



**NORTH DAKOTA CENTER FOR PERSONS WITH DISABILITIES**

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## Director's Message: Children are Our Future

**By Brent A. Askvig, Ph.D., Executive Director**

This Fall, I had the opportunity to attend two meetings in Washington, DC. The first was the 75<sup>th</sup> anniversary conference for the Maternal and Child Health (MCH) Bureau of the U.S. Department of Health and Human Services. This conference highlighted the progress and accomplishments of 75 years of federal and state efforts directed toward the health and well-being of children and mothers. MCH work included such things as campaigns for immunizations of children, pregnancy checkups and supports for expecting mothers, newborn metabolic and physical screenings, campaigns to reduce Sudden Infant Death Syndrome, and many many more programs.

Through MCH's efforts, our nation's child health has improved. Infant mortality has dropped. SIDS deaths are reduced. Children are kept safe in car seats. And mothers enter, progress through, and complete pregnancy in good health.

The second conference was entitled "Looking to the Future: Opportunities and Challenges in Health Reform for MCH". Sponsored by the Association of Maternal and Child Health Programs (AMCHP) and the national organization of urban MCH leaders, this conference focused on how the Affordable Health Care Act has begun to impact local, state and national programs for children. This was AMCHP's effort to do a first stage needs assessment of how the nation was addressing the fiscal, social, and political factors impacting children's health.

Both meetings showed that, while we have made important gains in children's health, we have much farther to go. For example, the US was once near the top in our work at reducing infant mortality. Today we are near the bottom amongst all developed nations. In other words, babies born in the U.S. are more likely to die before their first birthday than in nearly every other developed country.

The U.S. still has much to do in terms of health access and insurance coverage of children. Many of our youth still go without appropriate immunizations. Childhood obesity is rampant. Teenage suicide rates are high. Large numbers of women still do not receive necessary pre-natal care. Children with special health care needs may not receive needed adaptive equipment.

But the future work to ensure healthy children faces many challenges. Political arguments seem to pull children's health back and forth, to and fro, in a sort of tug of war. Federal and state fiscal pressures are causing law-makers to choose, sometimes amongst the various children's programs, and sometimes between children and adult programs. The media and social pressures about what works and what doesn't, and about what is or is not important, sometimes confuses the decision processes.

What I learned at these meetings has profoundly impacted me. First, while we have made national progress on so many children's health issues, we are falling behind the arc of global progress. Second, national initiatives are viewed and implemented differently in our states. Screening programs, immunization practices, and home visiting procedures can vary greatly. Third, and perhaps most importantly, I learned of not only the federal passion for healthy children, but the state and local passion for our youth. I met so many people who said in one way or another, children are our future.

Whether you work with children, youth, young adults, or aging individuals, I urge you to weigh in on children's health. No matter our political views, philosophical underpinnings, or global ideologies, we generally cherish our youth and believe we must continue to progress in children's health. While the rout may not yet be settled, we see the vision of improved children's health in the future. As Franklin Delano Roosevelt, the impetus behind the development of MCH once said, "There are many ways of going forward, but only one way of standing still." Let us not stand still but move forward for children and their futures.

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## North Dakota Recovery Readiness Practices for Adults with Mental Illness Research Report Overview

**By: Amy Armstrong, Thalia Esser, Cheryl Merck, ND Medicaid Infrastructure Grant Staff**

### **Purpose**

The ND Medicaid Infrastructure Grant (ND MIG) at the North Dakota Center for Persons with Disabilities (NDCPD), in partnership with the North Dakota Department of Human Services (ND DHS) Division of Mental Health and Substance Abuse (DMHSA) conducted a set of surveys of adults receiving mental health services and professionals who administer mental health services in ND. Survey data was collected during the spring of 2010. The intent of the surveys was to gather data to assist the ND DHS – DMHSA, consumers, other state agencies, policymakers, and advocates to build on the current system of mental health services in North Dakota. Specifically, the information will be used to: 1) *develop ways to promote recovery and provide on-going improvements in the way mental health services are provided in ND*; 2) *identify what is working well in the current ND mental health service system and identify challenges of the current system*; 3) *help to determine the level of recovery readiness of ND mental health service providers*; and 4) *guide future implementation of best practices and improvements*.

### **Research Method and Population Surveyed**

With the focus of providing more Recovery-Oriented Person-Centered mental health services throughout ND, additional information was gathered through the following five different surveys:

- Survey of ND Human Service Center-Adult Mental Health Service Recipients,
- Survey of ND Recovery Center-Adult Mental Health Service Recipients,
- Survey of ND Human Service Center-Providers,
- Survey of ND Recovery Center-Providers; and
- Survey of ND Human Service Center Administrators/Supervisors.

The surveys for consumers and providers evaluated areas including: Hope for Recovery, Being Treated with Respect, Being Offered Holistic Care, Creating an Individual Plan for Recovery, Provided with Genuine Service, Finding Support in the Community, Working in Partnership with Providers, and Demographics section. The providers were also asked to answer several qualitative questions. The survey for administrators evaluated five areas including: Staff Competency and Training, Encouragement and Involvement of Peer Support, Modeling of Transformational Leadership, Demographics, and several qualitative questions. A Likert five point scale was utilized to measure participant attitudes.

### **Why Focus on a Recovery Oriented System of Care?**

A Recovery Oriented System of Care (ROSC) encourages people with mental illness to become independent and contributing members of society rather than existing notions that they must be “taken care of.” ROSC puts the individuals in the driver’s seat by encouraging independence, treating the individual as an equal in planning services, giving freedom to make mistakes, and building on abilities and strengths. ROSC also encourages employment opportunities, empowerment, peer support, family support, community involvement, access to resources, and education, etc.

### **Research Findings**

Data showed many strengths for North Dakota in the areas of recovery readiness as well as areas for growth and improvement. Overall, the analysis of the survey data indicated the responders, expressed satisfaction with services, with a few exceptions. Survey data indicated the following challenges to be addressed: dissatisfaction with finding support in the community; high un-employment rate for consumers; non involvement in job training programs; need for dual diagnosis services; and need for increased funding for community services and housing. Survey data indicated that organizations employ competent and trained staff, but the DMHSA needs to encourage greater peer support and consumer involvement as well as becoming a model for transformational leadership. Recommendations for moving towards a recovery oriented system of care included increased employment opportunities, empowerment, peer support, family support, and community involvement, access to resources, education, and collaborative relationships among agencies that provide services. These key areas must be supported with appropriately trained staff and funding mechanisms for success.

## Upcoming Training

### **Workshops: Friendships Matter! Creating and Facilitating Social Networks**

**Presenter:** Amanda George

**Sites & Dates:**

March 8-11, 2011

March 8– Development Homes, Grand Forks

(Room Block at the C'Mon Inn 3051 32nd Ave S, 800-255-2323)

March 9– Doublewood Inn, Fargo,

(3333 13th Ave S, 701-235-3333, reserve rooms before February 22)

March 10, Comfort Inn, Bismarck

(701-233-1911, reserve rooms before February 22)

March 11– Comfort Inn, Minot

(701-852-2201, Reserve rooms before February 24)

**Time:** 9:00 a.m. - 3:30 p.m.

**Registration Fee:** \$75.00

### **Workshop: Train the Trainer to Train the Staff in Therapeutic Intervention**

**Presenter:** Ron Odden

**Sites & Dates:**

March 30, 2011 AND July 14, 2011

Comfort Inn, Bismarck

**Time:** March 30, 9:00 a.m. - 3:30 p.m.

July 14 (follow-up) 9:00am-Noon

**Registration Fee:** \$75.00

### **Webinar: Positive Behavior Supports in the Workplace**

**By:** Katherine Inge, PhD.

**Date:** February 9, 2011

**Time:** 2:00-4:00 pm

**Fee:** \$30.00 per site

### **Webinar: Social Competence for Persons with Autism Spectrum Disorders**

**By:** Brenda Smith Myles, Ph.D.

**Date:** March 16, 2011

**Time:** 1:30-3:30 pm

**Fee:** \$30.00 per site

You may now register online via credit card for webcasts, conferences and workshops hosted by NDPCD. To register, go to [www.ndcpd.org/events](http://www.ndcpd.org/events), choose the appropriate link for workshop or cd cast. Click the link to register online and follow the prompts to pay with credit card.



## GPIC Clinic

The Great Plains Interdisciplinary Autism Diagnostic Clinic (GPIC) is funded through North Dakota Department of Health Children's Special Health Services Division. We will be holding our next GPIC clinic in Minot on March 29<sup>th</sup>, 2011. We welcome professional, educational or parent referrals to be a part of this clinic. GPIC clinics use an interdisciplinary, arena style approach for the assessment. We are able to see two children per clinic. The grant supports four clinics per year, two will be held at the Anne Carlsen Center in Jamestown and two at NDPCD in Minot. For more information please contact Connie Irey at 858-3286 or 1-800-233-1737 ext.3286.

## Ram Good Job Award

The Ram Good Job Award is given to a staff member each month to recognize them for doing such a "ram good job." This award is given by the preceding month's award recipient, and honors the staff member's work to enhance the lives of people with disabilities and further the center mission. Winners over the past months include:

**August 2010 Koletta Ficek, Infant Development Program**

**October 2010 Korie Huettl, Administrative Assistant**

**November 2010 Lori Kalash, Assoc. Director, Community Services**



Ram Good Job

## Current Scams in North Dakota

**By: Linda Madsen, SMP Project Director**



North Dakota citizens are not exempt from the healthcare scams we've been hearing about. Scam artists are using the Affordable Care Act (healthcare reform law) to confuse seniors into providing personal information. The following scams have been reported in North Dakota.

- Scammers are seeking personal information such as Medicare and bank account numbers, saying it is required by the healthcare law in order to issue new Medicare cards which contain microchips. **Medicare is NOT issuing new cards. Medicare is NOT going to call you requesting your Medicare number - they already have it. Do not provide personal information over the phone if you are unsure about who is requesting the information.**
- Scammers are calling North Dakota seniors and telling them that as a result of healthcare reform, they have the opportunity to obtain health insurance that is better and more cost effective than Medicare. **Hang up on callers that pressure you for personal information or request that you enroll in a Medicare product over the phone. Guard your health insurance, Medicare, Medicaid and Social Security numbers in the same way you protect your credit card numbers. Never give these numbers to a stranger on the phone, in an e-mail or on a website.**
- Scammers who claim to be with the government are going door-to-door to sell fake medical discount plans. **Government officials do not sell insurance policies door-to-door or over the phone. As new insurance benefits take effect, rely on trusted sources to tell you what you may need to do.**
- Scammers are offering to help beneficiaries enroll in a program they claim was created by the new healthcare law. **Do not pay anyone to help you receive your new benefits – this is a free service. And do not reveal any of your personal information to them, such as your full name, date of birth, Social Security number, Medicare number or insurance card.**
- A television commercial urging people to call a toll-free number to sign up for "the new government insurance" during a "limited enrollment period." **Do not call. Once you have contacted them, they are exempt from the "Do Not Call" registry and can call you as often as they want. In addition, if you sign a form, it is not considered a cold call/visit when they come to your door.**
- Scam involving diabetic supplies. Seniors receive phone calls from an unidentified individual or company claiming to be associated with Medicare. The caller offers free diabetic testing monitors and other supplies, and they knew the name of the seniors' doctors and tried to coax victims to provide their Medicare billing numbers. This same caller asks if the beneficiary has back problems and then offers a free back brace. **Decline all offers of free medical equipment, health services, groceries or gift cards that require you to provide your insurance information. If the offer is truly free, your ID numbers aren't needed.**



Remember, government officials will not be calling you about any of the new health insurance programs or any part of your Medicare coverage. Report to authorities anyone who claims that they are "with the government" and wants your money or your personal information. Ignore anyone who uses the sales pitch that "you have been preapproved" for insurance because of the new healthcare law.

Immediately report financial crimes to your bank, credit card company and credit bureaus, and continue to closely monitor bank and credit statements for continued signs of fraud. To report Medicare fraud, call the ND Senior Medicare Patrol (SMP) at 1-800-233-1737. ND SMP is a free service which provides one-on-one assistance with Medicare fraud and scams.

## NDCPD Collaboration

**By: Steve Peterson, Mythbusters Project Director & Vicki Troftgruben, FamNet Project Director**

North Dakota FamNet and the Mythbuster Project, two separate ventures managed by the North Dakota Persons with Disabilities (NDCPD), are collaborating to enhance and publicize a *Speakers' Bureau*. This Speakers' Bureau was initially established by the ND FamNet project. It is a listing of speakers obtainable for presentations, including available topics and speakers' contact information. The Speakers' Bureau can be a beneficial tool for service organizations, schools, state agencies, legislators, churches, families, and to the community in general.

North Dakota FamNet is a Rural Health Network comprised of non-profit organizations and state agencies. Its mission is to do together what may not be done alone to enhance the well-being of North Dakota families of children, youth and adults with special healthcare needs or disabilities. Its members provide information, support, training, and education to families and state leaders on the needs of this population.

"Mythbusters" addresses a DD Council Core Goal and does what you would expect from its name; it's a project to change public perceptions of developmental disabilities. The project uses social marketing tools and several areas of activity to reach out to the public. Examples are: (1) radio, television, internet, and billboard advertizing (2) presentations (3) publications (4) work with educators and lawmakers to spread the theme, etc.

The Speakers Bureau is now available to the public by accessing it through the FamNet website at ([www.ndpcd.org/ndfamnet](http://www.ndpcd.org/ndfamnet)). If you are interested in obtaining a speaker from this list, please contact that speaker directly through the contact information provided. Also, FamNet and Mythbusters are working on the expansion of the speaker's bureau. If you would like to be included or would like more information, you may contact Vicki Troftgruben, Director of FamNet, at ([vicki.troftgruben@minotstateu.edu](mailto:vicki.troftgruben@minotstateu.edu)), or Steve Peterson, Director of the Mythbuster project at ([steve.peterson@minotstateu.edu](mailto:steve.peterson@minotstateu.edu)). Vicki and Steve can both be reached by calling NDCPD at 701-858-3580 or 1-800-233-1737.



## New Staff

Suzanne Blessum joined NDCPD as a project secretary. She graduated from Minot State with her Bachelor's degree in Management and Marketing. Suzanne is married to Jay and they have two children, Samantha and Connor.

**Suzanne Blessum**



Schaefer, an alumna of MSU, joins the Minot Infant Development Program as an early childhood specialist after being a therapeutic riding instructor at Minot's Dakota Boys and Girls Ranch. She completed a bachelor's degree in developmental disabilities at MSU. Her hobbies include riding horse, reading and playing basketball. Schaefer and Mark, her husband, have four children, Emma, Jack, Oliver and Henry.

**Kristv Schaefer**



For additional copies of the Collaborator contact Linda Madsen at 1-800-233-1737.

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## Adult Student Transition Education Program (A-STEP) at Minot State University

**By: Janet Green, A-STEP Project Director**

A new student population will begin their college experience at Minot State University in fall semester 2011. Recently, the North Dakota Center for Persons with Disabilities received approval of a \$1.4 million grant, spanned over five years, from the U.S. Department of Education to develop the Adult Student Transition Education Program. A-STEP must demonstrate inclusive postsecondary experiences for students with intellectual disabilities. A-STEP will open the doors to life-long learning and the benefits of higher education to North Dakota students with intellectual disabilities while maintaining the academic integrity of courses from Minot State and Dakota College at Bottineau.

The funding from the US Department of Education, Office of Postsecondary Education is provided to institutes of higher education to provide inclusive experiences with same-age peers in educational, social, and employment settings. As such, A-STEP will integrate students with and without intellectual disabilities in academic, social, and employment settings while offering the support necessary for success.

Using a non-degree seeking alternative pathway to employment, A-STEP will provide inclusive academic, social, and employment experiences to students with intellectual disabilities. It will utilize person-centered planning for transition and employment, individualized services and supports, faculty training and ongoing support, and peer tutoring and mentoring. A-STEP students will participate in a combination of courses from the institutions' undergraduate catalogs, typically audit or non-credit, and specially designed classes to build the students' skills in independent living, social and employment activities.

A-STEP uses a collaborative approach that includes the institutes for higher education (in this case Minot State University and Dakota College at Bottineau), local education agencies (Souris Valley Special Education and Peace Garden Consortium for Student Support Services), Vocational Rehabilitation, Developmental Disabilities case management, centers for independent living, among others. A-STEP was based on the work completed in September 2010 by the Think College strategic planning mini-grant and will follow the guidelines recommended by consumers throughout the state.

In January, A-STEP will begin recruiting five students age 18-21 from local education agencies for participation to begin their college experience in August, 2011. Recruitment will be directed through the local special education unit in order to access youth with intellectual disabilities still eligible for continuing their education from 18-21 years of age through their local high school. Youth must be interested in continuing their education and have an employment goal in mind before acceptance into the program. Collaboration with the local education agencies is a must and will encourage a smooth transition from the local high school into the postsecondary setting.

The U.S. Department of Education awarded the funding under the model comprehensive Transition Programs for Students with Intellectual Disabilities. TPSID's objective is to assist student with intellectual disabilities transition to postsecondary education. The Institute for Community Inclusion at the University of Massachusetts-Boston received a separate grant to endow a center to support these TPSID grantees as well as other programs around the country.

For more information and to get involved, contact Janet Green at 858-4473 or [janet.green@minotstateu.edu](mailto:janet.green@minotstateu.edu).

## ND EHDI on the Road

**By: Julie Wetzel, EHDI Follow-up Coordinator**

In the past, ND EHDI staff have traveled across North Dakota visiting hospital staff and hearing care professionals within each community. These site visits been a great way for everyone with a vested interest in infant hearing to meet face-to-face, discuss current hearing care practices within their community, as well as share lessons learned from other communities. The main goal is to find what is working, what isn't, and what can be done to enhance each community's individual program.



Community meetings are typically held at a local hospital and include a wide range of attendees. ***EHDI staff will soon be contacting community hospitals to schedule these annual meetings.***

We appreciate each hospital's hospitality and the opportunity to come together to improve hearing care efforts in North Dakota. If you are a hearing healthcare provider and would like to be a part of a community meeting in your area, please contact ND EHDI at 1-800-233-1737 and ask for Julie W. We value your input and involvement and look forward to visiting everyone soon!

### **FACT**

Everyday in the United States, approximately 1 in 1,000 newborns (or 33 babies everyday) are born profoundly deaf with another 2-3 out of 1,000 babies born with partial hearing loss, *making hearing loss the number one birth defect in America.* ([www.cdc.gov](http://www.cdc.gov))

For North Dakota, this equates to about 10 born profoundly deaf with another 20-30 born with partial hearing loss each year. In 2009, North Dakota was only able to report 13 cases of hearing loss. We have a long way to go.



States in red do NOT have a screening mandate (NCHAM, 2008)

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.





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**Available in alternative  
format upon request.**

## The Collaborator

The Collaborator is the quarterly newsletter for the North Dakota Center for Persons with Disabilities (NDCPD). NDCPD is a University of Excellence on Developmental Disabilities in Education, Research, and Services at Minot State University. It is part of a network of similar programs at universities throughout the United States.

### **Our mission...**

To provide leadership and innovation that advances the state-of-the-art and empower people with disabilities to challenge expectations, achieve personal goals and be included in all aspects of community life.

### **Vision Statement...**

We believe that people with disabilities have the same rights as all citizens. We believe that people with disabilities who receive publicly funded services have the right to expect that those services appropriately promote their independence, productivity, integration and inclusion. Furthermore, we believe that the public expects that these services will be provided in an effective manner.

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