

**INTERAGENCY COORDINATING COUNCIL  
MEETING MINUTES  
Monday, Jan. 23, 2017**

**PRESENT**

Tina Bay	Tonya Canerot (left at 2)
Shannon Graves	David Zimmerman
Jodi Hulm	Valerie Bakken
Holly Major (left a 2)	Sarah Carlson
Moe Schroder	Stephen Olson (not the afternoon)
Jill Staudinger	Carol Brakel

**Staff Present:**

Amanda Carlson  
Colette Perkins

**Guests:**

Becky Matthews, Experienced Parent, BECEP  
Michelle Ragan, BECEP  
Lana Beaton, Grand Forks - interested in the parent representative vacancy for Region IV-Grand Forks

Lana would be willing to provide a Family Story at a future meeting.

**TOPIC: OVERVIEW OF AGENDA**

**TOPIC: FAMILY STORY**

No story.

**TOPIC: NEW BUSINESS**

New Elections, Executive Committee Appointment  
Sarah Carlson is Chair and Valerie Bakken is the Vice Chair.  
Executive Committee members are Jill Staudinger, Carol Brakel, and Moe Schroeder through Sept 2018.

## APR (Annual Performance Report) Data

Jill extended thanks to Amanda for getting this data out to view before the meeting.

The APR needs to be submitted annually to OSEP, who is under the federal Department of Education. Report on 11 Indicators to show our performance within the state.

Indicators 1 through 10 due first working day of Feb. and Indicator 11 is due the first working day of April.

Used to show states' compliance with federally or state set compliance. APR goes out on our website [ndearlyintervention.org](http://ndearlyintervention.org) and regional program reports also.

### Indicator 1

Our target is set for us by OSEP.

Measure timely service by start date is ISP. This is recorded in the QER (Quality Enhancement Review) and data is pulled from the QERs. We send list out to regions DDRPA and ID Coordinators and they say why the service didn't start on time and the reason can be family, weather, or agency. Wondering if the 3 programs were the same as last year's programs. What were some of the agency reasons - availability of professionals, etc.? Physical therapy - the therapist left the program before the service was provided, but provided by an OT but not on time; another document wasn't there and then it is agency reason. Letter of findings due to go out - typically issued after the APR is submitted and hope to have out by the end of March and have to be out by the end of June to be compliant. Findings are usually a 1 ½ years old.

Discuss the 3 agencies after letters of findings are sent out at the March meeting and if not, sent out would need to discuss in June.

### Indicator 2

The Council sets the targets.

Define "primarily" measured by looking at all part c services within IFSP and if we have 5 hrs a month in home of home visits and 5 hrs in month of consultants and receiving outpatient therapy 1 hr a month - they are considered to be compliant.

### Indicator 3

Data getting pulled from our child outcome tool and hopefully our outcome tool will be changing very soon. How the child looks when they come into our program and when they leave are program.

Evaluation team does the first one and then PEIPs will do this annually.

It will be about 3 years to get good data after implementation of the new child outcome tool.

Does this tool address other family member's mental health? Not aware of any already established tool that takes that into account as this is the child's outcome indicator. Not sure as we haven't done the training on the tool and not sure there are questions talking about family as a whole. Looking at interactions between parent and child - until we actually have a system of profess that understand the work that needs to happen between parent/child we probably will not see a lot of movement on this. How do we support professionals going into the home and know what resources are there and how to support the whole family. Shannon would be on a workgroup and apart of the MN early childhood infrastructure also. ARC will send Shannon's name to Carol J and Kristen V.

Looking to implement the new tool by July 2017 for all DDPM and ID staff to attend the required training.

#### Indicator 4

This year we did a mailing. We had a 14% mail back. We are not consistent in how the survey is distributed (in-person and mailing out) and not getting consistent in our data either.

Back to 6 month time frame and handout and include a return envelope. Need to have the same methodology across the state. Can the committee make a recommendation to the lead agency as a systemic change? Carol - do poll can Therap give the cases closed during 6 month period and then do a mail out survey for those that are closed? Can't pull out of Therap a 6 month review or annual review? Ask provider what they recommend for a procedure? Bring survey for the March meeting to review. Between now and March email providers on their thoughts/suggestions on how to best provide this survey to the families? Sarah and Valerie will compose an email to providers and have Amanda send it out. Will bring this to the March meeting and discuss.

Important to get input from those cases that are closed. PEIP does a 3 month follow up but it is a telephone call with the family. Did a google form on their telephone and asked the family to complete - would require home visitors to have a smart phone.

#### Indicator 5 Indicator 6

#### Indicator 7

Referral to IFSP meeting, which is 45 days. How far out did some of the dates go? Data for Indicator 1 and 7 for March to review and what about the narrative available for review - narrative for APR, which is emailed to Council members. Members can provide recommendations out of 13 findings 8 with provide and 5 with HSC and out of that so many came from region 1 and

this is our plan of action - ARC the plan of action is done through the regional action plan through our TA provider. Each regional action plan is different and will not be set by the March meeting, but can the State provide what is projected and a time frame would help Council members.

Main concerns and problems and if problems across the board or specific to a program, goal to come up with solutions to the problems and give to the individual regions or across the state - we don't need to know the program, we want to know the problem and give feedback to the state office on fixing the problems.

It is requirement that ICC review the data and sign off on whether to use the data as annual report to Governor or write your own report. Part B does the same thing.

RAP (Regional Action Plan) - digs down to figure out the issues, are there staff training issues, what are issues at the local level to improve on, or do we need to do something differently.

Want to know specifically what those findings are.  
1 & 7 & 8 - 13 due to agency reasons - what were those reasons? This is not in what we submit to OSEP but the state office has this information to share.

#### Indicator 8

We only report that there was a sampling. Do we have a breakdown between LEA and SEA - Valerie said 4 of the 6 were completed on time. 8 programs received letter of findings in 8b related to what they are doing solely with LEA. Programs don't have anything to do with the SEA notification.

#### Indicator 9

We don't report on this one and therefore, we put NA.

Indicator 10

No mediations were requested or held.

Indicator 5 and 6 - we have good child find activity or more kids with developmental delays and Amanda said it is a mix of both. The State Office will ask OSEP if they use the census data or how they get it. Indicator 2 checking on 2 kids at ACC.

A motion was made by Jill Staudinger and seconded by Valerie Bakken to approve the APR and submit to the Governor. Motion carried.

DHS Budget Announcement, Experienced Parent Program Removal

April/May rec instructions on what budget we had to prepared and as Dept. told to look at 90% budget, 90^ of 15/17 and had to find 10% reduction/savings in our budget. Within div look at services/funding for those services/is it a federal requirement/take funding away will anyone end up in an institution, and then it goes to the Dept. for review. What can we support that goes into Governor's budget and OAR (additional things we need to maintain programs or enhance services based on public feedback). Governor's Office decides what to do and then the Governor presents it. Governor Burgum's instructions came out last week and called for additional reductions from all agencies and we are determining the impact and who decides that the Dept. or the legislature. Part C is all fed money and to continue to provide direct service, we don't have enough fed money to do that to continue Right Track, MTAC because of the increase in direct service usage. Do we ask for more general funds to maintain or not. Experience Parent is not a requirement and that is how the decision came to not have in our budget for 17/19. Sarah - personal reaction and try to lead council with their involvement and create a response with the council and the understanding we all have the same

motivation that families and child 0 to 3 with delays and disabilities and looking at requirements of the Council and our role, function of ICC is to advise and assist lead agency in the performance of its responsibilities including identification of fiscal support of early intervention services of the Act. Disappointed the Council was not a part of that decision because it is a considerable change and I understand the required services but nothing that you are required to have much this money right track or any other pockets of part c and hope my input has value has impact of advising and assisting of what part c provides. Holly echoed those concerns especially time in developing scrips for experienced parent to increase participation of parents to apply for Medicaid and maybe rather than being 8<sup>th</sup> in the country we could be midway and still have experienced parent. The subcommittee was developed to look at the budget and put a lot of personal time into this and contractors put in money and knowing you were making the cut and allowing us to go about the work. When did the subcommittee first start working, it was Sept 2016 and our budget is submitted by July 2016. Tina cannot talk about the budget until approved by the Governor's Office. Do we need to speak to the Governor as it is hard to advise and assist if we can't know of the budget. Public comment meeting is tomorrow on DD on Tues, 8:30 to 9:30 but all day Tues and Wed morning for DHS. It is in the Brynhild Haugland Room on Tues and Sakakakwea Room on Wed. Chairperson is Pollert for Tues and Wed. Back into DHS budget that legislators can direct how to spend some of those dollars or attach more dollars for experienced parent. We want you to do this and figure out within the Dept. and here is additional funding for it. How much grant dollars for this program is there a breakdown for wages/ materials/ overhead costs, etc. Each contract has a limit for overhead of either 5 or 8%; in terms of salary we do not dictate that but we could ask the contractor for

that information. If there is \$200,000, does \$25,000 go to each HSC - no. Not each HSC get the same amount, it is based off of a formula of the kids served in each region. Need a breakdown of how the dollar amount is being spent. Question how much it costs to employ an experienced parent and how much is spent on those of us pounding the pavement. Maybe we don't need that much money if we look at a different way of spending. The formula has not changed as the population has increased. Instead of having each region having their own contract dictate overseeing or cheaper to run with one and this percentage goes to region 1, this percentage to region 2, etc.; need a solution to give to the legislators. The Experienced Parent helps to get people involved and on the Council. Need to have 20% parent and our standard operating procedures dictates 30%.

Detailed testimony and did legislative body inquiry about the change, they did ask about this change. The Division provided the Part C expenditures back to 2012 through 2017. \$143,000 to be short of federal money. The process to have families on the ICC engaged in these tough decisions and some parents have struggled with this also. Other things considered in the decision making to help us understand. The Division continues to see increases and we have talked about this - subcommittee has come up with solutions and asked for this back in June/July to be asking for an FTE. We have looked at Right Track and if we get rid of MTAC who will that extra work fall back on, looked at the ICC budget, audiologist's contracts, and birth review over the years, and doesn't mean it isn't important. Will something that we do, force anyone back into an institution. Governor Burgum has requested even more cuts. What is the Councils view and value of the role on the budget. In previous sessions the ICC has looked at what our stance is on bills and legislation etc. and honestly it is late in

the game to have those discussions. Support you with deadlines and any possible solutions and be a part of the process in the decision making. The partnership is in good time and bad and how do we partner effectively?

Jill submitted and ex office decided we can go this way and Executive Committee is subcommittee of ICC and contacted John Copenhaver through TACE and do work outside of ICC and he didn't have any examples of where ICC had moved from legislative action and move to have the subcommittee and group to separate but legislative work came from outside of the subcommittee and a group to do some testimony. The original plan was to get more money for Part C and that was the date we had to testify and decided to pull the FTE out and look for a study of the early intervention system to streamline the system. Legislative group has worked with Sen. Poolman to create a mandate for services and a study and prove that more support is needed for more admin work and we did talk to Tina and talked to the Governor's Office and they needed to inform Maggie and Roxane met with Maggie and informed her of their actions. Subcommittee's recommendations in light of budget announcement:

- 1) recommendation to the NDICC that a statement of disagreement be issued by Council in regards to the decision by the Division to defund the Experienced Parent Program by reallocating costs to the Direct Services Line item;
- 2) recommendation to the NDICC that they adopt a statement to the lead agency stating disagreement with the decision to defund the Experienced Parent contracts being made outside of the work of the subcommittee and the Council with no communication back to the Council on the decision;
- 3) recommendation to the NDICC that they recommend to the lead agency to fully work with the subcommittee and Council on further fiscal issues,

which includes a joint meeting between the subcommittee and the lead agency staff and provide requested data to further the work.

The Division reallocated the money to direct service and did not cut the money.

A motion was made by Holly Major and seconded by Moe Schroeder to move that the Council come to a resolution about the value of the Experienced Parent program in support by creating a statement for legislation tomorrow. Motion carried. Jodi Hulm and Tina Bay abstained from the vote.

Becky Matthews met with Rep Meier's - she didn't realize that the \$400,000 was a complete position. Other things that provide assistance in our state. Our DDPMS do not always know the system changes.

#### 2017 Legislative Session

Substance Exposed newborns and study.

ICC Dec meeting Amanda was to contact Sen. Poolman and talked to her last week and she would forward bills to Amanda and said she didn't need anything from the ICC right now. Early intervention and mandating statewide service - any questions address to Roxane Romanick as she drafted the bill and it doesn't have a number assigned.

SB 2251 - A Bill for an Act to create and enact two new sections in chapter 50-25.1 of the ND Century Code, relating to substance exposed newborns and to reenact sections 50-25.1-02, 50-25.1-05, 50-25.1-06.1 and 50-25.1-09 of the ND Century Code, relating to substance exposed newborns. Looks like they are trying to push to Children & Family Services route. Reading the bill under sec 6.1a - shall provide referral service to: they shall provide a referral to early intervention. There is a group looking at the high risk conditions

list in regards to this. Display withdrawal systems they are automatic. The high risk review group will be reporting back to the ICC in March, which was established through the early intervention polycom group which meets the 3<sup>rd</sup> Tues of every month. This hearing is on Wed, Jan 25, at 9am.

Sec 1 #4 - alternate response assessment - provide referral services and monitor - don't know if adding to child protection or Behavioral Health Div. in regards to addiction. Moe will talk to Sen. Poolman.

Roxane took the language out of Part C and wanting to put in century code. Governor has the ability to put Part C anywhere. North Dakota has to provide this system of early intervention, it is not a mandate. That is the purpose of lines 7 through 9. There will be a study of the state's system is what someone read. We can get behind to help protect children, is what we can get behind. Even if study doesn't get picked up, providers want to support the state office.

A motion was made by Moe Schroeder and seconded by Shannon Graves that the ICC supports Sen. Poolman's new bill that supports ICC services. Jill Staudinger, Moe Schroeder, and Shannon Graves voted yea. No - 0. Tina Bay, Valerie Bakken, Tammy Lelm, David Zimmerman, Jodi Haug, Carol Brakel, and Tonya Canerot abstained from voting.

SB 2194 - A Bill for an Act to amend and reenact section 151.09-58, subsection 1 of section 15.1-09.1-10, and sections 15.1-27-03.1, 15.1-27-15.1, 15.1-27-35, and 15.1-35-09 of the ND Century Code relating to the provision of and payment for early childhood education programs.  
This Bill failed in senate.

SB 2180 - A Bill for an Act to create and enact a new section to chapter 15.1-03 of the ND Century Code relating to the intent to refuse federal education funding tied to federal mandates. No hearing yet.

SB 2141 - A Bill for an Act to amend and reenact sections of ND Century Code relating to the regulation by the state board of psychologist examiners; and to repeal section of ND Century Code relating to applied behavior analysis. This was referred to Human Services.

SB 2060 - A Bill for an Act to amend and reenact subsection 2 of section 50-11.1-07.8 and subsection 2 of section 50-25.1-11 of the ND Century Code relating to parental notification of early childhood services investigations.

This Bill passed in the Senate and sent to the House.

SB 2250 - A Bill for an Act to amend and reenact sections 15.1-37-01 and 15.1-37-06 of the ND Century Code relating to early childhood education programs.

Rebecca Eberhardt is the new Head Start administrator and started at DPI this morning.

Other bills:

HB 1187 - A Bill for an Act to amend and reenact section 25-17-03 of the ND Century Code relating to the medical good program for phenylketonuria or maple syrup urine disease. This is the metabolic food program and it eliminates the age.

SB 2241 - A Bill for an Act to amend and reenact section 23-01-41 of the ND Century Code relating to the autism spectrum disorder database.

SB 2206 - North Dakota Century Code, relating to the transition of funding responsibility for county social services from the counties to the state and a credit against payments in lieu of taxes paid by centrally assessed companies; to amend and reenact sections 11-23-01, 50-01.2-03.2, 50-06-05.8, 50-06.2-04, subsection 3 of section 57-15-01.1, sections 57-15-06 and 57-15-06.7, and subdivision c of subsection 1 of section 57-20-07.1 of the North Dakota Century Code, relating to county and multicounty social service board budgets, county general fund levy limitations, and property tax statements; to repeal chapter 50-03 and sections 50-06-20.1, 50-06.2-05, and 57-20-07.2 of the North Dakota Century Code, relating to the county human services fund, the human services grant program, county property tax levy authority for social services, and the state-paid property tax relief credit; and to provide an effective date

This is a county social service bill - shifts local funding to general funds.

Review of Letters of Findings & Levels of Determinations:

Missed deadline on letters of findings and no deadline for levels of determination - data coming in don't have data for levels of determination and push to the March meeting and come with this many programs here and compared to last year.

**TOPIC: STANDING NDICC AGENDA ITEMS**

Committee Reports

EI Services Subcommittee

Recommendations:

Budget committee recommendations were covered by Sarah. Amount of dollars being spent on direct service from Part C budget and separated out from the 1<sup>st</sup> partial month. Jill - referred at birth cost the state based

off of the bare minimum of service that fee for services was built on \$7,164 per year and up to 3<sup>rd</sup> birthday \$21,493 - 3 IFSPs, 2 evaluations, 2 transition meetings, 3 assessments, 7.2 consults, and the home visits which is about 32 per year and 96 for a 3 year span. What is being utilized is a lot more than what was projected from that group is something that the Division could provide. Jill said these numbers and this amount doesn't reflect what it costs to actually provide the program and to break even as this was only a based formula.

Follow a kid birth to 3 (right at birth) and the 4 pay points. We can't pull in DDPM time as it is not a part c service or service coordination comes from Part C. Part C budget has to go out for public comment and also sent to the ICC members.

Data Requests:

State Systemic Improvement Plan

This is on the March agenda.

Jodi - Medicaid - dates of services for Jan. 2017 and forward - no longer have service limits on PT, OT, and Speech under the age of 21.