

2023 SENATE HUMAN SERVICES

SB 2323

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2323
1/25/2023

Relating to an appropriation to the department of health and human services for early childhood programs; and to provide for a legislative management study regarding early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure.

10:43 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Funds
- Parent and children needs
- Assessments
- Early childhood partnerships

10:44 AM **Senator Judy Lee**, on behalf of Senator Hogan, makes comments SB 2323 verbally testified in favor.

10:47 AM **Allison Driessen, President ND Head Start Association**, testified in favor. #16600

10:57 AM **Senator Hogan, District 21** introduced SB 2323 testified in favor. #16268

11:04 AM **Jack McDonald, Lobbyist, ND YMCA'S of North Dakota Child Care providers** verbally testified in favor and introduced Bill Bauman.

11:06 AM **Bill Baumann, Executive Director/CEO, Missouri Valley Family YMCA**, Verbally testified in favor.

11:12 AM **Kristen Knorr, ND Afterschool Network Lead, South East Education Cooperative**, testified neutrally on-line. #16512

Additional written testimony:

Michelle Roeszler, Early Childhood Professional in favor. #16662

Heide Smith, provider, in opposition. #16508

Bonnie Hoffman, in opposition. #16514

Kathy Busche, Owner, day care facilities, in opposition. #16587

11:21 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2323
2/1/2023

Relating to an appropriation to the department of health and human services for early childhood programs.

10:47 AM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Parent education component
- Head start
- Network expansion

Senator Hogan provided information on SB 2323

Senator Hogan moves **DO PASS** and **REREFER** to **APPROPORIATIONS**.

Senator K. Roers seconded.

Senator Hogan withdraws motion.

Senator K. Roers withdraws seconded motion.

11:00 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2323
2/1/2023

Relating to an appropriation to the department of health and human services for early childhood programs.

11:12 AM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Parent education component
- Network expansion

11:12 AM **Chris Jones, Executive Director, North Dakota Department of Health and Human Services, (NDDHHS)** provided information verbally. #18577

11:14 AM **Jessica Thomasson, Executive Policy Director, NDDHHS** provided information verbally. #18530

11:20 AM **Chris Jones** provided additional information verbally.

11:24 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2323
2/1/2023

Relating to an appropriation to the department of health and human services for early childhood programs.

2:14 PM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Parent education component
- Head start
- Childcare services

Senator Hogan discusses programs. **Senator Hogan** moved to adopt amendment removing line 15-17 and changing amount from \$30 million to \$20 million.

Senator K. Roers seconded the motion. Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator Hogan moved to further **Amend.** LC 23.0294.02001.

Senator K. Roers seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator Hogan moved **DO PASS** as **AMENDED** and **REREFER** to **APPROPRIATIONS**.

Senator K. Roers seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator Hogan will carry SB 2323.

2:31 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

February 1, 2023

BR
2-1-2023
LZ

PROPOSED AMENDMENTS TO SENATE BILL NO. 2323

Page 1, line 2, after "programs" insert "; and to provide for a legislative management study regarding early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure"

Page 1, line 6, replace "\$30,000,000" with "\$20,000,000"

Page 1, line 9, remove "award grants with the funds appropriated in this"

Page 1, line 10, remove "section based on recommendations from the children's cabinet under section 50-06-43.1 to"

Page 1, line 12, after the semicolon insert "and"

Page 1, line 14, remove the semicolon

Page 1, remove lines 15 and 16

Page 1, line 17, remove "priority given to programs in underserved areas"

Page 1, after line 17, insert:

"SECTION 2. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILD CARE PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2323: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2323 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 2, after "programs" insert "; and to provide for a legislative management study regarding early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure"

Page 1, line 6, replace "\$30,000,000" with "\$20,000,000"

Page 1, line 9, remove "award grants with the funds appropriated in this"

Page 1, line 10, remove "section based on recommendations from the children's cabinet under section 50-06-43.1 to"

Page 1, line 12, after the semicolon insert "and"

Page 1, line 14, remove the semicolon

Page 1, remove lines 15 and 16

Page 1, line 17, remove "priority given to programs in underserved areas"

Page 1, after line 17, insert:

"SECTION 2. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILD CARE PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Renumber accordingly

2023 SENATE APPROPRIATIONS

SB 2323

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2323
2/15/2023

A BILL for an Act to provide an appropriation to the department of health and human services for early childhood programs; and to provide for a legislative management study regarding early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure.

4:39 PM Chairman Bekkedahl opened the meeting. **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, Mathern** are present.

Discussion Topics:

- Early childhood programs
- Childcare services
- Funding

4:39 PM Senator Kathy Hogan introduced SB 2323 testimony in favor # 20935

4:46 PM Senator Mathern moves **DO PASS**.

4:47 PM Senator Meyer seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	N
Senator Karen K. Krebsbach	N
Senator Randy A. Burckhard	N
Senator Kyle Davison	N
Senator Dick Dever	N
Senator Michael Dwyer	N
Senator Robert Erbele	N
Senator Curt Kreun	N
Senator Tim Mathern	Y
Senator Scott Meyer	N
Senator Jim P. Roers	N
Senator David S. Rust	N
Senator Donald Schaible	N
Senator Ronald Sorvaag	N
Senator Shawn Vedaa	N
Senator Terry M. Wanzek	N

Motion failed 1-15-0,

Senator Schaible moves **DO NOT PASS**.

Senator Vedaa seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motioned passed 15-1-0.

Senator Mathern will carry SB 2323.

4:54 PM **Chairman Bekkedahl** closed the meeting.

Nathan Liesen on behalf of Kathleen Hall, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2323, as engrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO NOT PASS** (15 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed SB 2323 was placed on the Eleventh order on the calendar. This bill affects workforce development.

TESTIMONY

SB 2323

TESTIMONY
Senate Human Services Committee
SB 2323
January 25, 2023
Senator Kathy Hogan

Chairman Lee and members of the Senate Human Services Committee. I am Senator Kathy Hogan from Central Fargo with a small corner of West Fargo.

SB 2323 is one of five bills being introduced to address the childcare crisis. In December 2022, KIDS COUNT ND submitted a comprehensive overview of their needs and it can be found at <https://ndkidscount.org/north-dakotas-child-care-system-investments-needed-to-support-families-and-child-care-businesses>. These bills are linked to that study.

Over the last several sessions, the ND legislature and the Executive branch have recognized the need to expand early childhood services to provide families and children the essential support needed to prevent or reduce long-term educational and social problems. These efforts have been strongly supported by policy makers because of their strong researched based success. The family structures have changed significantly, and community supports are also changing. Even if all want to go back to the 1950's and 60's, with stay-at-home mothers, extended family available to help and strong neighborhood support, that is not likely to happen. So we as leaders must consider ways to strengthen today's family.

BEST IN CLASS

Beginning in 2021, the *Best-in-Class* Pre-K program, an evidenced-based model, was implemented in ND. Today there are over 50 classrooms in 38 sites, primarily in rural areas. This model provides educational services to 4-year-olds and parent training to all families involved. A brief overview of this model can be found at <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/bic-expectations-admin-mtg-presentation-7-13-2022.pdf>

This bill works with the Governor's budget to expand the *Best-in-Class* model.

HEAD START & EARLY HEAD START

The Head Start program began in 1965 through federal legislation and ND was one of the first states to implement Head Start in 1965.

Head Start programs prepare America's most vulnerable young children to succeed in school and in life beyond school. The overall goal of Head Start is to increase the social ability of children in low-income families and children with disabilities and improve the chances of success in school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being, while engaging parents as partners every step of the way.

Head Start preschool programs, typically serves 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant women. Head Start services are delivered nationwide through 1,600, agencies which tailor the federal program to the local needs of families in their service area. In ND, there are 14 Head Start programs including four tribal programs.

The basic elements of Head Start are regulated through federal Program Performance Standards. Grantees and parents have control over their programs, and each is designed to meet the needs of families in the local community. Currently there are waiting lists for the Head Start programs, particularly for 3-year-old programs because of the lack of funding.

Head Start has been the creator in the movement to address the needs of the whole child, including the educational, vocational, and material needs of the entire family. Head Start philosophy is that parents are the primary educators of their children, and that successful child development programs must involve and empower parents to have a lasting impact on the lives of low-income children. This philosophy is reflected in Head Start's administrative structure which includes a parent Policy Council that has decision-making authority.

2019 ND Study recommended additional funding to assure all eligible 3- and 4-year-old can be served.

<https://www.nd.gov/dpi/sites/www/files/documents/Early%20Learning/2019%20North%20Dakota%20Head%20Start%20Collaboration%20Office%20Needs%20Assessment.pdf>

This bill would allow all eligible Head Start Children to be enrolled.

SCHOOL AGED QUALITY STANDARDS

For most children in ND, childcare does not end when a child goes to school but lasts until they are 11 or 12. Currently in ND we do not have a quality rating system for afterschool childcare. This bill would require the development of a Quality Rating over the next biennium.

Thank you Chairman Lee and I am more than willing to answer any questions.

In Opposition to SB 2323

Written Only

I am writing in OPPOSITION against SB 2323. I am a group in home childcare provider, in a rural area, for over 11 years and am completely against this. This doesn't have any plans to help early childhood childcare programs at all. In-home programs wouldn't have any benefit with this. Look at current users of best in class funding looks like all school system not any childcare programs using that funding. Seems to us that this is pushing for state pre-k programs. Information shared at <http://www.nd.gov/dhs/info/news/2022/5-10-human-services-announces-early-childhood-best-in-class-grant-recipients.pdf>. This has nothing to help the BACKBONE of our workforce. In-home childcare is ESSENTIAL and without it, people and the economy suffer.

Heidi Smith-Provider
Garrison, ND 58540



Testimony

68th Legislative Assembly

Senate Human Services Committee

SB2323

January 25, 2023

Submitted by: North Dakota Afterschool Network

Chairwoman Lee and members of the Senate Human Services Committee, thank you for the opportunity to provide informational testimony on SB2323. My name is Kristin Knorr and I am the Lead for the North Dakota Afterschool Network. The ND Afterschool Network is a statewide program of the South East Education Cooperative, one of seven regional education associations in ND situated between the ND Department of Public Instruction and K-12 school districts to provide support services to the educational system.

The ND Afterschool Network works to equip North Dakota after school, before school and summer learning programs with the tools and support to expand program quality, build leadership capacity, and increase access to high-quality out-of-school time programs for youth across North Dakota. Afterschool includes any program serving youth ages PreK through Grade 12 with organized, regularly scheduled academic or enrichment activities in a supervised environment. These programs can take place in schools, school-age licensed childcare facilities, community-based organizations, libraries, summer camps, and more.

ND Afterschool Network and Child Care Aware of ND collaborated in the Fall of 2022 to collect data and illuminate the needs of the early childhood and school-age industry, which encompasses children from birth to age 12. Major themes of the data collection fell into three categories: Availability, Affordability, and Quality. For the purposes of testimony relating to SB2323, I will share information regarding quality relating to afterschool programs.

Afterschool programs primarily fall into two categories: DHHS licensed child care programs and afterschool programs which take place in school buildings and are exempt from child care licensing ((ND Century Code 50-11.1-02 "Early childhood services does not include: Child care provide in any educational facility, whether public or private, in grade one or above."))

Currently, there are 35 school-age DHHS licensed child care programs in ND with the capacity to serve 2,533 school-age children. The number of children ages 6 to 13 potentially needing care in ND is 53,576. 31 of the school-age licensed programs are from YMCA or Boys and Girls Club facilities. There are no school-age licensed childcare programs participating in Bright and Early, ND's quality rating and improvement system.

Around 90% of school-age programs operate in schools to help meet the need for afterschool programming. Afterschool programs play a critical role in helping youth succeed, keeping young people safe, and supporting working families as many schools dismiss between 2:30-3:30pm each day.

School-age programs (licensed and unlicensed) are currently unable to participate in the ND Quality Rating Improvement System (QRIS), Bright & Early. The system is only focused on early childhood with no existing pathway for school-age programs. The ND Afterschool Network supports this bill which proposes to open that pathway for school-age programs to help improve quality for programs and expand access to some of the



North Dakota **AFTERSCHOOL NETWORK**

QRIS benefits including the Quality Improvement Grants. Including school-age programs in Bright & Early would create consistency within the mixed-delivery child care system.

Early childhood and school-age care occurs in a number of different learning environments, and we want to support access to quality supports for all programs who are serving children birth through age 12. To do so, we support allowing access to QRIS for school-age programs.

Thank you for the opportunity to provide information regarding quality in afterschool programs and I am happy to answer any questions you may have.

Kristin Knorr
North Dakota Afterschool Network

1/24/2023

To Whom it May Concern:

From my understanding, this bill is to support Early Childhood Programs. However, most of it is directed to preschool aged children and older. Best in the class programs don't fund most of the daycares in the state. Head start programs already get their funding from the state. Childcare owners are who need the support the most and this doesn't address that.

In childcare, the state mandated rule is you can have 1 employee for 4 babies. The cost of 1 employee salary is \$2400.00. In rural daycares, the parents are charged \$600 per baby. Of course this doesn't include any overhead cost. Obviously, when you do the math, this doesn't check out.

Why do we need to fund quality ratings? Daycare providers already are so inundated in mandated paperwork, that's just one more thing to try to do the paperwork for. We are already spread so thin trying to make ends meet, filling out paperwork for child care assistances, for a food program, for the licensor, for new employees, keeping up on training, making daily reports for each child, making schedules, invoices, payroll, menus and on top of it trying to provide a curriculum to several different age groups. You can't afford to hire more staff because parents can't afford to pay it. So you work hours and hours after daycare for no pay. Trying to compete in all these programs is time consuming.

Let me tell you about my experience with quality ratings. They come into your daycare and give you points after a short observation. During the observation, the children never behave how they usually do because a NEW person is in the daycare and curiosity gets the best of them. What they fail to see is how you made an inclusive environment that the boy with special needs now can be a part of. I find it hard to believe that access to books, art media and scissors at all times is better than simply teaching a child to ask for it when they want it. A child doesn't need to know how to talk to ask for something. Daycares don't have extra money to replace things when broke. I can tell you, a group of toddlers can destroy a box of markers in the matter of seconds by tasting each color. Books are ripped and chewed in the seconds it takes to walk over there. In these instances, teaching children what to do with these things takes time and one on one attention. Because I don't want my art material and books wrecked, and I place them out of reach, doesn't make my daycare any less then someone else's. The structure of a daycare needs to fit the children and caretakers inside of it.

Why give the funding to program administrators when you can skip the middleman and just give it directly to daycares. For example, why does there need to be a group of people going around doing quality ratings? Does this money in this bill pay their salary? Give assistance to those who are caring for special needs. Give assistance to those living in rural areas where parents can't afford to pay the rising costs of daycare. Give assistance for payroll, accounting and taxes for daycares. Head Start, After School programs and best in class are already federally funded.

I feel this bill needs to be given more thought. After all, one of the greatest challenges in ND right now is finding employees. If daycares had more funding, they could be more competitive in wages and operate at full capacity. If daycares had more funds, they could keep the cost of caring for children down so families could afford daycare and get back to work. If daycares had more funds, they could provide special needs children more one on one care so they catch up developmentally and receive

some dire attention. If daycares had more funds, they wouldn't need to spread the staff so thin with child to staff ratio maxed. This would help with staff burnout and turnover.

Please give support to daycares, especially in rural areas,

Sincerely,

Bonnie Hofmann

Chairman Lee and Members of Human Service Committee,

My name is Kathy Busche. I own and operate two childcare programs in Hazen. One program is a group facility licensed for 30. I own the facility and operate a 0-5 program with a current enrollment of 33 children. The second program is my home where I operate a school age program with a license for 30 with 25 children enrolled. The facility is Step 2 in Bright and Early QRIS. Our home program is Step 1 QRIS. I have been operating my business out of my home since 2007 and purchased and renovated the facility opening the second location in January 2022. I have a bachelor's degree in Early Childhood Education from MSUM and providing quality childcare is my passion.

I am sorry I cannot be present to testify in person, but unfortunately, I do not have the backup staff required to be away from our programs at the present time.

I am writing to you today in opposition of SB 2323 as it is written. This senate bill will not solve the childcare crisis in North Dakota. When Best in Class was presented to the providers in North Dakota we were told that in-home or group providers would be able to offer Best in Class 4 year old classrooms in our programs. As the program sits it is nearly impossible for programs such as mine to qualify. Programs of my size can't offer a classroom of only 9 children from low socioeconomic families. That leaves only programs in public and private school being able to qualify as they have less overhead due to being in a school. On the DHHS website it shows the programs who have been recipients of the current Best in Class grants and you can clearly see that only public and private schools have received this funding. https://www.nd.gov/dhs/info/news/2022/5-10-human-services-announces-early-childhood-best-in-class-grant-recipients.pdf?fbclid=IwAR3xoVN1sxe83_F8d80Dr8oP3V6e23X8Kz45rVKVEvGtza70MELkaQBc7YM

The Best in Class 4 year old program is essentially publicly funded preschool in programs such as public school and Head Start programs where they already receive federal funding.

In my opinion SB2323 is simply another push for universal pre-k in North Dakota and the cradle to college agenda we have seen in the past. Parents of children in North Dakota want to be able to choose programs that are the best fit for their children and often that is not in a public school setting.

Children who attend Best in Class classrooms still require wrap around care, meaning their parents need childcare before and after their child's preschool day. This is a strain on childcare in our state. Children who attend these Best in Class classrooms are still requiring a childcare space in our programs. As a state we do not need to add \$30 million dollars to the Best in Class 4 year old program budget, we need to spend this money in quality early childhood programs that offer full day childcare to the parents in North Dakota. Those programs are the ones keeping our workforce afloat.

I would happily support money being used as grants for early childhood programs, afterschool programs and quality rating system creation for afterschool programs, but I am opposed to giving more money to programs that focus solely on 4 year olds (or the year before Kindergarten) or giving money to programs that already receive federal funding such as Head Start programs.

Thank you for your time, if you have any questions please reach out as I would be happy to discuss this more.

Kathy Busche

701-748-2084

kathybusche@gmail.com



SENATE BILL 2323 TESTIMONY

January 25, 2023

Allison Driessen, ND Head Start Association

Chairperson Lee and members of the Senate Human Services Committee, I am pleased to appear before you today to testify in favor of Senate Bill 2323. My name is Allison Driessen, and I am the President of the North Dakota Head Start Association. The North Dakota Head Start Association represents over 2300 low income children and families served by thirteen programs, 10 programs and 3 tribal. Head start employees 995 employees and partners with rural and urban communities across the state. [NHSA North Dakota 2023 Head Start & Early Head Start Profile](#)

Senator Hogan's testimony provides an overview of the child care crisis, Best in Class and Head Start services and afterschool programming. The December 2022 Kids Count North Dakota article [North Dakota's Child Care System: Investments Needed to Support Families and Child Care Businesses](#) provides the data for needs, availability and cost with recommendations surrounding access, quality and affordability. The intent of my testimony is to support the bill and recommend that critical early childhood education and intervention services exist in a mixed delivery system to meet the needs of children, families, and communities.

For 57 years, Head Start programs have partnered with parents living in poverty to prepare their children for success in school and in life, and support family self-sufficiency. Head Start is a federal program that serves families at 100% of the poverty level. To be income eligible for Head Start a family of four cannot make more than \$30,000, The program does have a small percentage of enrollment that is reserved for over income families, and they must show the highest need for the program based on an eligibility selection criterion. What sets Head Start apart from other preschool programs is its commitment to the overall development of the child and family including annual physicals, dentals, vision, hearing, nutrition, and developmental screenings, ongoing assessment and its focus on parent education and engagement. Head Start

programs employee Nurses, Social Workers, Dieticians, Home Visitors, Prenatal Educators, etc. to provide extended services.

The North Dakota Head Start Association has advocated for two decades for state funded Head Start and promoted the importance of early childhood education. Best in Class was designed after the Head Start model incorporating parent engagement and health requirements for children the year prior to starting kindergarten. Senate Bill 2323 provides opportunities to expand Head Start and the Best in Class program as well as improving other early childhood and afterschool programs. The North Dakota Head Start Association is excited for this opportunity and recognizes that expanding services requires community partnership and not stand alone programs. An excellent resource from Early Care and Education Consortium [A Mixed Delivery System is the Most Sustainable and Efficient Solution to Meet Policy Objectives](#) outlines the opportunities of a mixed delivery system and the negative unintended consequences of limiting private participation or a public only delivery system. I am concerned for our child care partners in homes and centers who need to be included in this vision and the availability of workforce.

I would like to stand in front of the Human Services Committee and say that the ten Head Start programs across the state are ready and able to expand services to all income eligible children. Head Start programs face many of the same challenges that non-profits and businesses do. Operating costs have significantly increased, workforce and labor shortages are impacting early learning programs and many Head Start programs do not have adequate facility space to expand and serve more children. There are 414 income eligible preschool children and 395 over income children on the waiting lists across nine of ten programs in North Dakota. The seven Early Head Start programs report 410 income eligible infants and 130 over income infants and toddlers on waiting lists. Programs report 55 staff openings and 70% of North Dakota programs have reduced or are requesting to reduce enrollment to increase staff salaries because programs cannot find qualified individuals to fill vacancies. The number of early childhood education graduates across the state is not published and does not reflect the number of students who are already employed in programs.

Not all families need the full services of Head Start. Pre-Kindergarten programs often have limited days and hours. Most pre-kindergarten programs do not have before and after school child care. A mixed delivery system administers funds across licensed centers and family based child care programs, Head Start, Early Head Start, and public schools and community-based organizations to ensure access to high-quality affordable options.

Imagine a four year old classroom funded by Best in Class, Head Start and Child Care/private pay. Children at 100% of poverty are funded by Head Start, families who are over the 100% poverty threshold and are eligible for free and reduced meals are covered by Best in Class and over income families are for payment through child care. All families receive the same educational services and parent engagement opportunities. Before and after school child care can be accessed through child care assistance or for pay for extended hours. Child care can be contracted through a child care provider, center or afterschool program or the school can transport children to a home provider for wrap around care. This approach would promote education continuity and is responsive to the needs of parents.

There are significant negative unintended consequences of limiting participation or a public only delivery system. Four year olds are pulled out of home, faith and center-based settings. Providers lose revenue from reduced enrollment and must increase prices for infant and toddler care to cover cost. Parents will struggle to find affordable options for their infants and toddlers. Providers will close if they cannot maintain enrollment at higher prices. Lack of care options reduces workforce productivity for parents who cannot find affordable care, which coupled with child care closures, has downstream negative impact on the economy.

Senate Bill 2323 is an important step in expanding availability to early childhood services. It is critical that preference for funding include collaboration to offer educational services that meets the needs of families and not further complicated child care shortages.

Thank you Chairman Lee and committee members and stand for questions.

Chair Lee and members of the Human Services committee:

I write today regarding SB2323 which proposes to award grants for early childhood programs in North Dakota.

I write in support of the intent of funding early childhood in our state but would like for the committee to deeply examine if the listed spending elements are the best use of these funds.

The additional funding of Best in Class and Head start only fixes half the problem. Those programs are school year only and part days. This leaves parents to either restrict their availability for working to school hours, piecing together coverage between parents and/or other family members, or finding wrap around care. For licensed programs to enroll these students for wrap around care they either lose part of the income for that spot by only charging for the wrap around hours or the parent is left paying for the whole spot. Paying for the whole spot is typical since the child will be needing care on scheduled no school days, snow emergency days off, and throughout the summer.

Although I am encouraged by the things I have heard about the Best in Class program I urge the committee to delay any large investments until the full pilot program has been completed. We are currently in the second year of this program and haven't had a chance to follow these children through even an entire year of kindergarten to know if there is any longitudinal benefit in exchange for the investment. Those funds could be equally-well spent boosting the efforts in full day programs where wrap around care is already included so there are less transitions through the child's day, both in environment and caregivers. A huge barrier to licensed childcare programs participating in Best in Class is the minimum qualifications to participate.

While I support the additional funding for both Best in Class and Head Start programs I do so with caution and need the committee to understand that licensed childcare programs, along with other caregivers in a child's life, is the support for those programs and should not be at the bottom of the list as it is in the proposed bill.

This bill also proposes to develop a quality rating system for afterschool programs. The QRIS system comes out of federal mandate in the block grant funding. The intention was to ensure that parents had a way to find quality childcare programs. The QRIS system isn't perfect but it offers consistent metrics to be able to compare programs with the same lens. As the ND Kids Count report outlines, the majority of licensed childcare programs in our state do not participate in the QRIS program. I suggest that a study needs to be done to determine barriers to participation and I agree with that suggestion. We need to fully know why programs choose not to participate. We need to know why programs stop their journey before achieving the full 4 stars.

If afterschool programs are to be added to the QRIS system in ND it is my opinion that any benefits they receive from that participation be prorated to reflect the much-reduced time they spend with children since their population is in school most of the day. Although early childhood encompasses birth through age 8 we know that investments made in the years before kindergarten have a great impact on school age achievements.

In closing, I feel that the proposed funding is a good starting off point but we need to include this in the larger discussion taking place in many different committees this session on how to fund early childhood experiences in a mixed-delivery system.

Thank you for your time.

Michelle Roeszler
Early Childhood Professional
Fargo, ND



Expand Child Care Assistance Program (CCAP)				
	New Investment	Funding Source	Existing Resources	Impact
---- Affordable ----	\$ 22,000,000	General Fund		Additional 1,500 kids per month
			\$ 36,119,826 Federal	3,500 kids age 0-12 (0-60% AMI)
			\$ 12,200,000 General Fund	
			\$ 5,200,000 ARPA	500 kids age 0-12 (60-85% AMI)
Pay providers more for Infant/Toddler care via CCAP rate schedule				
	Investment - New		Investment - EBR	Impact
-- Available --	\$ 13,000,000	General Fund		25% pmt boost for 2,670 kids 0-3
Pay for quality by creating quality tiers in the CCAP rate schedule				
	Investment - New		Investment - EBR	Impact
-- Quality --	\$ 3,000,000	General Fund		5-15% pmt boost for 1,600 kids in Step 2, 3 or 4 programs
Cost Share an Employer Child Care Benefit for Working Parents				
	Investment - New		Investment - EBR	Impact
---- Affordable ----	\$ 5,000,000	General Fund		650 kids ages 0-3
			\$ 9,000,000 ARPA	950 kids ages 0-3
Expand the Best in Class Program				
	Investment - New		Investment - EBR	Impact
-- Available --	\$ 16,000,000	General Fund		1,800 kids in 130 groups by 2025
			\$ 2,400,000 Federal	
Provide Resources and Supports to Child Care Providers				
	Investment - New		Investment - EBR	Impact
-- Available --	\$ 2,000,000	General Fund	\$ 300,000 Federal	Inclusion Grants
	\$ 1,000,000	General Fund	\$ 450,000 Federal	Quality Grants
	\$ 1,000,000	General Fund		Start-up Grants
	\$ 2,000,000	General Fund		Facility Grants
	\$ 1,000,000	General Fund		Shared Service Grants
	\$ 1,000,000	General Fund		Non-Traditional Hours Pilots
Offer stipends to Child Care Workforce for Above and Beyond Training				
	Investment - New		Investment - EBR	Impact
-- Quality --	\$ 2,000,000	General Fund		4 - 5,000 child care worker stipends
Streamline the process child care providers use to complete background checks for workers				
	Investment - New		Investment - EBR	Impact
- Available -	\$ 1,000,000	General Fund		
Support Quality Improvement across the early childhood industry				
	Investment - New		Investment - EBR	Impact
-- Quality --	\$ 3,000,000	General Fund	\$ 3,500,000 Federal	Quality and Start-up Coaches, Grant mgmt and Evaluation
TOTAL				
	Investment - New		Investment - EBR	
- Available -	\$ 73,000,000	General Fund	\$ 69,169,826 Federal/Gen	

2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

Governor added budget items		Fully funded budget items				Partially or differently funded budget items				Unfunded budget items	
Decision Packages	To OMB					Executive Budget Recommendation					
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	
1 Crisis Support Services	27.0	12,641,616	12,641,616	-	-	21.0	11,518,430	11,518,430	-	-	
BL Crisis Services - Behavioral Modification Specialist	1.0	179,240	179,240				-				
Contract for General Physician position 24x7 crisis services Statewide		132,000	132,000				132,000	132,000			
Contract for nursing for CRU's 24x7 crisis services Statewide		2,080,000	2,080,000				2,080,000	2,080,000			
Contract for On-Call psychiatry -24x7 crisis services Statewide		3,874,500	3,874,500				3,874,500	3,874,500			
Expand Mobile Crisis Services Statewide	9.0	2,059,641	2,059,641			4.00	1,115,695	1,115,695			
Locumtenens contract cost changes		2,475,200	2,475,200				2,475,200	2,475,200			
NW Registered Nurse for Crisis Residential	1.0	194,560	194,560			1.00	194,560	194,560			
Peer Support Specialists (current temp)	16.0	1,646,475	1,646,475			16.00	1,646,475	1,646,475			
2 Home & Community-based svc FOR TARGET POP MEMBERS (DOJ)	29.0	16,832,796	10,349,295	3,674,233	2,809,268	14.0	14,859,553	9,956,359	2,552,905	2,350,289	
ADA Coordinators		55,200	55,200				55,200	55,200			
Adult Foster Care Rate (HCBS5)		1,559,672	779,835	779,777			1,559,674	779,837	779,837		
Agency On-Call QSP Staff (HCBS1)		351,000	351,000				351,000	351,000			
Bed hold days for Res. Hab and Comm. Supports (HCBS4)		182,910	86,882	96,028			182,910	86,882	96,028		
Companionship Services (SPED & ExSPED) (HCBS3)		280,000	280,000				280,000	280,000			
DOJ Coordinator	1.0	260,956	-	-	261,016	1.00	-				
Family Home Care Rate (HCBS6)		6,240,000	6,240,000				6,240,000	6,240,000			
HCBS case mgmt to support increased volume in HCBS	12.0	2,402,980	-	-	2,402,980	10.00	2,350,289			2,350,289	
HCBS Generalists	2.0	388,048	194,024	194,024	-	1.00	150,340	75,170	75,170		
HCBS Service Navigators	4.0	187,600	93,800	93,800	-	2.00	150,340	75,170	75,170		
Increase Personal Needs Allowance		3,439,800	1,913,100	1,526,700			3,439,800	1,913,100	1,526,700		
Increased access to HCBS services thru addition of QSPs (using HSZ FTE pool)	9.0	1,129,176	-	983,904	145,272		-				
Institute a base rate for Personal care services (HCBS8)		100,000	100,000				100,000	100,000			
Strategic Comms partner to strategic agency initiatives (HCBS/DOJ/Youth)	1.0	255,454	255,454				-				
3_Required	-	25,186,617	61,214,758	(20,697,940)	(15,330,201)	-	-	36,028,141	(20,697,940)	(15,330,201)	
Funding for base community beh health svc delivered thru HSCs [#]		13,118,475	47,319,290	(20,697,940)	(13,502,875)		-	34,200,815	(20,697,940)	(13,502,875)	
Funding for safety net beh health svc delivered by State Hospital [#]		12,068,142	13,895,468		(1,827,326)		-	1,827,326		(1,827,326)	

2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
4 Community-based behavioral health svc & support	52.00	4,798,726	4,014,058	284,668	500,000	30.50	3,299,794	1,799,794	-	1,500,000
1915i Navigators	2.0	204,052	102,026	102,026			-			
BH service navigator	1.0	189,272	189,272			1.00	201,743	201,743		
Family Peer Support (First Episode Psychosis program)	4.0	389,584	389,584				-			
LR Behavioral Health FTE Temp to FTE	2.0	117,458	117,458				-			
Mental Health Specialist	1.0	182,642		182,642			-			
NC Behavioral Health FTE Temp to FTE	1.5	118,200	118,200			1.50	118,200	118,200		
NE Behavioral Health FTE Temp to FTE	8.0	146,976	146,976			4.00	101,270	101,270		
NW Medication Aide - Temp convert to FTE	1.0	44,618	44,618				-			
Pregnant Parenting Women Residential (occupancy/operating) (Special is SIIF Funds)		1,600,000	1,600,000		-		1,600,000	600,000		1,000,000
Professional Recruiter Contract; focus on BH needs		200,000	200,000				-			
SC Behavioral Health FTE Temp to FTE	5.0	216,942	216,942			2.00	85,576	85,576		
SE Temps converted to FTEs Temp to FTE	19.5	416,186	416,186			16.00	393,611	393,611		
SUD Team FTE	1.0	173,402	173,402				-			
SUD Voucher Processor FTE	1.0	34,674	34,674			1.00	34,674	34,674		
Tobacco Treatment Svc Expansion / NDQC Grant to ND Pharmacies		500,000			500,000		500,000			500,000
WC Direct Care Associates (DCA) - Temps converted to FTEs (was 7 but should be 6)	5.0	264,720	264,720			5.00	264,720	264,720		
5 Addressing Basic Needs of North Dakotans - TANF	-	15,572,585	15,572,585	-	-	-	7,496,368	7,496,368	-	-
Shifting TANF resources from child welfare to TANF-elig family supports		15,572,585	15,572,585	-	-		7,496,368	7,496,368		
6 Child Health, Safety and Wellbeing	5.0	7,957,112	7,366,930	290,182	300,000	6.00	4,232,120	3,747,700	184,420	300,000
CAC Child advocacy center of ND		4,121,588	4,121,588				1,600,000	1,600,000		
Community Health Specialist (Childhood/Adult Obesity Prevention)	1.0	231,830	231,830							
Emergency Medical Services for Children Coord	1.0	11,670		11,670						
Funding for Safe Havens / Safe Parenting time/exchanges		1,775,000	1,775,000				-			
Medicaid-related service infrastructure for maternal/infant health	3.0	557,024	278,512	278,512			-			
Unlicensed Relative caregiver assistance		960,000	960,000				960,000	960,000		
Youth Vaping and Nicotine Prevention Proposal		300,000			300,000		300,000			300,000
Early Intervention Team						2.00	368,840	184,420	184,420	
Child Protection and Response Team						4.00	1,003,280	1,003,280		

2023-2025 OMB Submission and Executive Budget Recommendation

Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
7 Addressing Basic Needs of North Dakotans - HEALTH INS / MA	-	42,788,326	22,750,117	20,038,209	-	-	15,159,734	7,875,670	7,284,064	-
CHIP Increase eligibility to 250% FPL (EBR 210% FPL)		10,517,395	3,423,412	7,093,983			4,267,312	1,389,270	2,878,042	
Increase Community Spousal Limit for Medicaid		8,424,000	4,212,000	4,212,000			-			
Increase FPL for Medically Needy (Includes Clawback)		23,454,508	14,928,304	8,526,204			10,500,000	6,300,000	4,200,000	
Increase max benefit level and slots for Med Fragile Waiver (to OMB amount was to increase FPL for Medically Needy to 100%, the EBR changed it to 90%)		392,423	186,401	206,022			392,422	186,400	206,022	
8 Serving the needs of VULNERABLE ADULTS across ND	13.20	2,546,224	1,812,806	733,418	-	2.00	814,012	592,256	221,756	-
Assisted Living Changes		-	-	-						
Compliance/QAQC for Aging and DD	4.0	859,724	429,862	429,862		2.00	443,512	221,756	221,756	
Guardianship establishment for Aging Svc (fee incr)		70,500	70,500	-			70,500	70,500		
Guardianship establishment for DD (families)		300,000	300,000	-			300,000	300,000		
Health Facility Surveyors for Basic Care & Assisted Living	4.0	676,120	676,120							
LTC Ombudsman staff	0.7	128,588	128,588	-						
Resident Liaison FTEs	2.0	415,472	207,736	207,736						
VAPS staff to meet increased demand	2.5	95,820	-	95,820						
9 Beh health svc FOR people who are (or are at risk of) CRIM JUST INVOLV	11.0	17,809,806	17,809,806	-	-		15,345,894	7,019,514	-	8,326,380
Community Connect		7,019,514	7,019,514				7,019,514	7,019,514		
FFT to Rural Areas	4.0	895,968	895,968							
Free Through Recovery		8,326,380	8,326,380				8,326,380			8,326,380
MST Expand to Bismarck WC	5.0	1,119,960	1,119,960							
SE Drug Court demand	2.0	447,984	447,984							
10 Public health and wellbeing	13.00	3,271,626	3,139,752	131,874	-	1.00	2,848,473	98,473	-	2,750,000
Autopsy Tech	1.0	65,094	65,094			1.00	67,473	67,473		
External-focused Comms (DoH Health Equity)	1.0	188,658	188,658				-			
FTE Addition for Medical Marijuana	1.0	-	-	-			-			
Hepatitis Surveillance Epidemiologist	1.0	13,112		13,112			-			
Local Public Health Unit State Aid		2,750,000	2,750,000				2,750,000			2,750,000
Poison Control Hotline		31,000	31,000				31,000	31,000		
Regional Field Epidemiologists	8.0	104,896		104,896			-			
Toxicology testing for controlled substances		105,000	105,000				-			
West Nile Virus Surveillance Coord & Gen Disease Epidemiologist	1.0	13,866		13,866			-			

2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
11 Supporting ND Workforce initiatives	6.50	45,392,672	45,021,198	371,474	-	5.50	76,294,708	62,982,848	311,860	13,000,000
Add capacity to early childhood quality rating infrastructure		3,000,000	3,000,000				3,000,000	3,000,000		
CBCU - .5 to 1 FTE	0.5	99,712	81,766	17,946		0.50	99,712	81,766	17,946	
CBCU - Temp to FTE	1.0	47,580	39,016	8,564		1.00	47,580	39,016	8,564	
CBCU Automation		1,000,000	1,000,000				1,000,000	1,000,000		
Create Medicaid-provider strike teams to improve sustainability	4.0	689,928	344,964	344,964		2.00	344,964	59,614	285,350	
Create quality tiers in CCAP reimbursement rates		3,000,000	3,000,000				3,000,000	3,000,000		
Grow utilization of child care assistance program for kids age 0-3		22,000,000	22,000,000				22,000,000	22,000,000		
Improve ability of lower income parents to find/choose quality infant/toddler care		12,900,000	12,900,000				12,900,000	12,900,000		
Strategic Comms partner to strategic agency initiatives (early childhood/workforce)	1.0	255,452	255,452			-	-			
Waterford program (4-yr old / fam eng)		2,400,000	2,400,000				2,400,000	2,400,000		
Expand Child Care & grants						1.00	251,226	251,226		
Expand Best in Class						1.00	251,226	251,226		
Establish ND Child Care Tax Credit							-			
Expand public-private child care benefit (ND3) (Special funds is Legacy funds)							5,000,000			5,000,000
Child Care Business Operating grants and services (Special funds is Legacy funds)							7,000,000			7,000,000
Child care pilot for care during non-traditional hours (Special funds is Legacy funds)							1,000,000			1,000,000
Expand Best in Class							16,000,000	16,000,000		
Early Childhood Career Dev Grants and Career Pathways							2,000,000	2,000,000		
12 Addressing Basic Needs of North Dakotans - FOOD	-	15,992,444	15,992,444	-	-	-	12,992,444	12,992,444	-	-
Reimb for 2 home-deliv meals / day (up from 1) (HCBS2)		138,150	138,150				138,150	138,150		
Senior Meals Rate Increase		12,854,294	12,854,294				12,854,294	12,854,294		
Senior Meals Rate Increase (pre-pkg)		3,000,000	3,000,000							
13 Beh health svc FOR YOUTH *	4.00	1,295,968	1,295,968	-	-	-	-	-	-	-
B-HERO (Technical Assistance for BH in schools)		400,000	400,000							
WCHSC and Bismarck Public Sch partnership	4.0	895,968	895,968							
14 Home & Community-based svc FOR YOUTH	-	8,674,556	3,962,914	4,711,642	-	-	8,476,756	3,868,959	4,607,797	-
Add camps/clubs/social skills to Autism Waiver		197,800	93,955	103,845						
Add slots to Autism Waiver		8,735,956	4,149,579	4,586,377			8,735,956	4,149,579	4,586,377	
Add tutoring svc to Autism Waiver		40,800	19,380	21,420			40,800	19,380	21,420	
Sunset Autism Voucher; replace with waiver slots		(300,000)	(300,000)				(300,000)	(300,000)		

2023-2025 OMB Submission and Executive Budget Recommendation

Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
15 Domestic Violence Prevention and Treatment	1.00	13,758,115	12,608,115	-	1,150,000	-	3,386,285	2,686,285	-	700,000
Child Sexual Abuse Prev Task Force support		486,285	486,285							
Domestic Violence Offender Treatment program grants		1,150,000			1,150,000		700,000			700,000
Domestic Violence/Rape Crisis (DV/RC) Program Specialist	1.0	231,830	231,830							
Grants for Sexual Violence Primary prevention programs		3,800,000	3,800,000							
Grants to Domestic Violence/Sexual Assault agencies		8,090,000	8,090,000				2,686,285	2,686,285		
16 HHS infrastructure to support strategic initiatives	2.0	4,936,952	2,608,296	2,328,656	-	-	4,500,000	2,250,000	2,250,000	-
Outsource Program Integrity Unit		4,500,000	2,250,000	2,250,000			4,500,000	2,250,000	2,250,000	
Transformation Managers (support 2256 et al)	2.0	436,952	358,296	78,656			-			
17 Data Assets and Data Modernization	6.0	2,193,421	1,838,961	335,460	19,000	-	771,111	771,111	-	-
Cardiac Registry		69,558	69,558				139,116	139,116		
CARES		40,000	21,000		19,000		21,000	21,000		
Data Analytics COE Development - Data Governance Tooling + Hub		225,000	225,000				-			
Data Governance Manager	1.0	255,458	209,472	45,986			-			
ePCR for EMS Agencies		261,352	261,352				261,352	261,352		
Epidemiologist - Special Projects	2.0	193,460	193,460				-			
Health Stats & Performance Support Staff	1.0	-	-	-			-			
Hospital Trauma Registry		152,118	152,118				152,118	152,118		
IT Governance Manager	1.0	255,458	209,476	45,982			-			
PulsePoint		21,525	21,525				21,525	21,525		
Senior Public Health Info Specialist/Data Modernization Lead	1.0	243,492		243,492			-			
SharePoint Training/Mentorship		300,000	300,000				-			
StateTrauma Registry		176,000	176,000				176,000	176,000		
18 Improving HHS ability to respond to growing demand for svc	19.5	2,401,504	1,457,716	943,788	-	2.00	351,776	172,370	179,406	-
Additional DDPM capacity due to caseload growth	3.0	495,936	243,009	252,927	-	2.00	351,776	172,370	179,406	-
Community Engagement Specialist	1.0	182,642		182,642						
DD Admin temp to FTE	1.0	40,530	20,002	20,528	-					
DDPM temps to FTE	8.0	336,736	165,001	171,735	-					
EHP II (Food & Lodging Lic) Team Lead	1.0	178,958	178,958							
Fiscal (AP Mgr / Data Analyst)	2.5	586,992	481,193	105,799						
Oral Health Program public health hygenist	1.0	35,000		35,000						
SNAP Program Specialist	1.0	197,840	98,920	98,920						
Special Lawsuit Funding		250,000	250,000							
VR temp to FTE (Williston)	1.0	96,870	20,633	76,237						

2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
19 Public Health Emergency Response & Preparedness	5.00	3,221,742	3,198,682	23,060	-	-	405,000	405,000	-	-
Command and Control - Technology		1,275,000	1,275,000							
Emerg Mgmt Operations Chief / Incident Command		80,000	80,000							
EMS Systems Coordinator		165,646	165,646							
HRL Office Manager	1.0	11,846		11,846						
Lab Facility Manager	1.0	84,186	78,004	6,182						
Laboratory Support Staff	1.0	304,732	299,700	5,032						
Marketing & outreach specialist (DoH Health Equity and ELC)	1.0	188,658	188,658							
Medical Cache - Biomedical Services		20,000	20,000							
Medical Cache - Increase Warehouse Space		80,000	80,000							
Training & Exercising - Contractual		520,000	520,000				405,000	405,000		
Training & Exercising - Technology		250,000	250,000							
Volunteer & Wkforce Coord		136,000	136,000							
Warehouse Support staff	1.0	105,674	105,674							
20 Tribal partnerships related to HHS	6.00	457,138	407,130	50,008	-	4.00	50,008	-	50,008	-
Health Equity - Tribal Health Liaisons	4.0	50,008		50,008		4.00	50,008		50,008	
Tribal Health Initiative staff	2.0	407,130	407,130							
21 Investing in HHS Workforce	6.0	1,421,798	1,205,190	216,608	-					
Culture/engagement resource	1.0	255,458	209,467	45,991						
Employee Health/Safety/Wellness/Risk Mgmt	1.0	218,476	179,150	39,326						
HSC business partner HR support	1.0	218,476	179,150	39,326						
Internal-focused Comms	1.0	255,458	209,476	45,982						
Team Engagement / Mgr Support	1.0	218,472	218,472							
Total Rewards resource/comp resource	1.0	255,458	209,476	45,982						
22 Improving HHS capacity to meet North Dakotans' basic needs		60,000,000	20,400,000	39,600,000	-		60,000,000	-	39,600,000	20,400,000
Replace Child Support System (FASCES)		60,000,000	20,400,000	39,600,000			60,000,000		39,600,000	20,400,000

2023-2025 OMB Submission and Executive Budget Recommendation

Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)
23 Integrated and interconnected HHS data systems	3.0	22,003,484	16,839,242	5,164,242	-	-	11,000,000	-	-	11,000,000
MMIS / SPACES liaison	1.0	255,452	127,726	127,726						
myAvatar System Recovery		25,000	25,000							
Planning necessary to sunset legacy systems (used for elig pre-SPACES)		8,000,000	3,200,000	4,800,000						
Process Automation for SIS Assessment		50,000	50,000							
Procurement / Contract Mgmt / Grant Mgmt platform (Special is SIIF Funds)		11,000,000	11,000,000				11,000,000			11,000,000
Retire Legacy Inpatient EHR System (AIMS)		1,000,000	1,000,000							
Retire Legacy Outpatient EHR System (ROAP)		1,000,000	1,000,000							
SIS Assessment - 2nd addition		200,000	200,000							
System analysts to support Therap and interfaces (Aging and DD)	2.0	473,032	236,516	236,516						
24 _Required[^]	-	15,015,000	15,015,000	-	-					
Child Care R&R database (SPO-required re-procurement WLS)		15,000	15,000							
Early Childhood QRIS / Workforce Registry (SPO required re-procurement Insight)		15,000,000	15,000,000							
25 Funding shared delivery of human services with Human Svc Zones[%]	-	42,668,690	27,201,890	4,332,369	11,134,431	-	33,631,500	19,816,723	2,991,189	10,823,588
Shifting costs from 457 Fund to DHS		42,668,690	27,201,890	4,332,369	11,134,431		33,631,500	19,816,723	2,991,189	10,823,588
26 _Required	-	1,446,313	953,418	492,895	-					
HR Payouts		1,446,313	953,418	492,895						
27 Inflation for HHS Operating	-	38,828,343	19,800,153	19,028,190	-		20,564,344	10,282,172	10,282,172	-
HHS Operating Inflation		38,828,343	19,800,153	19,028,190			20,564,344	10,282,172	10,282,172	
28 Resource investments that support State Facilities^{\$}	-	170,000,000	170,000,000	-	-		10,000,000	-	-	10,000,000
New State Hospital Treatment Campus		170,000,000	170,000,000				10,000,000			10,000,000
29 New State Lab: Public Health	-	39,890,000	-	39,890,000	-					
New Lab Building - Public Health only		39,890,000		39,890,000						
30 New State Lab: Public Health and DEQ	-	67,120,000	-	67,120,000	-		55,120,000	-	55,120,000	-
New Lab Building - Shared Facility: Public Health with DEQ		67,120,000		67,120,000			55,120,000		55,120,000	
31 Deferred Maintenance	-	735,154	735,154	-	-		735,154	-	-	735,154
SE Mechanical/Safety Systems Upgrade (Special is SIIF funds)		272,654	272,654				272,654			272,654
SE Parking Lot (Special is SIIF funds)		462,500	462,500				462,500			462,500
Provider Increases 4%/3%							93,779,998	46,887,871	46,553,151	338,976
Rent Model							842,674	842,674		
Employee Increases 6%/4%							41,387,904	23,488,950	13,415,672	4,483,282
Grand Total	209.2	706,858,728	517,213,194	189,063,036	582,498	86.00	509,864,040	273,580,112	164,906,460	71,377,468

2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

Decision Packages	To OMB					Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Federal (23-25)	Sum of Special (23-25)

Only funded lost revenue; all other general fund requests were not funded

* Not funded but some will be funded through GEAR

^ Not funded and will address by adding a section to appropriation bill to forego procurement

% Would shift 85 FTE to other areas of the budget and cap the 457 funds at 200M

\$ Funding the design and construction plans with possible groundbreaking - funded like State Lab for Public Health

SB 2323 TESTIMONY
Senate Appropriations Committee
Senator Kathy Hogan
February 15, 2023

Chairman Bekkedahl and members of the Senate Appropriations Committee. I am Senator Kathy Hogan and I represent District 21.

SB 2323 is the bill related to expansion of early childhood programs that helps to prepare both children and their families for school. The bill included funding for expansion of Best in Class to increase the number of children served and it funds over 400 children who are eligible for the Head Start programs in ND that are on waiting lists. The Best in Class expansion in this bill parallels what is in the Governors budget. Best in Class was established as a pilot project last session and this bill confirms our support of that model.

The most important piece of this bill may be Section 2--the study of the entire childcare and early childhood system.

Thank you for your time and I am more than happy to answer any questions.