Testimony to Interim Human Services Committee

Addressing Student Behavioral Health Needs in ND Schools

May 11, 2016

Good morning, Chair Hogan and members of the Interim Human Services Committee. My name is Luke Schaefer and I am here today representing the NDASA (North Dakota Association of School Administrators) Legislative Focus Group. The Focus Group is a collection of education officials that are tasked with finding solutions to priority areas in education. I serve as a member of the Student Services committee, which has targeted student behavioral health as one of our primary areas of focus.

The behavioral health needs of students in North Dakota are generally rising. Based on the most recent Youth Risk Behavior Survey results, school officials are seeing alarming trends. There has been a 10% point increase in high school students feeling sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing usual activities within the last year). Additionally, schools are seeing an increase trend over the past 8 years on high school students that have seriously considered attempting suicide and those that have made a plan about how to attempt suicide as well as a an increase from 1999 (6.4%) to 2015 (9.4%) of high school students that reported attempting suicide. This is a very real problem that we need to work together to address.

School districts in North Dakota lack the resources and expertise to support students and their families in navigating the critical and sometimes difficult path of behavioral health. While we in education care deeply for our students, we are not behavioral health professionals. The education community believes that it is critically important for a mechanism to exist to partner school districts with agencies and providers within human services. By developing relationships and coordinating resources in communities there is an opportunity for students and their families to get the support needed.

In our group's discussions with Pam Sagness, Director of the Behavioral Health Division of the ND Department of Human Services, we believe that there is a solution in the concept of pilot grants that focus on the core values of the system of care philosophy. Those core values are:

1) Family-driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2) Community-based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3) Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

These grants could begin the process of leveraging the knowledge of both educators and health professionals to create systems of support. Additionally, this pilot grant concept supports collaboration between school districts and inherently recognizes the difference in demographics across ND. Services and partnerships in Jamestown are going to look different than they will in Rugby. The hope is to create a number of models that can be replicated across North Dakota.

The intention is to create a stronger, comprehensive and systematic approach to behavioral health. This includes the components of education, prevention, as well as crisis-intervention. In addition to the community partnerships, educational programming, the development of an early identification system of students at-risk, and the capacity building of other key staff members, are the mechanisms intended to facilitate the shift from reactive systems to proactive systems. The bottom line for school districts is that in order to ensure school safety, they need to seek balance between prevention and crisis management by investing more time, energy and resources into their students' well-being. Students who are physically, emotionally and mentally healthy will be greater contributors to society, not just during their educational career, but throughout their lives.

The objectives of the pilot grants are to coordinate resources to implement an evidence-based model that will provide the development of a scale-up plan to:

- Provide educational programing to students
- Provide professional development/capacity-building to staff
- Establish protocols and relationships with community care providers to facilitate acquisition of timely and appropriate interventions and treatment
- Provide early intervention, assessment and referrals to support students before crises occur, including referrals and persistent facilitation with behavioral health care providers
- Provide intervention, support and follow-through for students and families
- Deliver appropriate statewide professional development to school district staff regarding behavioral health issues
- Create a network that meets quarterly to discuss scope of project, share best practices, outcomes, and program evaluation.
- Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated.
- Develop and refine a shared services model that can be replicated and scaled-up in both rural and urban school districts throughout North Dakota.

It is the recommendation of the Focus Group that the Behavioral Health Division of the Department of Human Services be the entity that administer the grant as their collaboration, guidance, and expertise is crucial to the ultimate success of the initiative. Total funding request for the pilot projects is $4,000,000, which would be distributed as follows:

- 4+ Rural School Districts (less than 1,000 student enrollment)
    - $1,000,000 ($250,000 max award)

- 1+ Urban School District (More than 1,000 student enrollment)
    - $1,000,000 total award
- 2 Regional Education Associations
    - $1,000,000 ($500,000 max award)
- 1+ Native American High Density School District (50% or higher enrollment of Native American students)
    - $500,000 total award
- 1 Special Education Unit
    - $500,000 total award

Chair Hogan and members of the committee, that concludes my testimony and I would be happy to answer any questions you may have.