

September 21 and 22, 2012

**NDICC  
SEPTEMBER 21 and 22, 2012  
RADISSON INN  
BISMARCK**

*Approved: 12.6.12*

**PRESENT:**

Tina Bay  
Allison Dybing-Driessen  
Scot Hoeper  
Tammy Gallup-Millner  
Shannon Grave  
Jacki Harasym  
Rep. RaeAnn Kelsch  
Karen Tescher  
Nancy Skorheim

Holly Major  
Holly English  
Cassie Keller  
Amanda Lausch  
Shawnda Ereth  
Stephen Olson  
Jill Staudinger  
Dr. Stephen McDonough  
Carol Brakel

Staff Present:

Amanda Carlson  
Roxane Romanick  
Collette Perkins

Guests:

Jennifer Leonard  
Amy Schulte  
Carol Johnson  
Laura Satrom  
Holly Peterson

**TOPIC: INTRODUCTIONS**

Introductions were made.

**TOPIC: OVERVIEW OF AGENDA**

No changes to the agenda.

**TOPIC: MINUTES REVIEW JUNE 7 2012**

A motion was made by Nancy Skorheim and seconded by Steve Olson to approve the minutes as distributed. Motion carried.

**TOPIC: FAMILY STORY**

- Jennifer Leonard: Jennifer is a parent who has used Right Track services through Region VII. She shared how helpful this has been to her and her

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husband. She noted that her Right Track staff, Amy Schulte, has giving their family strategies that have been helpful for their children's development and has been great about talking with them about any concerns, no matter how slight. She noted that she likes to know how her children are doing developmentally. She stated that she originally got hooked up with Right Track through the hospital when her first child was born.

**TOPIC: ND RIGHT TRACK REPORT**

Right Track staff was on hand to present information regarding the state's Right Track program to the NDICC. Information was presented on the current contract agreements and the goals of Right Track. Currently there are nine contracts across the state of ND. It was noted that all of the reservations have their own Early Childhood Tracking systems which are not funded by ND's Part C federal grant, but these systems do make referrals into ND Early Intervention. The nine contracts are all funded by the Part C federal grant. The current contracts have specific performance items that need to be carried out regarding reaction to referrals and follow-up protocol. A child can still have up to six visits per year. Across there are about 100 individuals involved in providing Right Track services.

Question was asked about maintaining the staff that is needed and whether the rural counties are being served as equitably. It was noted that because the contract is clear on following up on referrals, this happens no matter what staff is available in that area. It was noted that it is difficult to meet the demands of following up on new referrals while continuing to maintain all of the other cases. CAPTA referrals have a requirement of a minimum of six visits per year.

Question was asked about how quality is measured. It was noted that contract indicators are followed and reported to the state office. Parent satisfaction surveys are not required but several programs do this. The Right Track billing is run through the DD Program Administrators

There was a suggestion made that to aggregate all of the numbers of children that are seen in our state via different developmental screening efforts so that this can be accurately reported.

**TOPIC: PRESENTATION ON THE ND HOME VISITATION COALITION**

Tim Hathaway from Prevent Child Abuse, North Dakota (PCAND) was on hand to update the NDICC regarding the ND Home Visitation Coalition. PCAND is a non-profit that was originally started in the 1980's and works to enhance systems to support families and children in order to prevent child abuse. The work of PCAND falls in to the following components:

- Information and referral
- Education and training
- Community development work
- Advocacy

Tim reported that PCAND has gotten involved in home visitation as it is a superlative child abuse prevention tool. He noted that the goal of the ND Home Visitation Coalition is that all families in ND would receive home visitation prenatally through age twelve. The mission of the coalition is to promote home visiting programs to help in meeting the complex needs of families and communities, and to nurture the health secure development families. The values of the coalition are the following:

- Reduces later social welfare health and education costs.
- Communities are best served by a range of quality programs.
- Increasing economic self-sufficiently for families.
- Continuous quality improvement of services is essential.
- Collection of data is necessary for development and planning.
- Leadership from public/private partners is essential sustainability of home visitation programs.

Tim stated that the goals of the coalition were as follows:

- Formalize the Structure for home visitation
- Increase understanding of home visitation services for all north Dakotans
- Develop a statewide home visitation system with a single point of entry for families
- Increase legislator support and funding form the state for home visitation

Tim reported that presently there are 30 agencies represented in the coalition and three of the reservations represented. PCAND has applied for the federal Maternal and Child Health Home Visitation funding and plan to target Turtle Mountain and Spirit Lake reservations with services.

Tim noted that the next steps for the coalition is to hold a conference next week, be present at the 2013 legislative session and to continue their public awareness efforts.

#### **TOPIC: MEMBERS UPDATE AND ISSUES**

- Holly stated they are hiring an advisor for her program in disability supports at Minot State U. The person needs to have a master's degree in counseling.

#### **TOPIC: OSEP FICAL CALL**

ND Part B and C programs were due to have monitoring visits in Sept/Oct of this year. The last one was in 2006. In July, OSEP announced that they would be revamping their plans on monitoring and were suspending the on-site monitoring. They are currently working on moving from a compliance based monitoring effort to more of a results accountability model.

OSEP continued to conduct fiscal monitoring for both Part B and Part C program in various states. ND Part C had their fiscal monitoring call on August 16<sup>th</sup>. State office staff and Part C contract staff were on the phone with Susan Kauffman, ND's OSEP liaison and an additional OSEP staff. There was a request for additional information. At this point, the state has not received any results information back from OSEP.

**TOPIC: ELECTIONS**

Currently the NDICC has no vice chair and Jill has served her two terms and can't serve as chair any longer. An election survey was sent to the membership and eighteen responses were received. Roxane passed out a paper ballot. Results of the ballot were:

Chair: Allison Dybing-Driessen

Vice-Chair: Jill Staudinger

**TOPIC: STANDING NDICC AGENDA ITEMS**

Part C Budget Report:

Amanda reported that we are currently just starting to spend FFY '11 funds. ND has been notified that they were awarded the FFY '12 funding. As of July 31 is when this report is from. Amanda reviewed the current spend down report of the FFY '10 funds. No questions from the Council.

Amanda discussed the Direct Services item on the Part C budget. She noted that the state is currently providing information to families about their right to not have their Medicaid used for funding purposes. Currently, there are eight children where services are being paid for strictly with Part C funding. The Division is continuing to monitor the impact on the Part C budget and whether other line items will need to be cut to address the increase in Direct Services

NDICC Membership Updates:

The positions up for reappointment in August, 2012 were all reappointed by Governor's Office.

Three applications have been submitted for the open provider position. They were the following: Alison Lesman, a nurse practitioner out of Minot; Tim Hathway, Executive Director for PCAND and Moe Schroeder, Experienced Parent in Fargo. Email communication from the Governor's Office is that they are waiting on one person; however it was unclear if this was a reference or additional information. Roxane has been in contact with a parent in the Devils Lake region who is interested. She has a child that is five and works for the early childhood system in Spirit Lake. Her application has been submitted. We will also have an opening for a new legislator in the future. Suggestion was made to consider Curt Hofstad out of Devils Lake

DD Slots Report:

There are 515 Traditional Waiver slots available until April, 2013. There are 190 reserved after that - 135 are Infant Development of the 190.

The Autism Waiver slot assignments go from November through October. 23 of the 30 slots are used currently.

All state agencies received instructions to prepare hold- even budgets and then also prepare 3% reduction budgets as well. The Division has had to look at nine months' worth of trend data to

prepare the hold even budget. This meant accounting for growth as well. DHS must have their budget to OMB by October 5<sup>th</sup>. Tammy noted that the Department of Health is also preparing their budget and they are looking a preserving basic public health services, such as immunization support.

General Supervision Work Plan Update:

ND EI has continued to work with their national technical assistance partners to monitor our performance on meeting the general supervision requirements of IDEA.

The state has been working with the local programs to address the findings from the FFY '08, FFY '09, and FFY '10 APR. Primarily these are all closed across the state.

The state is also working with national TA to prepare our policies and procedures that will need to be submitted to OSEP. There is recommendation for OSEP review prior to the public comment period.

Committee Reports:

The Executive Committee has not met.

The EI Services Subcommittee will be meeting on Oct 4. In addition to the subcommittee members, the meeting will also include the Infant Development Coordinators, and the DDRPAs. The present agenda items include: (1) Infant Development pay points – definition and clarification of services that Infant Development is providing. (2) Strategies on meeting the requirements of full parental consent to the content and services listed on the IFSP prior to start of services.

**TOPIC: RESULTS –RESULTS DRIVEN ACCOUNTABILITY DISCUSSION**

Roxane prepared a powerpoint to explain the communication that OSEP has been sending out regarding their re-evaluation of monitoring only compliance items from the law to also monitoring how the compliance items make a difference on results. Currently both Indicator 3 (Early Childhood Outcomes) and Indicator 4 (Family Outcomes) are seen as the two results indicators in the current Annual Performance Report. As part of the reassessment of OSEP's role, they have started to issue a number of questions through their online blog to get public opinion on the topics. Roxane reviewed some of these questions with the Council. Question 4 is now open for comment at: <http://www2.ed.gov/about/offices/list/osers/osep/rda/index.html#comments> .

Council comments were as follows:

- Indicator 4 and addressing family outcomes should be expanded.
- Need to address a broad approach to outcomes.
- Family Outcomes are as important as child outcomes
- Can outcomes be addressed by achievement of individual goals and objectives
- Need to figure out if family benefitted from the services
- Early Intervention needs to be viewed as preventive
- Need to keep the focus on function and maximum participation

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- Is our current family survey getting at what we need to know from families
- Important that families are fully informed of their rights under Part C. Suggestion that additional training happen on the review of procedural safeguards and parental rights under Part C. Suggestion for talking points for the EI staff on parental rights.
- Need to address “native language” issues in our state.
- Consider more additional input from families through phone surveys, adding on-line options, and gathering additional family information through use of the experienced parents.

**TOPIC: DISCUSSION REGARDING ROLES AND RESPONSIBILITIES OF THE ICC**

The NDICC Recommendations/Decisions document was reviewed with the NDICC. Items were updated. The following are some of the discussion items from the document:

- Relating to the Autism Waiver:
  - Suggestion made to base reimbursement on timeliness of presenting the final product so that eligibility can be conducted.
  - Division has decided not to open the waiver

Question was asked about how to handle discussions regarding the Autism Waiver as the Autism Task Force is also addressing some of the same issues. NDICC recommendation that they receive an update on the Autism Task Force work at each meeting.

- Medicaid waiver side by side comparison – going to the subcommittee.
- Letter on ESEA/IDEA reauthorization – state office sent letter to congressional delegation, but have never heard back.
- Report back on level of determination - report back in March 2013.
- Child outcome tool- state office developing a request for proposal in order to purchase product.
- Develop a standard set of data for right track reporting – no decision
- Updated and create standard operating procedures – approved March 2012

Discussion about roles and responsibilities of Council membership:

- Come to a more formal outcome or recommendation on topic for the lead agency.
- Continue to ask ourselves – are we helpful to the lead agency?
- If there are topics that the lead agency can't act on, we need to know that up front.
- If a recommendation is made by the Council, there should be a report back from the lead agency on the recommendation.
- Continue to use decision tracking document
- It would be helpful to know from lead agency whether there is additional information that other department representatives could bring to benefit the greater mission for EI. There was discussion that not sure what information

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will be helpful as not fully aware of all of the resources available. Suggestion made that we include one ten-minute agency presentation at each meeting. Have presentation geared to relate to young children and disabilities.

- There was discussion about how agenda is developed. Typically it is a discussion between the chairs and lead agency (or more specifically – Roxane throws out a list of topics and gets input from the chairs). There was a suggestion to request agenda items from the Council members prior to the meeting. Also make sure that all follow-up items are on the agenda.
- Continue to provide education/training on issues because it takes time to understand how your perspective relates to the issues. It's important for families to under the current process.
- Jill noted that she contacts other infant development providers prior to the upcoming meeting and to get input from them to bring forward to the Council. Suggestion to reach out to your constituency group.
- Make sure experienced parents know who the ICC parent representatives are for providing input to the Council. Have EP and ICC parent representative talk with each other.
- Continue to need to make the information more understandable. Suggestion to have “duh” signs that can be used.
- It was discussed that more information is needed to know when it is OK to share concerns with legislators. The Council should be able to share concerns and needs with the governor's office as he appoints them. This is a form of education, not classified as lobbying. It was noted that the Council may be a great place to gather family stories.
- Continue to update the Council on the status of the Department's budget and list of Optional Adjustment Requests (OAR's). This is true for other departments as well (i.e. DOH and DPI). Budget updates will be on the December agenda.

#### **TOPIC: SET MEETING SCHEDULE FOR 2013**

- Dec 6, 2012, 1pm to 5pm – Prairie/Rose Rooms, statewide video conferencing
- Jan 17, 2013, from 10am to 4pm – Prairie/Rose Rooms, statewide video conferencing
- March 14, 2013, from 1pm to 5pm – Prairie/Rose Rooms, statewide video conferencing
- June 6, 2013, from 10am to 4pm – Prairie/Rose Rooms face to face
- Sept 26 & 27, 2013, find place
- Dec 5, 2013, from 1pm to 5pm – Prairie/Rose Rooms, statewide video conferencing