

NORTH DAKOTA INTERAGENCY COORDINATING COUNCIL
Monday, December 19, 2016
Statewide Video Conferencing

PRESENT

Shannon Graves
Carol Brakel
Sarah Carlson
Jill Staudinger
Tonya Canerot

Tina Bay
Valerie Bakken
Tammy Lelm
David Zimmerman

Amanda Carlson, Part C Coordinator

GUESTS

Laura Satrom, BECEP
Roxane Romanick, BECEP
Missi Baranko, LSS
Keith Vavrovsky, LSTC
Paul Kolstoe, LSTC
Becky Matthews, Experienced Parent
Heather Turner, Grand Forks

TOPIC: OVERVIEW OF AGENDA

No changes to the agenda. The agenda was displayed.

TOPIC: PARENT/ORGANIZATION UPDATES FROM MEMBER

Jill - received an email from hospital in Dickinson they are on a record breaking year of over 700 births in the fiscal year and they haven't reached this since the early 80's.

Tammy - changes to cardiac care program and effective 1/1/2017, they are modifying program and downsizing to cover the 1st visits by cardiologist and diagnostic tests without regard to family income. Limiting to the 1st visit in the program and follow up to CSHS treatment program. Doing information sharing with family

organizations to get people notified about the upcoming changes.

Carol - referrals continue to be high.

Shannon - talking with Department of Public Instruction (DPI) to consider offering some sort of mental health certificate for educators and include some early childhood and mental health and in the beginning stages and not sure with budget who would take that on.

TOPIC: NEW BUSINESS

DaSY: information is specific to Region 8 but could be done for the state. She is putting together a newsletter and her goal was to help create more informed parents on the family perspective. 1st step is to explain about Part C and create a newsletter separate from Part C "what does this mean to me." Talk about in general what early intervention means in the state and nationally. Broke apart information that is gathered and looked at in regards to the Indicators and doing through a family perspective. At the end, "how can you get involved" - ways to be more invested in the Part C services in Region 8 - regional ICC, state ICC, sharing a family story. Want to have families understand more of the big picture and what happens in their home. The newsletter is almost ready to go.

What she learned at the institute. Family engagement - a strong emphasis on family involvement. Creating a user friendly version and is a goal of Sarah's. She would like the ICC to have a little stronger mentoring program. She has used several things that Roxane Romanick developed. Also looked at the Grads360 website. Some states link to their annual reports through this. Some states have strong Part C websites. Looked at data and how to create meaningful information, graphs and how Part C is shared with Part B. Rest of the conference was DEC Conference and

looking at some recommended practices. Three focus areas: knowledge, implementation and evaluation. How to create meaningful relationships with families, how to include severely disabled kids. Sarah will share her completed newsletter with Amanda and then Amanda will send to the ICC members.

DPI uses grads 360 also and the data person is very trained and experienced in it. It just became available last year. To start this for ICC it is too late to start this year. It was suggested that we get more information on this and Amanda will see if we can get a preview of grads 360.

Nominations:

2 options for chair and 4 options for vice chair. Sent out an email last week requesting a bio per a request of Roxane Wells. The ballot will be emailed and then if members can scan an email back to Amanda and then tally results and send an email to the members on the new Chair and Vice Chair. Can do a google survey and Amanda will send out to the members. If a bio is not received, the name will be sent out without a bio.

2017 Meeting Dates:

Mon, Jan 23, 2017 - 9am to 3pm - video conferencing. Amanda preferred to the 23rd and would give her time to answer questions and review anything as the APR is due Feb 2. Need to have a quorum (10 members), as we need to vote. When could we have the data before the meeting so members can come prepared? Data may not be available until the week before the meeting. Three days is not sufficient to review the data for an ICC member. Can we have as much as possible available to share with members and know that some information will not be available to later? Will send everything that **Amanda will send what she has available to the members by Jan 16th and the rest will come when it is available.**

If no quorum, we can pull the Executive Committee together to make the decisions.

Thurs, March 30, 2017 - 9am to 5pm video conferencing

Fri, June 9, 2017 - 8am to 3pm - in person at the Comfort Inn, 1030 E Interstate Ave, Bismarck (701) 223-1911. A block of sleeping rooms is reserved under "Developmental Disabilities ICC" for Thurs, June 8, 2017.

September - joint/orientation - Thurs, Sept 14 or Thurs, Sept 28. Discussion on Wed, Thurs, and part of Fri and also holding a joint meeting with IDEA?

Amanda will talk to the Gerry Teevens regarding a joint ICC/IDEA meeting and then figure out an ICC orientation day and ICC meeting day.

Thurs, Dec 14, 2017 - 9am to 5pm - video conferencing

Thurs, Jan 25, 2018 - 9am to 3pm - video conferencing

Do as an Outlook invitation to all ICC members.

Update on Early Childhood Statewide Collaborative:

Four separate groups that had same members attending and they met in Oct/Nov and all parties got together and spent time recapping work of the groups and ended with a vote all of this work beneficial and keep energy going and put together an early childhood collaborative. Focus not specific to each program but focus on early childhood across the state. Two individuals went to TX to generate vision and goals for this group and planning another meeting with this group. For one person the travel was cancelled. Foresee things the ICC might be interested in. Want Council to keep this on the radar. Doesn't need to be standing agenda item and some of the information is duplicative that I hear from the ICC. We want to make sure that early intervention is also a focus. Next step continue to follow up with this group and report back to the ICC. **Put on the March agenda for follow up.**

Update on High Risk Conditions Workgroup:

Amanda shared there were some volunteers as part of the monthly early intervention video conferencing that wanted to be a part of the workgroup and look at high risk indicators that was developed a long time ago. Amanda hasn't had time to get this workgroup together but this will be done in January. The smaller group will bring recommendations to the ICC. **ICC members asked for a report from this workgroup at the March ICC meeting.**

ND Taskforce on Substance Exposed Newborns:

No next steps or action needed from us and put back on the agenda. Not sure where we wanted to go. Sen. Poolman hadn't given Amanda any information when she said she wouldn't be in attendance today. Get referrals come from CAPTA or kids exposed to drugs - maybe as a state if we could come up with clearer suggested step of action for programs. Need to show withdrawal systems now to be auto eligible. This will come up with the workgroup. Some regions send straight to right track and some to early intervention.

CAPTA doesn't say anything more specific than referred and services required - when PI was written state could decide how to handle referrals - per Roxane. We could to the DD Program Administrator's as to what they are doing and report back to the ICC in March.

Roxane thought she heard Sen. Poolman filed some bills but had to do with policy change.

Members would like to know what bills Sen. Poolman is introducing and is there something the ICC can support? **Amanda will contact Sen. Poolman and ask if she is proposing any bills that would be of interest to the ICC and if any, Amanda will send to the ICC members.**

Task force - people to connect to; Tina is a part of the task force per Maggie Anderson.

Attorney General's Office presentation on open meetings:

Timeline -

Tina made a contact with the AG's office regarding March and she will follow up and ask about presenting at the March 30 meeting. Can this be included with the Orientation for new ICC members? Maybe invite the AG's Office to the Sept orientation also.

ICC meeting format review:

Recommended that Executive Committee meet and talk about - they didn't meet but sent recommendations for agenda development. The agenda seems to work ok. Council would like to know if something is an update, or needing action and better with deadlines; and other thing is getting information earlier/prior to the next ICC meeting;

Co-chair evolving into the Chair and be a part of what the Chair does throughout their term.

IDEA schedules a specific time for public comment - right before or after lunch and actually honor it and not at the end of the meeting and have to wait for any public comment.

Encourage public comment but haven't had a lot but good to have on the agenda.

Regular meeting and schedule a year prior and notification we can move the agenda around. Special meeting or meeting is not scheduled in advanced - you stick to the order of the agenda and specifically to those topics.

Add public comment to agenda and be at the beginning of the meeting and members invited to comment at that time.

AEPSi Training Update:

This is child outcome tool that state selected and contracted with to replace current outcome tool (child par). Current tool was done at the University of OR and sponsored by OSEP. Financial support was withdrawn for the par tool. We didn't get any useful information from this tool. We started looking about 4 years ago for a different tool and to be funded totally with Part C dollars. Current tool is built into Therap. Because infant development built into waiver we need to have a screening tool. Indicator 3 will be held within AEPSi and staff will enter directly into that. Looked at partnering with Part B and doing joint training and delay with getting dates from the trainers and hoping to get dates set up in Feb 2017. All Infant Development staff and DDPMs will need to be trained. Maybe at the Jan or March meeting, Amanda will have an update on the training. The training consists of a 2 day overview of the system and a 1 day intensive for anyone being trained on the new tool. Does ICC have an interest of having a demonstration or condensed version of the 2 day training or not? Could those attending the training provide the ICC with an overview? **Users of the tool could provide an overview and let us know how effective it is and compare results of the child par and the new tool and how families are feeling it is working.** DPI uses for program evaluation.

Good to have a perspective on what the AEPSi tool looks like to them and maybe a comparison of the par that they used also as a family.

Family Survey:

No changes on the tool itself. Went out last week/late week before and asked for a return by Friday. Amanda

has received a couple of calls on the survey. We have talked about this survey for a few years. Switched how it was distributed by having early intervention hand it out to the family.

Three components to Indicator 4 - first year handout all 3 categories to 99%, last year around 99%.

Do the survey earlier on in the year. Amanda stated that the survey will be going out in the spring.

Be thinking about this topic and discuss on what and how we want to handle this in March. Look at the components of the survey in March also. If changes are made, then we have the opportunity to review and discuss at the next ICC meeting. **Amanda will talk to the decision support staff about having an identifier that doesn't link to the family but helps in did the family submit a paper survey plus an online survey. The Family Survey will be an agenda item for March.**

Review of Standard Operating Procedures:

Want this to be a standard agenda item for Sept. Move item to the end of today or simple state we want it to be a September agenda item. We have stated we want to review every Sept but we haven't done since we switch from bylaws to standard operating procedures. This also belongs with orientation of new members also. ICC binders keep giving them out to new members. Could the Chair, Vice Chair, or Amanda provide a mini orientation on the binder to the new Council member? Moe would be happy to provide this mini orientation to the new members.

Chair and Vice Chair - do we vote again in March/June on Chair/Vice Chair or do we extend whomever we elect now to go through 2018. We would need to make sure the elected individuals agree to be in these positions until 2018.

Amanda will add to the ballot, asking the Chair and Vice Chair candidates if they are willing to serve through 2018.

2017 Legislative Session:

Carol stated that this was covered in the discussion regarding Sen. Poolman's bill but are there others in the Health Dept. or Insurance Dept. Amanda reviewed the discussion held earlier in the meeting regarding further discussion Amanda will have with Sen. Poolman.

DHS budget does not include any additional funding for early intervention.

Tammy - public health 101 for legislative people on Jan 5 and budget hearing is the 12th at 8:30am. Not sure on legislation yet. Departmental meeting with Gov. Burgum with high level issues.

Comment made that there are a lot of mental health bills but no one has seen them.

DHS - Tina stated that DHS public 101 is Jan 4th. Budget approved. Provider inflationary increases are 0% first year and 1% for the 2nd year of the biennium. DD proposed an OAR (Optional Budget Request) to look at a new waiver potentially or amended an existing waiver - concern in gap in eligibility. We are receiving some technical assistance from CMS (Center for Medicare & Medicaid Services). We are having them look at all North Dakota Waivers. Money for another FTE in the division to assist with that Waiver and those needs.

TOPIC: STANDING NDICC AGENDA ITEMS

SSIP - State Systemic Improvement Plan Update:

Workgroup is working on professional development. What is sustained at local level and what technical assistance do you need from the state to do your work.

Looking at collaboration in state and out of state with other agencies. Due in April and is new Indicator 11. We are in Phase III which is showing the data to the Feds and making adjustments. Our demographics are changing. Serving kids with more medical needs/family situations are unique and are services need to adapt. Other workgroups haven't started up yet and when do they need to? We have a chart that shows the start dates and possible activities for all workgroups. In March we will have more definitive information on the plan. **Amanda will review the timeline chart at the March meeting.**

Part C Budget Report:

Amanda sent out to the members are Friday. No updated budget from what we reviewed in October.

DD SLOTS REPORT: 5280

Waiver year 4/1 to 3/31 every year and we have a certain # of common slots and eligible for services and screenable to the Waiver, which is 5280; when we run out of common slots we have set aside 190 reserved slots and 190 broken into 5 slots for extended services, 135 for infant development, and 50 reserved slots.

Run out of reserved slots - when talking to families about service provision, they couldn't join the waiver and we would pay for out of Part C dollars.

Suspended slots get renewed April 1st. Common slots increase by 105 every year. We look into Therap for following all Waivered slots. We have submitted a request to increase waiver capacity in Sept. but they stopped the clock because of other issues in the waiver. In 2018 we will start working on our Waiver renewal as our current Waiver run from April 2014 to March 2019.

NDICC Membership Updates:

Amanda updated all of the terms.

Stacie Dailey, Behavior Health Division (BHD) representative left Dec 9. Until her position is hired we will not have a representative from BHD on the ICC. Elizabeth Larson Steckler took over for Jacki Harasym. Sen. Poolman renewed.

At the October meeting, Sarah was in the parent position from Region I but when Region VIII parent left she wanted to represent Region VIII. Regions I, III, IV, and VII have parent representative positions open. Amanda sent emails to the Regional DD Program Administrators and will send again and send to DD Program Administrators, Infant Development Coordinators, and Experienced Parents on names for the open parent positions.

Provider position - Amanda has been in contact with Hannahbah Blue's replacement but nothing is final.

All of these positions became open in October.

Moe asked Amanda to write up a blurb to put in the Family Voices newsletter about parent representatives. Could also ask Pathfinders and Federation of Families if they would be willing to post in their newsletters. Do outreach to other organizations - tell them what regions you are targeting but let them know they can submit any and all names in case we don't find one from that specific region.

May want to look at the sentence after two misses and Chair contacts them and they say yes I want to continue but they still don't come - maybe this is something we should look at when we review the standard operating procedures.

What about holding meetings on Saturdays to accommodate the parent needs for daycare, etc.

Ask these other organizations to visit with families about providing family stories to the Council at the quarterly meetings.

Family engagement and getting families to attend meetings - have meaningful work to attend during the meeting - PT/OT a group of professionals early interventionist to be in the room next door to work with the kids doing something meaningful while parents are providing input to the Council.

Issue with parents having to take off of work.

Heather Turner, Grand Forks, will do a family story at the March ICC meeting.

General Supervision:

Letters of finding were issued and not able to issue level of determination and have APR data. Have a little data glitch and not able to get this done and will need to have this done at the January meeting.

Amanda will send this as soon as she receives it and it will be discussed at the January meeting. Programs are waiting for this information. Letters - goal is to start process to get out in June but Amanda stated that is usually out in April.

Level of determinations were within a month or two of the Letter of Findings and out by June 30. Letters of findings were out in Sept and still waiting on the Level of Determination.

Biggest impact for issuing letters late will affect the State's level. This will be on the agenda for January.

Council recognizes that Amanda's position is more than a part-time position because of what is involved in this job.

Time management for Amanda and then making sure that material is out to the ICC members in a timely manner.

Sarah wants to help Amanda to make improvements so long as we are headed in that right direction. How do we keep the accountability there also. How much we give for free and take on in our own job and roles - we know this is more than this is a part time job and how do we get funding for a full time position. Also worry about taking on more than we can handle in a volunteer role also.

Committee Reports:

Sent an email with the recommendation to obtain guidance from ICC.

Group of Part C entities that had contracts through the Part C budget.

Infant development, experienced parents, right track and technical assistance met twice prior to October meeting and ICC voted that the group become the early intervention subcommittee with Steve Olson wanting to be a part of the workgroup. There was to be a group that was to attend today to present.

First thing to update - first step talked about hard and difficult it is to look at his budget as all line items are important. Need to be proactive and not reactive and resolve some issues.

Agreed to find out how other states are spending part c dollars and known as minimum allotment states, such as North Dakota is. One line item jumped out at us is that North Dakota is putting more into child find compared to other states and look at other child find services. Not something to resolve within a month and Laura Satrom volunteered to look at the ages and stages process and utilize that system and build with other partners collaborating.

In the report, #3 - looking at child find costs and need to look at other suggestions. Laura will find out specifics as to what that can look like. Maybe making it birth to 5 and pulling in DPI and Head Start.

Decided as of last week develop recommendation to the ICC and then discuss sending to the State Office.

First recommendation - hopes to increase admin support and Part C coordinator to full time FTE. Present to State Office to get legislative support and how to readjust funds already there to get more help to administer part c budget. Audiology contracts - is the \$20,000 needed for this and Carol J provided some background on this. Early head start and head start are just making a recommendation on the pass or fail and refer to an audiologist. And IFSP is not fully developed until all information is received. The Committee suggested revisiting the process.

E1 a ii - purposing the \$50,000 to \$70,000 if recap the \$20,000 from the audiologist. \$70,000 is .85 FTE position.

Technical assistance contract is the MTAC contract with Carol J and Kristen V.

Relook at the right track numbers and put into technical assistance.

Certain things that ta needs from lead agency down - boost up and they will do a better job at their level.

Don't have the hours and affects everything around it and build up those hours it will give a better base.

Some people are willing to sacrifice some to make the whole better.

Moe asked if the \$70,000 was the additional cost but excluding the overhead, which was for a year for a 1.75 FTE.

Group felt getting a full time admin and then a half time support, and then start looking at the rest of the Part C budget.

There was more support for the Autism Coordinator and support staff.

This Workgroup is meeting on Thurs, Dec 22.

FTEs available within the DHS and able to cover the costs with Part C funds. New FTE would need general funds and Medicaid funds.

Discuss contracting with someone to do some administrative work, but as DHS decided to absorb we decided to look an FTE.

Accurate number on the cost, is it possible, contracting piece and look at all of the scenarios.

To find money and where cuts would be the most effective to get the bang for our buck. Gov. says to be innovative and child find piece find a hub where ages and stages and be placed and partner with DPI and have child find 0 to 5 that is maybe more cost effective and reaching more people

Program growth is only caseload growth - temp FTE's will be full time in the HSCs and money is for services.

Direct service line item - did a little looking at regions for kids using Part C dollars and those using only Medicaid. Some cannot have marketplace and be on Medicaid. County Social Service Board know that is a

waiver Medicaid services - this is an educational component. Lead agency has some questions and they are listed under the recommendations. Becky reviewed the questions.

No other states have part c tied to a Waiver - Moe thought some did. CMS told North Dakota that no other state does. Some states have fee for service, some bill private insurance, fee for cost participation or family fees,

Amanda could contact the Part C Coordinators. Create best argument and go forward. Don't have information on payment of services either.

Concern with families not being able to afford or want the affordable care act.

Did you look at asking for more general funds, they talked about it but thought it would be shot down? They felt they could get the FTE approval as we have the funds if we made some changes with the budget.

Can you answer the questions - talked about separating out first partial month and kids getting it as their total service, health enterprise reports are concerning across all departments using it.

Kids that have chosen Part C funds - look the child up in Therap and see what services and then put together a cost? Find cost per child and find out why families are choosing Medicaid. Identified more on what the specific reasons were for not choosing Medicaid - stigma, making more informed decisions.

When we get this information, the workgroup compiles, and take to Sen. Poolman and then what.

Workgroup wanting to know cost of a full time Part C

EI-ICC Subcommittee:

The ICC Received rec and want rec to go forward to look at further. We will add this extra information from the Division and then see if we can meet on this in Jan.

A motion was made by Sarah Carlson and seconded by Moe Schroeder that the ICC endorses and supports the Part C budget subcommittee recommendations. Moe withdrew her second.

Tammy - don't know I can agree, not fully informed and support exploring looking into all of this further.

Clear to committee if reducing technical assistance what will come out of the contract and absorbed somewhere else and full time person will take on what is taken out of the TA contract and is this realistic.

Some of the work is mandated and part of the Part C position and having it contracted doesn't reflect need to run the program.

Continue the exploration with the recommendation for the reports that are listed.

Committee will continue work, hopefully get information from fiscal and group will meet on Thurs and decide if executive committee needs to review otherwise present to the ICC at the Jan meeting.

Appreciate the subcommittee works on this as it was a hard thing to do.

Agenda Items for January

Annual Performance Report (APR) data work, Sen. Poolman bills, and follow up with any subcommittee work, Letter of findings/level of determination, family survey data, Sept. 2017 meeting date.