

ICC
Thurs, March 28, 2019
Statewide Video Conferencing

PRESENT

Sarah Carlson	Missi Baranko
Beth Steckler Larson	Chris Pieske (am)
Matt Nelson	Tina Bay
Jill Staudinger	Amanda Carlson
Kim Hruby	Rebecca Eberhardt
Val Bakken	Kelli Ulberg
Carol Brakel	Shannon Grave
Moe Schroder	Eric Gault
Tonya Canerot (am)	

Staff

Jackie Adusumilli
Colette Perkins

Guests

Dianne Bossert, Infant Development MSU
Roxane Romanick, Designer Gene's
Christine Lawson, UND Student, KIDS Program
Mistie Bouilly, Pathfinder
Jodi Webb, Pathfinder

TOPIC: WELCOME AND INTRODUCTIONS

Sarah welcomed everyone.

The APR was completed before January for the first time ever and therefore, the Council didn't meet in January.

Sarah C. - goal of attendance - reminding people when they miss, thankful for the work we do and everyone that attends.

Missi B. - conversations about services and families receive in home - health family, right track, infant

development, and how we all work together and the supports that fit families.

Beth S.L. - expertise you have and take to the homeless liaisons and would love guest presenters on webinars to focus on 0 to 5.

Chris P. - do a better job of dialogue with parents in his region and representing the parents in his region.

Matt N. - attend the DDC Conference and learned a lot and would like to share with the ICC in some way and this year attended a session leading by convening resources and put together a presentation at an in-person meeting and share what he learned.

Tina B. - provide us much information as possible to the ICC.

Jill S. - broadening last year's goal to reach out to other Infant Development Coordinators to get input prior to our ICC meetings. This year need to step this up as didn't get responses she wanted and work with Bruce Murry and hold Infant Development meetings before the IC meeting to meet with coordinators to better represent them.

Amanda C. - step up how child care and early intervention interact and find opportunities to share professional development training and bring the 2 fields together to improve how we can support each other.

Kim H. - get familiar with the Council and improve our process of working with early intervention and making those children with early intervention know what Special Health Services can offer.

Rebecca E. - working h.s. directors/association and looking at enrollment and know a child in their program or early intervention so they know about each other and the transition. Hear some about how they are working together and other areas where they don't know they are going into the same home.

Val B. - our state early care and education is strong and continue with our unity and members are feeling well presented and keep building those relationships and we need to continue to grow. Goal - get information out there of how people can support early care and education through ???
There is a lot of false information shared and not being transparent and trying to hide something. Want to empower the early care and education people.

Kelli U. - where can we intersect, what are the gaps in our system in regards to behavioral health in these systems. Here learning what everyone does and where can we start to bring in early intervention in regards to behavioral health and working together.

Carol B. - aligning, working better together, getting information out, support families and let them know of the services we have; referrals remain high and help those we are meant to help.

Shannon - insuring the trends and issues raised within ICC are brought back to the ad hoc committee of higher ed representatives across the state.

Moe S. - further work around the family survey and supporting Part C office and hopefully provide an online option for the survey.

Eric G. - provide parents with the voice on the ICC and help in any way I can.

Tonya C. - take input and provide information to families and foster care and help them in taking care of the youth they have.

Dianne B - need to attend more frequently and know what services we aren't using regularly to provide to families we are serving.

Jackie A. - take all the needs and perspectives of families into our policies.

Roxane R - highly interested to service for infant and toddlers - Down Syndrome needs your supports and services. Interested in federal regulations and issues and state issues. Issue - make sure we have good family support for families; kids are important for services delivered and work around experienced parents and paid parent support and maintaining the funds to do the work in North Dakota.

Christine Lawson - UND student working on social work degree - internship with the Kids program. Interested with early intervention and dollars.

Mistie Bouilly - Pathfinder North Dakota - will be sharing later.

Jodi Webb - Pathfinder - defining 0 to 5 component and make smooth transition.

Sarah - why are you here, why are you doing this work. In June, Sarah would like everyone to share an agenda item that you want to discuss in more detail at the Sept meeting. Think about your goal and investment and does that reflect what you want to do in Sept.

TOPIC: NEW BUSINESS

Family Survey:

There is a subcommittee and have regular attendees - Carol, Jackie, Eric, Meredith, Beth, and Moe. Looking at getting a better representative response from Native American population and meaningful data for Part C office to move family friendly services forward and changes that need to be made and what is going right for the services provided.

Reached out to families/partners that identified Native American or those work with Native American and looking for more subcommittee members. They were unsuccessful and 2 parents interested and one unable to attend. Reached out to early intervention providers that had higher Native American populations. Home visitor handing out survey would see response rate go up. We met and asked Jackie to take to the Infant Development providers and wanted to be mindful of their workloads and do a methodology for next year. Infant Development providers handing out survey with self-addressed envelope provided by State Office or kids in past to identify to receive the survey snail mail and send out to those exited out and track for us data around handing out survey, choosing to opt out, sending in themselves, handing back in closed envelope to primary early interventionist. Hopefully at end, we would see a higher return rate.

Infant Development providers would do for this year. Put together an excel spreadsheet to track children initials, time frame of April 1 through June 30, date of survey deliver, family choose to give to early intervention, family mailed in, opted out, if child exited out of program and mailed out, date of closing - early intervention followed up.

How will you maintain enimity - identifier we would know - Infant Development providers will only know the

child's initials and no one else. State office would see the percentage.

Infant Development providers feel this will up the return rate.

Length of time - did Infant Development providers provide input on this - no. If in service for a year but exited out but received a service during that time - they received a survey. Be in the program a minimum of 3 months to receive a survey. Committee recommended 3 months of service. There isn't a federal requirement of how long they need to be in service.

The group feels survey is important and no one is really satisfied with how the current survey looks and questions added to provide meaningful data to the State Office other than OSEPs generic questions. They want to continue to meet until they feel met measurable impact on Native Americans. What is the capacity for an online option for Infant Development programs - how to best deliver and need to explore more. Explore costs also.

Missi talked about the Healthy Families surveys - they do online, phone, and paper and had a 55% return rate. It was easier than survey monkey.

Adding to the survey, how long have you been receiving services. They are exploring to add more questions. Missi will send Moe the survey they have been using. Could we also be able to sort and tell OSEP that these have only been in service for x months and these have been in service for this long.

Focus on methodology, online, and professional opinion really matters. Would be nice to have an infant development provider on the group.

Goals - 1 to 2 years - see Jackie host 2 focus groups with Native American population and have a voice on how to do this. Feedback - Jackie can do this - families at the table and we need to compensate and need to explore this more. Moe has put together some information/questions on this. Within 3 to 5 years see an effective online option for participants.

Questions on survey - do you want to look at outcomes and ask what is and isn't working well and could this come out of the focus groups.

We appreciate the committee's effort and the outline. The actual distribution would need to do for at least 2 months - some families only receive services once a month. Infant Development providers would identify that it would need to be mailed out. The excel spreadsheet will show the amount returned to the PEIP.

Subcommittee will create a script for the providers. Subcommittee needs to bring back a recommendation. This is summer work for the ICC to start doing and to make changes.

Indicator 2 - Telehealth meetings in April and not a lot to report on it. Jackie will check on the natural environment part of this with OSEP.

IFSP Example

Sarah looked at her son's and wasn't comfortable with the identifying information. Give a template to Kelli to be able to look. Jackie will print an IFSP for the July meeting.

Legislation DHS Budget

Governor budget 1% and 1% for providers to include Infant Development.

Senate side put budget out with a 2% and 3% inflation.

House side is still debating the budget and they are looking at 2% and 2% but still being discussed. Senate did not reduce the DD area. DHS budget is large and need to make cut and make efficiencies.

Roxane state that a gap that exists for families is transitioning out of early intervention and falling off Medicaid. Some have complex medical conditions and not eligible for DD and face medical fragile waiver being full, make too much money. Push through Senate children's disability buy in at 250% and haven't heard much from the House side. Buy in - established children has disability and DHS is doing using social security guidelines around medical eligibility and if passed look at family size and income, some inclusion and sign 5% of gross income premium each month. Not many families like 9 or 12 and \$1m and \$2m projected for the next biennium. Anticipate another 24 kids being able to use it.

Next Fri, April 5, is when bills and resolutions need to be out of committee.

DPI (Dept of Public Instruction)- had a bill with commerce grants - families who wanted to send children to preschool and qualified for free and reduced lunches could receive some grant money depends on what they are eligible for. 1st year was a planning year and some schools and some child care centers applied and was \$1.5m and working with Dept of Commerce as they were the holder of the money. This session - take money for Dept of Commerce and move to DPI where work was being done with same amount and same eligibility requirements and it was killed. Commerce took out of their budget, but the Governor put in his budget. Moe said to contact Family Voices next legislative session to help with support as long as it aligns with their mission.

Family engagement efforts has blossomed, and Val has the lead and focus on this is missing and getting families more involved and create a family engagement cabinet. Val will send the link to be shared with the Council.

Amanda Carlson -
2163

Response to unfortunate incident in 2016

Liability insurance for self-declared and licensed child care providers.

2287 - aquatic increase staffing ratios and both parents provide written permission for aquatic activity

2294

Fencing for all child care providers around their area

Defeated 2287 and 2294

2163 defeated in the House last week - those providing home - few insurance providers will provide in residence and those that do it is prohibitive for providers. There are administrative rules for aquatic and fencing already.

2183

Formalized training requirements for child care providers regarding fire inspections.

Parent notifications - worked for child care provider and 960 filed on you at home and because you worked there all parents and provider were informed.

2043 heard yesterday and passed. Completion of assessment, after assessment is done and services required, then a letter will be sent to the parents.

SB 2245

Adverse action taking place on child care provider -

Solidifies DHS to put on a provisional license - fix these things with a time line.

Kelli Ulberg -
2313

Children's cabinet - system of services and supports - passed yesterday.

1915i - Medicaid budget - still being considered and coverage for respite, education, transportation, family training, etc. for Medicaid population

School pilot - middle school age youth proposal to continue funding and additional funding for another school pilot. Previous bills through BHD failed but put into the dept budget.

Money to continue treatment for traumatized youth - network of 350 clinicians and continue training and network.

Mental health voucher program for young adults with serious mental illness is still being considered.

An observation - presenting bill out of committee put weight on people in the room testifying outside of phone calls and emails and saying anyone can testify. Communication to legislators are not open records.

Attorney General ICC Representation

Talked to MaryKay to connect but hasn't but will keep on our agenda.

Review of Standard Operating Procedures

Talked about adding parent compensation. Talked to Sharon Walsh and she responded with interest and copied Sarah and can do the work and get data and hasn't emailed Sarah back.

Budget

Part C and total number of kids served

Length of time fiscal spending is taking

Pay rates -

The early intervention services committee has met - they have prioritized the high-risk condition.

Direct services - break out by first partial and month and then the pay points.

How many children on Medicaid?

Identify new Medicaid numbers and separate out to look at the first partial month.

Tina received email from Medicaid and working on the data and talk about repercussion and impact of recipient liability.

How many kids we pay Part C dollars on Medicaid before and if they had recipient liability and on Medicaid as a child or as a family - is what Tina is waiting on.

Budget subcommittee has met and there is other information that is still needed.

There are 72 kids accessing Part C for their services. Not sure how many have been taken off and for the next meeting Jackie will do follow up with DDPMs. None of these are 1st partial month.

Ran out of common slots mid-Jan and we have reserved for early intervention and we are out of those slots as well. Trying to shift what we can but don't think impact of those Part C received a slot.

Waiver was out for renewal and received approval from CMS last week. Increased slots by 150 each year.

Common slots - how many are early intervention kids.
Don't have that available.

Tina displayed the Part C Budget showing FY 16, FY 17,
and FY 18. \$500,000 in Part C funds to get us through
June 30, 2018. FFY 19 starts July 1, 2019.

Federal funds - Medicaid spending for waiver services
General fund - state agrees to the Federal Medicaid
match. On average we are spending \$1.2m per month.

Why less evaluations - 2018 is 1st partial and 2019 is a
follow up evaluation. This is an average per month!

Monthly average number of people 1,229
Monthly average cost per person 852
Spend to date \$17,792,567.00

This information will be shared at each meeting.

Application changes have been made and it is going
through the chain of command. If only completing for
the child, they only complete this section but if
adding the family, they complete more. Tina will see
if she can get a copy to share here.

Medicaid is an entitlement - we need to have enough
general funds to match the federal funding.

TOPIC: STANDING NDICC AGENCY ITEMS

Part C Budget Report
Covered up above.

Committee Reports

EI Budget Committee -
Has not met due to Legislative Session.

Executive Committee -

Reviewing the meeting agenda before mailed.

EI Services Committee -

Haven't met during session. Doodle was sent out to anyone that expressed interest on being as a member. Will work on the high-risk condition. Let Becky know when you forward the invitation. Sarah - high risk conditions list to have special health services to look at it also to get a parent voice.

SSIP Committee -

2 workgroups - Professional Development Workgroup - finishing touches and refinement on power point that identifies what service coordination looks like in North Dakota and identify role of the DD Program Manager and what is Infant Development home visitor and their role in service coordination. Power point completed and put into an info graph. Meeting every month and good attendance. If parent doesn't want to pursue services, the DDPM would give the parents other agencies of possible services. Kim says they receive phone calls from parents that don't have anything and who should she call and that would be a DDPM.

Policy & Procedures Workgroup - project is working on defining role specific within early intervention - what does DDPM do, what does Infant Development do and put out in a visual and that processes listed from when they entered to leaving. matches are practices. This is in the editing phase. We are looking at some next things to work on. They are meeting monthly.

When documents are completed, they will be brought to the ICC, after regional programs have had a chance to review and give input.

Family Survey Committee -
Reported on earlier.

State Systemic Improvement Plan Update

Jackie displayed the SSIP with the members. This is part of the reporting that we do to OSEP. SSIMR improved social emotional outcomes for children who come in below age expectation but make substantial gains while involved with 1 identified provider as a result of participation in early intervention. Jackie reviewed the document. This document is only for the ICC review. The report to OSEP is due April 1.

Follow up to the scale not at all or a little - outcome to address these?

PIWI selected to address the challenges addressed in the survey. There are other tools out there also. don't see family to family or peer to peer - feedback form. Gather actual questions from MTAC as they sent it out via survey monkey? Having monthly PIWI meetings. This will be a standard item on our monthly polycoms.

Documents should be in field review by May 2019 and then to the ICC when close to final.

Critical questions and developed a few years ago, brought up and no opportunity to dive into them. Looking at technical assistance to develop a data drill down group - Infant Development Coordinators and DDPMs to look at the APR data and focus on critical questions, trends, items to bring to ICC for discussion and will likely start in June.

General Supervision

Submitted APR on Jan 29, 2019.

Technical assistance call with OSEP beginning of April to guide through open for data clarification. No questions or response from OSEP.

Part C Application is out for public comment through April 26 and it is due May 3.

Letters of findings and level of determination ready towards the end of March and looking at early April to get out to regions.

DD Slots Report

How many common slots are infant development going forward?

Month of march children came in as out of reserved they wouldn't be screened for waiver until 4/1.

2/3 cases where in home supports can't start until April 1.

Who determines the 150? This is a state decision.

NDICC Membership Updates

17 members here out of 21 appointed members.

Dave Z no longer with insurance but Janelle M. will be taking his place and will have her complete the application.

Holly Major continue to serve until another application is submitted. A mom in Minot is interested and also a parent from Region III is interested. There are 2 applications on file - Misty Bouilly Pathfinder and Michelle Ragan, BECEP. We have talked about adding providers and went up to 25. Prioritize someone to represent Native American population. Native American - anyone from PCAN and the work they are doing - Missi will visit with this person tonight.

Change in the area of boards and commission and they are vigilant about following up on appointments. Have lots of communication. Have each person submit something about why they are applying and what they can feel they can bring to the Council.

Need quick turnaround use executive committee otherwise vote in July.

Shannon love the idea of logging in from home.

TOPIC: PATHFINDER REPORT

Tuesday emailed most current report and updated provider map.

Experience parents are down and trying to hire.

High archy change - Sarah Carlson is the coordinator and Misty as program director and then the executive director.

There are 4 experienced parents.

Experienced parents must have a child in early intervention or was in early intervention.

Ideally want to have 8 to 10 exp parents on hand
Misty is reaching out to the DDPMS and asking for parents to be experienced parents.

Quarter 4 - saw an increase in contacts from 3 - 31 contacts. 32 families served in quarter 4 from 1, 6, 7, and 8.

Contact minutes 1,595 contact minutes - direct services are 50% or higher, outreach 35% and 15% is data entry.

Information distribution 2,000 pieces around the state - mass mailing to EPSDT, early intervention, and DDPMS. Good traffic on social media with advertising.

Distribution of gathering addresses and names for state pediatrics. Looking for medical referrals.

Implemented new data system with data programs.
Centralized location for exp parent to input their data.

Final stages of building the legacy training modules.
10 modules condensed into 4 and in final review and then over to DHS for review and input and then housed in the ap portal.

Once final will change to fit families.

Define a contact - experienced parent going into home, phone, text, Facebook, etc.
Is each contact a family - each contact minute is a contact; 1 family received 25 minutes. Have multiple contact and minutes with the same family over and over.

50% has to be direct minutes.

Referrals are coming from 1, 6, 7, and 8. There are zero referrals from the other regions.
Served 32 families and made 63 contacts on average.

Families as well as number of contacts and some families have a higher need.

There were early intervention and DDPMS not putting out the information.

How many minutes per family contact could be done?

Experienced parent to be involved with the IFSP, can we get an MOU.

Experienced parent going with the PEIP is ideal.

Reach out to Headstart and Early Headstart as they have policy councils that are majority of parent representatives.

Carol - strong advocacy and support groups going and make contact, would have some experienced parents coming from there.

Do we need to revisit the criteria for the next proposal?

Struggled with entering data and others were struggling family/medical is the reason why the previous experienced parents left.

Look at criteria and keeping involved in early intervention, the age cut off could be relooked at. Look at this in July and Tina will look at the scope and visit with the contract administrator.