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# Interagency Early Childhood Intervention

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## 15th Annual Report to the Governor

A Summary on the Status  
of Early Childhood Intervention  
in Minnesota  
July 1, 2001 to September 30, 2002

Bringing Systems Together for the Benefit of Young Children with Disabilities and their Families.

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The Honorable Jesse Ventura  
Governor of Minnesota  
Room 130 Capitol Building  
75 Constitution Avenue  
St. Paul, Minnesota 55155

Dear Governor Ventura,

The Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC), is pleased to provide you with this annual report. This is the 15th annual report to the Governor, for the years 2001-2002 and it provides information regarding the status and activities for early childhood intervention in Minnesota.

The role of the ICC is to advise and work with various state agencies to provide a coordinated early intervention system, a system that provides the necessary services to young children with disabilities and their families. The ICC works in partnership with state agencies, local early intervention committees (IEIC), parents and providers. A listing of the members of the ICC is included in this report and the members are also active in many other committees.

This past year the ICC focused on several key areas, communications/public awareness, mental health and system change issues. This annual report will provide you with information regarding the work done on these and other areas for the past year. The ICC also reviewed and redefined our mission statement, "Partnering with families, the Governor's Interagency Coordinating Council is committed to supporting the development of an effective early childhood care and education system for all children which assures the needs of young children with disabilities and their families are met".

We faced many challenges this past year and I am happy to report to you that at our recent retreat, the members of the ICC found a renewed commitment. We are looking forward to a

stronger working relationship with the Department of Children, Families & Learning, along with all of our other partners. During our retreat, we also identified our planning priorities for the next two years. The areas that the ICC will work on include; System Change, Effectiveness of Child Find, Service Coordination, Natural Environments, Local IEICs and Early Childhood Intervention System.

I trust you will find this report to be informative. As a parent of a child with disabilities, I am grateful for the services provided and look forward to continue working with our partners to ensure that these services continue in the future.

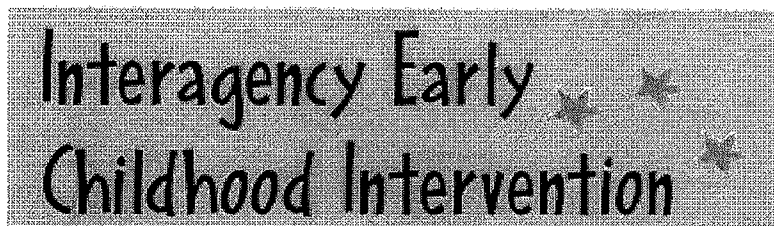
Sincerely,



**Wes Mattsfield**  
**ICC- Chairperson**

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## Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC)

### Purpose of the Report

According to Minnesota Statutes, section 125A. 28...Annually, the council must recommend to the Governor and the Commissioners of the Departments of Children, Families & Learning, Health, Human Services, Commerce and Economic Security, policies for a comprehensive and coordinated system. The ICC is also required to prepare and submit an annual report on the status of early intervention programs for infants and toddlers with disabilities and their families that are operated within the state.

### Purpose of the Interagency Coordinating Council (ICC)

The duties of the ICC include recommending policies to ensure a comprehensive and coordinated multi-disciplinary interagency system of all state and local early intervention services for children with disabilities under age five and their families. The policies must address how to incorporate each agency's services into a unified state and local system of multi-disciplinary assessment practices, individual intervention plans, comprehensive systems to find children in need of services, methods to improve public awareness and assistance in determining the role of interagency early intervention committees.

An interagency coordinating council of at least 17, but not more than 25 members is established, in compliance with the 1997 reauthorization of Part C, IDEA. The members must be appointed by the Governor. Council members must elect the council chair. The representative of the commissioner may not serve as the chair. The council must be composed of at least five parents, including persons of color, of children with disabilities under age 12, including at least three parents of a child with a disability under age seven, five representatives of public or private

providers of services for children with disabilities under age five, including a special education director, county social service director, local Head Start director, and a community health services or public health nursing administrator, one member of the senate, one member of the house of representatives, one representative of teacher preparation programs in early childhood-special education or other preparation programs in early childhood intervention, at least one representative of advocacy organizations for children with disabilities under age five, one physician who cares for young children with special health care needs, one representative each from the commissioners of commerce, children, families, and learning, health, human services, a representative from the state agency responsible for child care, and a representative from Indian health services or a tribal council. The council must meet at least quarterly.



### **Standing Committees of the ICC:**

#### **EXECUTIVE**

The Executive Committee consists of the ICC Chair, Vice Chair or Co-Chair, at least one representative from one of the three agencies and an additional ICC member(s) selected by the Council.

#### **NOMINATING/MEMBERSHIP**

The nominating/membership committee exists to review terms of membership, make recommendations to the ICC regarding the filling of Council vacancies and to recommend members for officer positions.

#### **COMMUNICATIONS**

The purpose of the ICC Communications Committee is to support, facilitate and provide opportunities for the exchange of information within the early intervention system.

#### **LEGISLATIVE**

The purpose of the Legislative Committee is to keep abreast of legislative issues, assist the ICC in conducting any necessary efforts to educate public officials on issues affecting young children with disabilities, and make recommendations to the ICC on whether and when to take positions on legislative issues as may be appropriate.

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## Membership Minnesota Interagency Coordinating Council 2001-2002



### Chairperson

Wes Mattsfield, Esko, parent \*

### Vice Chairperson

Judy Swett, St. Paul, parent, advocacy \*

### Parent Representatives

Veneta Lykken, Minneapolis

Debra Niedfeldt, Rochester, advocacy

### Department of Children, Families, and Learning

Lois Engstrom, Supervisor, Community Connections •

Barbara O Sullivan, Supervisor, Research and Evaluation/Child Care Development

Sandy Simar, Head Start

### Department of Health

Sarah Thorson, Supervisor, MN Children with Special Health Care Needs (MCSHN) •

### Department of Human Services

James R. Huber, Director, Management Operations •

### Public and Private Providers

Mary Jungwirth, Public Health Representative, Countryside Public Health \*

Diane Landwehr, Early Childhood Special Education Teacher, Janesville/Waldorf/Pemberton

### **Schools**

Linda Nelson, Early Childhood Special Education Coordinator, Osseo Schools  
David Sanders, Hennepin County Child and Family Services  
Barbara Troolin, Director of Special Services, South Washington County Schools

### **Higher Education**

Mary McEvoy, Chair, Dept. of Educational Psychology, University of Minnesota

### **Legislature**

Jim Abeler, State Representative, District 49A  
Julie Sabo, State Senator, District 27

\* ICC Executive Committee Members

- State Agency Committee (SAC)

A major effort of the ICC membership committee will be recruitment of new ICC members to fill the following positions, as required by state statute.

- Parents of children with disabilities, under age 12
- A representative of the Department of Commerce
- A director of Special Education, term expires 1/04
- An Early Childhood Special Educator
- A physician who cares for young children with special health care needs
- A representative of an Indian Health Board or Tribal Council
- A representative of an Institute of Higher Education teacher preparation program in Early Childhood Special Education, term expires 1/04



### **State Early Intervention Team (SEIT)**

Lisa Backer - ECSE Specialist - CFL  
Sue Benolken - Part C Planner - DHS

Michael Eastman - ECSE Specialist - CFL  
Joann Enos - Part C Planner - DHS  
Lola Jahnke - Tracking & Follow Along Coordinator - MCSHN, MDH  
Jan Rubenstein - Part C Planner - CFL

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## ICC Mission Statement

"Partnering with families, the Governor's Interagency

Coordinating Council is committed to supporting

the development of an effective early childhood care

and education system for all children,

which assures the needs of young children

with disabilities and their families are met."

*Approved 9/01*



## ICC Five Year Vision

The mission statement represents the ICC's **five-year vision** identified at last year's planning retreat. The following themes were identified with the five-year vision. There will be annual, incremental priorities toward this vision.

- The ICC will be part of a whole, Birth to 21, coordinated system where early childhood is seen as an essential component.
- Early Childhood Mental Health issues will be addressed.
- The scope and mission of the ICC will look different than its current form and will take a universal approach for all children - to expand beyond disabilities to include all children.
- There will be an interagency approach building upon experiences of other interagency initiatives.
- Families will be essential and actively involved in planning their child's future."

*Approved 9/01*



### **ICC Guiding Principles**

- Children and families are the first and most important consideration in all ICC activities.
- All players in the interagency early childhood intervention program understand their roles and responsibilities.
- There is shared responsibility and accountability.
- Collaboration occurs around an articulated and shared vision and purpose."



### **Operating Principles**

#### **The ICC:**

- Is an advisory council that makes a difference and is continuously evolving
- Reaches out and supports IEIC activities
- Maintains a clear focus and doable goals
- Clearly articulates its role and function
- Asks questions, makes recommendations, but does not develop systems

- Sponsors activities and makes recommendations that meet the common sense test
- Strives for representative membership and active parent involvement
- Continuously informs and educates its members
- Fosters an atmosphere of mutual respect and trust by sharing perceptions, and asking for clarification
- Supports early intervention for children from birth through kindergarten entrance

*Approved, 1998*



### **ICC Planning Priorities and Key Meeting Topics for FY 2003 and FY 2004**

#### **Overarching Planning Theme:**

ICC members agreed that **Systems Change**, a planning priority identified in FY 2002, is an overarching and long-term theme that should be considered by the ICC when discussing the following ICC planning priorities for FY 2003 and 2004:

#### **1) Effectiveness of Child Find**

- a. Multidisciplinary evaluations
- b. Over and under representation including mental health, autism and other unique populations.
- c. Sufficient qualified personnel

#### **2) Service Coordination**

- a. In the context of a Birth to 21 system, determination of funding, responsibility, how to do, etc.
- b. Review of best practices
- c. Transition

#### **3) Natural Environments/LRE (where and how young children are served)**

- a. Transition from Part C to Part B — from natural environment to Least Restrictive Environment (LRE)

#### **4) IEICs and Early Childhood Intervention System**

- a. How to fund increase in children served that will be the result of successful Child Find
- b. Review IEIC self-study data
- c. Review IEIC role, structure and functions

**NOTE:**

In addition to the four priority areas, members also noted their roles in ensuring the ongoing maintenance and oversight of the ICC's Council operations, and their direct input into the State of Minnesota's Part C Plan.

*Approved 9/02*

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## Part C: Infants and Toddlers Program Profile

The Part C - Infants and Toddlers Program provides comprehensive interagency family-centered services to eligible children with disabilities, ages birth through age two, and their families, based upon identified need. **Citation: Minnesota Statutes, Section 125A.26-125A.48; Part C, IDEA (Individuals with Disabilities Act)**

### Population Served

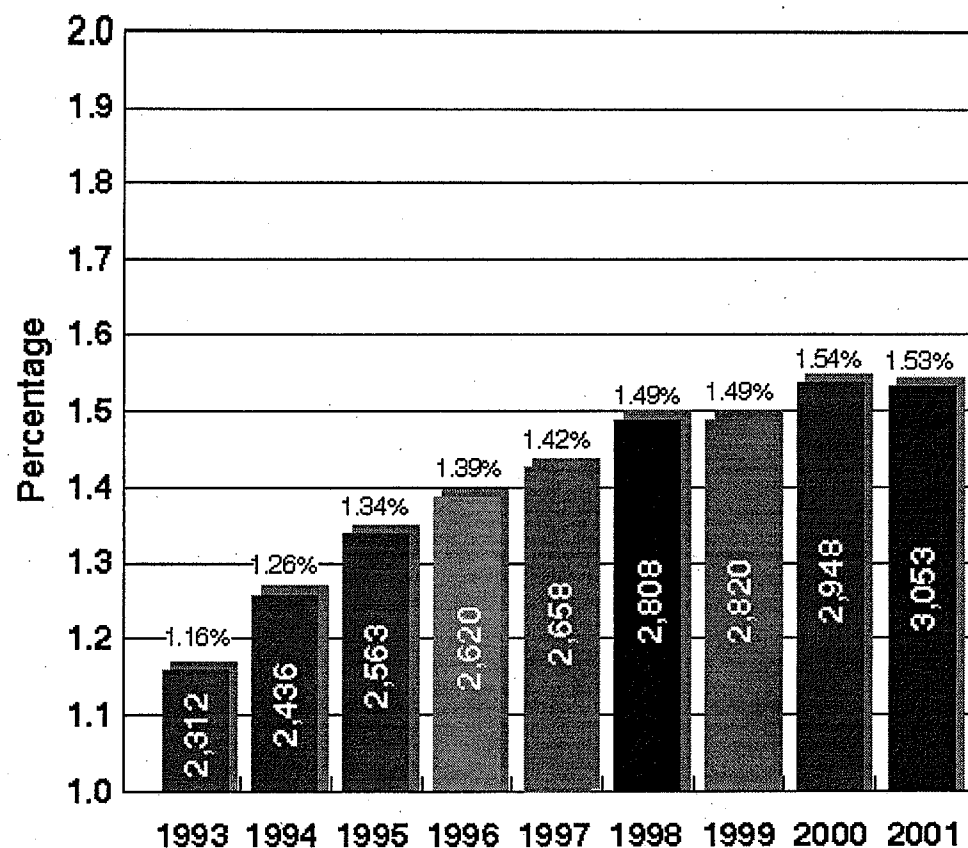
Eligible infants and toddlers with disabilities birth through age two and their families as described in Minnesota Rule Chapter 3525.



### Historical Perspective

Minnesota has participated in Part C, IDEA (formerly Part H), a federal, interagency family centered change initiative for infants and toddlers with disabilities and their families since FY 1987.

The number of eligible children and families with an IFSP on Dec. 1<sup>st</sup> of each year has increased from 2,312 in 1993 to 3,053 or 1.53% of the total population of all infants and toddlers in 2001. However this percentage is still below the 2% recommended by the federal Office of Special Education Programs.



**Table 1**  
**Infants and Toddlers**  
 Birth to Three on an IFSP on December 1st

#### **Infrastructure**

The Minnesota Departments of Children, Families & Learning (CFL), designated by the state as the lead agency for Part C; Health (MDH); and Human Services (DHS) work together with local Interagency Early Childhood Intervention Committees (IEICs) to provide coordinated interagency services and funding for each eligible child and his or her family. The Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) serves in an advisory role.

The State Agency Committee (SAC) provides oversight to the Part C State Plan and supervision

to members of the State Early Intervention Team (SEIT). The role of SAC is to ensure the development, implementation and maintenance of the interagency, coordinated, multidisciplinary state and local early childhood intervention service systems for eligible children from birth through age two and their families. SAC is responsible for this through the State Interagency Agreement required in Minnesota Statutes, Section 125A.48. Members of SAC sit on the ICC and also represent the interests of Part C on the Interagency Coordinating Team for young children with disabilities and their families birth to Five (ICT) and Minnesota's State Interagency Coordinated System of Services (MnSIC) up to age 21.

The State Early Intervention Team (SEIT) with guidance from SAC develop and implement early intervention policy; provide training and technical assistance to local interagency early intervention committees, state, regional and local health, education and human service agencies and families relating to supervision and monitoring, child find, outreach, public awareness; early intervention services in natural environments; family involvement and transition. SEIT members are located in each agency.

The Part C - Infants and Toddlers Program assists and provides funds to the 96 local Interagency Early Intervention Committees (IEICs) through the IEIC annual application planning process. IEICs are responsible for the development, coordination, and implementation of comprehensive local interagency early childhood intervention services for young children with disabilities and their families. IEIC members include representatives of school districts, health care providers, county human service agencies, county boards, early childhood family education programs, parents of young children with disabilities under age 12, and current service providers.

### **Services Provided**

Early intervention services are offered in conformity with an Individual Family Services Plan (IFSP) and provided in natural environments including the home, child care setting, early childhood special education program, or other early childhood education settings.

Additional components of the Part C state and local system to enhance quality and accountability include:

- Local staff development, including occupational therapists, ECSE staff, speech pathologists, physical therapists, physicians, nurses, nutritionists and child care providers
- Technical assistance to local areas through MN\*TAFS (Minnesota Technical Assistance for Family Support), Early Hearing Detection and Intervention Network, Project Exceptional for

### inclusive child care and the Autism Network

- The development of web-based applications, such as the IFSP to enhance service coordination and family involvement and the Early Childhood Family Initiatives website to serve as a resource for those interested in the health and development of young children with disabilities which includes the YOUR LINK newsletter
- The central directory and the 1-800 number which provides parents with referral and resource information
- The Follow Along program available in 84 of the 87 counties in Minnesota and reservations to track and follow young children at risk for early intervention services
- Local and state interagency agreements that include procedures for intra- and interagency dispute resolution, complaints, agency roles and responsibilities for child find, services, service coordination, financial commitments and data collection
- Due process procedures for families and providers

### **Key Measures**



*Increase the percentage of young children who are ready for school as measured by an observational performance assessment.*

- The Early Learning Services Division in the Office of Community Services has adopted this indicator as a focus around which to integrate individual early childhood programs. In the fall of 2002, CFL will pilot a School Readiness Indicator Study in which information about the school readiness of a random sample of approximately 2,000 kindergarten children will be gathered. The report on the School Readiness indicator will be available in January, 2003.



*The percentage of infants and toddlers birth to age three and their families (particularly under one year of age ) who have IFSPs is increased, disaggregated by race and ethnicity, and is proportional to the general state population.*

- The percentage of eligible infants under age one with an IFSP is below the benchmark of 1%.
- Analysis of IEIC self-study results for Child Find conducted during FY 2003, local referral sources, demographics and other data sources are examined and used to determine technical assistance to be provided.

- Coordination with child care providers and other early childhood care and education service providers is used to improve Child Find.

### **Federal Funding — Part C — Infants and Toddlers**

Minnesota's federal allocation for Part C is based on the number of all children in the cohorts from birth through age two annually.



## **Minnesota's FY 2002 Budget for Part C, IDEA**

### **I. Early Intervention Service Dollars to Local Areas where no other funding source exists**

Components include: Child Find, Service Coordination, and Early Intervention Services	\$4,474,878.50
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### **II. State Administrative Costs**

Including: Interagency Professional/Support Staff, Travel, Office Supplies, Printing and Indirect Costs	\$363,990.30
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### **III. Part C Early Childhood Intervention System Components**

• Data / Information Management	\$181,995.15
• State and Local Training and Technical Assistance Activities Activities include: Family Support, local CSPD*, Spring Regional Meetings, IEIC Training/TA	\$606,650.50
• Early Intervention Reserve Account **	\$50,000.00
• Procedural Safeguards	\$121,330.10

Including: Mediation, Complaints and Dispute Resolution

- State and Local Public Awareness / Outreach / Child Find Activities  
Including: Central Directory/1-800#, YOUR LINK Newsletter, Public Awareness Materials, Outreach to Health Care Providers, Tracking and Follow-Along \$242,660.50
- ICC Expenses \$25,000.00

**FY 2002 Part C Budget Total** \$6,066,505.00

\* Comprehensive System of Personnel Development

\*\* The Part C Reserve Account provides funding to local areas for early intervention services when local county agencies have exhausted all other public and private funds available

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In Fiscal Year 2002, the federal Office of Special Education Programs (OSEP) sponsored a Part B/Part C Focused Monitoring Workgroup composed of State level Part C Coordinators and State Directors of Special Education. This workgroup identified the following national priority areas:

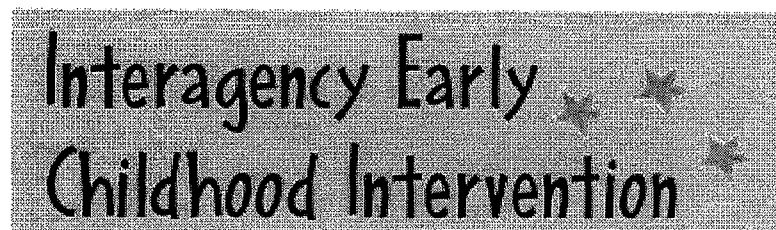


- Effective State Supervision and Monitoring
- Child Find, Public Awareness and Outreach
- Meaningful Family Involvement
- Early Intervention Services in Natural Environments
- Transition



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## Effective State Supervision and Monitoring

**Objective:** Effective general supervision of the implementation of the Individuals with Disabilities Education Act is ensured through the State lead agency for Part C (which in Minnesota is the Department of Children, Families & Learning), and the development and utilization of mechanisms and activities in a coordinated system that results in all eligible infants and toddlers and their families having available early intervention services in the natural environments appropriate for the child.



### Continuous Improvement Monitoring Process

Minnesota's Continuous Improvement Monitoring Process (CIMP) is an ongoing effort to establish a process to use data, public input, and the expertise of steering committee members by using data and information to bring about change in the delivery of state services for children with disabilities birth through age twenty-one, and their families.

This process began as a response to guidelines established by the Office of Special Education Programs (OSEP) of the U.S. Department of Education. It continues as a means to provide focus on highest priority areas and give clarity to what we are doing as a statewide system. The new emphasis, which aims to make this process continuous throughout the year, focuses its efforts on tying the results of the planning process to agency budgeting priorities.

In Phase One, a Statewide Needs Assessment was completed and submitted to OSEP in December, 2000. Phase Two, which occurred in the fall of 2001, was dedicated to completing a Planning and Implementation Document in five highest areas of need as identified by the steering committee. Those five areas of need include:

- Improvement Area 1: Improve the ability of children and youth to make successful

transitions

- Improvement Area 2: Ensure a sufficient number of qualified professionals and paraprofessionals
- Improvement Area 3: Improve access to mental health services across agencies
- Improvement Area 4: Improve interagency cooperation and coordinated service delivery
- Improvement Area 5: Reduce system bias related to the needs of diverse populations

Phase Three work began in the spring of 2002 with subcommittees comprised of Department of Children, Families, & Learning (CFL) staff and steering committee members working together to develop plans for the these areas of improvement:

**1. Parent Involvement-** with an emphasis on better outreach to less represented parents

**2. Accountability and Compliance-** focusing on hearing, due process, monitoring, and dispute resolution

**3. Educational Results-** including increasing participation across a continuum of educational and related services-special and general education, graduation/dropouts/suspension/expulsion rates, separate sites, exiting special education for general education, statewide assessments and goal attainment on IEPs.

A final report of the work of Phase Three will be completed in December 2002.

Phase Four, which will be addressed from January to June, 2003, will address the areas of Child Find, Inclusion, Assistive Technology, and Geographic Disparities.

One of the ongoing challenges the CIMP effort faces is getting the right data that is relevant, meaningful, and gives insight into the questions of impact. While there is much data currently available, there is a need for improvement in getting the right type of data that actually answers the questions without overburdening the system. A data workgroup is being formed to address these needs. Their working philosophy is never to add a requirement without taking something away. Over time, CIMP will use evaluation data to look at the effectiveness of change strategies. Those strategies that work will be enhanced.

**Interagency Early Intervention Committee Self Study**

The IEIC Self Study process was developed by the state work group of local early intervention providers, state agency staff, families, county and district directors, ICC members and local IEIC members. It was completed by local IEIC members during 2001-2002. The Self Study process was initiated as a responsibility of the lead agency to get baseline data about how local areas were carrying out the requirements of the Part C Early Intervention Program. The data will be used to:

- Identify strengths of the system
- Prioritize training activities
- Guide statutory revisions
- Identify those IEICs needing most immediate technical assistance
- Form the baseline for measuring the effectiveness of initiative developed as part of MN's strategic planning for continuous improvement

88% of the IEICs submitted their completed self study process. 12% have yet to submit evidence (i.e. policies, bylaws, and minutes). Each completed Self Study was reviewed by two or more members of the State Early Intervention Team (SEIT).

**Preliminary Findings.** Based on the review, each IEIC Self Study was numerically rated into one of the three following areas:

1. Generally at or above the legal standard with no glaring need for technical assistance
2. Some areas of non-compliance, technical assistance will be provided
3. Significant areas of noncompliance, a technical assistance priority from SEIT

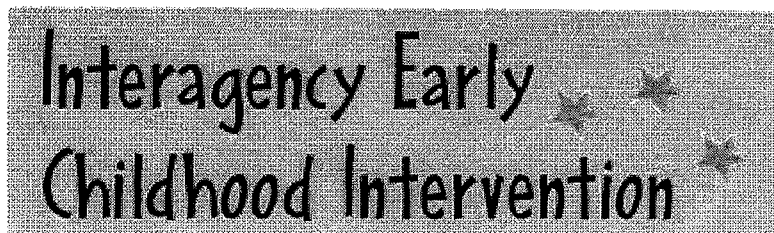
The next steps for the IEIC Self Study process are:

- Obtain and review the incomplete self-study documents
- Complete the analysis of the data
- Provide each IEIC with general and specific findings in writing

- Share information regarding IEIC child find activities with ICC and incorporate it into the workplan generated by the Child Find Workgroup
- Develop a plan to meet prioritized technical assistance needs
- Provide targeted technical assistance and statewide training
- Evaluate the self-study process and refine it for future use

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## Child Find System, Public Awareness, and Outreach

### Desired Outcomes:

- All eligible infants and young children and their families (ages birth to three) are identified, evaluated and referred for services.
- Culturally relevant strategies and materials inform families of the availability of Early Intervention Services in order to promote the identification and referral of eligible infants and young children and their families to the Child Find system.
- The Child Find system is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering relevant education, health, and social service programs, including tribes and tribal organizations.

Minnesota has participated in the federal Part C Infants and Toddlers program (formerly called Part H) since 1987. We have been in full implementation of the federal Part C -Infants and Toddlers Program since 1995. MN has had a long history of involvement in child find, public awareness / outreach activities and referral activities across agencies to identify young children with disabilities and their families. Some of these programs/activities include Head Start and Early Head Start, Early Childhood Health and Developmental Screening, the Central Directory and 1-800 #, the Developmental Wheel, the Follow Along Program (FAP), Universal Newborn Hearing Screening, Birth Certificate Data, Family Home Visiting Program, Newborn Metabolic Screening, local IEIC Child Find Activities and the Child and Teen Checkup Program (EPSDT).

The need to find all children who are eligible to receive early intervention services is a priority that

has been identified among initiatives working to improve the performance of Minnesota's system: ICC, SEIT, MnSIC, CIMP. Based on the review of the Minnesota Self Assessment Process and Addendum submitted in 2001, the Federal Office of Special Education Programs (OSEP) raised the following specific issues in need of improvement for Minnesota's Part C Child Find Process:

1. Are we identifying all eligible infants under age one?
2. Do the infants and toddlers and their families on IFSPs reflect the demographics of the local area?
3. How effective are primary referral sources?
4. Do the referral sources differ by age (1,2,3)?
5. Are local IEICs and member agencies doing their job in identifying young children and their families?
6. Is there variability from one part of the state to another?

In addition, the recently developed Child Find Indicators and Benchmarks from OSEP's Focused Monitoring Workgroup in relationship to Minnesota statistics revealed areas of need. For infants birth to one, and for infants and toddlers birth to three years of age, Minnesota's percentage of children identified and on IFSPs falls below the benchmark. Criteria for those statistics disaggregated by race and ethnicity are currently under development.

**Indicator 1: Percentage of infants, birth to one year of age, with IFSPs:**

The Part C Benchmark for Indicator 1 states that at least 1% of all infants, ages birth to one year, will have IFSPs (excluding infants and toddlers who are at risk for developmental delays under state eligibility criteria). A state with between .5-.75% of eligible infants on an IFSP (category 3) would trigger federal monitoring and review. Minnesota falls into Category 3: Below benchmark, needs more intensive intervention to reach benchmark. The percentage of all infants on an IFSP on December 1<sup>st</sup> under age one in Minnesota is .6% and has remained so for the last five years.

**Indicator 2: Percentage of infants and toddlers, age birth to three years of age, with IFSPs:**

The Part C Benchmark for Indicator 2 states that at least 2% of all infants and toddlers, age birth to three years, will have IFSPs (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria). A state with between 1.50-1.75 % of eligible infants on an IFSP (category 3) would trigger federal monitoring and review. Minnesota falls into Category 3: Below benchmark, needs more intensive intervention to reach benchmark. The percentage of all infants and toddlers on an IFSP on December 1<sup>st</sup>, 2001 ages birth to three years in Minnesota is 1.53%.

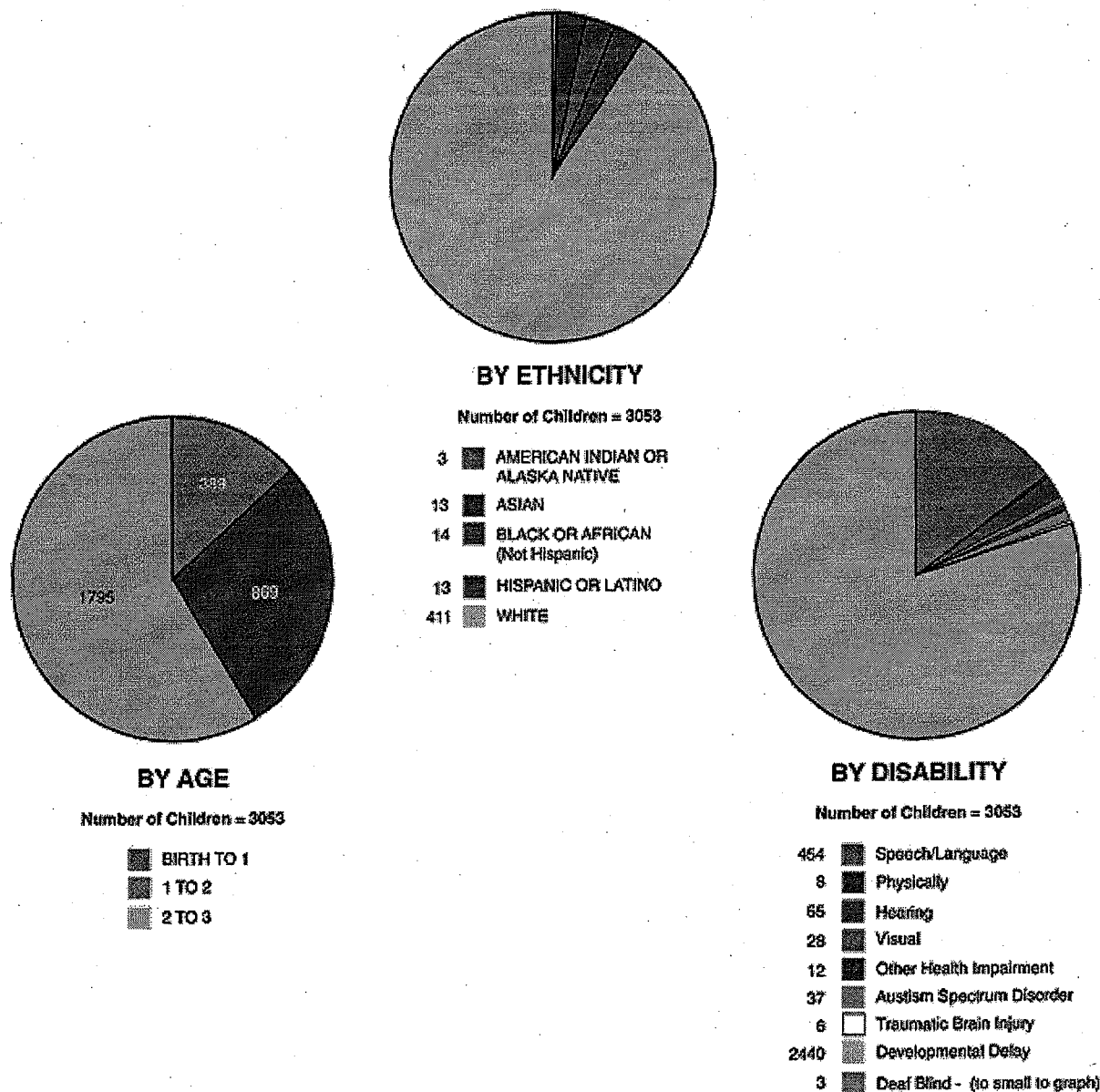
Our state has worked to develop widespread Child Find strategies since 1988. Currently Minnesota has various discrete state and local interagency Child Find activities that need to be integrated into one statewide Child Find System Birth to Twenty-one that includes public awareness, screening, and referral.

Results from analysis of Minnesota's IEIC Self Studies also indicate that there is a need to examine fiscal strategy(ies) to determine:

- The relationship between the amount of money allocated to IEICs for child find and Follow Along Program (FAP) and the amount of money actually spent, the number of children found, etc.
- The current funding formula for child find and the FAP, which is based on the current number of infants and toddlers already identified and on an IFSP by 12/1
- The child count in relationship to the actual percent of funds used by the IEIC for FAP
- Local incentives to reach the 1% benchmark of all children under age 1 on IFSPs
- Local incentives to reach the 2% benchmark of all children birth to three on IFSPs

To address these needs and issues, Minnesota's Coordinated Interagency Birth to 21 Child Find System Workgroup was convened. The Workgroup developed and endorsed a Planning Goal and Outcomes, Strategies and Evidence. A separate subcommittee of the Child Find Workgroup was formed to examine relevant childfind data from a variety of sources. This group will identify key data issues and strategies to address the identified areas of concern.

The Part C Benchmark for Indicator 3 states that the percentage of the total eligible population with an IFSP, disaggregated by race and ethnicity (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria) is proportional to the general state population. While the federal Office of Special Education Programs (OSEP) has not developed triggers in this area, Minnesota data about infants and toddlers with an IFSP on 12/1/2001 follows by age, ethnicity and disability.



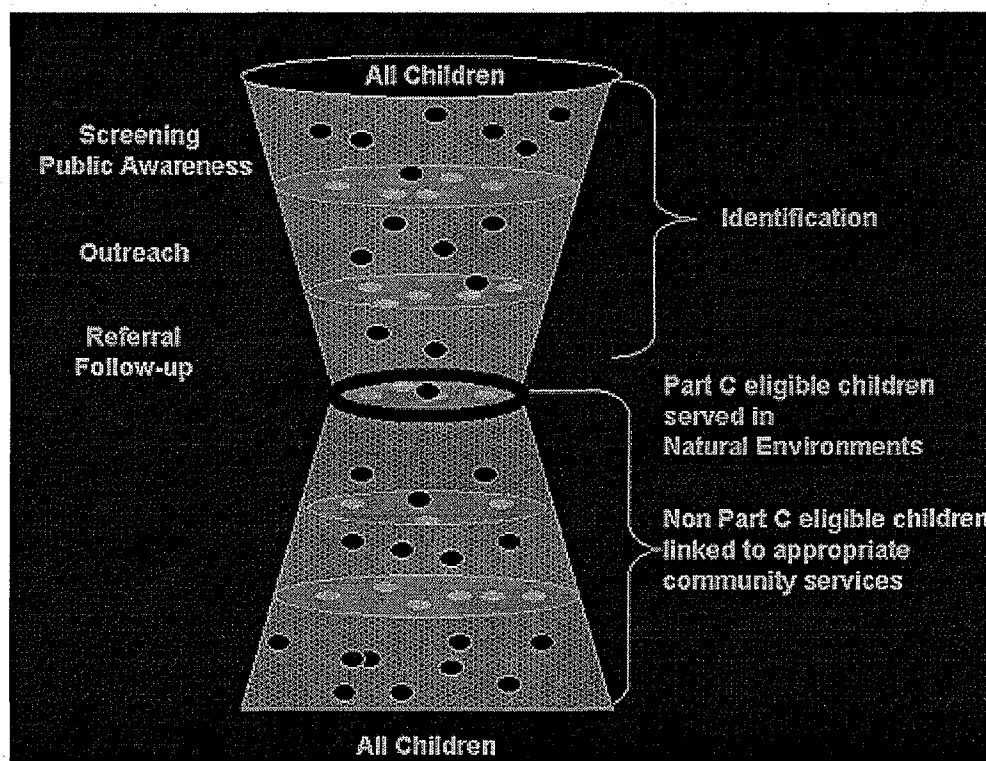
**Table 2**  
**Infants & Toddlers Receiving Early Intervention Services**

in accordance with Part C on December 1, 2001

Note: The federal government does not ask us to report child count by disability, only by age and ethnicity. The information above is from Minnesota Automated Reporting Student System (MARSS), and reflects disability according to age and ethnicity. The Disability Categories are those for special education.



### ICC Expanded Child Find Definition



In regard to Child Find, the ICC Communications sub-committee recommended that the ICC

keep the current mission statement:

"Partnering with families, the Governor's Interagency Coordinating Council is committed to supporting the development of an effective early childhood care and education system for all children, which assures the needs of young children with disabilities and their families are met."

As seen in the preceding illustration, the ICC vision is centered on the need to connect families who have concerns about their child's development with needed supports. It also addresses the concerns about those children identified through screening and/or assessment as having a need but not eligible for Part C. "All" has the following meaning within this early intervention context:

- Need to cast the broadest possible net to find the children that we are concerned about at the earliest possible time.
- Action steps:
  - Identify if and what the "problem" is for children birth to five in need of service but ineligible for Part C and/or ECSE services (who is out there, what do they need, who provides and pays for what and how are they connected to the IEIC are a few questions that need to be answered).
  - Identify state actions.
  - Identify ways local IEICs can incorporate this into agreements.
- Need to focus on Part C and Special Education eligible AND children identified through interagency screening and or assessment as having a developmental concern.



### **Follow Along Program**

The Follow Along Program (FAP) identifies children at risk for developmental, medical issues or social emotional issues and monitors their development to assure early referrals to appropriate evaluation/intervention services. Families complete developmental questionnaires every 4 to 6 months which are scored, and families notified of the results. The FAP is managed by local agencies. The state provides the FAP Coordinator (.5FTE), the software to support the program, training, technical assistance, and some of the forms. The Minnesota Department of Health (MDH) analyzes information supplied by 85 of Minnesota's 87 counties at least every 6 months.

This information is reported to the local IEIC. The most recent information is from July, 2002. The current number of children enrolled in the program is 24,000.

The Follow Along Program (FAP) will be piloting a new developmental questionnaire called the ASQ-SE (Ages and Stages Questionnaire-Social Emotional) which is a companion to the regular ASQ. While the ASQ screens the overall development of children, the ASQ-SE screens all children to identify children with social emotional issues who are in need of evaluation/assessment. The ASQ-SE is reported to identify children who are subsequently diagnosed with mental health issues or autism spectrum disorders. The pilot will assist Minnesota in deciding whether to include this in our screening protocol in FAP.



### **Universal Newborn Hearing Screening / Early Hearing Detection and Intervention**

- Universal Newborn Hearing Screening (UNHS) is now a standard of care for infants in 85 of 111 birthing hospitals in Minnesota, up 12% from last year. The "1-3-6" goal of the MDH UNHS/EDHI programs aims to have 100% of newborns screened for hearing loss by 1 month of age, assessed by 3 months, and have children identified as deaf or hard of hearing and their families enrolled in early intervention by 6 months of age.
- 76% of babies born in Minnesota are screened for hearing loss at birth.
- MDH received hearing screening data via the new metabolic screening reporting forms, indicating a 5% refer rate. This exceeds the recommended benchmark of 4%.
- MDH hired two audiology consultants to provide technical assistance to hospitals statewide to establish UNHS programs.
- Audiologists statewide are receiving training to enhance skills for assessing newborns through a contract with the University of Minnesota (U of MN) Audiology Clinic. Training includes hands on sessions in screening, assessing, and fitting with amplification, as well as parent counseling.
- Hearing Aid Loaner Bank was established at the U of MN Lions' 5M International Hearing Center with the assistance of MDH funding.
- The Early Hearing Detection and Intervention (EHDI) Regional Network currently includes 16 teams statewide, consisting of a teacher of the D/HH (Deaf and Hard of Hearing), an

early childhood special educator, and an educational audiologist. Trainings for these local teams were developed by staff from the MDH, Department of Children, Families & Learning (CFL) and the Department of Human Services (DHS) to build capacity for regions to serve deaf and hard of hearing children and their families. Trainings were held in December, 2001, April and August 2002. Funding to support the regional teams is provided through the Part C and Preschool Federal Grants.

- New parent brochures have been developed and made available on the website in four languages: English, Spanish, Somali and Hmong. These were tested in diverse communities and designed to encourage families whose babies do not pass screening to go in for follow up. Hospitals may download the "pass and refer" brochures and personalize them to add their own information.
- A New Developmental Checklist for speech and hearing milestones has been developed for use on the MDH website in the four languages mentioned above. These can also be reproduced for distribution.



#### **Information and Assistance Hotline.**

Last year over 2,700 families and professionals called into the 1-800 Information and Assistance Hotline. Calls varied from requests for financial assistance for health care expenses, locating community resources for a chronically ill child, information on specific diseases, or how to select a health plan when the family is caring for a child with a disability. In FY 2001, 11.1% of those calls were related to children birth to age 3. Within that group, 66.3% of the calls were regarding children who were involved with Early Intervention Services at the time of the call. The remaining 33.6% were referred to their local Interagency Early Intervention Program.



#### **Developmental Wheels**

32,432 copies of the Developmental Wheel were distributed around the state in Fiscal Year 2002. This practical guide helps families understand their child better around various areas of development (including hearing, speech, language, vision, motor, social, and cognition) as they reach certain ages. Families who have questions about their child's development can call their

central point of intake or the statewide 800 number.



### **Your Link**

The purpose of Your Link newsletter is to provide up-to-date, relevant information to professionals, parents, and other interested persons in Minnesota concerned with interagency intervention services to young children with special needs and their families. To save printing and mailing costs due to the effects of the state budget shortfall, Your Link newsletter was made available only in an electronic format. Current and previous issues of Your Link can be accessed at <http://cfl.state.mn.us/ecfi/yourlink>



### **Early Childhood Connection**

The Early Childhood Connection, funded by Part C and published through PACER, has a circulation of 8,700. It is published two or three times a year to provide information about current issues and topics in early childhood to parents and professionals. The articles focus on issues related to children aged birth through 5.

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## Meaningful Family Involvement

### Desired Outcomes

- The needs of families with eligible infants and toddlers are identified and addressed through the family centered orientation of policies, procedures and practices.
- The number of parents (including those from multicultural populations and other under represented groups) who are involved in the planning and implementation of the state and local system through membership on boards and committees increases.

The Part C Benchmark for the federal priority of Meaningful Family Involvement is that at least one percent of the annual Federal Part C funds are expended to support parent involvement, training and participation in systemic policy issues relating to early intervention. A state allocating less than .50%-.75% (category 3) would trigger federal monitoring and review. Minnesota falls into Category 1: Meets or exceeds the benchmark of 1% of the federal allocation for Part C. Currently Minnesota's federal Part C funds expended to support parent involvement, training and participation in systemic early intervention policy issues totals 4% of the federal Part C allocation.

Activities include state level training and technical assistance to local areas, newsletters, funding to institutions of higher education for parents as co-trainers, family involvement and support activities offered by the 96 local IEICs (Interagency Early Intervention Committees), and stipends, mileage and lodging to families for their involvement on the ICC, state and local task forces and workgroups, and local IEICs.



### Part C and Parent Involvement.

In the last year, an evaluation of family support efforts and needs in Minnesota for the early childhood age group identified a significant finding relating to Parent Involvement. The evaluation was done through a statewide survey of parents, professionals and state level employees. Feedback from the annual plans for allocation of funds that are submitted by local IEIC were also analyzed as a part of the evaluation. Evaluations from a statewide conference also provided data.

These findings relate to the importance of parent involvement in family support and early childhood:

1. The number one challenge faced by IEICs and their Family Support Subcommittees is Parent Involvement at various levels along the continuum; parent participation at events, parent involvement at the planning level and parent involvement at the decision and policy making level.
2. Forty percent of the respondents have seen an increase in parent involvement over the last 5 years at multiple levels. (It was noted by many IEICs that the Parent Involvement trainings and the technical assistance provided by MN\*TAFS was influential in this increase.)
3. The number one need identified by this population was coordinated training and technical assistance focused on parent involvement.



### **Minnesota Technical Assistance for Family Support (MN\*TAFS)**

In Fiscal Year 2001-2002 based on these findings the MN\*TAFS team continued to provide technical assistance to strengthen and broaden family support efforts in Minnesota. This part-time technical assistance team models a parent-professional partnership in assisting local teams of parents and professionals determine effective ways to connect and inform families.

- Flamestarters. A compilation of 24 new and revised Flamestarters was developed and disseminated. This informational tool was divided into three sections to give pertinent and

concise material about; 1) IEIC and family support background, 2) elements of family support and 3) concepts of family support. The Flamestarters booklet was observed to be in use consistently by parents and professionals as a viable and practical resource, used by state stakeholders, program administrators, staff serving students beyond the age of five, out of state interested parties, as well as local IEICs and Family Support Subcommittees.

- A statewide gathering of local IEIC Family Support teams was successfully attended by 102 participants from 41 of the 96 IEICs. Ongoing needs that surfaced include:
  - information and mentoring since many people across the state are new to family support and IEIC work
  - communication mechanisms to link local family support teams
  - continued need for helps and technical assistance
- Specific topical trainings were offered upon request across the state. Topics included "Establishing a Parent to Parent Program" and "Increasing Authentic Parent Involvement".
- Intensive on-site technical assistance was provided in four local areas that included basic interagency and family support information as well as specific problem solving, planning, and organizational assistance as requested.
- A family support planning tool was developed. "Discover the Possibilities: a Tool to Plan and Implement Effective Family Support Efforts" includes several concrete and user-friendly strategies for 1) inventory, 2) feedback from users, 3) understanding local influences, 4) participation data and 5) survey. These reproducible materials are available for implementation at the local level.
- MN\*TAFS adopted a standard of continuous improvement and implemented a dual approach to evaluating its efforts. A survey of key state stakeholders was taken as well as a general survey of local IEIC chairs and family support contacts.
- The family support framework and information developed through the work of MN\*TAFS was determined by key special education state stakeholders to be particularly applicable in the parent involvement focus of the work in the system of school age children with disabilities and their families. Because of that, MN\*TAFS efforts will be expanded in the

2002-2003.

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## Early Intervention Services in Natural Environments

Objective: Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.

The Benchmark for the federal Part C Indicator, Early Intervention Services in Natural Environments /Embedding Early Intervention Services In Families' Daily Routines And Typically Occurring Community Activities, states that the primary service location for 90% of infants and toddlers is home or settings designed for typical infants and toddlers, and the percentage of those infants and toddlers is not greater or less than 10% in two or more race and/or ethnicity categories as compared to state demographic data.

It is interesting to note that in the table below while 84% of infants and toddlers are served in the home or in programs designed for typically developing children, 15% are served in programs designed for children with developmental delays or disabilities (particularly those between the ages of 2 to 3).

SERVICE CATEGORY	BIRTH - 1	1-2	2-3	TOTAL
Program Designed for Children with Developmental Delay or Disabilities	6	25	416	447
Program Designed for Typically Developing Children	4	17	151	172
Home	378	821	1185	2384
Hospital (Inpatient)	0	0	0	0
Residential Facility	0	0	1	1
Service Provider Location	1	6	36	43
Other Setting	0	0	6	6
TOTALS	389	869	1795	3053

**Table 3a****Program Setting (by Age)**

Where Early Intervention Services are Provided  
To Infants and Toddlers with Disabilities and their Families  
with Part C in Fiscal Year 2002

In the table below, no matter the ethnicity, the majority of the infants and toddlers receive early intervention services in the home or in programs designed for typically developing children.

SERVICE CATEGORY	Asian or Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	American Indian or Alaska Native	TOTAL
Program Designed for Children with Developmental Delay or Disabilities	11	32	14	372	18	447
Program Designed for Typically Developing Children	11	33	11	113	4	172
Home	54	137	117	2030	46	2384
Hospital (Inpatient)	0	0	0	0	0	0
Residential Facility	0	0	0	1	0	1
Service Provider Location	0	2	2	39	0	43
Other Setting	0	0	0	6	0	6
<b>TOTALS</b>	<b>76</b>	<b>204</b>	<b>144</b>	<b>2561</b>	<b>68</b>	<b>3053</b>

**Table 3b**  
**Program Setting (by Ethnicity)**

Where Early Intervention Services are Provided  
To Infants and Toddlers with Disabilities and their Families  
with Part C in Fiscal Year 2002



### **Project EXCEPTIONAL Minnesota**

Project EXCEPTIONAL Minnesota (PEMn) is dedicated to increasing the availability of quality options for families of children with special needs in community-based early childhood and school-age childcare settings in Minnesota. This statewide network provides leadership, administrative support, training, and consultation to early care and education providers, school-age providers, parents, and the professionals who support providers and parents of children with special needs. A website was developed and is in use at [www.projectexceptional.org](http://www.projectexceptional.org) that serves as a clearinghouse for information on inclusion and features a chatroom, threaded bulletin board, trainer registry, consultation links and support and technical assistance.

PEMn has written a training program for including children with behavior challenges and offers a

training of trainers on the content. Information about this effort is available on the website.

PEMn has also developed a statewide training group of bilingual language trainers who offer the workshops in Spanish. One page on the website specifically links to Spanish language websites and includes documents in Spanish which can be downloaded by providers, trainers, or parents.



### **Early Head Start**

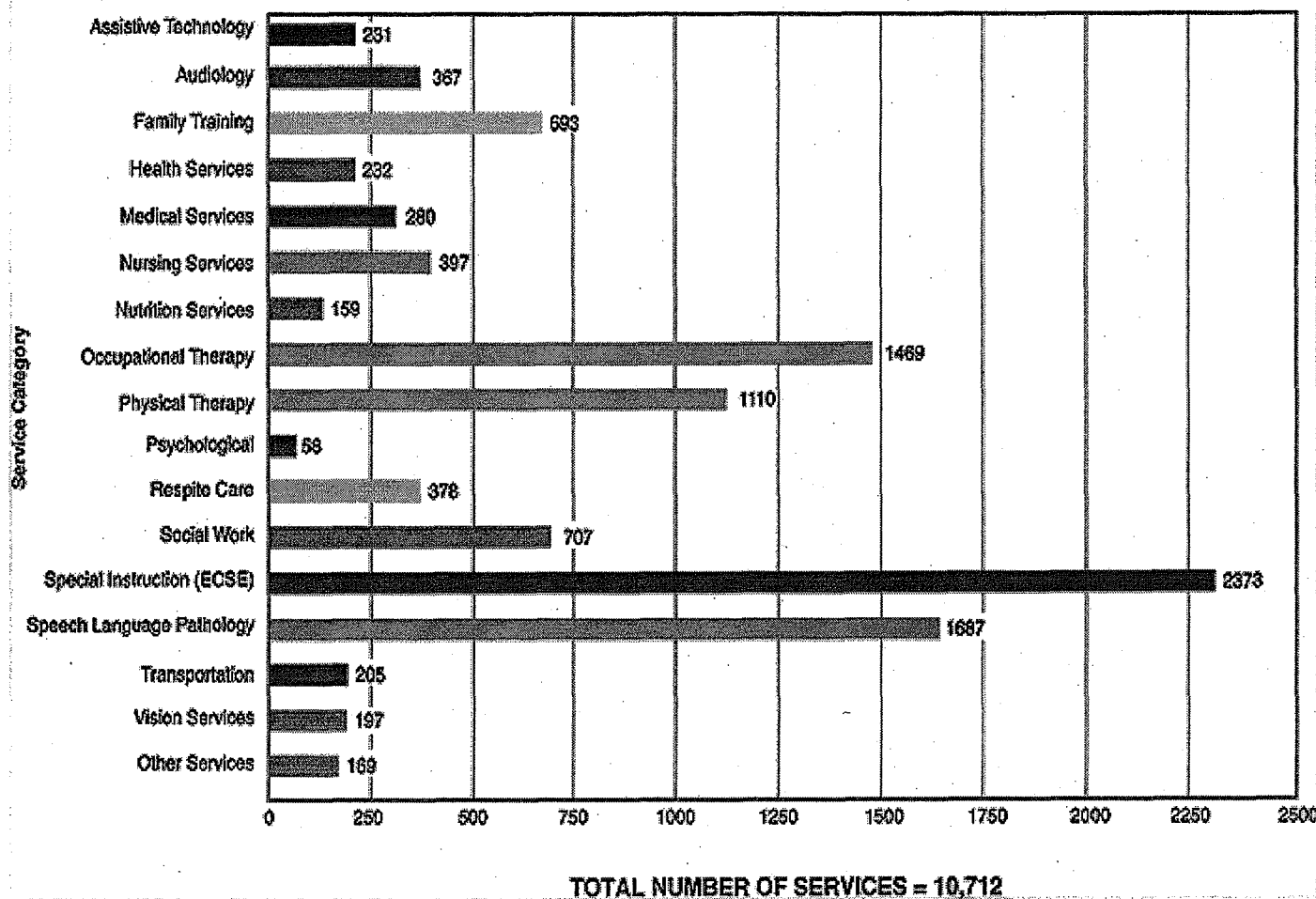
In recognition of the powerful body of research that recognizes the period from birth to age three as critical to health growth and development and to later success in school and in life, both federal and state lawmakers have provided funds for Head Start to provide formal programming for younger children and their low income families. Bipartisan legislation was passed by Congress in 1994 which extends Head Start's comprehensive services to low income children under age three and to pregnant women. In Minnesota, nine of the thirty-four Head Start grantees are also federal Early Head Start grantees. In 1997, the Minnesota Legislature provided money to be competitively awarded to Head Start programs to develop and implement formal Head Start Birth to Three programming. Minnesota was one of the first states in the nation to appropriate state money to fund a Head Start Birth to Three program.

Currently seven Minnesota Head Start grantees are funded by State funds to provide Birth to Three programming. A total of eleven of the thirty-four Head Start grantees are funded by federal and/or state funding to serve the birth to three low-income population. According to the Head Start Performance Standards, "at least 10% of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities". This standard applies to enrollment opportunities in the birth to three as well as the three to five year old Head Start programming.



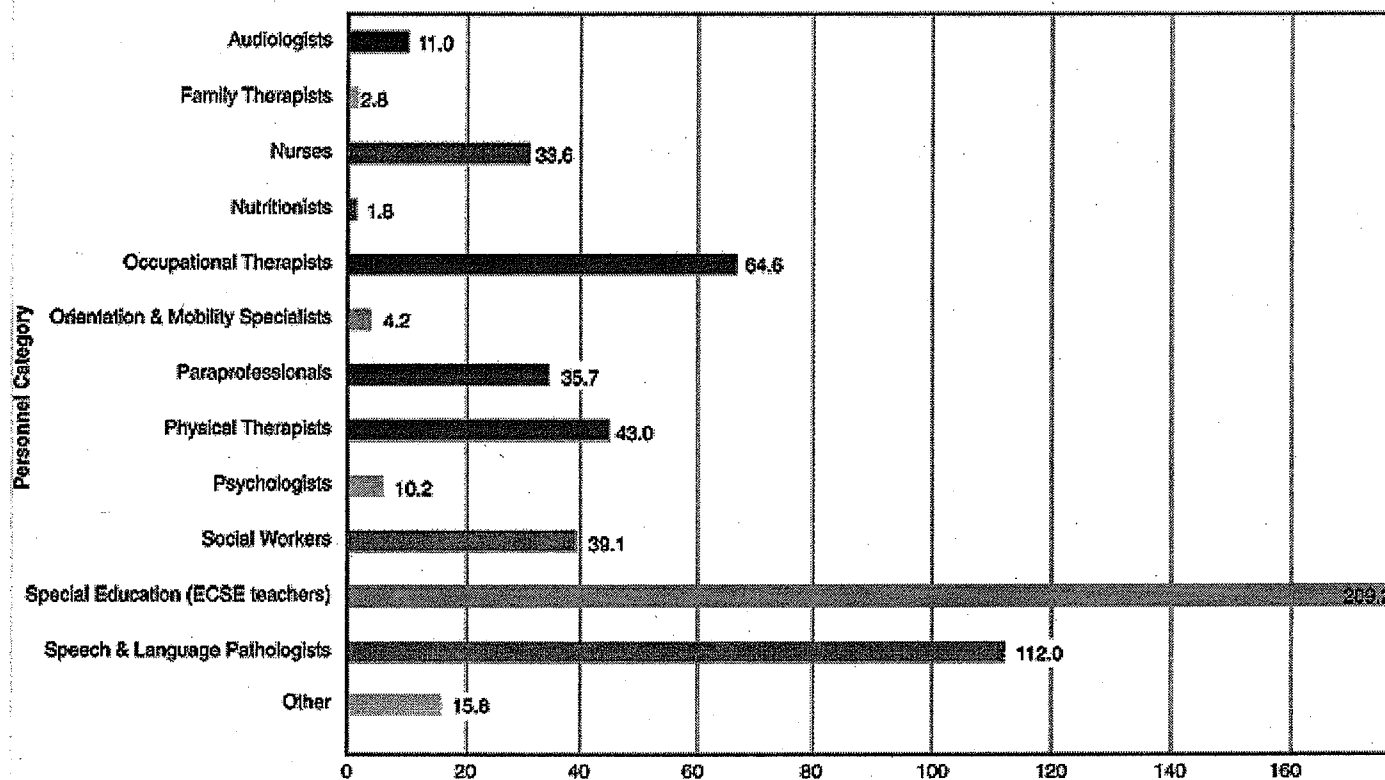
Since the eligibility criteria for Part C is that for Early Childhood Special Education, the main Part C early intervention services listed on an IFSP include early childhood special education (22 %), followed by speech language pathology (16%), occupational (14%) and physical therapy (10%),

as shown in the following table.



**Table 4a**  
**Early Intervention Services Received**  
 by Infants and Toddlers and their Families in Fiscal Year 2002

Again, since the eligibility criteria for Part C is that for Early Childhood Special Education, the main Part C early intervention providers are early childhood special educators (36 %), followed by speech language pathologists(19%), occupational therapists(11%), social workers (7%), physical therapists (7%), paraprofessionals (6%) and nurses (6%), as noted in the table below.



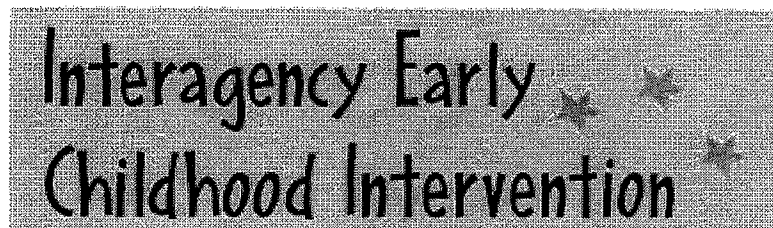
TOTAL NUMBER OF PERSONNEL IN FTES = 488

**Table 4b**  
**Number & Type of Personnel**  
(In full-time equivalency of assignment FTES)

employed and contracted and additional personnel needed to provide  
early intervention services to infants, toddlers and their families

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## Early Childhood Transition

Objective: Transition planning results in needed supports and services, available and provided, as appropriate to a child and the child's family when the child exits Part C.

### Effective Transitions For Infants And Toddlers With Disabilities-Transition To Part B

The Part C Benchmark for Effective Transitions For Infants And Toddlers With Disabilities-Transition To Part B states that less than 4% of children exiting Part C at age three have their Part B eligibility undetermined or unknown.



REASONS FOR EXIT	Asian or Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	American Indian or Alaska Native	TOTAL
Completion of IFSP Prior to Reaching Maximum Age for Part C	3	17	13	130	5	168
Part B Eligible	22	88	58	943	25	1136
Not Eligible for Part B Exit to Other Programs	0	0	0	0	0	0
Not Eligible for Part B Exit with no Referrals	0	0	0	0	0	0
Part B Eligibility not Determined	0	0	0	0	0	0
Deceased	0	4	1	15	1	21
Moved out of State	3	6	1	50	1	61
Withdrawal by Parent (or Guardian)	1	1	0	4	0	6
Attempts to Contact Unsuccessful	0	0	0	0	0	0
<b>TOTALS</b>	<b>29</b>	<b>116</b>	<b>73</b>	<b>1142</b>	<b>32</b>	<b>1392</b>

**Table 5**  
**Infants and Toddlers Exiting Part C Programs**  
July 1, 2001, to June 30, 2002

Minnesota has a seamless system for eligible young children from birth to age five. The definition for eligibility in Minnesota is that for special education (Part B-619). Since all children in Part C are already receiving early childhood special education services, the transition into Part B is relatively continuous. All parents of children turning age three receive transition planning resulting in appropriate supports and services. In reviewing the above table, there are no children whose Part B eligibility is undetermined or unknown.



### **MnSIC- Minnesota System of Interagency Coordination**

MnSIC (Minnesota System of Interagency Coordination) refers to the development and implementation of a coordinated, multi-disciplinary, interagency intervention service system for children and youth with disabilities, ages 3 to 21 and their families. Passed in 1998, the goal of MnSIC legislation is to streamline service delivery by reducing duplication of services from

multiple service providers, and by increasing collaboration and cooperation among all partners providing services to children, youth and their families. The system is modeled after the Part C program for children birth to three. It includes three main components: Governance Agreements, Individual Interagency Intervention Plan (IIIP) and Coordination of services 3 to 21.

A round of trainings, called "Ready, Set, Go; Train the Trainer, Part 2" was held in November 2001 at five sites around the state. This training brought in-depth information on the IIIP and the coordinated interagency process for children from ages six to nine. The sessions were attended by teams from counties and schools. These teams will set up training about the interagency system and the IIIP in their local areas. Trainings were also held to inform state staff who are involved with the various programs and agencies that participate in the IIIP (e.g. monitoring, waiver personnel).

The new version of the IIIP, complete with data elements required for ages birth through 21 was also developed and is available on the MnSIC website at: [www.mnsic.org](http://www.mnsic.org).



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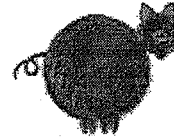


## Glossary of Acronyms

CFL – Department of Children, Families & Learning  
 CIMP – Continuous Improvement Monitoring Process  
 CSPD – Comprehensive System of Personnel Development  
 CMH – Children's Mental Health  
 D/HH – Deaf and Hard of Hearing  
 DHS – Minnesota Department of Human Services  
 FAP – Follow Along Program  
 ICC – Governor's Interagency Coordinating Council on Early Childhood Intervention  
 ICT – Interagency Coordinating Team  
 IDEA – Individual with Disabilities Education Act  
 IEIC – Interagency Early Intervention Committee  
 IEP – Individualized Education Plan  
 IFSP – Individualized Family Service Plan  
 IIIP – Individual Interagency Intervention Plan  
 MARSS – Minnesota Automated Reporting Student System  
 MCSHN – Minnesota Children with Special Health Care Needs  
 MDH – Minnesota Department of Health  
 MnSIC – Minnesota System of Interagency Coordination  
 MN\*TAFS – Minnesota Technical Assistance for Family Support  
 OSEP – United States Office of Special Education Programs  
 Part B – Preschool Children with Disabilities (ages three to five), IDEA  
 Part C – Infant and Toddler Program, IDEA  
 PEMn – Project Exceptional Minnesota  
 SAC – State Agency Committee  
 SEIT – State Early Intervention Team  
 SIC – State Interagency Committee

TA – Technical Assistance

UNHS/EDHI – Universal Newborn Hearing Screening/Early Detection and Hearing Intervention



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