

Public Comment

North Dakota Children's Cabinet Meeting

Tuesday, November 19, 2019

Members of the ND Children's Cabinet Meeting. Congratulations to all of you on your appointment to the Cabinet. It's a historic day to see focus and attention being paid to investment to our future...our state's children. As Superintendent Baesler and others often say...it's causes us to stop and ask "How are the children?"

My name is Roxane Romanick. I am the Executive Director of Designer Genes of North Dakota, a non-profit organization that supports individuals with Down syndrome across the life span and those that love and support them. Our organization's support starts as soon as a family finds out that they will have a child with Down syndrome, even before birth. I am in my position as ED and a disability advocate because of my daughter, Elizabeth, who was diagnosed prenatally with Down syndrome. I have had the great fortune of bringing both my personal and professional experiences to my work. I have one other passion and that is early childhood investments. I believe that the possibility for my daughter to attend college today lies in the roots of her early childhood experiences.

My message is not long today. It is quite simply to remind you, as you work together as a Cabinet, to ask yourselves, are we thinking young enough? How are our babies (born and unborn), toddlers, and preschoolers doing? How are their families? How's our child care system, our home visiting programs, our Part C Early Intervention system, Right Track child find system, public and private preschool options for both children with special education needs and those without? Do we have adequate assistance for families struggling with addiction and who are parents? If an adult shows up for services, do we ask about the children? Can we maximize independence and decrease support needs as a child enters into adulthood? Can we prevent a behavioral health concern/need?

You'll find that it's easy to get distracted by other very important topics like youth in the juvenile justice system or quality foster care services. These are definitely worthy of your time, but you also have to look at prevention. Investments in Early Childhood, even if they look like treatment (i.e. Part C Early Intervention) are investments in prevention.

What could we be doing better? Here are some considerations for the Cabinet:

- Right Track system has not seen a rate increase to providers in over 10 years. The statewide home visiting developmental screening program is paid solely by our federal Part C Early Intervention grant from the Department of Education. Collaborative ownership and funding is needed to expand this best practice model in screening and surveillance.
- I have children with Down syndrome who are 3, who are not being provided a preschool experience or developmentally appropriate practices due to some of our current laws and local school practices. Examine the laws around our 4-year preschool funding to assure that 3 year olds with disabilities are not being excluded from a preschool opportunity.
- The Inclusive Child Care grant money (located in DHS) is not in circulation and we have inadequate funding for our Inclusive Child Care Technical Assistance project, which prevents

Who would this fall under??

Is the money w/in behavioral health

expulsions and dismissals from child care settings. Examine the outcomes from this project and help us prevent behavioral health challenges from happening before they get to school and segregated spaces are needed.

- Establish a specialized approach for families who are struggling with addiction/recovery through our Part C Early Intervention system and/or various home visiting programs coordinating both behavioral health supports for the family members and developmentally appropriate practices to support parenting and child development.
- Put your weight and approval behind an Office of Early Learning that crosses departments and advises the Governor.
- Educate yourselves about the funding mechanism for our state's Part C Early Intervention system and determine other funding mechanisms besides just Medicaid that will provide long-term maintenance of supports for infants and toddlers experiencing or at-risk of delay.
- Understand the critical importance of family support in a child's early years. Peer support is not just for adults in recovery or who have behavioral health needs. Parent-to-parent support should be considered as important as therapy or education for a young child.
- Include family voice in your stakeholder work. Hold input meetings at a time when families can be there. Provide child care. Consider the resources that families might need in order to provide feedback (i.e. travel, child care, stipends, etc.).

This list, of course, is not exhaustive and I will probably be around to remind you of others as your work moves forward. Thank you for listening and I will take any questions.

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