

FISCAL NOTE
Requested by Legislative Council
02/07/2017

Amendment to: SB 2325

- 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.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

As amended, there is no fiscal impact.

- 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.*

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Pam Sharp

Agency: OMB

Telephone: 701-382-4904

Date Prepared: 02/08/2017

FISCAL NOTE
Requested by Legislative Council
01/31/2017

Amendment to: SB 2325

- 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.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

There is no fiscal impact to this bill, as it has been amended to a study.

- 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.*

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- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

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- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Pam Sharp

Agency: OMB

Telephone: 701-382-4904

Date Prepared: 01/26/2017

FISCAL NOTE
Requested by Legislative Council
01/24/2017

Revised
 Bill/Resolution No.: SB 2325

- 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.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations			\$400,000			

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Requires the Governor to designate a lead agency to maintain a statewide system of early intervention services for children from 0-3 at high risk for developmental delay/disability. Requires \$400,000 to maintain system and further funds in future years.

- 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.*

DHS will need general funds of \$400,000 to cover the cost of the experienced parent contracts in 17-19. Depending on the components needed to maintain a system, additional general funds will be required beyond 2017-19.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

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Name: Pam Sharp

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FISCAL NOTE
Requested by Legislative Council
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Bill/Resolution No.: SB 2325

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	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
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- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

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- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Fiscal impact cannot be determined.

- 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.*

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Name: Pam Sharp

Agency: OMB

Telephone: 701-382-4904

Date Prepared: 01/26/2017

2017 SENATE HUMAN SERVICES

SB 2325

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2325
1/30/2017
Job Number 27559

- Subcommittee
 Conference Committee

Committee Clerk Signature

Mame Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to governor's maintenance of statewide system of early intervention services, and to provide for a legislative management study.

Minutes:

11 Attachments

Chair J. Lee: Brought the meeting to order, Sen Piepkorn absent.

Senator Nicole Poolman, District 7: Introduced the bill. (0:53-1:45)

Senator Heckaman: How does this relate to Early Periodic Screening, Diagnostic and Treatment (EPSDT)?

Sen. Poolman: These are the services provided after screening. That's what we talk about when we talk about early intervention.

Senator Anderson: The language on lines 7-9 seems unusual, can you explain, or would you rather somebody else?

Sen. Poolman: I think other people will give you a little more detail in relation to that, I can tell you that the purpose is to insure that we value and prioritize early education here in ND. Right now Part C is a federally funded program, we want to make sure that if federal funding goes away or runs out that we would still prioritize these services. Because they are essential to the families.

Chair J. Lee: There will be a new fiscal note.

Chris Peske (4:10-5:25) Provided written testimony in favor please see attachment #1.

Chair J. Lee: Have you found that the services available to you currently good?

Mr. Peske: Absolutely, 100%. My oldest son, would not have gotten an autism diagnosis without the early intervention therapist. It was our early intervention physical therapist for his club foot who let us know, and guided us through that diagnosis. Neither of my sons would

be doing as well as they are if it weren't for early intervention, that's why it's so important to maintain it in the code.

Tashina Barakno (6:50-8:50) Testified in favor, please see attachment #2.

Roxane Romanick (9:45-11:15) Testified in favor, please see attachment #3.
Recommended amendment.

Chair J. Lee: Please tell me where the amendment goes.

Ms. Romanick: Section 2, lines 15-16. When the bill was drafted we referred to child find I think that legislative council took the child find initiative from the part b portion of the individuals with disabilities education act.

Jill Staudinger (12:10-19:00) Testified in favor please see attachment #4.

Chair J. Lee: Since North Dakota has had a serious commitment to this since 1986, why do think there would be any backing off from it now that would require this to be a mandate?

Ms. Staudinger: I think most of us, we see that ages 3-21 are mandated so once children turn three, those supports are more secure for their family. We're thankful that ND has invested more than 40 years to this population, but there's nothing to say that they're continue to support them tomorrow or in the future, we feel that it's important, we want that assured to them and their families, so that when they have those babies, they know that those supports are there to protect them.

Chair J. Lee: The legislature has always recognized the importance of these programs and how it's an investment, an appropriate service to provide to families in those very early years. I can't anticipate that the state will ever cut it out. Most of those years in the last 40, we didn't have any money. This was still a priority. I'm not suggesting that early intervention isn't important, but I'm struggling with the idea that we would set up something like this that becomes a mandate when we're already doing it, I can't imagine there's a legislator who doesn't recognize the importance and value. To reassure you that I don't see this as something on the chopping block.

Senator Anderson: You talked about the economies of moving everything into one office and so forth, yet you say we're doing pretty good now. Explain to us how you think this will be better under one designee and the governor might just pick the Department of Human Services, which is doing it now. Are there some other things you think should be brought into the fold? Why is creating another layer cost effective in the long run?

Ms. Staudinger: That's what the study language is designed for, to look at how our state is managing infant development, and how we can make sure we're streamlining that process. I don't believe that the language is stating that the governor should be changing the lead agency, but just using the language that's in Part C law that says the governor has the authority to place infant development services under wherever he sees the best fit.

Senator Kreun: I see here that you're the president of the Kids Program West Red River Head Start. How does your agency work to intervene and create this development program and make sure this happens, what do you do as an agency? Are there other agencies that do this?

Ms. Staudinger: I am one of 10 infant development programs across the state, my program Kid Incorporated manages the southwest portion of the state. We have the 8 counties in SW ND and we typically start with screenings to identify a child at risk and then we do an evaluation to determine if they meet the criteria for Infant Development Services. If they meet the criteria, then I would supervise the professionals that go out into that family's home to make sure that child is getting the services in their home and community.

Senator Kreun: Where do you get the referrals from? Do you go to the doctor, does he call you, do you get it from another service? Are there other agencies, other than what we have in the state that can perform the same service? Do we have multiple areas to go to, not just one area in the state through this program?

Ms. Staudinger: because Infant Development is under the Department of Human Services, all of the local human service agencies in the 8 regions serve as a point of contact for referral sources, they help streamline the services to different Infant Development Programs (IDP). Most of the regions have just one IDP providing services in their region, but there are a few areas with more than one provider, where families are offered a choice of which provider they would like to work with. We work closely with other early child programs, like an early Head Start. If they're screening a child that they're concerned with, special support might come in to help them.

Senator Kreun: Do you recommend to other agencies other than DHS for these services?

Ms. Staudinger: When the referrals come in from the DHS if we recognize that the child needs more service, or something that we're not able to provide we would make referrals to other agencies, as would the Right Tracks Screening Program, if a child's not eligible for IDP, that screening program might recognize that this is a family that maybe needs some daycare assistance or referral to social services or the county for supports.

Elizabeth Romanick (26:10-28:00) testified in favor, please see attachment #5.

Senator Kreun: How many dance competitions do you do?

Miss Romanick: I do Just for Kicks, we have 16-17 performances.

Sarah Carlson (29:35-34:45) provided testimony in favor, please see attachment #7, also provided #6 for committee's reference.

V-Chair Larsen: You talked about eroded services, could you expound on services that have been eroded since the inception of this program?

Ms. Carlson: Last week, I sat in support of including the Experienced Parent, which had been removed from the DHS budget, I also recognize the Part C budget, more and more is

used for Direct Service, if that continues to go, our Part C grants will be used up. This bill will support ND's responsibility in providing those services, if that were to happen.

Senator Kreun: The funds go to Direct Services, is that bad?

Ms. Carlson: I think that all of the services available in Part C, which includes Direct Service or Experienced Parent, which provides a person who has been in the system to provide support, emotional and resources to families. I think it's all very good. What's happening, more and more money is being used on Direct Service for families who are choosing not to enroll in Medicaid. So more and more of those funds are used at a quicker rate than they used to be.

Chair J. Lee: Why, if they qualify for Medicaid wouldn't they enroll in Medicaid in order to get those services provided?

Ms. Carlson: We certainly talk to families about their right to choose who pays for the services, for some families it might be that they are enrolled in the marketplace and when they're in the marketplace they can't have both, it's a financial burden to the families, for some families it may be the stigma of being enrolled in MA, or various other reasons.

Chair J. Lee: Who would know that they are enrolled in MA when they're getting services?

Ms. Carlson: They could use MA to just pay for their Part C services, they could use MA to help supplement their doctor appointment or medical costs, use it for in home supports if they would qualify for that, it could be used for other things.

Chair J. Lee: My concern is that if there are individuals who qualify for MA, who could make use of that funding source for this program that they are preventing other people from using Part C funds, because of the privacy requirements, except for those involved, nobody would know that it was a Medicaid paid system. I'm a little concerned about that.

Ms. Carlson: I'm concerned as well, I tell families just that, can be a benefit to their family, it's certainly not coercion or anything we would force on the family, we certainly respect their right to choose, however it certainly could be a benefit. In the Experienced Parent roll, I would continue to offer that support.

Chair J. Lee: The benefit is to other families, if the Part C grant runs out, is not there. If I'm not paying, I shouldn't be real particular about where the money comes from, as long as the service is there. I would hate to be in this group over here who doesn't get that service because I said I don't want this person paying for it, I want that person paying for it. That's my concern.

Ms. Carlson: I agree with you. It does come down to choice. For some families that choice comes down to financial burden and other insurance opportunities that they are utilizing.

Valerie Bakken, Special Education Regional Coordinator for NDDPI (39:45-44:20) testified in favor, please see attachment #8.

Senator Anderson: Can you explain to the committee how you envision things would be different once we pass this bill, then they are today?

Ms. Bakken: This bill will solidify that early intervention will always have its place, with budget cuts, and having to reallocate federal dollars, that's a concern for Part C funds and also for early childhood special education. With the reallocation of federal dollars, we aren't getting as many federal dollars as we need to in this program, I don't have the exact figures, but we have a growing need, but the money from the government isn't matching the number of kids they're serving. This bill solidifies the commitment to early intervention services even if federal money doesn't assist completely, and we have to do it in state.

Senator Anderson: The grant comes to the DHS, how does your agency's funding come?

Ms. Bakken: Ours is also federal dollars, I have my Special Ed. Director, Gerry Teevens here if you have any budget questions in regards to our department. But we do have our federal office of special education program funds that we get our federal grant money.

Chair J. Lee: What is the state match? Or is it 100% federal funding?

Gerry Teevens, Director of Special Education, DPI: There is not a federal match, the state is required to maintain state financial support, so whatever state funds have been put in, in the past, we need to maintain. Currently that amount is \$40,000 that must be maintained every year for us to get our federal funds.

Chair J. Lee: So there's \$40,000 in state funds that has to be there to get the \$2.9 million federal grant.

Senator Anderson: We need to clarify the DHS source of funds and the DPI's source of funds. Can you talk specifically about DPI's source of funds from the federal government?

Mr. Teevens: The source of funds for DPI is for serving children 3-21 years old. Human Services covers birth to 2. Our funds, we set dollars aside from that federal allocation a certain amount to the 32 special education units in the state. That's based on their child count, as of 1998. It's an old process of doing it, but that's what we have in federal law right now. Our funds are for serving children and families of 3-21 year olds, about \$2.9 million, the total allocation to the state, but that includes what we allocate to the special Ed. Units, and set aside for administration, and state office activities.

Tina Bay, Director Developmental Disabilities Division, DHS: Currently the Department receives about \$2.2 million annually to manage the Part C Program, we've been fortunate to mirror those Part C services in our waiver, so we're able to enroll in our Medicaid waiver, they can receive services similar to our early intervention program. Then we do a 50-50 match, with the MA program. However, if fam not apply to MA, then we need to use our Part C services, that \$2.2 million that we're talking about to pay for the Direct Services for them.

Senator Anderson: The \$2.2 million could all be spent for Direct Services if somebody enrolls for MA then none of the \$2.2 million is spent, it's regular MA and 50-50 state match dollars, is that right?

Ms. Bay: There are certain required programs within the Part C program, if we accept that money there are certain things we have to do, Direct Services is one of them we also have to have Technical Assistance, Right Tracks and administrative activities for the reporting. One of the concerns is that as we continue to see more and more families not choosing to apply for MA, we have to use part C money, which has to support all of those required tasks. We're spending through our Part C money quicker than we used to.

Senator Anderson: How DHS see the designation by the Governor of a lead agency rolling into this whole thing? My experience with most federal grants, you need the executive branch's approval, so there's probably a letter there someplace that says the Governor approves the DHS getting this grant.

Ms. Bay: That is correct.

Senator Kreun: How do they direct these individuals for services and for payment? If more funds are going to Direct Service, wouldn't we encourage people to utilize the federal program to maximize the dollars? Why are we letting people choose to take the dollars for somebody else who won't qualify for the federal program? Isn't our idea to maximize our dollars and treat the most kids that we can?

Ms. Bay: The Part C Program doesn't allow us to force families to apply for Medicaid.

Courtney Kobele, Executive Director, ND Medical Association (54:20-54:45) provided testimony in favor from Joan Connell, ND chapter of American Academy of Pediatrics, please see attachment #9.

Becky Matthews (55:05-58:55) Testified in favor, please see attachment #10 and #11.

Erik Monson, CEO Anne Carlson Center (1:01:00-1:05:10) testified in favor. We offer day and in-home services, autism, early intervention, and community based programs which serve 3200 individuals in 2016. We served 1100 youngsters in early intervention programs. Early Intervention is the bed rock of ND DDD. We are able to offer these program because of the Part C program. Without it, we wouldn't be able to offer the others, we offer early intervention programs, and awareness building. ND benefits from the early intervention programs and receives a return on investment. A secure place for the programs future is crucial we urge the passage of this bill.

Senator Anderson: Talk to us about the dollars flowing MA, the dollars flowing from the grant to the DHS, and the dollars flowing to DPI. If the federal grant went away, and we were spending our state money for this, we could insist that the patient be on MA before we spend state money.

Mr. Monson: It's well above my pay grade to understand the flows of federal and state dollars. One part of the bill that's important is the study, it would help a lot of us understand some of those dollar flows and the requirements relative to the MA sign up which I wouldn't pretend to address today. We're presented with the ability to do what we're able to do. As a

service provider we focus on the services to the children and making the best of that, that we can.

Senator Kreun: You are a nonprofit private organization, do you provide services for private payers or private clinics, or private hospitals, do you do that work?

Mr. Monson: Yes, we can I don't recall what our revenue amount would be for that.

Senator Anderson: At some point we need to ask the Governor's office how they envision this affecting their office.

No opposition or neutral testimony.

Chair J. Lee: Closed public hearing.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2325
1/30/2017
Job Number 27609

- Subcommittee
 Conference Committee

Committee Clerk Signature

Mame Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to governor's maintenance of statewide system of early intervention services; and to provide for a legislative management study.

Minutes:

0 Attachments.

Chair J. Lee: Opened the hearing for committee work on SB 2325.

Senator Heckaman: I had the sense that this bill was about early intervention from the Human Service Department into DPI, that's what they talked to me about. None of that was mentioned at all. It was hinted at that DPI does this after 3 years, and they do other early interventions, I'm not sure if that's where this is going or not, it seems like lines 7-9 aren't written right. Doesn't seem like it flows. "It is enacted as follows, shall designate a lead agency" who is doing that? Is it in 54-07-01? Is that the department?

Senator Anderson: The governor. This bill obviously when it says the governor shall designate a lead agency as I mentioned, and confirmed by the DHS, every grant that you apply for in ND, even the Board of Pharmacy, they want a letter from the executive agency, the governor's office, saying that it's ok to get that grant. They don't want to give a grant to somebody in ND and then later the Governor's office ways what the heck are you doing here? So they always want that letter, as DHS indicated this morning, when they apply for that grant, the Governor designates them as the lead agency for that grant. You won't get it unless you've got that executive officer's letter included in your grant application. There's got to be an ulterior motive here, it's not that want the Governor to designate a lead agency what we're hearing is they're thinking that this language keeps it going in perpetuity, even if there's no money. I'm not sure how that would work, if the Legislature didn't fund it. Are you going to keep a program going just because the Governor designated a lead agency? Maybe you're going to force him to put something in his budget, I don't know, but if there's no money, there's not going to be a program, I don't think saying the Governor designates a lead agency accomplishes anything, we should amend out section 1 and leave it with the study.

Chair J. Lee: I'm looking up 54.07.01, it's actually general provisions for unlicensed assisted persons.

Senator Kreun: Its powers and duties of the Governor.

Senator Anderson: I move amendment to delete section 1.

V-Chair Larsen: Second.

Senator Heckaman: I'm still wondering, this is the reason we have this bill, this is the meat of the bill, section 1. The study is secondary, all of the people who came and testified, this is what they're asking for. I'm wondering if they want DPI to do this, I don't have a problem with that. This is the meat of the bill. I'll oppose this

Chair J. Lee: I don't disagree that this is the meat, but I have a real problem with a mandate that does not permit legislative response to what's going on. The state has been solidly on the side of taking care of this Part C funding and project for these individuals forever, I don't see that changing. I struggle with the idea that we would have to maintain exactly what's going on now because it isn't exactly the same as needs move along. I do support the amendment.

Senator Anderson: In listening to the testimony this morning, mostly what we heard was how good a program we have right now, I sense from several of the people providing testimony that they welcome the study, they could reaffirm the quality of the program we have now, so that going forward with future legislative sessions they have the evidence, so they can ask for future funding, whether federal funds are available or not. That was my sense. The individual who testified towards the end, I think he was from one of our departments, he thought the study most important part.

Chair J. Lee: I don't disagree with the study, it will verify the importance of what we're doing, because the services appear to be doing an ok job of meeting needs. I don't want them diminished. The study will confirm with good outcome data what's going on with those children from 0-3.

Senator Clemens: As far as section 1, I know this bill doesn't mention DPI, but I'd be opposed to DPI taking this over, I don't think them getting involved would be appropriate. They have problems educating our children. I'm not saying they don't do a good job, but they have a tremendous task ahead of them.

Senator Kreun: We heard a lot about funding, and then we found out we can't ask people to go into MA, so we get \$2.9 million grant, and that becomes our money, so when that is used up, people can then go into MA, if they qualify, and the ones that don't qualify and are out of money, are left on the wayside; does that happen? Are we utilizing our MA money as efficiently as possible? Is there a way to work around it, 'encourage' people to sign up for MA?

Chair J. Lee: We did until the feds said we couldn't, because they don't want a stigma attached. They are seeing the money go much faster, they are concerned about that. That's what the study will do.

Senator Kreun: That should be a part of the study, how we can utilize those funds in both ways, so we can maximize what we can do.

Chair J. Lee: Part of the challenge is the Experienced Parent component is a valuable part its \$400,000 to continue that, and it just isn't in the budget. The session isn't over yet. We can advocate for that. At this point the study will tell us what we have to do.

Senator Kreun: When we get to that point, can we add that? How do we maximize the grant and state funds, can we ask that be put in there, so we can at least have some overview what can be done?

Chair J. Lee: We can say 'funding mechanisms including MA' on line13.

Senator Heckaman: There's another amendment here because of lines 15-18 are not correct according to Roxane Romanick. That needs to be changed because it was the wrong section of law put in there.

Chair J. Lee: So we should cross out beginning with words school on line 15 through act on line 18 instead say states participating Part C of IDEA to locate and evaluate children from birth to age 3. It would end with Individuals with Disabilities Education Act, then still say Legislative Management would report its findings.

Senator Piepkorn: In order to have a statewide system to maintain, do we need to mention anywhere in wording establishing statewide system?

Chair J. Lee: We have a statewide system. They want to maintain it. We have one amendment on the floor to delete section 1.

A roll call vote was taken.

Motion passes 5-2-0.

Chair J. Lee: Is there a motion to further amend? To include the language which would include on line 13 page 1, following mechanisms including MA, on lines 15-18 deleting with the words school districts go through education on line 18 and replace with 'states participating in Part C IDEA to locate and evaluate children from birth to age 3.

V-Chair Larsen: I move to further amend SB 2325 the above language.

Senator Kreun: Second.

A roll call vote was taken.

Motion passes 7-0-0.

V-Chair Larsen: Do pass as amended.

General committee discussion about referral to appropriations.

Senator Kreun: Second.

A roll call vote was taken.

Motion passes 6-1-0.

V-Chair Larsen will carry.

Chair J. Lee: Closed the meeting.

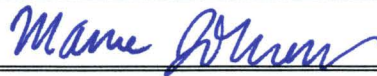
2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2325
2/6/2017
Job Number 27921

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to governor's maintenance of statewide system of early intervention services; and to provide for a legislative management study

Minutes:

1 Attachment

Chair J. Lee: Opened the hearing on 2325. This is one that returned to us from the floor, the one about early intervention programs.

Senator Anderson: I move to reconsider.

V-Chair Larsen: Seconded.

A roll call vote was taken.

Motion passes 5-2-0.

Chair J. Lee: We can't mandate this, but I know what people want is to be a mandate.

Senator Anderson: As a point of order, what's the status of previous amendments?

Chair J. Lee: Our reconsider vote wiped it clean. We would be looking at changes in 2 and changes of language in section one. **(Please see attachment #1)**

V-Chair Larsen: That doesn't mandate. I move adopt amendments.

Senator Anderson: Second.

Senator Piepkorn: What do these amendments do?

Chair J. Lee: It obligates the state to maintain the program, and if the money isn't there, it ties the hands of the government. There isn't a protective back up fund. They felt it was good program, but one that could be set aside, reducing \$54M from the budget.

Senator Heckaman: This isn't my ideal amendment, but it will get this bill to the other chamber and into a conference committee.

Chair J. Lee: I keep hoping March projections will be better.

Senator Clemens: We're encouraging it to continue on.

Chair J. Lee: Governor designates the department human instruction to ensure early intervention services.

Chair J. Lee: We want the Medicaid Part C. The fund is going to run out and we don't want that to happen, how are we going to address the need for that, who would say we don't need these programs? That's the deal, it's including Medicaid and talking about states involved in Part C and making sure we're going to identify those individuals from birth to age three that need those services.

Senator Piepkorn: Even though Senator Heckaman is going to vote for the amendment, in hopes that it will eventually get better, I would vote to not support the amendment, this should not be one subject to the whim of budget cuts, should be in there permanently. Families shouldn't be sitting on pins and needles hoping for funding for this program.

Senator Clemens: If we use the word mandate, the next session can change it again?

Chair J. Lee: Yes, if we have a coverage mandate, and it includes and kind of private insurance, then it has to go through PERS for 2 years, before it goes into the general public. This could be complicated if we ended up seeing there was going to be some kind of private insurance coverage, we didn't even talk about that part. Right now, it's just Medicaid and Part C funding.

A roll call vote was taken.

Motion passes.

5-1-1.

Senator Heckaman: I move do pass as amended.

Senator Anderson: Second.

A roll call vote was taken.

Motion passes, 6-0-1. Hold vote for Sen. Larsen.

V-Chair Larsen: Voted yes for adopting the amendment (6-1-0) and passing the bill as amended. **Final Vote 7-0-0.**

Chair J. Lee: The first time we went this out, we re-referred it to appropriations, but the amendment this time should remove the fiscal note.

V-Chair Larsen will carry.

Chair J. Lee: Closed the hearing.

January 30, 2017

EJ
1-30-17
p.1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2325

Page 1, line 1, remove "create and enact a new subsection to section 54-07-01 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "services; and to"

Page 1, line 3, after "study" insert "relating to a statewide system of early intervention services"

Page 1, remove lines 5 through 9

Page 1, line 13, after "mechanisms" insert "including medicaid"

Page 1, line 15, remove "school districts to locate and evaluate"

Page 1, remove lines 16 and 17

Page 1, line 18, replace "program under" with "states participating in"

Page 1, line 18, after "Act" insert "to locate and evaluate children from birth to age three"

Renumber accordingly

February 6, 2017

ET
2-6-17
p. 1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2325

Page 1, line 2, remove "governor's maintenance of statewide system of early intervention"

Page 1, line 3, replace "services" with "collaboration between agencies to coordinate early intervention services"

Page 1, line 7, replace "maintain a statewide system of" with "collaborate with other agencies to coordinate"

Page 1, line 13, after "mechanisms" insert ", including medicaid"

Page 1, line 14, after the comma insert "and"

Page 1, line 15, remove "school districts to locate and evaluate"

Page 1, remove lines 16 and 17

Page 1, line 18, replace "program under" with "states participating in"

Page 1, line 18, after "Act" insert "to locate and evaluate children from birth to age three"

Renumber accordingly

Date: 1/30 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: Delete section 1

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman		X
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn		X
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Date: 1/30 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: include MA, replace schools with Part C IDEA

- Recommendation:
- Adopt Amendment
 - Do Pass Do Not Pass Without Committee Recommendation
 - As Amended Rerefer to Appropriations
 - Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Larsen Seconded By sen. Kreun

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Date: 1/30 2017

Roll Call Vote #: 3

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0806.02001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider

Motion Made By Sen. Larsen Seconded By Sen. Kreun

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman		X
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment Sen. Larsen

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

Date: 2/6 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Joan Heckaman		X
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn		X
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Date: 2/6 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0806.02002

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Larsen Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn		X
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment _____

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

Date: 2/6 2017

Roll Call Vote #: 3

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2325

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Heckaman Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Larsen

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

REPORT OF STANDING COMMITTEE

SB 2325: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2325 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "create and enact a new subsection to section 54-07-01 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "services; and to"

Page 1, line 3, after "study" insert "relating to a statewide system of early intervention services"

Page 1, remove lines 5 through 9

Page 1, line 13, after "mechanisms" insert "including medicaid"

Page 1, line 15, remove "school districts to locate and evaluate"

Page 1, remove lines 16 and 17

Page 1, line 18, replace "program under" with "states participating in"

Page 1, line 18, after "Act" insert "to locate and evaluate children from birth to age three"

Re-number accordingly

REPORT OF STANDING COMMITTEE

SB 2325: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2325 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "governor's maintenance of statewide system of early intervention"

Page 1, line 3, replace "services" with "collaboration between agencies to coordinate early intervention services"

Page 1, line 7, replace "maintain a statewide system of" with "collaborate with other agencies to coordinate"

Page 1, line 13, after "mechanisms" insert ", including medicaid"

Page 1, line 14, after the comma insert "and"

Page 1, line 15, remove "school districts to locate and evaluate"

Page 1, remove lines 16 and 17

Page 1, line 18, replace "program under" with "states participating in"

Page 1, line 18, after "Act" insert "to locate and evaluate children from birth to age three"

Re-number accordingly

2017 HOUSE HUMAN SERVICES

SB 2325

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2325
3/15/2017
#29229

- Subcommittee
 Conference Committee

Committee Clerk Signature

Janette Cook

Explanation or reason for introduction of bill/resolution:

Relating to collaboration between agencies to coordinate early intervention services; and to provide for a legislative management study.

Minutes:

Attachments 1-7

Chairman Weisz: Called the committee to order.
Attendance taken.

Chairman Weisz: Opened the hearing on SB 2325.

Chairman Weisz: Is there any testimony in support of SB 2325?

Senator Nicole Poolman, District 7, introduced SB 2325 and provided written testimony.
(Attachment 1) 2:45

Vice Chairman Rohr: Questions from the committee?

Vice Chairman Rohr: Is there further testimony in support of SB 2325?

Christopher Pieske, a Bismarck resident, testified in support of SB 2325.
(Attachment 2) 6:41

Vice Chairman Rohr: Are there any questions from the committee?

Vice Chairman Rohr: Does your insurance company cover any of these services?

C. Pieske: They were both plugged into early intervention, and they were automatically covered by Medicaid right away.

Vice Chairman Rohr: Is there further testimony in support of 2325?

Elizabeth Romanick, a Junior at Century High School with Down syndrome, spoke in support of SB 2325 and provided written testimony and other information. 7:40 – 9:52

(Attachment 3, pages 1-8)

Representative Schneider: Nice to meet you. What do you plan to do in college?

E. Romanick: I plan to go to Minot State and major in music and broadcasting, and minor in Early Childhood Education.

Representative Schneider: Thank you for talking to us. Where do you think you would be now if you didn't have early intervention?

E. Romanick: If I didn't have it, (mostly inaudible).

Vice Chairman Rohr: Are there further questions?

Vice Chairman Rohr: Is there further testimony in support of SB 2325?

Sarah Carlson spoke to support SB 2325. Written testimony was provided.
(Attachment 4, pages 1-6) 12:00 -21:39

Vice Chairman Rohr: Are there any questions from the committee?

Vice Chairman Rohr: Is there further testimony in support of SB 2325?

Dr. Joan Connell, North Dakota chapter of the American Academy of Pediatrics, spoke to support SB 2325 and provided written testimony. (Attachment 5)

Vice Chairman Rohr: Are there any questions for Dr. Connell?

Vice Chairman Rohr: Is there further testimony in support of SB 2325?

Becky Matthews, parent of children who have received North Dakota Early Childhood Intervention services, spoke to support SB 2325 and provided written testimony. (Attachment 6) 29:18

Chairman Weisz: Are there any questions from the committee?

Representative Schneider: We have had glowing testimony about early intervention services. You have had a wide range of experiences. Are there things that we should be adding or giving special attention to as we study this?

B. Matthews: With the building blocks that are there, I feel the services are very strong. The experienced parent portion to help families is important to help them navigate a difficult system. Additional education is always good to have available for the families. We have a good model, but we may just need to plug some other things in.

Representative P. Anderson: You talk about navigating a difficult system. What is so difficult?

B. Matthews: Thinking about families I've worked with and some of the struggles we've had I can give a few examples. When you qualify for Early Childhood Intervention, the program manager comes to your home to fill out the paperwork. Then you might have the intervention staff come in, if you are not automatically eligible due to a diagnosis, and do an evaluation to find out if you qualify. Once you qualify, then there is Medicaid which gets the county involved and means a county eligibility worker. Sometimes in certain counties you will be asked to fill out the **whole form** even though it is a waived service that does not look at the family's income or eligibility. If my two-year-old is going to services once a week, I am not going to fill out six pages of paper. That is something that could be worked on with the counties. Also, any troubles that they have, they think they can go over ... (inaudible) program manager or home visitor, but no they need to go to the county. Then add in a family that mom needs to stay home because the child can't go to daycare because of their diagnosis. They have a loss of income and have to be helped to get on heating assistance, WICK, or get food stamps. We are dealing with families that are young and have increased medical costs. The system is very difficult to navigate. I have been doing this job for a year and one half and still have to call people to find out who to get ahold of next. Do not (inaudible 2 words) that your specialist is in North Dakota. If you have to travel out-of-state, you have to get preapproval, and it is very, very difficult to get that.

Chairman Weisz: Is there further testimony in support of SB 2325?

34:15

Valerie Bakken, Special Education Regional Coordinator, spoke to provide information and support for SB 2325. Written testimony was provided. (Attachment 7, p. 1-6)

39:21

Chairman Weisz: Are there any questions from the committee?

Representative Porter: You get to wave your magic wand. Where is the transition lacking the most, and what void is the study going to identify and fix inside of how it is working today?

V. Bakken: I think the transition process is actually working. Our biggest concern is that the early intervention programs are going to be there for everyone in the future. That is where I would put my magic wand; to make sure that we can continue to provide these programs, and that they show a return in investment later on as the children hit our educational system.

Representative Porter: The programs are there and in the budget. We are looking at this from the standpoint of coordination and collaboration, and what the verbiage is. This really doesn't have to do with whether or not they fund it in the future. That is up to each legislative assembly and each governor. Inside of what we are going to look at, it is the coordination of the system. What are we going to find that needs to be fixed?

V. Bakken: There are quite a few kids that aren't considered eligible for Part B services. Why don't they qualify; is there a gap that we are missing there? The kids that are referred and don't qualify for special education services; where are they going instead? Do we need to look at our eligibility criteria? We need to fine tune our transition process in case we are missing some of those kids that truly need help.

In regards to the funding, it is a federally funded program, but I don't believe that the state is putting any money into the program. The concern is there that if we lose federal funding on it and have an increase in kids, is the **state** going to go forward and provide funding.

Representative Porter: We had a bill earlier, and it was an autism bill. We had information about children that were under the services, then when they assessed them, they said that they didn't need the services anymore. After that they started to go off the edge of a plateau. So, when they reach three and are inside of your program, is it a one-time shot at qualifying or can they get a reevaluated later? Is there a process that lets the families or school system ask for the reassessment to make sure that the child is advancing, staying the same, or declining?

V. Bakken: We have child find obligations on behalf of the Special Education Department where if a child is not found eligible initially with the Part C transition referral, they can be reevaluated any time. A pediatrician, a community screening, or any type of situation could make the referral. It isn't a one shot fits all, and there is only one opportunity. We are constantly screening and following up with assessments. Once a child is found eligible, and six months down the road the child is doing well, they could be exited from the program if they don't need the services any longer. If there is decline or regression later on, we can always reassess them and include them in the special education services again.

Chairman Weisz: Further questions from the committee?

Representative McWilliams: Do you know how many children are involved in early intervention?

V. Bakken: I would have to ask our Part C office; I don't have the figures. The two to five year olds in special education are about 1,400.

Chairman Weisz: Is there further testimony in support of SB 2325?

46:30

Name inaudible, spoke to support SB 2325.

Mother: We do have a child who has a rare form of genetic disorder, and we did have to travel out-of-state to get a diagnosis. We did have to pay \$6700 out-of-pocket even with state insurance. It is geno testing in which they have to test an entire panel because otherwise you would have to test each genetic strain individually to see what is going on. This is a genetic mutation. We had an experienced parent who cares. Who shows up and tells us what we qualify for, this is where we can direct you for services, and here is help filling out a mound of paperwork. It is hard to fill out the paperwork because there are so many different kinds. The experienced parents have put together a binder that show how to organize all the different kinds of paperwork that are needed at the different offices. Having the (inaudible-inaudible) she wouldn't qualify for anything, because she is hitting all of the milestones. However, we know that she is going to have trouble with mobility, and she will probably have speech issues. Having the Part C and knowing that the services will be there is amazing. She qualified at birth because of her diagnosis. Having a guarantee for other kids later on is something that needs to be in there. Because of my teaching experience, I saw the effects later on of children that were diagnosed early. They are sponges from one to three. The

ones that are not caught and didn't get early intervention for whatever reason, those are the kids that require the school system to pay money for. We need to insure the continuation of the Early Childhood Intervention Programs.

There was no further testimony in support of SB 2325.

There was no opposition to SB 2325.

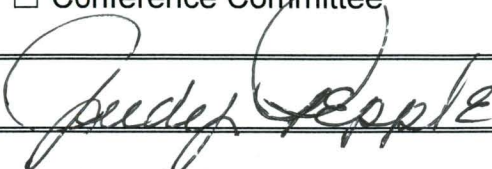
Chairman Weisz: The hearing on SB 2325 is closed.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2325
3/20/2017
29436

- Subcommittee
 Conference Committee

Committee Clerk Signature 

Explanation or reason for introduction of bill/resolution:

Relating to collaboration between agencies to coordinate early intervention services; and to provide for a legislative management study.

Minutes:

Representative Porter: I move a do pass on SB 2325.

Representative Damschen: Second

Chairman Weisz: It is not asking for a task force, but it is requiring coordination between agencies. That is part of the problem with all of the things we do. Sometimes we have 5 agencies that all have some roll in it and the hand doesn't know what the other is doing. Further discussion?

Representative Seibel: Is it the Dept. of Human Services that would designate this new agency?

Chairman Weisz: I really don't know, but I would think it would be the governor. It says the governor can choose, so I would think it would be up to him. Says that the governor can choose the department.

Chairman Weisz: Further discussion? If not, the clerk will call the roll for a do pass on SB 2325.

Roll call vote taken Yes 14 No 0 Absent 0
Motion carried. Do I have a volunteer to carry this one?

Representative Schneider: I will carry it.

Adjourned.

Date: 3/20/17
 Roll Call Vote #: 1

**2017 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. S.B. 2325**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Schneider

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

REPORT OF STANDING COMMITTEE

SB 2325, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2325 was placed on the Fourteenth order on the calendar.

2017 TESTIMONY

SB 2325

SB 2325
Attache #1
4/30

SENATE HUMAN SERVICES
JANUARY 30, 2017

TESTIMONY OF CHRISTOPHER S. PIESKE
SENATE BILL NO. 2325

Madame Chair, members of the Committee.

My name is Christopher Pieske and I am a resident of Bismarck. I am here today to ask you to safeguard Early Intervention in North Dakota by supporting Senate Bill 2325.

This bill would add a subsection to North Dakota Century Code Section 54-07-01 requiring that the Governor name a lead agency to maintain a statewide system of early intervention for children from birth to age three who are at high risk for developmental delay or disability. To demonstrate to you why protecting Early Intervention is so critical, I would like to tell you a bit about my family.

My wife Christina and I have two boys; Zachary, age seven, and Elijah, age six. Zach was born with a club foot, so his leg was placed in a large plaster cast. Because of his diagnosis, we began to receive Early Intervention services. A physical therapist from Early Intervention came to our home three times a week to help us learn how to keep Zach strong, even with his cast. Eventually, he required surgery and treatment at the Shriner's Hospital in Minneapolis. His leg was in a series of casts, then both feet were in a brace for years. Now he can run, jump, and play with ease.

Less than a year after Zach was born, we had Elijah. Eli has a rare genetic disorder, tetrasomy 9p. Due to this condition, he is developmentally delayed, he is smaller than average, has low muscle tone, and his ability to speak is limited. He

2325
#1
4/30

communicates with the assistance of an iPad, sign language, and some spoken words. A therapist from Early Intervention came into our home and taught us ways to strengthen his weak muscles, and to strengthen his limited ability to communicate. Eli still has difficulties, but he is now thriving in kindergarten.

When Zach was two, the Early Intervention therapist suggested to us he was exhibiting symptoms of autism spectrum disorder, and at age three he was ultimately diagnosed with autism spectrum disorder. The therapist helped us learn how to cope with Zach's problems with communication and his sensory issues. Now our children and our family are thriving, and I can say with confidence that we would not be where we are today without Early Intervention. I am asking you to maintain Early Intervention for future generations of children with special needs.

We all know our state faces a budgetary crisis. In troubled times like these, we show who we really are and what we truly value. I urge you to support Senate Bill 2325, to ensure the place of Early Intervention in state law, and to provide support for our most vulnerable children and families now and the in the future. Thank you for your time and consideration.

SB 2325
Attach #2
1/30

Testimony

Senate Bill 2325

Senate Human Services Committee

Senator Lee, Chair

January 27, 2017

Madam Chair Lee and members of the Committee, thank you for allowing me the opportunity to provide testimony. My name is Tashina Baranko and I am testifying today to help our state assure that ND Early Intervention services are a guarantee to future generations of North Dakota's infants and toddlers with disabilities and/or delays and their families. SB 2325 will do just that. Here's why it's important to me:

I was born with a rare brain disorder called Schizencephly and Cerebral Palsy. The doctors said I would not be able to walk, talk, or do many other things. They gave my parents a grim outlook. I had a Right Track screening and had delays in all areas. They referred me to Early Intervention. I feel that Early Intervention helped me to succeed in all aspects of life. I started early when I was nine months old until I was three years old. As you can see I surpassed everyone's exceptions and proved the doctors wrong. I have made so many accomplishment like getting A's and B's in school, joining the speech team in High School, made many friends, and last May I graduated high school with my classmates. I am currently working full time with toddlers at the Montessori School in Dickinson. Some people that have Schizencephly don't live past twenty because of health issues, but at the end of this year I will be twenty years old. I tell everybody that I'm a miracle. I believe that Early Intervention had a big part in helping me become a miracle.

Please support Senate Bill 2325. Babies and their families are counting on it.

SB 2325 ND Early Intervention
Senate Human Services Committee
January 24, 2017

SB 2325
#3
1/30

Madam Chair Lee and Members of the Committee:

My name is Roxane Romanick and I am representing Designer Genes of ND as their Executive Director, which is a Down syndrome support network. We have a membership base of nearly 200 individuals with Down syndrome and their families spread out across ND. I am willing to guess that if I'd survey those individuals and their families, in close to 100% of the cases, the provisions within the Individuals with Education Improvement Act (IDEA) would have somehow touched their lives. As you'll hear from one young lady, it has been part of her success for every year of her life. Designer Genes is asking your full support on SB 2325 with sending a "do pass" recommendation to the Senate floor.

I hope through the following testimony that you'll understand that implementation of ND Part C Early Intervention is not a singular activity but in fact, has implications for other early childhood partners and across broader "hot" topics such as increasing prison populations and special education costs, keeping individuals from being institutionalized, and addressing behavioral health needs.

I'd like to recommend a minor adjustment to the bill in Section 2 in lines 15 and 16, with the following language: "responsibilities for implementing federal law directing states participating in Part C of IDEA to locate and evaluate children from birth to age three".

I would like to invite Jill Staudinger to tell you about North Dakota's Part C Early Intervention system and why this bill is in front of you today. Following her, someone near and dear to my heart, a ND Part C Early Intervention alumni, will be my daughter, Elizabeth Romanick.

2325
#4
1/30

Madam Chair Lee and Members of the Committee:

My name is Jill Staudinger and I am the Vice President of Children and Family Services with HIT, Inc. HIT is a provider of Early Intervention Services in Region VIII. Some of programs I oversee are the Infant Development program which serves children ages 0-3 and their families in an eight-county region in southwest North Dakota (Region VIII), the Experienced Parent Program, and the Right Track screening program. Currently our infant development program serves around 200 children who have developmental delays and/or disabilities and their families. I have served on the ND Interagency Coordinating Council (NDICC) for over 10 years, although I do not represent them today. The NDICC is the Governor-appointed council mandated by the Individuals with Disabilities Education Improvement Act (IDEA) to advise and assist the Part C Early Intervention system.

I am here today in support of SB2325 not only because I care about children and their families, but because I have witnessed first-hand the impact Early Intervention plays on their future. I'm here today to talk about babies...babies with disabilities, special health care needs, developmental delays. Babies with congenital heart defects, cerebral palsy, Down syndrome, speech delays, behavior challenges, signs of autism. And their families. In 2016, 2842 infants and toddlers – the most fragile and at-risk children in our state received Early Intervention support. Babies and toddlers in every corner of the state, on our reservations, in every legislative district and in every school district can receive this service. Babies in our neonatal intensive care units, babies that have had to be airlifted or even born out of state. And their families. Families that are rich, poor, native to ND, single, separated, but mostly worried and overwhelmed about their child's futures.

You are probably asking why is this bill needed? Not a lot has been said about ND Part C Early Intervention before. You probably haven't gotten any complaints about services from your constituents. So why now? Two reasons went into making the decision to put this bill forward:

- First, the Part C language in IDEA is discretionary. While Part B of IDEA is mandatory for states to implement no matter if there's funding or not, Part C is not. North Dakota's future infants and toddlers with disabilities and their families do not have a guarantee that these supports will be present for them. I, and others like me, are not OK with that. I am hoping that you agree that this population deserves a strong commitment from us.
- Second, I hope that I can convince you that it's time to for the state to take an inventory of our Early Intervention system and that's why the study language is included. There are some funding challenges, some that we are currently addressing in HB 1012. We need to explore how we can

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find efficiencies through collaboration with other early childhood partners like Head Start and home visiting programs. We want to avoid duplication and we want to assure Early Intervention is easy to access for our families.

While this bill does not have a fiscal note, I understand that it has fiscal impact. But I want you to conclude that infants and toddlers with disabilities and delays in our state is the right guarantee to invest in. The states' children, ages 3 – 21 with disabilities already have this guarantee federally, but not our little ones.

2016 marked the 30th anniversary of services to infants and toddlers with disabilities and their families authorized by Part C of the federal Individuals with Disabilities Education Improvement Act (IDEA). Traces and roots of the ND Early Intervention system can be found as far back as 40 years ago demonstrating our commitment to the work. When birth to three year olds were added to IDEA, the federal government recognized children begin learning at birth and that there was a detrimental gap in the special education system. Expanding IDEA to include 0-3 was three fold: "1) To enhance the development of infants and toddlers with special needs, 2) to reduce downstream governmental costs of special education and/or institutionalization by intervening earlier, and 3) to support the ability of families to interact with and meet the needs of the infant/toddler."

<http://pediatrics.aappublications.org/content/132/4/e1073>

Today, all 50 states and 6 territories currently participate in Part C of IDEA. Annually, North Dakota's participation brings in a 2.2-million-dollar grant to coordinate services for infants and toddlers with disabilities and their families. This federal grant amount has remained constant over the last several years, with the dollar amount increasing slightly. Each day, more and more information is becoming available that supports the cost effectiveness of "acting early" when it comes to infants and toddlers with disabilities/delays and their families.

While our local school districts must implement most of the requirements under IDEA, the law allows states to choose a lead agency in their state that makes the most sense. In our case, the responsibility for fulfilling the requirements of IDEA Part C has been designated to the Department of Human Services (DHS) – Division of Developmental Disabilities (DD) back to the passage of the law in 1986. Because our state has separate lead agencies to implement Part C and Part B of IDEA, not many people realize that essentially DHS is providing "special education" to our infants and toddlers. There are other programs within DHS, such as Healthy Families, and child care oversight that also serve infants and toddlers. These programs could be compared to "general education" with ND Part C Early Intervention coming in to support the growth and learning of those infants and toddlers with "special education" supports.

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North Dakota has a strong Early Intervention system that provides “best practice” service to infants and toddlers and their families. A system that includes imbedded parent support through the Experienced Parent Program, service coordination through Developmental Disabilities Program Management, direct services through the Infant Development providers, technical assistance, and a comprehensive child find system called Right Track. Every year, the state must send an Annual Performance Report to the federal Office of Special Education Programs. Here is FFY ‘15 data that I hope makes you feel proud:

- Nearly 100% of our infants and toddlers were receiving direct services in their home and community or what the law calls “natural environment”.
- 98% of children received timely service and have a plan in place within 45 days of referral.
- 97% of families report EI has helped them help their child.
- ND is ranked 8th for identifying infants under the age of 1 and 14th for infants and toddlers to the age of 3.
- No formal complaints were filed.

I have included a newsletter that was made for the 30th celebration of Part C IDEA this past summer. This newsletter contains some of the basic information about the system and a brief description of the funding challenges. A video has been created to describe the Part C funding system which we would invite you to watch at: <http://bit.ly/2kdJGxi>

Others following me today will tell you more about the impact of Early Intervention and why your investment makes sense. Thank you for your time and I will take any questions.

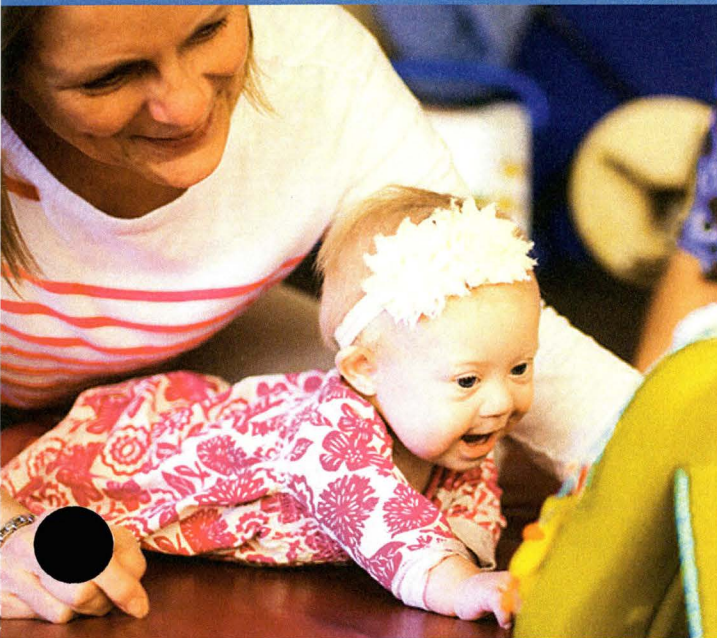
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NORTH DAKOTA PART C

Early Intervention



SERVING NORTH DAKOTA CHILDREN BIRTH TO 3



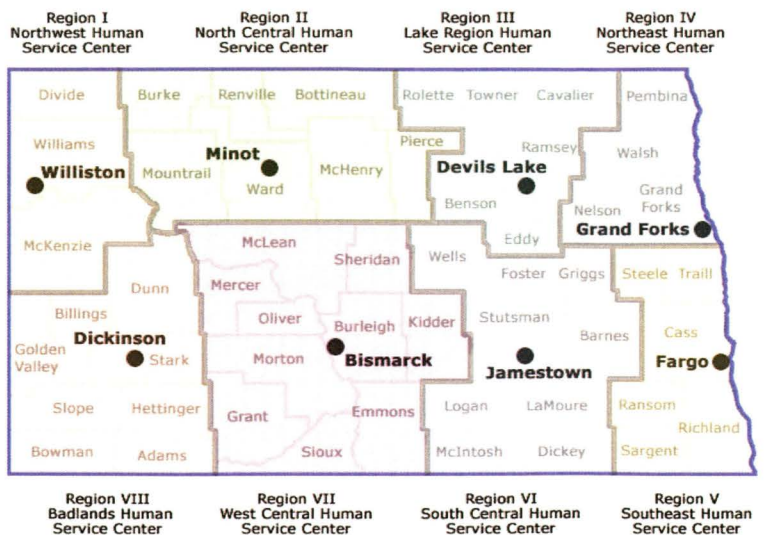
Part C of the Individuals with Disabilities Education Act (IDEA)

makes it possible for North Dakota to meet the needs of infants and toddlers with delays and/or disabilities and their families. Access to early intervention provides children birth to 3 the ability to reach their greatest potential.

The North Dakota Early Intervention (Part C) system is the responsibility of the Division of Developmental Disabilities at the North Dakota Department of Human Services. Early intervention is organized by 8 regional human service centers that serve as the Point of Entry and provide coordination.

Early Intervention services are delivered through contracted developmental disability providers in each region. These providers are also responsible for evaluating for eligibility, monitoring progress and setting goals with families.

There is at least one provider in each region.



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The North Dakota Early Intervention system is funded through a combination of sources which include the U.S. Department of Education, Medicaid and state match from North Dakota's general fund.



Sustaining Part C in North Dakota

The North Dakota Early Intervention System has six components that ensure that children and families receive quality services:

- Right Track (*Child Find*)
- Infant Development (*Early Intervention Direct Services*)
- Experience Parents (*Peer-to-Peer Supports*)
- Technical Assistance/Training (*Quality Assurance*)
- Service Coordination (*Case Management*)
- Administration/North Dakota Interagency Coordinating Council (*Coordination*).

Every year, North Dakota receives a federal discretionary grant to fund Part C activities in the state. This provides roughly \$2.2 million to support the components that aren't funded by state general funds or Medicaid. Recent changes making Medicaid an option rather than a requirement for families receiving infant development services, has greatly impacted funding as these services can no longer be reimbursed from Medicaid.

Providers still need to bill for these services which taps deeply into the \$2.2 million grant currently supporting the components of the North Dakota Early Intervention system. As less and less families have Medicaid coverage, costs for direct service reimbursements have increased from about \$100,000 billed to the grant annually to upwards of \$1 million. This creates added burden on the Part C grant funding and will result in critical service gaps.

HOWEVER ...

North Dakota is serving more children and families each year. Continuing all the needed components to the system is becoming difficult with greater limitation on options to pay for these services.

DID YOU KNOW ...
Children with delays who receive early intervention result in a savings of \$30K - \$100K per child.

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how

MANY?

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North Dakota ranked 10th in the nation in serving infants birth to 1 year; 14th from birth to 3 years.

NORTH DAKOTA INCREASED THE # OF CHILDREN SERVED IN 2014 BY 32% TO 2,298.

Increase from 1,743 in 2012 to 2,298 in 2014.

DID YOU KNOW ...
99% of eligible children are served in their home or community.

Building Blocks of Early Intervention

Early Intervention services wrap around children and families to make sure that delays and/or disabilities don't get in the way of growing and learning. Early Intervention is made up of six components that provide support.

- **INFANT DEVELOPMENT** - direct services to families and children are provided in the family's home using natural learning opportunities linked to daily routines.
- **RIGHT TRACK** - provides developmental screening and guidance to help identify children who may be eligible for services. In 2014, 7,640 screenings were conducted.
- **EXPERIENCED PARENTS** - a peer-to-peer resource made up of parents, who have had children in early intervention, hired to provide emotional and informational supports to families.
- **TECHNICAL ASSISTANCE & TRAINING** - Offers training aligned with evidence-based practices, which is critical to providing quality services.
- **SERVICE COORDINATION** - children and families must have access to service coordination which is managed by the North Dakota Department of Human Services, Developmental Disabilities Program Management.
- **ADMINISTRATION/NDICC** - a part-time coordinator works for Development Disabilities and manages the Part C program; they receive counsel from the North Dakota Interagency Coordinating Council.

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I Had Opportunities

Tashina B.

sb 2325

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"If it wasn't for Early Intervention, I might not be doing half of the things that I am doing today. This is because of the support my parents received and the things they learned. They made sure I had opportunities just like my sisters and friends. I learned to ride a bike. I participated in Ukrainian Dance. I showed a heifer in 4H. I was a member of a speech team and participated in competitions."



Needed Information

Brian & Caitlin V.

"Because our baby girl was born with major medical complications, it was so important that we had Early Intervention supports as soon as she was born. The information we received helped us emotionally prepare for our daughter's arrival and future well-being, as well as prepare ourselves finally through various programs available to children with special needs."

DID YOU KNOW?

IDEA requires that a child suspected of being eligible for Part C services must be referred within 7 days.

The Child Abuse, Prevention and Treatment act requires child welfare to refer anyone under age 3.

IDEA requires transition assistance to preschool special education be provided through local school districts.

Both IDEA Part C and the Head Start Act discuss collaboration between the two systems.

This information brought to you by Friends of Part C Early Intervention, for more information call 701-391-7421.

For more information on the North Dakota Early Intervention System, visit

www.nd.gov/dhs/services/disabilities/earlyintervention

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FRIENDS OF ND PART C EARLY INTERVENTION

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BACKGROUND

Parent leaders and Early Intervention advocates have joined together to assure that North Dakota's Early Intervention system stays strong through advocacy efforts. The ND Part C system served 2842 of the state's most fragile and vulnerable infants and toddlers in state fiscal year 2016, a 62% increase over 6 years. We are a group that intimately treasures the services and supports inherent within the ND Part C Early Intervention system since the majority of us had children in the service. We have created Friends of ND Part C Early Intervention to strive for ongoing quality structures within the ND Part C System that will assure that future generations of infants, toddlers, and their families have the guarantees of services and supports with procedural safeguards for years to come.

For more information, call Roxane Romanick 701.391.7421.

TALKING POINTS

1. The ND Part C system serves infants and toddlers birth to 3 with delays and/or disabilities and their families.
2. The system has been in existence for over 30 years and reaches children and families in every part of the state and every legislative district.
3. Part C refers to the section in the federal Individuals with Disabilities Education Improvement Act that refers to services to infants and toddlers and their families. ND has participated in the Part C program since its inception in 1986.
4. The Governor can choose a lead agency in their state and ND's is Department of Human Services, Division of Developmental Disabilities. This has been true since the inception of the program. State statute (Century Code 15.1-32-05) requires that Department of Human Services, Department of Public Instruction and the Department of Health collaborate to plan and coordinate early intervention services.
5. The Governor appoints members to the North Dakota Interagency Coordinating Council. This Council is at his disposal for information on the ND Part C Early Intervention system and also advises and assists DHS in the implementation of ND Part C Early Intervention.
6. Through a model that promotes learning in a child's natural environment and promoting family competence and confidence, ND Early Intervention is one of the "gems" of our state in changing the trajectory for children with delays and disabilities and their families.
7. Research has determined that children with delays who receive Early Intervention result in a savings of \$30,000 - \$100,000 per child. ND Part C Early Intervention system should be strongly considered and acknowledged in role that the program can play to address following state challenges:
 - a. The state's behavioral (and addiction) health concerns
 - b. The increasing numbers in the prison pipeline
 - c. Addressing the increasing rates of substance exposed newborns and their families
 - d. Assisting individuals with disabilities to live in the community and be employed

Attachment #5
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Madam Chair Lee and Members of the Committee:

My name is Elizabeth Romanick and I was asked to speak to you today by my mom. Today I am lucky because I get to give you the message from Designer Genes of North Dakota. Designer Genes helps many people like me who have Down syndrome and their families.

I am 17 years old and a junior at Century High School. On April 7, 1999, the day I was born, my Early Intervention staff came to visit me and my parents in the hospital. Everyone knew that I was going to be born with a little extra something special and they were ready to help right away. How awesome is that?

I learned how to walk a little later, but now because of Early Intervention, I dance. I learned how to talk a little later, but now because of Early Intervention, I speak in public...like today. My mom knew a little something about Down syndrome before, but now today, because of Early Intervention, she helps others.

I think that IDEA is so important. For every day of my life, the guarantees in the law have helped me become who I am today. Because of that, I, my mom, and Designer Genes are asking you to further guarantee supports to infants and toddlers and their families by including more language in Section 1 that would make sure that our state not only has Early Intervention services, but continues to be a part of Part C of IDEA.

I love questions and would be happy to answer any that you have and that I know the answer to.

Elizabeth Romanick
Self-Advocate
830 Longhorn Dr.
Bismarck, ND 58503
701.391.0725
chscheerliz@gmail.com

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Attache # 6
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Dear Senator Lee and members of the Human Services Committee:

I am writing to you to help our state insure that ND Early Intervention services are a guarantee to future generations of North Dakota's infants and toddlers with disabilities and/or delays and their families. SB 2325 will do just that. Here's why it's important to me:

Samantha was born in Minot 30 years ago

She was 8 hours old when she was transferred to the U of M

Diagnosed with Unbalanced 4-11 Translocation, which we were told may cause mental & developmental delays, visual & hearing loss, kidney deterioration, etc

Her life was going to be full of many challenges

We thought "how are we going to make a decent life for her". We were scared and nervous, but we took her home and decided we'd do the best possible for her and ask for a miracle.

Her doctor didn't hesitate to get her seen by the Minot Infant Development Program

At 2 1/2 months old she was evaluated and accepted into the program

8 hours after we walked into those doors we walked out of them with

Samantha's: evaluation results, her strengths and needs, goals and objectives, recommendations and activities, dates for the following week for home visitations by the home monitor, physical therapy, occupational therapy and the Ski Hi Program.

Over the next 3 years, OT worked with oral motor skills and feeding, PT worked with contractures of the elbows and shoulders, dislocated hips, head and trunk control, etc., The Ski-Hi program with hearing, the Home Monitor helped with absolutely everything. She made us switches out of pie plates so Samantha could turn on a battery operated toy or Christmas lights. She along with PT would meet us at the city hall to work with the therapy ball, or the walker and scoot board that Samantha's dad made.

We asked for a miracle and we were given many of them.

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Early services gave us the foundation to build on. They not only gave Samantha a chance at being all she can be, they gave me the strength and positivity to see what are normally small accomplishment to most people as incredible feats and times to celebrate for us. They made me see how lucky I am to have helped her grow into the amazing woman she has become.

What would have happened without early services, in fact without all the services Samantha has been provided the past 30 years. **I don't have to wonder.**

I had a little brother who lived 28 years in San Haven and Grafton until he passed away at 30 years old, the same age that Samantha is today.

All I can do is compare Samantha with services and Mark with none or very limited. (I do know he did not have early intervention)

Samantha walked in her walker at 3
Mark did not at 30

Samantha started to help feed herself in Junior High
Mark did not at 30

Samantha sat by herself and tried to pull herself up in her crib at 2
Mark did not at 30

Samantha finds a way to be more mobile and independent by scooting at 4
Mark did not at 30

And the list goes on

What would have happened if Samantha had not had that foundation and all the services since. I don't have to guess because I know.

My biggest question is how do we ever thank all the incredible people who have given so much of themselves to make one little baby learn and develop into a beautiful 30 year old lady. Please support SB 2325.

Sincerely,
Sue Walz

swalz@dpsnd.org

Good morning, Madam Chair Senator Lee and members of the committee. My name is Sarah Carlson and I am here to tell you about our Early Intervention experience in hopes of also gaining your support for Senate Bill 2325.

I am breaking my rules telling this story today. I have a rule not to only share or focus about the disability side of our family, because my son Beckett's disability does not define him or our family. It is certain that we have had to provide some adjustments to our lives, but we are still a passionate family. Indulge me for a moment while I tell you some non-disability passions in our life: we love to geocache, we contribute to our community, we all love books and reading, we own a cow named Canoe and share her milk with her calf, Kayak. Just yesterday, I made some homemade butter and biscuits. From udder to butter, I say.

Thank you for that moment. Now onto the focus. Our son Beckett was unexpectedly born 11 weeks early, weighing just over 2lbs because I developed HELLP syndrome and nearly died myself. Beckett spent 132 days in the hospital before he first came home and has had 20 surgeries with many hospitalizations and homecoming since. The first 14 surgeries were within the first year of his life, most of them on his brain treating hydrocephalus and an infection, which was the result of a previous surgery. Our lives continue to adjust to his medication procedure, our home filled with adaptive equipment, and the new adjustment to an ER visit about weekly because of violent seizures. Beckett has been diagnosed with cerebral palsy, epilepsy, cortical visual impairment, intellectual disabilities, immune deficiencies, and hydrocephalus.

Early Intervention provided flexibility with our schedules as we made several trips to Minneapolis for surgical interventions. They helped us help our child with range of motion stretches, maximizing movement, and teaching him skills in new, innovative ways. They taught me what inclusion and acceptance looked like as well. We utilized Physical Therapy, Occupational Therapy, Speech Therapy, Special Education, Infant Massage, and Experienced Parent consultations. I became immersed in this network of supports, committing to the idea of a family-centered plan. I used my high-school shop skills to create a power-wheels car with adapted side supports and an adapted switch that he could use to operate his first opportunity for independent mobility. I rewrote our IFSP to be truly family-centered approaches that depended on the whole family success instead of narrowing in on my child's lack of fine or gross motor skills.

The services that were available to our family should be secure for all families to come. There are thousands of people out there that are unable to testify today because their life has not yet been impacted by a child who needs supports. You have certainly heard that investment early saves dollars. Children who fall behind in the early years often continue a downward developmental trajectory if intervention is not provided. Some families can report that because Early Intervention services were made available to their child, their child no longer needs any sort of formalized support. Certainly, I can agree that this is a success,

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but it doesn't define all the successes within the system. My child, who will need support for his whole life also had success. He made gains and grew in skills because of early intervention. Without early intervention and supports made available in our home, I have no doubt that we would have had another outcome. I really don't have to guess. My older sister was born with cerebral palsy and is deaf. She was institutionalized as a child and my family moved around the state, trying to find the best supports for her education and with gaining skills. Similarly, before Beckett's first homecoming, we had a neurologist recommend that we move our child to an ICF-ID Group Home. 35 years ago, that recommendation would have certainly been to Grafton. If these services will not be available to future generations, we will need to prepare for increased costs for institutional care as well as increase services and costs for supports for these children later in life. The Office of Special Education, the Division of Early Childhood, and the Center of Medicare and Medicaid Services strongly support home and community based services and strong supports to children with disabilities or delays. By supporting this bill, North Dakota would be showing their support for these vital programs.

These thoughts represent me, a mother to a four-year old child with disabilities. It is true I wear many hats: I have a leadership role at ABLE, Inc., an agency that supports adults with intellectual and developmental disabilities. I am a Family Consultant for Family Voices of North Dakota for Region 8. I am the Experienced Parent in Region 8. I am also the chair of the Interagency Coordinating Council, a governor appointed council to advise and assist with Part C services (services for children age birth to three with delays or disabilities). Of these organizations or groups, I do not represent all voices within them. I only tell you these roles to show my investment and knowledge of disabilities full circle, from birth to death.

Last week, there was an ICC meeting, which is made up of committed professionals and families to the Part C service. The members that provided a vote, voted in support of this bill. I hope that the ICC and Part C will continue to work collaboratively with improving services within Part C. I too, am committed to that, which is what motivates me to be here today.

Last week, I sat in support of reallocating funds for the Experienced Parent within the Part C budget within the Department of Human Services. I am concerned that components of Part C are starting to erode in front of me, and I worry about the future of these services in North Dakota. Part C services are currently available in all 50 states and territories, which includes some states that have dedicated future supports with their own state mandates for these services. Your support will secure these vital services to the tiniest humans, the most vulnerable babies and toddlers in years to come. It will also support a study to dive into the collaborative efforts needed to ensure continued improvements with services and supports for the family and child.

Thank you for your time today. I am happy to answer any questions and am available by email or cell.

sb.carlson@hotmail.com or 515-450-7378.

Warm Regards,
Sarah Carlson

SB 2325
Attache #8
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TESTIMONY ON SB 2325
HUMAN SERVICES COMMITTEE
January 30, 2017
by Valerie Bakken, Special Education Regional Coordinator
328-2720
Department of Public Instruction

Madame Chair and members of the Human Services Committee, my name is Valerie Bakken and I reside here in Bismarck, ND. I am a Special Education Regional Coordinator and the Special Education Preschool Coordinator for the North Dakota Department of Public Instruction (NDDPI). I am here today providing information on behalf of NDDPI on the benefits of the Department's collaboration with Part C Early Intervention programs and to also show support for Senate Bill 2325 regarding Early Intervention programs.

According to the US Department of Education, there are three primary reasons why intervening early is so important:

- 1) To enhance a child's development;

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing opportunity to learn during a state of maximum readiness. Educators know timing of teaching skills to be a crucial factor due to the fact that if those stages of readiness are not taken advantage of; a child may have difficulty learning a particular skill later on.

- 2) To provide support and assistance to the child and their family;

Early Intervention services also have a significant impact on the parents and siblings of an exceptional infant or young adult. The family of a young exceptional child often feels

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disappointment, social isolation, added stress, frustration and helplessness. The compounded stress of the presence of an exceptional child may affect the family's well-being and interfere with the child's development. Early Intervention can result in parents having improved attitudes about themselves and their child, and improved information and skills for teaching their child. Parents and families of exceptional children also need Early Intervention services so that they may better provide the supportive and nourishing environment needed by the child.

3) To maximize the child's and family's benefit to society

Through Early Intervention, society will be able to reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, and perhaps the child's increased eligibility for employment, all provide economic as well as social benefits.

There is nearly 50 years of research, both quantitative and qualitative, that Early Intervention programs increase the developmental and educational gains for the child, improves the functioning of the family, and reaps long-term benefits for society. Early Intervention has been shown to result in the child:

- Needing fewer special education and other rehabilitative services later in life;
- less chance of* • Being retained in a grade level; and
- In some cases being indistinguishable from typical developing peers years after intervention

The NDDPI Office of Special Education office works specifically with prescribing rules and regulations for Special Education, known as "Part B" of IDEA, assisting school districts in the development and administration of Special Education Programs, and ensuring that Federal programs and laws are being carried out.

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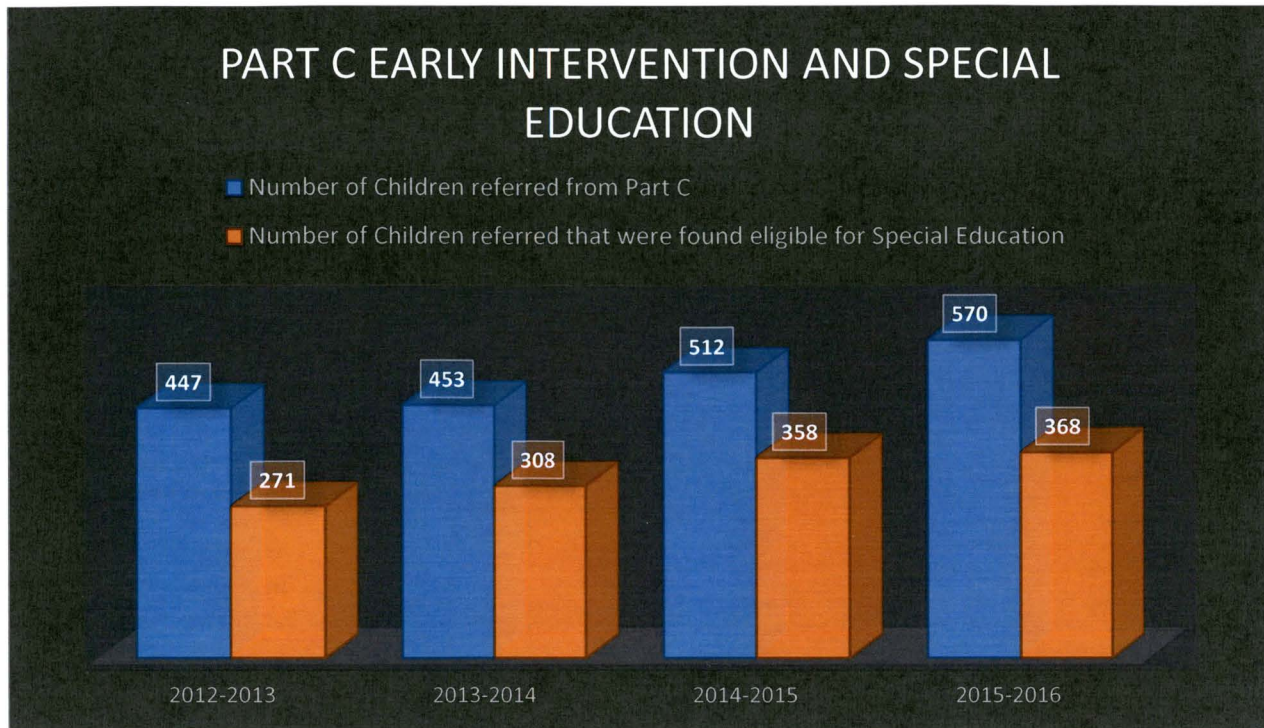
The North Dakota's Part C Early Intervention program is a close partner to NDDPI. Our offices work collaboratively to transition children from Part C Early Intervention programs to Part B Special Education services. Once eligibility for Part B Special Education services has been determined, the responsibility for special education and related services on a child's third birthday changes from the ND Department of Human Services (Part C) to NDDPI (See *"Attachment A" Eligibility Criteria for Part C Early Intervention and Part B Special Education*).

Effective planning occurs between the Early Intervention program and the local school to help reduce the stress of transitions for children, their families, and staff involved along with promoting optimal access to services and supports for children. The planning process allows for the transfer of records, sharing of information, and responses to questions. Both federal and state regulations clearly identify the steps in the transition process and the timelines that must be met in order to ensure a smooth transition.

Each December 1, the State of North Dakota gathers Child Count data from NDDPI's Special Education Case Management (TieNet) data system. Child Count data for the 2015-2016 school year indicated that 504 students were of three years of age and receiving services contingent of an Individualized Education Program (IEP). Of those 504 students, **368** of those three year olds were referrals from North Dakota's Part C Early Intervention program.

North Dakota data review from the past four years indicates that 61-70% of all three year olds entering Part B Special Education services in North Dakota were referrals from Part C Early Intervention. See table for referral history.

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One may glean from the data shown above that 30-39% of children being referred from Part C Early Intervention have gained and maintained the necessary skills to enter the educational system without the need for Special Education services. Over the above four year span that would be a total of 677 children.

Madame Chair and members of the committee, Part C Early Intervention programs are an integral piece to our children with exceptional needs' education. Through the past and current collaborative efforts of Part C Early Intervention and NDDPI, it is evident that all transitions are more successful when families and service providers work through the process together. NDDPI again shares its support of Early Intervention programs and the continued collaboration between Part C Early Intervention programs. This concludes my testimony and I would be happy to answer any questions from the committee at this time. Thank you.

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Attachment A

	Early Intervention Program IDEA—Part C	Preschool Special Education Program IDEA— Part B
Eligibility Criteria	<p>Infant and toddler services may be provided to children if there is evidence of a developmental delay or risk of developmental delay.</p> <p>Young children who have a high risk of becoming developmentally delayed, or are developmentally delayed, may receive case management services and be considered for services to meet specific needs.</p> <p>“<i>High Risk</i>” means a child who has a diagnosed physical or mental condition and has a high probability of becoming developmentally delayed or who, based on informed clinical opinion and documented by evaluation data, has a high probability of becoming developmentally delayed.</p> <p>“<i>Developmentally delayed</i>” is defined as performing 25 percent below age norms in two or more of the following areas:</p> <ul style="list-style-type: none"> • cognitive development • gross motor development • fine motor development • sensory processing • communication development (receptive or expressive) • social or emotional development • adaptive development; <p>or who is performing at 50 percent below age norms in one of the following areas:</p> <ul style="list-style-type: none"> • cognitive development • physical development (including vision and hearing) • communication development (including receptive and expressive) • social or emotional development • adaptive development <p>For more information regarding eligibility criteria see: http://ndearlyintervention.org</p>	<p>Based on educational assessment results, eligibility for preschool special education may be determined in the following categories:</p> <ul style="list-style-type: none"> • Autistic • Deaf-blind • Hearing-impaired, including deafness • Other health impaired • Orthopedically impaired • Speech-language impaired • Visually impaired, including blindness • Traumatic brain injured • Intellectual Disability • Emotional disturbance • Specific learning disability <p>For younger children in North Dakota, a “Non-Categorical Delay” (NCD) eligibility option may be used when a disability is not clearly identified, but delays are evident. This option may be used ages three through nine. The option is used only in districts where the local board has approved this option. Check the website: http://www.dpi.state.nd.us/speced/guide/NCDguidelines.pdf to find more information about the NCD criteria and districts using this category of eligibility.</p>

2325
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Resources:

North Dakota's Understanding Early Childhood Transition: A Guide for Families and Professionals <https://www.nd.gov/dpi/uploads/83/transitionguide.pdf>

US Department of Education <https://www.ed.gov/>

What is Early Intervention and Who Benefits From It?
http://www3.uakron.edu/schulze/401/readings/EARLY_INTERVENTION.htm

SB 2325
Attach # 9
1/30

January 30, 2017
65th Legislative Assembly
Human Services Committee
Testimony in Support of Senate Bill 2325

Good Morning Chairman Lee and Committee Members,

My name is Joan Connell. On behalf of the North Dakota chapter of the American Academy of Pediatrics (NDAAP), I would like to endorse Senate Bill 2325, which would designate a lead agency to maintain a statewide system of early intervention services for children from birth to age three who are at risk for developmental delay or disability as well as establishing a legislative study which would allow us to optimize the interventions we are investing in.

Many studies have proven that early intervention is a great investment because it reduces overall costs AND optimizes outcomes for children who are at risk for delay or disability. Both provisions of this bill would likely result in further efficiencies of delivery of care, as well as better integration of services between early intervention providers and the medical home. This will ultimately result in an even better return on investment. The NDAAP is driven to pursue and support programs and opportunities that result in smarter, stronger, healthier North Dakota children who will grow into healthy, capable, productive North Dakotan adults.

Senate Bill 2325 is right in line with our goals and motivations! Please support Senate Bill 2325!

SB 2325
Attachment
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1/30

Senate Bill 2325

Senate Human Services Committee – January 30, 2017

Chairman Lee and members of the Senate Human Services Committee, my name is Becky Matthews. I appear today as a parent to children that received ND Part C Early Intervention services and in support of Senate Bill 2325.

Our family entered the ND Part C Early Intervention Services in 2003 when our second child, Mary, was born with a club foot. I asked our doctor "will she be able to play with the other kids on the playground?" The Early Intervention staff, a physical therapist, started come to our home when Mary was a few months old. Even with casts, shoes, complications and a surgery at age 3, Mary achieved all the milestones her peers did. Mary did not require any further special education supports.

While receiving home visits for Mary her older brother was a little over 2 years old. He had been born prematurely, weighing in at 3lbs, 8 oz. He was a strong, highly active toddler but he was also explosive when things were out of routine or if he got overstimulated. Once upset, he was unable to calm himself. My gut said something was wrong. Because Early Intervention services were in our home with Mary, I could talk to them about Michael too and she validated my concerns. Because of the issues with both kids, I realized that our family had become more and more isolated from activities and other family. I felt more and more anxious. With the help of Early Intervention, we learned to help Michael in public and to attend family events. Michael attended 1 year of Early Childhood Special Education and has required no further special education supports.

In 2008 Daniel was born after a healthy pregnancy and infancy. He had been receiving Right Track visits. Right Track serves as the Child Find function for the ND Part C Early Intervention system. At almost 2 years old, Right Track identified some red flags with a speech delay. He was referred and qualified for Early Intervention services. At age 3 Daniel did NOT require Early Childhood Special Education and has continued to not need any special education supports.

You may ask why we need bill 2325 for ND Part C Early Intervention services? Research tells us that:

- Children who participate in early intervention programs prior to kindergarten are more likely to graduate from high school, hold jobs, live independently, avoid teen pregnancy, avoid delinquency, and avoid violent crime.
- It has been found that the cost savings due to positive outcomes is between \$30k-\$100k per child

- For every \$1 we could spend on early intervention there is an associated savings to society of \$7¹

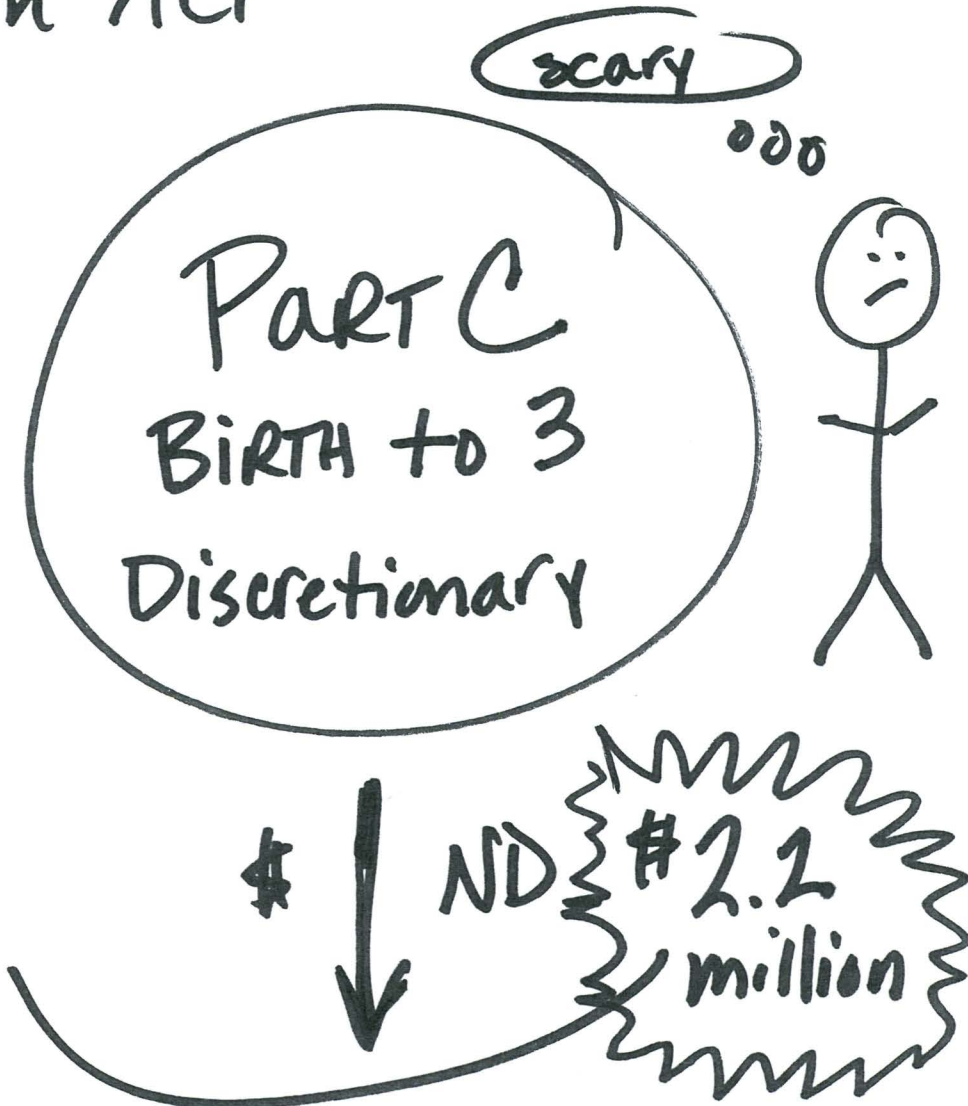
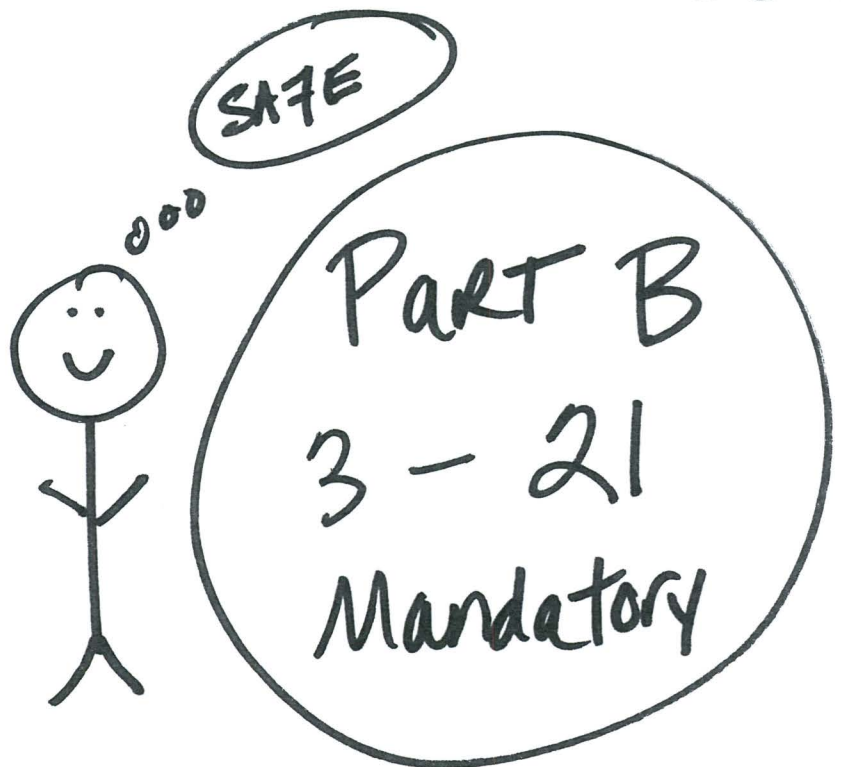
I truly believe this is true. My baby girl born with a club foot is now a beautiful dancer and is a "dance buddy" to a 6 year old girl that has Autism Spectrum Disorder. A boy born too small and unable to manage his emotions is now an amazing soccer player and young man. He recently used his own money he earns shoveling to buy soccer cleats for a soccer friend that could not afford them. And a boy that played in silence and could not speak is now a 2nd grader that loves history, just played in his first soccer tournament, and is a wonderful student. If not for the investment in my children's development from birth to 3 what would be the financial, educational, and societal cost today? Is the state of ND willing to bear those costs?

So today I ask you to make a promise to our future generations of children and families by giving a do pass on bill 2325.

¹Garcia. J, Heckman, J et al 2016 Lifestyle Benefits of an Influential Early Intervention Program

IDEA - INDIVIDUALS w/ Disabilities (FEDERAL) Education Act

2325
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Department of Public
● INSTRUCTION ●

Department of
● Human Services ●

3M
C = 2M
2.2M
2M

ND PT.C EARLY INTERVENTION SYSTEM

2325
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430

MEDICAID

- PARTS DESIGNED BY NORTH DAKOTANS
4 ND

SCARY! ooo

This is also discretionary



Direct Services (ID)

Experienced PARENTS

TECHNICAL ASSISTANCE

RIGHT TRACK CHILD FIND

ADMIN .5 (OTHER)

SERVICE COORD. DDPM

\$

\$

\$

\$

\$

\$

MA w/ STATE MATCH OR

PT.C

PT.C

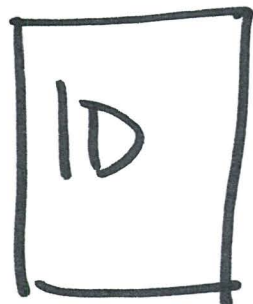
PT.C

PT.C

MA/ STATE MATCH

STATE MATCH

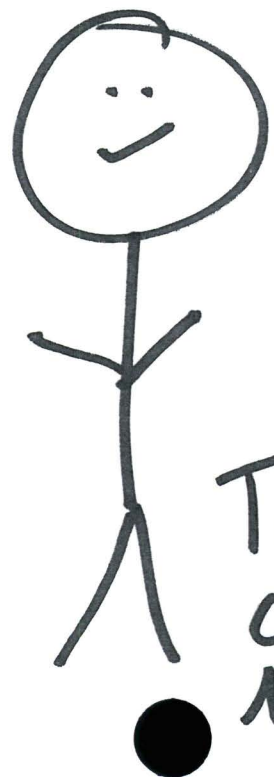
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EARLY INTERVENTION DIRECT SERVICES INFANT DEVELOPMENT PROVIDERS (PT, OT, Speech, ECSE, SW...)



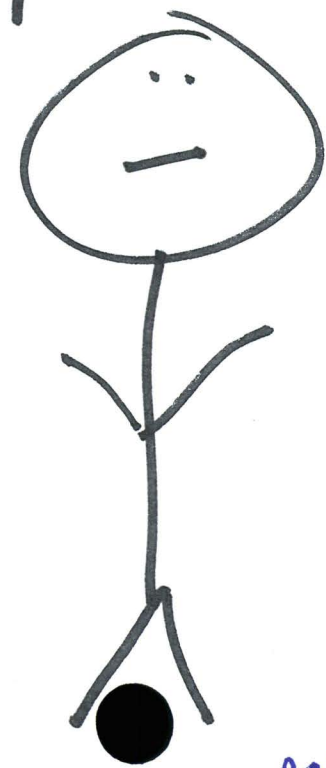
IID/DD Waiver



"Sure I'll
Apply 4
MEDICAID"

Thanks - then we
can get a 50%
MATCH.

PARTC Grant

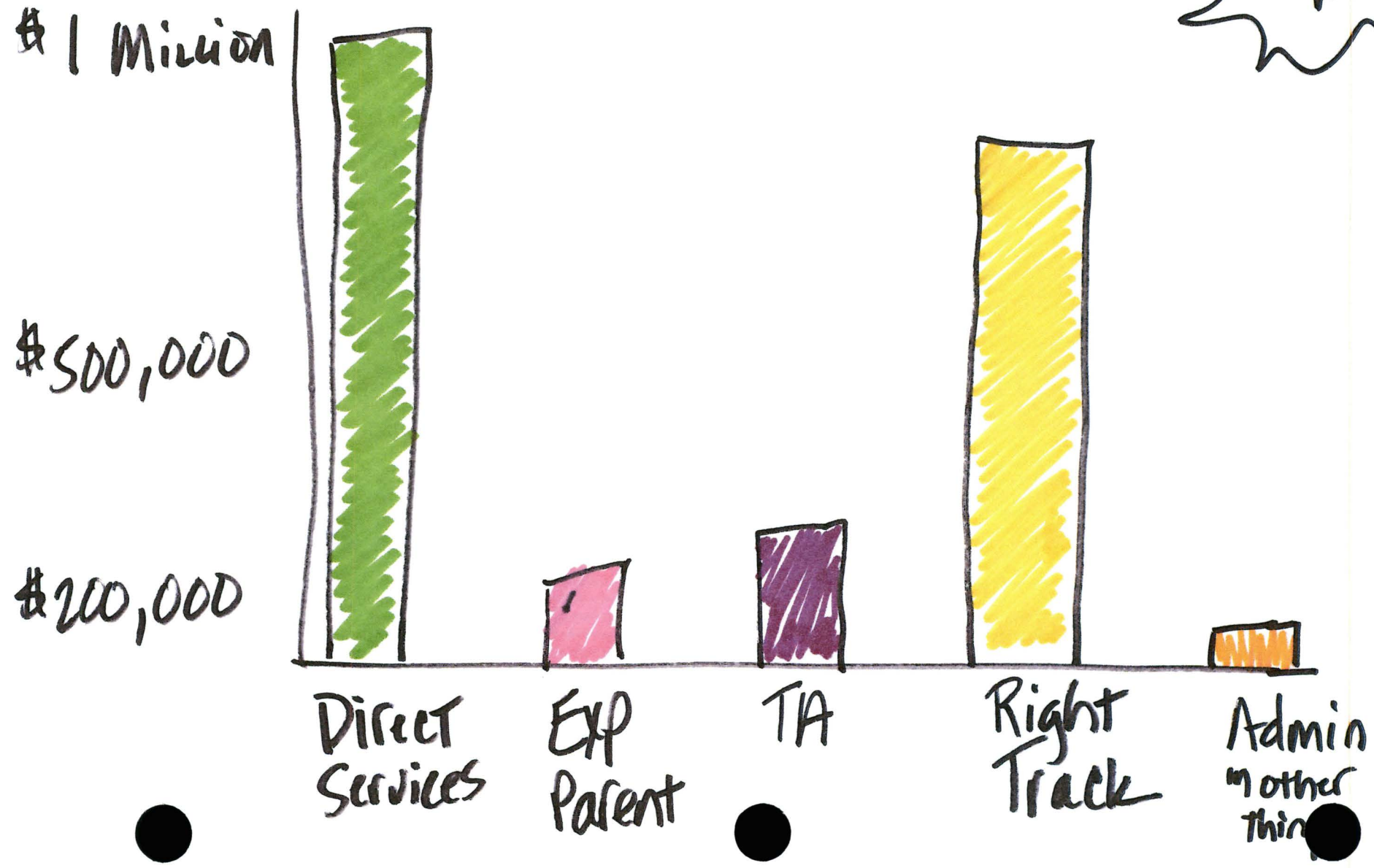


"No Thanks
No Medicaid
4 me"

OK - we'll use
our Pt.C
Grant

How ND uses Pt. C Grant Money Today...

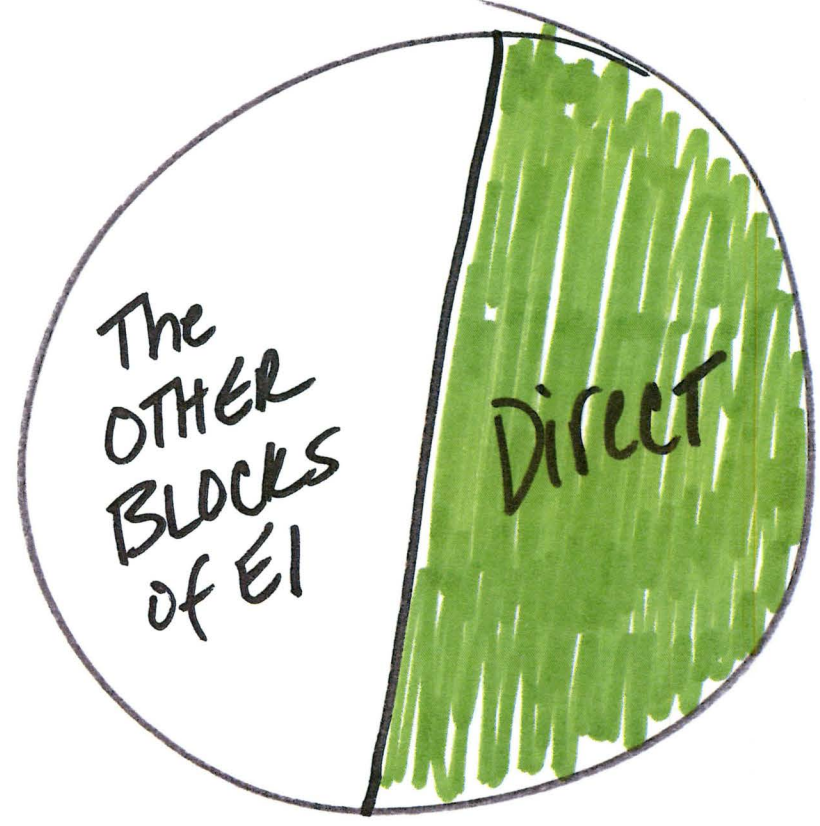
\$ 2.2 million



Pt. C Grant

2012

2017



\$ 2.1 m ☺

\$ 2.2 ☹

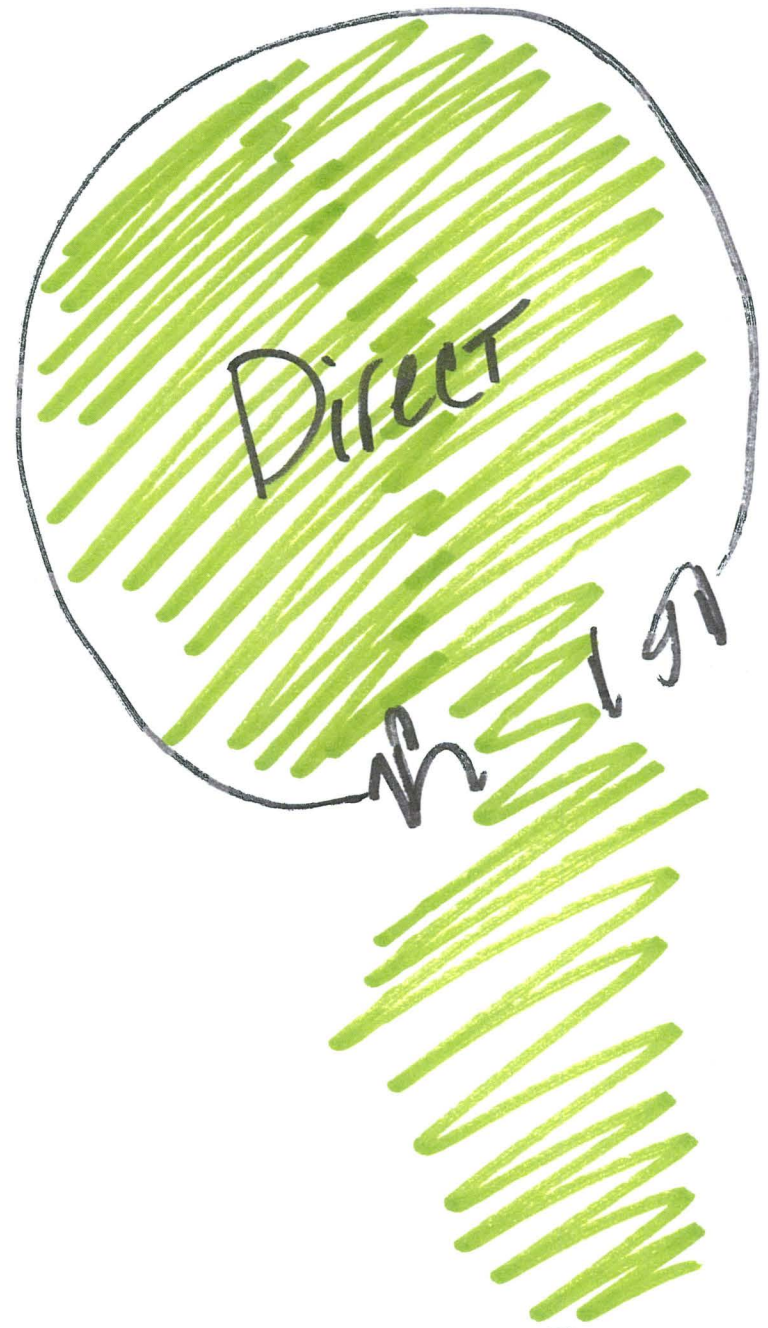


2022... Who knows?

2325
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1/30



OR
EVEN



2022... Who Knows?

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Direct
Services

~~EP~~

~~TA~~

~~RT~~

Admin
/

Service
Coord

OR EVEN...

Direct
Services
MA

~~Direct
Services
PT C
USED UP!~~

OR...

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~~Pt. C
FEDERAL
GRANT~~

Some Folks

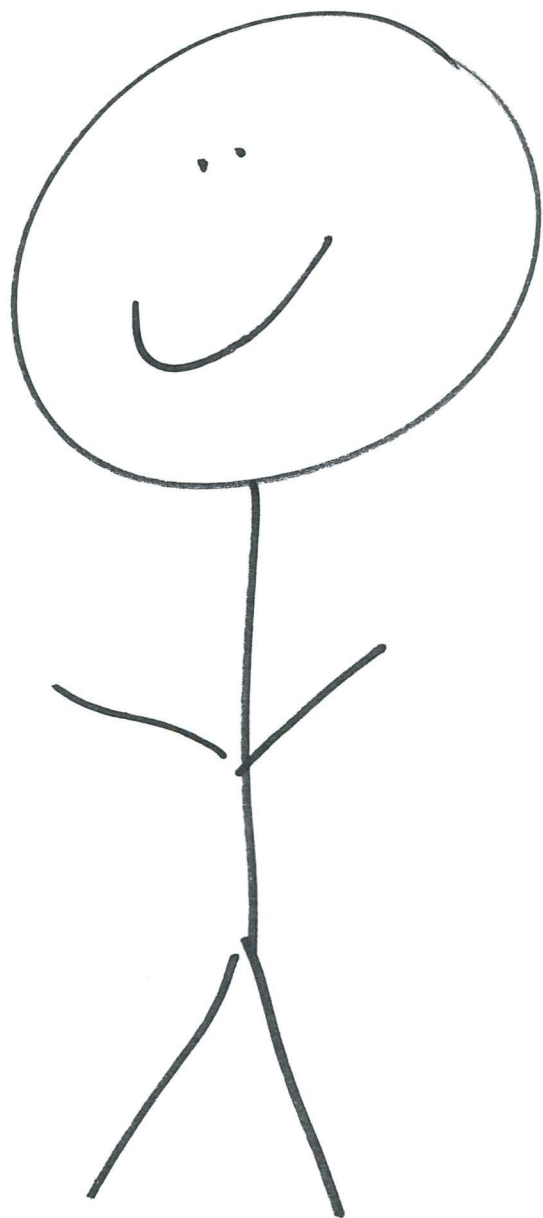
Might NOT care
When the SYSTEM FALLS,

We DO!

POSSIBLE SOLUTIONS...

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- ▲ CAN WE ↓ any costs within Pt. C Budget?
- ▲ CAN WE ↑ revenue to the system?
- ▲ CAN WE offset costs?
- ▲ CAN WE collaborate with other Early Childhood Initiatives?



000

WHEW...
SAFE!

2325
#11
4/30

SB2325
Attach #1
2/6

17.0806.#####

Sixty-fifth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENT TO SB 2325

Introduced by

Senators Poolman, Dever

Representatives Meier, Seibel

A BILL for an Act to create and enact a new subsection to section 54-07-01 of the North Dakota Century Code, relating to governor's maintenance of a statewide system of early intervention services; and to provide for a legislative management study.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 54-07-01 of the North Dakota Century Code is created and enacted as follows:

Shall designate a lead agency to ~~maintain a statewide system of~~ collaborate with other agencies to coordinate early intervention services for children from birth to age three who are at high risk for developmental delay or disability.

SECTION 2. LEGISLATIVE MANAGEMENT STUDY - EARLY INTERVENTION SYSTEM.

During the 2017-18 interim, the legislative management shall consider studying the state's early intervention system for children from birth to age three with developmental disabilities. The study may include a historical overview of the system, funding mechanisms including medicaid, the broader implications of how the state's system interfaces with other early childhood systems, responsibilities for implementing federal law directing ~~school districts to locate an evaluate children from age three through twenty-one with disabilities, opportunities for enhancing developmental screening and surveillance, and state administration of the early intervention program under~~ states participating in part C of the federal Individuals with Disabilities Education Act to locate and evaluate children from birth to age three. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-sixth legislative assembly.

Att. 1
SB 2325
3-15-17

SB2325

Testimony of Nicole Poolman

Good morning, Chairman Weisz and members of the Human Services committee, my name is Nicole Poolman, state senator from District 7 representing Bismarck and Lincoln.

SB 2325 does two things. First, it requires the governor to designate a lead agency to coordinate early intervention services, and second, it asks legislative management to consider studying our early intervention system.

Our birth to three early intervention program has been serving little ones with developmental delays or disabilities for 30 years. As a state, we pride ourselves on the excellent delivery of services and inspiring results. The purpose of this bill is to ensure the program continues and to ensure the program is as healthy and well-run as it can be.

I am increasingly concerned as we talk about the expansion of services, that we will not be able to continue the services we already provide and have provided for 30 years. I sponsored this bill to draw attention to this program and ensure it has a place in our state system going forward.

Today you will hear about some of the great things happening in early intervention. You will also hear about some of the federal rules that make providing and affording these services increasingly difficult. The program has been entirely federally funded, but I worry that with more babies surviving premature birth, and more children begin diagnosed with autism and other developmental disabilities, that this program will eventually need state funds to continue.

I just wanted both chambers to be aware of what I perceive to be a fiscal cliff for early intervention, so we can plan ahead to continue these services as we have for over 30 years.

A.H. 2
SB 2325
3-15-17
Page 1

HOUSE HUMAN SERVICES
MARCH 15, 2017

TESTIMONY OF CHRISTOPHER S. PIESKE
SENATE BILL NO. 2325

Mr. Chairman, members of the Committee.

My name is Christopher Pieske and I am a resident of Bismarck. I am here today to ask you to guarantee that Early Intervention in North Dakota remains strong by giving a Do Pass recommendation to Senate Bill 2325.

To demonstrate to you why protecting Early Intervention is so critical, I would like to tell you a bit about my family. My wife Christina and I have two boys; Zachary, age seven, and Elijah, age six. Zach was born with a club foot, so his leg was placed in a large plaster cast. Because of his diagnosis, we began to receive Early Intervention services. A physical therapist from Early Intervention came to our home three times a week to help us learn how to keep Zach strong, even with his cast. Eventually, he required surgery and treatment at the Shriner's Hospital in Minneapolis. His leg was in a series of casts, then both feet were in a brace for years. Now he can run, jump, and play with ease.

Less than a year after Zach was born, we had Elijah. Eli has a rare genetic disorder, tetrasomy 9p. Due to this condition, he is developmentally delayed, he is smaller than average, has low muscle tone, and his ability to speak is limited. He communicates with the assistance of an iPad, sign language, and some spoken words. A therapist from Early Intervention came into our home and taught us ways to exercise

his muscles, and to strengthen his limited ability to communicate. Eli still has difficulties, but he is now loving kindergarten.

When Zach was two, the Early Intervention therapist suggested to us he was exhibiting symptoms of autism spectrum disorder, and at age three he was ultimately diagnosed with autism spectrum disorder. The therapist helped us learn how to cope with Zach's problems with communication and his sensory issues. Now our children and our family are thriving, and I can say with confidence that we would not be where we are today without Early Intervention. I am asking you to maintain Early Intervention for future generations of children with disabilities.

In troubled financial times like these, we show who we really are and what we truly value. I urge you to give Senate Bill 2325 a Do Pass recommendation, to ensure the place of Early Intervention in state law, and to provide support for our most vulnerable children and families now and the in the future. Thank you for your time and consideration.

Page 1

Chairman Weisz and Members of the Committee:

My name is Elizabeth Romanick and I was asked to speak to you today by my mom. My mom is the Executive Director for Designer Genes of North Dakota. Designer Genes helps many people like me who have Down syndrome and their families.

I am 17 years old and a junior at Century High School. On April 7, 1999, the day I was born, my Early Intervention staff came to visit me and my parents in the hospital. Everyone knew that I was going to be born with a little extra something special and they were ready to help right away. How awesome is that?

I learned how to walk a little later, but now because of Early Intervention, I dance. I learned how to talk a little later, but now because of Early Intervention, I speak in public...like today. My mom knew a little something about Down syndrome before, but now today, because of Early Intervention, she helps others.

I hope that you are willing to support this bill and give it a "do pass" from your committee. My mom tells me that I'm very lucky because before there was a law like the Individuals with Disabilities with Education Act, children with Down syndrome didn't get early help and many never got to go to school. Today, because of the help I have gotten, I have a part-time job, passed my driver's permit, and am looking at going to college after I graduate. I think that Early Intervention is so important. I hope that you are willing to figure out how to keep it strong in North Dakota.

I love questions and would be happy to answer any that you have and that I know the answer to.

Elizabeth Romanick
Self-Advocate
830 Longhorn Dr.
Bismarck, ND 58503
701.391.0725
chscheerliz@gmail.com

NORTH DAKOTA PART C *Early Intervention*



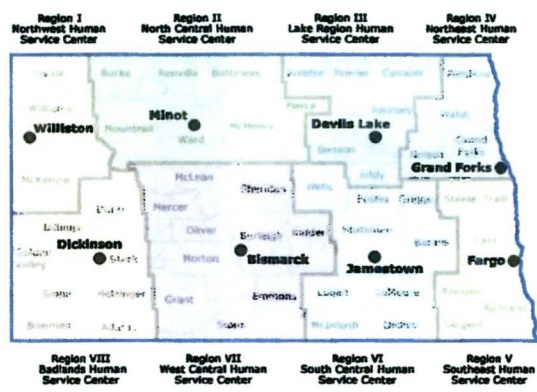
SERVING NORTH DAKOTA CHILDREN BIRTH TO 3



Part C of the Individuals with Disabilities Education Act (IDEA) makes it possible for North Dakota to meet the needs of infants and toddlers with delays and/or disabilities and their families. Access to early intervention provides children birth to 3 the ability to reach their greatest potential.

The North Dakota Early Intervention (Part C) system is the responsibility of the Division of Developmental Disabilities at the North Dakota Department of Human Services. Early intervention is organized by 8 regional human service centers that serve as the Point of Entry and provide coordination.

Early Intervention services are delivered through contracted developmental disability providers in each region. These providers are also responsible for evaluating for eligibility, monitoring progress and setting goals with families. There is at least one provider in each region.



The North Dakota Early Intervention system is funded through a combination of sources which include the U.S. Department of Education, Medicaid and state match from North Dakota's general fund.



Sustaining Part C in North Dakota

The North Dakota Early Intervention System has six components that ensure that children and families receive quality services:

- Right Track (*Child Find*)
- Infant Development (*Early Intervention Direct Services*)
- Experience Parents (*Peer-to-Peer Supports*)
- Technical Assistance/Training (*Quality Assurance*)
- Service Coordination (*Case Management*)
- Administration/North Dakota Interagency Coordinating Council (*Coordination*).

Every year, North Dakota receives a federal discretionary grant to fund Part C activities in the state. This provides roughly \$2.2 million to support the components that aren't funded by state general funds or Medicaid. Recent changes making Medicaid an option rather than a requirement for families receiving infant development services, has greatly impacted funding as these services can no longer be reimbursed from Medicaid.

Providers still need to bill for these services which taps deeply into the \$2.2 million grant currently supporting the components of the North Dakota Early Intervention system. As less and less families have Medicaid coverage, costs for direct service reimbursements have increased from about \$100,000 billed to the grant annually to upwards of \$1 million. This creates added burden on the Part C grant funding and will result in critical service gaps.

HOWEVER ...

North Dakota is serving more children and families each year. Continuing all the needed components to the system is becoming difficult with greater limitation on options to pay for these services.

DID YOU KNOW ...
Children with delays who receive early intervention result in a savings of \$30K - \$100K per child.

G U E S S
how
MANY?



**NORTH DAKOTA INCREASED
THE # OF CHILDREN SERVED IN
2014 BY 32% TO 2,298.**

Increase from 1,743 in 2012 to 2,298 in 2014.

North Dakota ranked 10th
in the nation in serving
infants birth to 1 year;
14th from birth to 3 years.

DID YOU KNOW ...
99% of eligible children
are served in their home
or community.

Building Blocks of Early Intervention

Early Intervention services wrap around children and families to make sure that delays and/or disabilities don't get in the way of growing and learning. Early Intervention is made up of six components that provide support.

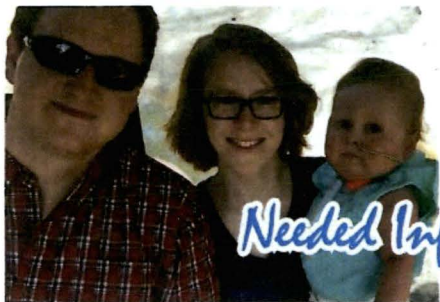
- **INFANT DEVELOPMENT** - direct services to families and children are provided in the family's home using natural learning opportunities linked to daily routines.
- **RIGHT TRACK** - provides developmental screening and guidance to help identify children who may be eligible for services. In 2014, 7,640 screenings were conducted.
- **EXPERIENCED PARENTS** - a peer-to-peer resource made up of parents, who have had children in early intervention, hired to provide emotional and informational supports to families.
- **TECHNICAL ASSISTANCE & TRAINING** - Offers training aligned with evidence-based practices, which is critical to providing quality services.
- **SERVICE COORDINATION** - children and families must have access to service coordination which is managed by the North Dakota Department of Human Services, Developmental Disabilities Program Management.
- **ADMINISTRATION/NDICC** - a part-time coordinator works for Development Disabilities and manages the Part C program; they receive counsel from the North Dakota Interagency Coordinating Council.



I Had Opportunities

Tashina B.

"If it wasn't for Early Intervention, I might not be doing half of the things that I am doing today. This is because of the support my parents received and the things they learned. They made sure I had opportunities just like my sisters and friends. I learned to ride a bike. I participated in Ukrainian Dance. I showed a heifer in 4H. I was a member of a speech team and participated in competitions."



Needed Information

Brian & Caitlin V.

"Because our baby girl was born with major medical complications, it was so important that we had Early Intervention supports as soon as she was born. The information we received helped us emotionally prepare for our daughter's arrival and future well-being, as well as prepare ourselves finally through various programs available to children with special needs."

DID YOU KNOW?

IDEA requires that a child suspected of being eligible for Part C services must be referred within 7 days.

The Child Abuse, Prevention and Treatment act requires child welfare to refer anyone under age 3.

IDEA requires transition assistance to preschool special education be provided through local school districts.

Both IDEA Part C and the Head Start Act discuss collaboration between the two systems.

This information brought to you by Friends of Part C Early Intervention, for more information call 701-391-7421.

For more information on the North Dakota Early Intervention System, visit

www.nd.gov/dhs/services/disabilities/earlyIntervention

FRIENDS OF ND PART C EARLY INTERVENTION

Page 6



BACKGROUND

Parent leaders and Early Intervention advocates have joined together to assure that North Dakota's Early Intervention system stays strong through advocacy efforts. The ND Part C system served 2842 of the state's most fragile and vulnerable infants and toddlers in state fiscal year 2016, a 62% increase over 6 years. We are a group that intimately treasures the services and supports inherent within the ND Part C Early Intervention system since the majority of us had children in the service. We have created Friends of ND Part C Early Intervention to strive for ongoing quality structures within the ND Part C System that will assure that future generations of infants, toddlers, and their families have the guarantees of services and supports with procedural safeguards for years to come.

For more information, call Roxane Romanick 701.391.7421.

TALKING POINTS

1. The ND Part C system serves infants and toddlers birth to 3 with delays and/or disabilities and their families.
2. The system has been in existence for over 30 years and reaches children and families in every part of the state and every legislative district.
3. Part C refers to the section in the federal Individuals with Disabilities Education Improvement Act that refers to services to infants and toddlers and their families. ND has participated in the Part C program since its inception in 1986.
4. The Governor can choose a lead agency in their state and ND's is Department of Human Services, Division of Developmental Disabilities. This has been true since the inception of the program. State statute (Century Code 15.1-32-05) requires that Department of Human Services, Department of Public Instruction and the Department of Health collaborate to plan and coordinate early intervention services.
5. The Governor appoints members to the North Dakota Interagency Coordinating Council. This Council is at his disposal for information on the ND Part C Early Intervention system and also advises and assists DHS in the implementation of ND Part C Early Intervention.
6. Through a model that promotes learning in a child's natural environment and promoting family competence and confidence, ND Early Intervention is one of the "gems" of our state in changing the trajectory for children with delays and disabilities and their families.
7. Research has determined that children with delays who receive Early Intervention result in a savings of \$30,000 - \$100,000 per child. ND Part C Early Intervention system should be strongly considered and acknowledged in role that the program can play to address following state challenges:
 - a. The state's behavioral (and addiction) health concerns
 - b. The increasing numbers in the prison pipeline
 - c. Addressing the increasing rates of substance exposed newborns and their families
 - d. Assisting individuals with disabilities to live in the community and be employed

SB 2325/HB 1012

ND Part C Early Intervention

#birth2threecountonme

Chairman Weisz and Members of the House Human Services Committee:

Good morning, my name is Sarah Carlson and I am passionate about disability services. I wear many hats. I have a leadership role at ABLE, Inc., an agency that supports adults with intellectual and developmental disabilities. I am a Family Consultant for Family Voices of North Dakota for Region 8. I am the Experienced Parent in Region 8. I am also the chair of the Interagency Coordinating Council, a governor appointed council to advise and assist with Part C services (the very services we are here to talk about today that provide support to babies and toddlers, age 0-3 and their families). Most notably, I also have a son with severe disabilities that received supports through Early Intervention and continues to utilize services in Dickinson. The thoughts and stories that I share with you today represent me and do not represent all voices of the organizations or agencies that I work for. I only tell you these roles to show my investment and knowledge of disabilities full circle, from birth to death.

I'd like to use a bit of an analogy and story-telling to help you understand why SB 2325 is in front of you today. This story was created as a collaborative effort from stakeholders that are dedicated to early intervention systems. Please bear with us as we share this story.

Let's say that you have a beautiful river bank of plants growing. The plants are healthy, with strong deep roots and deep green leaves. The plants are different and distinct from each other, but somehow create an ecosystem that works. Some are bigger than others but they are all thriving and each has their place. The plants also keep the river bank strong, the river is well controlled and the plants' roots keep the river bank from eroding.

As time goes on, the largest of the plants starts to grow out of control and starts to squeeze out all the other plants. Their root systems become compromised and their roots no longer hold the river bank together. The river bank is eroding, the river is running swifter, and you start to fear there will be flooding further down the river.

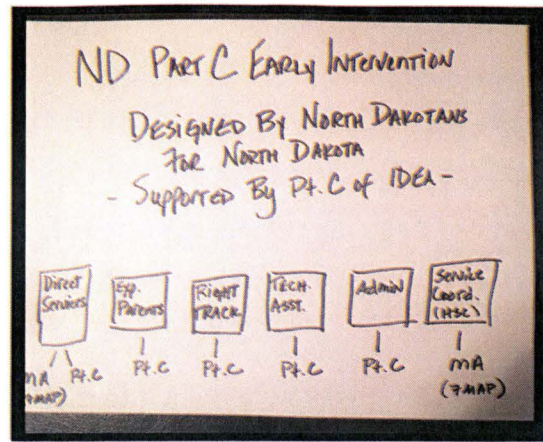
If that wasn't bad enough, you realize that some of your plants' main sources of energy are threatening to be eliminated. Clouds cover the sun, rain doesn't come, and a new housing development is rumored to be started just a few yards away.

You think about transplanting parts of the large plant to another area of the river where there are similar plants, but realize that section is full. You can't quite figure out how to fit the big plant in amongst the others and worry about the threats to those plants too.

Everything still looks OK to everyone else, but you can see it, you know something's wrong. You try to tell others, but they won't listen and try to reassure you that it's OK, because it's just a teeny part of the river bank. But you know that this part of the river is one of the most important and that if the river isn't controlled here, there will be larger, more intense problems farther downstream. But again, very few will listen.

Now let me share with you how this analogy applies to the ND Early Intervention system.

The plants in this part of the river bank represent the building blocks of the current North Dakota Part C Early Intervention system:

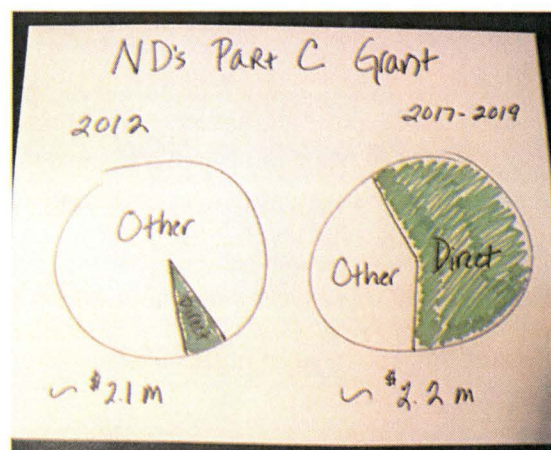


As you can see the plants in the ecosystem are nourished by 2 main sources. A discretionary federal grant that comes from the Department of Education in the amount of about \$2.2 million dollars a year and Medicaid which requires the state match (FMAP). Why the Department of Ed? Because authority to serve infants and toddlers with disabilities and their families are found within the federal Individuals with Disabilities Education Act (IDEA) in a section labeled Part C.

The river in my story represents the stream of ND citizens who have circumstances either because of medical conditions, environmental challenges, or behavioral health concerns that put them at risk for special education, institutionalization, extensive hospitalization, residential treatment, out-of-home placements, addiction services, juvenile justice involvement or the need for corrections. Their families are also at risk for decreased ability to work, behavioral health issues, divorce, addiction, and health complications. Even without your knowing, your ND Part C Early Intervention is slowing down the river way upstream where it's barely noticed. Less children and families need public support because of these services. We recognize that the system does not dam up the river but we believe without it, you'd see more expensive challenges than you have now.

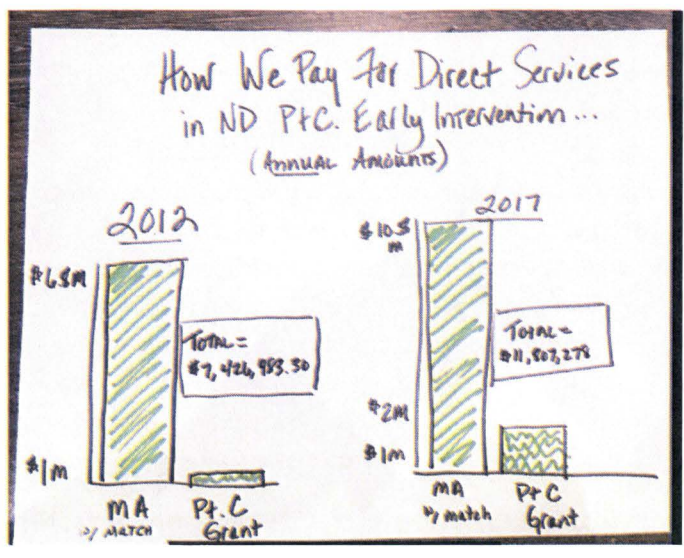
The plant growing out of control on the river bank within the ecosystem represents the portion of **Direct Services** that is paid for out of the federal Part C grant.

Because the Direct Services amount that's being billed to the federal Part C grant instead of Medicaid has grown so much, it's essentially "killing off" the smaller plants or parts that we've grown to know and love in the ND Early Intervention Part C system.



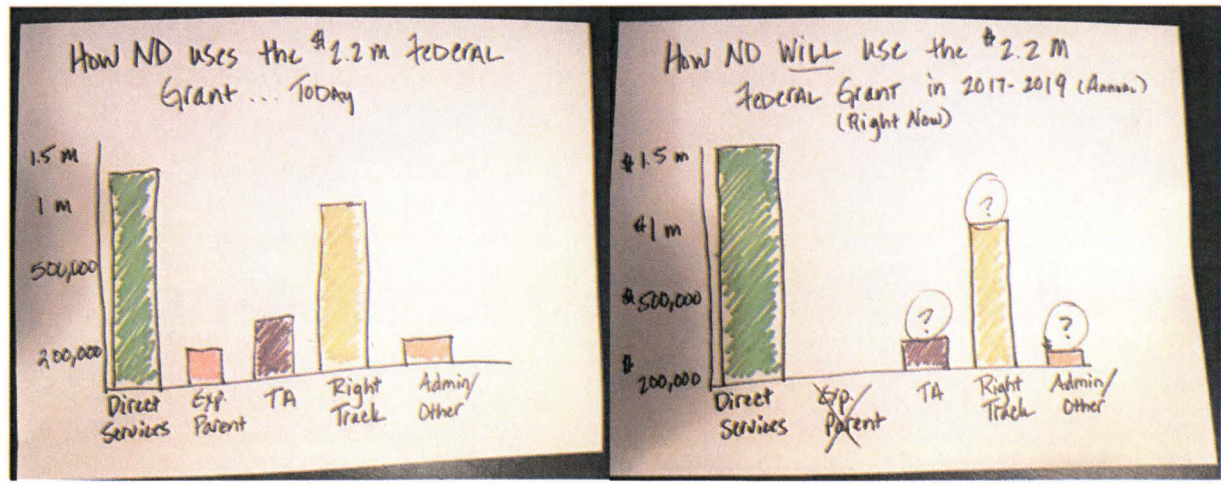
Why is that happening? Why are we using more of the federal Part C grant for Direct Services now than in 2012? Here are two possible reasons:

1. In 2012, North Dakota implemented the opt-out policy that is included in the federal Individuals with Disabilities Education Act that says that families can't be forced to apply for Medicaid. Prior to this time, it was mandatory for families in ND Early Intervention to apply and be on Medicaid. Since that time, we've had more families who are not on the Medicaid option and instead the only option to pay for their services is our federal Part C grant.



2. We are serving 35% more children at the end of the state fiscal year 2016 than we did at the end of the state fiscal year in 2012 (1987 to 2842). We use our federal Part C grant to pay for initial evaluations for all children and to pay for the period of time before children can get on Medicaid (i.e. usually the first partial month after eligibility). This also adds to the increased costs to the federal Part C budget for Direct Services.

Here's another way to see how the other "plants" that get paid for out of our federal Part C Grant are faring now versus what's to come in the 2017-2019 biennium:



In my story above, I also talked about the threats to the small ecosystem, such as loss of sunlight, rain, and impending developments. What are the other threats that spurred advocates to try to save the ecosystem that we call the ND Part C Early Intervention system through SB 2325?

- First off, the increasing use of the Part C grant for Direct Services. Some folks don't think that's such a bad thing, but the federal grant was originally meant for states to coordinate various funding sources, meet some gaps that

exist to meet the Part C requirements, provide quality assurance, and support professionals who need expertise in infant, toddler, disability, and family arenas. We are quickly losing this function.

- Every day we hear talk about Medicaid block grants. We know that will mean more state control of Medicaid funding, but we worry that this “gem” of a program will get forgotten and the funding will be too little. Presently, 87% of the funding for the ND Early Intervention system is comprised of federal Medicaid dollars with state match.
- Bills in Congress and this legislative session talk about eliminating the Department of Education and disassociating with federal education funding/mandates. We find that folks forget about how that may affect our infants and toddlers with disabilities and their families.
- The last threat involves the part of the story where we talk about transplanting the ever-growing Direct Services amount back over to where it belongs with the Medicaid billing. Why can’t we drive that cost down? As advocates and Department staff, we’ve talked about it for years but we can’t seem to find a solution. It’s not as simple as just “advising” families about how they help the whole system by using Medicaid funding. We wish it was. We are finding that families face burdensome and confusing processes when trying to access Medicaid. There are disconnects and misunderstandings between regional and county case management systems and lack of streamlining in eligibility systems. We also think that the Medicaid grants “field” is full and that leaves little motivation to move any more cases into it. Addressing these issues must be part of the legislative study.

We started this process over in the Senate, telling them about how wonderful ND Part C Early Intervention is, but we had not honed our message well enough to tell them about the eroding river bank and the impending threats that no one can see as well as we can. Because of that we could not fully convince them that strong language is needed today to preserve this amazing service that you have cherished and funded for over 30 years.

We believe that there are many other solutions that have not been fully explored and examined. We need the study to create some long-term solutions that are sustainable. However, we are panicked by the threats and that’s why we fought for Section 1 language in the Senate. It is our hope that we have provided you more insight today and that you will have a conversation about what you want to do to make sure infant and toddlers with disabilities and their families are well supported in North Dakota. Perhaps it will involve even stronger language of commitment in Section 1.

Thank you for your time today. I am happy to answer any questions and am available by email or cell. sb.carlson@hotmail.com or 515-450-7378.

Warm Regards,
Sarah Carlson

Good morning, Chairman Robin Weisz and members of the committee. My name is Sarah Carlson and I am here to tell you about our Early Intervention experience in hopes of also gaining your support for Senate Bill 2325.

Our son Beckett was unexpectedly born 11 weeks early, weighing just over 2lbs because I developed HELLP syndrome and nearly died myself. Beckett spent 132 days in the hospital before he first came home and has had 20 surgeries with many hospitalizations and homecoming since. The first 14 surgeries were within the first year of his life, most of them on his brain treating hydrocephalus and an infection, which was the result of a previous surgery. Our lives continue to adjust to his medication procedure, our home filled with adaptive equipment, and the new adjustment to an ER visit about weekly because of violent seizures. Next Thursday, Beckett is scheduled for another surgery to correct his high muscle tone in his legs. Beckett has been diagnosed with cerebral palsy, epilepsy, cortical visual impairment, intellectual disabilities, immune deficiencies, and hydrocephalus.

Early Intervention provided flexibility with our schedules as we made several trips to Minneapolis for surgical interventions. They helped us help our child with range of motion stretches, maximizing movement, and teaching him skills in new, innovative ways. They taught me what inclusion and acceptance looked like as well. We utilized Physical Therapy, Occupational Therapy, Speech Therapy, Special Education, Infant Massage, and Experienced Parent consultations. I became immersed in this network of supports, committing to the idea of a family-centered plan. I used my high-school shop skills to create a power-wheels car with adapted side supports and an adapted switch that he could use to operate his first opportunity for independent mobility. I rewrote our IFSP to be truly family-centered approaches that depended on the whole family success instead of narrowing in on my child's lack of fine or gross motor skills.

The services that were available to our family should be secure for all families to come. There are thousands of people out there that are unable to testify today because their life has not yet been impacted by a child who needs supports. You have certainly heard that investment early saves dollars. Children who fall behind in the early years often continue a downward developmental trajectory if intervention is not provided. Some families can report that because Early Intervention services were made available to their child, their child no longer needs any sort of formalized support. Certainly, I can agree that this is a success, but it doesn't define all the successes within the system. My child, who will need support for his whole life also had success. He made gains and grew in skills because of early intervention. Without early intervention and supports made available in our home, I have no doubt that we would have had another outcome. I really don't have to guess. My older sister was born with cerebral palsy and is deaf. She was institutionalized as a child and my family moved around the state, trying to find the best supports for her education and with gaining skills. Similarly, before Beckett's first homecoming, we had a neurologist

recommend that we move our child to an ICF-ID Group Home. 35 years ago, that recommendation would have certainly been to Grafton. If these services will not be available to future generations, we will need to prepare for increased costs for institutional care as well as increase services and costs for supports for these children later in life. The Office of Special Education, the Division of Early Childhood, and the Center of Medicare and Medicaid Services strongly support home and community based services and strong supports to children with disabilities or delays. By supporting this bill, North Dakota would be showing their support for these vital programs.

These thoughts represent me, a mother to a four-year old child with disabilities. It is true I wear many hats: I have a leadership role at ABLE, Inc., an agency that supports adults with intellectual and developmental disabilities. I am a Family Consultant for Family Voices of North Dakota for Region 8. I am the Experienced Parent in Region 8. I am also the chair of the Interagency Coordinating Council, a governor appointed council to advise and assist with Part C services (services for children age birth to three with delays or disabilities). Of these organizations or groups, I do not represent all voices within them. I only tell you these roles to show my investment and knowledge of disabilities full circle, from birth to death.

I have recently been present to support reallocating funds for the Experienced Parent within the Part C budget within the Department of Human Services. I am concerned that components of Part C are starting to erode in front of me, and I worry about the future of these services in North Dakota. Part C services are currently available in all 50 states and territories, which includes some states that have dedicated future supports with their own state mandates for these services. Your support will secure these vital services to the tiniest humans, the most vulnerable babies and toddlers in years to come. It will also support a study to dive into the collaborative efforts needed to ensure continued improvements with services and supports for the family and child.

Thank you for your time today. I am happy to answer any questions and am available by email or cell.

sb.carlson@hotmail.com or 515-450-7378.

Warm Regards,
Sarah Carlson



North Dakota Head Start Association

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March 14, 2017

Chairman Weisz and Members of the House Human Services Committee:

On behalf of the North Dakota Head Start Association I would like to offer our support for SB 2325 to create and enact a new subsection to section 54-07-01 of the North Dakota Century Code, relating to collaboration between agencies to coordinate early intervention services; and to provide for a legislative management study.

The ND Part C system serves infants and toddlers birth to 3 with delays and/or disabilities and their families. The system has been in existence for over 30 years and reaches children and families in every part of the state and every legislative district.

ND has participated in the Part C program since its inception in 1986. The Governor can choose a lead agency in their state and North Dakota's is the Department of Human Services, Division of Developmental Disabilities. State statute (Century Code 15.1-32-05) requires that the Department of Human Services, Department of Public Instruction and the Department of Health collaborate to plan and coordinate early intervention services.

The Governor appoints members to the ND Interagency Coordinating Council. This council is at his disposal for information on the ND Part C Early Intervention system and also advises and assists the Department of Human Services in the implementation of ND Part C Early Intervention.

North Dakota's Head Start & Early Head Start programs coordinate with ND Early Intervention to ensure individual children's needs are met through developmentally appropriate services. Through a model that promotes learning in a child's natural environment and promoting family competence and confidence, ND Early Intervention is vital to changing the trajectory for children with delays and disabilities and their families.

Research has determined that children with delays who receive Early Intervention result in a savings of \$30,000 - \$100,000 per child. ND Part C Early Intervention system should be strongly

A positive voice, a powerful advocate, and promoter of quality programs for children and families.

considered and acknowledged in a role that the program can play to address the following state challenges:

- a. The state's behavioral (and addiction) health concerns
- b. The increasing numbers in the prison pipeline
- c. Addressing the increasing rates of substance exposed newborns and their families
- d. Assisting individuals with disabilities to live in the community and be employed.

Ongoing quality structures within the ND Part C System will ensure that future generations of infants, toddlers, and their families have the guarantees of services and supports with procedural safeguards for years to come.

Thank you for the opportunity to write this letter in support of the North Dakota's Early Intervention System.

Sincerely,

Allison Driessen

Allison Driessen, President, North Dakota Head Start Association
Director, Early Explorers Head Start & Early Head Start Program

A.H. 5
SB 2325
3-15-17

March 15, 2017
65th Legislative Assembly
House Human Services Committee
Testimony in Support of Senate Bill 2325

Good Morning Chairman Weisz and Committee Members,

My name is Joan Connell. On behalf of the North Dakota chapter of the American Academy of Pediatrics (NDAAP), I would like to endorse the engrossment of Senate Bill 2325, which would designate a lead agency to collaborate with other agencies to coordinate early intervention services for children from birth to three years of age. Passage of this bill would also allow for consideration of a study during the 2017-18 legislative interim to better understand the early intervention system, including funding sources and responsibilities and coordination with other early childhood systems. Many studies have proven that early intervention is a great investment because it reduces overall costs AND optimizes outcomes for children who are at risk for delay or disability. As a pediatrician, I feel that coordination of these services would greatly improve efficiency. Furthermore, this will almost certainly result in regularly including the medical home in the loop of communications, something that currently does not happen routinely, which can result in both inefficiency and suboptimal care to the child. This will ultimately result in an even better return on investment. Finally, this is one of many examples where resources may be available, but families/providers do not know that they exist, what they are about, or how and which services should be accessed for their child/patient. This study and its results could serve as a template for how we provide families/providers this information as well as how we help North Dakotans navigate through this information to achieve their goals and objectives. The NDAAP is driven to pursue and support programs and opportunities that result in smarter, stronger, healthier North Dakota children who will grow into healthy, capable, productive North Dakotan adults. Senate Bill 2325 is right in line with our goals and motivations! Please support Senate Bill 2325!

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3-15-17
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Senate Bill 2325

House Human Services Committee – March 15, 2017

Chairman Weisz and members of the House Human Services Committee, my name is Becky Matthews. I appear today as a parent to children that received ND Part C Early Intervention services and in support of Senate Bill 2325.

Our family entered the ND Part C Early Intervention Services in 2003 when our second child, Mary, was born with a club foot. I asked our doctor “will she be able to play with the other kids on the playground?” The Early Intervention staff, a physical therapist, started coming to our home when Mary was a few months old. Even with casts, surgery, shoes, and complications, at the age of 3, Mary achieved all the milestones her peers did. Mary did not require any further special education supports.

While receiving home visits for Mary her older brother was a little over 2 years old. He had been born prematurely, weighing in at 3lbs, 8 oz. He was a strong, highly active toddler but he was also explosive when things were out of routine or if he got overstimulated. Once upset, he was unable to calm himself. My gut said something was wrong. Because Early Intervention services were in our home with Mary, I could talk to them about Michael too and she validated my concerns. Because of the issues with both kids, I realized that our family had become more and more isolated from activities and other family. I felt more and more anxious. With the help of Early Intervention, we learned to help Michael in public and to attend family events. Michael attended 1 year of Early Childhood Special Education and has required no further special education supports.

In 2008 Daniel was born after a healthy pregnancy and infancy. He had been receiving Right Track visits. Right Track serves as the Child Find function for the ND Part C Early Intervention system. At almost 2 years old, Right Track identified some red flags with a speech delay. He was referred and qualified for Early Intervention services. At age 3 Daniel did NOT require Early Childhood Special Education and has continued to not need any special education supports.

I also know the importance of knowing Early Intervention services and supports would be there for my family in 2007 when I was pregnant with twins. We hoped to get to viability but new our twins would have a difficult start and would need Early Intervention services. We had an appointment scheduled to start the paper work at 22 weeks into the pregnancy. Sadly, we lost our twins, but the reassurance during that scary time that we would have support helped with the anxiety and unknowns.

North Dakota has passed many bills that support the value of all life. The state has sent a strong pro-life message. Families during a high risk pregnancy need to know that they will have the support for the medical care, parenting support, and guidance to help their baby no matter what the diagnosis. Parents that choose to foster or adopt infants and toddlers with a delay or disability also need the guarantee that a strong ND part C Early Intervention system will be intact.

You may ask why we need bill 2325 for ND Part C Early Intervention services? Research tells us that:

- Children who participate in early intervention programs prior to kindergarten are more likely to graduate from high school, hold jobs, live independently, avoid teen pregnancy, avoid delinquency, and avoid violent crime.
- It has been found that the cost savings due to positive outcomes is between \$30k-\$100k per child
- For every \$1 we could spend on early intervention there is an associated savings to society of \$7¹

I truly believe this is true. My baby girl born with a club foot is now a beautiful dancer and is a "dance buddy" to a 6 year old girl that has Autism Spectrum Disorder. A boy born too small and unable to manage his emotions is now an amazing soccer player and young man. He recently used his own money he earned shoveling to buy soccer cleats for a soccer friend that could not afford them. And a boy that played in silence and could not speak is now a 2nd grader that loves history, just played in his first soccer tournament, and is a wonderful student. If not for the investment in my children's development from birth to 3 what would be the financial, educational, and societal cost today? Is the state of ND willing to bear those costs?

So today I ask you to make a promise to our future generations of children and families by giving a do pass on bill 2325.

¹Garcia, J, Heckman, J et al 2016 Lifestyle Benefits of an Influential Early Intervention Program

AH. 7
SB 2325
3-15-17

**TESTIMONY ON SB 2325
HUMAN SERVICES COMMITTEE**

March 15, 2017

by Valerie Bakken, Special Education Regional Coordinator

328-2720

Department of Public Instruction

Mr. Chair and members of the Human Services Committee, my name is Valerie Bakken and I reside here in Bismarck, ND. I am a Special Education Regional Coordinator and the Special Education Preschool Coordinator for the North Dakota Department of Public Instruction (NDDPI). I am here today providing information on behalf of NDDPI on the benefits of the Department's collaboration with Part C Early Intervention programs and to also show support for Senate Bill 2325 regarding Early Intervention programs.

According to the US Department of Education, there are three primary reasons why intervening early is so important:

- 1) To enhance a child's development;

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing opportunity to learn during a state of maximum readiness. Educators know timing of teaching skills to be a crucial factor due to the fact that if those stages of readiness are not taken advantage of; a child may have difficulty learning a particular skill later on.

- 2) To provide support and assistance to the child and their family;

Early Intervention services also have a significant impact on the parents and siblings of an exceptional infant or young adult. The family of a young exceptional child often feels

disappointment, social isolation, added stress, frustration and helplessness. The compounded stress of the presence of an exceptional child may affect the family's well-being and interfere with the child's development. Early Intervention can result in parents having improved attitudes about themselves and their child, and improved information and skills for teaching their child. Parents and families of exceptional children also need Early Intervention services so that they may better provide the supportive and nourishing environment needed by the child.

3) To maximize the child's and family's benefit to society

Through Early Intervention, society will be able to reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, and perhaps the child's increased eligibility for employment, all provide economic as well as social benefits.

There is nearly 50 years of research, both quantitative and qualitative, that Early Intervention programs increase the developmental and educational gains for the child, improves the functioning of the family, and reaps long-term benefits for society. Early Intervention has been shown to result in the child:

- Needing fewer special education and other rehabilitative services later in life;
- Less chance of being retained in a grade level; and
- In some cases being indistinguishable from typical developing peers years after intervention

The NDDPI Office of Special Education office works specifically with prescribing rules and regulations for Special Education, known as "Part B" of IDEA, assisting school districts in the development and administration of Special Education Programs, and ensuring that Federal programs and laws are being carried out.

The North Dakota's Part C Early Intervention program is a close partner to NDDPI. Our offices work collaboratively to transition children from Part C Early Intervention programs to Part B Special Education services. Once eligibility for Part B Special Education services has been determined, the responsibility for special education and related services on a child's third birthday changes from the ND Department of Human Services (Part C) to NDDPI (See *"Attachment A" Eligibility Criteria for Part C Early Intervention and Part B Special Education*).

Effective planning occurs between the Early Intervention program and the local school to help reduce the stress of transitions for children, their families, and staff involved along with promoting optimal access to services and supports for children. The planning process allows for the transfer of records, sharing of information, and responses to questions. Both federal and state regulations clearly identify the steps in the transition process and the timelines that must be met in order to ensure a smooth transition.

Each December 1, the State of North Dakota gathers Child Count data from NDDPI's Special Education Case Management (TieNet) data system. Child Count data for the 2015-2016 school year indicated that 504 students were of three years of age and receiving services contingent of an Individualized Education Program (IEP). Of those 504 students, **368** of those three year olds were referrals from North Dakota's Part C Early Intervention program.

North Dakota data review from the past four years indicates that 61-70% of all three year olds entering Part B Special Education services in North Dakota were referrals from Part C Early Intervention. See table for referral history.

PART C EARLY INTERVENTION AND SPECIAL EDUCATION

■ Number of Children referred from Part C
■ Number of Children referred that were found eligible for Special Education



One may glean from the data shown above that 30-39% of children being referred from Part C Early Intervention have gained and maintained the necessary skills to enter the educational system without the need for Special Education services. Over the above four year span that would be a total of 677 children.

Mr. Chair and members of the committee, Part C Early Intervention programs are an integral piece to our children with exceptional needs' education. Through the past and current collaborative efforts of Part C Early Intervention and NDDPI, it is evident that all transitions are more successful when families and service providers work through the process together. NDDPI again shares its support of Early Intervention programs and the continued collaboration between Part C Early Intervention programs. This concludes my testimony and I would be happy to answer any questions from the committee at this time. Thank you.

Attachment A

Early Intervention Program IDEA—Part C	Preschool Special Education Program IDEA— Part B
<p>Eligibility Criteria</p> <p>Infant and toddler services may be provided to children if there is evidence of a developmental delay or risk of developmental delay.</p> <p>Young children who have a high risk of becoming developmentally delayed, or are developmentally delayed, may receive case management services and be considered for services to meet specific needs.</p> <p><i>“High Risk”</i> means a child who has a diagnosed physical or mental condition and has a high probability of becoming developmentally delayed or who, based on informed clinical opinion and documented by evaluation data, has a high probability of becoming developmentally delayed.</p> <p><i>“Developmentally delayed”</i> is defined as performing 25 percent below age norms in two or more of the following areas:</p> <ul style="list-style-type: none"> • cognitive development • gross motor development • fine motor development • sensory processing • communication development (receptive or expressive) • social or emotional development • adaptive development; <p>or who is performing at 50 percent below age norms in one of the following areas:</p> <ul style="list-style-type: none"> • cognitive development • physical development (including vision and hearing) • communication development (including receptive and expressive) • social or emotional development • adaptive development <p>For more information regarding eligibility criteria see: http://ndearlyintervention.org</p>	<p>Based on educational assessment results, eligibility for preschool special education may be determined in the following categories:</p> <ul style="list-style-type: none"> • Autistic • Deaf-blind • Hearing-impaired, including deafness • Other health impaired • Orthopedically impaired • Speech-language impaired • Visually impaired, including blindness • Traumatic brain injured • Intellectual Disability • Emotional disturbance • Specific learning disability <p>For younger children in North Dakota, a “Non-Categorical Delay” (NCD) eligibility option may be used when a disability is not clearly identified, but delays are evident. This option may be used ages three through nine. The option is used only in districts where the local board has approved this option. Check the website: http://www.dpi.state.nd.us/speced/guide/NCDguidelines.pdf to find more information about the NCD criteria and districts using this category of eligibility.</p>

Resources:

North Dakota's Understanding Early Childhood Transition: A Guide for Families and Professionals <https://www.nd.gov/dpi/uploads/83/transitionguide.pdf>

US Department of Education <https://www.ed.gov/>

What is Early Intervention and Who Benefits From It?
http://www3.uakron.edu/schulze/401/readings/EARLY_INTERVENTION.htm