

June 6, 2014

**ICC MEETING MINUTES
JUNE 6 2014
COMFORT INN, BISMARCK**

Approved 9.12.14

MEMBERS PRESENT

Holly Major

Jill Staudinger

Moe Schroeder

Nancy Skorheim

Jackie Haarsym

Carol Brakel

Jolyn Wasem

David Zimmerman

Tina Bay

Jennifer Barry

Senator Nicole Poolman

Tammy Gallup Millner

Jody Haug

OTHERS

Roxane Romanick

Amanda Carlson

Kim Weis

Carol Johnson

Kristen Votava

Colette Perkins

Kirsten Dvorack

Carolee Eslinger

TOPIC: MINUTES

A motion was made by David Zimmerman and seconded by Carol Brakel to approve the March 6, 2014 minutes. Motion carried.

An overview of the State Systemic Improvement Plan (SSIP) was provided by Carolee Eslinger who is from the Mountain Plains Regional Resource Center (MPRRC). MPRRC provides technical assistance to the state around implementation of Part C of IDEA. The SSIP focuses on improving outcomes for children and their families. The state must engage in the SSIP process starting with the filing of the FFY '13 Annual Performance Report which is due in 2015.

The NDICC participated in two components of preparation for the designing the SSIP. These activities kicked off the stakeholder involvement that is required to focus the work of the state on the SSIP. NDICC members spent time during this meeting to conduct a review of available state data and to examine the infrastructure available for North Dakota's Early Intervention program. Below is a summary of that work:

Data Analysis:

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Indicator 1: Timely Services

- State improved over 3 years (85% to 94%)
- Questions about programs that were lower than the cluster- BECEP and Region 1
- Region 1 had a new provider
- Growth in all programs- something working well
- Is there a correlation with WC and SR both dipping in 2011?
- Need information on actual service specific (Speech Language, OT, PT, ECSE etc) to the professional, program and the geography (was this children that were not local as compared to local)
- Need the number of kids for each program
- Did policies or training happen during this time?

Indicator 2: Settings

- 1700 families – 99.3% on the waiver
- Why decrease in Minot (2.1%) in 11/12
- Why decrease in WC – similar to indicator 1
- No decreases in 2013
- Several programs consistently at 100%
- Resources tight but managing natural environments
- Payment source waiver – supports natural environments
- Are we measuring all Part C services?
- Do we feel the data is accurate?

Indicator 3: Child Outcomes

- Not enough time to talk about the three sub indicators in Outcome #3
- Summary 1- progress Summary 2- age level at exit
- National 20-100 with a mean of 60
- Region 1 – 100% in 2013 – how many kids was this based on?
- How many kids have entry and exit for each year?
- Targets and statewide – how does this compare to the national data
- How were targets chosen?
- Are we comfortable with the tool?
- Was there any training? – do we have any information to understand if people are using the tool correctly and with fidelity?
- b & c higher than a

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- What are programs doing to get different results?
- Can we break down information to specific professionals—do we know if there is a correlation with progress and how many years' experience home visitor has? What about according to disability?

Indicator 4: Family outcomes

- Need drill down information (# of surveys, demographics)
- Need raw #
- Decrease for 5 programs
- Region 3 downward trend
- Region 1 OPP 100%
- How many surveys for each region
- How do families perceive survey
- Decrease doesn't correlate with indicator 7
- Fluctuation with 4a and 4b
- Look at oil areas – show doing well – does this make sense?
- Look at methodology – NW and NE only 1; SR- 3

Indicator 5: Child Find- Birth to one

- 50% below target
- 2 oil counties would expect higher numbers
- Dickinson # went down – 3 sets of triplets
- Need to look at eligibility levels – are these different across regions
- Is there enough staff to identify children?
- Are hospitals/physicians in some areas doing better than other areas at referring?

Indicator 6: Child Find- Birth to three

- 13th in the nation
- Dickinson higher than others
- Is there a correlation with eligibility – do we know if process the same across regions?
- Williston, Minot and Fargo below target
- How are hospitals/physicians doing at referring to EI?
- In oil country medical overwhelmed – might not be referring
- How does eligibility apply?—do they understand the criteria and use it the same across regions?

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Indicator 7: Timely IFSP's

- Need information on family reason for each region
- Positive upward trend
- Clear-cut guidance
- Things going right!
- Need to compare family satisfaction to this indicator – should see a correlation if families understand their rights
- Lake Region went up and down
- Look at # of referrals missed
- % of family reasons for each region – are some regions higher than others – why?

Indicator 8: Transition

- What happens in the summer?
- Are there data glitches?
- 8c – close to 100%
- Increasing trend 2012 – all but one region
- Does region 1 have shortage of staff
- Training and written guidance on transition occurred
- Under range with b—only 3 regions reached 100%- was it documentation?
- Additional work needed in 8b
- Change in process and timelines with new regulations

Infrastructure Analysis:

| Personnel/ Workforce | |
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| <p>Strengths Benefits package for SC – state employees Lots of quality training for EI Way to get an exemption if can't fill There is competence for Program staff On-line programs for ECSE and ASD TA available Cross-Roads –vital for support Dedicated staff</p> | <p>Challenges SLP, PT and ECSE Positions difficult to fill Some areas have difficulty filling positions Is there consistent training and service coordination Ability to pay specific degrees Salary competitive for both EI and SC</p> |
| <p>Opportunities 2-day orientation for EI Pre-service students spend time in EI Grants & tuition reimbursement</p> | <p>Threats Huge gaps in qualified staff Systematic orientation and training (for everyone – especially all Service Coordination)</p> |

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| State funded opportunities Data to figure out needed staff ratio across state. | Turn over of staff (loss of staff to private) |
| Accountability/Quality Improvement | |
| Strengths Overall Improved general supervision system Web-based electronic record/data base System change happens without being cumbersome to families Have the capacity | Challenges Accuracy Lack of access to data by families Not everyone who needs access to database have it. Lack of transparency –services available, eligibility Lack of national standard on measuring child outcomes |
| Opportunities Have the information to share and back-up request for funding Getting more family input into program improvement Education of families in process (Right’s conversation) Helping families learn to be a partner Data drill down- TA Using data to explain why something happens to field staff | Threats Loss of funding (Pt. C, Waiver) Would impact this area Concern about State c/o #'s vs. national |
| Data Systems | |
| Strengths Have Therap (evolving) Trend data emerging effects decisions Increased data with therap Improving over time (due to written policy also) Stake holders involved viewing data at ICC | Challenges Data interface New system Updates effect data/vague data Small #'s Population Real-time data for providers Staff turnover/training As Therap evolves = change= new learning Family /forms |
| Opportunities Data quality/use of data to make change Results Driven accountability Increase sharing with public/ transparency Grants/funding sources with good data Do stakeholders know about data changes Quality of data is increasing Family access to records on Therap | Threats Poor data can misrepresent service quality Family participation Data’s validity/reliability \$ for improving data system – will it hinder growth/change and receiving data |

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| Pediatric medical home | |
| Finance | |
| <p>Strengths Tapping into Medical Assistance Family Health Care Reporting of finance to ICC</p> | <p>Challenges Paperwork for families Lack of flexibility funding Consistency at CSS for MA eligibility/ongoing services, Out of state Services Approval **Lack of general state fund Lack of awareness around Pt. C finance system Paying for services/rendered-contracts</p> |
| <p>Opportunities State Coffers !Awareness around funding – lack of federal Explore local funding options (i.e. school districts)</p> | <p>Threats National Medicaid budget – support for Pt. C Loss of contractors/service providers ___ to delay in payment (impacts services- seedy hotel)</p> |
| Quality Standards | |
| <p>Strengths EI services in the home! (Good services) State using competency standards Key principles for EI Services in Natural Environment % of visits increasing with new fee structure Quality is going up , now talk about _ID authorization Dedicated staff</p> | <p>Challenges Mentoring Child specified standards, are they used Do all university's in ND always implement best practices for 0-3 to support families and children Are linkages happening with pre-service Link with DPI Implementation and train to support programs and standards (both kids and programs) Written standards</p> |
| <p>Opportunities Medical home & EI info carry out New DEC Guidelines Key Principles-Aligned with Research ECTS No longer pay for EI like a membership, now based on actual visit (i.e.) productivity Use data to figure out delayed services, who...</p> | <p>Threats "Manual" to implement Key principles in each region Is EI using EC guidelines 0-3? Are 0-3 guidelines evidence-based Ongoing systematic support Standards quality linked to staff High caseload</p> |
| Governance | |
| <p>Strengths Great employees Dedicated Leadership (legislation) State effort to develop procedures and consistency ND doing this long before mandated</p> | <p>Challenges Agency different than Part B (communication and scheduling) Terminology- little thought 0-3) ECE is 0-8 Only Federal financing Legislative support of 0-3</p> |

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| (dedicated) | Disproportionate gender representation Transparency with families/ease of using system Transparency with families/ Ease of using system How many FTE's dedicated to Part C (stakeholder leadership & HSC caseload size) |
| Opportunities Legislative focus/opportunities/ Increased family involvement Early Childhood study Vision/Mission to public | Threats Part C Optional Data Linkage for longitudinal linking Vision/ Mission statement statewide Part C entitlement program Decreased MA use limits federal dollars (Time, \$, staffing) |
| Existing Initiatives | |
| PCAND PR Standards Analysis of teacher training Programs (best practices) Inclusion in Childcare incentives COIIN Project Carson Family Voices Pathfinders Federation of the Families Public Health (home visits after hospital discharge) CTS – CSHS Newborn Screening EHDI | |
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Group Wrap Up:

- A lot of data to work with;
- questions on data quality(reliability an validity);
- family standpoint – transparency across state on service delivery, services available, service eligibility;
- professionals – early interventionists get a lot of training (DDPMs feel more training on laws, where to go to find things);
- eligibility – what one region gets and another doesn't, lack of consistency(potential area of concern);
- saw a lot of improvement – trends going up and not down;
- how well are we doing with families with low income, families with involvement with child welfare, minorities(native Americans, new Americans – missing kids on the reservations);

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- do we know how well we do with certain kinds of disabilities – how does the staff feel – what is the best practice for working with disabilities;
- transition age that don't quality and graduate from early intervention – what does that look like –
- don't know much about the kids that withdraw before 3 – do they have similarities in economic status, genders, disabilities;
- look at % of referrals that turnout to be eligible that come from protective services;
- Right Track Services: how often do they see children – 3% of the kids get have a disability/delay – how many screened how many referred and what happens to the others; look at the positivity rate – how many of those were eligible, entered the programs.

TOPIC: PART C APPLICATION

The Part C application was due to the federal Department of Education on April 22. This was completed on time. The application was out for public comment for 60 days. No comment was received. No public hearing was held as no policy changes were introduced. Amanda noted that the federal Department of Education/OSEP had requested public comment on the SPP/APR package and reminded members that this was open to them but to also work to make the comment relative to what the request for comment is requesting.

TOPIC: EARLY CHILDHOOD STUDY

We will follow-up with Senator Poolman on next steps.

TOPIC: Agenda Items for September Meeting

Elections - Members will be receiving annual surveys around elections for Sept.

Setting 2015 Calendar

Follow-up on SSIP work

Early Childhood Study