

Good Morning:

Chairman Damschen

Representatives Anderson, Hofstad, Hogan, Kiefert, Larson, Looyesen, Mooney, Muscha, Wieland

Senators Lee, Axness, Dever, Erbele, Mathern, Poolman, and Warner

(Company Required Disclaimer)

My name is Louise Dardis, and I am pleased to offer testimony today before the Interim Human Services Committee in my capacity as former building principal and assistant superintendent of the West Fargo Public School District. Facts and opinions presented are my own. I am currently employed by Family Health International (FHI 360) as Project Manager for Succeed 2020. My testimony does not reflect the opinions or positions of my current employer; the Succeed 2020 program, staff or advisors; the program funder, Hess Corporation; or any other individual or organization connected with my current employment.

I recently retired from a 34 year career in West Fargo Public Schools. Sixteen of the years I acted as a building principal, and the last 14 years as the district assistant superintendent. During the 34 years I noted and interacted with increasing behavior challenges of both special needs and general education students that impacted both the individual student and the other students present in the classroom. For example:

- WFHS experienced multiple student deaths last year, most prior to Christmas. One death was the result of suicide, one was a special needs students with a history of fragile health, one death was the result of a traffic accident, and another was the result of a long-term battle with cancer. The behavioral health of the high school student body and staff was highly impacted. The ripple effect on both staff and students was palpable. We had students on a list for depression and/or suicide watch, the counseling program changed their entire focus for the remainder of the year to address student emotional/behavioral needs, staff needed guidance on how to handle their personal grief were referred to the district Employee Assistance Program for counseling, staff training addressed signs in students and staff related to troubling or questionable behaviors, etc. are just a few actions taken by the school and district to address both the emotional and behavioral impacts of events.
- More importantly, last years' experience resulted in WFPS partnering with the Stephanie Goetz Foundation and Sandford Health to set up a triage team that can tap into expertise of agencies and professionals to address student behavioral needs occurring in school. There is great need for experts in behavioral health, and as skilled and passionate as educators are related to respective roles, we are not trained as behaviorists. Teachers and administrators do address behavior in students, but we don't have the degree of training as professionals to specifically address deeply rooted and impactful behaviors, nor do schools have a triage of therapists and interventionists at our fingertips to assist in addressing the behavioral health needs of students.

In my 30 years as a building or district administrator, I have also experienced challenges to secure services and/or interventions for students with behavioral health needs. For example:

- Many students with behavioral challenges do not have a medical or psychological diagnosis for multiple reasons: lack of insurance, insurance that limits professional social and/or psychological counseling sessions and interventions, lack of understanding by parents of the gravity of untended behavior health needs of students, lack of understanding that medication may not address all behavioral health needs, etc.
- Another challenge is that special education guidelines will only allow direct behavioral services/interventions for specified categories of students that meet criteria as emotionally disturbed, fall on the autism spectrum with exhibited behaviors, etc. Students can no longer receive special education labels and/or services for behaviors that are considered oppositional, defiant, obsessive or compulsive, etc. That leaves schools and districts to address some severe behavioral health through local programs and local funding.

As a building principal and district administrator, I frequently had to address the effect of students' behavioral health on both the schools and classrooms from assorted angles. For example:

- At the district office level we always address staffing patterns and/or hires: Counselors vs. Social Workers having differing areas of expertise, counselors are recommended by state with a specific student to counselor ratio and funded accordingly. The challenge is that counselors in North Dakota must first have a teaching license prior to becoming a counselor; thus, they are teachers with added training and licensing to address a vast array of student needs, but behavioral health is only a minute portion of the graduate training.

- Staff training is an issue of both effective use of time and funds: time spent on training teachers to handle (significant) behavior vs. effective instructional practices, targeted and coordinated supports, effective assessments, curriculum development, interdisciplinary education, rigor and relevance, etc. All are pertinent, but teachers first must be effective instructors and content specialists.
- Teachers using class time to address inappropriate behaviors interferes with classroom instruction and student learning. General education students have a right to learn free from interference and interruptions. Students having behavioral health needs impact his/her personal education, but often he/she interferes with the learning of the other students in the classroom and the teacher's instruction.
- Bottom line – students have a right to learn free of interference from other students. But, public education was created to address the masses; therefore, students with behavioral health challenges have a right to interventions that specifically address the behavioral health needs.

As many of you know, West Fargo School District is a rapidly growing school district. It has trended growth from the start of my career in the district 34 years ago. I have firsthand knowledge after serving on all construction and planning committees over these years. The impacts of the behavior health needs of students on any growing district must be recognized and addressed. Let me provide a few examples:-

- Early in my administrative career (26 years ago) I naively asked questions of parents having children with handicapping conditions new to the district why they chose to move to WF from their respective small communities. Responses frequently centered on pursuing education services for their child/ren. They indicated that educational, medical, social, and psychological services were available in larger communities. This places a heavy burden on taxpayers in larger communities, especially when students need interventions through programs that are only funded locally.
- I am highly familiar with challenging behaviors. Twenty-six years ago I was the first elementary principal in WF assigned oversight of the first elementary program for students identified as emotional disturbed, which expanded to other elementary schools over the years. As the district population increased, the programs providing specialized services to qualified students also increased.
- An increasing student population results in relational growth of students with behavior challenges. Growth of 500+ students in West Fargo annually is similar to or larger than the size of most public schools in ND. A district not only hires classroom teachers (up to 20 teachers with 25 students per classroom), but also must hire staff to address the needs of students within the relational growth of the population. One of many needs addressed would be behavioral.

As a committee, my hope is that you will address student behavioral health needs. My hope is also that you will address school needs of students having behavioral health needs. Schools need assistance and guidance to handle the behavioral health needs of students. Consideration should be given to the following:

- Wrap-Around Services for children and families – many behaviorally challenged youth exhibit the behaviors in the home, not only at school. Many of the behaviors were manifested prior to starting school.
- Root cause analysis to get to the crux of the behavioral health need of the student. This is similar to the chicken and the egg theory. Where did the behaviors start initially, where are they currently exhibited, what are the antecedent of the behaviors, how to address the behaviors as a united effort between school, home, community, how to guide parents to change practices in the home resulting in improved student behavioral health, etc.
- A service or intervention that is community based to address the behavior health of youth, as young as three and four years of age. Currently, the only students aged three or four that require public school are those students that qualify due to handicapping conditions.

The outcomes of interventions or services that I have noted throughout my testimony would be impactful. For example:

- Less interruptions in the general education classroom from behaviorally challenged students. My message to parents and students as an administrator – a student does not have the right to interfere the learning of the other students. Inappropriate behaviors interfere with the teacher's instruction, resulting in the interference of learning by the other students in the classroom. But, students impacted by behavioral health may be challenged to control his/her behaviors in the classroom.

- Providing avenues for students to appropriately disagree, be nonconformists, etc. Diversity is a part of our culture, but there are appropriate, acceptable ways to be diverse in words and actions.
- Addressing and fixing the behavioral health of youth so they become productive, educated, tax paying citizens.

Thank you for allowing me to testify before the Human Services Committee related to youth behavioral health needs. My observations and accounts recount the daily challenges of public education to address the increasing numbers of students with behavior health needs. Guidance and assistance is needed from the state to address these need, both in the school setting and beyond the school day. Your consideration is greatly appreciated.