

NDCPD Training Events***Training Workshops***

Train the Trainer to Train the Staff in Therapeutic Intervention *by Ron Odden*

Time/Date/Place:

9:00 AM-4:00 PM, April 11, 2007
at the Comfort Inn, Bismarck, ND

Registration Fee: \$60.00

North Dakota Association of Community Facilities 21st Annual Conference

Date/Place:

May 2-4, 2007
Doublewood Inn, 1400 East Interchange,
Bismarck, ND

Fee: \$130.00

For pre-registration contact:

Cheryl Rystedt @ 1-800-233-1737

The COLLABORATOR

North Dakota Center for Persons with Disabilities at
Minot State University

Executive Director: Bryce Fifield, Ph.D.

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“Have you heard.....Together we make a difference!”

Kimberly J. Witt, M.S.

NDCPD Project Coordinator

Each day infants are discharged from the hospital at birth without receiving an initial hearing screening. By missing this critical opportunity, children are left out of the early identification and intervention process, thereby, potentially delaying their overall development. Improvements to state Early Hearing Detection & Intervention (EHDI) programs are credited to national recommendations, guidelines, and legislation. Statewide, North Dakota is doing its part to develop more effective EHDI models and address ongoing issues. One example is by using the data from the online statewide reporting system, OZ eSP, to show ND's hospital participation and program implementation. ND EHDI is excited to share 2006 performance results and data from the 2006 Annual Performance Report.

Of the twenty-three birthing hospital partners in ND, six experienced changes in birthing capabilities or reported no births in 2006. By comparison, 17 of the 23 hospitals used the online reporting system consistently and 18 participated fully in the 2006 ND EDHI program. Four major cities and five hospitals accounted for the majority of ND births in these more populated areas. Hospitals experiencing more than 150 births per month are considered “large” hospitals and are not compared against “small” hospitals (<150 births per month). Data presented are composite data and are anonymously compared. Eleven indicators were chosen to demonstrate performance of the ND EHDI implementation for the past year; however, only three areas are discussed next.

ND compared its percentage of infants who did not pass (refer) their birth screen (OZ eSP) with the national benchmark and found that ND is very close in meeting this goal. The national target suggests that, of completed birth screens, less than 10% should have a refer result. Last year small hospital data indicated that 10.95% of infants screened, at birth, needed additional testing. Similarly, large hospital data indicated 10.56% of infants needed additional tests and the state averaged 10.63% overall. These data assist EHDI staff and its partners to identify training or equipment needs, thereby, decreasing this percentage.

Tracking and follow-up of infants who do not pass, needing an outpatient screen, is an area of concern nationally and statewide. This is clearly emphasized by data presented through the OZ eSP system as well. Small hospital data indicate that 52.18% of infants who needed additional testing actually returned for a second-stage screen. Large hospital data showed 54.90% of infants returned. The goal is to eliminate loss-to-follow-up completely and assure that all infants who refer will actually return for additional testing. A 100% return rate for outpatient screens may seem unrealistic but research has confirmed that the earlier hearing loss is identified in a child's life the more early intervention positively effects the child's development. By informing families of the importance of returning for an outpatient screen and providing support, the return rate will increase. Hospitals may need to employ new

(Continued from Page 1 – Kimberly Witt)

methods of appealing to families or continue to work with ND EDHI project staff to assist hospitals and audiologists to connect with community partners.

One such partner, assisting ND EHDH efforts to reduce loss-to-follow-up, is the Right Track Program. Right Track is a program funded through the Department of Human Services to provide parent education and necessary referrals to supporting programs. Another provider willing to assist is the ND School for the Deaf, Parent Infant Program (PIP). PIP is a home-based program that provides parent education to families of children birth to three with a diagnosed hearing loss. PIP staff agreed to provide follow-up to families whose infant has not passed two rounds of hearing screenings. These providers assist hospitals by encouraging families of infants to return for any necessary hearing screenings.

Tracking and follow-up with infants who need a diagnostic evaluation is another area of focus for EHDH programs on a national scale. Last year, 57 infants were referred for additional testing (12 by small hospitals; 45 by large hospitals) and only two were identified with having a hearing loss according to data reported in OZ eSP. In order to determine performance in this area, the number of infants identified with a hearing loss in ND was compared with the national incidence level where 2-3 infants per 1000 are identified with having a hearing loss.

Vital Records reported that our partner hospitals birthed 9,587 infants in 2006 (1,631 by small hospitals; 7,956 by large hospitals). Using this metric, ND small hospitals should have identified 3-5 infants with hearing loss in 2006. Large hospitals should have identified 16-24 infants. According to the national incidence level, ND is under-identifying infants with hearing loss or possibly under-reporting. However, few audiologists have access to the statewide reporting system and those that do have access need training on reporting methods. The ND EHDH program is in its infancy in developing and implementing a tracking mechanism for those audiologists without OZ eSP access.

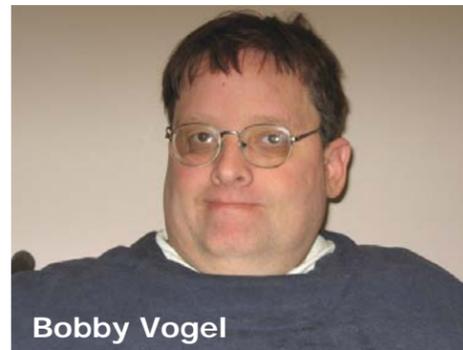
In 2006, OZ eSP data have illuminated both positive program indicators and some areas

needing attention. ND EHDH staff and partners are using the online statewide system and can now show improved performance, prove service quality, and determine areas needing greater attention. As national guidelines and benchmarks evolve, ND EHDH will continue to work with our partners to address challenges in the early hearing detection and intervention process. To access the full report, go to www.ndcpd.org/edhi, click on Resources, and then 2006 Performance Report or call (800) 233-1737, ext. 3579.

For additional copies of the Collaborator contact Kari Arayan at 1-800-233-1737.

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Bobby Vogel

NDCPD Consumer Advisory Council (CAC)

Bobby Vogel's term of service on the NDCPD Advisory Council ended in January, 2007. Bobby served two terms and received a certificate of appreciation and a clock from Bryce Fifield, NDCPD Executive Director, and Priscilla Carlson, CAC Chairperson. Mr. Vogel is now involved with a Human Rights Coalition in Grand Forks, ND. His participation on the CAC will be missed.

Employment for All

By Don Brunette, Chief Operating Officer, Friendship, Inc. and APSE Member



As a young job developer years ago, I was filled with idealism as the dream of supported employment was realized for many. My peers and I throughout the state were extremely successful in placing many people into community-based employment. We excitedly brought a message of diversity, unlimited potential and achievement to our community employers.

Twenty years later, I can still feel the excitement of those days. Today, human service providers are even better at making dreams happen for people we serve. Yet, there is still work to be done for people with more significant support needs. Here are several observations that are just as true today as they were twenty years ago.

1. The unemployment rate for people with disabilities has remained unchanged for decades. With an unemployment rate still hovering around 70% for people with disabilities, many feel the system is broken. It can be difficult to understand, filled with fear, bureaucracy and barriers for people with disabilities.
2. It is still too common to see people supported in the same work environments for decades. By advocating for career exploration that includes significant experience and exposure to community-based employment options, teams can help explore the unlimited potential that exists within all people.
3. The system can be intolerant of failure; yet, we know that repeated failure is a natural part of any career exploration.
4. Access to supported employment and extended service dollars is too often denied to people with the greatest support needs. Access is often based upon assumptions regarding a person's ability to succeed and stabilize in community-based employment. Success is more closely associated with a comprehensive, customized approach to employment, which leads to better job matches, more effective training and natural workplace supports. This is also true of self-employment. We've seen people succeed in self-employment who could not meet employer demands such as speed, thoroughness or multi-tasking.
5. Nationally, more dollars are spent on facility-based services than community-based services. Working together, we can reverse this trend.
6. Continuation of sheltered or facility-based employment. Society, employers specifically, are confused. Our values lead us to advocate for people to be full, inclusive, participating members of society and then we create a segregated place for people to work.
7. Nationally, service providers too often rely on workshop "production revenues" to enhance their budgets. Providers then are placed into a position to retain their best workers in the workshop to sustain the revenues and the organization is prevented from a truly person-centered approach to service delivery.
8. The use of 14c employment (sub-minimum wage). Human service providers have mission statements, beliefs and values that don't align well with the practice of sub-minimum wage. We need to discontinue this practice.

These challenges will remain controversial and opinions will continue to be as diverse as the people involved. Where will the next 20 years take us? If we, as service providers, continue to reflect on our shared values, quality of life will improve dramatically for all people receiving services.

A Bit of Disability History

April 4 marks the birth date of Dorothea Dix. Born in 1802, Dorothea has been described as “the most effective advocate of humanitarian reform in American mental institutions during the nineteenth century”. Dorothea was a major influence in the founding of 32 hospitals for people with mental illness, 15 schools for people with mental retardation, a school for the blind, and numerous training facilities for nurses across the United States. She was also influential in changing the treatment of people with mental illness in Europe. Although Dorothea did not play a role in the direct understanding or the nature of mental disorders, her ability to influence the government made her one of the most politically involved women of her time. The contributions Dorothea made toward the better treatment of people with mental illness helped to pave the way for social and medical reform that is still felt today.

Source:
www.webster.edu/~woolfilm/dorotheadix.html

NEW FACES AT NDCPD

Tanya McGill

NDCPD welcomed Tanya McGill in March as an Administrative Assistant to the Executive Director. Tanya is from Plentywood, MT; she moved to Minot with the Air Force and was medically retired from the military in 2002. Tanya is a May, 2006 graduate of MSU and is currently working toward a master’s degree in Management. Tanya has a daughter who is 10 years old.

Mary Olson

Mary Olson joined the NDCPD team in March. She provides office support for the NW Infant Development Program based in Williston. Mary grew up in Watford City, ND but has lived in Williston for many years. Mary has background experience as a medical technologist and was previously employed at the James Memorial Center for Visual Arts in Williston. She is married with three daughters.

Employment Related Webcasts, 2007 1:00-2:00 PM CST	
April 16: Employment for Individuals with Disabilities with Criminal Records Dennis Born , Director, Supported Employment Consultation & Training Center (SECTC)	This webcast will discuss employment barriers and strategies for individuals with psychiatric disabilities and criminal histories.
May 15: Transition to Meaningful Adult Roles: You Can't Put a Square Peg in a Round Hole Marilyn Henn , National Speaker on Transition	This presentation covers the journey and the outcome of Marilyn and her daughter, who has severe autism, over the past 30 years in words and video.
May 22: Organization Change: Examples of Successful Case Studies Karen J. Lee , Executive Director SEEC and Steve Blanks, Director of Employment Services	This webcast focuses on organizational change based on the experience of SEEC and how they transitioned to provide customized employment.
June 12: Customized Self-Employment Corey Smith , Director of Employment Supports, Via of Lehigh Valley	Entrepreneurship as a career choice is an important employment option for individuals with disabilities. Also discussed will be resource ownership.
For more information or to register contact: Teri Aufforth, NDCPD @ 1-800-233-1737	
<i>Sponsored by:</i> Region III Community Rehabilitation Providers Rehabilitation Continuing Education Program (CRP-RCEP) and Virginia Commonwealth University, Rehabilitation Research & Training Center on Workplace Supports and Job Retention (VCU-RRTC)	
<i>Webcasts purchased by the NDCPD CES Grant, no charge to participants.</i>	



Winners of the drawings for the “We Care” program are Susan Anderson for January and Marcia Johnson for February. Thanks to all of you who continue to support the NDCPD endowment fund by bringing in your receipts.

Marketplace receipts can be dropped off at Memorial Hall, Room 203, on the MSU campus or mailed to Rich Berg at NDCPD, 500 University Ave West, Minot, ND 58707. Be sure to include your name and phone number on the back of the receipt to be eligible for door prizes.

Kathy Erickson Retires

By Cathy Haarstad, NDCPD Consumer Liaison

Kathy Erickson recently retired after almost 20 years as the Director of the Pathfinder Family Center. We recently asked Kathy to look back on her efforts to help ND families.

What progress have you seen in educating children with special needs?

I believe that some of the progress for children with disabilities has occurred as a result of teachers learning and using best practices. Understanding of “active parent involvement” increased as parents began to help develop their child’s education plans. Parents who work with their children at home make a tremendous difference.

How did you become involved in developing parent information resources for families?

My turning point came when, with the help of four other parents, we established the Pathfinder nonprofit agency. That shared accomplishment, was followed by receiving a Federal grant to operate a parent training and information center (PTI). This has been (outside of my family) the focus of my life for 18 years.

What changes have you observed in parents?

I have observed more parents taking a “meaningful” role in their child’s development, related services and IEP’s. When my daughter was young, parents felt the pain of critical attitudes toward children and adults far more often. Attitudes toward disability have evolved and been influenced by prior generations. I wonder if those same attitudes are influential today in decisions made with eldercare.

What advice can you share with new parents?

I encourage new parents to provide the loving care that all infants deserve; not to focus on the “what ifs”, but to learn as much as possible about the impact of the condition, and ways to care for their infants, and to participate in a support group to learn from other parents.

What do you believe are the most important issues facing families and schools today?

I am still stuck on the need to focus on a good

evaluation of progress and what works best for each child. I believe that, with a concerted effort between home and school including the child, we can really make a difference in each child’s progress. In today’s busy world, fewer children and youth experience that level of effort.

What important lessons have you learned in helping families?

The most important thing I have learned is not to take anything at face value. Read, research, and dig into the law looking for whatever applies to your situation. Make sure that all players in a dispute are thoroughly aware of any extended circumstances. Approach any situation as knowledgeable and FAIRLY as possible, and state that as your intent in the first meeting.

What are some of the challenges that have impacted your work?

It has been a rather long and bumpy ride. Sometimes I wonder where I found the courage to invest my “working years” totally in a position that was federal grant dependent. There have been times when the stress of trying to get people to “yes” in the best interests of a child, has proved very difficult. I believe if I had the years to do it over, I would work even harder at training parents to know their rights, and to communicate in ways that encourage others to cooperate more easily.

What are some future trends that hold promise for helping families and professionals?

I am interested in “communities of practice” that provide gradual levels of training for parents, beginning with learning about a disability at birth, then what can be done in the home and finally how to access what is available in the community. There are obvious challenges to implementing this approach because of working parents, distance, and coordination. The most likely answer is to encourage use of online interactive training. This could be done through Head Start programs, county libraries, social service programs, clinics, and medical facilities. It would take a highly collaborative effort but what other alternative is there?



Rural Health Network Development Planning Grant

Contributed by Cathy Haarstad, NDCPD

The North Dakota Center for Persons with Disabilities (NDCPD), in collaboration with the ND Center for Rural Health's Family to Family Network (F2F) and Family Voices of ND, (FVND) will conduct a strategic planning process under the title of ND Family Support Coalition (FSPC). This plan will guide the implementation of future Rural Health Network Development grants for Family Support. The FSP Coalition anticipates achievement of two outcomes: 1) establishment of a collaborative network of rural health/human services partners, and 2) development of a comprehensive written strategic plan for family support services for rural North Dakota families.

While individual coalition members operate with their own *strategic plans*, the fact that there is no overall plan is a challenge to the ultimate development of a statewide family support system. The shared vision will accommodate the different program focuses, philosophies, funding streams, and other factors. There is a shared orientation to working with and assisting families; however, each organization accomplishes this in their own way. The planning process will need to be respectful of traditions and methods while guiding the members towards creating a common voice for family support organizations. This grant will provide the time and additional resources necessary to create and operate a network along with developing and implementing a strategic plan without subtracting resources from each agency's primary mission. Through this project, ND citizens with special healthcare needs and their families will have greater access to coordinated, quality health services which may prevent or somewhat alleviate secondary disability conditions. Our focus is clearly on establishing a plan for a more coordinated public health infrastructure for children with special healthcare needs.



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Pomeranz Accepts Policy Fellow Appointment to MSU

NDCPD's Executive Director, Dr. Bryce Fifield, is pleased to announce that Dr. Thomas Pomeranz has accepted a formal appointment as a Policy Fellow to Minot State University. Pomeranz is a nationally recognized authority, trainer, clinician, and consultant in the field of services for people with disabilities. He received his BS and MS in Special Education and a Doctorate in Mental Health Administration from Indiana University, followed by post-graduate work from the University of Notre Dame in the area of experimental psychology.

Pomeranz has held a variety of top level administrative posts in community-based service organizations and three large state-operated facilities. Over the past 35 years he has conducted thousands of seminars and programs throughout the US and Canada.

Pomeranz is the President and CEO of Universal Life Stiles, located in Indianapolis, IN. He has authored numerous articles in various professional publications and *The Principles and Practices of Universal Enhancement*. This four volume series, published by High Tide Press, details with humor and compassion the autocratic and clinical restraints of supporting people with developmental disabilities and the alternative "Universal Enhancement" way.

The **North Dakota Center for Persons with Disabilities** is a member of the **Association of University Centers on Disabilities (AUCD)**. AUCD is a national network of interdisciplinary centers advancing policy and practice through research, education and services for and with individuals with developmental and other disabilities, their families and communities.



Employment Expansion Effort (E³)

By Rich Berg, NDCPD Rural Development Specialist

The E³ project at NDCPD has collaborated with five departments on the Minot State University campus to employ five people with disabilities in part-time positions. Employment began February, 2007 and is targeted to continue through August, 2007. However, each department has the option to continue employment beyond the grant project. The five departments collaborating with the E³ project include the College of Business, Graduate School, Alumni Office, Rural Crime and Justice Center, and Enrollment Services.

Staff from the E³ project are working with two community agencies, REM and Community Options, Inc., to find workers with disabilities who are seeking employment. Workers are then matched to an MSU department based upon interest and skill. Current workers have mild to moderate intellectual and physical disabilities. The work provided by these part-time MSU employees augments the work done in each office. Each worker provides up to five hours per week doing tasks designated by each department, including mail delivery and pick-up, collating mailings, shredding documents,



Photo by Marshall Hill



Photo by Marshall Hill

taking inventory, compiling packets for presentations and displays, and other office duties. The employees are eager to come to work and be part of the workforce. Statistics indicate that people with disabilities are dependable and are a valuable asset to the workplace. The MSU Human Resources Office, which is not part of the E³ project, has employed a person with disabilities for the past year and a half. According to Wes Matthews, Director, "The experience has been extremely positive."

The long range goal of the E³ project is to provide data to the MSU campus and other campuses regarding the validity of tapping into this resource of workers within communities. We hope to expand this project beyond MSU and invite other campuses across the state to join in and include persons with disabilities as part of their workforce.

If you are interested in learning more about the project, please contact Rich Berg at NDCPD, 1-800-233-1737, ext. 4349, or email him at rich.berg@minotstateu.edu.