

**NDICC MEETING MINUTES  
WED, MARCH 4, 2015  
STATEWIDE VIDEO CONFERENCING**

*Approved June 20, 2015 without correction*

**PRESENT**

Members:

Cephas Chigwada  
Tina Bay  
Jolynn Wasem  
Amanda Lausch  
Carol Brakel  
Jill Staudinger  
Tanya Canerot

Jennifer Barry  
Bobbi Jo Church  
Stephen Olson  
Holly Major  
Jody Haug  
Moe Schroeder

Guests:

Mike Remboldt, HIT Director  
Sarah Knudson, Social Work Intern - BECEP  
Jennifer Restemayer, Pathfinder Parent Center  
Valerie Bakken, DPI  
Brent Askvig, NDCPD Director  
Denise Harvey, Protection and Advocacy  
Cindy Wilcox, BECEP Director  
Stacy Miller, Early Intervention Partners Coordinator

Staff:

Amanda Carlson  
Roxane Romanick  
Carol Johnson  
Kristen Votova  
Colette Perkins

Jill called the meeting to order.

**TOPIC: FAMILY STORY**

Roxane showed a video of news story of Elizabeth Romanick and the cheer team at Century High School. She also showed a video that was done for Iowa's Early Intervention program that demonstrated the power of the coaching model. The video was produced by Larry Edelman and features a dad, his little girl who is enrolled in Early Intervention. and their home visitor.

Some of the comments that followed the showing of the video included:

- Discussion was that there was good communication between home visitor and parent such as "tell me where you are what, what works for you", "his is more about you and your child rather than me and my checklist".
- This video focused on daily routines not just play.

- To make this happen for parents is to make sure discussion is happening between all team members. Try to make sure we are not overwhelming the parents and we are all taking the same road with families.
- The current barriers in Infant Development is that we are so overloaded with paper work. Continue to make the documentation side more efficient for providers so that they will have more time to actually work on the collaboration and child/family outcomes. Can more efficiencies be built into Therap?
- The barrier on the clinical side is that the teaming required is not reimbursed.
- It was noted that providers do attempt to in writing the IFSP. A contract is developed with community clinical partners and this allows consultant to come into to the home and therapist can see what needs to be tweaked in the home.
- Another challenge noted was that some families, especially those involved with county social services, have other plans with other agencies that have requirements that are not showing up on the IFSP.
- There needs to be connection and collaboration between medical home systems in the state and the ND Early Intervention system.

**TOPIC: APPROVAL OF AGENDA**

The agenda was reviewed.

**TOPIC: MINUTES REVIEW FROM JANUARY 15 2015**

A motion was made by Moe Schroeder and seconded by Tina Bay to approve the January 15, 2015 minutes. Motion carried

**TOPIC: MEMBER UPDATES**

Submitted to Roxane and composed into a distributed document. See Attachment A.

**TOPIC: STANDING ICC AGENDA ITEMS**

NDICC Membership Update

It was reported that the NDICC has 19 approved members out of 25 possible. The following actions are currently in place:

Head Start: There are 2 individuals who have their name into Governor's Office.

Mental Health Position: Chephas Chigwada has his application into the Governor's Office and we are waiting for the appointment.

Part B Representative: Mary McCarvel-O'Conner was an appointee from DPI to serve as a replacement for Nancy Skorheim. Since Valerie Bakken's been hired, DPI would like her to replace Mary and her application is currently into the Governor's Office.

Parent Position in Region 1: This position has been opened up to parents across the state and there are currently 2 parents' applications into the Governor's Office, both are from Region VIII.

Region VII: There is one parent application in to the Governor's Office

Provider position: A request was put into Dr. Robert Warne, but he declined. He recommended Hannabah Blue who is faculty in the NDSU Public Health Program, is a tribal member, and her application is in the Governor's Office.

### Part C and Infant Development Budget Report

Amanda displayed the Part C federal budget on the screen. She reported that the state has not started spending FFY '14 money which was available July, 2014. The state continues to spend down the FFY '13 funds. The state will start spending 2014 funds in June of this year. FFY '15 grant will be received in July, 2015. Amanda reported that the state is continuing to spend a fiscal year of spending faster than in year's past due to the increase in Direct Services payments. Presently there are 36 children across the state whose parents have chosen to not apply for Medicaid. There is 1 child who is not eligible to receive Medicaid making a total of 37. Amanda noted that it's also possible that we are seeing more funding being spent on "first partial month" activities because we have more children who are more migratory moving in and out of the state.

Amanda noted that ND EI's cumulative count jumped by 300 children between 2012 and 2013. There were another 250 added to the cumulative count in 2014. Presently we are spending about \$100,000 a month on direct service.

It was noted that presently, the state is able to maintain the present contracts as noted in the finance report due to the cushion of having subsequent federal grant funding available. At the time the cushion is no longer available, contracts will need to be cut such as Right Track, Experienced Parent, MTAC, State Family Liaison.

It was discussed that perhaps general fund dollars are needed to support Right Track or Experienced Parent. It was noted that as much trimming as possible has been done on administration, training, etc.

Roxane noted that a concern came from budget overview that was presented to the Legislature and stated that \$898,000 cuts were being made to Part C contracts. This same cut was not reflected in the Part C application was submitted for public comment. Tina replied that there were no cuts and that the state reports one lump sum to OSEP.

The discussion turned to the fee for service in providing the Infant Development services. It was noted that the state only knows what is paid out, not what the true cost of doing service is because there is no audit process to the current payment system. There was a discussion about how the meetings were held in the past about the fee setting process, which included what was included and what wasn't; however these were not well documented and were not reconvened in order to continue to clarify.

It was noted that providers want to work collaboratively. Concern was noted that costs such as equipment costs are being shifted to the providers versus being covered by the Part C budget. The concern with this is that then the actual cost of having a quality Early Intervention program are not accurately reflected.

It was noted that within the next 2 years the state will not be experiencing cuts in Right Track or Experience Parent contracts. Concern was noted about what will happen in the 2017-2019 biennium. The suggestion was made to have parents who use Early Intervention services weigh in on how they feel about any "cuts" to components of the ND EI system. A suggestion was made to have Family Voices conduct a survey as part of

this decision-making. It was noted that it's difficult in the Jamestown region, because they haven't had an EP for 8 years.

Tina stated that in the next 2 years, we need to figure out funding out for program such as Right Track. It was noted that we need this structure for North Dakota and we don't want to take these decisions lightly and as a system we need to figure out how to tell people about what we are doing.

The sentiment was expressed that better communication with the lead agency is desired and that there is a hope for an overall state plan that would include the ICC and family members across the state.

At this time there was no formal recommendations made by the ICC to the lead agency. Decision to spend additional time at the June and September meetings discussing how to move forward. Some suggestions that were made included:

- Survey of EI parents to understand their needs and wants
- Discuss further the need for a state plan about a comprehensive Early Intervention program and what that should entail.
- Request a cost analysis of the entire EI system as information for the ICC to consider.
- Decide on timeline to address the budget concerns based on the budgeting process prior to the 65<sup>th</sup> Legislative Session.
- Need to understand what services are duplicated in the system.
- Would like a tool to better understand terms and acronyms in the system
- Would like to better understand the cuts that were reflected in the legislative overview by the Department
- Would like better detail and breakdown on the current budget report such as how much travel was provided to staff vs. parents.

There was a discussion about whether or not, legislators should be better informed of the budget concerns this session still. The Council decided that it was better for them to understand the concerns prior to introducing the issues to the legislators.

The following Standing Agenda Items were tabled in lieu of the conversation regarding the budget.

DD Slots Report

Committee Reports

General Supervision Work Plan

Autism Task Force Update

**TOPIC: OLD BUSINESS**

Medical Assistance Eligibility for Children on the ID/DD Waiver - tabled

Family Survey Workgroup - tabled

**TOPIC: NEW BUSINESS**

Council Member Reimbursement Procedures - tabled

2015 Part C Application Package - tabled

**TOPIC: STATE SYSTEMIC IMPROVEMENT PLAN – Selection of the SiMR**

This is part of annual performance report submitted to OSEP. This is a new section of the Annual Performance Report which is due every February. The SSIP is due this coming April. The purpose of this plan is to allow states to find an area of need and focus on it for the next 6 years. OSEP would like to see systematic change come out of this and collaborative efforts with outside entities and how to better serve children and families.

The chosen SiMR is to increase the knowledge and skills of early interventionist providers to support social emotion skill development in birth to three year olds enrolled in early intervention which will improve social emotional outcomes for children who come in below age expectation but make substantial gains who are involved with one identified provider.

The provider that was selected was Early Intervention Partners. The reason was that there are additional supports for infant mental health services in the Fargo area, a more diverse population, and a program that is relatively new to Early Intervention but has had a large increase in numbers. There has been discussion with both DD and ID in Region 5

Outcomes from today:

- 1) Reviewing state infrastructure around chosen SiMR
- 2) Identify potential internal and external partners and initiatives
- 3) Identify improvement activities and strategies related to the state SiMR
- 4) Set targets through 2018

Possible strategies for implementation that were discussed:

- Look at what opportunities for inclusion are available in a community and what's available to bring families together such as a monthly activity.
- Increase opportunities for emotional support for families.
- Look at other community opportunities to promote integration and inclusion
- Need to do an inventory of what's already happening so that we know what each region is already doing well.
- Training of new staff on identification of children who are struggling with social emotional issues.
- Looking for evidence-based tools for assessment
- Consider establishment of statewide Positive Behavioral Supports
- Identify an expert in infant mental health in each region
- Teach resiliency and mindfulness strategies to staff which blends with the coaching model
- Improve tools for measuring outcomes

- Empower staff to address the parent “story” – discussion about understanding the grieving process and need for support.
- Visual parent reports is important as parents want to see child’s growth as compared to themselves.
- Training on implications of child outcomes progress
- Discussion about increasing parent advocacy
- Address universal screening for social/emotional factors
- Concern also noted about those infants and toddlers on our caseload that require further interventions – how are we preparing staff?
- Concern noted about the multiple moves for children who are removed from the parental home. Do we need to look at the reasons for change in placement?

Possible initiatives: Safe and Healthy Schools with Val Fischer in DPI, SB 2012 - \$90,000 amendment for infant/toddler behavioral health needs, Nurtured Heart approach

RFP for the new tool will be discussed at the June meeting.

Decide on targets from now to 2018:

2018 target has to be higher than baseline.

National average is and has been 65%.

State average is 38% and target was 37%. We have been increasing since 2010.

Set targets with what we have and are using now off of the old tool.

2018 – 35%

2017 – 30.5%

2016 – 30%

2015 – 25.5%

FFY 14 - 25%

## ***North Dakota Interagency Coordinating Council***

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NDICC Updates  
As of 2.24.15

### **Upcoming Trainings:**

- April 9 – 11 Pathfinder Parent Involvement Conference – Bismarck – Registration at: [www.pathfinder-nd.org/conference](http://www.pathfinder-nd.org/conference)
- April 17 ND Home Visiting Coalition – Bismarck – For Information contact: Allison Carlson at 701-223-9501 or [allison.carlson@pcand.org](mailto:allison.carlson@pcand.org)
- April 24 North Dakota DPI Early Childhood Conference – Bismarck – Info at: [www.dpi.state.nd.us/EarlyChildhoodEduc/index.shtm](http://www.dpi.state.nd.us/EarlyChildhoodEduc/index.shtm)
- October 7 – 9 International Division of Early Childhood Conference – Atlanta – Info at: [www.dec-sped.org/registration](http://www.dec-sped.org/registration)
- June 5- 7 Empowering Parents Leaders as Advocates Project – For more information: 1-888-522-9654 or [fvnd@drtel.net](mailto:fvnd@drtel.net). Link to apply: <https://www.surveymonkey.com/s/656JH5Z>

### **Member Updates:**

From Tanny Lelm in Children's Special Health Services:

- We have received new grant guidance for the Title VMCH Block grant, which will likely lead to some significant changes. Staff are currently working on the Title V MCH five-year needs assessment and "draft" selected state priorities for ND. I have been in contact with Donene Feist at Family Voices to see if a topical call can be arranged so we can get the word out to families and other stakeholders on these new developments. A date has not yet been set for the call but will hopefully it will be scheduled in March or early April.
- The Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) activities are underway. Six learning networks are forming which focus on the following topic areas:
  - Safe Sleep
  - Smoking Cessation
  - Pre/Early Term Birth
  - Pre/Interconception Care
  - Perinatal Regionalization
  - Social Determinants of Health
- The CSHS division has several new/updated resources available:
  - CSHS brochure
  - 2015 Multidisciplinary Clinic Directory
  - Complex Dental Conditions Resource Booklet
  - Seven data briefs that address CSHCN system indicators from the 2009-2010 NS-CSHCN for ND
  - Healthcare Coverage Brochure

Car Safety Brochures

- Staff are working with the Attorney General’s office on administrative rules for the autism database.
- Staff are working with DHS on the new MMIS Enterprise system. CSHS will use this system to process claims when paying for care for children eligible for the CSHS diagnostic or treatment program. This systems is scheduled to go live in early June 2015.

From Jennifer Barry – Early Childhood Administrator for Department of Human Services:

- The Child Care Development Block Grant, which is the federal law that oversees child care licensing, quality and the Child Care Assistance Program, was reauthorized by Congress and signed by the President in November. This calls for significant changes in the child care system, including greater coordination with Part C.

**Legislative Updates – Bills of Interest to Council Members:**

<b>Special Education</b>				
<b>Bill</b>	<b>Sponsor(s)</b>	<b>Description</b>	<b>Committee</b>	<b>Status</b>
HB 1004	Dept of Health	DOH Budget	Senate Appropriations	Do Pass with amendments
HB1046	Legis Mgmt	Appropriates \$250K to the Department of Human Services to provide services for people with traumatic brain injuries aimed at helping them to work and live independently.	Senate Human Services	Do Pass, 22-0, 2/20
HB1108	Human Services	Changes law to refer to “individuals” with disabilities, instead of “persons.”	Senate Human Services	Passed in House, 86-0, 1/9
HB1256	D. Anderson	Expands the definition of brain injury beyond “traumatic” injury to include “any injury to the brain that occurs after birth.” Adds brain injury to the definition of a student with a disability.	Senate Human Services	Passed in House, 91-0, 2/2
HB1366	Maragos, Oehlke	Establishes a bill of rights for children who are deaf or hard of hearing, and lists services to which they would be entitled.	Senate Human Services	Passed in House, 63-27, 2/10
HB 1373		Establishes the Achieving a Better Life Experience Plan In ND	Senate Finance and Taxation	Passed in House
HB 1378		Directs the state to study the federal regulations relating to determining the state’s Essential Health Benefits	Senate Human Services	Passed in the House
HB1411	Oversen, Axness	Appropriates \$100,000 to the Department of Labor and Human Rights for grants to organizations who provide training and support for people with	House IBL	Failed in House, 28-64,

		disabilities.		
HCR3005	Legis Mgmt	Asks for a legislative interim study of the state’s system of care for individuals with traumatic brain injuries, whether the system is effective, and whether there are any gaps in services.	Senate Human Services	Passed in House, voice vote, 1/23
SB 2012	Human Services	DHS Budget <ul style="list-style-type: none"> <li>• Contains 3%/3% increase for providers – which affects ID providers as well as our Part C budget</li> <li>• Contains hold-even funding for Inclusive Child Care supports (\$350,000/\$400,000)</li> <li>• Contains enhancements for Autism supports in the state</li> <li>• Amendments being introduced for expansion to Inclusive Child Care Supports and “Supporting Families” funding.</li> </ul> Initial hearings planned for early next week	House Appropriations – Human Resources	Passed in the Senate with a number of amendments
SB 2048		Behavior Health Supports <ul style="list-style-type: none"> <li>• Contains language to conduct a study regarding screening for 2 -4 year olds at primary health care sites using evidence-based practices as well as a study to review the feasibility and desirability of implementing a visiting nurses program for children ages zero to five.</li> </ul>	House Human Services	Passed in the Senate
SB 2080		Changes to Child Care Code <ul style="list-style-type: none"> <li>• Contains administrative changes to the Inclusion Supports Grant</li> </ul>	House Human Services	Passed in the Senate
SB 2151		Early Childhood Preschool <ul style="list-style-type: none"> <li>• Contains \$6,000,000 for 4 year old preschool and language to allow schools to provide these services</li> </ul>	House Education	Passed in the Senate
SB2176	Heckaman, Rohr	Says any medical professional who is “qualified by training and by licensure or certification” to report cases of autism spectrum disorder to the state Health Department’s database. Says an “independent practitioner” may do a	House Human Services	Passed in Senate, 45-0, 1/23

		physical evaluation of the person suspected of having autism spectrum disorder.		
SB2218	Axness, Hawken	Appropriates \$100,000 to the Department of Human Services to provide leisure, recreational and educational programs for individuals with developmental or intellectual disabilities.	Senate Appropriations	Passed in Senate, 45-0, 2/20
SB2234	Dever, Brandenburg	Requires the Department of Human Services to study medical assistance developmental disability waivers and report to the Legislative Management Committee by Jan. 1.	House Human Services	Passed in Senate, 45-0, 2/6
SB 2253		Provides funding for healthy families home visitation to expand across the state - \$2.25 M	House Human Services	Passed in Senate
SB 2334		Changes to the statutory language regarding Newborn Screening	Senate Human Services, assigned to House HS	Passed in the Senate