

My name is Becky Matthews. I have testified several times at this task force as a parent and also a professional working with families that have infants and toddlers birth to three in the ND Part C Early Intervention System. Today I speak and bring forth recommendations on behalf of the Friends of Part C Steering Committee.

Aligning with the priorities identified by the task force the Steering Committee believes the following recommendations:

- Specific focus on a statewide single point of entry for Child Find for children, birth through 5 that is:
  - Easily accessible to families and community referral sources
  - Family-centered and uses strategies such as care coordination
  - Encompassing of all developmental domains, including social emotional and related health conditions
  - Comprehensive in data collection to avoid duplication and reduce cost.
  - Considerate of the current Right Track system
  - Jointly funded by all partners who benefit from early identification of children.
  
- We would promote the use of “substance exposure” for purposes of automatically determining eligibility for infants who have been exposed to substances prenatally.

Current practice is that infants have a documented diagnosis of neonatal abstinence syndrome to be considered automatically eligible. This is consistent with the IDEA Part C regulations as noted in §303.21 *Infant or toddler with a disability...and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. (b) Infant or toddler with a disability may include, at a State's discretion, an at-risk infant or toddler (as defined in §303.5).*

We would argue that a more aggressive approach is needed as noted in §303.5, the definition of an: *At-risk infant or toddler means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual. At the State's discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified (including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure).*

- We would like to further promote strategies to serve newborns exposed to substances within the ND Part C Early Intervention system to include:
  - Funding strategies that allow lower caseloads for more intensive service delivery
  - Creation of a team to include Early Intervention Direct Services professionals, Developmental Disabilities Program Management, and Adult Behavioral Health professionals (including addiction services). Section §303.34, the definition of Service coordination services (case management) in Part C of IDEA creates the premise for this support: “...(1) *Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;..*”
  - Additional professional development relevant to supporting the unique needs of infants who are substance exposed and their family
  - Consideration of including women with a prenatal diagnosis of substance exposure
  - Consideration of all sources of funding, including agencies impacted by the outcome
  - Consideration of a possible pilot program to create a model of service delivery for infants with substance exposure and their families.

This is an opportunity to reimagine supports to families with addiction issues in our state. It would directly impact families and services to those families struggling with addiction. The pilot program would also provide needed data and impact for long term, state-wide planning and implementation.

Often, we hear that dollars are largely spent on treatment, however not on prevention or long-term recovery. This system would provide supports to the adult and child in the home and best support the success of the whole family with both the goal of prevention and recovery being targeted.

Thank you for all your hard work. I am open to questions.