

**INTERAGENCY COORDINATING COUNCIL**  
**Thursday, March 22, 2018**

**PRESENT**

Christopher Pieske  
Sarah Carlson  
Tammy Lelm  
Kelli Ulberg  
Tina Bay  
Rebecca Eberhardt  
Valerie Bakken  
Tonya Canerot  
Holly Major

**Staff Present:**

Amanda Carlson  
Colette Perkins

**Guests:**

**TOPIC:                   FAMILY STORY**

**TOPIC:                   SSIP**

Carol Johnson and Kristen Votava provided information. We had to develop a Theory of Action Plan which contains; Data Quality, Professional Development, Policy and Procedures, and Evidenced Based Practices. Report is not completely done and is due April 2. The big focus this year is on providing data. Big part of this process is collaboration.

Data Quality - focuses on Child Outcome Tool and making changes to the data system to accurately collect data.

Professional Development - we have exceeded this. First outcome we could have a Professional Development plan and second part was that we have a system. Professional development workgroup of parents, professionals, and providers and if you want to be a part of the group please let us know. This workgroup has been working since 2016. Came up with a framework of how professional development could look. They have a pilot region and phasing out of being the first user. State roll out triadic

strategies needed to be released to the rest of the state. They showed the triadic strategies infographic that was released last fall. They have a PowerPoint presentation that goes with his infographic. We also conducted a survey. Sarah said that she feels the family perspective has truly been incorporated into this infographic.

Evidenced based - focused on years 2 and 3 and not much updating in this section. There is a video on key principles to be reviewed.

They developed an IFSP functional outcomes tip sheet.

Missi Baranko first group was to talk about challenging behavior and Val said we already have this. Special Education - had state personnel development grant and developed a multi-tiered system of supports, getting implemented in schools, but more school based. Seeing what was presented and thought why not join this together. We need stakeholder participation and moving forward will we apply for this technical assistance or separating out. Without these dollars and the people to come help do the work, we don't have the workforce. Missi started the invite for early childhood agencies but in Dec. when Rob came there was family invites. We also didn't know what agencies were doing and needed to figure that out. Didn't introduce family in initial stakeholder group but it is a topic of conversation and if we are moving forward, families will be around the table for sure. MTSS is running strong in our school and want to bridge and support and some schools do wrap around child care and realize this is a need for them. Also have the Striving reader's grant.

Policy/Procedure strand is about to happen.

We need to talk about as Council are the critical questions and will add to the report.

Critical questions - created in 2015; collaboration; serves a starting point for further discussions.

Critical questions:

Child and family

Practitioner level

Early intervention service program /local education agency

We focused on child and family level questions and characteristics.

1a and 1b - characteristics of families we are serving. Families are so different than before. Training different, more families are transient, and involved with social services. 1b and 2f - people who withdraw from services. See higher rate and then not. 1b and 2e - kids going to preschool and how many are not.

Who is the audience, who is asking that wants answers? State receives questions from parents, ICC, federal technical assistance, legislators, and state has its own questions. Intended audience is everyone. Why is this important for SSIP - as we drill down to provide appropriate support to parents and practitioners, this gets us to a higher level. Being able to provide more supports to parents and practitioners. Go out to Dasy site you can see all of the critical questions. We need to build the information.

How many people are involved/how many kids are serviced. Question between milestones and timelines - 1b 2c - want to know how effective the service is and how effectively we set the milestones. 1b, 2d, and 2e - relationship between early intervention services and early childhood special education - how many stay in the for long haul?

We truly don't have a good perspective of how many children we are serving across all of the different departments and programs, especially when we go to the Legislature. 1b and 2e - could figure out first question - leave early intervention early, parents opt out and see later than, don't have LEA notification/contact unless family tells us. Don't know answers to second part of question.

1b, 2f - determining eligibility as option for Part C on annual basis - checking to see why are children leaving, at what point in time, and seen later on in other areas as they leave early intervention.

Sarah picked same questions as Carol. 1a, 1b - high risk condition list, closed about eligibility and looking at that list. Focused on characteristics of child as it relates to eligibility for services but question includes family and what are the characteristics of families enrolled in early intervention outside of demographics don't know; what about people of minority, other components that increase risks. Duplication of services - what other supports are provided. Looking at the whole families support offerings.

Focus so much on transition.

1b, 2f - no matter where it is, withdrew from services and moved out of state, technically not eligible as they met all milestones and what did transition look like for that process.

Post services

1b, 2e - don't limit to early childhood special education, we want to know about any service. Wrap around all supports that the child had. E coincides with F - is there a stronger need.

Unique identifier - hard to do some of this without the unique identifier.

Identifying earlier so they may not need those services later.

Are kids being identified for services because they are English language learners and is it a need for that service?

**TOPIC: FAMILY SURVEY**

Talked about at the early intervention polycom and at the ICC in Jan.

ICC - length of time survey is out for families.

Handout is 6 month period of time.

Feedback from field was to shorten the time frame.

Suggestion from early intervention field was to do a 3-month time frame and 1 extra month for survey collection or if meeting was cancelled in the 3<sup>rd</sup> month and didn't happen they have an extra month to complete. Field recommends that DDPM take the lead on survey delivery to families. Region prints out a list of who they need to see and track what was handed out. DDPM communicates with infant development to say if they didn't go out jointly, let infant development know when survey was delivered and to follow up with family about the survey and completing. Recommend we have an information sheet rather than a letter. Families would be given a postpaid envelope to return the survey. Comments were 3 to 6 months, 6 month or longer, and all families.

Not send survey unless in service for 6 months, tried a 3-month period of time also. Could send one to every parent whose child is receiving a service. Talking to national TA tomorrow about the time period also. Ultimately the state does get to decide.

Can we ask the family how long they have been in service - yes we can. Has to be a fill in dot - 1 to 2; 3 to 5, or longer.

Easier if it is by how long in services rather than a time period.

Talked about changing up the survey. Kristen offered feedback, captured demographics of minorities rather than pick apart how long kid is in service. We have talked about percentage of return.

Language - Somali and Napali - could we do the survey in these languages.

Adult learning centers and putting on the information page and could help with those struggling with reading.

***A motion was made by Christopher Pieske and seconded by Kelli Ulberg that the survey be handed out to all families. Motion carried.***

***A motion was made by Christopher Pieske and seconded by Jill Staudinger to support the early intervention polycom recommendations as well with 3 months for distributing and the 4 month to collect. Motion carried.***

**TOPIC: INTERIM HEALTH SERVICES COMMITTEE**

Do any subcommittees have anything to push forward to the interim health services committee -yes.

Becky stated that many have volunteered to be on subcommittee. Asked people to pull out federal statute language, activities doing are they doing, ages of kids, and have a document that was sent to Amanda. Identify specific language around child find and how are you implementing. Next meeting dig into this further and is there duplication, collaborative partner or not. EHDI relies on Right Track services for screening and follow-up reporting. We also need to partner better with Health Tracks/EPSDT. Tammy stated that the home visiting piece and efforts through local public health has not been capture.

Next step - added more people. Meeting next week and try to bring forward some recommendations. Provide an update on the work doing and the next steps for the committee. Maybe there are some things we can do procedurally. Becky will provide Sarah a summary.

Chris reported on the budget committee. There are 20 members. Role of committee - gather information regarding budget bring to

ICC and participate in information gathering and brainstorming of the Part C world in general. Detailed budget overview from Tina and it was appreciated. Jill brought information from providers - Infant Development Coordinators met and wanted to try and billing to Part C for families who choose Part C as funding source and what was being billed to Part C for first partial month. Communicated with Tina and try to gather this information and here is what we are spending with Part C. Looked at 6 month period Jan 2017 to Jun 2017 - shy of \$500,000 going to 1<sup>st</sup> partial month. Tina working with Maggie and how many kids on Medicaid, where maybe look at costing savings to the Part C budget and bill to Medicaid.

Recommend support ongoing efforts to identify those kids.

Other effort - Tina provided information on simplifying the Medicaid application to hopefully get more families.

Family chose Part C to track how many billed on the pay points. Some initially billed Part C but down the road didn't apply to Medicaid and back to Part C. Region VIII and EIP in Fargo went back - their totals substantially higher for total of services billed to Part C, number around \$200,000 but would be higher.

Finding another source of funding for 1<sup>st</sup> partial month is greater area of potential savings and those not on Medicaid get on Medicaid. Would need a general fund match also.

Streamline application would be a benefit for families. Alternate sources of funding for early intervention - leads to right track. It is more than child find - should legislature appropriate general funds as it benefits folks that don't end up in early intervention.

Sen Tim Mathern said this on the phone call. Recommendation to interim committee and ICC - legislature is not looking at not making cuts to Part C grant expenditures and could other sources of money could be used for early intervention services - ongoing general fund appropriation, billing private insurance, etc.

Anne Carlsen Center and UND doing study on early intervention and if we could get information on this, that would help.

Information needed before we/DHS can make requests to Legislature - what is total cost for early intervention; how

many kids are reaching developmental goals before age 3; kids screened by right track that are on Medicaid; how does right track and EPSDT/health track (primary care provider or public health) and Medicaid will reimburse.

EPSDT - immunization, developmental milestones, mental health, oral health, etc. Health tracks you have to be on Medicaid. Health tracks follows the immunizations schedule. Can do an inter-periodic screen and Medicaid will cover that. Right track advantage is that we go to the home.

Time study for service coordination to determine time and costs for early intervention for DDPMs.

Recommendation from Budget Committee:  
Support efforts to coordinate with Medicaid for the 1<sup>st</sup> partial month. Explore alternate funding sources and possibly developing out prior to age 3. Cost of monthly service and right track how would they compare.

Executive Committee will look at the parking lot sheets and edit and send out to all members.

Interim Health Services Committee meeting on April 25 (tentatively).

Friends of Part C - endorsing moving funding from 1<sup>st</sup> partial month to Medicaid on cost savings (if there would be). Support experienced parent program and develop talking points and outreach to candidate, etc. Concern with over reliance on Medicaid.

General funds, private, family fee, 1<sup>st</sup> partial month, trust fund/private funds - asking for Legislature assistance in determining if one is a possibility and which one do you support and think we should move forward on.

**TOPIC: ATTORNEY GENERAL ICC REP**

Sarah talked with Mary Kae Kelsch. At the Sept. ICC we had list of questions that Chris helped put together to get some advice. ICC does not have an assigned attorney. Conversation with Mary Kae confirmed that. Jan meeting we asked if we could have an assigned attorney and would there be a cost. Mary Kae didn't have an answer and would have to visit within the Attorney General's Office and do a comparative with other boards. Also talked about advice and assist and the assist is very different. Sarah sent Mary Kae the standard operating procedures. Look

into other assigned boards that relate to DHS. If there was a fee it would not be like us going out and hiring a private attorney, there is a much reduced cost. Update more and welcome her to attend. **Keep on the schedule for the next meeting.**

**TOPIC: EXPERIENCED PARENTS**

Jackie was not able to attend the meeting. She sent information from questions to DHS.

After Jan meeting Tina collected questions and asked Pathfinder to respond. Amanda displayed the questions and responses. Budget concerns - go back and ask if they have a budget and how detailed is it.

How can council members be assured that service can be sustained?

Part of this is sustainability and them getting their arms around like the council has.

Tammy sent an email to Pathfinder via their website after the last ICC meeting but did not receive a response back.

Sarah received 2 referrals directly from Pathfinders and one since our last meeting but receives a lot from her provider. Katherine has received 3 referrals since she started in Oct. Oct 1 to Dec. 31 - a total 31 contacts with 18 different kids. Average length of contact 1hr 45min. Out of 31, 39% by phone, 55 by email and 6 by phone.

Katherine and Sarah attended an Experienced Parent meeting one month ago and Pathfinders say that they meet monthly with experienced parent there are 6 experienced parents.

**Referrals:**

How can they accept referrals (email phone online etc).

Response was - **email, phone in person and online is in construction.**

Is there a specific process of experienced parent. Response was - **Referral by service provider or Pathfinder office. Currently pairing by geographical location.**

What is the intake process? Response was - **through an intake form?**

Is there a referral packet and if so, what does it look like?

Response was - **Referral on whom? Brochure - brochures sent to**



hospital & other agencies, same brochure as what was sent out to DD & ID.

What is the timeline for responding to the referral? Response was - ASAP. Contact family within 48 hours of referral - experienced parent to contact family within 24 hours of referral coming to them.

Does the person making a referral get a response back? Response was - If referral by email, a confirmation will be sent. Otherwise by phone - response is immediate. If the referring party requests confirmation of Experienced Parent connection and leaves contact information at the time of the referral. Pathfinders will respond back.

Infant Development providers MUST send the referral to Pathfinder and not make the referral directly with an Experienced Parent. What about families: if families contact an Experienced Parent directly, Pathfinder will not discourage this.

Question - Wondering about the different ways referrals are accepted between professionals and families. Can they be consistent, in that professionals can contact the Experienced Parent directly? Sarah said the referral process from providers to her is seamless and then she forwards information to Pathfinders.

What is the purpose of release, who is reasonable for completing these and when does it need to be completed? Response was - Release is for documentation. The family is allowing the service provider to provide their information to Pathfinder. We as the service provider are to help the families to understand this process which will allow for clarity if there are questions later as to how or why an Experienced Parent received information and initiated contact. Signature is not required for infant development or DD to make referral.

Interaction with stakeholders - Experienced parent's attendance at infant development provider staff meetings. Response was - Experienced Parents are encouraged to attend - service providers need to supply meeting times.

Can the Experienced Parents follow the Infant Development program to get understanding of the needs of the families?

Response was - *Is this/could this be covered at the staff meetings?*

Can the Experienced Parent get back to the region that contact was made?

Don't have the right people at the table and have concerns and keep neutral.

Pathfinders has had a lot of turnover in staff.  
Provide the scope and budget of the RFP to the council members.

Review scope and is Pathfinder or Experienced Parent following the scope. Does it affect services being delivered? Send scope and review before the June meeting; along with the Q/A from Pathfinders and invite them to come in June on how they see things happening. Can we obtain a list of Experienced Parents and their locations? Can we invite the Experienced Parents to attend also - maybe not this meeting?

***Amanda will send the questions and responses to the ICC members.***

Question was asked if we should develop an experienced parent subcommittee and but what would the expectations be of this subcommittee.

**TOPIC: PART C COORDINATOR**

Held interviews about 3 weeks ago. Interviewed 6 applicants. Made an offer to Jackie Adusumilli and she accepted the position and will start until May 31.

**TOPIC: IFSP STATEMENT REGARDING DIRECT THERAPY**

***Tabled until June.***

**TOPIC: SEPTEMBER ELECTIONS**

Sept is when we nominate for Chair and Vice Chair.

**TOPIC: SEPTEMBER MEETING DATES**

***ICC will meet all day on Sept 12 and in the morning on Sept 13 and joint meeting ICC/IDEA afternoon on Sept 13.***

***Tina will check with other divisions on what they reimburse parents on their committees and we will check into state and federal laws.***

**TOPIC: FAMILY SURVEY**

Discussed above.

**TOPIC: STANDING NDICC AGENCY ITEMS**

Committee Reports

EI Budget Committee

Reported above.

Executive Committee

Sept ICC Meeting Parking Lot

EI Services Committee

Reported above.

SSIP Committee

Reported above.

State Systemic Improvement Plan Update

Reported above.

General Supervision Update

Working on the letters of findings and hopefully out within the next 2 weeks.

Level of Determination will be out by the end of June.

DD Slots Report

We are in reserved capacity for common slots.

Ran out of common slots last week.

5385 common slots; 190 reserved - 5 extended services; 135 for infant development; and 50 for emergencies.

Today we have used 5 of the infant development slots and have 8 pending requests.

April 1 starts a new Waiver year.

Part C Budget Report

**Tabled until June.**

NDICC Membership Updates

Moe and Beth - paperwork never returned and technically not appointed. Moe responded that she sent it back and Beth said she submitted hers.

**Tina will follow up with Chris about appointments to the ICC.**