

TESTIMONY
HUMAN SERVICES INTERIM COMMITTEE
July 22, 2014
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Department of Public Instruction

Good morning Chairman Damschen and members of the Human Services Interim Committee. I'm Valerie Fischer, Director of Safe & Healthy Schools for the Department of Public Instruction. On behalf of Superintendent Baesler, 112,408 students and 183 public and non-public schools across the state, the Department appreciates the opportunity to share with you information about the behavioral health needs of our youth.

With the changing landscape of the family and the emotional, social and personal pressures on students, schools are often unequipped to react to behavioral and mental health needs. Too many youth are dealing with issues beyond their ability -- divorce, abuse, illness/death or incarceration of a family member, deployment, abandonment, drug/alcohol abuse, and family dysfunction. These issues can result in changes to behavior which teachers often lack the skills and training to deal with. Children bring their whole lives to school with them and it doesn't fit in a back pack or locker. These problems sometimes results in a decline in grades, classroom misbehavior, office referrals, and truancy. Sometimes there is no outward or obvious indication.

The Youth Risk Behavior Survey (YRBS) and the annual Suspension, Expulsion and Truancy (SET) report provide glimpses into risk behaviors. They reveal:

- More students considered killing themselves or planned a suicide attempt.
- The percentage of students who have been bullied on school grounds rose from 2011, and is higher than the national average.
- Marijuana use and prescription drug abuse has increased slightly.
- Binge drinking decreased across the state from 2011, but the rate is still higher than the national average.
- The average truancy rate doubled in the last year.
- The number of student suspension days increased by 137% in the last school year.
- Office referrals for discipline increased 30 % over the last year. Subsequently, schools hire resource officers and additional administrators who deal with truancy problems.
- Most notably, the student population increased 10% during the past five years.

We are not proud of most of the data just listed which indicates that students need more information about risk behaviors and their consequences. We lack a coordinated system to provide this. We react, rather than prevent.

North Dakota's rural nature makes it more difficult to address these problems. Many children must travel great distances from rural communities to receive adequate mental health treatment, which is difficult to provide in an outpatient setting. They often have to wait for services. Limited mental health and medical facilities creates a burden for schools to assess and refer for treatment.

Families often lack insurance coverage for mental health treatment. Typically, school counselors or social workers do not have time or expertise to provide one-on-one counseling. Many rural schools share counselors who typically spend limited time in each school.

With access to social media 24/7, incidents of school shootings and homicide/suicide spread the idea that perpetrators are "deranged people with mental health problems". This may discourage others from seeking help. They are afraid of being stigmatized. We need to provide education to our youth that it is normal to sometimes have problems larger than you can individually cope with and that seeking help is a positive solution. It is important for youth to feel comfortable coming forward to seek help or treatment without judgment. It is equally important to educate teachers, employers, coaches and clergy to identify and refer dilemmas.

The Department's vision is that we, as an education agency, will foster the social, emotional, and academic well-being of our youth. Children need to have a sense of belonging, know they are cared about and that they are important. They need support in their schools. Once those are in place, underlying causes of misbehavior -- such as childhood trauma, substance abuse, and mental health issues -- can be addressed. If children don't deal with their emotions in a positive manner, it harms their ability to learn.

We recognize that we are one system within a complex web of many systems (health, human services, justice, etc.). Although we work hard with our partner systems to meet the growing demand for services, our state often suffers from a silo approach, where services in one system do not carry over to another. People who need services are easily bewildered and frustrated.

The Department recently applied for a \$10 million, five-year federal grant to address this growing challenge of our state's youth.

The heart of the project is development of a process to identify students who experience difficulty and provide supports and referrals for treatment. We'll meet with partners such as Medicaid and Blue Cross Blue Shield of North Dakota to find ways to broaden insurance coverage for mental health counseling. We will explore a process for cross agency data sharing that allows an exchange of information to maximize service referrals. More than 1800 school personnel and community partners would receive training to identify, screen and refer youth and families and provide mental health treatment.

We hope the committee will continue to support our efforts to remedy the system and manner that supports children. We are not going to surrender our children to a culture where dysfunction becomes their norm. Their mental and emotional health is at risk and in our hands. Our children are our future and they deserve a school and community environment that nurtures emotional wellness.

Thank you for your time. This concludes my testimony and I would welcome any questions you may have.