a psychiatric residential treatment facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide psychiatric residential treatment;~~

~~aa. A representative of a residential child care facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide residential child care;~~

Proposed Amendment from the field (NDCEL) to SB 2038

SECTION 1. AMENDMENT. Section 15.1-07-34 of the North Dakota Century Code is 10 amended and reenacted as follows:

15.1-07-34. Provision of youth mentalbehavioral health training to teachers, administrators, and ancillary staff.

1. ~~Once every~~Every two years, each school district shall provide a minimum of eight hours of ~~training~~professional 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 ~~training~~professional development.
 - a. Based on the annual needs assessment of the school district, these hours must be designated from the following categories:
 - (1) Trauma;
 - (2) Social and emotional needs of students, including resiliency;
 - (3) Suicide prevention;
 - (4) Bullying;
 - (5) Understanding of the prevalence and impact of youth mentalbehavioral health ~~disorders~~ wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
 - (6) Knowledge of mentalbehavioral health symptoms, social stigmas, and risks, and protective factors as it relates to depression, anxiety, stress, and substance abuse;
 - (7) Awareness of referral sources and evidence-based strategies for appropriate interventions; ~~and/or~~
 - (8) Other evidence-based strategies to reduce risk factors for students.
2. Each school district shall report the ~~outcome of the training~~professional development hours to the department of public instruction.

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3. 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.

~~15.1-19-19. Professional development activities. Each school district shall include, in professional development activities, information regarding the prevention of bullying and shall provide information regarding the prevention of bullying to all volunteers and nonlicensed personnel who have contact with students.~~

~~15.1-19-24. Youth suicide prevention -- Training.~~

~~1. Annually, each school district shall provide to middle school and high school instructional staff, teachers, and administrators, at least two hours of professional development relating to youth suicide risk indicators, appropriate responses, and referral sources.~~

~~2. The superintendent of public instruction shall collaborate with the state department of health to obtain and disseminate to school districts and nonpublic schools, free of charge, information and training materials, including those available through the Jason foundation.~~

Repeal 15.1-19-19 Professional Development Activities

Repeal 15.1-19-24 Youth Suicide Prevention Training

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Sixty-fifth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENT TO SB 2038

Introduced by

Legislative Management

(Human Services Committee)

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

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 15.1-07-34 of the North Dakota Century Code is amended and reenacted as follows:

15.1-07-34. Provision of youth ~~mental~~behavioral health training to teachers, administrators, and ancillary staff.

1. ~~Once every~~Every two years, each school district shall provide a minimum of eight hours of ~~training~~professional development on youth ~~mental~~behavioral 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 ~~training~~professional development.

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a. Based on the annual needs assessment of the school district, ~~at least two~~ these hours must ~~address~~ be designated from the following categories:

- (1) Trauma;
- (2) Social and emotional learning, including resiliency;
- (3) Suicide prevention; and
- (4) Bullying.

~~b. The training remainder of the professional development must include:~~

- a. ~~(1)~~(5) Understanding of the prevalence and impact of youth ~~mental~~ behavioral health disorders wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
- b. ~~(2)~~(6) Knowledge of ~~mental~~ behavioral health symptoms, social stigmas, and risks, ~~and protective factors~~ as it relates to depression, anxiety, stress, and substance abuse; and
- c. ~~(3)~~(7) Awareness of referral sources and evidence-based strategies for appropriate interventions; or
(8) Other evidence-based strategies to reduce risk factors for students.

- 2. Each school district shall report the ~~outcome of the training~~ professional development hours to the department of public instruction.
- 3. 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-~~

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four hours, ~~exclusive of holidays, of custody~~ the 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.
- c. If the report concludes that the respondent is a person requiring treatment, a list of available forms of care and treatment that may serve as alternatives to involuntary hospitalization.
- d. The signature of the examiner who prepared the report.

SECTION 3. AMENDMENT. Section 25-03.1-26 of the North Dakota Century Code is amended and reenacted as follows:

25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice - Court hearing set.

1. A public treatment facility immediately shall accept and a private treatment facility may accept on a provisional basis the application and the individual admitted under section 25-03.1-25. The superintendent or director shall require an immediate examination of the subject and, either within twenty-four hours, exclusive of holidays, after admission or within seventy – two hours after admission, exclusive of holidays, if the individual is admitted with a serious physical condition or illness that requires prompt treatment, shall either release;

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- a. Release the individual if the superintendent or director finds that the subject does not meet the emergency commitment standards; or file
 - b. File a petition if one has not been filed with the court of the individual's residence or the court which directed immediate custody under subsection 2 of section 25-03.1-25, giving notice to the court and stating in detail the circumstances and facts of the case.
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.

SECTION 4. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Task force on children's behavioral health - Membership - Duties - Reports to governor and legislative management.

1. The task force on children's behavioral health is created for the purpose of assessing and guiding efforts within the children's behavioral health system to ensure a full continuum of care is available in the state.
2. The task force consists of the following members:
 - a. The superintendent of public instruction, or the superintendent's designee;
 - b. The executive director of the department of human services, or the executive director's designee;

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- c. The state health officer, or the state health officer's designee;
- d. The director of the department of corrections and rehabilitation, or the director's designee;
- e. The executive director of the Indian affairs commission, or the executive director's designee;
- f. The director of the committee on protection and advocacy, or the director's designee;
- g. A member of the senate, appointed by the legislative management;
- h. A member of the house of representatives, appointed by the legislative management;
- i. A representative of the North Dakota medical association;
- j. Four enrolled tribal members representing tribes located in the state, appointed by the Indian affairs commission;
- k. A representative of law enforcement, appointed by the attorney general;
- l. A representative of the department of public instruction with expertise in safe and healthy schools, appointed by the superintendent of public instruction;
- m. A representative of the department of public instruction with expertise in special education, appointed by the superintendent of public instruction;
- n. A representative of an elementary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators;
- o. A representative of a secondary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators;
- p. A representative of the state department of health with expertise in maternal child health, appointed by the state health officer;

- g. A representative of the foster care community, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide foster care;
- r. A county social services director, appointed by the executive director of the department of human services from a list of recommendations submitted by the North Dakota association of counties;
- s. A representative of the department of human services with expertise in children's behavioral health, appointed by the executive director of the department of human services;
- t. A representative of early childhood services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide early childhood services;
- u. A representative of early intervention behavioral health, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide early intervention behavioral health services;
- v. A representative with expertise of medicaid, appointed by the executive director of the department of human services;
- w. A representative of a public behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by nonprofit or charitable organizations that provide behavioral health services;
- x. A representative of a private behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by for-profit organizations that provide behavioral health services;

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- y. A representative of family and consumer services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide family and consumer services;
 - z. A representative of a psychiatric residential treatment facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide psychiatric residential treatment;
 - aa. A representative of a residential child care facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide residential child care;
 - bb. A representative of the university of North Dakota children and family services training center, appointed by the executive director of the department of human services from a list of recommendations submitted by the chair of the university of North Dakota department of social work;
 - cc. A representative of the department of corrections and rehabilitation with expertise in juvenile services, appointed by the director of the department of corrections and rehabilitation;
 - dd. A representative of a juvenile court, appointed by the chief justice; and
 - ee. A pediatrician, appointed by the North Dakota academy of pediatrics;
3. The executive director of the department of human services, or the executive director' designee, shall serve as the chairman of the task force. The task force shall meet a least quarterly. Additional meetings may be held at the discretion of the chairman.
 4. The task force may request appropriate staff services from the department of huma services.
 5. The members of the task force who are not state employees or members of the legislative assembly are entitled to mileage and expense reimbursement as provided by

~~law for state officers and employees. Unless otherwise provided in this subsection, the expenses of appointed members must be paid by the department of human services. A state employee who is a member of the task force is entitled to receive that employee's regular salary and is entitled to mileage and expenses, to be paid by the employing agency. The members of the task force who are members of the legislative assembly are entitled to compensation from the legislative council for attendance at task force meetings at the rate provided for members of the legislative assembly for attendance at interim committee meetings and are entitled to reimbursement for expenses incurred in attending the meetings in the amounts provided by law for other state officers.~~

6. The task force shall:

- a. ~~Collect and organize data that addresses screening and assessment processes, early intervention services, and transitions and coordination between services for youth~~ 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. ~~Identify available federal, state, and local programs that provide children behavioral health services and evaluate those programs and services to determine if gaps in programs or ineffective policies exist;~~
- ~~c.~~ Make recommendations to ensure the children's behavioral health services are seamless, ~~efficient~~ effective, and not duplicative; ~~and~~
- d. ~~Evaluate methods that support a full continuum of services for youth to ensure health and safety, access to services, and quality of services.~~

- 7. a. ~~The task force shall develop a state children's behavioral health services plan.~~
- 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 the following areas:

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- (1) Education;
- (2) Juvenile justice;
- (3) Child welfare;
- (4) Community; and
- (5) Health; and

~~b. After the development of the initial state children's behavioral health services plan, the task force shall continue to review and periodically update or otherwise amend the state plan so it best serves the needs of children with behavioral health issues.~~

~~c.e. By July first of each even-numbered year, the task force shall provide~~ Provide a report to the governor and the legislative management every six months regarding the status of the ~~children's behavioral health services plan~~ task force's efforts.

SECTION 5. AMENDMENT. Section 50-11.1-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02.3. Early childhood services providers - Training on infant safe sleep practices and behavioral health issues.

The department shall adopt rules to require an early childhood service provider and the provider's staff members who are responsible for the care or teaching of children ~~under:~~

1. Under the age of one to annually complete annually a department approved sudden infant death syndrome prevention training course; and
2. To complete annually a minimum of two hours of department approved training relating to behavioral health issues of children.

SECTION 6. REPORT TO GOVERNOR AND LEGISLATIVE MANAGEMENT. Before July 1, 2018, the task force on children's behavioral health shall:

1. Report its findings and recommendations and any proposed legislation necessary to implement the recommendations to the legislative management; and

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2. Present to the governor and the legislative management the state children's behavioral health services plan developed under subsection 7 of section 4 of this Act.

SECTION 7. REPEAL. Sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code are repealed.

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Sixty-fifth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENT TO SB 2038

Introduced by

Legislative Management

(Human Services Committee)

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

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 15.1-07-34 of the North Dakota Century Code is amended and reenacted as follows:

15.1-07-34. Provision of youth mentalbehavioral health training to teachers, administrators, and ancillary staff.

1. ~~Once every~~Every two years, each school district shall provide a minimum of eight hours of ~~training~~professional development on youth ~~mental~~behavioral 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 ~~training~~professional development.

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a. Based on the annual needs assessment of the school district, ~~at least two~~ these hours must ~~address~~ be designated from the following categories:

- (1) Trauma;
- (2) Social and emotional learning, including resiliency;
- (3) Suicide prevention; and
- (4) Bullying.

~~b. The training remainder of the professional development must include:~~

a. ~~(1)~~(5) Understanding of the prevalence and impact of youth mental behavioral health disorders wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers;

~~b. (2)~~(6) Knowledge of mental behavioral health symptoms, ~~social stigmas, and~~ risks, and protective factors ~~as it relates to depression, anxiety, stress, and substance abuse; and~~

e. ~~(3)~~(7) Awareness of referral sources and evidence-based strategies for appropriate interventions; or

(8) Other evidence-based strategies to reduce risk factors for students.

- 2. Each school district shall report the ~~outcome of the training~~ professional development hours to the department of public instruction.
- 3. 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-~~

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four hours, ~~exclusive of holidays, of custody~~ the 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.
- c. If the report concludes that the respondent is a person requiring treatment, a list of available forms of care and treatment that may serve as alternatives to involuntary hospitalization.
- d. The signature of the examiner who prepared the report.

SECTION 3. AMENDMENT. Section 25-03.1-26 of the North Dakota Century Code is amended and reenacted as follows:

25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice - Court hearing set.

1. A public treatment facility immediately shall accept and a private treatment facility may accept on a provisional basis the application and the individual admitted under section 25-03.1-25. The superintendent or director shall require an immediate examination of the subject and, either within twenty-four hours, exclusive of holidays, after admission or within seventy – two hours after admission, exclusive of holidays, if the individual is admitted with a serious physical condition or illness that requires prompt treatment, shall either release;

- a. Release the individual if the superintendent or director finds that the subject does not meet the emergency commitment standards; or file
 - b. File a petition if one has not been filed with the court of the individual's residence or the court which directed immediate custody under subsection 2 of section 25-03.1-25, giving notice to the court and stating in detail the circumstances and facts of the case.
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.

SECTION 4. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Task force on children's behavioral health - Membership - Duties - Reports to governor and legislative management.

1. The task force on children's behavioral health is created for the purpose of assessing and guiding efforts within the children's behavioral health system to ensure a full continuum of care is available in the state.
2. The task force consists of the following members:
 - a. The superintendent of public instruction, or the superintendent's designee;
 - b. The executive director of the department of human services, or the executive director's designee;

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- c. The state health officer, or the state health officer's designee;
- d. The director of the department of corrections and rehabilitation, or the director's designee;
- e. The executive director of the Indian affairs commission, or the executive director's designee;
- f. The director of the committee on protection and advocacy, or the director's designee;
- g. A member of the senate, appointed by the legislative management;
- h. A member of the house of representatives, appointed by the legislative management;
- i. A representative of the North Dakota medical association;
- j. Four enrolled tribal members representing tribes located in the state, appointed by the Indian affairs commission;
- k. A representative of law enforcement, appointed by the attorney general;
- l. A representative of the department of public instruction with expertise in safe and healthy schools, appointed by the superintendent of public instruction;
- m. A representative of the department of public instruction with expertise in special education, appointed by the superintendent of public instruction;
- n. A representative of an elementary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators;
- o. A representative of a secondary school, appointed by the superintendent of public instruction from a list of recommendations submitted by the North Dakota school boards association, regional education associations, teacher groups, and school administrators;
- p. A representative of the state department of health with expertise in maternal child health, appointed by the state health officer;

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- ~~g. A representative of the foster care community, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide foster care;~~
- ~~f. A county social services director, appointed by the executive director of the department of human services from a list of recommendations submitted by the North Dakota association of counties;~~
- ~~s. A representative of the department of human services with expertise in children's behavioral health, appointed by the executive director of the department of human services;~~
- ~~t. A representative of early childhood services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide early childhood services;~~
- ~~u. A representative of early intervention behavioral health, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide early intervention behavioral health services;~~
- ~~v. A representative with expertise of medicaid, appointed by the executive director of the department of human services;~~
- ~~w. A representative of a public behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by nonprofit or charitable organizations that provide behavioral health services;~~
- ~~x. A representative of a private behavioral health facility, appointed by the executive director of the department of human services from a list of recommendations submitted by for-profit organizations that provide behavioral health services;~~

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- y. A representative of family and consumer services, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide family and consumer services;
 - z. A representative of a psychiatric residential treatment facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide psychiatric residential treatment;
 - aa. A representative of a residential child care facility, appointed by the executive director of the department of human services from a list of recommendations submitted by organizations that provide residential child care;
 - bb. A representative of the university of North Dakota children and family services training center, appointed by the executive director of the department of human services from a list of recommendations submitted by the chair of the university of North Dakota department of social work;
 - cc. A representative of the department of corrections and rehabilitation with expertise in juvenile services, appointed by the director of the department of corrections and rehabilitation;
 - dd. A representative of a juvenile court, appointed by the chief justice; and
 - ee. A pediatrician, appointed by the North Dakota academy of pediatrics;
3. The executive director of the department of human services, or the executive director's designee, shall serve as the chairman of the task force. The task force shall meet a least quarterly. Additional meetings may be held at the discretion of the chairman.
4. The task force may request appropriate staff services from the department of human services. ✓
5. The members of the task force who are not state employees or members of the legislative assembly are entitled to mileage and expense reimbursement as provided by

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~~law for state officers and employees. Unless otherwise provided in this subsection, the expenses of appointed members must be paid by the department of human services. A state employee who is a member of the task force is entitled to receive that employee's regular salary and is entitled to mileage and expenses, to be paid by the employing agency. The members of the task force who are members of the legislative assembly are entitled to compensation from the legislative council for attendance at task force meetings at the rate provided for members of the legislative assembly for attendance at interim committee meetings and are entitled to reimbursement for expenses incurred in attending the meetings in the amounts provided by law for other state officers.~~

6. The task force shall:

a. ~~Collect and organize data that addresses screening and assessment processes, early intervention services, and transitions and coordination between services for youth~~ 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. ~~Identify available federal, state, and local programs that provide children behavioral health services and evaluate those programs and services to determine if gaps in programs or ineffective policies exist;~~

c. ~~Make recommendations to ensure the children's behavioral health services are seamless, efficient~~ effective, and not duplicative; ~~and~~

d. ~~Evaluate methods that support a full continuum of services for youth to ensure health and safety, access to services, and quality of services.~~

7. a. ~~The task force shall develop a state children's behavioral health services plan.~~

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 the following areas:

including ~~but not limited to~~

(1) Education;

(2) Juvenile justice;

(3) Child welfare;

(4) Community; and

(5) Health; and

~~b. After the development of the initial state children's behavioral health services plan, the task force shall continue to review and periodically update or otherwise amend the state plan so it best serves the needs of children with behavioral health issues.~~

~~c.e. By July first of each even-numbered year, the task force shall provide~~ Provide a report to the governor and the legislative management every six months regarding the status of the ~~children's behavioral health services plan~~ task force's efforts.

SECTION 5. AMENDMENT. Section 50-11.1-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02.3. Early childhood services providers - Training on infant safe sleep practices and behavioral health issues.

The department shall adopt rules to require an early childhood service provider and the provider's staff members who are responsible for the care or teaching of children ~~under:~~

1. Under the age of one to ~~annually~~ complete annually a department approved sudden infant death syndrome prevention training course; and

2. To complete annually a minimum of two hours of ^{the required} department approved training ^{must relate} ~~relating~~ to behavioral health issues of children.

SECTION 6. REPORT TO GOVERNOR AND LEGISLATIVE MANAGEMENT. Before July 1, 2018, the task force on children's behavioral health shall:

1. Report its findings and recommendations and any proposed legislation necessary to implement the recommendations to the legislative management; and

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2. Present to the governor and the legislative management the state children's behavioral health services plan developed under subsection 7 of section 4 of this Act.

SECTION 7. REPEAL. Sections 15.1-19-19 and 15.1-19-24 of the North Dakota Century Code are repealed.

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1-31-17

#1

Testimony offering support with Amendment to SB 2038

Relating to training for educators

Dr. Aimee Copas – NDCEL Executive Director

Hello Chair Holmberg and members of the Senate Appropriations Committee. My name is Dr. Aimee Copas – I serve as the Executive Director for the North Dakota Council of Educational Leaders. Our organization is an umbrella organization which represents all our school leaders in North Dakota including the Superintendents (NDASA), County Superintendents (NDACS), Principals (NDASSP & NDAESP), Career and Technical Education Directors (NDCTEA), School Business Officials (NDSBO), Technology Leaders (NDATL), Athletic Directors (NDIAAA), Special Education Directors (NDSPESE), & REA Directors (NDREAL). We literally are your “boots on the ground” group to help our legislators identify what is happening in our schools and how any piece of legislation impacts our schools. We are excited to offer the ND Legislative Focus Group - a nimble and proactive group of leaders who can support and help you through session so the best possible outcome for our students is put into place. After my testimony and offered amendment to SB2038, a couple of our school leaders will address you with school based rationale to the requested adjustment to the bill.

The essence behind the work of the Senate Human Services Committee is work that was well done and we are supportive of this bill. We are here today to specifically discuss the professional development portion of this bill. We’ve learned much over the past biennium regarding what training is effective, and what needs we have that the law was not yet addressing. As you are aware, the things that might be intense needs for Bowman may not be the same needs as in Fargo. What works for Minot may not work for Strasburg. Ensuring that district leaders can be responsive to the needs in their local district is a core belief that has existed in North Dakota for decades.

Our Legislative Focus Group has a subcommittee on student services. This subcommittee has studied this bill and has some recommendations that will make this bill even more effective and in essence streamline, eliminate silos and make more understandable several areas of century code. We’ve discussed these modifications with many legislators and have received positive

feedback. These improvements reside in this version of the bill and we seek your support in continuing the process to move them into law.

Please take a look at the section of the bill I'm referring to. You'll notice that we've requested the removal of prekindergarten teachers and paraprofessionals. The trainings of these individuals should be done at the discretion of the local district. (The mandate of all these professionals for all training in this area is not considered the appropriate approach and is a large unfunded mandate.) Why are we asking for this adjustment? It is for effectiveness and efficiency. When a cost analysis was completed in our state, we uncovered the following information:

- Because of mandated training, over 75% of our districts are having to do more than the 2 funded days of professional development each year. These days are not funded in the formula and are a tremendous local cost burden. The mandated time by law in various areas encapsulates nearly all the time leaving important academic related PD left to be unfunded.
- Many areas of critical need are not addressed in a timely manner due to struggles with cost.
- Currently 65% of our schools have had to add additional professional development over and above the state pad 2 days – 100% of the districts reported their 2 paid days are currently full. Those who have been unable to schedule more cite that difficulty

Professional development cost

With 68 Districts reporting – we can extrapolate and make some general prediction on cost.

Sums are approximate:

Statewide Cost to train teachers per day (only calculating based on the cost to pay them to be trained an additional day):

- Approximately \$4.5-5.5 million dollars per day

Statewide cost to train paraprofessionals per day

- Approximately \$850,000 per day

Statewide Cost to train classified staff

- Approximately \$950,000 per day

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Because of the better practice, efficiency, and effectiveness of the language in this bill and how that translates into these same results for schools, we are asking for a DO PASS of SB 2038 to assist our schools.



SB 2038
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#2

HB1382 – Education Savings Accounts
Testimony in Opposition
North Dakota Council of Educational Leaders – Dr. Aimee Copas
January 31, 2017

Fiscal implications of Education Savings Account
Scenarios are approximate

Students in North Dakota – approximately 110,000

- Representative Becker indicated an average of a 2% switch rate. (Students that will leave public school and go to private school or home school)
- # of students @ 2% switch rate = 2200

- 2200 Switch Students @ \$5600 each = \$12,320,000
7500 Private School @ \$5600 each = \$42,000,000
5000 Home School (tracked) @ \$5600 each = \$28,000,000

- The cost to the state could be as much as \$82,320,000 per year. When you subtract the per pupil payment savings (\$21,221,200) the net cost would be as much as \$61,098,800.
 - **82,320,000 (voucher cost) – 21,221,200 (per pupil savings) = 61,098,800 (net state cost)**

- Let's say only 50% of private and home school students took advantage of this, the cost could still be as much as \$26,098,800
 - **12,320,000+21,000,000+14,000,000 (voucher cost) – 21,221,200 (per pupil savings) = 26,098,800 (Net State cost)**

Impact to some public school districts. None of these districts would be able to reduce staff or overhead cost with the loss of 2% of the students due to the rate of switch. Solely on the basis of \$9646 (not including weighted student units).

School	2% Switch Rate	Loss to school budget
West Fargo	10,000 Students @ 2% = 200	- \$1,929,200
Bismarck	12,800 Students @ 2% = 256	- \$2,469,120
Jamestown	2,175 Students @ 2% = 44	- \$424,424
Mandan	3,588 Students @ 2% = 71	- \$684,866
Ellendale	320. Students @ 2% = 6	- \$61,734

Written Testimony to the
Senate Appropriations Committee
January 31, 2017

SB 2038
1-31-17
#3

By Luke Schaefer, Mid-Dakota Education Cooperative

RE: SB2038

Chairman Homberg and members of the Senate Human Services Committee, my name is Luke Schaefer with Mid-Dakota Education Cooperative Regional Education Association and I am testifying in support of SB2038.

I would like to address two points found in this bill; 1. Expanding the behavioral health topics 2. Simplifying tracking and reporting

North Dakota schools have been working diligently to meet the needs of their students as they continually grow and change. SB2038 provides language to allow schools to train staff appropriately in both the Promotion and Prevention stages of the Continuum of Care. We saw the effects mental health training had when schools began engaging in Trauma Sensitive Schools (TSS), a North Dakota developed curriculum and training created in collaboration with NDDPI, Heather Simonich with the support of PATH, and MDEC. In one short year, there are now 120 TSS trainers around the state and more than 50 districts who have begun training on awareness and responding to students suffering from trauma. Educators have reported that trainings like this "*...will have a profound impact on (their) teaching*". This is just the first step of awareness for educators and this bill will allow schools to dive deeper into the behavioral health needs in their building.

Empowering schools to base their professional development on specific needs in their area will provide a more robust and effective training for staff. Schools in my area have recognized that expanding the professional development to include trauma, social and emotional learning, suicide prevention, bullying, and other

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evidence-based strategies to reduce risk factors for students will bolster the ability to hone in on the issues most prevalent in their learning environment.

Finally, the language change in the bill will provide schools the ability to track all of their training related to behavioral health more easily. The multiple related professional development requirements within behavioral health make for a cumbersome tracking method to be developed for each district. This bill would streamline the tracking and reporting.

Thank you for considering and I strongly hope that you will support SB 2038.

Att. / SB 2038
3-6-17

TESTIMONY

SB 2038

House Human Service Committee

March 6, 2017

Representative Kathy Hogan

Chairman Weisz and Members of the House Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. This is the first of the Senate bills from the interim committee related to behavioral health.

SB 2038 is a bill that includes a range of policy recommendations relating to policy changes that do not require significant additional funding. Let me briefly review each of the major sections of this bill.

Section 1 is a modification from the action of the 2015 statute regarding training of public school personnel on behavioral health. This section was proposed by the school superintendents to broaden the definitions of behavioral health.

Section 2 and 3 are slight modifications in the ND commitment law procedures. This was a recommendation of both health care professionals and the state attorney's association. It pertains to the time lines for emergency mental health situations when there are additional health issues.

Section 4 establishes a task force on children's behavioral health. Throughout the interim, testimony on children/adolescent mental health and substance abuse issues talked about the fragmented systems of education, child welfare, juvenile services, and the department of human services. This section would establish a formal mechanism to address these issues. The Senate modified the membership on this task force significantly which was an improvement.

Section 5 would require behavioral health training for early childhood service providers within their existing training requirement. Currently early childhood providers are required to have 13 hours annual training but none of it has been targeted at behavioral issues for young children. This training would be

coordinated through the existing child care awareness program and would allow for both early identification and simple interventions to help in addressing emerging behavioral health issues for pre-school children. The fiscal note on this bill was added by the Senate to cover these costs.

Thank you for considering this bill. If you have any questions I am more than willing to answer them.

Testimony offering support with Amendment to SB 2038

Relating to training for educators

Dr. Aimee Copas – NDCEL Executive Director

Hello members of the House Human Services committee. My name is Dr. Aimee Copas – I serve as the Executive Director for the North Dakota Council of Educational Leaders. Our organization is an umbrella organization which represents all our school leaders in North Dakota including the Superintendents (NDASA), County Superintendents (NDACS) Principals (NDASSP & NDAESP), Career and Technical Education Directors (NDCTEA), School Business Officials (NDSBO), Technology Leaders (NDATL), Athletic Directors (NDIAAA), Special Education Directors (NDSPESEC), & REA Directors (NDREAL). We literally are your “boots on the ground” group to help our legislators identify what is happening in our schools and how any piece of legislation impacts our schools. We are excited to offer the ND Legislative Focus Group - a nimble and proactive group of leaders who can support and help you through session so the best possible outcome for our students is put into place.

The essence behind the work of the Senate Human Services Committee is work that was well done and we are supportive of this bill. We are here today to specifically discuss the professional development portion of this bill. We’ve learned much over the past biennium regarding what training is effective, and what needs we have that the law was not yet addressing. As you are aware, the things that might be intense needs for Bowman may not be the same needs as in Fargo. What works for Minot may not work for Strasburg. Ensuring that district leaders can be responsive to the needs in their local district is a core belief that has existed in North Dakota for decades.

Our Legislative Focus Group has a subcommittee on student services. This subcommittee has studied this bill and has some recommendations that will make this bill even more effective and in essence streamline, eliminate silos and make more understandable several areas of century code. We’ve discussed these modifications with many legislators and have received positive feedback. These improvements reside in this version of the bill and we seek your support in continuing the process to move them into law.

We worked with the Senate Human Services committee to ensure adjustments that would best serve the students of our state and their needs specific to the districts they reside in. Why are we asking for this adjustment? It is for effectiveness and efficiency. When a cost analysis was completed in our state, we uncovered the following information:

- Because of mandated training, over 75% of our districts are having to do more than the 2 funded days of professional development each year. These days are not funded in the formula and are a tremendous local cost burden. The mandated time by law in various areas encapsulates nearly all the time leaving important academic related PD left to be unfunded.
- Many areas of critical need are not addressed in a timely manner due to struggles with cost.
- Currently 65% of our schools have had to add additional professional development over and above the state paid 2 days – 100% of the districts reported their 2 paid days are currently full. Those who have been unable to schedule more cite that difficulty

Professional development cost

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- Approximately \$4.5-5.5 million dollars per day

Statewide cost to train paraprofessionals per day

- Approximately \$850,000 per day

Statewide Cost to train classified staff

- Approximately \$950,000 per day

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This bill provides each district the opportunity to address the professional development needs on their district based on the needs of their local students. Because of the better practice, efficiency, and effectiveness of the language in this bill and how that translates into these same results for schools, we are asking for a DO PASS of SB 2038 to assist our schools.