

**2013 SENATE HUMAN SERVICES**

**SB 2256**

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

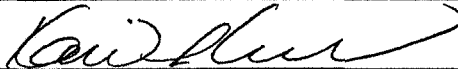
SB 2256

1/30/13

Recording Job Number: 17987

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for the establishment of a home visitation program for families with young children and for pregnant women.

## Minutes:

Attached testimony

**Chairman Lee** opens hearing on SB 2256.

**Senator Dever** introduces the bill to the committee.

**Chairman Lee** informs the committee that there is a fiscal note and it indicates zero impact.

**(0:07:13) Kim Mertz**, Director for the Division of Family Health in the Department of Health, provides a brief history on this bill to the committee, per the request of Chairman Lee.

**(0:10:47) Senator Anderson** asks how the departments work together.

**Ms. Mertz** states that the Department of Health, the Department of Human Services, and the Department of Public Instruction have excellent working relationships on issues of this matter and briefly explains how they work together. They also have a strong relationship with Prevent Child Abuse North Dakota.

**(0:13:17) Chairman Lee** states that she appreciates Ms. Mertz's comments and explains how it wasn't because the Health Department didn't want to continue the program but rather a legislative decision.

**(0:15:36) Tim Hathaway**, Executive Director of Prevent Child Abuse North Dakota, testifies in support of the bill, describes the "who, what, and why" of this legislation and provides a bit of background of this work in ND. See attached testimony #1.

**(0:23:27) Mr. Hathaway** also recommends an amendment from the Nurse's Association - page 2, line 2 - insert word "registered" nurses.

**Chairman Lee** asks if, in that same section, leaving "face to face" in limits access.

**Mr. Hathaway** states that this is a new concept in terms of applications of these programs. The nature of the programs is that most of them are seeing families on a weekly basis and it's best to do face to face on a regular basis to build the relationship. Another potential direction is that some of these programs are utilizing mental health professionals to work directly with families so this could be an opportunity to provide the services without having to do an in person face-to-face.

**Chairman Lee** asks Mr. Hathaway to keep this concept in mind because it has been successful in other areas.

**(0:27:30) Senator Anderson** references the term "quasi-experimental" on page 2, line 27 and states that he is uncomfortable with that term and asks why it is used.

**Mr. Hathaway** tries to answer this question by explaining that the research has been rigorous around home visitation and evidence based programs. The programs measure things that look more broadly at the operations of a family and quality of a relationship. Some of that research has required that there be more of a social service study.

**Senator Anderson** follows by asking if he can get the committee the federal language that he pulled this from.

**Mr. Hathaway** states that he will track this down and get the information to the committee.

**(0:30:37) Chairman Lee** questions removing "house and senate appropriations committees" and instead insert "report to the legislative assembly" on page 4, line 17.

**Mr. Hathaway** states that he is comfortable with the amendment and loves the idea of it being more broadly dispersed.

**(0:32:23) Senator Mathern** wants to register his support on the record. He is a member of Bush Foundation Board of Directors and explains to the committee that the foundation established funding patterns a few years back in North Dakota, Minnesota, and South Dakota to begin visitation programs from beginning quasi-research that suggested visits ended in less child abuse. These have now gone on to greater levels of research in other areas of the country. He will be on board with anything that needs to be done to fix the bill to the committee's satisfaction.

**(0:34:02) Karen McDonald**, North Dakota Nurse's Association, provides clarification on their proposed amendment on page 2, line 2.

No further questions or testimony.

The hearing on SB 2256 is closed.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2256

2/11/13

Recording Job Number: 18682

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for the establishment of a home visitation program for families with young children and for pregnant women.

## Minutes:

You may make reference to "attached testimony."

Committee discussion on SB 2256:

Senator Anderson clarifies that the fiscal note indicates no impact.

**Chairman Lee** makes sure the committee has the explanation of "quasi-experimental" from Mr. Hathaway (see attachment #2) and proceeds to explain the intent of the bill to the students that are visiting the committee room.

Committee discusses the proposed amendment from the Nurse's Association about adding the word "registered" before nurses and they tend to agree that this is not necessary.

**Senator Anderson** moves a Do Pass.

**Chairman Lee** reminds the committee of the proposed amendment on page 4, line 17 where "appropriations" is replaced with "human services" and they proceed to discuss their thoughts.

**Senator Dever** moves to adopt the amendment.

**Senator Larsen** seconded.

**Roll Call Vote: 5-0, motion passes.**

**Senator Larsen** moves Do Pass as Amended.

**Senator Anderson** seconded.

**Roll Call Vote: 5-0, motion passes. Senator Axness is the carrier.**

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/23/2013**

Amendment to: SB 2256

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

For The Department of Human Services there is no financial impact. The North Dakota Department of Health does not provide any evidence based home visiting nor do they contract with entities that do, therefore, there is no fiscal impact. The Department of Public Instruction fiscal impact is not quantifiable since they currently do not have any home visitation programming.

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**Name:** Debra McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/29/2013

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/23/2013**

Bill/Resolution No.: SB 2256

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**Name:** Debra McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/29/2013






13.0737.01001  
Title.02000

Adopted by the Political Subdivisions  
Committee

February 11, 2013

  
2-11-13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2256

Page 4, line 17, replace "appropriations" with "human services"

Renumber accordingly

Date: 2/11/13  
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2256

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0737.01001

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 2/11/13  
Roll Call Vote #: 2

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2256

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0737.01001

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Larsen Seconded By Sen. Anderson

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Axness

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2256: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2256 was placed on the Sixth order on the calendar.

Page 4, line 17, replace "appropriations" with "human services"

Renumber accordingly

**2013 HOUSE HUMAN SERVICES**

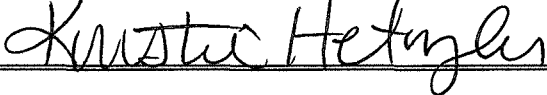
**SB 2256**

# 2013 HOUSE STANDING COMMITTEE MINUTES

## House Human Services Committee Fort Union Room, State Capitol

SB 2256  
March 11, 2013  
Job 19713

Conference Committee



### Explanation or reason for introduction of bill/resolution:

A bill for the establishment of a home visitation program for families with young children and for pregnant women.

### Minutes:

Testimony 1,2

**Chairman Weisz:** Opened the hearing on SB 2256.

**Sen. Dick Dever:** Introduced and supported the bill. This bill sets guidelines for that program, collection of information and report. Page 4, line 17 was only amendment put on this bill from the Senate. It was brought to us that nurses should be registered.

**Chairman Weisz:** 3:25 Who is funding this program?

**Sen. Dever:** The funding for prevent child abuse is federal funding, and as far as the Lutheran Social Services is funding, that has been in existence for a few years now.

**Rep. Laning:** Is it strictly voluntary or is it big brother coming in and telling you how to raise your kid?

**Sen. Dever:** It is voluntary, it is my understanding they have very good results with this.

**Rep. Oversen:** This isn't creating any new program it is just saying which programs the state dept would support if they meet these guidelines?

**Send. Dever:** That is correct. I like this because government is trying to support parents and not replace them.

**Rep. Mooney:** What is this program? 6:01

**Kim Mertz,** Director of the Division of Family Health for the State Health From the health department. This bill is an awareness program, overviews bill. 9:10

**Tara Bitz:** 10:10 Childhood Education Administrator for ND Public Instruction Dept. testified in support of the bill and asked for amendments. (See Testimony #1) 11:06

**Chairman Weisz:** You are asking to be a collaborative partner, where would you put yourself within this bill?

**Bitz:** Under section 2, line 18, there are 3 home visitation requirements and it would be our concern that we are not listed.

**Rep. Mooney:** Your department would be a physical participant?

**Bitz:** Yes, any collaboration with the dept. would be helpful.

**JoAnn Hoesel:** 12:46 From DHS wanted to answer some questions. DHS does have funding for healthy families programs. This bill just clarifies that model, and does have good outcomes.

**Rep. Porter:** The funding mechanism is passed through Dept. of Human Services and then go directly to the third party, is that correct? And where does that leave the State has far as funding in future years?

**Hoesel:** I will let Diana Weber step up here and answer questions.

**Diana Weber,** From Children and Family Services: My understanding is that it is Federal grants.

**Rep. Porter:** There are no other competing programs to the one that is federally subsidized that maybe doing things differently through other nonprofits and communities? Is this a standalone program or will it be excluding some other models out there?

**Mertz:** 16:30 There are several different evidence based home visiting models that are being run throughout the state right now. The healthy families' model that the Dept. of HS helps fund is general fund money. The money Tim Hathoway is using to do a healthy families' model in the Turtle Mountain and Spirit Lake area and that is federal money through the affordable care act. There are others also.

**Rep. Porter:** It would be helpful to have the list of providers, funding source. Why all of a sudden does it have to be in the Century Code?

**Mertz:** We can get you that list for you; it is to raise awareness of how effective the evidence based models are. If agencies receive funds that they are using it effectively.

**Rep. Fehr:** Are you saying that with this bill we aren't outlawing other programs or inhibiting them?

**Mertz:** That is correct. There are other entities that do home visiting, or what they call home visiting and they can continue doing them.

Written testimony of Tim Hathaway handed in.

**Chairman Weisz:** Closes hearing.

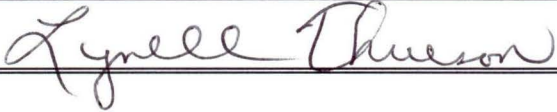


# 2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2256  
March 26, 2013  
Job 20469

Conference Committee



**Minutes:**



**Chairman Weisz:** SB 2256 deals with home visitation program. There was one suggested amendment.

**1:33 Representative Mooney:** Could you explain what this bill does?

**Chairman Weisz:** It is trying to come up with uniform criteria for home visitation program.

**2:33 Representative Mooney:** We didn't receive any testimony and seems rather odd.

**Chairman Weisz:** Did you receive an e-mail?

**4:25 Representative Silbernagel:** There some language that states evidenced based programs. I don't know if they are trying to connect with autism.

**5:10 Representative Muscha:** On page 4, Section 6 line 16, won't be a bad thing and maybe that is the most that it does.

**Chairman Weisz:** Did we have testimony from the Department of Human Services? Did everybody get the testimony from Tim Hathaway? (Some did and some didn't.)

**10:45 Representative Laning:** I move a Do Not Pass on engrossed SB 2256.  
Representative Kiefert: seconded.

**A Do No Pass Roll call vote: Yes = 11, No = 1, Absent = 1**

**Carrier:** Representative Mooney

**Chairman Weisz** closed the meeting.

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/23/2013**

Amendment to: SB 2256

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**Name:** Debra McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/29/2013

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/23/2013**

Bill/Resolution No.: SB 2256

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**Name:** Debra McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/29/2013

Date: 3-26-13  
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2256

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment

Rerefer to Appropriations  Reconsider

Motion Made By Rep. Laning Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN		✓
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 11 No 1

Absent \_\_\_\_\_

Floor Assignment Rep. Mooney

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2256, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO NOT PASS** (11 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING).  
Engrossed SB 2256 was placed on the Fourteenth order on the calendar.

**2013 TESTIMONY**

**SB 2256**



SB 2256

Senate Human Services Committee

January 30, 2013

Chairperson Lee and Senate Human Services Committee members, my name is Tim Hathaway and I am the Executive Director of Prevent Child Abuse North Dakota. We are a not for profit organization partnering to prevent the maltreatment of children in our state for over 30 years. Prevent Child Abuse North Dakota is a leader in evidence based home visitation systems development efforts; building infrastructure and capacity for the past three years. Last year we initiated the North Dakota Home Visitation Coalition, a network of twenty five professional organizations invested in North Dakota's families. I would like to testify in support of this bill, describe the "who, what, and why" of this legislation and provide a bit of background of this work in North Dakota.

Evidence based home visitation services have existed in North Dakota for over 30 years with the first program operating out of Minot 's pilot Early Head Start project. In the 1990's, Healthy Start programs emerged on tribal territories and then around the turn of the century, Healthy Families, Parents as Teachers and The Nurse Family Partnerships programs came into being. Each of these models connects back to a national structure that supports their ongoing work and ensures their compliance with quality standards. In the past three years there has been increased attention to the outstanding results these programs produce with significant federal and state investment in program expansion as well as research. Each week, trained nurses, social workers and early childhood professionals visit with hundreds of young North Dakota families in their homes to support effective parenting and build self-sufficiency.

What does this bill do?

This bill is intended first to define evidence based home visitation in a clear manner. Section 2 of the Bill identifies the type of activities these projects will pursue and section 3 focuses on the criteria of evidence based work, both for existing programs as well as emerging promising practices. Section 4 identifies exceptions to this definition to avoid confusion for existing programs that may conduct periodic home visits but are not intended to have the same long term outcomes.

The second effect of this Bill will be to create a pathway and linkage for the collection, organization and sharing of data regarding the efficacy of these programs. Currently, all of these programs are gathering data about their impact within their communities. This data is now reported to a variety of sources independently, including Federal Health Resource Service Administration, Office of Head Start, ND Department of Human, ND Department of Health to name a few. However, nowhere is this data collected in one place and put to its full potential use. Bringing this data together assists the state in identifying the value of the investment in these programs, directs resources and assists in the continuous quality improvement of services. The data collection described here can work in concert with the efforts already under way in the North Dakota Early Childhood Data System project and therefore avoid undue burden to the providers as well as the State.

The final effect of this legislation is described in section 6 and provides for accountability through a report back to the legislature on the outcomes, number and variety of programs operating in North Dakota.

Who will this effect?

Utilizing the definition created in this legislation, evidence based and promising practice models in existence would include:

- Early Head Start programs engaging in home visitation service delivery,
- Nurse Family Partnerships,
- Healthy Families North Dakota,
- Healthy Start, and
- Parents As Teachers.

These projects currently serve approximately 1,000 families in 18 counties in the state, three reservations and the Indian Service Area of Trenton.

The efficacy of these programs has been well documented nationally and in North Dakota. Positive gains for children and families have been realized in the improvement of child health, reduction of maternal depression, gains in school readiness and, long term, a reduction in adolescent criminal behavior. Some of the most dramatic gains have been in the area of child abuse prevention, with results of up to a 50% decline in maltreatment rates. In North Dakota, with the information currently available,

#1

we have evidence that these programs are positively affecting tobacco use, child immunization rates, male involvement in families, education attainment of mothers and child maltreatment.

SB 2256 creates the definition of evidence based programs and broadens our understanding of the benefits these programs have to the state, counties, communities, providers and ultimately the children and families receiving services. Please support this effort.

I appreciate your time and attention this morning and I will stand for questions.

Good afternoon. This a follow-up to Senator Anderson question about the quasi-experimental language in SB 2256. Please let me know if you have any further questions.

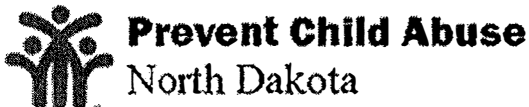
Quasi-experimental:

Quasi-experimental studies are those done in the natural environment of the subject being studied. Due to the natural environment, quasi-experimental studies lack a random assignment of study subjects. However, quasi-experimental studies do use pre- and post- test designs and treatment and control groups. This type of research is used extensively in social science and psychology studies.

Basically, a "true experiment" is one done in a laboratory where there is control over all settings. When an experiment is quasi-experimental, there is no way to control outside influences and natural variables as they interfere. But since it is best to study social problems in their natural environment to gain comprehensive understanding of all contributing factors, many social science experiments are done by quasi-experimental design.

*Tim Hathaway*

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Testimony  
10

**TESTIMONY ON SB 2256  
HUMAN SERVICES COMMITTEE**

**March 11, 2013**

**By: Tara Bitz, Early Childhood Education Administrator**

**701-328-4646**

**Department of Public Instruction**

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Mr. Chairman and Members of the Human Services Committee:

My name is Tara Bitz and I am the Early Childhood Education Administrator for the North Dakota Department of Public Instruction. I am here to provide information regarding Senate Bill 2256, a bill for an act to provide for the establishment of a home visitation program for families with young children and for pregnant women.

The Department of Public Instruction is not in opposition to this bill; rather, we are requesting an amendment. The Department of Public Instruction is requesting that under the Definition, line 8 be amended to remove the language superintendent of public instruction.

As the bill currently reads, the Department of Public Instruction would be held to the same rules and requirements as the Department of Health and the Department of Human Services to provide for the establishment of a home visitation program. The Department of Public Instruction currently does not have a home visitation program, but will support the bill's requirements through collaborative efforts.

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Therefore, the department is requesting to further amend the bill to include the Department of Public Instruction as a collaborative partner.

Mr. Chairman, this concludes my testimony. Thank you for your support with our recommendation, and I am available to answer any questions the committee may have.

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House of Representatives Human Services Committee

March 13, 2013

Chairperson Weisz and House Human Services Committee members, my name is Tim Hathaway and I am the Executive Director of Prevent Child Abuse North Dakota. We are a not for profit organization partnering to prevent the maltreatment of children in our state for over 30 years. Prevent Child Abuse North Dakota is a leader in evidence based home visitation systems development efforts; building infrastructure and capacity for the past three years. Last year we initiated the North Dakota Home Visitation Coalition, a network of twenty five professional organizations invested in North Dakota's families. I would like to testify in support of this bill, describe the "who, what, and why" of this legislation and provide a bit of background of this work in North Dakota. Before doing this I would like respond to questions that have been raised relative to the details of this bill.

First, this bill will not in any way restrict the work of any existing programs. It identifies a type of home visitation and defines it but does not take anything away from existing programs; evidence based, health related, or human service related. Second, this bill is helpful now because it capitalizes on the efforts of the state to capture early childhood data and builds accountability for these programs. The evidence based programs operating in the state collect a great deal of data about their efficacy. The bill creates a pathway for the capture of these various data sources and links them to the Early Childhood data systems the state of North Dakota is developing. The number of evidence based programs is growing in the state. Nurse Family Partnerships, Healthy Families and Early Head Start have all expanded in the past two years and the forecast is for additional investment in this type of program. Data collection and reporting are ways that we ensure evidence based programs are doing what they are in existence to do. With that I would share a few additional comments about the bill.

Evidence based home visitation services have existed in North Dakota for over 30 years with the first program operating out of Minot 's pilot Early Head Start project. In the 1990's, Healthy Start programs emerged on tribal territories and then around the turn of the century, Healthy Families, Parents as Teachers and The Nurse Family Partnerships programs came into being. Each of these models connects back to a national structure that supports their ongoing work and ensures their compliance with quality

standards. In the past three years there has been increased attention to the outstanding results these programs produce with significant federal and state investment in program expansion as well as research. Each week, trained nurses, social workers and early childhood professionals visit with hundreds of young North Dakota families in their homes to support effective parenting and build self-sufficiency.

What does this bill do?

This bill is intended first to define evidence based home visitation in a clear manner. Section 2 of the Bill identifies the type of activities these projects will pursue and section 3 focuses on the criteria of evidence based work, both for existing programs as well as emerging promising practices. Section 4 identifies exceptions to this definition to avoid confusion for existing programs that may conduct periodic home visits but are not intended to have the same long term outcomes.

The second effect of this Bill will be to create a pathway and linkage for the collection, organization and sharing of data regarding the efficacy of these programs. Currently, all of these programs are gathering data about their impact within their communities. This data is now reported to a variety of sources independently, including Federal Health Resource Service Administration, Office of Head Start, ND Department of Human, ND Department of Health to name a few. However, nowhere is this data collected in one place and put to its full potential use. Bringing this data together assists the state in identifying the value of the investment in these programs, directs resources and assists in the continuous quality improvement of services. The data collection described here can work in concert with the efforts already under way in the North Dakota Early Childhood Data System project and therefore avoid undue burden to the providers as well as the State.

The final effect of this legislation is described in section 6 and provides for accountability through a report back to the legislature on the outcomes, number and variety of programs operating in North Dakota.

Who will this effect?

Utilizing the definition created in this legislation, evidence based and promising practice models in existence would include:

- Early Head Start programs engaging in home visitation service delivery,
- Nurse Family Partnerships,



- Healthy Families North Dakota,
- Healthy Start, and
- Parents As Teachers.

These projects currently serve approximately 1,000 families in 18 counties in the state, three reservations and the Indian Service Area of Trenton.

The efficacy of these programs has been well documented nationally and in North Dakota. Positive gains for children and families have been realized in the improvement of child health, reduction of maternal depression, gains in school readiness and, long term, a reduction in adolescent criminal behavior. Some of the most dramatic gains have been in the area of child abuse prevention, with results of up to a 50% decline in maltreatment rates. In North Dakota, with the information currently available, we have evidence that these programs are positively affecting tobacco use, child immunization rates, male involvement in families, education attainment of mothers and child maltreatment.

SB 2256 creates the definition of evidence based programs and broadens our understanding of the benefits these programs have to the state, counties, communities, providers and ultimately the children and families receiving services. Please support this effort.

I appreciate your time and attention and I can be reached for further questions at 701.223.9052 or at [executivedirector@pcand.org](mailto:executivedirector@pcand.org).