

**Testimony**  
**Senate Bill 2149 - Department of Human Services**  
**Senate Education Committee**  
**Senator Donald Schaible, Chairman**  
January 21, 2019

Chairman Schaible and members of the Senate Education Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide agency testimony regarding Senate Bill 2149.

The behavioral health needs in the state are significant and widespread. The Department's Behavioral Health Division has had the pleasure during this biennium to work with Department of Public Instruction, schools, regional education associations, universities, administrators, educators, and many others in an effort to find solutions to the behavioral health issues effecting schools today. These efforts have been important in better understanding how to connect the education and behavioral health systems. During the 2017 session, House Bill 1040 appropriated funds for a school behavioral health pilot. The pilot was awarded to Simle Middle School in Bismarck. Currently, efforts are underway and the Governor's Executive Budget Request includes continuation and expansion of that pilot. One goal of those efforts is to develop behavioral health strategies, processes, and services in a school setting - that can be shared and implemented effectively.

Specifically to this bill, the Department does have concerns about the readiness and ability of all schools in North Dakota to effectively implement behavioral health trainings with current resources and capacity. All students deserve effective behavioral health interventions from early prevention to long term recovery supports. But, just like students learn in different ways and have different educational challenges - students also have individual needs in behavioral health. The Department would like to continue working with the Department of Public Instruction and stakeholders to move toward the

goals proposed in this bill, but with answers to many of the questions not clear in this bill today. For example, what is the effective and evidence training that will be utilized, what training and technical assistance is available for schools, what are the credentials and training required to provide behavioral health services and interventions, and what plans are required in order to address any needs that will be brought forward by students who have or are experiencing a trauma or significant behavioral health crisis.

In closing, we believe the readiness level of the state to address the behavioral health system gaps has never been higher. We look forward to partnering with the education system to meet the needs of all students. That concludes my testimony and I am happy to answer any questions.