Sixty-fifth Legislative Assembly of North Dakota

## SENATE BILL NO. 2038

Introduced by

Legislative Management

(Human Services Committee)

- 1 A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota
- 2 Century Code, relating to the establishment of a task force on children's behavioral health; to
- 3 amend and reenact section 15.1-07-34, subsection 1 of section 25-03.1-11, and sections

4 25-03.1-26 and 50-11.1-02.3 of the North Dakota Century Code, relating to behavioral health

- 5 training for educators and early childhood service providers and to emergency hold limitations
- 6 for mental health examinations; and to provide for a report to the governor and the legislative
- 7 management.

## 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 mentalbehavioral health training to teachers,

## 12 administrators, and ancillary staff.

- Once everyEvery two years, each school district shall provide a minimum of eight
  hours of trainingprofessional development on youth mentalbehavioral health to
- prekindergarten, elementary, middle, and high school teachers, paraprofessionals, and
  administrators. Each school district shall encourage ancillary and support staff to
  participate in the trainingprofessional development.
- 18 a. Based on the annual needs assessment of the school district, at least two hours
  19 must address the following:
- 20 (1) Trauma;
  - (2) Social and emotional learning, including resiliency;
  - (3) Suicide prevention; and
- 23 <u>(4)</u> <u>Bullying.</u>

21

22

24 <u>b.</u> The training remainder of the professional development must include:

1		<del>a.</del>	<u>(1)</u>	Understanding of the prevalence and impact of youth mentalbehavioral	
2				health disorderswellness on family structure, education, juvenile services,	
3				law enforcement, and health care and treatment providers;	
4		<del>b.</del>	<u>(2)</u>	Knowledge of mentalbehavioral health symptoms, social stigmas, and risks,-	
5				and protective factors as it relates to depression, anxiety, stress, and	
6				substance abuse; and	
7		<del>C.</del>	<u>(3)</u>	Awareness of referral sources and evidence-based strategies for	
8				appropriate interventions.	
9	2.	Ead	ch sch	ool district shall report the outcome of the trainingprofessional development	
10		<u>hou</u>	<u>urs</u> to t	the department of public instruction.	
11	3.	The	e supe	rintendent of public instruction shall collaborate with regional education	
12		ass	ociatio	ons to disseminate information, training materials, and notice of training	
13		opportunities to school districts and nonpublic schools.			
14	4 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		ord	ered b	by the court. If the respondent is taken into custody under the emergency	
18		trea	atment	t provisions of this chapter, the examination must be conducted within	
19		twe	enty-fo	ur hours, exclusive of holidays, of custodythe 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	e repo	rt must contain:	
26		a.	Eva	luations of the respondent's physical condition and mental status.	
27		b.	A co	onclusion as to whether the respondent is a person requiring treatment, with a	
28			clea	r explanation of how that conclusion was derived from the evaluation.	
29		C.	If the	e report concludes that the respondent is a person requiring treatment, a list	
30			of av	vailable forms of care and treatment that may serve as alternatives to	
31			invo	luntary 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	25-03.1-2	26. Emergency procedure - Acceptance of petition and individual - Notice -			
5	Court hearin	ng set.			
6	1. Ap	A public treatment facility immediately shall accept and a private treatment facility may			
7	acc	ept on a provisional basis the application and the individual admitted under section			
8	25-	25-03.1-25. The superintendent or director shall require an immediate examination of			
9	the	the subject and, either within twenty-four hours, exclusive of holidays, after admission			
10	<u>or v</u>	or within seventy-two hours after admission, exclusive of holidays, if the individual is			
11	<u>adr</u>	admitted with a serious physical condition or illness that requires prompt treatment,			
12	sha	shall either release:			
13	<u>a.</u>	Release the individual if the superintendent or director finds that the subject does			
14		not meet the emergency commitment standards; or file			
15	<u>b.</u>	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. Upo	on receipt of the petition and notice of the emergency detention, the magistrate			
20	sha	Il set a date for a preliminary hearing, if the respondent is alleged to be a person			
21	who	o is mentally ill or a person who is both mentally ill and chemically dependent, or a			
22	trea	atment hearing, if the respondent is alleged to be a person who is chemically			
23	dep	pendent, to be held no later than four days, exclusive of weekends and holidays,			
24	afte	er detention unless the person has been released as a person not requiring			
25	trea	atment, has been voluntarily admitted for treatment, has requested or agreed to a			
26	con	tinuance, or unless the hearing has been extended by the magistrate for good			
27	cau	se shown. The magistrate shall appoint counsel if one has not been retained by			
28	the	respondent.			
29	SECTIO	N 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	<u>1.</u>	<u>The</u>	e task force on children's behavioral health is created for the purpose of assessing		
4		and	and guiding efforts within the children's behavioral health system to ensure a full		
5		continuum of care is available in the state.			
6	<u>2.</u>	The task force consists of the following members:			
7		<u>a.</u>	The superintendent of public instruction, or the superintendent's designee;		
8		<u>b.</u>	The executive director of the department of human services, or the executive		
9			director's designee;		
10		<u>C.</u>	The state health officer, or the state health officer's designee;		
11		<u>d.</u>	The director of the department of corrections and rehabilitation, or the director's		
12			designee;		
13		<u>e.</u>	The executive director of the Indian affairs commission, or the executive		
14			director's designee;		
15		<u>f.</u>	The director of the committee on protection and advocacy, or the director's		
16			designee;		
17		<u>g.</u>	A member of the senate, appointed by the legislative management;		
18		<u>h.</u>	A member of the house of representatives, appointed by the legislative		
19			management;		
20		<u>i.</u>	A representative of the North Dakota medical association;		
21		<u>j.</u>	Four enrolled tribal members representing tribes located in the state, appointed		
22			by the Indian affairs commission;		
23		<u>k.</u>	A representative of law enforcement, appointed by the attorney general;		
24		<u>l.</u>	A representative of the department of public instruction with expertise in safe and		
25			healthy schools, appointed by the superintendent of public instruction;		
26		<u>m.</u>	A representative of the department of public instruction with expertise in special		
27			education, appointed by the superintendent of public instruction;		
28		<u>n.</u>	A representative of an elementary school, appointed by the superintendent of		
29			public instruction from a list of recommendations submitted by the North Dakota		
30			school boards association, regional education associations, teacher groups, and		
31			school administrators;		

1	<u>0.</u>	A representative of a secondary school, appointed by the superintendent of
2		public instruction from a list of recommendations submitted by the North Dakota
3		school boards association, regional education associations, teacher groups, and
4		school administrators;
5	<u>p.</u>	A representative of the state department of health with expertise in maternal child
6		health, appointed by the state health officer;
7	<u>q.</u>	A representative of the foster care community, appointed by the executive
8		director of the department of human services from a list of recommendations
9		submitted by organizations that provide foster care;
10	<u>r.</u>	A county social services director, appointed by the executive director of the
11		department of human services from a list of recommendations submitted by the
12		North Dakota association of counties;
13	<u>S.</u>	A representative of the department of human services with expertise in children's
14		behavioral health, appointed by the executive director of the department of
15		human services;
16	<u>t.</u>	A representative of early childhood services, appointed by the executive director
17		of the department of human services from a list of recommendations submitted
18		by organizations that provide early childhood services;
19	<u>u.</u>	A representative of early intervention behavioral health, appointed by the
20		executive director of the department of human services from a list of
21		recommendations submitted by organizations that provide early intervention
22		behavioral health services;
23	<u>V.</u>	A representative with expertise of medicaid, appointed by the executive director
24		of the department of human services;
25	<u>W.</u>	A representative of a public behavioral health facility, appointed by the executive
26		director of the department of human services from a list of recommendations
27		submitted by nonprofit or charitable organizations that provide behavioral health
28		services;
29	<u>X.</u>	A representative of a private behavioral health facility, appointed by the executive
30		director of the department of human services from a list of recommendations
31		submitted by for-profit organizations that provide behavioral health services;

	<u>у.</u>	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>Z.</u>	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:
	<u>aa.</u>	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;
	<u>bb.</u>	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;
	<u>CC.</u>	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;
	<u>dd.</u>	A representative of a juvenile court, appointed by the chief justice; and
	<u>ee.</u>	A pediatrician, appointed by the North Dakota academy of pediatrics.
<u>3.</u>	<u>The</u>	e executive director of the department of human services, or the executive director's
	des	signee, shall serve as the chairman of the task force. The task force shall meet at
	leas	st quarterly. Additional meetings may be held at the discretion of the chairman.
<u>4.</u>	<u>The</u>	e task force may request appropriate staff services from the department of human
	ser	vices.
<u>5.</u>	<u>The</u>	e members of the task force who are not state employees or members of the
	legi	islative assembly are entitled to mileage and expense reimbursement as provided
	<u>by</u> l	law for state officers and employees. Unless otherwise provided in this subsection,
	<u>the</u>	expenses of appointed members must be paid by the department of human
	ser	vices. A state employee who is a member of the task force is entitled to receive that
	em	ployee's regular salary and is entitled to mileage and expenses, to be paid by the
	<u>em</u>	ploying agency. The members of the task force who are members of the legislative
	<u>4.</u>	z. aa. bb. bb. cc. dd. ee. 3. The des leas 4. The ser 5. The legi by the ser em

1 assembly are entitled to compensation from the legislative council for attendance at 2 task force meetings at the rate provided for members of the legislative assembly for 3 attendance at interim committee meetings and are entitled to reimbursement for 4 expenses incurred in attending the meetings in the amounts provided by law for other 5 state officers. 6 6. The task force shall: 7 Collect and organize data that addresses screening and assessment processes, a. 8 early intervention services, and transitions and coordination between services for 9 youth; 10 b. Identify available federal, state, and local programs that provide children 11 behavioral health services and evaluate those programs and services to 12 determine if gaps in programs or ineffective policies exist; 13 Make recommendations to ensure the children's behavioral health services are <u>C.</u> 14 seamless, efficient, and not duplicative; and 15 <u>d</u>. Evaluate methods that support a full continuum of services for youth to ensure. 16 health and safety, access to services, and quality of services. 17 <u>7.</u> The task force shall develop a state children's behavioral health services plan. <u>a.</u> 18 <u>b.</u> After the development of the initial state children's behavioral health services 19 plan, the task force shall continue to review and periodically update or otherwise 20 amend the state plan so it best serves the needs of children with behavioral 21 health issues. 22 By July first of each even-numbered year, the task force shall provide a report to C. 23 the governor and the legislative management regarding the status of the 24 children's behavioral health services plan. 25 SECTION 5. AMENDMENT. Section 50-11.1-02.3 of the North Dakota Century Code is 26 amended and reenacted as follows: 27 50-11.1-02.3. Early childhood services providers - Training on infant safe sleep 28 practices and behavioral health issues. 29 The department shall adopt rules to require an early childhood service provider and the 30 provider's staff members who are responsible for the care or teaching of children under:

4

- 11.Under the age of one to annually complete annually a department approved sudden2infant death syndrome prevention training course; and32.To complete annually a minimum of two hours of department approved training relating.
  - to behavioral health issues of children.

## 5 SECTION 6. REPORT TO GOVERNOR AND LEGISLATIVE MANAGEMENT. Before

- 6 July 1, 2018, the task force on children's behavioral health shall:
- Report its findings and recommendations and any proposed legislation necessary to implement the recommendations to the legislative management; and
   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.