NORTH Dakota | Human Services
Be Legendary.™

Putting People at the Center of the Practices

Reminders

1. Participants will be muted during this webinar. You can **use the chat feature** in Zoom to post questions and communicate with the hosts (chat “To Everyone” for all to see).
2. Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into chat.
3. The webinar is being **live captioned in English**.
4. Attendees may receive **1.5 Continuing Education Credits**. To confirm attendance, please login to the webinar via your Zoom account.
5. The live webinar includes **polls and evaluation questions**. Please be prepared to interact during these times.
6. This webinar is being recorded. **The recorded webinar will be available** at www.hsri.org/nd-pcp within two weeks, along with a PDF version of the slides, and questions and responses.

Agenda

10:30 - 10:40 **Welcome**
Jake Reuter and Pamela Sagness

10:40 - 11:10 **Presentation**
Jennifer Turner

11:10 - 11:15 **Break**

11:15 - 11:20 **Welcome Back**

11:20 - 11:55 **Panel of Individuals with Shared Experiences**
Alisha Owens, Lindsay Schuh, Shannon Strating and Shannon VandeVenter

11:55 - 12:00 **Closing + Next Steps**

Welcome

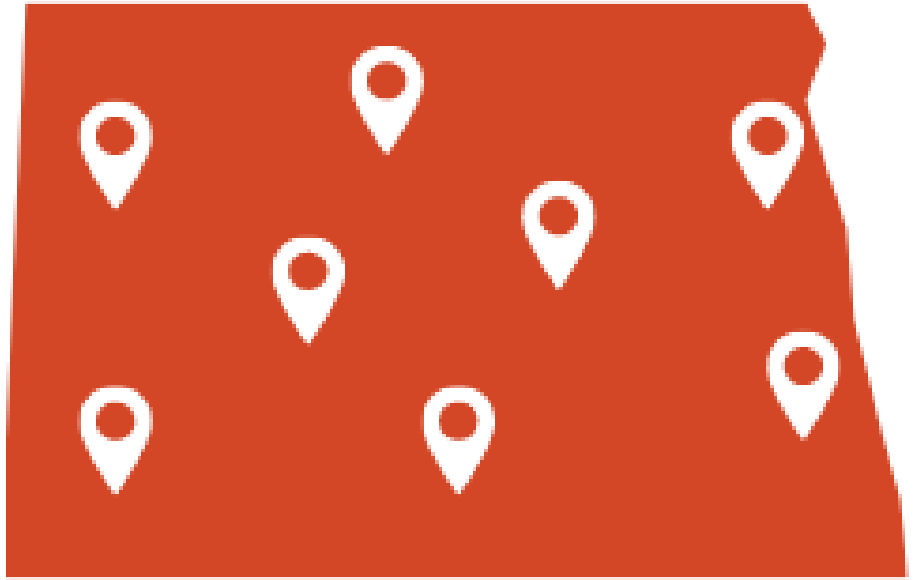
Pamela Sagness

Executive Policy Director, Behavioral Health Division NORTH Dakota Be Legendary.™ | Human Services

- Responsible for identifying service needs and activities in the state's behavioral health system.
- Works with partners to address behavioral health needs across the continuum from prevention to recovery.
- Experience as a clinical provider in both the public and private sectors informs her development of effective programs and policies with a focus on systemic change.

Statewide + Systemwide Initiative

Person-Centered Practices (PCP) assist individuals in having control over the life they desire, and fully engaging in their communities.



North Dakota is developing a strong and consistent statewide vision and universal understanding of person-centeredness across all North Dakota Department of Human Services entities and community partners.

How to Implement

Bring diverse voices to the table

Support individuals participating in services and statewide system change efforts

Transform policies to reflect statewide person-centered values and culture

Ensure communication is accessible and relatable

Support from Subject Matter Experts

Technical Assistance

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) helps states, tribes, and territories implement person-centered thinking, planning, and practice in line with US Department of Health and Human Services policy. North Dakota is one of 15 states to receive Technical Assistance for up to 100 hours of subject matter expertise for three years, to help advance person-centered thinking, planning, and practice. The third year begins in October 2020.

Collaboration with Local ND Stakeholders and Tribal Nations

Local organizations, advocacy groups, and representatives from Tribal Nations have contributed to development of North Dakota's Person-Centered Practices initiative.

Project Management

Support for the statewide initiative, including coordination of efforts, is being provided by the Human Services Research Institute (HSRI).

Materials

www.hsri.org/nd-pcp

A public website with updates on North Dakota's PCP system change initiative.

Technical Assistance Plan

NCAPPS, HSRI, a cross-division workgroup and subject-matter experts are managing North Dakota's plan and related activities to ensure system change.

Asset Map

A working tool to:

- document existing stakeholder engagement opportunities
- encourage systematic and strategic thinking about next steps
- save time and resources
- reference when brainstorming potential groups to engage
- expand and improve on current systems and processes

Person-Centered Practices Summit

Three-part webinar series in Fall 2020 to engage individuals receiving services, their families, stakeholders, and providers in a true form of collaboration to reach a shared understanding of PCP, facilitate connections, embrace cultures and promote improvement for system change.

How to Engage Individuals Who Receive Services

North Dakota's Guide of Best Practices outlines proven strategies on how to consistently involve individuals in workgroups and teams, so they are at the table when decisions are being made.

Person-Centered Practices Self-Assessment

All divisions in the Department of Human Services will engage in the Person-Centered Practices Self-Assessment process.

- Aging Services
- Developmental Disabilities
- Children & Family Services
- Behavioral Health
- Vocational Rehabilitation
- Administration Services
- Medical Services (Medicaid Office)
- Field Services (Life Skills & Transition Center)

The Self-Assessment is an online, internal tool for people who manage programs that offer support services to measure their progress toward building a more person-centered system.

Areas Covered in Self-Assessment

Leadership

How well people in charge know about and support person-centered practices.

Person-Centered Culture

How person-centered is the system's culture and how can person-centered approaches help address risks.

Eligibility & Service Access

How person-centered is the intake and assessment process for people seeking supports.

Financing

How are agreements with providers structured and how well are services helping people reach their goals.

Person-Centered Service Planning

How is the process for creating person-centered plans and ensuring the services are working.

Workforce Capacity & Capability

How well staff know about and have the skills to deliver person-centered planning and supports.

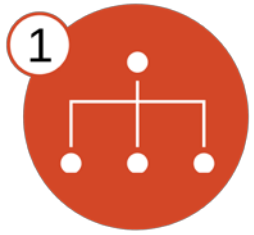
Collaboration & Partnership

How are partnerships with service users, families, service providers, and advocacy organizations.

Quality & Innovation

The agency's mission and standards.

Self-Assessment Process

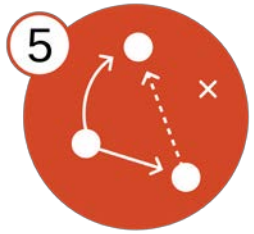


Assign Division Leads and Determine Participants

Participants Take Online Self-Assessment

Review Scores and Establish Consensus on Baseline Status

Engage Stakeholders and Service Users to Inform Action Plan



Use Information to Create Action Plan

Communicate Action Plan Throughout the Division

Evaluate Progress Every Six Months

Update System Goals

Status Update

	1 Assign Division Leads and Determine Participants	2 Participants Take Online Self-Assessment	3 Review Scores and Establish Consensus on Baselines	4 Engage Stakeholders and Service Users to Inform Action Plan	5 Use Information to Create Action Plan	6 Communicate Action Plan Throughout the Division	7 Evaluate Progress Every Six Months	8 Update System Goals
Aging Services Pilot Program: Fall 2019	✓	✓	✓		✓			
Developmental Disabilities Timing: Summer 2020	✓	✓	✓					
Children & Family Services Timing: Fall 2020	✓	✓						
Behavioral Health Timing: TBD								
Vocational Rehabilitation Timing: TBD								
Administration Services Timing: TBD								
Medical Services (Medicaid Office) Timing: TBD								
Field Services (Life Skills & Transition Center) Timing: TBD								

Recap of First Webinar

Building Foundations for Person-Centered Practices

Michael Smull

- Person-Centered Planning is never done to you, is always done with you, and helps you move in a positive direction.
- Person-Centered Planning is about asking the right questions, respectfully listening, and organizing the learning.
- Good plans are living plans:
    - You feel that you have met the person (and not just the disability)
    - The plan respectfully reflects the person's culture and identity
    - You know what the person wants the plan to accomplish
    - How to best support the person in moving toward their outcome(s) is clear

Tammy's One Page Description

What is Important to Tammy (pages 7-8)

- Being a part of things
- Having eye contact with everyone
- Looking stylish and having her hair and nails done
- Being comfortable and not having her tubes underneath her
- No roughness in personal care

What People Like and Admire about Tammy (page 6)

- Is always smiling
- Totally accepts people
- WONDERFUL personality
- Stylish
- Accepting and forgiving
- Resilient
- Great sense of humor
- Friendly and social

Tammy's Picture Of A Life (Pages 19-21)

- Live in a big wheelchair accessible home with extra wide doors, close to her family
- Have a fun and social housemate
- Have a beautician she can go to regularly
- Have a social medical day program close to home
- Have specialized medical services and medical equipment (including backup generator)

Supports Tammy Needs to be Happy, Healthy and Safe (pages 10-14)

- Always have her head elevated
- To be suctioned frequently (5-6 times per shift). Gurgling noises means she needs to be suctioned
- To have people be kind, sensitive, loving and have a gentle touch
- Be gentle with brushing her hair (she doesn't like it, but wants it to always look nice)
- Always make sure her clothes match and make sure it's not sweat clothes
- Tammy needs to be repositioned every two hours
- Always follow through with a promise or give an explanation of what is going on and when you can keep the promise if something comes up
- Be sure to have Tammy use her body to keep flexible

Describe what Person-Centered Practices are.

Mentimeter

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Presentation

Jennifer Turner, LCSW

Strategizer of Solutions, Charting the LifeCourse Nexus

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charting the LIFECOURSE NEXUS

- Passionate about the development and implementation of best practice that will drive systems change and impact families.
- Lead for Organizational and System Change Initiatives at the University of Missouri – Kansas City, Institute for Human Development
- Her commitment to advocacy and social justice originates in her first – and most important – role of “big sister” to two siblings – a sister in her 30’s with a disability and a sister who is 15 and adopted.
- Licensed as a Clinical Social Worker
- Formerly a Support Coordinator and Director of a Provider Agency
- Co-Director for the National Community of Practice for Supporting Families
- Subject Matter Expert for the National Center on Advancing Person-Centered Practices and Systems

Today's Objectives

1. Introduce the Charting the LifeCourse framework that is being used to enhance policy and practices around the country.

2. Toward the end Share concrete examples of the Person-Centered Practices that support choice, control, and decision-making.

charting the LIFECOURSE

Overview of the Charting the LifeCourse Framework

Who We Are

University of Kansas City Institute for Human Development, UCEDD conducts and collaborates on a wide variety of **applied research projects to develop, implement, and evaluate new ideas and promising practices** that support **healthy, inclusive communities.**

Charting the LifeCourse

Exchange

- Access to Resources and Tools
- Training
- Technical Assistance

Build

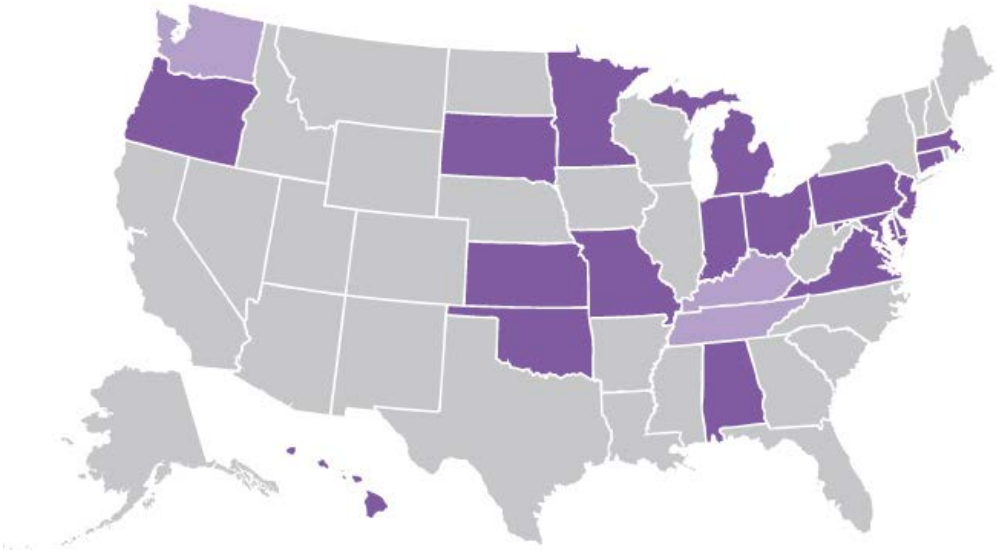
- Innovate and Enhance
- Develop
- Research

Collaborate

- Network and Connect
- Share Learning
- Share Stories

The National Community of Practice for Supporting Families

Enhances and drives policy, practice, and system transformation to **support the person within the context of their family and their community.**

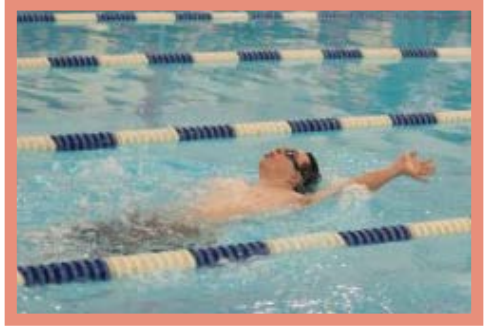


Collaboration Between:

NASDDDS

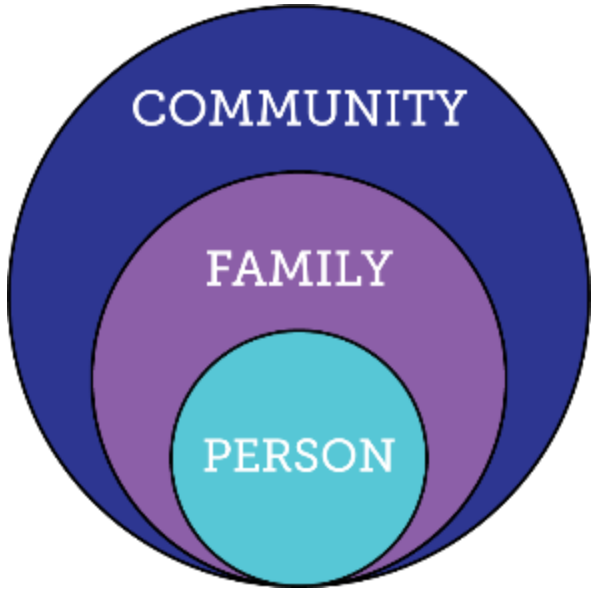
National Association of State Directors of Developmental Disability Services

UMKC Institute for Human Development
A University Center for Excellence in Developmental Disabilities

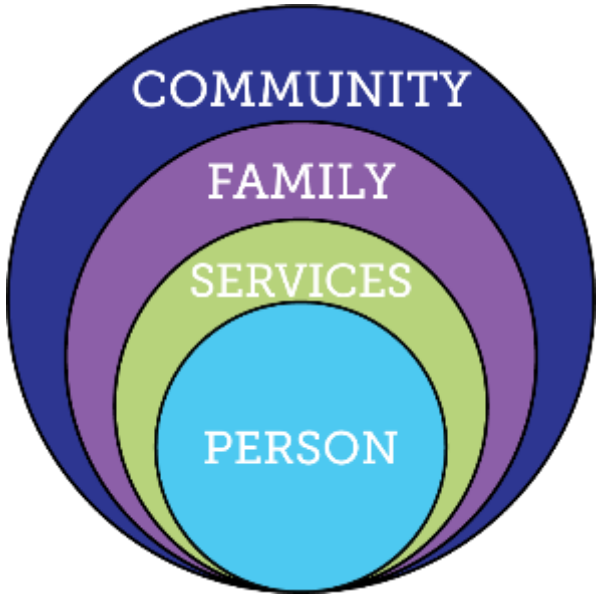


Core Belief:
All people and their families have the right to live, love, learn, work, play and pursue their life aspirations in their community.

Transforming Services and Supports



Everyone exists within the context of family and community



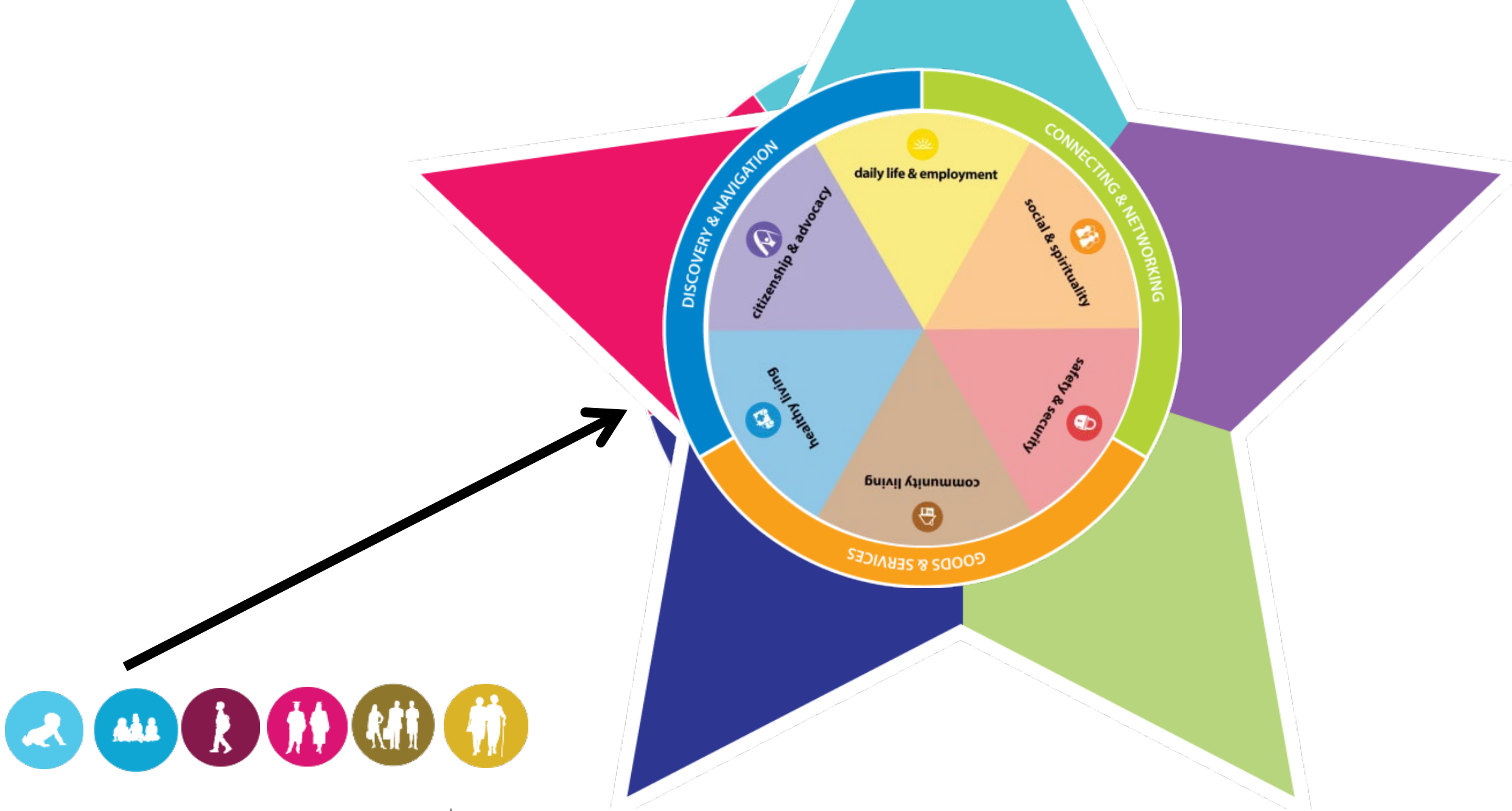
Person in relation to Traditional Disability Services

Integrated Services and Supports within context of person, family and community

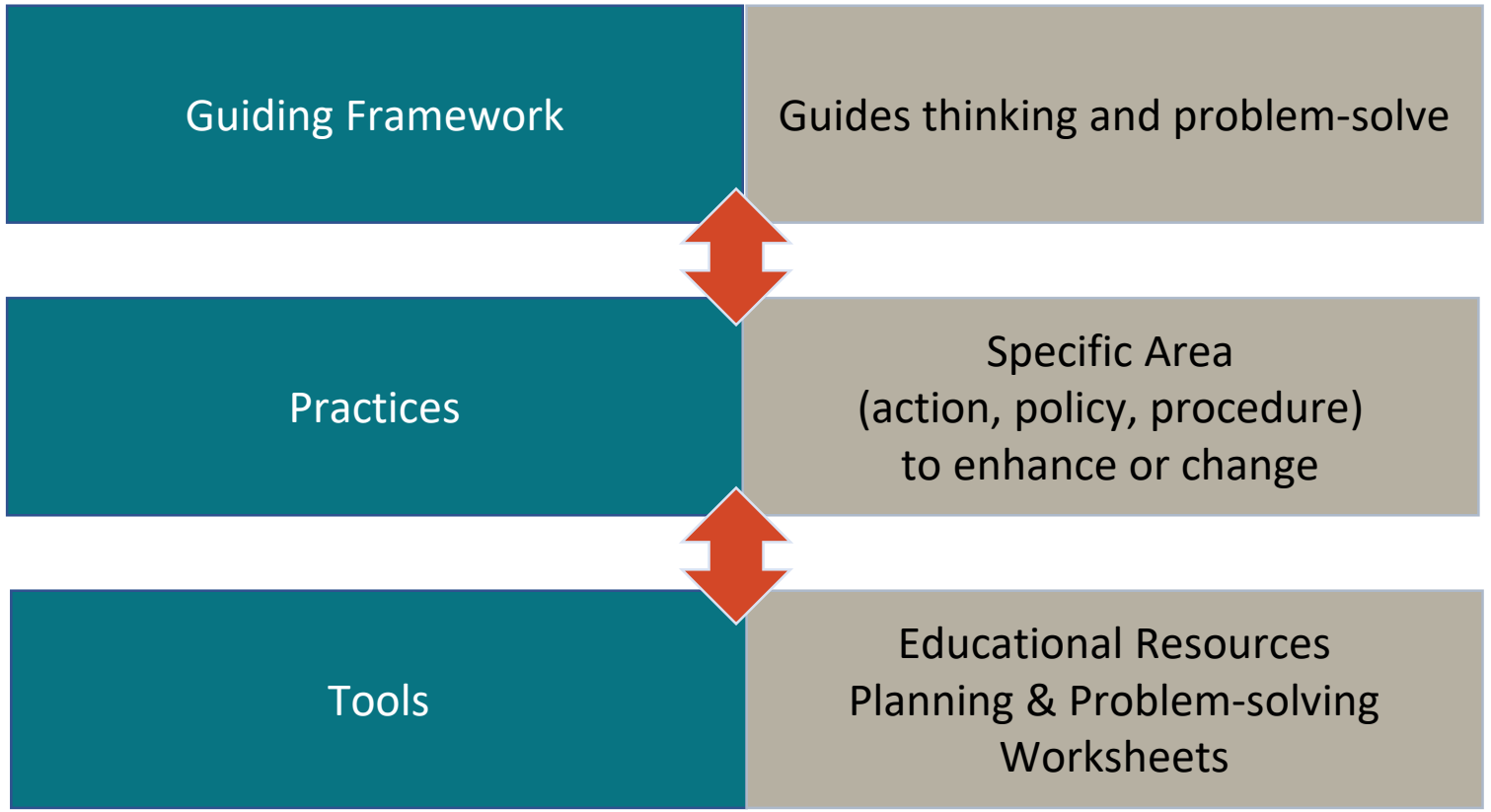
What is Charting the LifeCourse

Created to help individuals and families of all abilities and all ages:

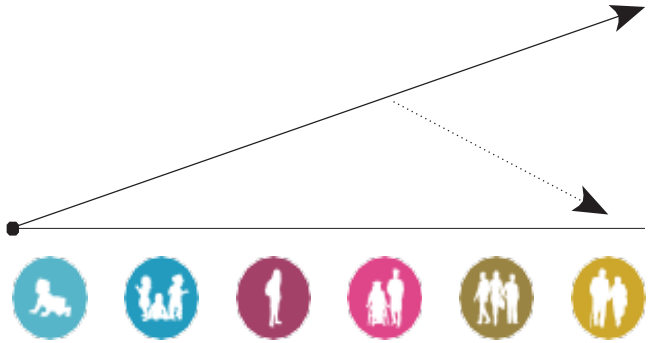
- *develop a vision for a good life*
- *think about what they need to know and do*
- *identify how to find or develop supports*
- *discover what it takes to live the lives they want to live*


DISCOVERY & NAVIGATION
CONNECTING & NETWORKING
GOODS & SERVICES
daily life & employment
social & spirituality
safety & security
community living
healthy living
citizenship & advocacy

What is Charting the LifeCourse



Supporting a Person to Identify a Vision for a Good Life



The future is not something we enter.

The future is something that we create.

And creating that future requires us to make choices and decisions that begin with a dream.

-Leonard L. Sweet

Vision of a "Good Life"

Trajectory Towards Good Life

VISION

Family Friends TATTOOS
Vacations Girlfriend
Concerts WWE NASCAR
Money Job/own business
Fire Station Church
Tiger Football Royals
Good Food Pepsi Beer
Active Healthy & Fit

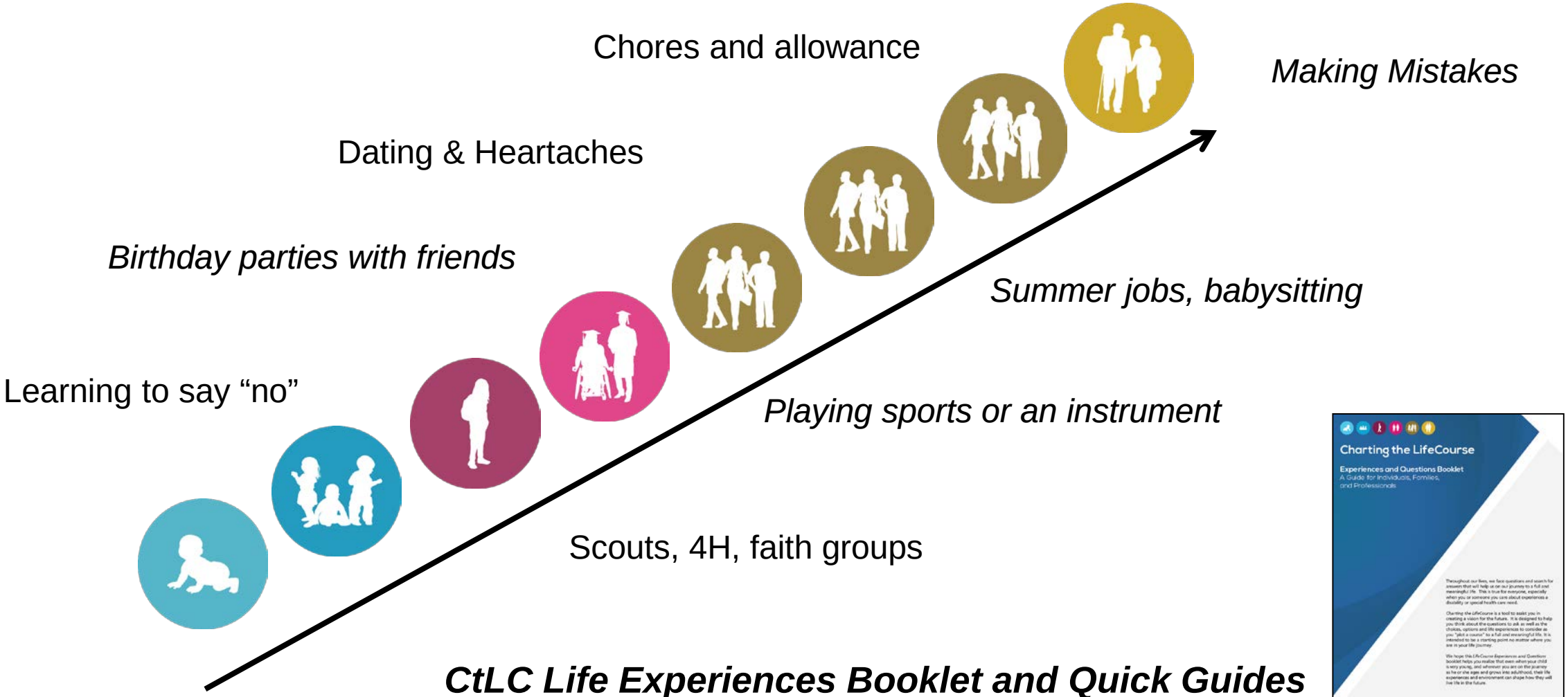
Trajectory Towards Life Outcomes

Trajectory towards things unwanted

WHAT I DON'T WANT

Poverty/No Money
Poor Health Diabetes
Heart Disease Guardian
Isolated/Segregated
Institution/group home
Treated Differently

Life Experiences = Life Domains



CtLC Life Experiences Booklet and Quick Guides

Life Experiences = Life Outcomes = Good Life

How the Story Began: Sarah

How Others Described Sarah:

- Cerebral Palsy: “mobility issues”
- Moderate Intellectual Disability: “requires significant support”
- Chronic Hydrocephalus with multiple shunts: “medically fragile”
- Low vision/hearing: “can’t navigate independently”

Sarah’s Family’s View:

Shaping the Rest of the Story: Sarah

- PT/OT/Speech Therapy
- "Part of the family" responsibilities

- Church programs with others
- KS State School for the Blind
- Self-identifying symptoms

- BASE Program for High School
- Volunteering @ CARE

- Dating
- Mentoring program

"Special" treatment at school

Moving to a new city and starting over

Inexperienced medical team who did not listen

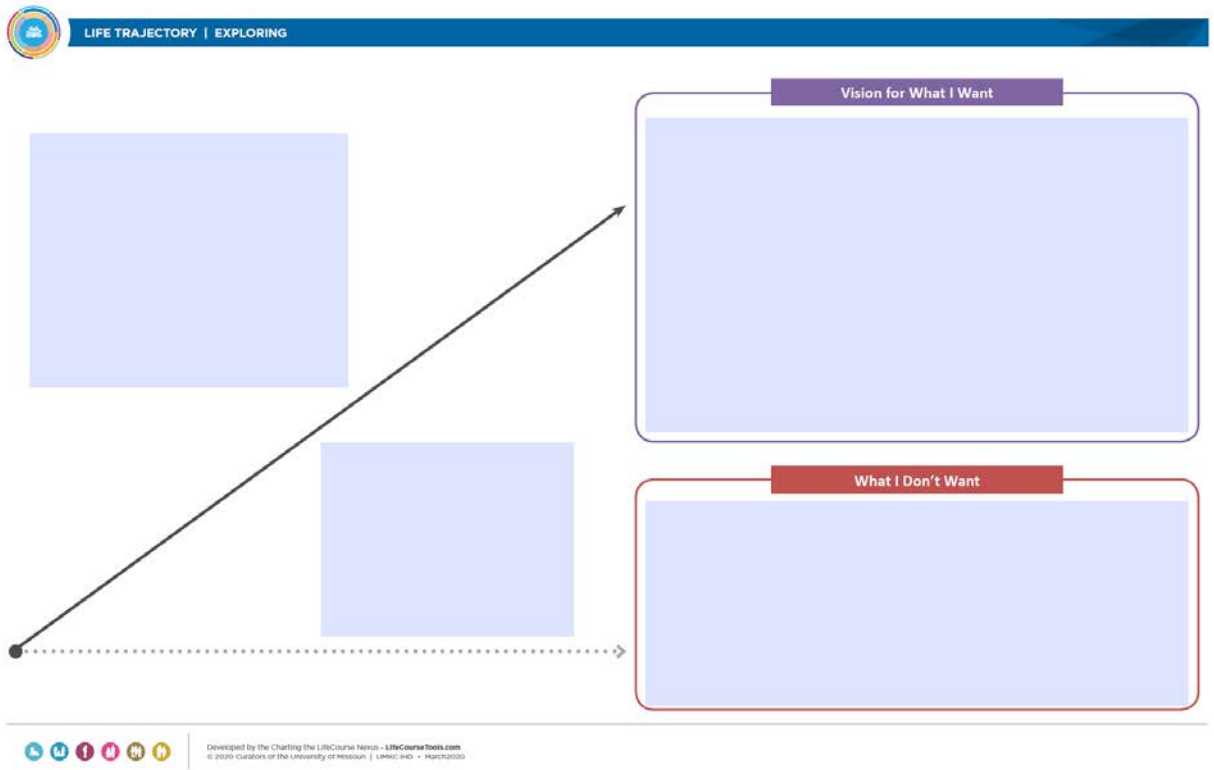
What We Want

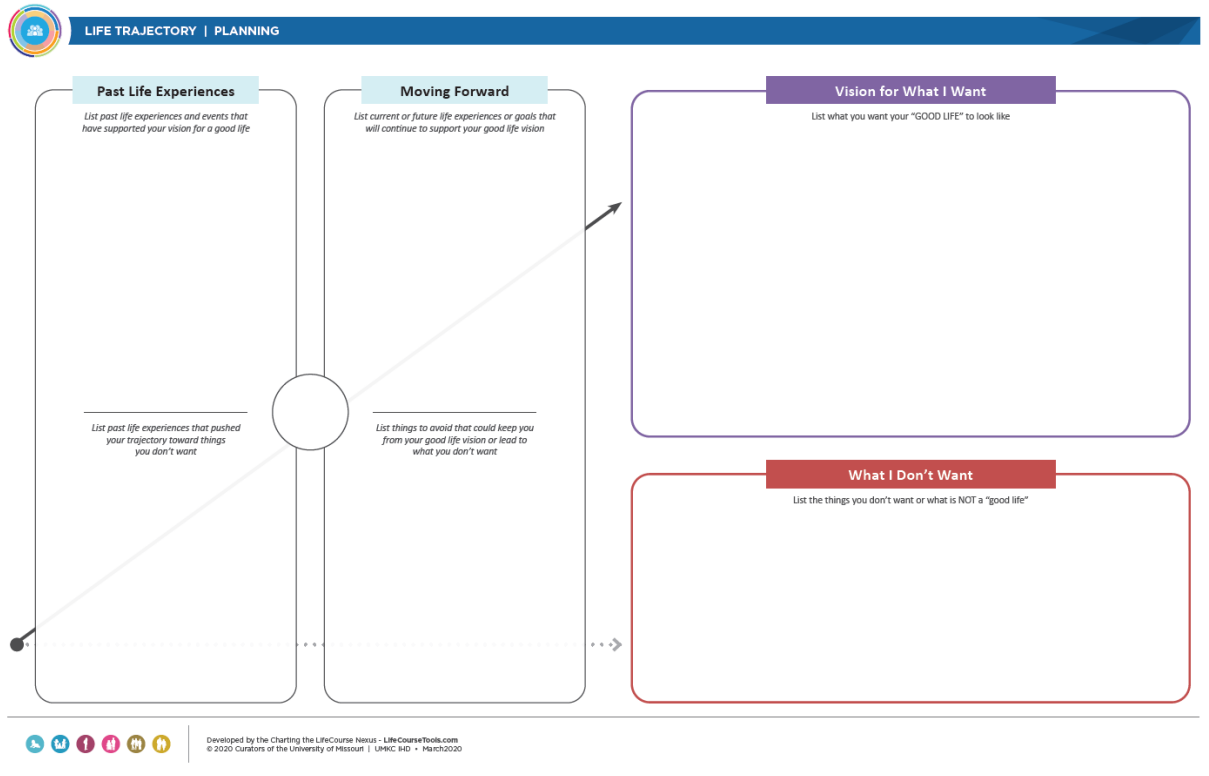
- Live independently
- Get married and have kids
- Work with animals or kids
- Close relationships with friends and family

What We DON'T Want

- Reliant on others for medical care
- Taken advantage of
- Bored, low self-esteem
- Others make all decisions choices for her

Tools for Exploring and Planning





Life Trajectory Worksheet

Past Life Experiences
LIST past life experiences and events that supported your vision for a good life.

Chores; boy scouts;
School inclusion/circle of friends;
Birthday parties;
Riding bike;
Family vacations;
Church youth group;
Debit card;
Football manager;
Volunteering
High School diploma

LIST past life experiences that pushed the arrow toward things you don't want.

Special education low expectations;
Para glued to Ben's side; Pressure to segregate; Medication side effects;
Scoliosis;
Seizures;
Physical barriers;

Write current age here

25

Future Life Experiences
LIST current/ future life experiences that continue supporting your good life vision.

Volunteer at fire station; \Workout regularly;
Keep in touch w/ friends; Increase alone time;
Go out with friends;
Spend daytime hours out of the house;
Explore micro enterprise;

LIST life experiences to avoid because they push you toward things you don't want.

Sitting at home watching TV all day;
Rely on paid supports;
Gain weight;
Eat unhealthy foods or drink too much Pepsi (caffeine);

VISION for a GOOD LIFE
LIST what you want your "good life" to look like ...

Family and friends
Girlfriend
Vacations
Concerts; WWE; NASCAR
Tattoos
Money; job or my own business
Volunteer at fire station
Being Tiger football manager
Church
Healthy & fit
Good food; Pepsi
Basketball
Royals baseball
Staying active

What I DON'T Want
LIST the things you don't want in your life...

Poor health, heart disease, diabetes;
Poverty/no money;
Guardianship; institution/group home;
Segregation/isolation; being lonely
Being treated differently;

LIFE TRAJECTORY | EXPLORING BEN COPING WITH/SURVIVING THE CO-VID19 CRISIS

STAY HEALTHY/ACTIVE

-Walk outdoors when it's nice weather
-Avoid contact with anyone other than Mom or Dad (social distancing)
-Get a list of other exercise ideas from Matt and Adam (weights, push-ups etc)--use ZOOM
-Clean up the driveway basketball goal
-Healthy but yummy food choices
-Good and frequent hand washing
-Purell
-Wipe down surfaces daily
-Cover coughs and sneezes
-Check temperature regularly

DAILY LIFE/ROUTINE

- somewhat consistent wake/sleep times
- shower daily
- Help with housework/cooking/etc
- daily "schedule" of things to do such as exercise, physical activity, get outdoors, etc

STAY CONNECTED

-Facetime Matt and other family
-Skype or Facetime Fire Dept shifts
-Make an encouraging video for ESFD
-Help Ben get on Facebook daily and "like" or comment on friends posts
-online church services on Sundays
-Front yard 10ft apart meet up with Steve

STAY BUSY/NOT BORED

- ipad (WWE, music
- Remote control truck
- **see stay connected
- golf in basement
- Family Movie time
- explore e-books

POSSIBLE OBSTACLES/BARRIERS

-Dad still has to work - potential exposure
-CO-VID on the news and other media all the time
-Other people not complying with social distancing
-CABIN FEVER IS REAL
-Crappy weather/can't get outside
-

Vision for What I Want

WHAT WE WANT FOR BEN DURING THE CO-VID19 CRISIS

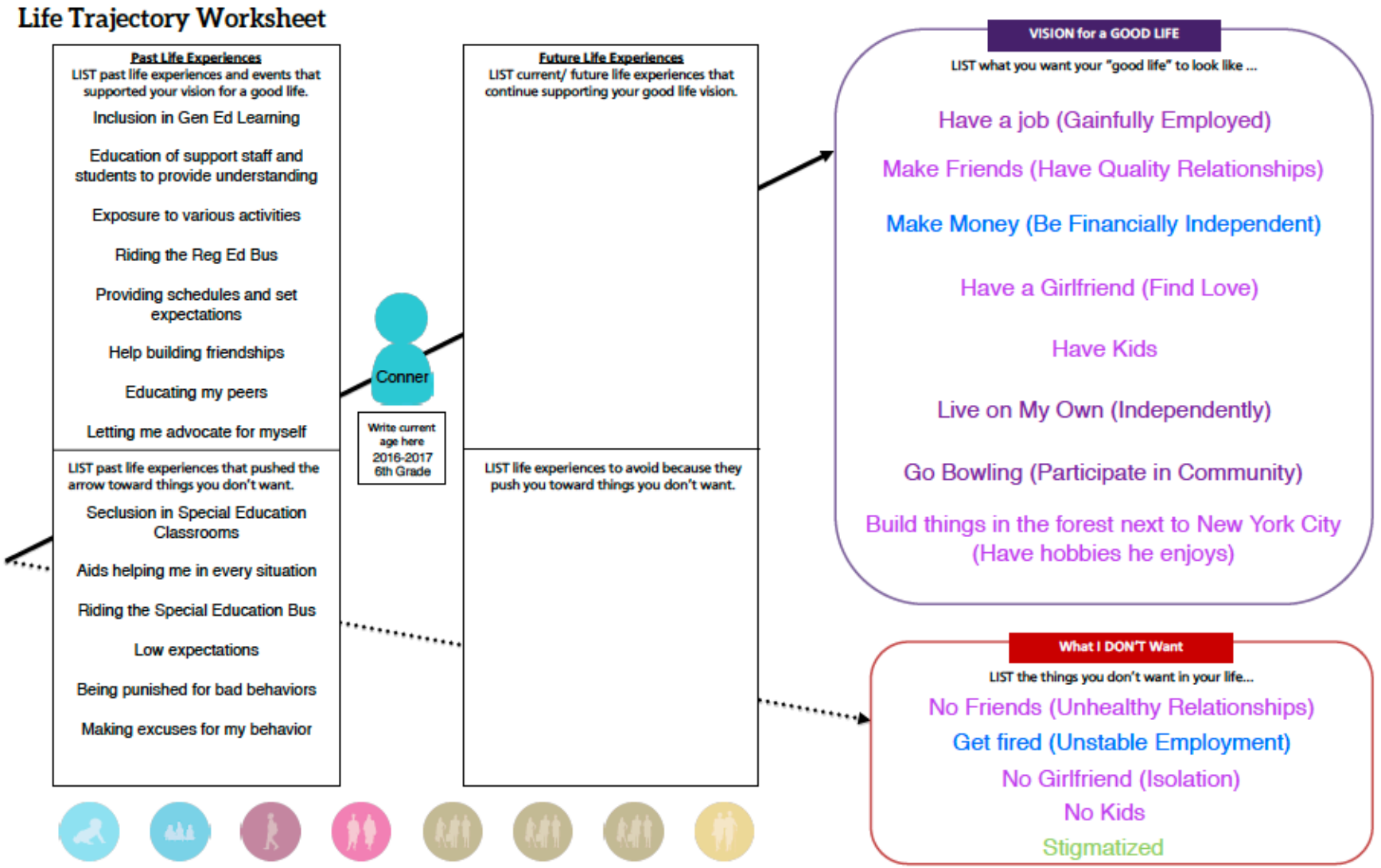
-Keep busy
-Keep working on fitness while he isn't able to access his trainer or the community center
-Stay Connected with:
  - Fire department friends
  - Valued staff
  - Family who don't live with us (especially Matt)
  - St Ann friends
  - Coffee friends & other community acquaintances
-Stay healthy and active
-Dad and Mom stay healthy too
-Keep a positive outlook on life - BE HAPPY

What I Don't Want

WHAT WE DON'T WANT TO HAPPEN DURING THE CRISIS

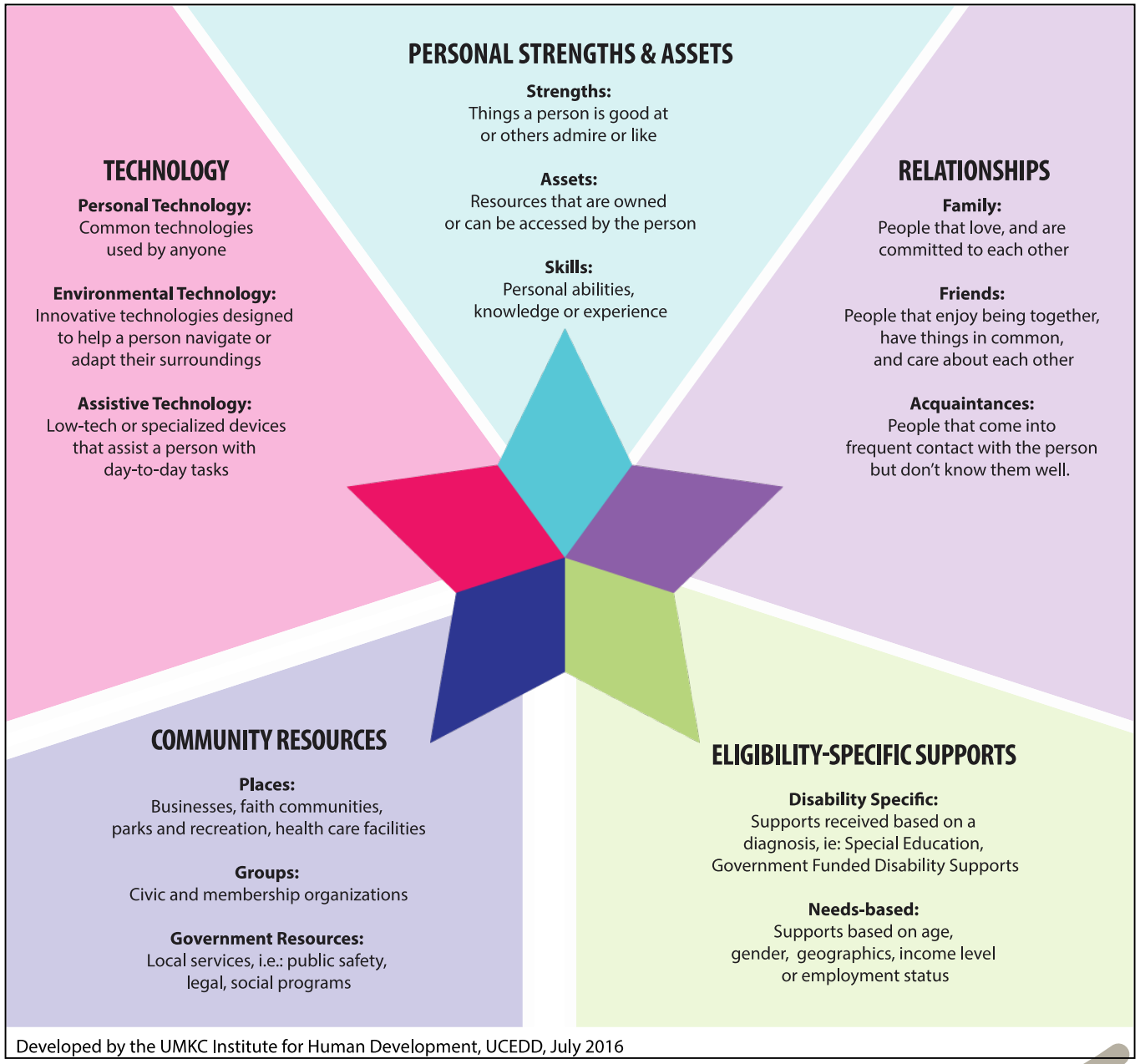
-Boredom
-Get CO-VID19 or any other sickness
-Stress and worry
-Ben scared he will get sick
-Ben worried for parent's health
-Seizures or other diagnosis related health complications
-Sadness
-Missing family and friends
-Gaining weight/out of shape

Trajectory for Planning Meeting



Determining Who Will Help to Reach the Vision and How

CtLC Integrated Support Star



Integrated Services and Supports

RELATIONSHIPS

Family:
People that love, care about, and are committed to each other

Friends:
People that enjoy spending time together, have things in common, and care about each other

Acquaintances:
People that come into frequent contact with the person but don't know them well.

Integrated Services and Supports

Integrated Services and Supports

TECHNOLOGY

Personal Technology:
Common technologies used by anyone *

Environmental Technology:
Innovative technologies designed to help a person navigate or adapt their environment*

Assistive Technology:
Low-tech or specialized devices that assist a person with day-to-day tasks*

Integrated Services and Supports

COMMUNITY RESOURCES

Places:
Businesses, faith communities, parks and recreation, health care facilities

Groups:
Civic and membership organizations

Government Resources:
Local services, i.e.: public safety, legal, social programs

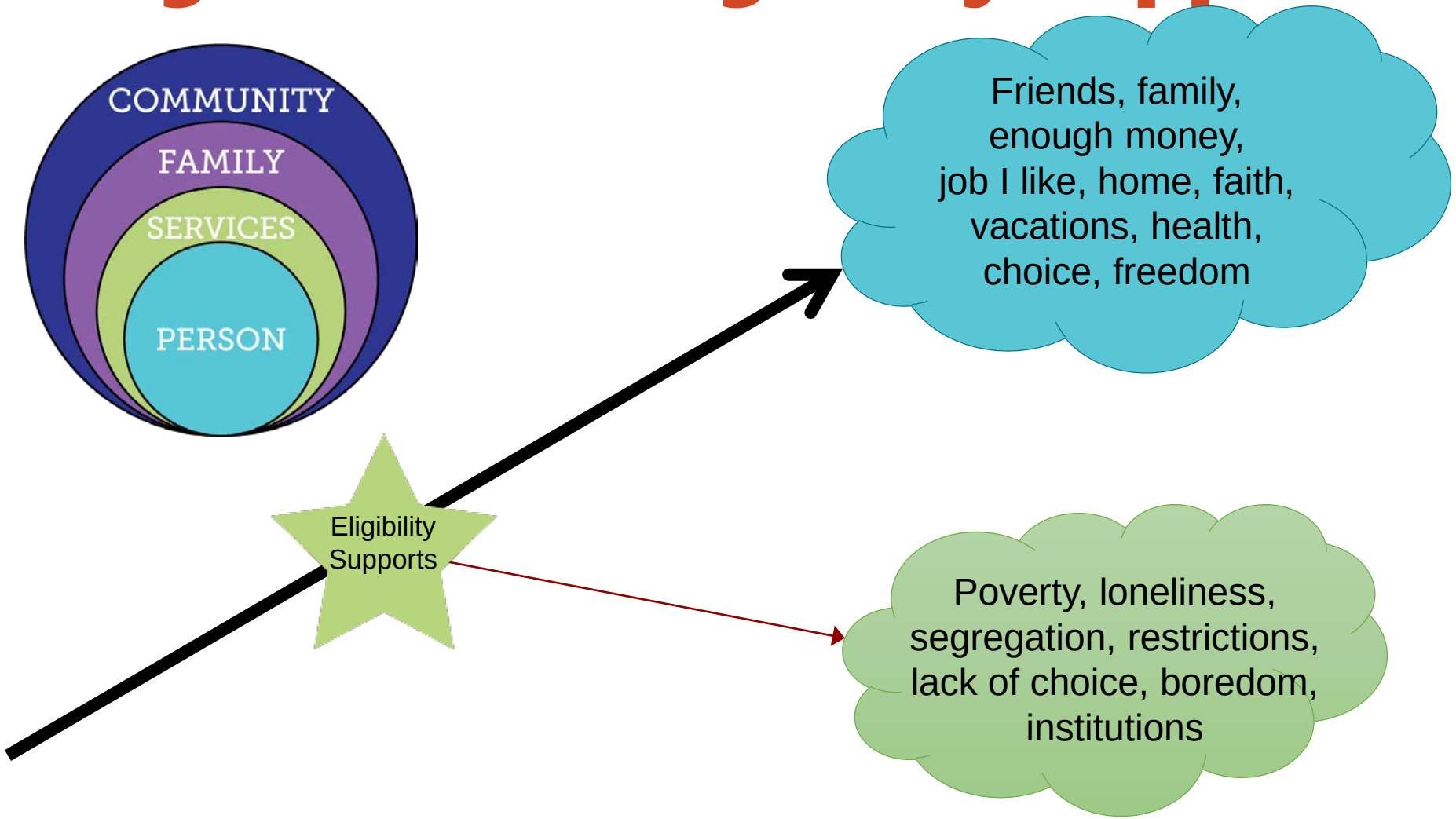
Integrated Services and Supports

ELIGIBILITY~SPECIFIC SUPPORTS

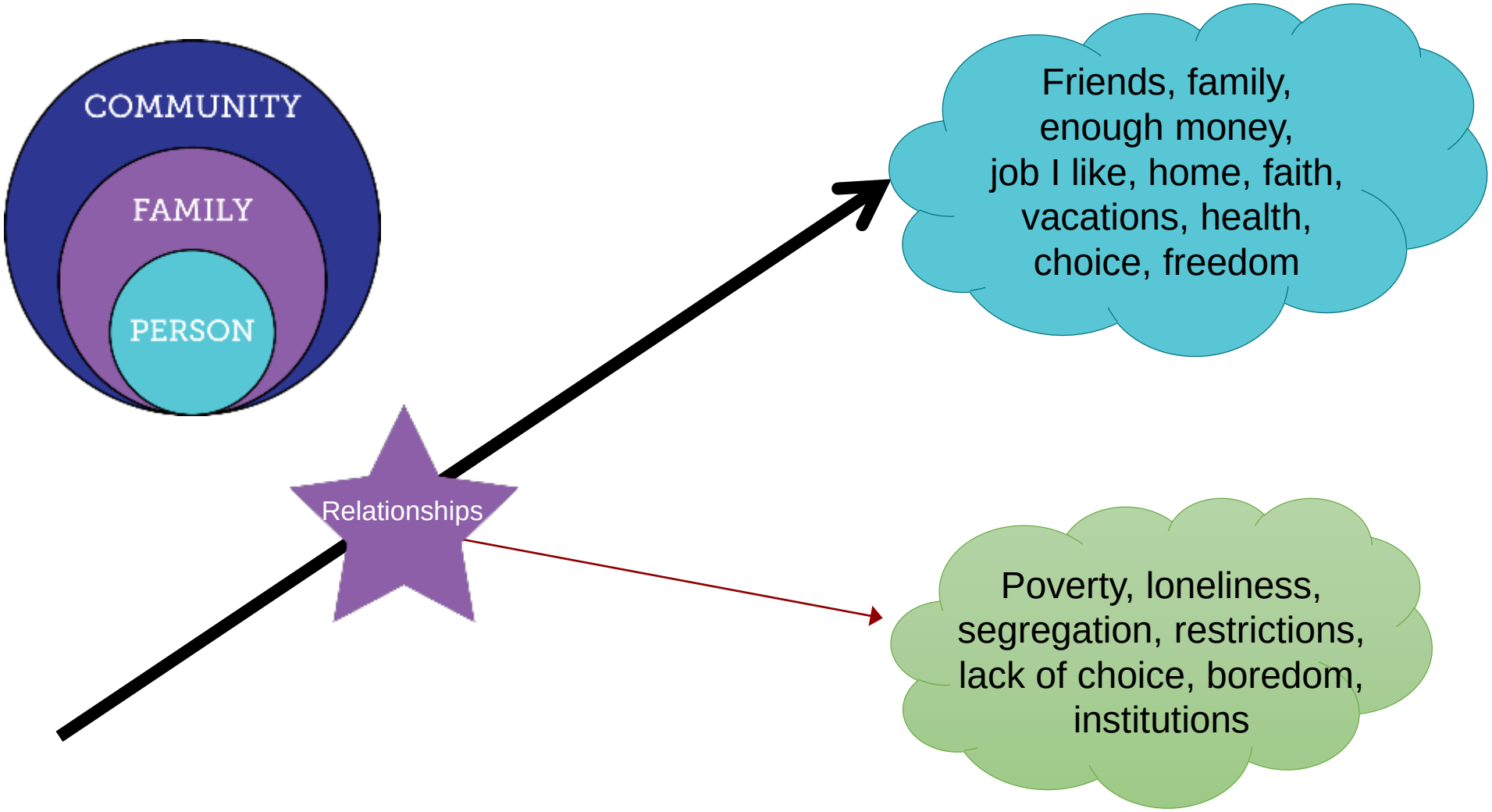
Disability Specific:
Supports received based on a diagnosis,
ie: Special Education, Government Funded Disability Supports

Needs-based:
Supports based on age, gender, geographics, income level or employment status

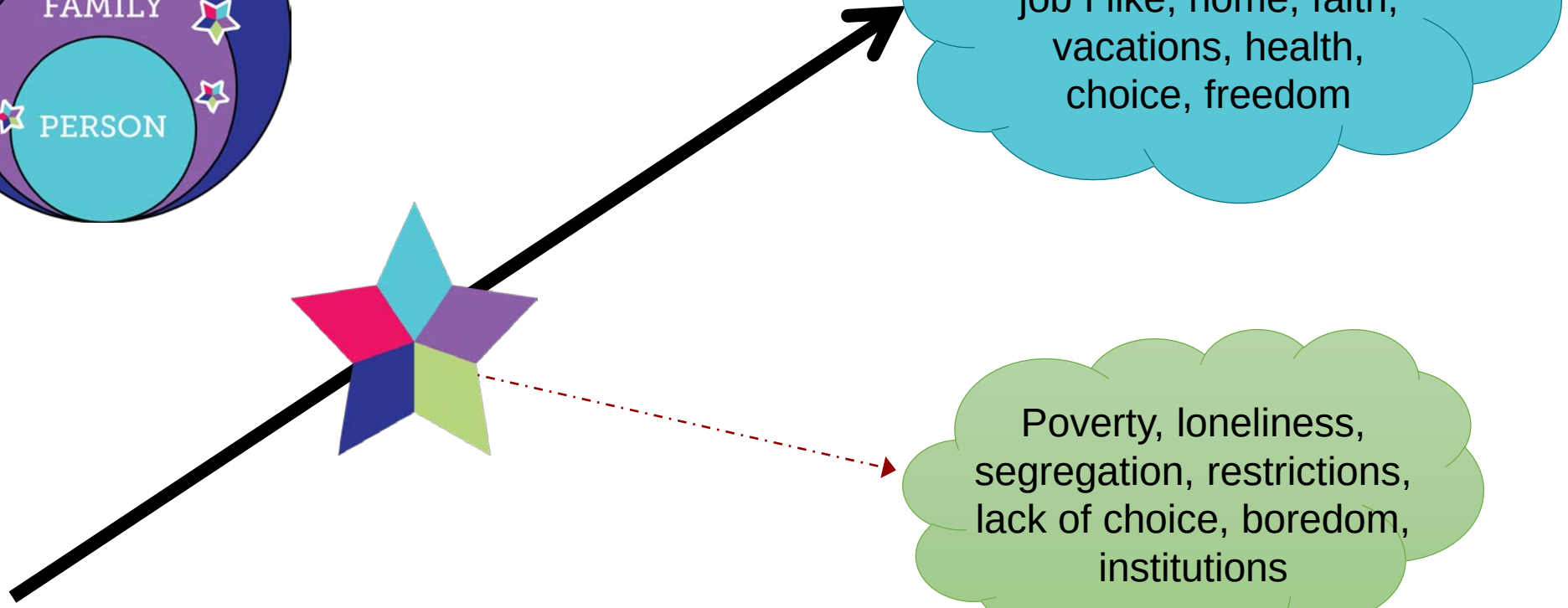
Focusing ONLY on Eligibility Supports



Relying ONLY on Family and Friends



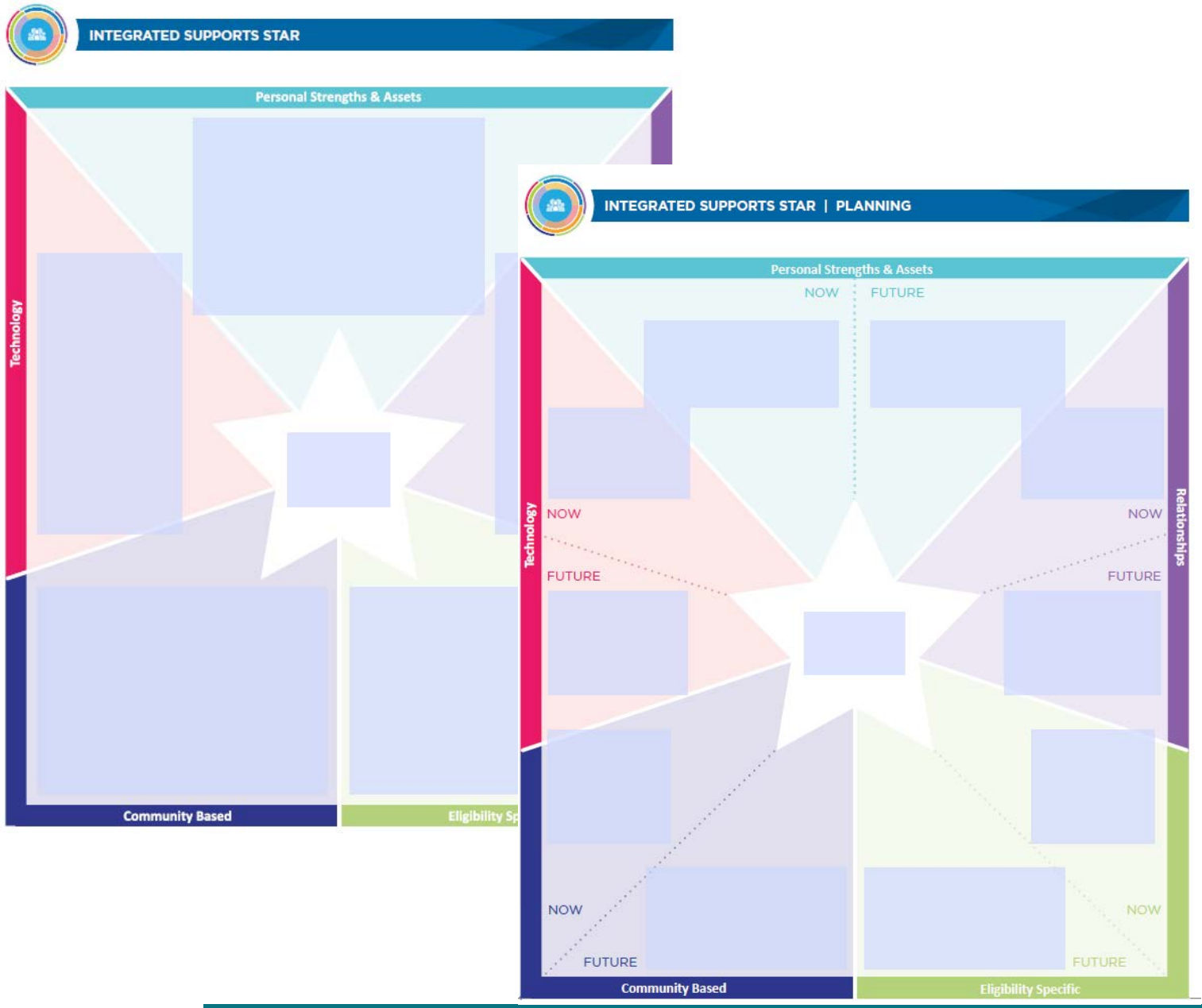
Integrated Services and Supports



Friends, family, enough money, job I like, home, faith, vacations, health, choice, freedom

Poverty, loneliness, segregation, restrictions, lack of choice, boredom, institutions

CtLC Integrated Support Star Tools + Resources



Mapping Relationships

Happy, Funny and loving
Likes to help people
Likes to try new things
Police cars, tow trucks, fire engines and racecars
Golf Cart

I-pad
Smart Phone

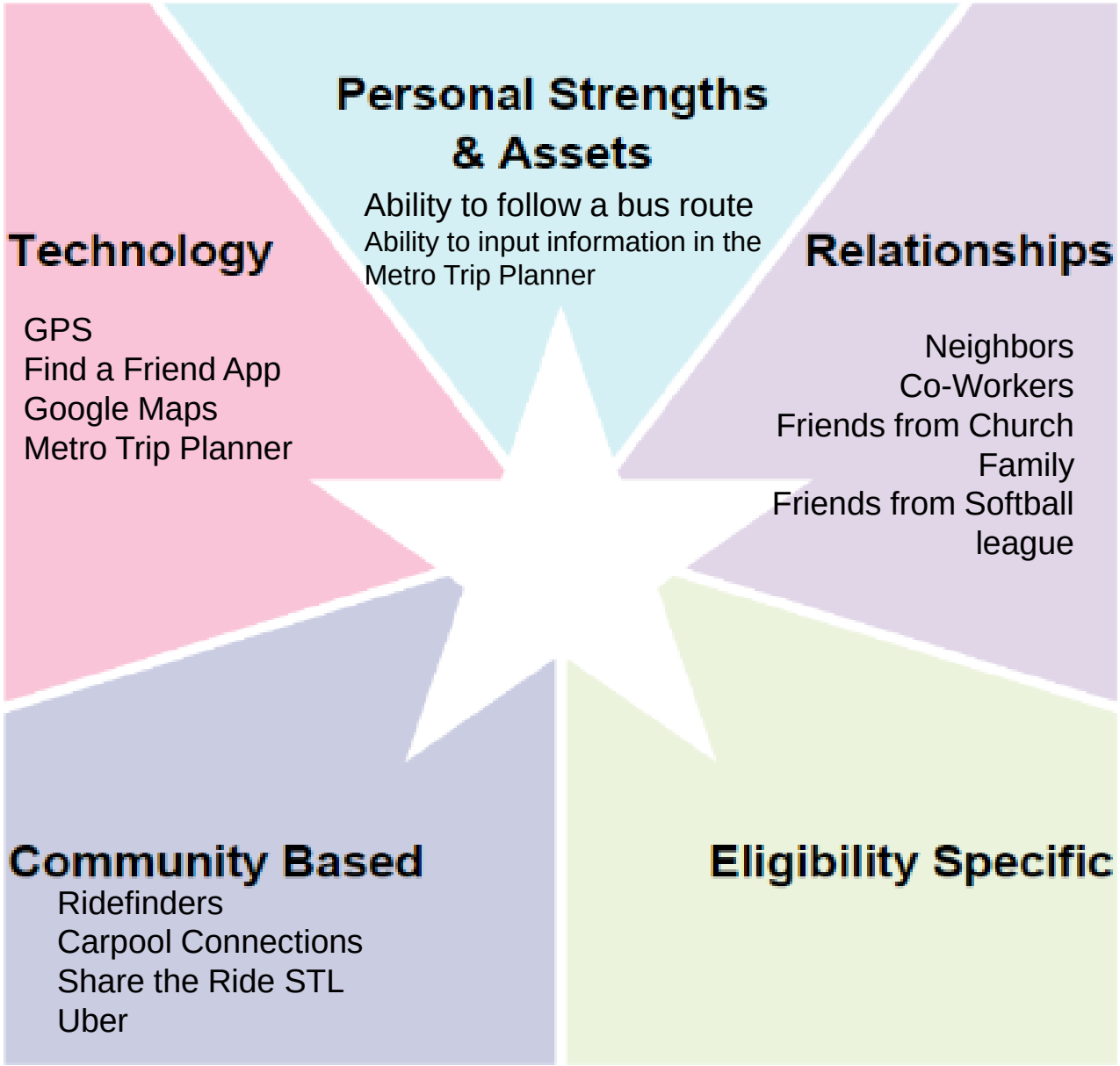
See his girlfriend more
Connect with his family
Spend more time with friends

Eric's Social and Spiritual

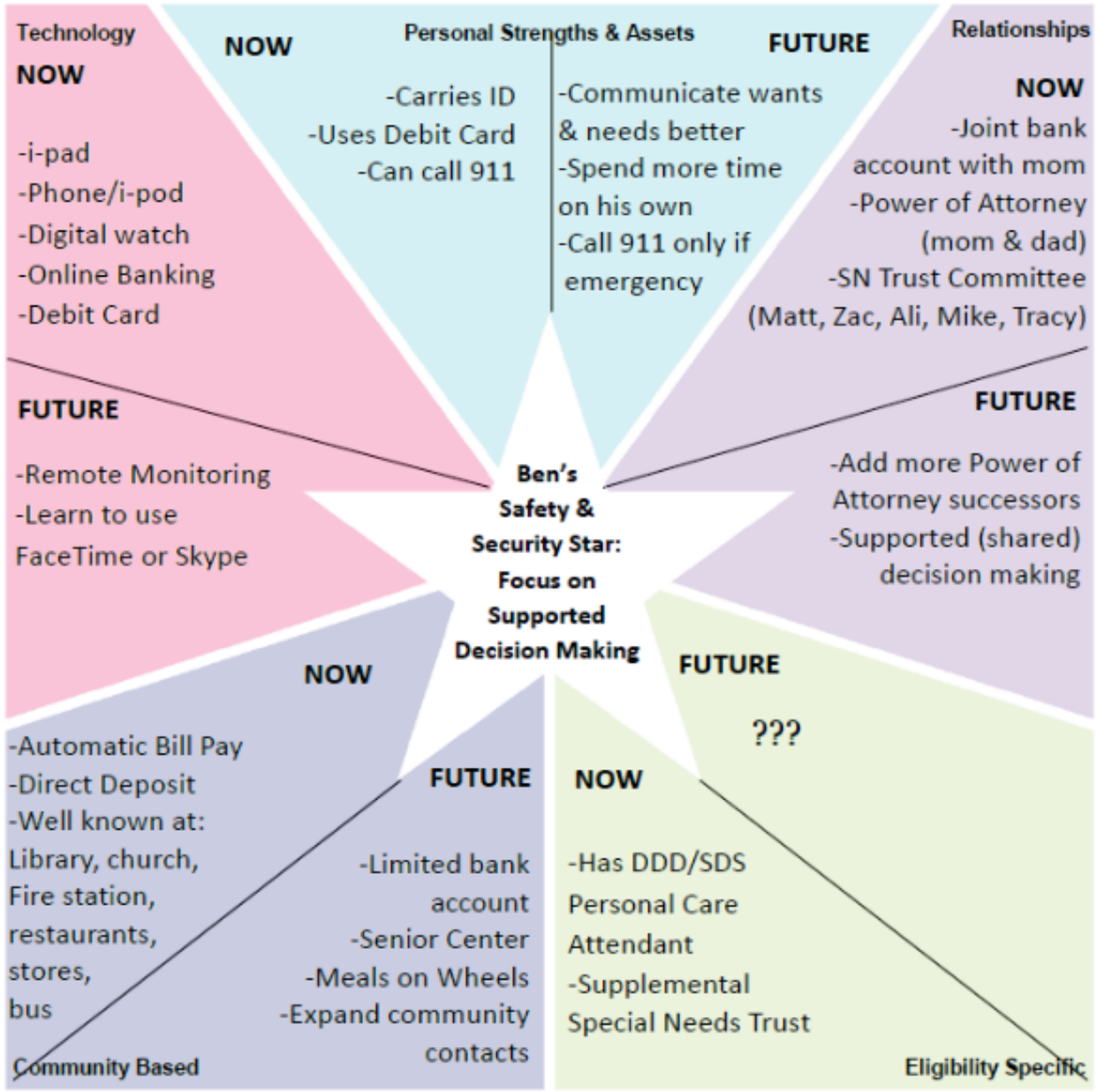
Scouts
Red Robin
Race Tracks

Companion
Supports
day-to-day

Problem Solving Transportation



Problem Solving for Decision Making Supports

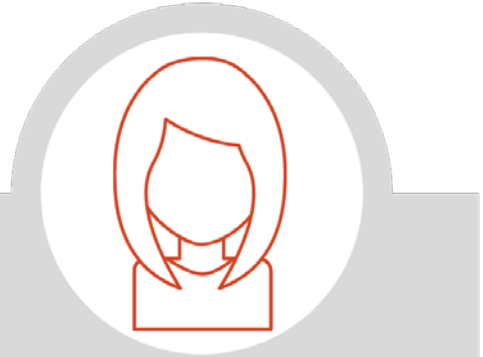


Integrated Supports for Decision Making

- Supports a person needs to **understand their choices**:
  - Information
  - Advice
- Supports a person needs to **communicate their preferences**:
  - Communication
- Supports a person needs to **follow through on their decisions**:
  - Reminders and logistics

Break:
Five Minutes

Panelists Sharing Lived Experiences



Alisha Owens

Community Options Client

Lindsay Schuh

Community Options

Shannon Strating

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Parent

DECISION MAKING CONTINUUM

PERSON AS LEGAL DECISION MAKER

Makes their own decisions with no extra help from anyone else

SUPPORTED DECISION MAKING

Person makes their own decisions with support from others they know and trust

GENERAL POWER OF ATTORNEY

Person gives authority to another to act on their behalf in specific or all matters

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Authorizes another to make health care decisions when the person cannot

CONSERVATOR

Court appoints someone to have the care and custody of the estate

GUARDIANSHIP

Court appoints guardian to have care and custody of the person

Exploring Supported Decision-Making Tool

CHARTING the LifeCourse

Tool for Exploring Decision Making Supports

This tool was designed to assist individuals and supporters with exploring decision making support needs for each life domain.

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual *(circle one)*: Self Family Friend Guardian Other: _____

How long have you known the individual? _____

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	**I can decide with no extra support**	**I need support with my decision**	**I need someone to decide for me**
DAILY LIFE & EMPLOYMENT			
Can I decide if or where I want to work?			
Can I look for and find a job (*read ads, apply, use personal contacts*)?			
Do I plan what my day will look like?			
Do I decide if I want to learn something new and how to best go about that?			
Can I make big decisions about money? (*open bank account, make big purchases*)			
Do I make everyday purchases? (*food, personal items, recreation*)			
Do I pay my bills on time (*rent, cell, electric, internet*)			
Do I keep a budget so I know how much money I have to spend?			
Am I able to manage the eligibility benefits I receive?			
Do I make sure no one is taking my money or using it for themselves?			
HEALTHY LIVING			
Do I choose when to go to the doctor or dentist?			
Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?			
Can I make health/medical choices for my day-to-day well-being? (*check-ups, routine screening, working out, vitamins*)			
Can I make medical choices in serious situations? (*surgery, big injury*)			
Can I make medical choices in an emergency?			
Can I take medications as directed or follow a prescribed diet?			
Do I know the reasons why I take my medication?			
Do I understand the consequences if I refuse medical treatment?			
Can I alert others and seek medical help for serious health problems?			
Do I make choices about birth control or pregnancy?			
Do I make choices about drugs or alcohol?			
Do I understand health consequences associated with choosing high risk behaviors *(substance abuse, overeating, high-risk sexual activities, etc.)*?			
Do I decide where, when, and what to eat?			
Do I understand the need for personal hygiene and dental care?			

CHARTING the LifeCourse

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	**I can decide with no extra support**	**I need support with my decision**	**I need someone to decide for me**
SOCIAL & SPIRITUALITY			
Do I choose where and when (and if) I want to practice my faith?			
Do I make choices about what to do and who to spend time with?			
Do I decide if I want to date, and choose who I want to date?			
Can I make decisions about marriage (*If I want to marry, and who*)?			
Can I make choices about sex, and do I understand consent and permission in regard to sexual relationships?			
SAFETY & SECURITY			
Do I make choices that help me avoid common environmental dangers (*traffic, sharp objects, hot stove, poisonous products, etc.)*?			
Do I make plans in case of emergencies?			
Do I know and understand my rights?			
Do I recognize and get help if I am being treated badly (*physically, emotionally or sexually abused, or neglected*)			
Do I know who to contact if I feel like I'm in danger, being exploited, or being treated unfairly (*police, attorney, trusted friend*)?			
COMMUNITY LIVING			
Do I decide where I live and who I live with?			
Do I make safe choices around my home (*turning off stove, having fire alarms, locking doors*)?			
Do I decide about how I keep my home or room clean and livable?			
Do I make choices about going places I travel to often *(work, bank, stores, church, friends' home)*?			
Do I make choices about going places I don't travel to often (*doctor appointments, special events*)?			
Do I decide how to get to the places I want or need to go? *(walk, ask a friend for a ride, bus, cab, car service)*			
Do I decide and direct what kinds of support I need or want and choose who provides those supports?			
CITIZENSHIP & ADVOCACY			
Do I decide who I want to represent my interests and support me?			
Do I choose whether to vote and who I vote for?			
Do I understand consequences of making decisions that will result in me committing a crime?			
Do I tell people what I want and don't want (verbally, by sign, device), and tell people how I make choices?			
Do I agree to and sign contracts and other formal agreements, such as powers of attorney?			
Do I decide who I want information shared with (family, friends etc.)?			

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Panelists

What are strategies for ensuring the person is informed of all their options – including the various supports and services – and is supported (as they need) to have choice and control?

Elevating the Voice of All Team Members

Supporting Person's Self-Determination & Self-Advocacy

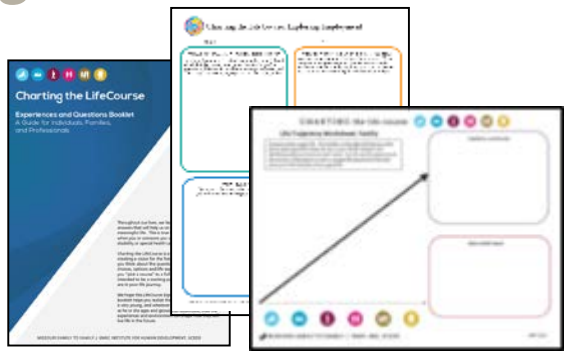
Supporting Families Across the Lifespan

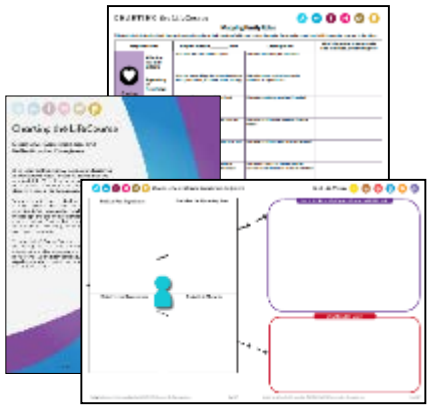
Supporting Person-Centered Practices

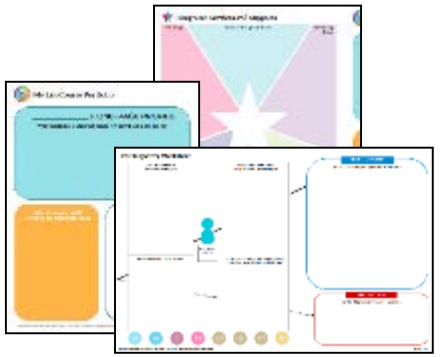
Tools for All Team Members

Planning for Life Outcomes and/or Service Planning

Self-Advocate
Tools & Resources



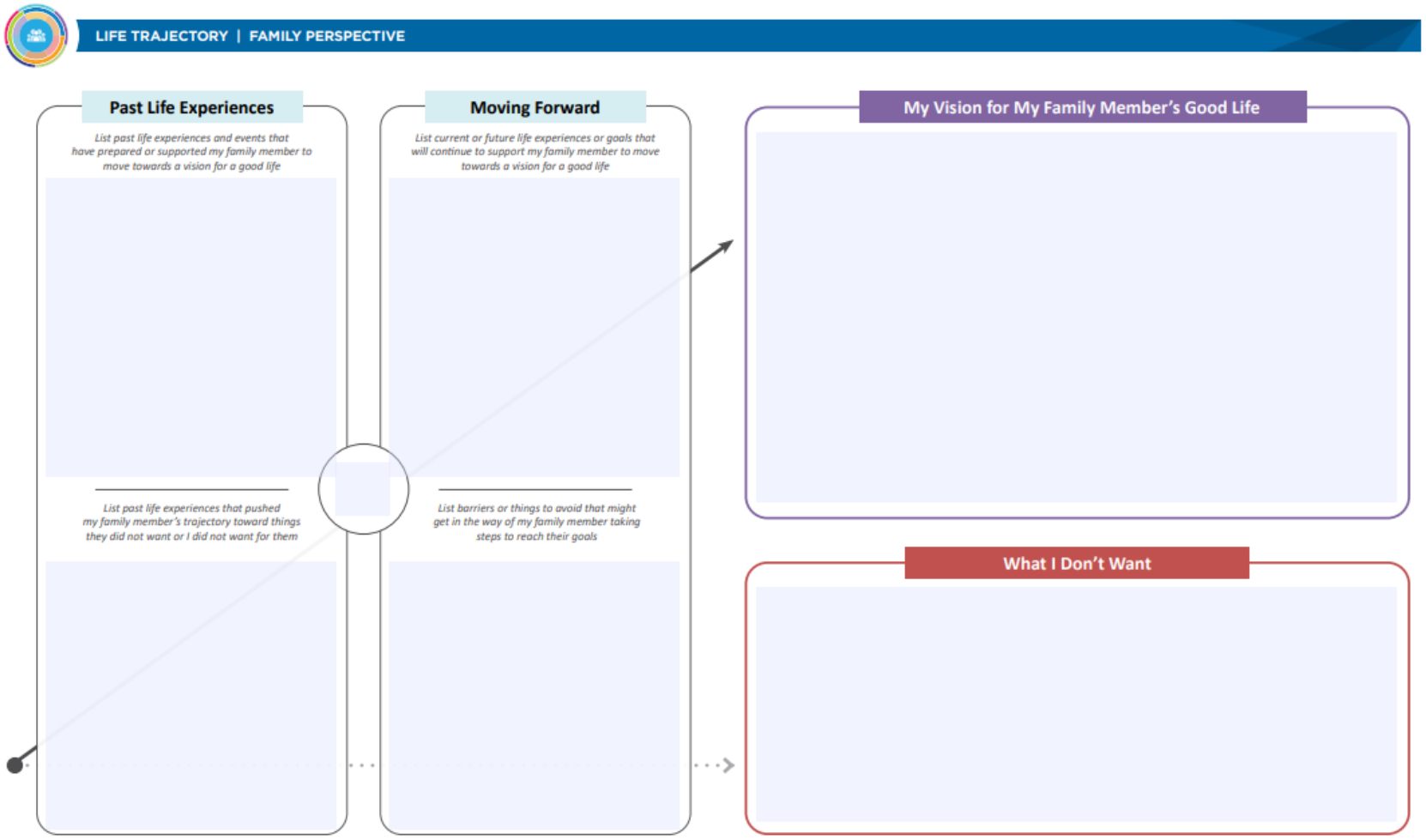




Family
Perspective Tools

Formal Planning
Tools & Forms

Family Perspective Tools

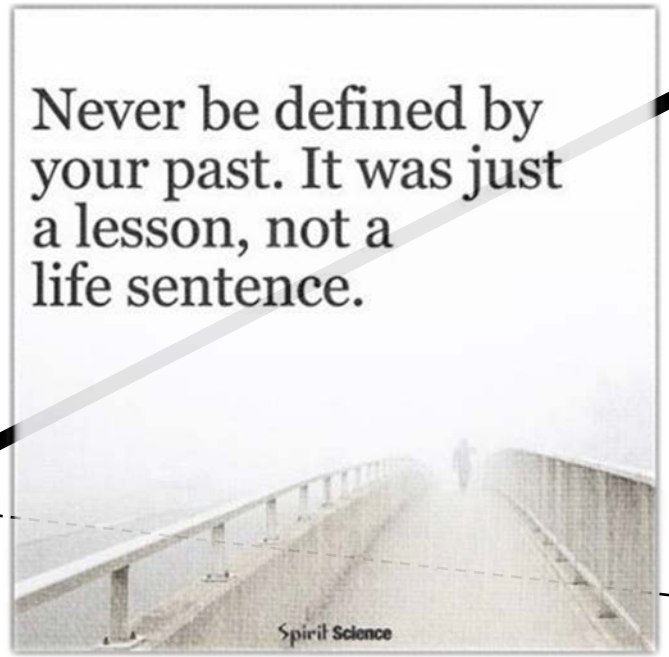


www.lifecoursetools.com/lifecourse-library/foundational-tools/family-perspective/

Panelists

What are strategies for ensuring the person has a voice in their planning process – and that it is distinct from the rest of the team?

Dignity of Risk and Mistakes



Friends, family, enough money, job I like, home, faith, vacations, health, choice, freedom

Poverty, loneliness, segregation, restrictions, lack of choice, boredom

Panelists

When a “risk” is identified, what are strategies to support the person and the team in planning for that risk?

Questions + Answers

Closing + Next Steps

1. Register for our next webinar (and invite colleagues and friends!) at: **https://zoom.us/webinar/register/WN_Gt6Bb7B5QjWj_UstGlluZQ**

2. Responses to the word cloud exercise will be used to develop a North Dakota definition of Person-Centered Practices.

3. View Charting the LifeCourse Resources at: **www.lifecoursetools.com**

4. Visit **www.hsri.org/nd-pcp** to view and use the materials currently available. The recording and slides from today's webinar will be available within two weeks.

5. Complete the polling questions to help inform future webinars.

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Thank You