

INTERAGENCY COORDINATING COUNCIL
SEPT 16 and 17, 2010
COMFORT INN, BISMARCK, ND

PRESENT

Jill Staudinger
Stephen Olson
Bob Rutten
Joe Elsberry
Jennifer Barry
Dr. Stephen McDonough
Wendy LaMontagne
Laura Larson
Tammy Gallup-Millner

Amanda Lausch
Shannon Grave
Sen. Dick Dever
Roxane Romanick
Deb Balsdon
Colette Perkins

TOPIC: INTRODUCTIONS

ACTION:

- Everyone introduced themselves.

TOPIC: REGION IV UPDATE

ACTION:

- Ramona Gunderson and Carol Brakel joined the NDICC via Skype to present the Region IV update. The written report was available to members. Below is a summary:
- Current caseloads – The highest number of children on one caseload is 22 and these children are seen on a weekly basis. The speech and language therapists are busier due to the high number of consultations that they need to do.
 - Number of children under 3 in the region: 3,533 children and Region IV is serving 157 children.
 - Full time staff travel an average distance of 650-700 miles in one month.
 - There are 13 DD Program Managers and 6 of these work with E.I.
 - There are 15 (contracted and employed) Infant Development staff, plus 1 experienced parent, 2 contracted PTs, 2 contracted interpreters and 1 administrative support staff
 - The Region IV Experienced Parent, Jodi Hebl, has added to the program, and she is developing a core support group.
 - The Grand Forks Air Force Based provides a diversity of referrals.
 - The region works closely with migrant services and have several families who move between N.D. and southern states every year.
 - Their Regional ICC is very active. The RICC has become a wonderful networking, information sharing committee.
 - Region IV was able to correct all of the individual findings that were identified during the last monitoring review.
 - Out of 115 IFSPs, one service did not start on a timely manner (consult was difficult to schedule)
 - Region IV scored 19 out of 23 and we are in the needs assistance category.

- One of the ongoing challenges will be adapting to a new data system. Finding time for staff to attend training that they should attend is difficult. We need to keep revenue in mind when allowing staff to attend training.
- Caseloads tend to run high and staff are expected to do home visits, IFSPs, evaluations and consultations.
- We have 2 staff with offices in an outreach office.
- IFSPs do not seem to be as functional for parents as they used to be due to their length. There tends to be a lot of information placed into the IFSP for monitoring purposes. We are hopeful that monitoring will be a process that assists regions to capitalize on what is going well and offer suggestions for improvement with focus on staff development and implementation.
- Transition process to Part B is going well; however there is one county where the percentages of kids that are qualifying for services is lower than we would want them to be.
- KIDS staff implements a peer review process utilizing the case review checklist to review our IFSPs on a monthly basis.
- KIDS and DDPMs work well together, coordinating services for families.
- Region IV conducts monthly ID/DDPM meetings where we review policy or program changes and strengthen our relationships with each other so we can work positively and cohesively with families.
- Region IV had 92.6% of their IFSPs completed on a timely basis, from the time the referral came to the IFSP meeting; 7 were over 45 days and they had family reasons for all of them.
- Initial eligibility results (July 08-June 09) we had 95 referrals in which 50% were eligible under 25% in two or more areas; 35% were high risk medical conditions, 14% were high risk, and 1% was clinical opinion.

TOPIC: MINUTES REVIEW FROM JUNE 2010

ACTION:

- A motion was made by Holly Major and seconded by Jennifer Barry to approve the June 2010 meeting minutes. Motion carried.

TOPIC: MEMBERSHIP UPDATE

ACTION:

- Roxane reported that the NDICC has waited over two years for the other provider position to be filled. Roxane met with Nicole on appointment issues and asked her to prioritize this position.
- All reappointments are approved.
- Positions to fill
 - Provider Position
 - Shannon Grave - Higher Ed. Position; information has been submitted to the Governor's Office
 - Tina Bay – Division of Developmental Disabilities position; information has been submitted

- Region III, Region IV, and Region V – these regions need to have parent replacements. Parent names are needed for Grand Forks and Fargo and can be submitted to Roxane.
- Discussion from Council members regarding insuring minority representation. It was noted that this can be difficult to maintain, but there is concern that OSEP will be looking at the make-up of the council and the state advisory panel to insure that it is representative of the state. Comment was made that Standing Rock does have virtual meeting access at the entrepreneurial center. Consider of moving the council meetings to different areas of the state. Need to also consider other nationalities/ethnicity as in the Fargo area.
- Roxane noted that we need to give a recommendation to the governor's to address the number of members that will have terms that expire in 2013. There are 12 members scheduled to come off in 2013. Would like to suggest that three individuals have a 1 year term and 9 members have a 3 year term. Suggestion is to have the agency members (those who's positions are mandated by the statutory language).
- Suggestion that a letter be sent to Governor Hoeven if the provider position is not filled.

TOPIC:
ACTION:

MEMBER UPDATES

- Laura Larson reported on the federal health care reform. She noted that there will be a lot of changes coming in different stages/increments. She will send a time table to Roxane to distribute regarding changes and when they will occur. She noted one change that will occur as of Sept. 23 is that dependent children who are on a family/group policy, and who through their own employment are able to get group health insurance cannot remain on a family's policy.
- Joe Elsberry reported that he has formed a new Infant Development provider agency "3 speed Early Intervention". They will operate in Region VII and are interested in serving families in the Standing Rock area. They are able to drop-in visits and utilize text messaging to stay in contact with families. Autism waiver – serves birth through 4, serve 30 kids statewide, and autism.
- Stephen McDonough reported that he has been working with Medicaid on policy changes that affect children who have chronic health conditions. He noted that he hopes to make it easier for these children (with 3 major organ involvement) to access out of state care and to insure that they can go to one place for care.
- Jill Staudinger reported that they continue to see the impact of oil development in Region VIII. They are seeing families with different cultural backgrounds.
- Bob Rutten reported that the State IDEA Advisory Panel was able to meet with Kaitlyn Brosseau from Senator Conrad's office regarding their views regarding the reauthorization of IDEA and the Elementary and Secondary Education (No Child Left Behind) Act. He noted that typically the Elementary and Secondary Education Act has never been pertinent to birth to 3; however the current administration's blueprint has a theme of cradle to career and specific reference to supports for Birth to 5. Reauthorization of the Elementary Secondary Education Act will not be addressed until after fall elections. The issues that the State Advisory Panel identified for Senator Conrad's aide is personnel preparation, language to support

expanded use of tele-therapy in rural schools, universal design for learning and implications for the education system, the expanded promotion and use of response to intervention. It was noted that this would be a good opportunity to also address issues related to Part C to Conrad's office since they have expressed an interest. Roxane will put some issues together and route to members to review and comment on.

- Rosa's Law terminology – voted to support action at the last meeting. Can send input to the lead agency. Recommend that the NDICC send letter to DHS to address the change in terminology. Members that volunteered to help in writing this letter were: Stephen Olson, Holly Major, Joe Elsberry, and Bob Rutten. Bob Rutten read the letter from IDEA to the Office of Special Education regarding mental retardation language.

TOPIC: SET 2011 CALENDAR
ACTION:

- Chairs will meet with the lead agencies and come up with dates.
- Develop a list of meetings that represent the committee to better coordinate attendance at meetings.

TOPIC: CHAIR/VICE CHAIR ELECTION
ACTION:

- Chair position – Scot Hoeper, Jill S, Holly Major – Roxane was not able to talk to Scot and Shawnda about whether or not they were interested in the chair position.
- A motion was made by Holly Major and by Joe Elsberry to elect Jill Staudinger as chair.
- A motion was made by Joe Elsberry and seconded by Holly Major to elect Joe Elsberry as the vice chair.

TOPIC: N.D. PART C FISCAL REPORT
ACTION:

- Federal Fiscal Year 2008 – obligating until Sept 30, 2010 - \$80,000 left to spend.
- Start using Federal Fiscal Year 2009 before the end of this month.
- Presently, the Division is looking at different equipment orders for the Infant Development, DDPM and Experienced Paren programs.
- Some areas will be off - \$50,000 in travel and have only used \$12,000; training had \$20,000 but used \$79,000.
- Used Part C to support Dr. Bruce Perry and that is in the training piece.
- ARRA funds cannot be used to supplant any current state funding. Some of the suggested activities:
 - Using ARRA funds to support training activities.
 - Training incentive contracts with Infant Development Coordinators. These contracts will use ARRA funding to support staff to attend training. This will assist regions to maintain budgets when staff are attending training and not conducting Infant Development business. This funding will be available for each Infant Development staff person for 10 days per calendar year. Meeting with Infant Development Coordinators and look at data for home visits billing for and what is appropriate dollar amount for their contracts.

- Family Guided - Routine Based Training: Julianne Woods is looking at dates for half day video training before the end of the year.
- Dr Kathleen Quill – training with children with autism, quarterly video conferencing as a staffing to bring in situations to get feedback. She will also training on using autism pro.
- Looking at how to embed assistive technology into intervention.
- Social emotional support/infant toddler mental health – developed in our last annual performance report. Received a proposal from MTAC to look at connection with programs, develop a lead person within each of the programs who would be doing the needs assessment, develop materials, implement training, and consult on behavioral need situations. Support looking at an improvement activity in this area –this was considered critical; they see connection with what is going on through DPI. Members agreed this was important. Recommendation to also invite child care providers to any training that may occur.
- Provide ongoing autism waiver related support – help line via phone, email, group video conferencing, use of SharePoint – shared drive for everyone.
- Right Track database – working with ITD looking at what are our business needs, have had Right Track providers involved, online referral system and how it would tie into Therap.
- Funds for the CEED courses or training from the Pivotal Response Training. DDPMs to do training incentive – offering to pay the overtime to cover costs for HSCs if they go over their 40 hour work week.
- Updating E.I. website.
- Orientation Modules – the advisory committee is meeting next Tues to look at this. Will pay for some of Larry Edelman’s time.
- Meeting with vendor later this month for new OAE’s and Tymps.
- General supervision –monitoring/case reviews, Regional DD Program Administrators and I.D. Coordinators and looking at the supervisory role. Communicating with Sharon Walsh.
- Purchasing additional equipment. Notebooks for families, webcam, wireless cards, air cards. Tracking this equipment will need to be tracked.
- IFSP new template has been developed.
- Submitted 2010 application.
- Deb also reported on activities of NDSEDA which is working on evidence-based mental health screening instruments for Health Tracks providers to administer at health screenings. Training on the training instruments will be on Friday, Oct 15 via polycom. Invitations were sent to public health, health track screeners, and physicians.

TOPIC:
ACTION:

DEVELOPMENTAL DISABILITIES DIVISION SLOT REPORT

- Traditional Waiver – slots used is 3398, 512 remaining slots and there are 190 reserved slots – there are 4100 slots through March 31, 2011.
- Self Directed Supports Waiver - 117 slots filled and 23 slots remaining and zero reserved slots.
- Autism none filled at the current time.

- Looking at combining traditional and self directed supports slots. In-home support is provided by a provider in the traditional waiver and the ability to hire your own in-home support provider is provided for in the self directed supports waiver.
- Biggest growth is in self directed because of transportation, environmental modifications, and equipment.
- Self directed – Acumen is provider for the 5th year and we will RFP to see who will be the provider April 1, 2011.
- Deb noted that more dollars have been used because of self directed supports and the slot allocation.

Comment: Does CMS understand that there are circumstances that prevent families/consumers from being on the Waiver and need to be descreened? Also concerns noted about the fact that you can't get a waived service while you are hospitalized. Recommendation that the state office consider a change to DDPM eligibility for young children.

- Deb reported that the state office is waiting to see what, if any effect health care reform will have on waiver services – could have major implications for state plan and waiver services.

TOPIC: COMMITTEE REPORTS

Executive Committee –

- Has not met since June.

E.I. Services Subcommittee –

- Met Aug 18 and primarily focused on transition.
- Review of entire early intervention guidelines by Nov 8.
- Conducted survey with DDPM, I.D and Experienced Parents – 71% considered all children eligible for Part B services; LEA Notice is occurring with a single letter regarding an individual child; 31% of EI staff responding that they were not included in the child's initial IEP development; EI staff completing survey noted that in 53% of the cases the IEP was being completed at the 2/9 meeting.
- Work list – review the definition potentially eligible; review process to track all children in Part C at the local and state level; review process for children referred to early intervention 45 days or later from their 3rd birthday; IEP completion; requirements by Part B to participate in or assist in the completion of evaluation needed for eligibility; difference in eligibility determination for DD and Special Education; partnership with early head start and head start; longitudinal tracking; bringing in MPRRC and NECTAC for revising guidelines and rolling out training; page by page review of current transition guide.
- Roxane will send this information to the members.

Competencies Workgroup –

- Met in August.
- The group continues to define the parameters of consultation. Trying to address issues relating to doing virtual work. Not just consultation but home

visiting. Need to insure that this is happening not just for the convenience of programs but also in line with what supports the family.

TOPIC: UPDATE ON REGION I INFANT DEVELOPMENT PROVIDER

ACTION:

- Minot State University has ceased being the Infant Development provider in Region 1 as of July 1, 2010.
- Opportunity Foundation interested in proceeding with being the new provider in Region 1.
- Deb noted that they have added 25 days to the MTAC (technical assistance) contract to provide support to Williston.
- There are presently 30 families enrolled in Early Intervention in Region 1. Six kids are transitioning within the next 6 months.
- Conference call with OSEP next Monday and they are aware of the issue and BIA is working with the reservation.

TOPIC: REPORT ON N.D. NEEDS ASSESSMENT AND INITIAL PLANNING FOR FEDERAL HOME VISITING FUNDING – KJERSTI HINTZ, Department of Health

ACTION:

- ND Department of Health has been appointed as the lead agency for administering the home visiting program.
- Home visiting – distributed a handout on the home visiting initiative which was in health care reform bill.
- \$1.5 billion over 5 years is available for the enhancement or development of evidence-based home visiting programs. President Obama is interested in preventing problems for children later in their lives.
- There are 3 phases:
 - 1) funding opportunity announcement which health dept submitted the first part of the grant – general overview stating intentions to apply for grant and how to go about formulating gathering stakeholders and working with other entities.
 - 2nd part is the needs assessment which they are working on now and due Sept 20 and involves information on future plans, where we need to put programs. Needs assessments focused on:
 - Low-birth weight/infant mortality; poverty; crime; domestic violence; high school drop-out rate; substance abuse; child maltreatment; and unemployment.
 - 3rd – the development of the state program
- DOH contracted with Dr. Rathage from NDSU and came up with ranking system in order to identify those communities with the highest needs. Pulled together a team to define a community as a county in North Dakota.
- Focused on data in counties and some data had to be on a regional level. Rolette, Benson, and Williams are the counties that had the most factors of need.
- Amount awarded for 2010 was \$583,000.
- Looked at what is going on now in those counties for home visiting as well as inventorying what's available in the state. Presently there is a Nurse Family Partnership program as well as Healthy Families. Purpose of the whole home

visiting new program – strengthen and improvement coordination of services for at risk communities; and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

- Title V – coordinated with their needs assessment, the Head Start needs assessment, and the DHS Children and Family Services data.
- Funding for 2010 - \$500,000 has been received. Every state received this amount to start needs assessment and formulate plan. Remaining will come when last part of grant is written.
- Usage of funds:
 - 3% for research, evaluation and technical assistance;
 - 3% to tribal entities to provide home visitation services to Indian families;
 - 25% used to fund promising new program models that would be rigorously evaluated;
 - a portion of the grant award may be used for planning or implementation activities during the first 6 months. Need to include tribal lands in your needs assessment.
- Benchmarks:
 - Improvement in maternal and child health
 - Childhood injury prevention and reduced emergency room visits
 - School readiness and achievement
 - Crime or domestic violence
 - Family economic self-sufficiency
 - Coordination with community resources and support
- These outcomes mirror the program benchmarks and also include improvements in parenting skills.
- If the state doesn't meet the benchmarks, technical assistance will be provided by the federal level and funds could be taken back. Staff needs to be well trained and have ongoing training, clear and consistent model, and supervision, strong organization capacity, and referral to other programs, monitor and implementation.
- Federal legislation – tied to Title V maternal and child health. Needs assessment must be completed and submitted or states will not get MCH funding.
- North Dakota \$1.8m of MCH funding and given to the local level for services.
- 3rd application coming out in next couple of month. This is when the states will submit their work plans, which programs they are putting into the communities.
- ND has asked for extension on the 3rd application. They have a 27-month window to spend this money. Because the DOH does not have the spending authority for this money, they have asked if we should give the 1st year funding back, and then could North Dakota apply in year 2. The response from federal HHS was that there was no guarantee that ND could apply for year 2 funds.
- DOH has gone to the state Emergency Commission to try to obtain spending authority, but they were told that they needed to have the full legislative body make the decision on whether or not to move forward in accepting the federal money. The Emergency Commission has asked to review the budget and grant and will be meeting in November.
- Question: What is the age limit – prenatal through age 5.
- Question: What models of Home visiting are they considering? The factors of evidence-based criteria has not be sent out from the federal partners. They believe

that they will come out with recommended models such as Parents as Teachers, Healthy Families, NF Partnership, etc. Also unsure of what the dosage (frequency and intensity) of visits will look like. This also includes definition of who the home visitor will be.

- Components that can be billed to Medicaid and other insurances – they think fee for service will be a component. Hoping for more direction from the federal government on this issue.
- If state doesn't apply by 2012, nonprofits can apply for this funding.
- Question about why Williams County since they would seem to have funding to support children. Williams did well in some areas of the needs assessment and not so good in others. Indicators were high in school dropout rates and child abuse and neglect reports. Shortage of child care providers. Also heard about the waiting lists in Head Start and Early Head Start.
- Question: How do we coordinate with other programs with similar focus such as Infant Development, Right Track? Roxane will forward all emails from DOH regarding Home Visiting to Council members.