2021 SENATE HUMAN SERVICES

SB 2311

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2311
2/9/2021 AM

A BILL for an Act to amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve.

Madam Chair Lee opened the hearing on SB 2311 at 9:00 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Health class language
- Early age groups suicide education
- Standards and inventory on curriculum relating to suicide
- Targeted intervention and development
- Culture of schools
- Suicide prevention walk
- Cyber bullying

[9:02] Senator Joan Heckaman, District 23. Introduced SB 2311 and provided testimony #6061 in favor as well as a 2019 Youth Risk Behavior Survey Results (testimony #6073).

[9:21] Kennedy Gjovik, Mental Health Advocate. Provided testimony #6049 in favor.

[9:36] Dr. Amy Copas, Director, North Dakota Council of Educational Leaders. Provided oral testimony in favor.

[9:55] Emma Quinn, Fargo, North Dakota Citizen. Provided testimony #6086 in favor.

[10:07] Alyssa Kroche, Behavioral Health. Provided the committee with written testimony #6097 from **Pam Sagness, Director, Behavioral Health Division, DHS.**

Additional written testimony: (3)

Madeline N. Snell, North Dakota Citizen. Provided written testimony #6039 in favor.

Megan Krantz, Bismarck, North Dakota Citizen. Provided written testimony #6033 in favor.

Tara Lea Muhlhauser, Executive Director, CAWS North Dakota. Provided written testimony #5977 in favor.

Madam Chair Lee closed the hearing on SB 2311 at 10:08 a.m.

Justin Velez, Committee Clerk

SB 2311

Senator Joan Heckaman

Chairman and Members of the Committee: I am Senator Joan Heckaman from District 23. I am here to introduce you to SB 2311. This bill would state that schools will include instruction in mental health awareness and suicide prevention, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources. Schools can collaborate with other districts and share resources. Instruction can be delivered through distance education or virtual learning.

Last session we became acquainted with Kennedy Gjovik, a young lady from my legislative district. She made it her mission to ensure that students have access to instruction in mental health awareness and suicide prevention. She provided compelling testimony on the importance of this training when she testified in the Senate and House Education Committees.

She may be with us virtually today to add additional information and tell her story to you. But I will begin the story.

Kennedy was not able to find anyone to listen to her in her high school, suffered an extremely traumatic event in school, and as a result had to go many miles to get help. She eventually transferred to another school.

She came to Bismarck last session and testified in both the Senate and House. In the end, the bill passed, but with only the stipulation that each school in the state identifying a behavior health resource coordinator. This individual connects with students to hear their concerns, assess local/regional resources for help, and help students access identified resources.

That part of the bill was successful and continues to positively impact our schools in the following manner. I am leading a group of educators in identifying resources schools may use to address educator stressors, as well as parent and student stressors. Those resources are now being distributed to schools through the connection with the behavior health resource coordinators. We thank Kennedy for her concerns and getting this positive piece of legislation passed.

SB 2311 will only add to the opportunities for educators and the behavior health resource coordinators to positively impact lives of our young people by including these same identified items. The part that adds traction to this year's bill is that schools may collaborate with other districts, both public and nonpublic, to share resources and provide instruction through distance or virtual learning. I believe this opens the doors to a variety of possibilities.

I want to walk back to the paragraph where I identified the importance of those school behavior health resource coordinators. Pam Sagness from DHS and Luke Schafer from the Central Regional Education Association have led the educators stress workgroup into an outstanding compilation of resources that are now available online to educators. But I believe that these resources and others should be directly taught to students in grades 7-12. An assumption that if the resources are out there, students will access them, seems a little thin. I would want schools to actively engage with students to present these materials.

I have attached a couple of documents from the Youth Behavior Risk Survey (2019). This survey provides information to schools on what needs are identified in local schools, whether that is trending up/down, and helps direct interventions/instruction.

You will note that on the high school survey, from 2007-2019, the percentage of students who felt sad or hopeless increased, the percentage of students who seriously considered attempting suicide increased, the percentage of students who made a plan about how they would attempt suicide increased, and the percentage of students who attempted suicide increased. These results are alarming. We need to do something. Attached is a link to that survey. Youth Risk Behavior Survey | North Dakota Department of Public Instruction (nd.gov).

As you hear testimony on this bill, I would ask you consider how impactful this bill can be to helping students across the state.

Thank you for your time this morning and I would stand for any questions.

#6073

2019 YOUTH RISK BEHAVIOR SURVEY RESULTS

North Dakota High School Survey

Trend Analysis Report

Total
Injury and Violence

Health Risk Behavior and Percentages															Linear Change*	Quadratic Change*	Change from 2017-2019 †
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019			
QN25: Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)																	
				25.0	25.9	20.8	20.3	17.1	22.9	23.8	25.4	27.2	28.9	30.5	Increased, 1999-2019	Decreased, 1999-2007 Increased, 2007-2019	No change
QN26: Percentage of students who seriously considered attempting suicide (ever during the 12 months before the survey)																	
	25.4			18.8	19.0	13.6	15.4	10.4	12.4	14.7	16.1	16.2	16.7	18.8	Decreased, 1995-2019	Decreased, 1995-2007 Increased, 2007-2019	No change
QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)																	
	19.9			14.3	13.9	11.3	12.2	8.1	10.5	12.1	13.5	13.5	14.5	15.3	Decreased, 1995-2019	Decreased, 1995-2007 Increased, 2007-2019	No change
QN28: Percentage of students who attempted suicide (one or more times during the 12 months before the survey)																	
	7.5			6.4	7.5	7.2	6.4	8.8	5.7	10.8	11.5	9.4	13.5	13.0	Increased, 1995-2019	No change, 1995-2005 Increased, 2005-2019	No change

*Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$.
†Based on t-test analysis, $p < 0.05$.

North Dakota High School Survey

Summary Tables - Weighted Data

QN25: Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)

	Total			Male			Female		
	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N
Total	30.5	(28.2 - 33.0)	2,039	20.3	(18.2 - 22.6)	1,024	40.8	(36.6 - 45.2)	1,004
Age									
15 or younger	30.2	(25.6 - 35.2)	875	18.3	(14.7 - 22.6)	411	41.2	(34.3 - 48.4)	459
16 or 17	30.5	(27.5 - 33.6)	947	21.8	(19.0 - 24.9)	501	39.6	(34.3 - 45.2)	444
18 or older	31.6	(25.6 - 38.3)	213	20.0	(12.8 - 29.9)	111	44.0	(33.6 - 54.9)	101
Grade									
9th	28.7	(23.4 - 34.7)	618	16.9	(12.8 - 22.1)	286	40.1	(32.1 - 48.6)	331
10th	32.4	(28.5 - 36.5)	561	21.7	(16.5 - 27.9)	301	43.3	(37.1 - 49.6)	258
11th	31.5	(27.4 - 35.8)	493	20.8	(16.2 - 26.2)	247	42.1	(36.2 - 48.2)	244
12th	29.8	(24.6 - 35.7)	351	21.8	(16.0 - 29.1)	181	38.2	(29.0 - 48.3)	168
Race/Ethnicity									
Black*	-	-	72	-	-	36	-	-	35
Hispanic/Latino	33.8	(27.2 - 41.0)	138	-	-	78	-	-	59
Native American*	46.8	(36.5 - 57.4)	117	-	-	58	-	-	59
White*	28.2	(26.0 - 30.6)	1,527	19.8	(17.1 - 22.7)	772	36.9	(33.2 - 40.7)	753
All other races*	-	-	49	-	-	25	-	-	24
Multiple races*	-	-	84	-	-	33	-	-	49

Note: 6 students were excluded from this analysis.
*Non-Hispanic.
N = Number of students in this subgroup.
- = Fewer than 100 students in this subgroup.

North Dakota High School Survey

Summary Tables - Weighted Data

QN26: Percentage of students who seriously considered attempting suicide (ever during the 12 months before the survey)

	Total			Male			Female		
	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N
Total	18.8	(16.6 - 21.2)	2,031	11.9	(10.0 - 14.1)	1,019	25.5	(21.7 - 29.7)	1,001
Age									
15 or younger	21.5	(17.9 - 25.5)	870	14.3	(10.9 - 18.6)	407	27.8	(22.5 - 33.8)	458
16 or 17	18.6	(15.5 - 22.1)	945	11.7	(9.4 - 14.5)	501	25.6	(20.0 - 32.1)	442
18 or older	12.7	(8.3 - 18.9)	213	6.5	(3.4 - 12.1)	111	18.9	(11.4 - 29.6)	101
Grade									
9th	21.2	(16.8 - 26.3)	616	13.0	(9.5 - 17.4)	285	29.3	(22.5 - 37.3)	331
10th	21.9	(17.4 - 27.0)	557	17.0	(11.9 - 23.6)	298	26.5	(20.1 - 34.0)	256
11th	19.0	(15.6 - 23.0)	491	10.1	(6.9 - 14.4)	246	27.5	(21.4 - 34.5)	243
12th	12.2	(9.1 - 16.1)	351	6.4	(3.9 - 10.5)	181	18.0	(12.3 - 25.5)	168
Race/Ethnicity									
Black*	-	-	71	-	-	36	-	-	35
Hispanic/Latino	23.0	(17.3 - 30.0)	137	-	-	77	-	-	59
Native American*	33.1	(22.8 - 45.2)	116	-	-	58	-	-	58
White*	17.2	(14.8 - 19.9)	1,523	11.8	(9.5 - 14.6)	769	22.5	(18.8 - 26.8)	751
All other races*	-	-	49	-	-	25	-	-	24
Multiple races*	-	-	84	-	-	33	-	-	49

Note: 14 students were excluded from this analysis.
*Non-Hispanic.
N = Number of students in this subgroup.
- = Fewer than 100 students in this subgroup.

North Dakota High School Survey

Summary Tables - Weighted Data

QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)

	Total			Male			Female		
	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N
Total	15.3	(13.5 - 17.4)	2,036	11.3	(9.5 - 13.5)	1,021	19.4	(16.1 - 23.2)	1,002
Age									
15 or younger	16.7	(14.2 - 19.5)	875	13.2	(10.0 - 17.2)	410	20.1	(16.4 - 24.5)	459
16 or 17	15.8	(13.0 - 19.2)	947	10.6	(8.2 - 13.6)	501	21.2	(16.0 - 27.6)	443
18 or older	10.0	(6.4 - 15.4)	211	9.2	(4.3 - 18.4)	110	11.0	(6.7 - 17.7)	100
Grade									
9th	15.6	(12.9 - 18.7)	618	9.6	(6.8 - 13.3)	286	21.6	(17.3 - 26.6)	331
10th	19.5	(15.7 - 24.0)	558	17.7	(13.2 - 23.2)	299	21.3	(15.5 - 28.6)	257
11th	13.6	(10.7 - 17.2)	491	7.9	(5.3 - 11.6)	246	19.1	(13.7 - 26.1)	243
12th	12.0	(8.4 - 16.7)	352	9.1	(5.4 - 15.0)	181	15.2	(9.5 - 23.6)	168
Race/Ethnicity									
Black*	-	-	72	-	-	36	-	-	35
Hispanic/Latino	17.8	(12.5 - 24.8)	136	-	-	76	-	-	59
Native American*	28.5	(18.2 - 41.6)	116	-	-	58	-	-	58
White*	13.5	(11.7 - 15.6)	1,525	10.9	(8.8 - 13.3)	771	16.2	(13.0 - 20.0)	752
All other races*	-	-	49	-	-	25	-	-	24
Multiple races*	-	-	84	-	-	33	-	-	49

Note: 9 students were excluded from this analysis.
*Non-Hispanic.
N = Number of students in this subgroup.
- = Fewer than 100 students in this subgroup.

North Dakota High School Survey

Summary Tables - Weighted Data

QN28: Percentage of students who attempted suicide (one or more times during the 12 months before the survey)

	Total			Male			Female		
	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N
Total	13.0	(11.2 - 15.1)	2,039	10.9	(9.2 - 13.0)	1,023	15.0	(12.0 - 18.6)	1,003
Age									
15 or younger	12.3	(10.4 - 14.4)	874	9.9	(7.4 - 13.1)	409	14.3	(11.4 - 17.8)	458
16 or 17	14.8	(11.6 - 18.6)	948	11.2	(8.6 - 14.5)	502	18.4	(13.0 - 25.3)	444
18 or older	9.2	(5.5 - 14.9)	213	12.7	(7.3 - 21.2)	111	5.4	(2.4 - 11.5)	101
Grade									
9th	12.2	(10.1 - 14.8)	616	9.6	(6.9 - 13.2)	285	14.9	(11.6 - 18.9)	330
10th	16.9	(12.6 - 22.2)	563	14.5	(10.2 - 20.3)	302	19.2	(12.8 - 27.7)	258
11th	11.1	(7.8 - 15.5)	492	8.1	(5.6 - 11.6)	246	13.8	(7.9 - 23.0)	244
12th	11.3	(8.3 - 15.2)	352	10.8	(7.2 - 15.9)	181	11.3	(6.5 - 18.7)	168
Race/Ethnicity									
Black*	-	-	72	-	-	36	-	-	35
Hispanic/Latino	18.8	(12.6 - 27.0)	138	-	-	78	-	-	59
Native American*	26.9	(16.3 - 41.0)	117	-	-	58	-	-	59
White*	10.4	(8.7 - 12.4)	1,526	9.4	(7.5 - 11.7)	771	11.4	(8.8 - 14.6)	752
All other races*	-	-	49	-	-	25	-	-	24
Multiple races*	-	-	84	-	-	33	-	-	49

Note: 6 students were excluded from this analysis.
*Non-Hispanic.
N = Number of students in this subgroup.
- = Fewer than 100 students in this subgroup.

Chairman and members or of the Senate education committee.

I am here to testify in favor of Senate Bill 2311.

Hi, my name is Kennedy Gjovik, and I am a mental health advocate. I am here today to tell you the importance of this bill and the story behind the bill. But first what does the pertain to. In line 7 it adds the word wellness, so it says Health and Wellness curriculum. This is important because we do not want to add to the stigma that health classes and health is just about physical health because that is not true, adding the word wellness to it means we are also talking about mental health and emotional wellness which needs to be talked about more.

If you look at Section 2 lines 13 through 19 you will notice how it talks about there needs to be instruction for grades 7-12 on mental heal awareness and suicide prevention. Some topics that could be talked about are how to identify warning signs, risk factors, how to identify at risk peers, and the different kinds of resources available. We can get this information to students in many ways such as 1. Having a simple conversation about mental health 2. Watch videos 3. Bringing in advocates.

Now I want to tell you the story behind senate bill 2311. The story behind the bill is my story. I am not telling you it for sympathy or anything like that but to show you the reality many students face. And how something as simple as knowledge and instruction on mental health could save so many lives.

When I was 7, I was the happiest kid ever. I always had a smile on my face. No one would ever think my smile would hide the pain it did. When I was 7, we moved to where I currently reside. I started a new

school where everything changed. In kindergarten the bullying started. It started with name calling. Names like: fat, ugly, loser. Little did I know it would progress as I got older.

I was in 3rd grade when the cyberbullying started. I was only 10 when I made my first suicide attempt. I remember being on my tablet one night when I was added into a group chat that had kids from my previous school in it. The first message I got in the group chat was "Why don't you go kill yourself?" I had it with everything that night. I just didn't want to fight anymore. I had all the warning signs, but no one noticed. Or even if they did notice no one spoke up. After getting that message I decided I was done fighting. That night I made my first suicide attempt and was the first time I had ever harmed myself. When it came to the cyberbullying nothing was done about it and I was told it was just "kids being kids."

Fast forward to 6th grade. In sixth grade the school guidance counselor from my previous school found out I was self- harming. He talked to me about it. Now, you think its common sense if you find out someone is harming themselves you would tell someone close to them about it so they could get help right? It's also legally mandated that schools notify the family or authorities if they find out a student is harming themselves, thinking about suicide, or thinking about harming others. Did that happen in my case? No, the guidance counselor did NOT tell my family or authorities. My grandma even worked at that school. No one in my family at this point knew how bad things were getting.

In grade 7 my family found out everything. How? I had an Instagram account where I shared my true feelings. I used this account because I didn't have friends at school, and I was able to connect with people who were going through the same thing as me. On this account I had shared my feelings, and the fact I was self-harming. My secret came out. My cousin found

the account and texted my mom. My family now finally after 4 years found out that I was cutting.

When I was in 8th grade my best friend from out of state took his own life on September 25th, 2015. I was the last person he talked to. When he called me about 9pm the night of the 24th I knew something was wrong. He was crying and the first words out of his mouth were "Kennedy I can't do this anymore, I want to give up." I immediately went into the mode of I must get him to stay. Between calling the hotline and using all the resources I had access to I still couldn't save him. It was about 4am when he told me to go to sleep. He was calmed down, he said he wasn't going to do anything. About 4:15 I got the last message I would ever receive from him. I was in denial, I didn't want to believe it. I asked myself where I went wrong, how I could've helped better. But I couldn't save him. His suicide taught me a lot. I was 14 turning 15. I didn't know what to do, who to call, where to go, I didn't know how to handle this. And this is one of the reasons I believe we should teach the students about suicide and mental illnesses that way they have proper access to resources, and they know what to look for when it comes to their friends. If I had more info on resources and the warning signs, maybe I could've saved my friend. But that's not what happened.

Freshman year is when everything would change. The bullying was still going on. And I was battling some trauma that no one knew about. Now at my previous school we never talked about suicide or mental health. That was a topic I knew a lot about but wasn't been taken seriously. I showed all the signs. I was just getting worse and no one noticed. I played the role of the happy girl so no one would be bothered by my problems. I wanted to show everyone I

was okay. Freshman year held pain. Freshman year held multiple E.R. visits because my panic attacks were so bad that it was causing physical health problems. At school my freshman year I was pretty much bound to the resource room and office. I was going downhill, but continued to make sure everyone else was okay, no one saw what was coming next.

May 5th, 2017. The day that changed my whole life. Before I talk about May 5th, 2017. I want to talk about a week before. A week before May 5th, 2017 I walked into the office and gave a letter to the school principle. That letter was a suicide note. It was my cry for help. It wasn't for attention. The principle read the letter asked what it was for. I told him my thoughts and what was in the letter. He said okay and sent me back to class. Now, did my family find out about this letter. No. They had no idea I was that bad.

May 5th, 2017 started like a regular day. Name calling, panic attacks, and feelings of not wanting to be alive. I remember the first thing that a fellow classmate had said to me was "Next time you draw on yourself, draw on yourself with a razor". That phrase pushed me over the edge. Right before 2nd period I went into the bathroom and took a dangerous amount of Tylenol. I had just overdosed, and no one knew. An hour went by and I started to get scared, I realized I didn't want to die. I just wanted the pain to stop. I told a teacher and the called the ambulance. My parents got the phone call saying that I was being taken by ambulance to the hospital. I'm not supposed to be alive right now. The doctors don't know how I am alive because of the amount of Tylenol I took. May 5th, 2017 was my 7th suicide attempt. I survived, and my life was changed forever.

My sophomore year I started at Midkota High school, which was a blessing to me. If I had went to Midkota before May 5th, 2017 I would not be speaking in front of you because I would not be who I am. I would not be where I am in life.

Chairwoman Lee and Comittee members,

My name is Emma Quinn and I am from Fargo North Dakota. I work in behavioral health but most importantly I am a mother, a wife, and I myself live with a serious mental illness. I am here in support of SB 2311.

I started to struggle with my mental health at age 12 and started trying to take my own life by age 14. It took me over 14 years to find the proper help for my mental health. As a teenager my life looked fine on the outside, I would put a smile on my face at school and do what was necessary to get through the day, only to go home at night to down a bottle of pills hoping the pain I was enduring inside would end. I tried taking my life countless times before the age 18.

Now as a mother I watch my 14 year old son struggle with the pressures of middle school. In our home we regularly talk about mental health, but it is simply not enough. Most parents are not talking to their children about mental health at home. I don't know if you have had middle schoolers or high schoolers but the last thing they are doing is talking to their parents about their mental health. We need to make sure our schools are a safe place for our children to talk about mental health without judgement.

Our children are dieing, according to the North Dakota HRSI study in 2016, suicide was the second leading cause of death in children ages 15-24 in North Dakota. On Feb 2nd of 2021, just last week, Davis High School in Fargo lost another child to suicide. This child was a Freshman in High School and a loved member of our community.

Our schools are simply not doing enough. Prior to the suicide at Davis, in 2020, I contacted Discovery Middle School in Fargo to talk about bringing more mental health education and suicide prevention into our schools, it was clear as a parent that our schools were lacking in mental health education. I was told that students receive a presentation by FristLink in 6th grade and that counselors are available to talk if need be, that's it. Mental Health education should not be a one and done approach. It should be treated like math, science, and english and taught every year. If we are going to make a real impact on our children's lives we need to break the stigma of mental health and the only way to do that is to talk about it openly and honestly but most important often. We will never stop suicide amoung children if we keep sweeping it under the rug, especially at school.

After the news of the Davis' freshman suicide I spoke candidly with a friend who also happens to be a teacher within the public school system. She spoke about the districts approach to suicide and admitted that the district is afraid to talk about mental health and suicide because they believe it will encourage others to act. This could not be farther from the truth. Our children need to know that struggling with mental health is not only completely normal but it is something that can be treated. Often people struggling with mental health and suicidal thoughts feel that there is no way out which is what leads to actions of taking their own life.

Schools saying that they are teaching mental health education and suicide prevention is one thing but we need proof. This is why there needs to be some type of reporting system that is tracked by the state superintendent that this work is actually being done. We need to have state standards of education just like we do for core curriculum. This is the only way we can insure every child receives proper mental health education whether they live in Bismarck, Dickinson or Harvey, who also recently lost a middle schooler to suicide.

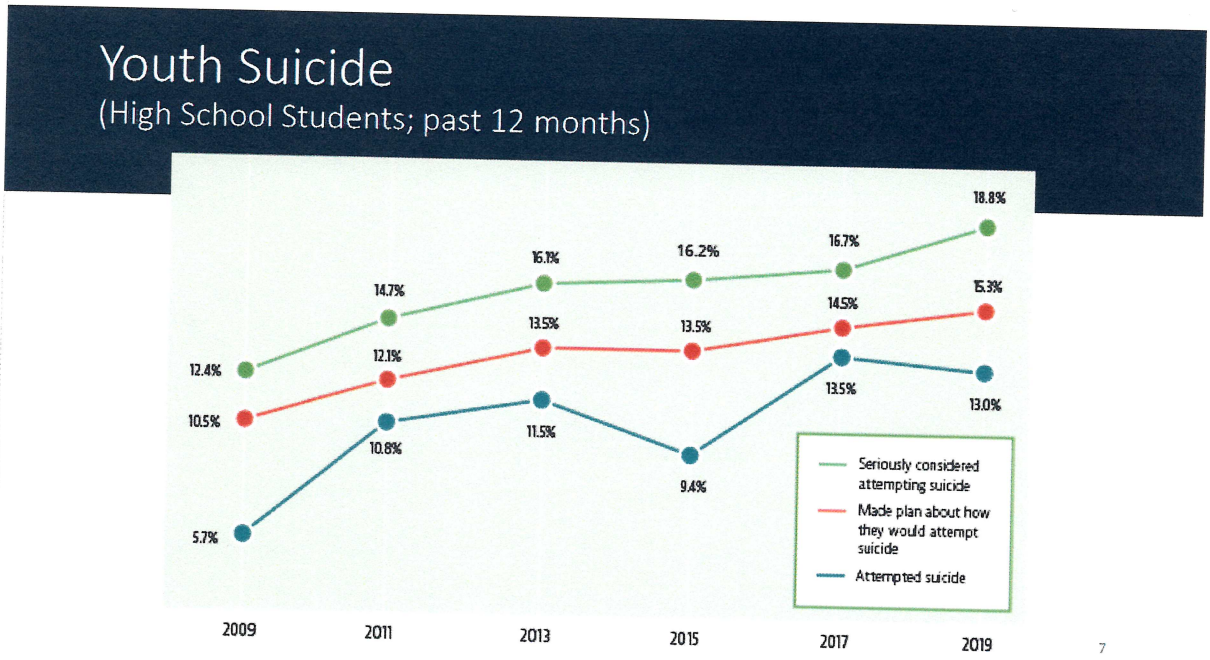
Suicide is a preventable death and our schools systems need to be apart of the solution. I am afraid if this bill is not passed our children will continue to take their own lives because there is simply not enough support and education around mental health. I ask for your support of SB 2311 because our children's lives are at stake and they deserve a fighting chance.

Testimony
Senate Bill 2311 - Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman

February 9, 2021

Chairman Lee and members of the Human Services Committee, I am Pamela Sagness Behavioral Health Division Director for the Department of Human Services (Department). I appear today to provide neutral testimony for Senate Bill 2311.

Committee members should have received the new 2021 ND Behavioral Health Data Book. This publication includes curated data from ND relating to behavioral health. As you will see, youth mental health continues to be an area of significant need. The data included below shows a concerning upward trend for high school students in the state.



Efforts related to school behavioral health have been advancing over the past years. The Department appreciates the collaboration we have experienced as we work to improve the state's behavioral health system to better meet the needs of students and families.

Behavioral Health and Education

Prevention and Early Intervention Pilot	Behavioral Health School Grant Program	Behavioral Health Resource Support (B-HERO)
The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $300,000 to the Department of Human Services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system; including services to children suffering from the effects of behavioral health issues.	*The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.*	*The ND 66th Legislative Assembly passed Senate Bill 2149 which established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator and Senate Bill 2313 which established the requirement for DHS to provide resources to behavioral health resource coordinators.*
October 2018 - Pilot project to Simle Middle School in Bismarck. October 2020 – Pilot project expansion awarded to Dunseith Public School (tribal) and Barnes County North Public School (rural).	25 schools utilized ND State Medicaid reimbursement during the previous school year and are eligible for funding. 8 grant applications have been received (1/11/2021) • 5 awarded (4 schools) • 3 in review	The Central Regional Education Association (CREA) was awarded the contract (through a Request for Proposal) to provide resources, information, and support to school behavioral health resource coordinators at each school in North Dakota, collaborating with the Behavioral Health Division.

29

This concludes my testimony and I am available to answer any questions.

SB 2311

Human Services Committee

Testimony of Madeline N. Snell

January 29th, 2021

Mrs. Chairman and Members of the Committee:

I would like to testify today in support of the addition of subsection 2 to section 1 of SB 2311, which would require Health and Wellness curricula to incorporate the addition of mental health awareness and suicide prevention education for students in grades 7th-12th. I feel it necessary only in passing to emphasize how prevalent the issue of mental health illness and suicidal ideation is in our youth today, as I am sure that each of you are well acquainted or at least aware of the weight of the struggles that present themselves to our youth. Although I am originally from rural Montana, in my exposure to North Dakota and to the experience of those who have grown up in North Dakota, I feel the same need for required basic education and training on mental health awareness and suicide prevention education. Through early basic education, it is possible that we can decrease the stigma that surrounds mental health and encourage students to reach out for help not only for themselves but also for others.

I remember the first time, in high school, that I took a short educational course that focused specifically on the topics of suicide prevention and identifying the signs. I was largely impacted, and through the years, now that I am in college, majoring in Social Work, I am still thankful for my exposure to that valuable knowledge, which I now hear the importance of constantly in my classes. As a high schooler, that course not only heightened my awareness but also gave me tools to engage in those difficult discussions with my friends and help them reach out to professional help. Now that I am planning on entering the field of Social Work, I know that it is imperative for children to receive this kind of training as a part of their curriculum, and truly believe that as this addition would help decrease the stigma of mental health and mental health services, it would also increase the awareness for struggling individuals

who might fall through the cracks. I thank you all for your time and devotion to the community and state, and I urge you “do pass” this bill.

SB 2311

Senate Human Services Committee

Testimony of Megan Krantz in support

February 9, 2021

Mrs. Chairman and members of the committee:

I am here today to offer testimony in support of SB 2311, which would require mental health awareness and suicide prevention be introduced into the health and wellness curriculum of students from grades seven through twelve. As a former student of North Dakota schools, both public and private, and as a person whom was failed by the systems that were in place to promote student wellness, I believe this is critical information to give to the students of North Dakota. Had I been given adequate, accurate information starting in middle school about mental health or if my peers and I had been given information about how to properly spot signs of suicidal ideation and address those signs, my life would be drastically different.

Even over this past weekend, a video from the social media platform TikTok that was filmed at Horizon Middle School here in Bismarck surfaced and was spread around other forms of social media. In that video, a table of kids were targeted and had food thrown at them. While this is clearly unacceptable and Bismarck Public Schools has addressed the issue, I worry about the health and well-being of those students. Being targets of bullying is incredibly embarrassing and minimizing and undoubtedly has a negative effect on mental health. The information that

could be offered if this bill is passed, even if it is just the information on resources available, would be one more tool these children could have in their arsenal to cope with this traumatic situation.

I thank you for your time today and urge a do pass recommendation on SB 2311.

#5977

521 E. Main Ave. Suite 320, Bismarck, ND 58501
(P) 701.255.6240 (TF) 1.888.255.6240 (F) 701.255.1904
www.cawsnorthdakota.org facebook.com/CAWSNorthDakota
Twitter @CAWSNorthDakota

Testimony

Senate Bill 2311 – Human Services

2/9/2021

Good morning Chairman Lee and members of the committee. My name is Tara Lea Muhlhauser, Executive Director of CAWS North Dakota (ND) (Lobbyist #1035). I ask that you support this bill.

CAWS North Dakota is a coalition of programs in the state that provide services for victims and survivors of domestic violence, sexual assault, and human trafficking. I represent the 20 programs across the state of North Dakota.

For health and wellness curricula to be most effective, it is vital to address the shared risk and protective factors between mental health, suicide prevention, bullying, and healthy relationships. Risk factors are a set of behaviors or conditions that increase the risk for violence perpetration, and protective factors are a set of behaviors or conditions that reduce or buffer against the risk for violence prevention.

Research and violence prevention work show that incorporating programming that includes healthy relationship content increases the necessary protective factors for students, such as connection and commitment to school and caring adults, affiliation with pro-social peers, emotional health and connectedness, and empathy and concern for how one's actions affect others (National Sexual Violence Resource Center, 2019). These protective factors contribute to feelings of inclusion and belonging, decreasing bullying and suicidal behaviors and creating safer environments for students to thrive.

At the individual level, incorporating healthy relationship content that teaches skills and increases connectedness reduces the risk that youth will harm others through dating, youth, and sexual violence, and also decreases the risk for suicide (Wilkins, et all, 2018). By addressing several mental health and violence issues in the same programming, we can maximize resources and expand our prevention efforts for suicide, bullying, dating violence, and sexual violence.

Along with this request to support this bill, please consider addressing healthy relationships as an issue hand-in-hand with mental health awareness and suicide prevention.

Thank you for this opportunity and if you have any questions, please let me know.

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2311
2/9/2021 PM

A BILL for an Act to amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve.

Madam Chair Lee opened the discussion on SB 2311 at 3:01 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Amendment proposal
- Behavioral Health & curriculum in schools

[3:02] Senator Kristin Roers, District 27. Provided the committee with amendment language (testimony #6112) provided by **Dr. Aimee Copas, North Dakota Council of Educational Leaders.**

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB 2311 at 3:08 p.m.

Justin Velez, Committee Clerk

SB 2311 – Required Health Curriculum

NDCEL Testimony in support

Senator Lee and members of the Senate Human Services Committee. For the record my name is Dr. Aimee Copas and I serve as the Executive Director for the North Dakota Council of Educational Leaders representing all our ND school administrators, directors, and school leaders.

We come today in support of this bill and ask for a slight adjustment in process to increase the odds of successful implementation. Our request is grounded in approach and not content. Please do not misconstrue our testimony as any sort of opposition about learning about the content mentioned in the bill in fact we've been partnering with Senator Heckaman on working on educator mental health over the past several months.. There are effective processes in place that should be utilized when it comes to addressing what should be taught in the classroom.

The process of determining what is taught: The state's role is to define broadly what needs to be covered (course areas) (this is wrapping your arms around education with good policy). NDDPI is charged with setting standards in cooperation and partnership with our best health teachers. School Boards are set with determining curriculum. Teachers are charged with executing those standards and curriculum, and administrators are charged with assuring it and providing the needed professional development to assist. This is a beautiful arrangement. We ask that we keep our roles defined appropriately. We feel confident that emphasizing this work as a power-standard is the best education related approach to having this curriculum addressed.

The ND Health Standards can be found here – last updated in 2018 contain 59 pages of well-done health standards for grades K-12:

https://www.nd.gov/dpi/sites/www/files/documents/Safe%20%26%20Healthy/Health%20Standards%20Final%202018.pdf

The standards do cover the topics needing to be addressed in this bill and emphasis in these standards is warranted. It is important to allow the process to work. If stakeholders feel that a stronger emphasis be put in an area, there is a process to work on that. We respectfully ask that we follow the successful process as outlined and consider amending.

Possible Language:

During the 2021-23 biennium, the state superintendent shall call for the review process of the North Dakota Health Standards. During that process, a review of current standards dealing with mental health awareness and suicide prevention with focus on identifiable warning signs and risk factors, and identifying at-risk peers shall be conducted and needed emphasis included and adopted in the new standards. This emphasis should be as early as developmentally appropriate and continue through the 12th grade.

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2311
2/10/2021

A BILL for an Act to amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve.

Madam Chair Lee opened the discussion on SB at 11:03 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Amendment 21.1012.01001 proposal

[11:04] Senator K. Roers, District 27. Provided the committee with proposed amendment 21.1012.01001. (testimony #6267)

Senator K. Roers moves to **ADOPT AMENDMENT** 21.1012.01001
Senator Hogan seconded.

Voice Vote – motion passed

Senator K. Roers moves **DO PASS, AS AMENDED.**
Senator Anderson seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 5-1-0
Senator K. Roers will carry SB 2311.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB at 11:08 a.m.

Justin Velez, Committee Clerk

21.1012.01001
Title.02000

Prepared by the Legislative Council staff for
Senator K. Roers
February 10, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2311

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a review of North Dakota health education content standards and curriculum; and to provide for a legislative management report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. SUPERINTENDENT REVIEW OF HEALTH EDUCATION CONTENTS STANDARDS AND CURRICULUM - REPORT TO LEGISLATIVE MANAGEMENT. During the 2021-22 interim, the superintendent of public instruction shall review the North Dakota health education content standards and curriculum for students enrolled in kindergarten through grade twelve to ensure the age-appropriate content standards and curriculum are current and reflect best practices, including a review of mental health awareness and suicide prevention with a focus on identifiable warning signs and risk factors, and identifying at-risk peers. Before July 1, 2022, the superintendent of public instruction shall report the findings and recommendations of the review to the legislative management."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2311: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2311 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a review of North Dakota health education content standards and curriculum; and to provide for a legislative management report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. SUPERINTENDENT REVIEW OF HEALTH EDUCATION CONTENTS STANDARDS AND CURRICULUM - REPORT TO LEGISLATIVE MANAGEMENT. During the 2021-22 interim, the superintendent of public instruction shall review the North Dakota health education content standards and curriculum for students enrolled in kindergarten through grade twelve to ensure the age-appropriate content standards and curriculum are current and reflect best practices, including a review of mental health awareness and suicide prevention with a focus on identifiable warning signs and risk factors, and identifying at-risk peers. Before July 1, 2022, the superintendent of public instruction shall report the findings and recommendations of the review to the legislative management."

Renumber accordingly

21.1012.01001

Sixty-seventh
Legislative Assembly
of North Dakota

SENATE BILL NO. 2311

Introduced by

Senators Heckaman, K. Roers

Representatives Buffalo, Devlin, Vigesaa

A BILL ~~for an Act to amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve.~~for an Act to provide for a review of North Dakota health education content standards and curriculum; and to provide for a legislative management report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

~~**SECTION 1. AMENDMENT.** Section 15.1-21-24 of the North Dakota Century Code is amended and reenacted as follows:~~

~~**15.1-21-24. Health and wellness curriculum - Content.**~~

~~Beginning July 1, 2012, each school district and nonpublic school shall ensure that the:~~

~~1. The portion of its health curriculum which is related to sexual health includes instruction pertaining to the risks associated with adolescent sexual activity and the social, psychological, and physical health gains to be realized by abstaining from sexual activity before and outside of marriage; and~~

~~2. The district or nonpublic school's health curriculum for all students in grades seven through twelve includes instruction in mental health awareness and suicide prevention, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources. To satisfy the requirements of this subsection, a district or nonpublic school may collaborate with other districts and nonpublic schools to share resources and provide the instruction through distance or virtual learning.~~

SECTION 1. SUPERINTENDENT REVIEW OF HEALTH EDUCATION CONTENTS STANDARDS AND CURRICULUM - REPORT TO LEGISLATIVE MANAGEMENT. During the 2021-22 interim, the superintendent of public instruction shall review the North Dakota health education content standards and curriculum for students enrolled in kindergarten through grade

twelve to ensure the age-appropriate content standards and curriculum are current and reflect best practices, including a review of mental health awareness and suicide prevention with a focus on identifiable warning signs and risk factors, and identifying at-risk peers. Before July 1, 2022, the superintendent of public instruction shall report the findings and recommendations of the review to the legislative management.

2021 HOUSE EDUCATION

SB 2311

2021 HOUSE STANDING COMMITTEE MINUTES

Education Committee
Coteau AB Room, State Capitol

SB 2311
3/3/2021

A bill for an act to provide for a review of ND health education content standards and curriculum; to provide for a legislative management report

Chairman Owens called the hearing to order at 3:00 PM. Roll call: Reps. Owens, Schreiber-Beck, Heinert, Hoverson, D. Johnson, M. Johnson, Longmuir, Marschall, Pyle, Richter, Zubke, Guggisberg and Hager present. Rep. Simons absent.

Discussion Topics:

- Face to face instruction
- COVID survey statistic sheet
- Urgent need for curriculum study
- Behavioral health crisis services
- Health standard review

Sen. Joan Heckaman introduced the bill, #7333, #7332
Aimee Copas, NDCEL, #7236
Kennedy Gjovik, #7272
Pam Sagness, Director, Behavioral Health, Dept. of Human Services, #7289, #7319
Ann Ellefson, Director, Academic Support, NDDPI, #7086

Additional written testimony:
#7087

Chairman Owens closed the hearing at 3:55 PM.

Bev Monroe, Committee Clerk

21.1012.02001

Sixty-seventh
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2311

Introduced by

Senators Heckaman, K. Roers

Representatives Buffalo, Devlin, Vigesaa

A BILL for an Act to amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve; to provide for a review of North Dakota health education content standards and curriculum; and to provide for a legislative management report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 15.1-21-24 of the North Dakota Century Code is amended and reenacted as follows:

15.1-21-24. Health and wellness curriculum - Content.

Beginning July 1, 2012, each school district and nonpublic school shall ensure ~~that the~~:

1. The portion of its health curriculum which is related to sexual health includes instruction pertaining to the risks associated with adolescent sexual activity and the social, psychological, and physical health gains to be realized by abstaining from sexual activity before and outside of marriage; and
2. The district or nonpublic school's health curriculum for all students in grades seven through twelve includes instruction in mental health awareness and suicide prevention, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources. To satisfy the requirements of this subsection, a district or nonpublic school may collaborate with other districts and nonpublic schools to share resources and provide the instruction through distance or virtual learning.

SECTION 2. SUPERINTENDENT REVIEW OF HEALTH EDUCATION CONTENTS STANDARDS AND CURRICULUM - REPORT TO LEGISLATIVE MANAGEMENT. During the 2021-22 interim, the superintendent of public instruction shall review the North Dakota health education content standards and curriculum for students enrolled in kindergarten through grade

twelve to ensure the age-appropriate content standards and curriculum are current and reflect best practices, including a review of mental health awareness and suicide prevention with a focus on identifiable warning signs and risk factors, and identifying at-risk peers. Before July 1, 2022, the superintendent of public instruction shall report the findings and recommendations of the review to the legislative management.

21.1012.02001
Title.

Prepared by the Legislative Council staff for
Senator Heckaman
March 3, 2021

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2311

Page 1, line 1, after "to" insert "amend and reenact section 15.1-21-24 of the North Dakota Century Code, relating to mental health awareness and suicide prevention instruction for students in grades seven through twelve; to"

Page 1, after line 3, insert:

"**SECTION 1. AMENDMENT.** Section 15.1-21-24 of the North Dakota Century Code is amended and reenacted as follows:

15.1-21-24. Health and wellness curriculum - Content.

Beginning July 1, 2012, each school district and nonpublic school shall ensure ~~that the~~:

1. The portion of its health curriculum which is related to sexual health includes instruction pertaining to the risks associated with adolescent sexual activity and the social, psychological, and physical health gains to be realized by abstaining from sexual activity before and outside of marriage; and

2. The district or nonpublic school's health curriculum for all students in grades seven through twelve includes instruction in mental health awareness and suicide prevention, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources. To satisfy the requirements of this subsection, a district or nonpublic school may collaborate with other districts and nonpublic schools to share resources and provide the instruction through distance or virtual learning."

Renumber accordingly

SB 2311

Senator Joan Heckaman

Chairman and Members of the Committee: I am Senator Joan Heckaman from District 23. I am here to introduce you to SB 2311. This bill started out in the Senate as a bill to have schools include instruction in mental health awareness and suicide prevention for students in grades 7-12, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources addressing these issues.

When the bill came out of the Senate Human Services Committee it had been hog housed into a review of health education content standards and curriculum for students in K-12. I appreciate that addition because the committee felt they did not know exactly what grade this instruction should begin. The Department of Public Instruction would conduct this review to ensure that age-appropriate content standards and curriculum are current and reflect best practices, including mental health awareness and suicide prevention. There is nothing wrong with having this review. In fact, I believe adding this review to the original bill will make a stronger bill that focuses on the current issues our young people are encountering.

I want to go back to the 2019 session where we became acquainted with Kennedy Gjovik, a young lady from my legislative district. She made it her mission to ensure that students have access to instruction in mental health awareness and suicide prevention. She provided compelling testimony on the importance of this training when she testified before this committee.

She is joining us again today, virtually, to add additional information and tell her story. But I will begin the story.

Kennedy was not able to find anyone to listen to her in her high school. She suffered an extremely traumatic event in school that almost ended her life. She eventually transferred to another school.

She came to Bismarck last session and testified about the need for mental health awareness and suicide prevention instruction. That bill passed with the only remaining part that each school in the state identify a behavior health resource

coordinator. This individual connects with students to hear their concerns, assess local/regional resources for help, and help students access identified resources.

That part of the bill was successful and continues to positively impact our schools in the following manner. I am leading a group of educators in identifying resources schools may use to address educator stressors, as related to COVID issues. These resources have been gathered with the help of Pam Sagness at DHS and Luke Schaefer who is the Director at Central Regional Education Association. These resources have been distributed to schools through the connection with the behavior health resource coordinators. We thank Kennedy for her concerns and getting this positive piece of legislation passed. Thanks to this committee for supporting that bill.

Back to SB 2311. This bill in its original form will add to the opportunities for educators and behavior health resource coordinators to positively impact lives of our young people. The part that adds traction to the original bill was that schools may collaborate with other districts, both public and nonpublic, to share resources and provide instruction through distance or virtual learning opportunities. I believe this opens the doors to a variety of possibilities.

But the part that is important is that there is face to face instruction. As a teacher, I know that just handing out a pamphlet or piece of information does not do the job. To help students find answers, you need to connect with the student and with the unlimited possibilities in this bill to lower attempts and prevent needless suicides. A few weeks ago, Fargo had another student take his life. This bill, in its original form, can help prevent more suicides.

I have attached a document from the Youth Behavior Risk Survey (2019). This survey provides information to schools on what needs are identified in local schools, whether that is trending up/down, and helps direct interventions/instruction.

You will note that on the high school survey, from 2007-2019, the percentage of students who felt sad or helpless increased, the percentage of students who seriously considered attempting suicide increased, the percentage of students who made a plan about how they would attempt suicide increased, and the percentage of students who attempted suicide increased. These statistics are alarming. We need to do something. And while the review of standards may

provide some information, we can't wait 2 more years. Attached is a link to the survey, Youth Risk Behavior Survey/ North Dakota Department of Public Instruction (nd.gov). A couple other statistic sheets from this survey are attached in my testimony from the Senate hearing. It is also noteworthy that it will be interesting to see the upcoming survey that will assess the effects of COVID. Will students feel more isolated, sadder, more intent on planning suicide, or note a variety of new concerns?

If you look at the testimony from the Senate, you will see that all testimony is in support or in a neutral position.

As you hear testimony on this bill, I would ask you to return this bill to its original form and add the review of health standards to that form. I have an amendment for your consideration to do that.

Thank you for your time and I would stand for any questions.

2019 YOUTH RISK BEHAVIOR SURVEY RESULTS

North Dakota High School Survey

Trend Analysis Report

Total
Injury and Violence

Health Risk Behavior and Percentages															Linear Change*	Quadratic Change*	Change from 2017-2019 †
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019			
QN25: Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)																	
				25.0	25.9	20.8	20.3	17.1	22.9	23.8	25.4	27.2	28.9	30.5	Increased, 1999-2019	Decreased, 1999-2007 Increased, 2007-2019	No change
QN26: Percentage of students who seriously considered attempting suicide (ever during the 12 months before the survey)																	
	25.4			18.8	19.0	13.6	15.4	10.4	12.4	14.7	16.1	16.2	16.7	18.8	Decreased, 1995-2019	Decreased, 1995-2007 Increased, 2007-2019	No change
QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)																	
	19.9			14.3	13.9	11.3	12.2	8.1	10.5	12.1	13.5	13.5	14.5	15.3	Decreased, 1995-2019	Decreased, 1995-2007 Increased, 2007-2019	No change
QN28: Percentage of students who attempted suicide (one or more times during the 12 months before the survey)																	
	7.5			6.4	7.5	7.2	6.4	8.8	5.7	10.8	11.5	9.4	13.5	13.0	Increased, 1995-2019	No change, 1995-2005 Increased, 2005-2019	No change

*Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$.
†Based on t-test analysis, $p < 0.05$.

SB 2311 – Required Health Curriculum

NDCEL Testimony in support

Chairman Owens and members of the House Education Committee. For the record my name is Dr. Aimee Copas and I serve as the Executive Director for the North Dakota Council of Educational Leaders representing all our ND school administrators, directors, and school leaders.

We come today in support of this bill in its amended 2000 form for this bill. This form came to fruition through partnering with the Senate Human Services committee and helping them understand how this bill could be best workable at the school district level. When it comes to determining what should be taught in a course, there are really wonderful partnerships of all the players when operating in their appropriate roles. There is absolutely no question that what we are considering today with suicide prevention is an incredibly important topic – so how do we best ensure that the correct material is getting to the students in a developmentally appropriate manner – it is through the standards review process.

The process of determining what is taught: The state's role is to define broadly what needs to be covered (course areas) (this is wrapping your arms around education with good policy). NDDPI is charged with setting standards in cooperation and partnership with our best health teachers. School Boards are set with determining curriculum. Teachers are charged with executing those standards and curriculum, and administrators are charged with assuring it and providing the needed professional development to assist. This is a beautiful arrangement. We ask that we keep our roles defined appropriately. We feel confident that emphasizing this work as a power-standard is the best education related approach to having this curriculum addressed.

The ND Health Standards can be found here – last updated in 2018 contain 59 pages of well-done health standards for grades K-12:

https://www.nd.gov/dpi/sites/www/files/documents/Safe%20%26%20Healthy/Health%20Standards%20Final%202018.pdf

The standards do cover the topics needing to be addressed in this bill- however, current circumstances warrant emphasis in these standards is warranted. In doing so, it is important to allow the process to work. If stakeholders feel that a stronger emphasis be put in an area, there is a process to work on that. That is exactly what the amended version of this bill does. It is appropriate and we'd ask this committee to support. Thank you for your consideration.

Chairman and members of the house education committee

My name is Kennedy Gjovik and I am a mental health advocate here to testify in favor of Senate Bill 2311, but more importantly tell you why we need the original context of the bill more then ever. I am asking you today to open your eyes and see that research the next 2 years is not what is going to save and reach out to these children who are in need. We need to get these children the resources they deserve and that are going to save their lives and the original context of this bill would do that. I want to share a reality with you, you have met a child that has thought or is currently thinking about suicide. Now I want to tell you the story as to why the original context of this bill is so important.

But before we talk about what the story is, we need to know what the original context was. The original context was instruction for grades 7-12 on mental health awareness and suicide prevention. Some topics that could be talked about are how to identify warning signs, risk factors, how to identify at risk peers, and the different kinds of resources available. We can get this information to students in many ways such as 1. Having a simple conversation about mental health 2. Watch videos 3. Bringing in advocates.

Now time to tell you a story, the story I want to tell you is a story of pain and survival, but not for attention or sympathy. The story I am about to tell you is my story. But unfortunately, my story is a story many students in our state face every day. And it starts in kindergarten. We recently moved, and I was 7. I would be going to a new school with kids who all knew each other, and I was the outsider. I was the happiest kid ever, always had a smile on

my face. But soon my smile faded when the bullying started. It started out with name calling. Names like fat, ugly, loser. Little did I know that it would only get worse as I got older.

I was in 3rd grade when the cyberbullying started. I remember the first incident of cyberbullying like it was yesterday. I remember being on my tablet one night and being added into a group chat with kids from my previous school. The first message I got in the group chat was "Why don't you go kill yourself?" I had it with everything that night. I just didn't want to fight anymore. I had all the warning signs, but no one noticed. Or even if they did notice no one spoke up. After getting that message I decided I was done fighting. That night I made my first suicide attempt and was the first time I had ever harmed myself. I was only 10 when I made my first suicide attempt and unfortunately that wasn't my last. I remember feeling so alone, like I was drowning, suffocating. I felt like I had no where to turn to because when it came to the cyber bullying and the bullying in general, I was told it was 'kids being kids.'

Fast forward to 6th grade. In sixth grade the school guidance counselor from my previous school found out I was self- harming. He talked to me about it. Now, you think its common sense if you find out someone is harming themselves you would tell someone close to them about it so they could get help right? It's also legally mandated that schools notify the family or authorities if they find out a student is harming themselves, thinking about suicide, or thinking about harming others. Did that happen in my case? No, the guidance counselor did NOT tell my family or authorities. My grandma even worked at that school. No one in my family at this point knew how bad things were getting.

In grade 7 my family found out everything. How? I had an Instagram account where I shared my true feelings. I used this account because I didn't have friends at school, and I was able to connect with people who were going through the same thing as me. On this account I had shared my feelings, and the fact I was self-harming. My secret came out. My cousin found the account and texted my mom. My family now finally after 4 years found out that I was cutting.

When I was in 8th grade my best friend from out of state took his own life on September 25th, 2015. I was the last person he talked to. When he called me about 9pm the night of the 24th I knew something was wrong. He was crying and the first words out of his mouth were "Kennedy I can't do this anymore, I want to give up." I immediately went into the mode of I must get him to stay. Between calling the hotline and using all the resources I had access to I still couldn't save him. It was about 4am when he told me to go to sleep. He was calmed down, he said he wasn't going to do anything. About 4:15 I got the last message I would ever receive from him. I was in denial, I didn't want to believe it. I asked myself where I went wrong, how I could've helped better. But I couldn't save him. His suicide taught me a lot. I was 14 turning 15. I didn't know what to do, who to call, where to go, I didn't know how to handle this. And this is one of the reasons I believe we should teach the students about suicide and mental illnesses that way they have proper access to resources, and they know what to look for when it comes to their friends. If I had more info on resources and the warning signs, maybe I could've saved my friend. But that's not what happened.

Freshman year is when everything would change. The bullying was still going on. And I was battling some trauma that no one knew about. Now at my previous school we never talked

about suicide or mental health. That was a topic I knew a lot about but wasn't been taken seriously. I showed all the signs. I was just getting worse and no one noticed. I played the role of the happy girl so no one would be bothered by my problems. I wanted to show everyone I was okay. Freshman year held pain. Freshman year held multiple E.R. visits because my panic attacks were so bad that it was causing physical health problems. At school my freshman year I was pretty much bound to the resource room and office. I was going downhill, but continued to make sure everyone else was okay, no one saw what was coming next

May 5th, 2017. The day that changed my whole life. Before I talk about May 5th, 2017. I want to talk about a week before. A week before May 5th, 2017 I walked into the office and gave a letter to the school principle. That letter was a suicide note. It was my cry for help. It wasn't for attention. The principle read the letter asked what it was for. I told him my thoughts and what was in the letter. He said okay and sent me back to class. Now, did my family find out about this letter. No. They had no idea I was at rock bottom.

May 5th, 2017 started like a regular day. Name calling, panic attacks, and feelings of not wanting to be alive. I remember the first thing that a fellow classmate had said to me was "Next time you draw on yourself, draw on yourself with a razor". That phrase pushed me over the edge. Right before 2nd period I went into the bathroom and took a dangerous amount of Tylenol. I had just overdosed, and no one knew. An hour went by and I started to get scared, I realized I didn't want to die. I just wanted the pain to stop. I told a teacher and the called the ambulance. My parents got the phone call saying that I was being taken by ambulance to the hospital. I'm not supposed to be alive right now. The doctors don't know how I am alive because of the amount of Tylenol I took. May 5th, 2017 was my 7th suicide attempt. I survived,

and my life was changed forever. My sophomore year I started at Midkota High school, which was a blessing to me. If I had went to Midkota before May 5th, 2017 I would not be speaking in front of you because I would not be who I am. I would not be where I am in life.

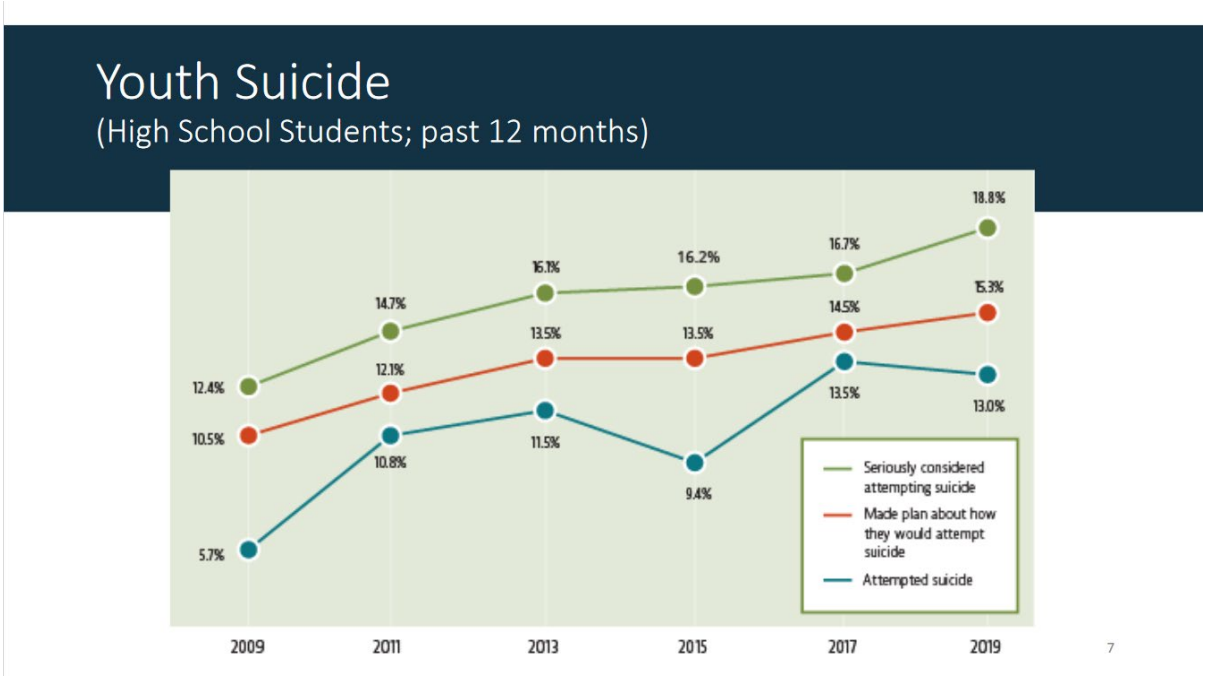
I did not tell you this story for symoathy or attention, but to show you the importance of the original context of the bill. I am asking for you guys to please find a way to give the students the resources and help they deserve because research over the next 2 years will not save any lives in 2 years. Thank you.

Testimony
Engrossed Senate Bill 2311 - Department of Human Services
Education Committee
Representative Owens, Chairman

March 3, 2021

Chairman Owens and members of the Education Committee, I am Pamela Sagness Behavioral Health Division Director for the Department of Human Services (Department). I appear today in support of engrossed Senate Bill 2311.

Committee members should have received the new 2021 ND Behavioral Health Data Book. This publication includes curated data from ND relating to behavioral health. As you will see, youth mental health continues to be an area of significant need. The data included below shows a concerning upward trend for high school students in the state.



Efforts related to school behavioral health have been advancing in recent years. The Department appreciates the collaboration we have experienced from partners in education as we work to improve the state's behavioral health system to better meet the needs of students and families.

Behavioral Health and Education

Prevention and Early Intervention Pilot	Behavioral Health School Grant Program	Behavioral Health Resource Support (B-HERO)
The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $300,000 to the Department of Human Services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system; including services to children suffering from the effects of behavioral health issues. October 2018 - Pilot project to Simle Middle School in Bismarck. October 2020 – Pilot project expansion awarded to Dunseith Public School (tribal) and Barnes County North Public School (rural).	*The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.* 25 schools utilized ND State Medicaid reimbursement during the previous school year and are eligible for funding. 8 grant applications have been received (1/11/2021) • 5 awarded (4 schools) • 3 in review	*The ND 66th Legislative Assembly passed Senate Bill 2149 which established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator and Senate Bill 2313 which established the requirement for DHS to provide resources to behavioral health resource coordinators.* The Central Regional Education Association (CREA) was awarded the contract (through a Request for Proposal) to provide resources, information, and support to school behavioral health resource coordinators at each school in North Dakota, collaborating with the Behavioral Health Division.

29

We look forward to continued collaboration and are willing to assist to ensure behavioral health best practices are identified and services are available for those in need. This concludes my testimony and I am available to answer any questions.

#7319

NORTH Dakota Be Legendary.™ | Behavioral Health HUMAN SERVICES

BEHAVIORAL HEALTH IN NORTH DAKOTA

DATA BOOK 2021

This booklet tells the story of behavioral health in North Dakota (ND) and is based off the 2020 North Dakota Epidemiological Profile.

Research shows the importance of using data to guide effective and targeted behavioral health efforts. The data presented in this booklet paints a picture to help guide these efforts across the state.

This is a product of the North Dakota State Epidemiological Outcomes Workgroup (SEOW). For more information and to view the most recent North Dakota Epidemiological Profile, go to **behavioralhealth.nd.gov/data.**

NORTH DAKOTA DEMOGRAPHICS OVERVIEW

POPULATION IS 762,062

13.3% FROM 2010[2]

RACE/ ETHNICITY[2]

White
86.9%

Black or African American
3.4%

American Indian and Alaska Native
5.6%

Asian
1.7%

Native Hawaiian and other Pacific Islander
0.1%

Two or more races
2.3%

4.1% of North Dakotans identify as Hispanic or Latino.[2]

There are **46,524** veterans in North Dakota, which is 6.1% of the state's adult population.[2]

49.5% of North Dakota residents live in rural areas, compared to **14.1%** nationwide.[4]

One in ten (10.6%) North Dakotans are currently living in poverty.[4]

There are **five** federally recognized Tribes and one Indian community located at least partially within the state.[3]

23.6% of North Dakotans are under age 18 and **15.7%** are over age 65.[2]

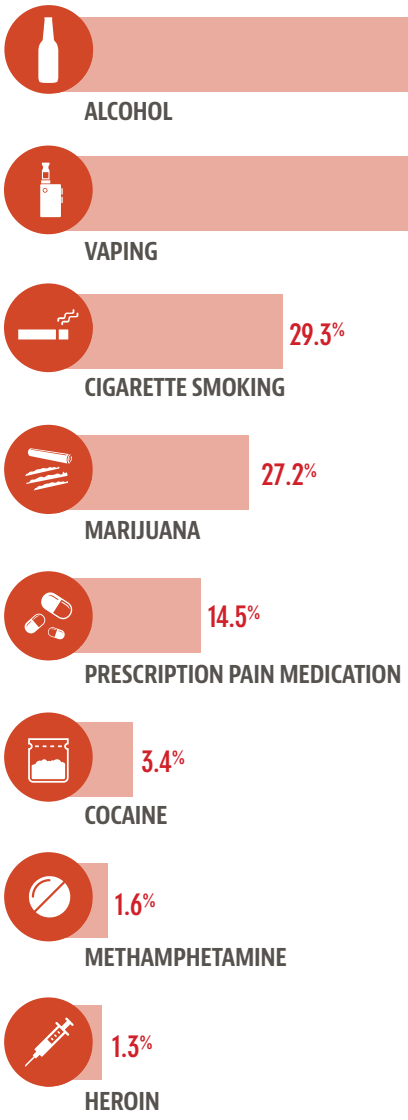
North Dakota has a **2.4%** unemployment rate.[4]

OVERVIEW OF SUBSTANCE USE IN NORTH DAKOTA

Alcohol is the most used substance among both youth and adults in North Dakota.

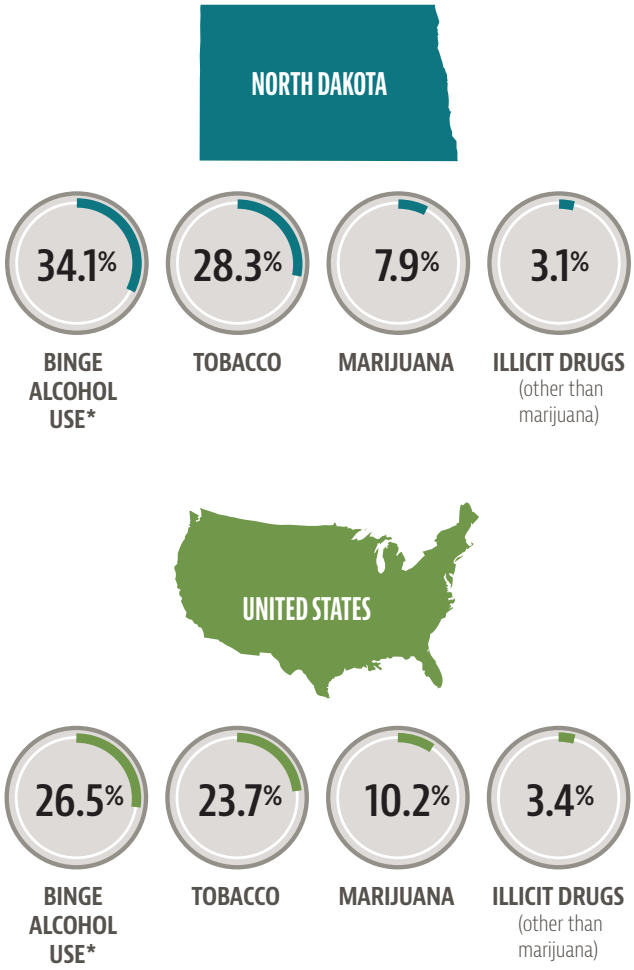
YOUTH (HIGH SCHOOL STUDENTS)[5]

LIFETIME Substance Use



ADULTS (AGES 18+)[7]

PAST 30-DAY Substance Use



*Binge drinking: 5 or more drinks of alcohol in a row within a couple of hours

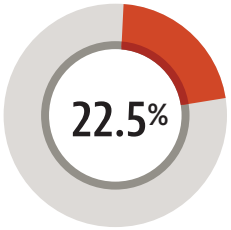
ALCOHOL: UNDERAGE DRINKING

Great strides have been made in the prevention of underage drinking over the past decade, but there is still more work to do.

THE MAJORITY OF ND ADULTS AGREE THAT

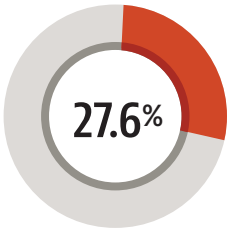
92.9%

UNDERAGE DRINKING
IS A PROBLEM IN THEIR COMMUNITY.[8]



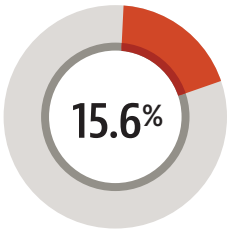
of ND **middle school** students report alcohol use in their **lifetime**,[5]

a decrease from **24.8%** in 2003.



of ND **high school** students report **current alcohol use** (within the past 30 days),[5]

a decrease from **35.3%** in 2013.



of ND **high school** students report **current binge drinking*** (within the past 30 days),[5]

a decrease from **21.9%** in 2013.

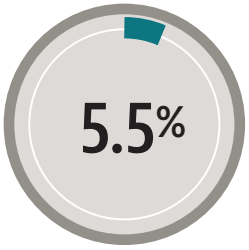
Research has shown brain development is not complete until around age 25.[10]

Among the last parts of the brain to be developed are those responsible for impulse control and extended reasoning. Alcohol use among youth and young adults can result in irreversible changes impacting problem-solving skills, performance at school, and potentially their body, mood, and mental health.

*Binge drinking: 5 or more drinks of alcohol in a row within a couple of hours

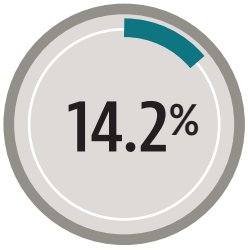
ALCOHOL: UNDERAGE DRINKING

Not only is underage drinking against the law, but there are also many consequences to underage drinking impacting the health and safety of North Dakota youth.



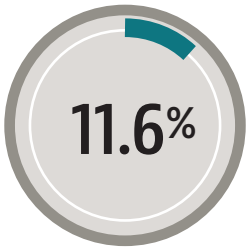
5.5% of ND high school students report driving after drinking alcohol within the past 30 days.[5]

a decrease from **10.7%** in 2013.

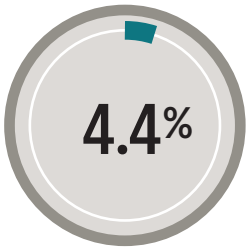


1 in 6 (14.2%) ND high school students report riding with a driver who had been drinking alcohol within the past 30 days.[5]

a decrease from **21.9%** in 2013.



11.6% of juvenile arrests are alcohol-related (DUI and liquor law violations).[11]



Approximately 4.4% of ND youth (ages 12-17) met the criteria for alcohol use disorder in the past year.[7]

UNDERAGE DRINKING costs the citizens of **NORTH DAKOTA** nearly **$160 million EACH YEAR** in **MEDICAL WORK LOST & PAIN AND SUFFERING**

IN 2013, SOME OF THESE COSTS INCLUDED:

$2,327 for each youth in the state or **$3.70** per drink consumed underage.[12]

VIOLENCE = **$83.8 MILLION**

TRAFFIC CRASHES = **$40.3 MILLION**

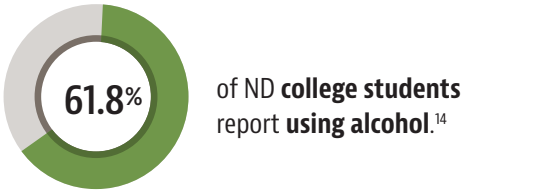
INJURY = **$7.0 MILLION**

TREATMENT = **$4.6 MILLION**

ALCOHOL: YOUNG ADULT & COLLEGE STUDENTS

Two out of five North Dakota young adults binge drink and a quarter report driving after drinking. This age group often overestimates how frequently their peers are binge drinking, which can influence personal decisions surrounding alcohol use.

In the past 30 days



of ND **college students** report **using alcohol**.[14]

of ND **young adults** (age 18-29) report **using alcohol**.[13]

of ND **young adults** (age 18-29) report **binge* alcohol use**.[13]

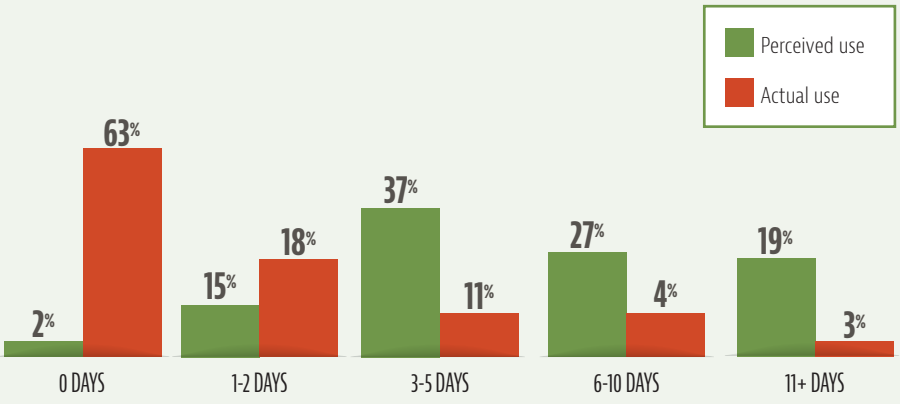
22.7% OF ND **YOUNG ADULTS** age 18-29 **REPORT DRIVING** WITHIN **TWO HOURS** OF DRINKING in the past 30 days.[13]

PERCEIVED VERSUS ACTUAL BINGE* DRINKING BEHAVIOR AMONG ND YOUNG ADULTS

(Number of days in past 30 days)

A significant misperception is revealed when perceptions of how frequently peers binge drink are compared to actual binge drinking rates.[13]

Youth drink significantly less alcohol than what is perceived by their peers.



*Binge drinking: 5 or more drinks of alcohol on an occasion or in a row

ALCOHOL: ADULT

Adult binge drinking in North Dakota is a serious public health issue, resulting in many consequences impacting individuals, families and communities.

90.8% OF ND ADULTS BELIEVE **ADULT** ALCOHOL USE IS A PROBLEM IN **THEIR COMMUNITY.**[8]

The economic costs of excessive alcohol consumption in the ND are estimated at **$487 million**, which is $725 per person or $1.40 a drink.[20]

Of surveyed individuals, nearly **5%** (4.7%) of adults report drinking to excess and driving in the past 30 days.[15]

More than one in six (17%) adult arrests in ND are for driving under the influence.[11]

In the past month, 60.1% of adults age 26 and older used alcohol.[7]

35% of fatal crashes in ND are alcohol-related.[16]

30% of new domestic violence cases in ND involve alcohol.[17]

Approximately **5.7%** of ND adults age 26 or older met the criteria for alcohol use disorder in the past year.[7]

ND ranks **2nd** in the nation for binge* alcohol use (past month) among adults age 26 and older (31.2%).[7]

94.6% of women and **84.7%** of men entering North Dakota correctional facilities have an active substance use disorder diagnosis[18]

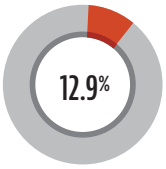
Nationally, excessive alcohol use led to approximately **95,158 deaths** and 2.76 million years of potential lives lost each year from 2011-2015, shortening the lives of those who died by an average of 40 years.[19]

*Binge drinking: 5 or more drinks of alcohol on an occasion or in a row

ALCOHOL: RISK FACTORS

There are many risk factors that influence a person's likelihood of engaging in illegal or risky substance use. Effective prevention focuses on reducing these risk factors.

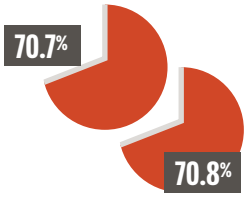
1 Research shows that individuals who start drinking before the age of 15 are **four times** more likely than individuals who start drinking at the age of 21 to meet the criteria for alcohol use disorder at some point in their lives.[21]



of ND **high school** students report their first use of alcohol before the age of 13,[5]

a decrease from **25.4%** in 2003.

2 Generally, individuals do NOT believe binge drinking is risky.



The majority of ND **high school** students (70.7%) and ND **young adults** age 18-29 (70.8%) believe binge drinking one or two times a week does NOT pose a great risk.[5, 13]

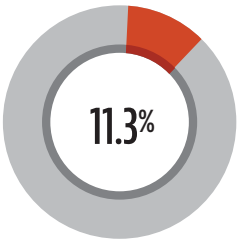
3 The easier it is to obtain alcohol, the higher the likelihood for use and abuse.

1 BAR for **1,809** PEOPLE

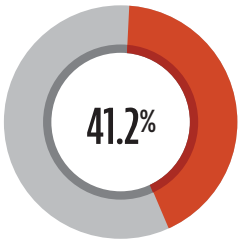
North Dakota ranks highest in the nation for the number of bars per capita, with 1 bar for every 1,809 people. Compare this to Virginia with 1 bar for every 64,773 people.[22]

1 LICENSE for **492** PEOPLE

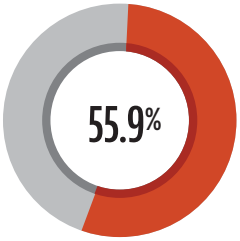
There is 1 alcohol beverage license (restaurant serving alcohol, bar or liquor store) in ND for every 492 people.[23]



of ND adults believe it is not at all difficult for youth to **buy alcohol at a store** themselves.[8]



of ND adults believe it is not at all difficult for youth to **get an older person to buy** alcohol for them.[8]



of ND adults believe it is not at all difficult for youth to **sneak alcohol from their home or a friend's home**.[8]

ALCOHOL: PREVENTION WORKS

Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals, families and communities, which prevents problems before they occur.

CHANGE COMES FROM

Increased awareness of the risks associated with underage drinking and adult binge drinking.

Strengthened policies to reduce access to alcohol.

66.2% of ND adults believe that alcohol servers and bartenders should be specially trained.[8]

Enforcement of laws and policies related to alcohol.

81.1% of ND adults support the legal drinking age of 21.[8]

67.7% of ND adults support DUI checkpoints.[8]

86.7% of ND adults support compliance checks.[8]

Shifting community norms to be supportive of healthy decisions, and not supportive of excessive alcohol consumption.

81.0% of ND adults support penalties for adults who provide alcohol to minors.[8]

Protective parental behaviors such as ongoing conversations, healthy role-modeling, monitoring, support and engagement.

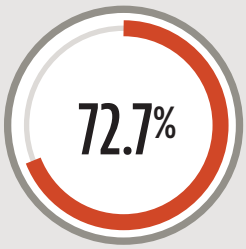
78.4% of ND high school students report their parents or other adults in their family most of the time or always ask where they are going and with whom.[5]

78% of ND high school students report their parents or other adults in their family have clear rules and consequences for their behavior.[5]

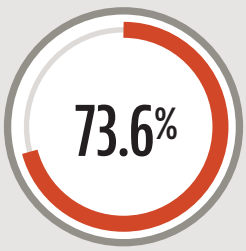
Parents are the #1 influence in their child's life. **Visit parentslead.org.**

PARENTS LEAD

NORTH DAKOTA ADULTS



believe it is possible to reduce alcohol and other drug problems through prevention.[8]



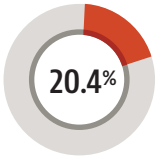
believe that prevention programs are a good investment.[8]

TOBACCO

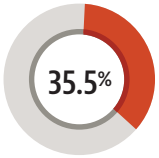
Generally, cigarette use is declining among youth in the state. However, use of other tobacco products has remained steady or increased.

YOUTH

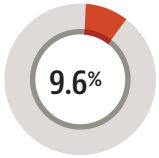
93.4% of ND adults believe **TOBACCO USE AMONG YOUTH** IS A PROBLEM IN THEIR COMMUNITY.[8]



of ND **middle school** students report trying cigarette smoking (even one or two puffs) at one point in their life.[5]



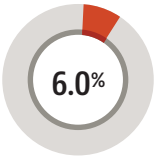
of ND **high school** students report current (in the past 30 days) use of tobacco.[5]



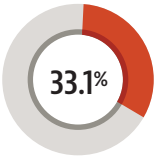
of ND **college students** used tobacco within the past 30 days.[14]

8.3% of ND high school students report current (past 30-day) use of **cigarettes**; compared to **12.6%** in 2017.[9]

Electronic Vapor Products

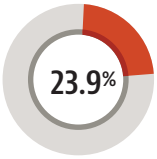


of ND **middle school** students report using electronic vapor products at one point in their life.[5]



of ND **high school** students report current use of electronic vapor products.[24]

an increase from **19.1%** in 2017.[5]

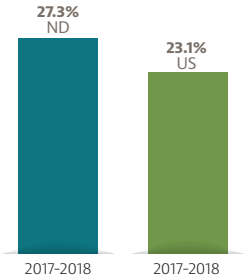


of ND **college students** used electronic cigarettes within the past 30 days.[14]

ADULTS

89.6% of ND adults believe **TOBACCO USE AMONG ADULTS** IS A PROBLEM IN THEIR COMMUNITY.[8]

27.3% of ND adults (age 26 and older) report tobacco product use in the past month; compared to **23.1%** of US adults (age 26 and older).[7]



TOBACCO

Tobacco is the leading preventable cause of death in the United States and takes a tremendous toll on lives in North Dakota. When we prevent tobacco use and exposure to secondhand smoke, we prevent disease, suffering and death, and save money on healthcare expenditures and productivity losses.

The majority **63.7%** of North Dakotans (age 12 or older) believe smoking one or more packs of cigarettes per day poses great risk.[7]

In the **2020** school year, **558** North Dakota students were expelled or suspended because of tobacco-related incidents, resulting in **1,337** days removed from school.[25]

Exposure to secondhand smoke causes **more than 41,000 deaths** each year among adults in the United States.[26]

The life expectancy for **SMOKERS** is at least **10 YEARS SHORTER** than for **nonsmokers.**[28]

39.4% of ND high school students report it would be very easy to get tobacco products if they wanted some.[24]

13.2% of ND high school students usually obtain their own **cigarettes** by buying them in a store or gas station.[5*]

4.9% of ND high school students usually obtain their own **electronic vapor products** by buying them in a store.[5*]

*During the 30 days before the survey, among students who were less than 18 years old and who currently smoke or use electronic vapor products.

Tobacco costs us all, even those who do not use tobacco. North Dakota smoking-caused monetary costs include:[27]

Annual health care costs directly caused by smoking: **$326 million**

Medicaid costs caused by smoking: **$56.9 million**

Residents' state and federal tax burden from smoking-caused government expenditures: **$724 per household**

Smoking-caused productivity losses: **$232.6 million**

MARIJUANA

When compared to national rates, marijuana use is generally lower. Young adults often overestimate how frequently their peers are using marijuana which can influence personal decisions surrounding marijuana use.

85.3%

The majority of ND adults believe **YOUTH** marijuana use is a problem in their community.[8]

76.2%

Three out of four ND adults believe it is a problem for **ADULTS**.[8]

YOUTH

8.2% of ND **middle school** students have used marijuana one or more times in their lifetime.[5]

27.2% of ND **high school** students have used marijuana one or more times in the last 30 days, compared to 19.8% in U.S.[5]

YOUNG ADULT

13.0% of ND **young adults** (age 18 to 29) report marijuana use in the past 30 days.[13]

12.3% of ND **college students** used marijuana within the past 30 days.[14]

ADULT

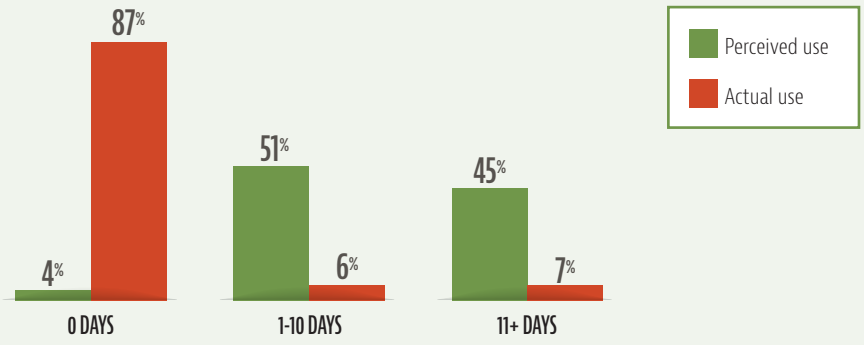
6.0% of ND **adults** (age 26 and older) report using marijuana in the past month, compared to 8.3% in the U.S.[7]

PERCEIVED VERSUS ACTUAL MARIJUANA USE AMONG ND YOUNG ADULTS

(Number of days in the past 30 days)

A significant misperception is revealed when perceptions of how frequently peers use marijuana are compared to actual marijuana use rates.[13]

Marijuana use by young adults is significantly less than what is perceived by their peers.



MARIJUANA

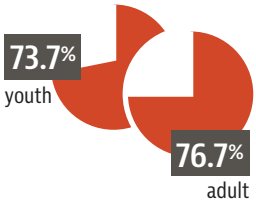
As efforts to legalize marijuana continue, there is an increasing perception that marijuana is not harmful or addictive. The reality is that marijuana can cause major health, safety, social, and learning problems - especially in adolescents.

Youth initiation of marijuana increases the likelihood of negative consequences, including addiction.

of ND **high school** students tried marijuana for the first time before the age of 13.[5]

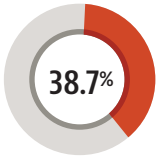
5.0% is equivalent to approximately 1,989 students, or almost the total number of students enrolled in the entire Jamestown School District.[9]

Generally, use is higher when individuals do not believe use is risky.

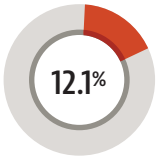


73.7% of ND youth (age 12-17) and 76.7% of ND adults (age 18 or older) do NOT perceive great risk in smoking marijuana once a month.[7]

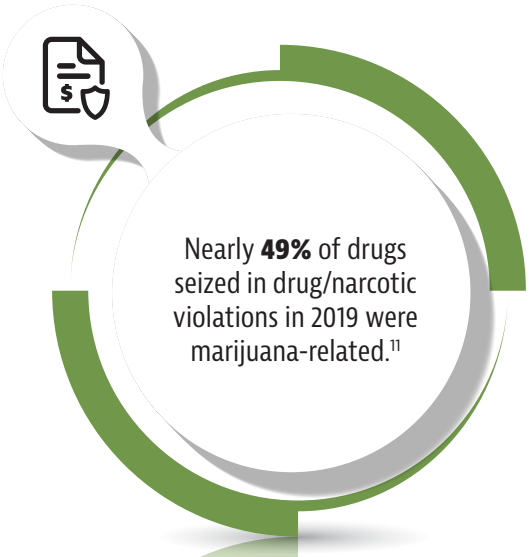
The easier it is to obtain marijuana, the higher likelihood for use and abuse.

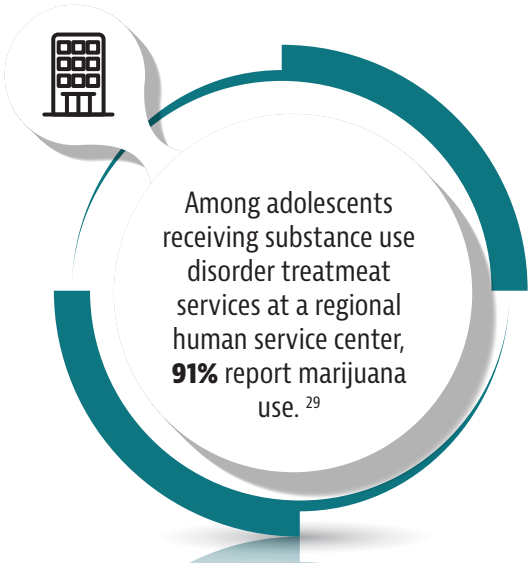


of ND adults believe it is not at all difficult for adults or youth to access marijuana in their community.[8]



of ND high school students were offered, sold, or given an illegal drug on school property during the year before the survey.[5]

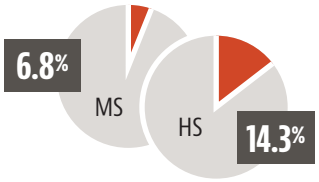




PRESCRIPTION DRUGS

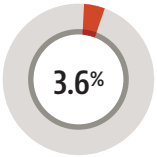
Prescription opioid misuse and overdose is a growing concern across the nation and in North Dakota communities.

MORE THAN **THREE QUARTERS** OF ND ADULTS BELIEVE **PRESCRIPTION DRUG** USE AMONG BOTH **YOUTH (82.4%)** AND **ADULTS (85.9%)** IS A PROBLEM IN THEIR COMMUNITY.[8]

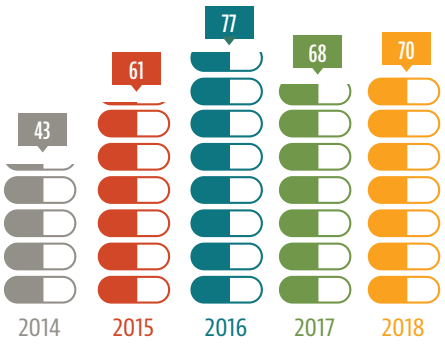


6.8% of ND middle school students and **14.3%** of ND high school students report using prescription pain medication without a doctor's prescription one or more times during their lifetime.[5]

of ND **young adults** (age 18-29) report use of prescription medication in the last 30 days to get high.[13]



of ND **adults** (age 26 or older) report non-medical use of pain relievers in the past year, compared to 3.6% in the U.S.[7]



In North Dakota, overdose deaths increased from **43 in 2014** to **77 in 2016** and has decreased to **70 in 2018**.[32]

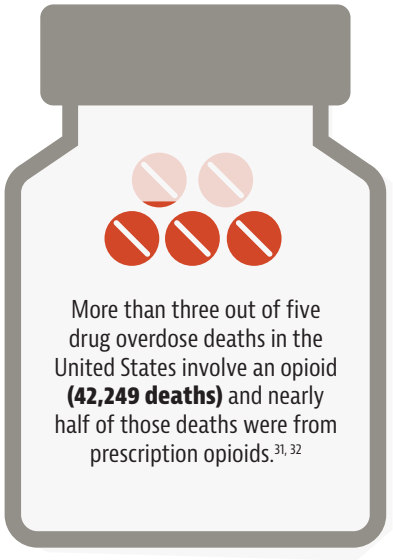
40x

People who are addicted to prescription pain killers are **40x** more likely to become addicted to heroin.[30]

The majority of heroin users report that they began abusing prescription drugs **before** using heroin.[7]

COMMON TYPES OF PRESCRIPTION PAIN MEDICATION (OPIOIDS):

Morphine; Oxycodone (Oxycontin, Percocet); Methadone; Hydrocodone (Vicodin); Codeine; Fentanyl

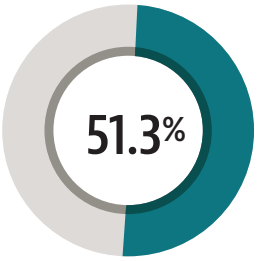


More than three out of five drug overdose deaths in the United States involve an opioid **(42,249 deaths)** and nearly half of those deaths were from prescription opioids.[31, 32]

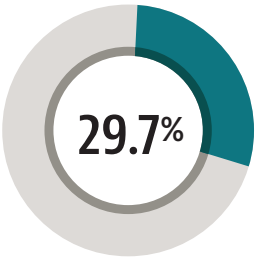
PRESCRIPTION DRUGS

Access to prescription medications is a key risk factor relating to the misuse of and addiction to prescription opioid medication.

The more prescription opioid medication is available, the higher likelihood of misuse.

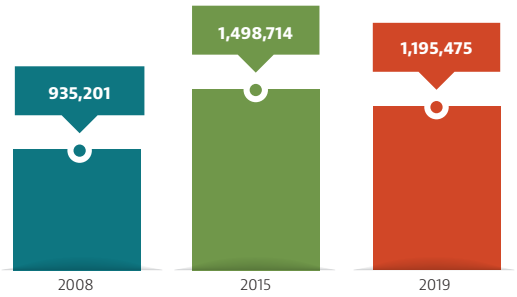


of people (age 12+) who misuse pain relievers obtain them from a friend or relative.[33]



of ND adults believe it is **NOT** at all difficult for youth or adults to access prescription drugs in their community.[8]

The number of
controlled substance prescriptions
INCREASED from **935,201** in 2008 to **1,498,714** in 2015
and has **DECREASED** to **1,195,475** in 2019.[34]



Among individuals receiving substance use disorder treatment services at a regional human service center, nearly 10% report heroin or prescription opioid use.[29]

OTHER ILLICIT DRUGS

Illicit drug use is relatively low in North Dakota.

YOUTH (ND HIGH SCHOOL STUDENTS)

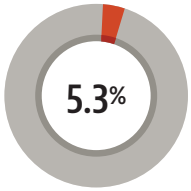
27.2% report using **synthetic marijuana** one or more times in their life.[5]

3.4% report using **cocaine** one or more times in their life.[5]

1.6% report using **methamphetamine** one or more times in their life, compared to 2.5% in the U.S [5]

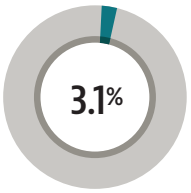
1.3% report using **heroin** one or more times in their life, compared to 1.7% in the U.S.[5]

YOUNG ADULT



of ND college students report use of **other illegal drugs** in the past year (heroin, inhalants, synthetic drugs, etc.).[14]

ADULT



of ND adults (age 18 and older) report **using illicit drugs** (other than marijuana) in the past month.[7]

North Dakota has taken steps to decrease access of methamphetamine such as restrictions on sales of products used to manufacture the drug and increased enforcement.

The majority of ND community members

68.9% believe it is difficult to access methamphetamine.

An increase from 62% in 2015.

When asked, **18.7%** of ND community members disagree with the statement,

> **"I know who to go to if I need help for myself or family member(s) who are abusing alcohol or other drugs."**

If you would like to know where to find help, visit:

behavioralhealth.nd.gov/addiction/service-locator

OTHER ILLICIT DRUGS

The consequences of illicit drug use impact our families and communities.

Nearly **15%** of the **total arrests** in 2019 were for **drug/narcotic violations.**[11]

The most common drug types seized in drug/narcotic violations are[11]

MARIJUANA 3,651 CASES	**AMPHETAMINES/ METHAMPHETAMINES** 2,498 CASES
HEROIN 325 CASES	**OTHER NARCOTICS** 290 CASES

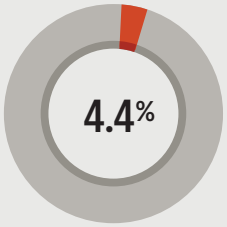
Up to 3 drug types may be selected for each incident

94.6% of women and **84.7%** of men **entering ND correctional facilities** have an active **substance use disorder diagnosis.**[18]

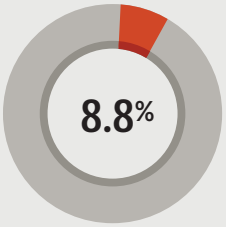
667 individuals received services at one of the three **authorized Syringe Service Programs** in the state from January 1, 2020 and June 30, 2020.

This is a 60% increase in participants compared to the same time frame in 2019.[37]

Syringe service programs are an important component to both disease prevention and connecting people to services. In North Dakota during the same six months, there were **192 referrals** to substance use treatment centers as a result of Syringe Service Programs.



of **youth** (age 12-17) had a substance use disorder in the past year.[7]



of **adults** (18+) had a substance use disorder in the past year.[7]

Substance Use Disorder (SUD): Individuals with alcohol or illicit drug dependence or abuse are defined as having SUD. The questions used to measure dependence and abuse are based on criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SUICIDE

Suicide rates in North Dakota have increased more than any other state.

North Dakota's suicide rate **increased** more than any other state, rising 58% from 1999 to 2020 (CDC, 2018).

ND's rate is consistently **higher** than the national average, taking 154 lives in 2017. This is **1 person** every **57 hours** (AFSP, 2019).

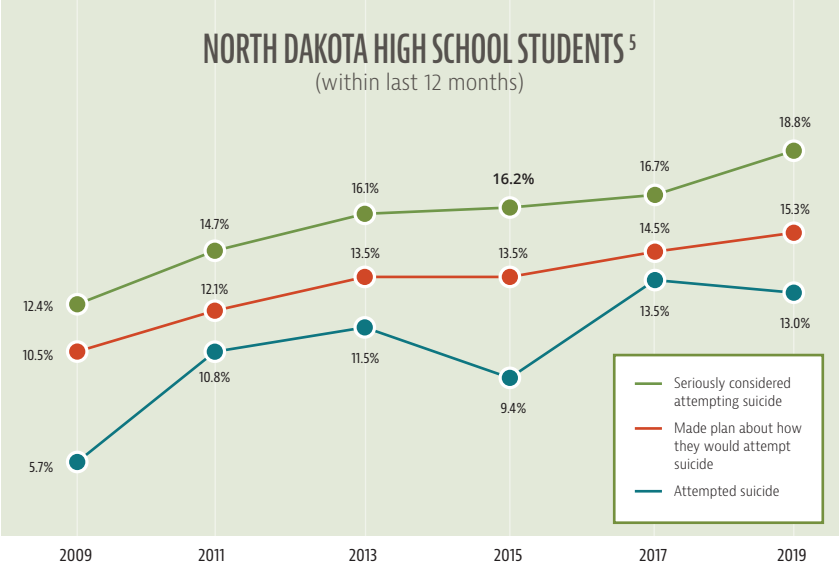
It remains the **second** leading cause of death for ND ages 15-34 (NDDoH, 2020).

If someone you know is struggling emotionally or having a hard time, you can be the difference in getting them the help they need. It's important to take care of yourself when you are supporting someone through a difficult time, as this may stir up difficult emotions. If it does, please reach out for support yourself.

There is hope. Most people who struggle with thoughts of suicide get better. Help and hope begins with talking about it.

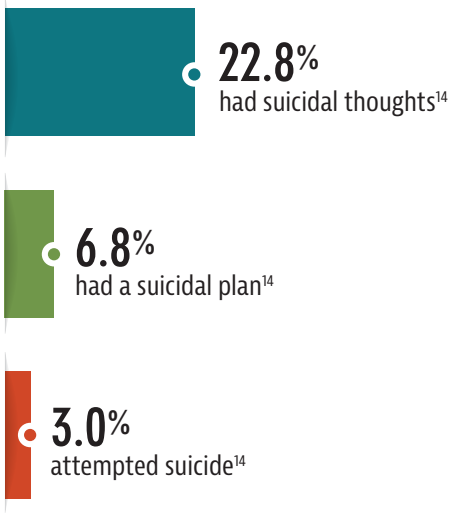
The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved one. **Call 1-800-273-TALK (8255)**.

YOUTH



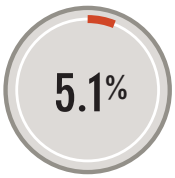
YOUNG ADULT

ND College Students



ADULT

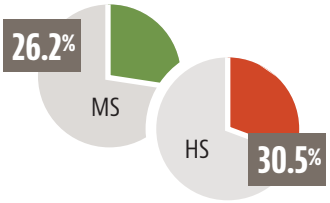
ND Adults (Age 18 and Older)



had serious thoughts of suicide in the past year.[5]

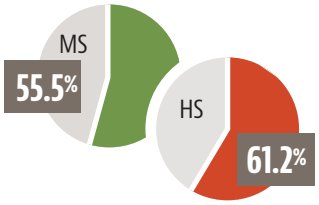
MENTAL ILLNESS

Mental illness is a growing concern for North Dakota youth and adults.



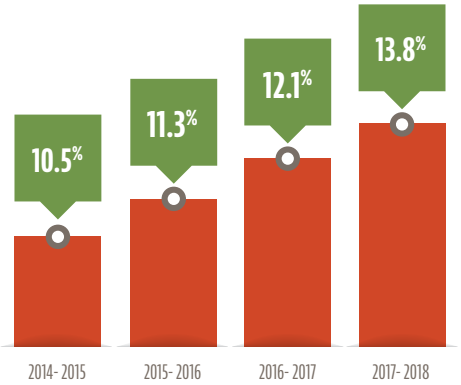
26.2% of ND middle school and **30.5%** of ND high school students reported feeling sad or hopeless.[5]

(almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)



55.5% of ND middle school and **61.2%** of ND high school students reported their mental health was not good.[5]

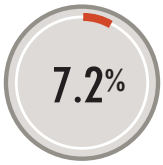
(including stress, depression, and problems with emotions, on at least 1 day during the 30 days before the survey)



Major depressive episode in the past year, among ND youth age 12-17.[7]

ND College Students

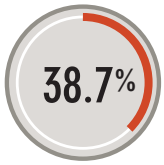
In the past two weeks nearly every day:



felt down and depressed.[14]

felt nervous, anxious, or on edge.[14]

In the past month nearly every day:



could not cope with things to do (fairly or very often).[14]

felt mentally exhausted.[14]

In the past year, 365

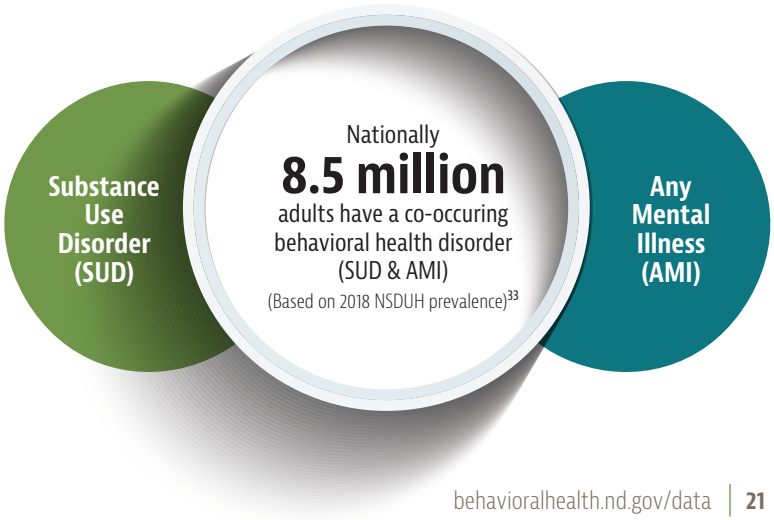
19.1% | **111,377*** ND adults (18+) have **Any Mental Illness** (AMI).[7]

Any Mental Illness (AMI) is defined as individuals having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental and substance use disorders).

4.9% | **28,645*** ND adults (18+) have **Serious Mental Illness** (SMI).[7]

Serious Mental Illness (SMI) is defined as adults with any mental, behavior, or emotional disorder that substantially interfered with or limited one or more major life activities.

*The percentage to population comparisons were calculated to demonstrate the approximate number of people affected.



PREVENTION IS PROACTIVE

Prevention creates an environment that promotes health and well-being of individuals and communities, to prevent problems before they occur.

74%

of North Dakota adults believe that **prevention** is a good investment.[8]

Evidence-based prevention strategies decrease the likelihood of disease, suffering and death – saving lives and money.

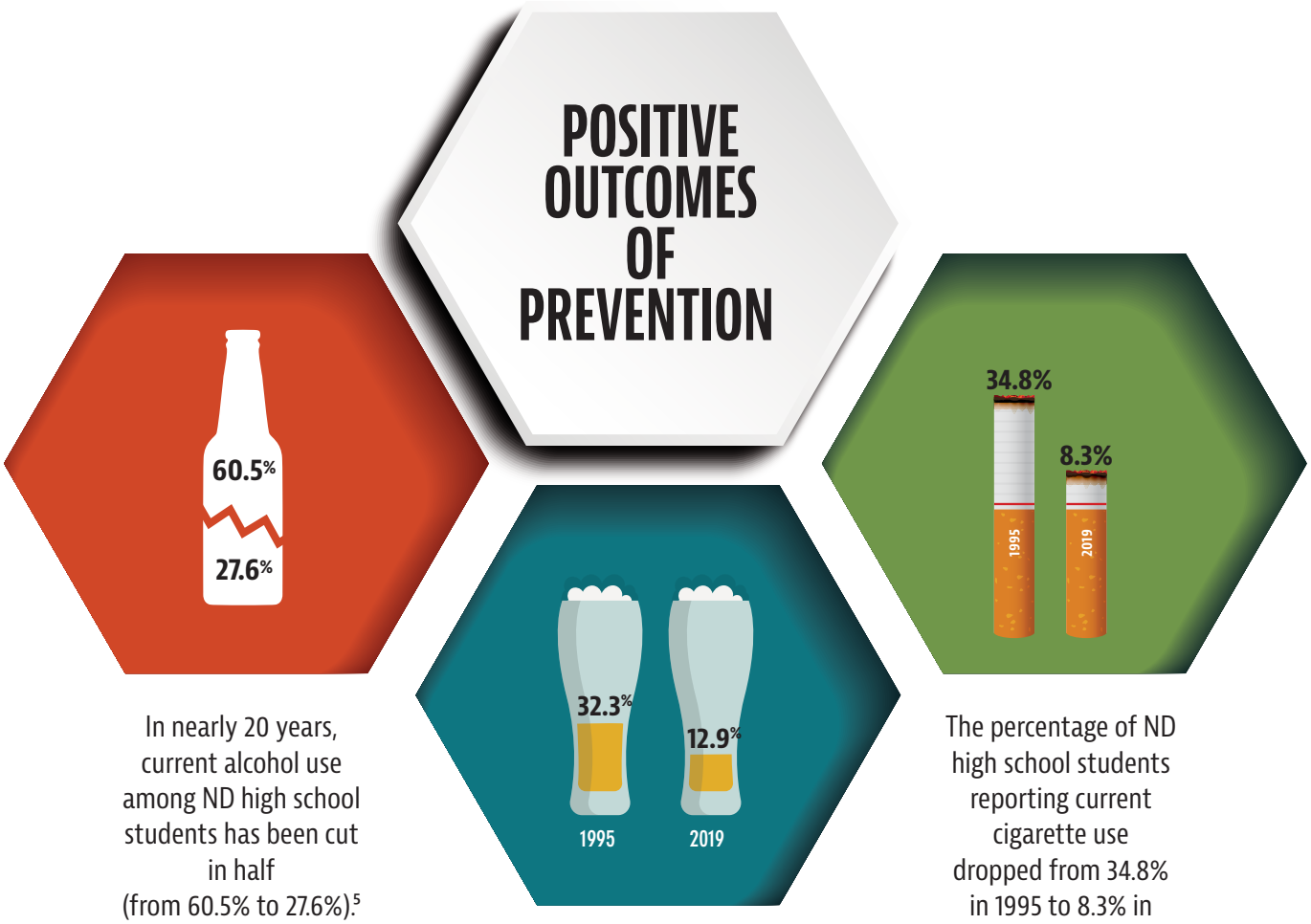
Every dollar invested in evidence-based prevention strategies yields **$64** in savings.[1]

EFFECTIVE PREVENTION LOOKS LIKE...

- Law enforcement implementing alcohol and tobacco compliance checks to enforce the laws related to youth access to substances.
- Taking medication as prescribed and safely disposing of any unused or unwanted medication.
- Parents and other adults engaging with the children in their life and role-modeling healthy behaviors.
- Policy-makers having conversations about policy changes that can help support healthy communities.
- Community coalitions being active in community efforts and promoting healthy and safe messages and activities.

PREVENTION WORKS!

Years of implementing evidence-based prevention strategies has shown successful outcomes.



In nearly 20 years, current alcohol use among ND high school students has been cut in half (from 60.5% to 27.6%).[5]

The percentage of ND high school students who report having their first drink before age 13 has decreased from 32.3% in 1995 to 12.9% in 2019.[5]

The percentage of ND high school students reporting current cigarette use dropped from 34.8% in 1995 to 8.3% in 2019.[5]

GET INVOLVED!

Your community can work together to become a healthier, more vibrant place to live by investing time, energy and money in prevention. In fact, it is one of the best investments we can make in our state's future - creating safe and healthy individuals, families, businesses and communities.

Follow these steps to build a healthier community:

The North Dakota Department of Human Services' Behavioral Health Division has a team of prevention experts ready and willing to help communities get started with implementing effective prevention.

Request assistance from our training and technical assistance team.

Order or download free prevention materials.

Learn more at behavioralhealth.nd.gov/get-involved

PREVENTION CAMPAIGNS

Comprehensive communication is an important component of prevention. The Behavioral Health Division has developed three statewide programs/campaigns to address the statweide data-driven prevention priorities:

BEHAVIORAL HEALTH

61.2% of North Dakota high school students reported their mental health was not good.[5]

Parents Lead supports parents in promoting the behavioral health of their children by providing resources and materials based on four evidence-based parental behaviors:

1. Ongoing communication
2. Effective monitoring
3. Positive role-modeling
4. Support and engagement

PARENTS LEAD

For more information, visit **www.parentslead.org** or engage on social media.

BINGE DRINKING

1 in 3 North Dakota adults age 26 and older currently binge drink.[7]

Speak Volumes addresses adult binge drinking and related consequences through comprehensive messaging about binge drinking, standard drink sizes, and alcohol volume.

SPEAKVOLUMES

For more information, visit **behavioralhealth.nd.gov/speakvolumes**

OPIOID MISUSE

From 2013 to 2018, the number of opioid overdose deaths has more than tripled.[32]

Every aspect of the opioid crisis requires great care. From understanding the risks and benefits of pain medications to knowing the signs of addiction, to recognizing an overdose and knowing how to help - there are ways all of us can care for each other and ourselves.

OPIOIDS
FILL *with* CARE

Learn more at **behavioralhealth.nd.gov/opioids**

Each campaign offers a wide variety of easy-to-access tools and resources designed to assist your community with local implementation. Materials and resources are free to order or download at **prevention.nd.gov/materials**

REFERENCES

1. Washington State Institute for Public Policy Benefit-Cost Results. (2016). Retrieved from http://www.wsipp.wa.gov/Benefit-Cost?topicId=7
2. U.S. Census Bureau QuickFacts: North Dakota. (2019). https://www.census.gov/quickfacts/ND
3. Statistics, Indian Affairs Commission. (2020). Retrieved from https://www.indianaffairs.nd.gov/tribal-nations/statistics
4. Economic Research Service, United States Department of Agriculture. (2018) State Fact Sheets. Retrieved from https://data.ers.usda.gov/reports
5. Centers for Disease Control and Prevention. [2019] Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed on 1 December, 2020
6. Centers for Disease Control and Prevention. [2013] Youth Risk Behavior Survey Data. Available at: https://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf. Accessed on 9 December, 2020
7. 2017-2018 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia) (Rep.). (n.d.). NSDUH.
8. Dorssom, M., Harnisch, B., Anatchkova, B., & Canen, E. (2020). North Dakota Community Readiness Survey, 2019 (Rep.). Laramie, WY: WYSAC. URL: North Dakota Community Readiness Survey, 2019 (nd.gov)
9. North Dakota Department of Public Instruction. (2019). Enrollment History Public School Districts 2009-2021. Data | North Dakota Department of Public Instruction (nd.gov)
10. Surgeon General's Report on Addiction, 2016
11. Weltz, C. (2020). Crime in North Dakota, 2019 (Rep.). Bismarck, ND: Office of the Attorney General.
12. Pacific Institute of Research and Evaluation (PIRE) 2013; http://www.pire.org/documents/UDETC/cost-sheets/ND.pdf
13. Canan, E., Dorssom, M., Harnisch, B., & Anatchkova, B. (2020). Survey of North Dakota Young Adults, 2020 (Rep.). Laramie, WY: WYSAC URL: Survey of North Dakota Young Adults, 2020 (nd.gov)
14. 2018 North Dakota Student Wellness and Perception Survey North Dakota State University Institutional Report. (2018). Available at https://www.ndsu.edu/fileadmin/studenthealthservice/Wellness_Education/NDSU_Institutional_Report.pdf
15. North Dakota 2018 Calculated Variables Report Behavioral Risk Factor Surveillance System (Rep.). (2019, May). Available at Centers for Disease Control and Prevention website: http://ndhealth.gov/brfss/image/cache/2018_Calculated_Drunk-Driving_2.pdf
16. NDDOT. (2020). Crash Dashboards application, available at https://www.dot.nd.gov/divisions/safety/crashdashboard.htm
17. 2019 North Dakota Domestic Violence Fact Sheet (Rep.). (2020). Available at CAWS ND website: https://www.cawsnorthdakota.org/wp-content/uploads/2020/06/2019-ND-DV-Fact-Sheet_8.5x11.pdf
18. Corrections and Rehabilitation 2017-2019 Biennial Report (2017). Available at: https://www.docr.nd.gov/sites/www/files/documents/Biennial%20Report%20Archive/2017-2019%20Biennium%20Report_links.pdf
19. Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2019. Available at www.cdc.gov/ARDI.
20. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. Am J Prev Med2015; 49(5): e73–e79.
21. National Institute on Alcohol Abuse and Alcoholism (NIAAA
22. U.S. Census Bureau, 2016 County Business Patterns, U.S. Census Bureau, Population Division 2018
23. North Dakota Office of Attorney General Current License List for Alcoholic Beverage (2020). Available at https://attorneygeneral.nd.gov/sites/ag/files/documents/Gaming/Licensees-AlcoholicBeverage.pdf

REFERENCES

24. North Dakota Department of Health's Tobacco Prevention and Control Program. (2020). 2019 North Dakota Youth Tobacco Survey
25. North Dakota Department of Public Instruction. (November 30, 2020). Data. Data | North Dakota Department of Public Instruction (nd.gov)
26. Centers for Disease Control and Prevention. (March 30, 2020). Secondhand Smoke. Secondhand Smoke | CDC
27. Campaign for Tobacco-Free Kids. (October 20, 2020). The Toll of Tobacco in North Dakota. North Dakota - Campaign for Tobacco-Free Kids (en)
28. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014
29. North Dakota Office of Attorney General. (July 1, 2016). 2016 Comprehensive Status and Trends Report. Microsoft Word - 2016 Comprehensive Status and Trends Report.docx
30. Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD. URL: 2016 National Survey on Drug Use and Health: Detailed Tables (samhsa.gov)
31. Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297. DOI: http://dx.doi.org/10.15585/mmwr.mm6911a4external icon
32. Centers for Disease Control and Prevention. (March 19, 2020). Drug Overdose Deaths. Drug Overdose Deaths | Drug Overdose | CDC Injury Center
33. SAMHSA, C. (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm
34. North Dakota Board of Pharmacy. (2019). PDMP Quarterly Report, 2019 Q4. North Dakota Board of Pharmacy (nodakpharmacy.com)
35. Centers for Disease Control and Prevention. (2017) Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs
36. North Dakota Syringe Service Program Biannual Report. (2019). Retrieved from https://www.ndhealth.gov/hiv/Docs/SEP/NDDOH.SSP.2019H1.REPORT.pdf
37. Substance Abuse and Mental Health services Administration. Key substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
38. : Ipsos Public Affairs (Formerly GfK Roper Youth Report), 2020 Accessible at https://www.alcoholstats.com/wp-content/uploads/2020/04/Influences-on-Youths-Decisions-about-Drinking-2020.pdf
39. U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain, 2019.

NORTH Dakota
Be Legendary.℠
Behavioral Health
HUMAN SERVICES

Be an advocate for prevention

behavioralhealth.nd.gov/prevention

To request copies

online : prevention.nd.gov

email : dhsbhd@nd.gov

phone : 701.328.8919

TESTIMONY ON SB 2311
House Education Committee
March 3, 2021
by Ann Ellefson, Director of Academic Support
(701) 328-2488
North Dakota Department of Public Instruction

Chairman Owens and Members of the Committee:

My name is Ann Ellefson, Director of the Office of Academic Support of the North Dakota Department of Public Instruction (NDDPI). I am here to provide agency testimony and information regarding SB 2311, relating to mental health awareness and suicide prevention instruction for students in North Dakota.

Currently, this bill states the superintendent of public instruction shall review the North Dakota Health Standards and curriculum for students in grades kindergarten through twelve during 2021-2022 to ensure it is current and reflects best practices. This bill calls for the review to specifically examine the standards for age-appropriate mental health awareness and suicide prevention, including the detection of warning signs, risk factors, and identification of at-risk peers. I am here to provide background information regarding the current North Dakota Health Standards, the standards review process and the scheduling of standards revisions.

The current North Dakota Health Education Content Standards were released in August of 2018. The standards provide guidance to schools as they form or select their local curriculum. Please note, local school districts determine curriculum (how the

standards are taught); the NDDPI does not oversee or select curriculum. Standards documents often contain annotations with suggested content possibilities, including mental health awareness and coping strategies for students. The North Dakota Health Education Content Standards do address risk behaviors for the student or their peers as well as how they may seek help or treatment for health concerns (including mental health concerns).

This bill suggests a complete review of the standards. When the standards are reviewed and rewritten, there is an established process that is followed which contributes to the quality and consistency between content areas. A summary of these steps can be found in Attachment A. The timeline for implementing this process averages 9-12 months from start to finish.

With each set of content standards, the NDDPI prepares and budgets funds to cover the associated costs. The anticipated cost to review and rewrite the North Dakota Health Education Content Standards is $60,000. The North Dakota Health Education Content Standards were just reviewed and updated less than three years ago and are not currently scheduled in our existing budget cycle for review until 2024. If this bill were to proceed as drafted, the NDDPI would need to attach a fiscal note to this bill. Attachment B illustrates the current K-12 Education Content Standards and the dates adopted. On this attachment you will see the state has several standards that are older and are currently in the que for review ahead of the health standards:

- Foreign Language Content Standards (May 2001) – These standards were scheduled for review during 2019-2020; however, the process was delayed due to COVID. These standards are scheduled to start the review process in April.
- Library and Technology Content Standards (December 2012) – These standards are scheduled for review in 2022.
- Physical Education Content Standards (July 2015) – We anticipate bringing together educators in 2022-2023 to review and revise these standards.

In general, the department strives to review and revisit the standards in each content area at least every seven years. It is noted that several of the content areas are overdue. The primary cause of this deviation in schedule and timeline is due to the necessity of the department to re-examine North Dakota's English and Mathematics content standards in 2015 to address the statewide concerns of undue national influence of the Common Core English Language Arts and Mathematics standards on the state standard setting process in 2010-2011. COVID disruptions have also impacted that schedule.

Chairman Owens and Members of the Committee that concludes our agency testimony and I stand for any questions you may have.

Attachment A

North Dakota Content Standards Development Process

Phase 1 **Preparation for Development**	**Phase 2** **Development and Draft**	**Phase 3** **Approval and Dissemination**	**Phase 4** **Implementation and Evaluation Feedback**
• Project is proposed. • Ensure sufficient funds and time are budgeted. Including external facilitation fees, if required. • Collaborate with offices with stake in standards. • Select external professional consultant for external survey, facilitation, and research, if required. • Develop survey for stakeholders of strengths, weaknesses, and opportunities for change within the content area standards selected for revision or • Survey stakeholders and share results • Establish committee meeting schedule for development and review committees. • Identify and review prospective standard documents (national and state standards, research, documents from education related organizations).	• Standards development committee is selected. • Provide standards documents, research, and survey results to the selection committee. • Review Committee is selected. • Contract, convene, and train standards development committee. • Standards Development Committee discusses research and survey data and identifies changes needed in content area standards. • Initial draft is written, reviewed, and distributed to review committee, stakeholders, and public for review and comments. • Revisions are made, accessibility for students with disabilities is reviewed, and vertical and horizontal alignment is examined within the draft standards. • Revised draft is distributed for review and comments. • Final draft is prepared and distributed to the State Superintendent for approval and dissemination.	• State Superintendent approves final standards document. • Standards document is posted on the website for online dissemination and public notice is given to school districts, libraries, universities, education related organizations and the public. • Excel document is created to upload standards to external sites (i.e., TIE Net, PowerSchool). • Standards are completed in CASE format and submitted. • Technical assistance is offered to districts regarding use of the document. • Local districts start to draft local standards or curriculum aligned to the document.	• Teachers and administrators may use the standards document as a basis for curriculum development, instructional design, professional development, and evaluation. • Teachers and administrators provide informal feedback including recommended improvements for future standards drafting. • The Department of Public Instruction compiles feedback and recommendations for improvement of the standards document to prepare for the next content standards development activity.

Attachment B

https://www.nd.gov/dpi/districtsschools/k-12-education-content-standards

Home / Districts/Schools / K-12 Education Content Standards

K-12 Education Content Standards

North Dakota Content Standards serve as expectations for what students should know and be able to do for each grade span. The standards serve as goals for teaching and learning. In North Dakota, the content standards serve as a model. Each school district may set more rigorous standards; however, no district shall use any state content standards less rigorous than those set forth in the North Dakota Century Code 15.1-21.

Local school districts determine the curriculum (how standards are taught) they will adopt to meet the standards.

- Computer Science and Cybersecurity K-12 Standards - 2019
- Dance K-12 Standards - 2019
- Early Learning Standards - 2018
- English Language Arts/Literacy K-12 Standards - 2017
- Foreign Language Standards - 2001
- Health Education K-12 Standards - 2018
- Library and Technology K-12 Standards - 2012
- Mathematics K-12 Standards - 2017
- Media Arts K-12 Standards - 2019
- Music K-12 Standards - 2019
- Physical Education K-12 Standards - 2015
- Science K-12 Standards - 2019
- Social Studies K-12 Standards - 2019
- Theatre Arts K-12 Standards - 2019
- Visual Arts K-12 Standards - 2019

To access a machine readable version of the official North Dakota Content Standards, please visit the North Dakota CASE Server. The CASE version of the standards can be uploaded to student information systems, curriculum mapping programs, and a variety of other uses.

To access the priority standards and proficiency scales developed by the North Dakota Regional Education Association, please visit NDREA.org.

The North Dakota Department of Career and Technical Education (NDCTE) also has content standards to assist in preparing students for entry into industry sectors for post-secondary education. The NDCTE develops these standards to ensure each program area offers courses that allow students to acquire essential knowledge and skills.

More information can be found on the NDCTE website.

ND Foreign Language Standards Development Committee +

521 E. Main Ave. Suite 320, Bismarck, ND 58501
(P) 701.255.6240 (TF) 1.888.255.6240 (F) 701.255.1904
www.cawsnorthdakota.org facebook.com/CAWSNorthDakota
Twitter @CAWSNorthDakota

Testimony

Senate Bill 2311 – Education

03/3/21

Good morning Chairman Owens and members of the committee. My name is Tara Lea Muhlhauser, Executive Director of CAWS North Dakota (ND) (Lobbyist #1035). I ask that you support this bill.

CAWS North Dakota is a coalition of programs in the state that provide services for victims and survivors of domestic violence, sexual assault, and human trafficking. I represent the 20 programs across the state of North Dakota.

For health and wellness curricula to be most effective, it is vital to address the shared risk and protective factors between mental health, suicide prevention, bullying, and healthy relationships. Risk factors are a set of behaviors or conditions that increase the risk for violence perpetration, and protective factors are a set of behaviors or conditions that reduce or buffer against the risk for violence prevention.

Research and violence prevention work show that incorporating programming that includes healthy relationship content increases the necessary protective factors for students, such as connection and commitment to school and caring adults, affiliation with pro-social peers, emotional health and connectedness, and empathy and concern for how one's actions affect others (National Sexual Violence Resource Center, 2019). These protective factors contribute to feelings of inclusion and belonging, decreasing bullying and suicidal behaviors and creating safer environments for students to thrive.

At the individual level, incorporating healthy relationship content that teaches skills and increases connectedness reduces the risk that youth will harm others. (Wilkins, et all, 2018). By addressing several mental health and violence issues in the same programming, we can maximize resources and expand our prevention efforts for suicide, bullying, dating violence, and sexual violence.

Along with this request to support this bill, please consider addressing healthy relationships in the curricula as these issues go hand-in-hand with mental health awareness and suicide prevention.

Thank you for this opportunity, and if you have any questions, please let me know.

2021 HOUSE STANDING COMMITTEE MINUTES

Education Committee
Coteau AB Room, State Capitol

SB 2311
3/29/2021

A bill for an Act to provide for a review of North Dakota health education content standards and curriculum; and to provide for a legislative management report

Chairman Owens opened the meeting for committee work at 3:46 PM. Roll call: Reps. Owens, Schreiber-Beck, Hauck, Heinert, Hoverson, D. Johnson, M. Johnson, Longmuir, Marschall, Pyle, Richter, Zubke, Guggisberg and Hager present.

Discussion Topics:

- Health curriculum
- Human Services grant
- Kognito virtual training program
- 50-06-05.1 code insertion

Rep Schreiber-Beck, District 25 - #10965, #10966

Rep. Schreiber-Beck moved to adopt the proposed amendment to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools, seconded by **Rep. Guggisberg**

Rep. Schreiber-Beck tabled adoption of amendment to confer with Pam Sagness, Department of Human Services, Behavioral Health. Will be reopened tomorrow (March 30).

Chairman Owens closed the meeting at 4:04 PM

Bev Monroe, Committee Clerk

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2311

Page 1, line 1, replace "provide for a review of North Dakota health education content standards" with "amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools"

Page 1, line 2, remove "and curriculum"

Page 1, line 2, replace "for a legislative management report" with "an expiration date"

Page 1, replace lines 4 through 12, with:

"**SECTION 1. AMENDMENT.** Subsection 28 of section 50-06-05.1 of the North Dakota Century Code is amended and reenacted as follows:

28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, ~~and~~ the availability of resources in the community, and an evidence based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on-practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.

SECTION 2. EXPIRATION DATE. This Act is effective through June 30, 2025, and after that date is ineffective."

Renumber accordingly

#10966

Kognito: A Division of Ascend Learning LLC
135 W 26th Street
New York, NY 10001
212-675-9234
www.Kognito.com

March 09, 2021

To Whom It May Concern:

This letter is to confirm that Kognito Solutions LLC (Tax I.D. #320222868) is the Sole Provider/Sole Source of the of Kognito online gatekeeper training courseware, which includes the following titles:

- *At-Risk for High School Educators*
- *At-Risk for Middle School Educators*
- *At-Risk for Elementary School Educators*
- *At-Risk for Early Childhood Educators*
- *At-Risk for University and College Faculty & Staff*
- *At-Risk for College Students*
- *At-Risk in the ED*
- *At-Risk in Primary Care*
- *At-Risk in Primary Care – Adolescent Version*
- *Building Respect: Bullying Prevention*
- *Step In, Speak Up!*, Supporting LGBTQ Students
- Mental Wellness for K-12 Schools
- Sexual Misconduct Prevention for College Students
- *Friend2Friend,* Peer support for HS students
- *Friend2Friend, Substance Use Prevention*
- *Safe & Supportive School (For K12 Educators, Students, and Parents)*
- *Resilient Together: Coping with Loss in School Screening and Brief Intervention with Adolescents*
- *Assessing Screening and Brief Intervention*
- *Veterans on Campus* (versions for faculty/staff and veteran students)
- *LGBTQ in the Workplace*
- *Family of Heroes*
- *Trauma-Informed Practices for K-12 Schools*
- *Alcohol and Other Drugs for College Students.*

Kognito is the company that developed the courseware, owns all copyright and intellectual property in the courseware, and is the only authorized seller. Several elements of these programs are unique:

1. Kognito programs are currently the only commercially available online, simulation-based suicide prevention training programs where learners engage in role-play conversations with emotionally responsive avatars that exhibit signs of depression, thoughts of suicide, and anxiety. Providing users with the practice in conversing with at-risk individuals is a crucial and necessary component in developing their ability to handle similar situations in real life.
2. The courseware was developed utilizing Kognito's proprietary and award-winning Kognito Conversations Platform™. This platform, based on research in social cognition and neuroscience, generates virtual role-play simulations where users engage in practice conversations with intelligent avatars and learn effective communication strategies in managing challenging conversations with individuals exhibiting signs of psychological distress including thoughts of suicide and depression. Other unique elements of the platform include:
    a. Virtual, fully animated avatars that respond through body language, facial expressions, and audio language. These avatars possess their own emotional state and memory.

b. Conversations built around a behavioral model which dictates the cause-and-effect relationship between users' decisions and the responses of the virtual characters.

c. Dynamic and open-ended conversation architecture which adjusts to the decisions and tactics made by users during the conversation.

3. Kognito programs are the only online simulation-based suicide prevention training listed on SAMHSA's Suicide Prevention Resource Center Best Practices Registry for Suicide Prevention Programs (**www.sprc.org**) and on SAMHSA's National Registry of Evidence-Based Programs and Practices (**nrepp.samhsa.gov**).
4. Kognito programs are the only online simulation-based suicide prevention trainings that have been assessed in national students to assess their effectiveness. The studies revealed strong evidence of the courseware's ability to improve the learners' motivation and knowledge to identify, approach, and refer individuals exhibiting signs of psychological distress.

For additional information please contact us at 212-675-9234 or visit www.kognito.com

Sincerely,

craig bleyer

Craig Bleyer
Vice President of Sales, Kognito Solutions LLC
Craig.bleyer@kognito.com 314-402-5103

2021 HOUSE STANDING COMMITTEE MINUTES

Education Committee
Coteau AB Room, State Capitol

SB 2311
3/30/2021

A bill for an act to provide for a review of ND heath education content standards and curriculum; to provide for legislative management report

Chairman Owens opened the meeting at 10:00 AM. Roll call: Reps. Owens, Schreiber-Beck, Heinert, D. Johnson, M. Johnson, Longmuir, Marschall, Pyle, Richter, Zubke, Guggisberg and Hager present.

Discussion Topics:

- Kognito program
- Training tool for trauma/suicide prevention/alcohol issues
- Mandate removal from bill
- Data collection inclusion in program

Pam Sagness, ND Department of Human Services, Behavioral Health, #11040

Rep Zubke moved to **adopt amendment** LC #21.1012.02002, seconded by **Rep. Schreiber-Beck**.

Roll Call Vote:

Representatives	Vote
Representative Mark S. Owens	Y
Representative Cynthia Schreiber-Beck	Y
Representative Ron Guggisberg	Y
Representative LaurieBeth Hager	Y
Representative Dori Hauck	AB
Representative Pat D. Heinert	N
Representative Jeff A. Hoverson	AB
Representative Dennis Johnson	Y
Representative Mary Johnson	Y
Representative Donald Longmuir	Y
Representative Andrew Marschall	N
Representative Brandy Pyle	Y
Representative David Richter	N
Representative Denton Zubke	Y

Motion Carried 9-3-2

Rep Zubke moved for a **Do Pass as Amended**, seconded by **Rep. Guggisberg**.

Roll Call Vote:

Representatives	Vote
Representative Mark S. Owens	Y
Representative Cynthia Schreiber-Beck	Y
Representative Ron Guggisberg	Y
Representative LaurieBeth Hager	Y
Representative Dori Hauck	AB
Representative Pat D. Heinert	N
Representative Jeff A. Hoverson	AB
Representative Dennis Johnson	Y
Representative Mary Johnson	Y
Representative Donald Longmuir	Y
Representative Andrew Marschall	N
Representative Brandy Pyle	Y
Representative David Richter	N
Representative Denton Zubke	Y

Motion carried. 9-3-2 Rep. Schreiber-Beck is the carrier.

Chairman Owens closed the hearing at 10:30 AM

Bev Monroe, Committee Clerk

DP 3/30/21
1 of 1

21.1012.02002
Title.03000

Adopted by the House Education Committee

March 30, 2021

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2311

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 28 of section 50-06-05.1 of the North Dakota Century Code is amended and reenacted as follows:

28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and to the designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community, and also must include an evidence based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.

SECTION 2. EXPIRATION DATE. This Act is effective through June 30, 2025, and after that date is ineffective."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2311, as engrossed: Education Committee (Rep. Owens, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (9 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2311 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 28 of section 50-06-05.1 of the North Dakota Century Code is amended and reenacted as follows:

28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and to the designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community, and also must include an evidence based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.

SECTION 2. EXPIRATION DATE. This Act is effective through June 30, 2025, and after that date is ineffective."

Renumber accordingly

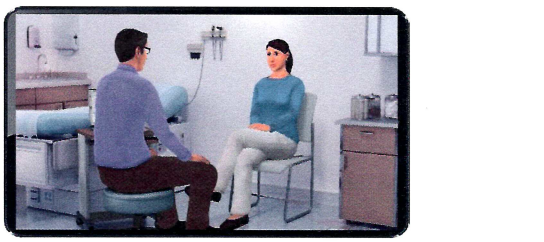
Kognito Conversations that change lives.

We believe in the power of conversation to drive positive change in social, emotional, and physical health

Kognito is a **health simulation company** comprised of 75+ learning experts, designers and client success professionals.

Our evidence-based simulations build competencies through **role-play conversations with virtual humans,** scientifically designed to mimic real-life behaviors.

Over 1+ million educators, students, and HCPs across 500 organizations have used Kognito simulations to change lives.



Kognito
Conversations that change lives.

Approaches to Harnessing the Power of Conversations with Virtual Humans

Role-Play Conversation

Practice with virtual humans to learn to lead similar conversations in real-life

Virtual Coach

Engage in conversation with a virtual coach to build knowledge and motivation

Kognito

Conversations that change lives.

Fostering **safe & supportive school communities**

A **full portfolio** with programs that focus on the **target SEL skills** through the lens of essential topics including:

- Mental Health & Suicide Prevention
- Trauma-Informed Practices
- Grief, Loss, and Crisis Response
- Bullying Prevention
- Substance Use Prevention
- Diversity, Equity & Inclusion
- Resiliency & Growth Mindset

2019 2020 SERIOUS PLAY

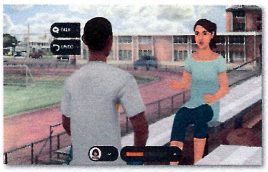
2020 TECH & LEARNING AWARDS OF EXCELLENCE

PROFESSIONAL DEVELOPMENT

Empower educators and staff to support the whole child

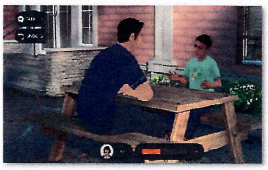
CURRICULUM

Equip students with core SEL skills



COMMUNITY

Develop community capacity to support youth.



Kognito

Conversations that change lives.

Kognito is a **leading provider of virtual role-play to the PK-12 community**

>850,000+

EDUCATORS AND STUDENTS TRAINED

97%

OF EDUCATORS RATE AS GOOD, VERY GOOD, OR EXCELLENT

Our current state partners include:

OFFICE OF PUBLIC INSTRUCTION — ELSIE ARNTZEN, STATE SUPERINTENDENT

OKLAHOMA Mental Health & Substance Abuse

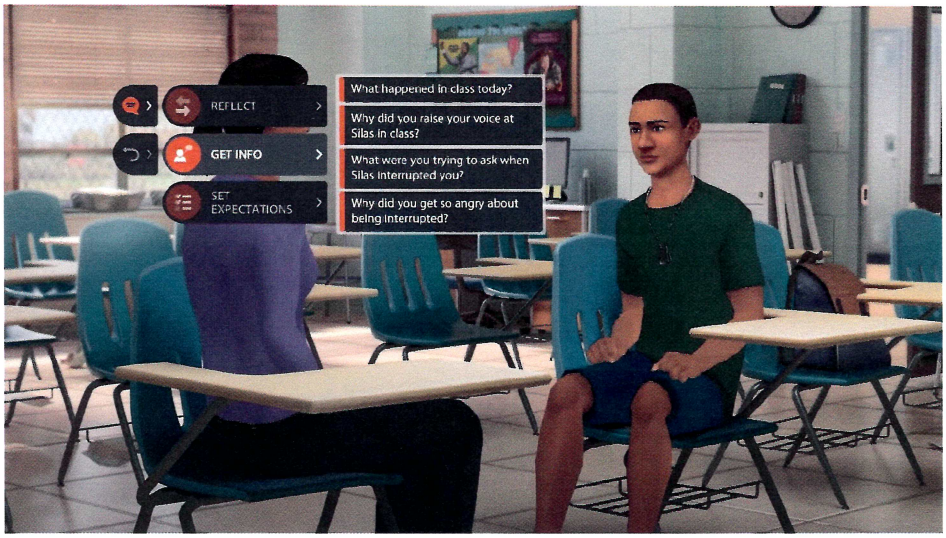
DEPARTMENT OF HEALTH

FLORIDA DEPARTMENT OF EDUCATION fldoe.org

DC.gov

Benefits of Virtual Role Play

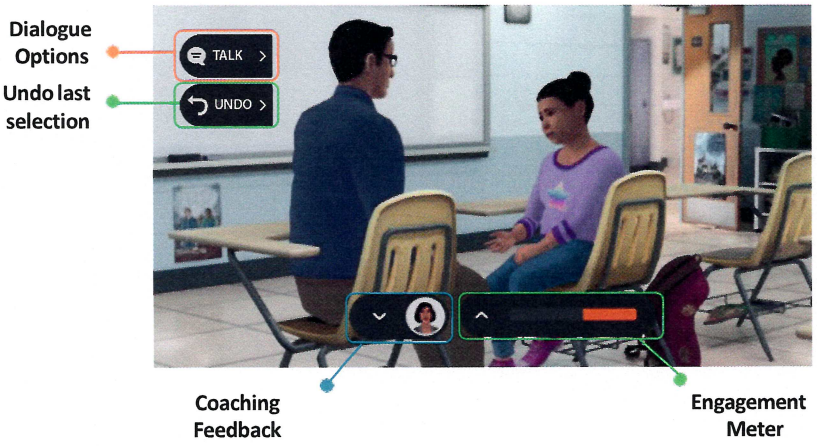
- Realistic simulated scenarios tailored by grade level
- Individual practice builds skill and confidence
- Risk-free – learn from mistakes and success
- Immediate personalized feedback
- Option to undo and try different tactics
- Unlimited ability to scale at population-level



Kognito
Conversations that change lives.

How Does a Kognito Simulation Work?

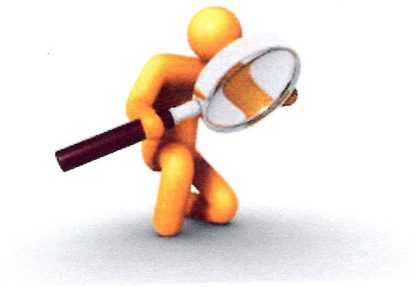
- **User interacts** with a fully animated at-risk virtual student
- **Navigate** through the scenarios by selecting what to say to the virtual student
- **Receive instant feedback** from the virtual coach and engagement meter
- **Can undo decisions** and explore different conversation approaches
- **Receive personalized performance** summary upon completion



Strong and Growing Evidence Base

Field studies with thousands of users demonstrate effectiveness in sustained improvements in skills, attitudes and behaviors using validated Gatekeeper Behavior Scale

- *Journal of Evidence-Based Practice in Child and Adolescent Mental Health*, 2020
- *Health Behavior Policy Review*, 2020
- *Journal of Suicide and Life Threatening Behaviors*, 2019
- *Journal of LGBT Youth*, 2019
- *Journal of School Health*, 2018
- *Journal of the American College Health Association*, 2018
- *Crisis*, July 2016 – Gatekeeper Behavior Scale Validity Study



Kognito Conversations that change lives.

What are Teachers and Staff Saying?

99%

Rated the simulation as good, very good or excellent

98%

Said they would recommend the simulation to their colleagues.

94%

Said the simulation was based on scenarios relevant to their work with students.

96%

Said the simulation will aid them in getting timely help to their students.

95%

Said the simulation was easy to use.

Measuring **impact**

As a result of the knowledge and skills acquired through the Kognito simulations users say:

93%
applying what I learned in this simulation is likely to have a **positive impact on rapport** between myself and my students.

75%
student **attendance will increase**

86%
student **academic success will improve**

96%
the learning environment will become **safer and more supportive**

96%
safety will improve

Working with **States**

- 10 years experience in statewide implementation work
- Apply principles of implementation science and tested best practices
- Planning and course corrections to drive utilization and implementation fidelity

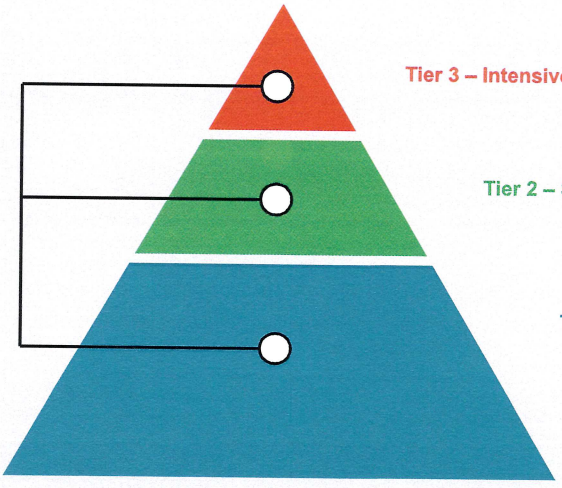
Kognito
Conversations that change lives.

Fits with **Tiered Model**

Supports crisis intervention

Promotes early identification & referral

Used for *universal* school and districtwide capacity-building



Flexible **implementation**

Clients can choose from three learning methods to implement Kognito simulations

ONLINE LEARNING

Individual learning + Localized resources

BLENDED LEARNING IN-PERSON

Individual learning + **In-person** group debrief and discussion

BLENDED LEARNING REMOTE

Individual learning + **Remote** group debrief and discussion

Kognito
Conversations that change lives.

For More Information

Jennifer Spiegler
SVP, Strategic Partnerships
jennifer@kognito.com
917.822.2645

EXPERIENCE A DEMO
kognito.com

2021 CONFERENCE COMMITTEE

SB 2311

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2311
4/6/2021

A BILL for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; and to provide an expiration date.

Madam Chair Lee opened the discussion on SB 2311 at 9:17 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Conference committee

[9:18] Madam Chair Lee. Provided the committee with an overview on SB 2311 to consider a DO CONCUR or DO NOT CONCUR on House actions.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB 2311 at 9:22 a.m.

Justin Velez, Committee Clerk

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2311
4/15/2021
Conference Committee

A BILL for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; and to provide an expiration date.

Madam Chair Lee opened the conference committee on SB 2311 at 10:05 a.m. Members present: Senator Lee, K. Roers, O. Larsen, Representative Schreiber-Beck, Zubke, Heinert.

Discussion Topics:

- House actions
- Kognito virtual simulation
- Educator training
- Kognito module types and duration

[10:06] Call to order.

[10:06] Representative Schreiber-Beck provided the conference committee with Kognito evidence-based simulation document (testimony #11532).

[10:08] Pam Sagness, Director, Behavioral Health, DHS. Provided additional information on Kognito evidence-based simulation document.

Senator K. Roers moves the **HOUSE RECEDE FROM HOUSE AMENDMENT AND AMEND AS FOLLOWS** 21.1012.02003.
Representative Zubke seconded.

Motion passed 5-1-0

Senator K. Roers and **Representative Schreiber-Beck** will carry SB 2311.

Additional written testimony: N/A

Madam Chair Lee closed the conference committee on SB 2311 at 10:34 p.m.

Justin Velez, Committee Clerk

21.1012.02003
Title.04000

Adopted by the Conference Committee

April 15, 2021

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2311

That the House recede from its amendments as printed on page 1159 of the Senate Journal and pages 1343 and 1344 of the House Journal and that Engrossed Senate Bill No. 2311 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; to provide an expiration date; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 28 of section 50-06-05.1 of the North Dakota Century Code is amended and reenacted as follows:

28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and to the designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community, and also must include an evidence-based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.

SECTION 2. EXPIRATION DATE. This Act is effective through June 30, 2025, and after that date is ineffective.

SECTION 3. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

Date: 4/15/2021
Roll Call Vote #: 1

2021 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2311 as (re) engrossed

Senate Human Services Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☒ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Senator K. Roers Seconded by: Representative Zubke

Senators				Yes	No		Representatives				Yes	No
Senator Lee				X			Representative Schreiber-Beck				X	
Senator K. Roers				X			Representative Zubke				X	
Senator O. Larsen					X		Representative Heinert				X	
Total Senate Vote				2	1		Total Rep. Vote				3	

Vote Count Yes: 5 No: 1 Absent: 0

Senate Carrier Senator K. Roers House Carrier Representative Schreiber-Beck

LC Number 21.1012 . 02003 of amendment

LC Number 21.0102 . 04000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 21.1012.02003
Senate Carrier: K. Roers
House Carrier: Schreiber-Beck

REPORT OF CONFERENCE COMMITTEE

SB 2311, as engrossed: Your conference committee (Sens. Lee, K. Roers, O. Larsen and Reps. Schreiber-Beck, Zubke, Heinert) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1159-1160, adopt amendments as follows, and place SB 2311 on the Seventh order:

That the House recede from its amendments as printed on page 1159 of the Senate Journal and pages 1343 and 1344 of the House Journal and that Engrossed Senate Bill No. 2311 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsection 28 of section 50-06-05.1 of the North Dakota Century Code, relating to behavioral health resources for schools; to provide an expiration date; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 28 of section 50-06-05.1 of the North Dakota Century Code is amended and reenacted as follows:

28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and to the designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community, and also must include an evidence-based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.

SECTION 2. EXPIRATION DATE. This Act is effective through June 30, 2025, and after that date is ineffective.

SECTION 3. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

Engrossed SB 2311 was placed on the Seventh order of business on the calendar.

Kognito

Conversations that change lives.

We believe in the power of conversation to drive positive change in social, emotional, and physical health

Kognito is a **health simulation company** comprised of 75+ learning experts, designers and client success professionals.

Our evidence-based simulations build competencies through **role-play conversations with virtual humans,** scientifically designed to mimic real-life behaviors.

Over 1+ million educators, students, and HCPs across 500 organizations have used Kognito simulations to change lives.

Approaches to Harnessing the Power of Conversations with Virtual Humans

Role-Play Conversation

Practice with virtual humans to learn to lead similar conversations in real-life

Virtual Coach

Engage in conversation with a virtual coach to build knowledge and motivation

Kognito

Conversations that change lives.

Fostering **safe & supportive school communities**

A **full portfolio** with programs that focus on the **target SEL skills** through the lens of essential topics including:

- Mental Health & Suicide Prevention
- Trauma-Informed Practices
- Grief, Loss, and Crisis Response
- Bullying Prevention
- Substance Use Prevention
- Diversity, Equity & Inclusion
- Resiliency & Growth Mindset

2019 2020 SERIOUS PLAY

2020 TECH & LEARNING AWARDS OF EXCELLENCE

PROFESSIONAL DEVELOPMENT

Empower educators and staff to support the whole child

CURRICULUM

Equip students with core SEL skills

COMMUNITY

Develop community capacity to support youth.

Kognito

Conversations that change lives.

Kognito is a **leading provider of virtual role-play to the PK-12 community**

>850,000+

EDUCATORS AND STUDENTS TRAINED

97%

OF EDUCATORS RATE AS GOOD, VERY GOOD, OR EXCELLENT

Our current state partners include:

OFFICE OF PUBLIC INSTRUCTION — ELSE ARNTZEN, STATE SUPERINTENDENT

OKLAHOMA Mental Health & Substance Abuse

DEPARTMENT OF HEALTH

FLORIDA DEPARTMENT OF EDUCATION fldoe.org

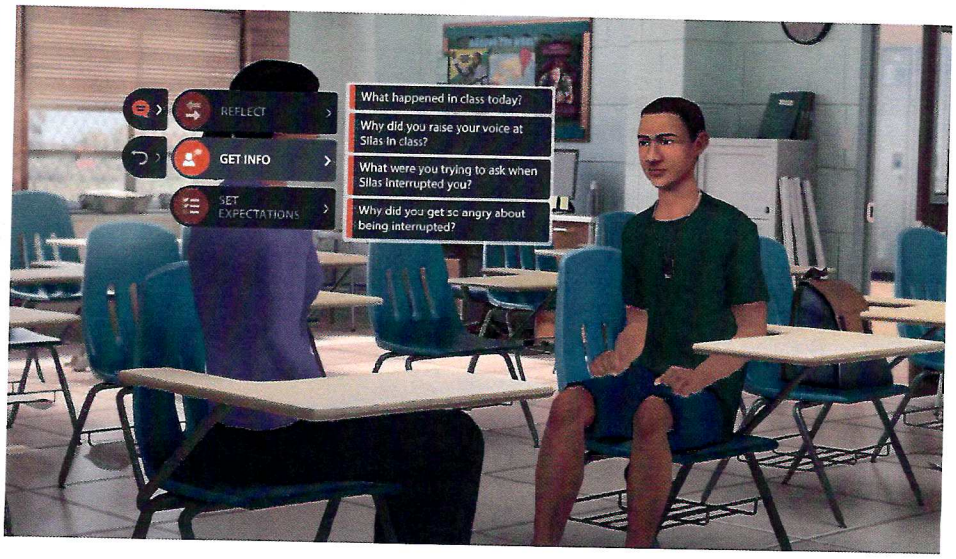
DC.gov

Kognito

Conversations that change lives.

Benefits of Virtual Role Play

- Realistic simulated scenarios tailored by grade level
- Individual practice builds skill and confidence
- Risk-free – learn from mistakes and success
- Immediate personalized feedback
- Option to undo and try different tactics
- Unlimited ability to scale at population-level

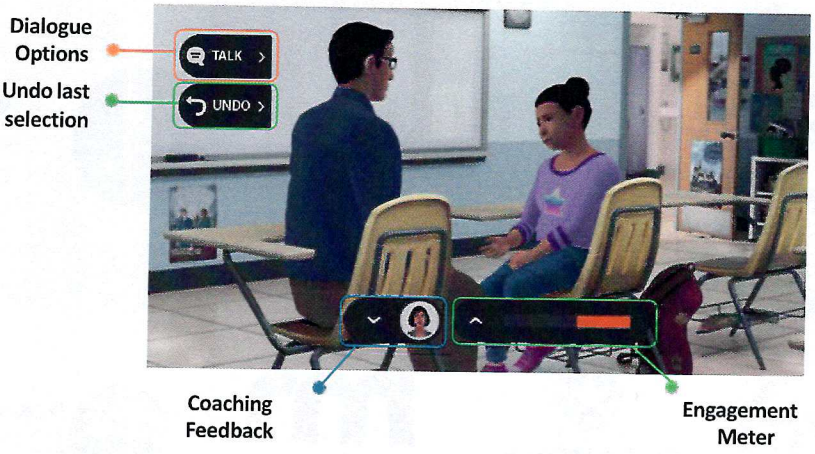


Kognito

Conversations that change lives.

How Does a Kognito Simulation Work?

- **User interacts** with a fully animated at-risk virtual student
- **Navigate** through the scenarios by selecting what to say to the virtual student
- **Receive instant feedback** from the virtual coach and engagement meter
- **Can undo decisions** and explore different conversation approaches
- **Receive personalized performance** summary upon completion



Strong and Growing Evidence Base

Field studies with thousands of users demonstrate effectiveness in sustained improvements in skills, attitudes and behaviors using validated Gatekeeper Behavior Scale

- *Journal of Evidence-Based Practice in Child and Adolescent Mental Health*, 2020
- *Health Behavior Policy Review*, 2020
- *Journal of Suicide and Life Threatening Behaviors*, 2019
- *Journal of LGBT Youth*, 2019
- *Journal of School Health*, 2018
- *Journal of the American College Health Association*, 2018
- *Crisis*, July 2016 – Gatekeeper Behavior Scale Validity Study

Kognito Conversations that change lives.

What are Teachers and Staff Saying?

99%

Rated the simulation as good, very good or excellent

98%

Said they would recommend the simulation to their colleagues.

94%

Said the simulation was based on scenarios relevant to their work with students.

96%

Said the simulation will aid them in getting timely help to their students.

95%

Said the simulation was easy to use.

Kognito

Conversations that change lives.

Measuring **impact**

As a result of the knowledge and skills acquired through the Kognito simulations users say:

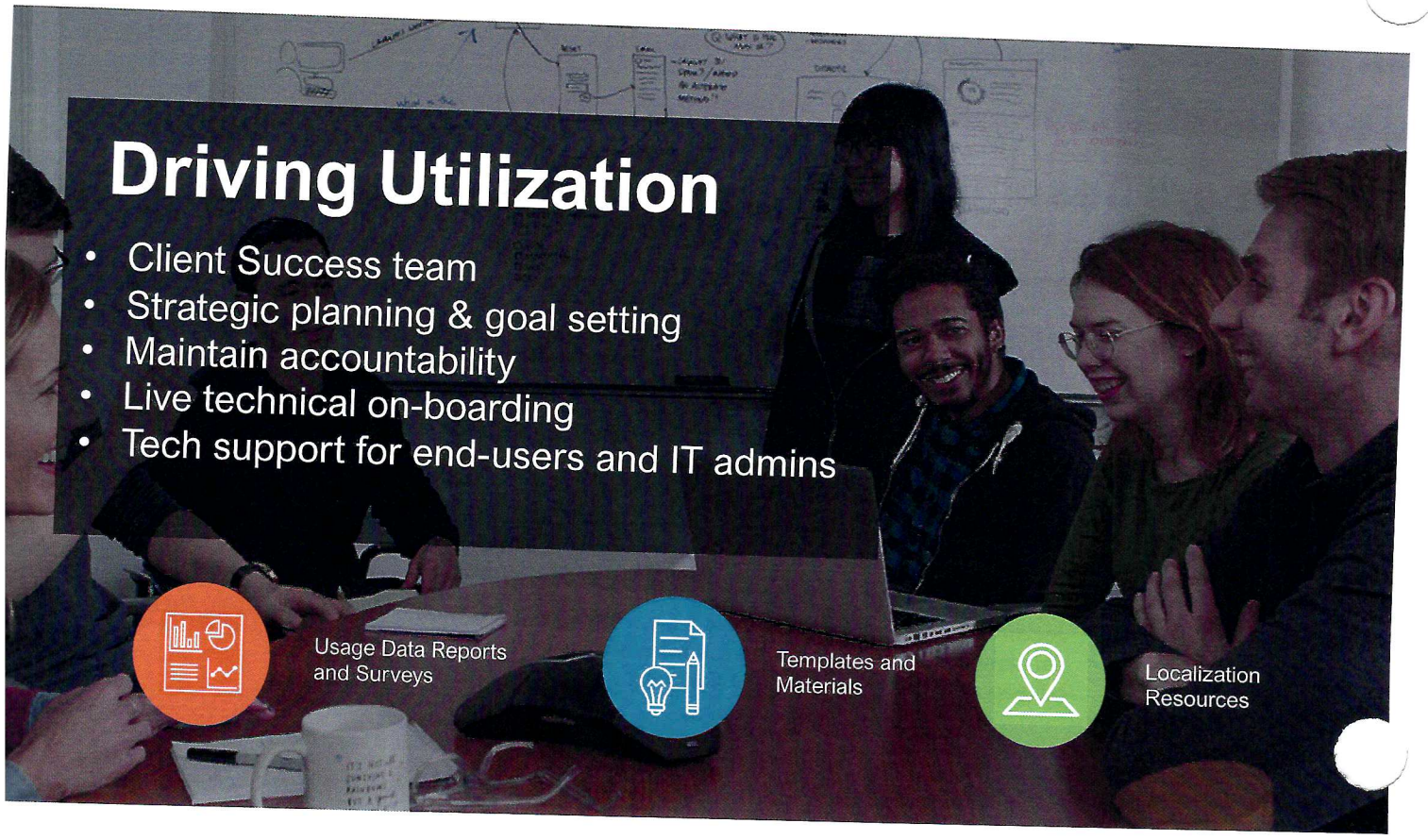
93%
applying what I learned in this simulation is likely to have a **positive impact on rapport** between myself and my students.

75%
student **attendance will increase**

86%
student **academic success will improve**

96%
the learning environment will become **safer and more supportive**

96%
safety will improve



Working with **States**

- 10 years experience in statewide implementation work
- Apply principles of implementation science and tested best practices
- Planning and course corrections to drive utilization and implementation fidelity

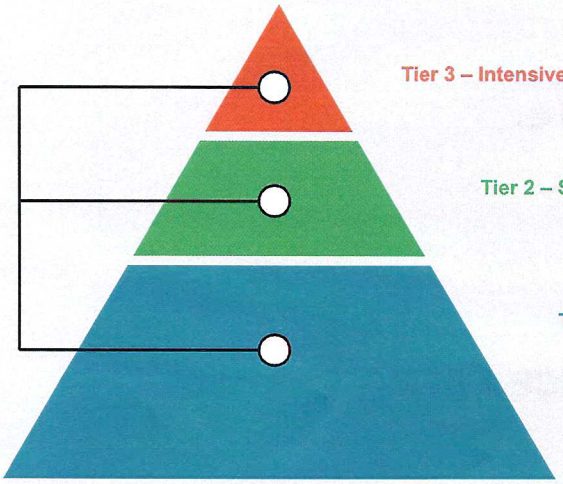
Kognito
Conversations that change lives.

Fits with **Tiered Model**

Supports crisis intervention

Promotes early identification & referral

Used for *universal* school and districtwide capacity-building



Flexible **implementation**

Clients can choose from three learning methods to implement Kognito simulations

ONLINE LEARNING

Individual learning + Localized resources

BLENDED LEARNING IN-PERSON

Individual learning + **In-person** group debrief and discussion

BLENDED LEARNING REMOTE

Individual learning + **Remote** group debrief and discussion

Kognito
Conversations that change lives.

For More Information

Jennifer Spiegler
SVP, Strategic Partnerships
jennifer@kognito.com
917.822.2645

EXPERIENCE A DEMO
kognito.com