

Introduced by

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

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

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

11 **15.1-07-34. Provision of youth ~~mental~~behavioral health training to teachers,**
12 **administrators, and ancillary staff.**

13 1. ~~Once every~~Every two years, each school district shall provide a minimum of eight
14 hours of ~~training~~professional development on youth ~~mental~~behavioral health to
15 ~~prekindergarten, elementary, middle, and high school teachers, paraprofessionals, and~~
16 administrators. Each school district shall encourage ancillary and support staff to
17 participate in the ~~training~~professional development.

18 a. Based on the annual needs assessment of the school district, at least two hours
19 must address the following:

20 (1) Trauma;

21 (2) Social and emotional learning, including resiliency;

22 (3) Suicide prevention; and

23 (4) Bullying.

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

- 1 a. (1) Understanding of the prevalence and impact of youth ~~mental~~behavioral
2 health disorderswellness on family structure, education, juvenile services,
3 law enforcement, and health care and treatment providers;
- 4 b. (2) Knowledge of ~~mental~~behavioral health symptoms, social stigmas, and risks,
5 ~~and protective factors~~ as it relates to depression, anxiety, stress, and
6 substance abuse; and
- 7 e. (3) Awareness of referral sources and evidence-based strategies for
8 appropriate interventions.
- 9 2. Each school district shall report the ~~outcome of the training~~professional development
10 hours to the department of public instruction.
- 11 3. The superintendent of public instruction shall collaborate with regional education
12 associations to disseminate information, training materials, and notice of training
13 opportunities to school districts and nonpublic schools.

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

- 16 1. The respondent must be examined within a reasonable time by an expert examiner as
17 ordered by the court. If the respondent is taken into custody under the emergency
18 treatment provisions of this chapter, the examination must be conducted within
19 ~~twenty-four hours, exclusive of holidays, of custody~~the time limitations set forth in
20 section 25-03.1-26. Any expert examiner conducting an examination under this section
21 may consult with or request participation in the examination by any qualified mental
22 health professional and may include with the written examination report any findings or
23 observations by that mental health professional. This examination report, and that of
24 the independent examiner, if one has been requested, must be filed with the court.
25 The report must contain:
 - 26 a. Evaluations of the respondent's physical condition and mental status.
 - 27 b. A conclusion as to whether the respondent is a person requiring treatment, with a
28 clear explanation of how that conclusion was derived from the evaluation.
 - 29 c. If the report concludes that the respondent is a person requiring treatment, a list
30 of available forms of care and treatment that may serve as alternatives to
31 involuntary hospitalization.

1 d. The signature of the examiner who prepared the report.

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

4 **25-03.1-26. Emergency procedure - Acceptance of petition and individual - Notice -**
5 **Court hearing set.**

6 1. A public treatment facility immediately shall accept and a private treatment facility may
7 accept on a provisional basis the application and the individual admitted under section
8 25-03.1-25. The superintendent or director shall require an immediate examination of
9 the subject and, either within twenty-four hours, exclusive of holidays, after admission
10 or within seventy-two hours after admission, exclusive of holidays, if the individual is
11 admitted with a serious physical condition or illness that requires prompt treatment,
12 shall either release:

13 a. Release the individual if the superintendent or director finds that the subject does
14 not meet the emergency commitment standards; or file

15 b. File a petition if one has not been filed with the court of the individual's residence
16 or the court which directed immediate custody under subsection 2 of section
17 25-03.1-25, giving notice to the court and stating in detail the circumstances and
18 facts of the case.

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

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

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

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

- 1 p. A representative of the state department of health with expertise in maternal child
2 health, appointed by the state health officer;
- 3 q. A representative of the foster care community, appointed by the executive
4 director of the department of human services;
- 5 r. A county social services director, appointed by the executive director of the
6 department of human services;
- 7 s. A representative of the department of human services with expertise in children's
8 behavioral health, appointed by the executive director of the department of
9 human services;
- 10 t. A representative of early childhood services, appointed by the executive director
11 of the department of human services;
- 12 u. A representative of early intervention behavioral health, appointed by the
13 executive director of the department of human services;
- 14 v. A representative with expertise of medicaid, appointed by the executive director
15 of the department of human services;
- 16 w. A representative of a public behavioral health facility, appointed by the executive
17 director of the department of human services;
- 18 x. A representative of a private behavioral health facility, appointed by the executive
19 director of the department of human services;
- 20 y. A representative of family and consumer services, appointed by the executive
21 director of the department of human services;
- 22 z. A representative of a psychiatric residential treatment facility, appointed by the
23 executive director of the department of human services;
- 24 aa. A representative of a residential child care facility, appointed by the executive
25 director of the department of human services;
- 26 bb. A representative of the university of North Dakota children and family services
27 training center, appointed by the executive director of the department of human
28 services;
- 29 cc. A representative of the department of corrections and rehabilitation with expertise
30 in juvenile services, appointed by the director of the department of corrections
31 and rehabilitation;

- 1 dd. A representative of a juvenile court, appointed by the chief justice; and
2 ee. A pediatrician, appointed by the North Dakota academy of pediatrics.
3 3. The executive director of the department of human services, or the executive director's
4 designee, shall serve as the chairman of the task force. The task force shall meet at
5 least quarterly. Additional meetings may be held at the discretion of the chairman.
6 4. The task force may request appropriate staff services from the department of human
7 services.
8 5. The members of the task force who are not state employees or members of the
9 legislative assembly are entitled to mileage and expense reimbursement as provided
10 by law for state officers and employees. Unless otherwise provided in this subsection,
11 the expenses of appointed members must be paid by the department of human
12 services. A state employee who is a member of the task force is entitled to receive that
13 employee's regular salary and is entitled to mileage and expenses, to be paid by the
14 employing agency. The members of the task force who are members of the legislative
15 assembly are entitled to compensation from the legislative council for attendance at
16 task force meetings at the rate provided for members of the legislative assembly for
17 attendance at interim committee meetings and are entitled to reimbursement for
18 expenses incurred in attending the meetings in the amounts provided by law for other
19 state officers.
20 6. The task force shall:
21 a. Collect and organize data that addresses screening and assessment processes,
22 early intervention services, and transitions and coordination between services for
23 youth;
24 b. Identify available federal, state, and local programs that provide children
25 behavioral health services and evaluate those programs and services to
26 determine if gaps in programs or ineffective policies exist;
27 c. Make recommendations to ensure the children's behavioral health services are
28 seamless, efficient, and not duplicative; and
29 d. Evaluate methods that support a full continuum of services for youth to ensure
30 health and safety, access to services, and quality of services.
31 7. a. The task force shall develop a state children's behavioral health services plan.

- 1 b. After the development of the initial state children's behavioral health services
2 plan, the task force shall continue to review and periodically update or otherwise
3 amend the state plan so it best serves the needs of children with behavioral
4 health issues.
- 5 c. By July first of each even-numbered year, the task force shall provide a report to
6 the governor and the legislative management regarding the status of the
7 children's behavioral health services plan.

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

10 **50-11.1-02.3. Early childhood services providers - Training on infant safe sleep**
11 **practices and behavioral health issues.**

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

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

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

- 20 1. Report its findings and recommendations and any proposed legislation necessary to
21 implement the recommendations to the legislative management; and
- 22 2. Present to the governor and the legislative management the state children's
23 behavioral health services plan developed under subsection 7 of section 4 of this Act.