

Tuesday, May 21, 2024
4:00 p.m. to 5:00 p.m., Central Time
Microsoft Teams Virtual Call

Call to Order: 4:06 p.m. – Representative Michelle Strinden, Chair
Strinden gave a special thank you to Senator Hogan and Kim Jacobson, vice-chair, for managing the previous cabinet meetings in her absence.

Roll Call 8 - Present, 5– Absent, 1 – Alternate. Quorum met.

Members in Attendance:

Representative Michelle Strinden
Kim Jacobson
Maria Neset
Justice Lisa McEvers
Veronica Zietz

Russell Riehl
Janell Regimbal
Daniell Breland
Alt – Cory Pedersen

Members Absent:

Representative Brandy Pyle
Senator Kathy Hogan
Senator Michelle Axtman

Shawn Huss
Superintendent Kirsten Baesler

Other Attendees:

Kelli Ulberg
Kayla Stastny
Tim Gienger
Cathy Ferderer

Pam Sagness
Kim Weiss
Melissa Markegard

Staff:

Jim Collins Jr.

Approval of Agenda

Motion: Russ Riehl moved to approve the agenda as written.
Second: Maria Neset
Motion approved.

Approval of Minutes

Motion: Russ Riehl moved to approve the minutes as written.

Second: Kim Jacobson

Motion approved.

Presentations

Juvenile Justice – Reform, Strengths, Challenges: Karen Kringlie, Former Director of Juvenile Court

Strinden welcomed Karen Kringlie to the North Dakota Children's Cabinet. She thanked Kringlie for her years of service in the juvenile justice system and the cabinet wished her well on her upcoming retirement.

Kringlie provided cabinet members with a background of the juvenile system and highlighted successes and needs. In North Dakota, juvenile court is closed to the public, preventing the general public from knowing its day-to-day activities. The cases the public sees are the most serious cases that are transferred to adult court and appear in the media. Kringlie says these cases are the exception, not the rule. Typically, the cases addressed every day are normal, everyday kids being kids.

She noted a great thing currently under law, is all kids are entitled to the diversion process or the informal adjustment process and referral to services. This allows the system to remedy cases without them entering the public view. One tool used is a validated risk and needs assessment. It's a science-based tool verified by multiple studies and assessments and is shown to differentiate between the most high-risk kids, ones needing intervention, and low risk kids, ones that have just had a bad day.

Additionally, all kids arrested and considered for secure detention receive an objective detention screening tool that's filed with the court, said Kringlie. This can indicate the possible need for intellectual or developmental disabilities. The assessments are done quickly so the child doesn't stay in detention any longer than needed. All youth in North Dakota receive this predisposition assessment and report, unless it's waived by the court, resulting in all kids receiving a mental health screen, human trafficking screen, trauma screen, and a needs assessment.

A list of wishes includes:

- A comprehensive state prevention plan that moves more and more services outside of the government entities so families can access services without talking to a government office.
- A mobile crisis plan in every county in the state. This would ensure there are people who can respond in-person, quickly when there is a mental health or family crisis.

- More home-based family services. These are services that can come into the home, so children are not sent outside their home community and home school district. This is especially important in rural communities.
- More peer-to-peer support, so parents with lived experiences could reach out to parents like them and get advice in real time.
- Need for restorative services.
 - The North Dakota State Hospital has reported to the courts that DHHS does not have outpatient or inpatient competency restoration treatment available for juveniles.
 - If a youth commits an offense and is found not competent to be held criminally responsible because they're suffering from a severe mental illness or they're developmentally disabled, there are no delinquency services available to them.
 - These would include substance abuse cases. Thirty days of treatment is too quick, and they go back into the same community situation they left. Juvenile system staff report it would be great if juveniles could attend outpatient services and still be able to access a campus-like living arrangement.

Finally, Kringlie said her personal opinion is there should be a no eject, no reject law. In Fargo, a large city with many hospitals and places to go, there are still emergency rooms or psychiatric facilities that have rejected kids, saying they're too acute for an acute care hospital. Other states like Kansas and Maine have considered or implemented policies like this.

Senator Hogan asked if Kringlie could provide examples for the cabinet and if early intervention programs were a worthy venture. Kringlie noted she believes ways to deliver those services should be considered because there are some very complicated kids in need.

Senator Hogan stated the situation presents an interesting challenge and inquired who would take the leadership to deliver the services. Veronica Zietz commented she liked the no eject, no reject law and would like some examples. Kringlie said she would provide document links that could be sent to all members.

Justice Lisa McEvers offered her public thanks and congratulations on Kringlie's service and impending retirement, noting Kringlie's input has been invaluable through the years, and she's going to be missed.

Toolkit for Behavioral Health – Lessons Learned: Russell Riehl, Principal, Simle Middle School

Riehl highlighted the challenges and accomplishments of the behavioral health services offered at Simle Middle School.

Services were first offered in the fall of 2019, which was extremely timely with the pandemic and the challenges it presented. He noted this provided the opportunity to develop a toolkit/playbook. The middle school partnered with the Department of Human Services - Behavioral Health Division to provide its staff with an opportunity to share its story. This included lessons learned and what might work in the state's small communities as well as in our large communities.

Reihl noted a key to the program's success is leadership from superintendents, principals and teachers. A main focus was talking about interventions, not consequences. It was as simple as a student struggling in math was provided interventions, reteach, and pitched where they can hit it. He said the same thing has to happen with behaviors. Kids may not have all of those favorable opportunities at home or in their current environment and living situation and maybe those opportunities could be provided.

In 2015-16, 905 referrals were reduced to 240. Those numbers have been maintained as enrollment has grown and student behaviors and needs have become more severe. Additionally, of the 240, two students accounted for 60 referrals. Two students were exhausting staff and services, so more needed to be done in the form of interventions. A grant was written to begin the process of integrated behavioral health services in contrast to co-located services.

Maria Neset commented the context to that data point is really critical because it's typically, not all the time, a small number of students causing 95% of the disruptions. She also inquired if everyone is consistently collecting that type of data.

Riehl noted the students receiving a major discipline referral in 2016-17 (3%), 2017-18 (4%), then COVID-19 skewed the data. Currently the percentage is between 8-9%. Some schools are getting better at collecting that data.

Shawn Huss agreed with the comments and supported the data and need for it. He stressed there should be more of a continuum between self-containment and facility placement.

Riehl emphasized the school tweaks its plan continuously and addresses the curve balls.

Highlights:

Partnering with Sanford.

- To receive a grant from BHD to help with billing and be sustainable.

- Needed behavioral health expertise in the school district and schools did not want to get in the behavioral health business due to liability and workforce issues.
- Needed to develop a gating system to address a students' needs yet be compensated.
 - Teacher nomination.
 - Develop a nomination form to examine internalizing behaviors and externalizing behaviors.
 - Teachers would bring that form to their teams.
 - The team, including a counselor and maybe an administrator, would discuss the issues.
 - Could recommend a screening process without needing a behavior plan.
 - Student could be referred to a clinician that involves the parents and meets with teachers weekly to develop better ways to help the student(s).

Riehl emphasized this was long term and could ensure the right students were referred for sustainability and billing purposes.

Challenges:

- Working with families with high copays or deductibles.
- Shifting practices from consequences to intervention takes time.
- The cost has been more on the professional development side; how professional development days are used.

Riehl noted counselors should be involved with the behavioral health clinician as well to help those kids transition back to class or be available when the clinician isn't to provide support.

Neset commented that schools have behavior technicians, a family liaison, social workers, and counselors, and asked if there was something specifically done at Simle Middle School that helped to clarify roles and who's doing what.

Riehl responded the plan's playbook defines those roles and the school uses memorandums of understanding with West Central Human Services and Sanford that outline who performs what duties, including Bismarck Public Schools.

Strinden asked if any other schools were developing similar plans. Riehl responded they have worked with other schools in and out of the district.

Strinden thanked Riehl and noted funding will be a big component in helping schools across the state start to develop a sustainable integrated behavioral health model.

Business

Strinden thanked members for attending the strategic planning session and said there will be a summary provided at an upcoming meeting.

Strinden concluded by asking cabinet members to provide one or more suggestions of subjects/topics they would like to hear more about, including contact information. She would follow up by reaching out to someone or an organization to request an appearance.

Next Meeting

June 18, 2024

Adjourn – 4:58 p.m.

Strinden adjourned the meeting.

DRAFT