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jency Early Childhood Intervention

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

16th Annual Report to the Governor

A Summary on the Status of Early Childhood Intervention in Minnesota July 1, 2002 through June 30, 2003

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

Archive of past Annual Reports to the Governor

Each computer and printer will print differently. Some users may wish to choose "Landscape" when printing this report to avoid losing information.

Return to Top | Report Home

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

Dear Governor Pawlenty,

The Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) is pleased to provide you with the electronic version of Minnesota's 16th Annual Report to the Governor for your review. This type of navigational formatting with live links gives access to a much greater degree of information than was previously available regarding actual accomplishments. Information on next steps for early childhood intervention in Minnesota compared to established objectives is also provided.

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. ICC members also serve on many other committees, including the Continuous Improvement Monitoring Process Steering Committee and its subcommittees which include Child Find and Family Involvement.

Due to the recent federal emphasis on identifying and serving all eligible infants and toddlers birth through age two, the ICC focused on child find, culturally appropriate public awareness and outreach and resources to local IEICs. As part of its renewed focus on mission, purpose and membership, the ICC reviewed and made recommendations regarding its bylaws. Membership recruitment continued to have a high priority. In June, 2003, the Special Education Advisory Committee (SEAC) invited the ICC to a joint meeting to explore common purposes and priorities.

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

Return to Top | Report Home

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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

Purpose of the Report

According to Minnesota Statutes, section 125A. 28. the council must annually recommend to the Governor and the Commissioners of the Departments of Education (formerly 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.

Return to Top | Report Home

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

Membership
2002-2003

Chairperson
Wes Mattsfield, Esko, parent *

Vice Chairperson
Judy Swett, St. Paul, parent, advocacy *

Parent Representatives
Dawn Bly, Fosston
Veneta Lykken, Minneapolis
Debra Niedfeldt, Rochester, advocacy

Minnesota Department of Education
(formerly the 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

Minnesota 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 (deceased)

Legislature
Jim Abeler, State Representative, District 49A
Julie Sabo, State Senator, District 27 (not re-elected)
• ICC Executive Committee Members
• State Agency Committee (SAC)

At the joint ICC/SEAC meeting on June 12, 2003, John Berns, Office of the Governor, State of Minnesota, presented certificates of commendation to these outgoing ICC Members: Jim Abeler, Lois Engstron, Diane Landwehr, Wes Mattsfield, Linda Nelson, Deb Niedfeldt, Julie Sabo, Davis Sanders, Judy Swett, Barbara Troolin and in memoriam to Mary McEvoy

During FY 2003 and FY 2004, 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 state representative
- A state senator
- A representative of the Department of Commerce
- A director of Special Education
- A county social services administrator
- 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 – MDE
Sue Benolken - Part C Planner - DHS
Barb Dalbec, Part C Planner, MDH
Michael Eastman - ECSE Specialist – MDE
Joann Enos - Part C Planner - DHS
Lola Jahnke - Tracking & Follow Along Coordinator - MCSHN, MDH
Jan Rubenstein - Part C Planner – MDE

Return to Top | **Report Home**

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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.

To address the five year vision, for the first time..... Members from two interagency advisory councils met jointly in June 2003 to discuss areas of potential collaboration and coordination in meeting the needs of children with disabilities.

The Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) addresses the early intervention system as defined by Part C, IDEA, birth through two, and Part B-619, IDEA, children with disabilities ages 3-5. The Special Education Advisory Council (SEAC) advises on system components for school age children with disabilities, ages 6-21, as defined by Part B, IDEA. Members from these two groups worked together to develop and discuss a list of possible future joint opportunities, and to establish some draft principles that might guide those joint efforts.

Based on the work of the groups, these potential future joint activities were identified:

- Spearheading Legislative Initiatives
- Holding a joint congress
- Developing a joint method of communication between/to related Minnesota Department of Education (MDE) Advisory Groups—website, newsletter, etc.
- Addressing joint topics
    - Transitions
    - Training needs
- Influencing Higher Education
- Creating public awareness on mental health

Additionally, these guiding principles were developed to guide future efforts:

- Respect
- Focus – Substance and Outcome Based
- Family Involvement
- Family Driven System
- Maximize Limited Resources

- Educating the Whole Person

Return to Top | **Report Home**

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

Part C Profile

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 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 Education Act)**

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

Infrastructure
The Minnesota Departments of Education (MDE), 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.

Federal Funding – Part C – Infants and Toddlers
Minnesota receives its annual federal Part C Allocation based on the number of all children in the general population from birth through age two annually.

Description of the Use of Part C, IDEA Funds for FY 2003

I. Part C Funds Distributed to local IEICs to be used for Early Intervention Direct Service **$4,900,000**

Includes Child Find, Tracking and Follow Along Program (FAP), Service Coordination, Part C Early intervention services where no other funding source exists

II. Part C Funds used by Lead Agency for Maintenance and Implementation Activities **$909,280**

Including the Early Intervention Reserve Account, supervision and monitoring, Your Link and Early Childhood Connection newsletters , Comprehensive System of Policy Development (CSPD),Minnesota Technical Assistance for Family Support (MN*TAFS), Early Hearing Detection and Intervention (EHDI) Regional Team Network, Infant Mental Health, regional Part C trainings, Child Find, local Interagency Early Intervention Committees (IEICs) Maintenance/TA and Family Support, regional meetings, travel and lodging, indirect costs, printing, technical services, supplies

III. Use of Part C funds used for Activities by other Agencies **$714,000**

Includes:

- **Minnesota Department of Health for Public Awareness/Child Find Activities**
  - Central Directory/1-800

- FAP
- Developmental Wheels
- Training and technical Assistance to local public health agencies, information regarding the coordination of health benefits
- Data collection and evaluation

- **Department of Human Services**
  Training and Assistance To local areas/county social service agencies regarding culturally competent service coordination, respite care, autism, infant mental health, use of MN and private insurance, data collection and evaluation
- **Dept. of Administration**
  Intertech, for enhancements and maintenance of the web based Individualized Family Service Plan (IFSP)

IV. Part C Funds used for Lead Agency (MDE) Administrative positions **$136,796**

Includes Part C Coordinator, Clerical Support, Financial Policy Coordinator, Financial Policy Consultant, Financial Policy Supervisor, Policy Supervisor

V. Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) **$50,000**

Total Part C Federal Allocation for MN **$6,710,076**

Return to Top | Report Home

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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 Education), 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.

Minnesota's Continuous Improvement Monitoring Process (MnCIMP)

The U.S. Department of Education's Office of Special Education Programs (OSEP) is responsible for ensuring that states comply with the Individual with Disabilities Education Act (IDEA). To assist states in meeting the needs of children and youth with disabilities, OSEP has developed a continuous improvement monitoring process. Minnesota was one of the first sixteen states invited to begin implementing this process in 2000.

The initial phase involved a comprehensive Self-Assessment of all components of the Special Education system. Minnesota has combined both Parts B and C of IDEA to develop a comprehensive continuous improvement process that encompasses ages birth to twenty one and is interagency in nature.

A statewide group, the Continuous Improvement Steering Committee, has been in place since 2000 to provide input and guidance to the Department throughout the CIMP from the initial Self-Assessment through Self-Improvement Planning and into the implementation of the plans. The Steering Committee consists of representatives from Minnesota's Special Education Advisory Council (SEAC), the Governor's Interagency Coordinating Council for Early Intervention (ICC), the Minnesota System for Interagency Coordination (MnSIC), and includes Special Education administrators and teachers, parents and advocates.

The main focus of this effort is to provide evidence-based information that the state is improving results for children and youth with disabilities, from birth to 21.

MnCIMP State Efforts
As its name implies, Minnesota's Continuous Improvement Monitoring Process – MnCIMP - is an ongoing, dynamic process in which statewide priorities are identified and Self-Improvement Plans are developed that will lead to

concrete action. Because the focus is on "continuous improvement," priorities may change over time as a result of new learning. This is where the "continuous monitoring" part of MnCIMP comes into play—as new information is gathered about various special education issues, it must be analyzed so decisions can be made about what this information "means." Only then can the state establish priorities that will lead to improved results for children and youth with disabilities.

A broad process
This "monitoring" is much broader than the compliance activities carried out by Special Education Accountability and Compliance. Although information compiled as a result of local self-review activities provides critical input for MnCIMP reporting and planning activities, it represents only one piece of a much larger array of data collection activities.

For example, MnCIMP includes information obtained from the MARSS including Child Count, graduation and dropout rates as well as other relevant data; results from statewide surveys; and recommendations from SEAC, ICC, and MnSIC and other stakeholder/advocacy groups.

Getting started – Minnesota's Self-Assessment Process: Goals and Indicators System for children with Disabilities Birth to 21 and their Families
The Self Assessment was the first step Minnesota undertook as part of the Continuous Improvement Monitoring Process. A Steering Committee was formed to work with MDE (CFL) Special Education staff in determining the baseline against which progress would be measured in state-level continuous improvement efforts. Existing public comment was analyzed and new public comment was sought from a wide range of stakeholders across the state in an effort to assess how successful the state has been in achieving compliance and improving results for children and youth with disabilities. Through actively seeking input from a diverse range of perspectives, Minnesota's Self-Assessment Process serves as the foundation upon which a consensus was achieved to identify statewide special education priorities and determine a future course of action. In the course of this effort, the state identified 16 objectives in three major goal areas—a process which established Minnesota's Goals and Indicators System. These goal areas include:

- To improve educational results for children and youth with disabilities through the provision of high quality Special education instruction and related services.
- To improve educational benefit for children and youth with disabilities through the development and implementation of interagency service delivery systems.
- To assure free and appropriate public education and early intervention services through state and local implementation of required procedures for finding, evaluating, placing, instructing and supporting children and youth with disabilities.

Minnesota's Self-Improvement Plan: Part I
Minnesota's Self-Improvement Plan: Part I provides a detailed description of how the state intends to improve services for children and youth with disabilities, birth to 21, and their families. Part I was completed in December 2001 and focused on five priorities:

1) Improve the ability of children and youth to make successful transitions.
2) Ensure a sufficient number of qualified professionals and paraprofessionals.
3) Improve access to mental health services across agencies.
4) Improve interagency cooperation and coordinated service delivery.
5) Reduce system bias related to the needs of diverse populations.

Within the Plan, each priority area is accompanied by a narrative that provides an overall rationale for taking action, a description of the planning process, information about "causes and barriers," and an outline of major planning goals and related objectives, evidence statements and strategies.

Minnesota's Self-Improvement Plan: Part II
Minnesota's Self-Improvement Plan: Part II summarizes the next phase of the state's self-improvement efforts. This phase was completed in December 2002 and addresses three additional priority areas:

1) Improve educational results for children and youth with disabilities.
2) Increase family involvement.
3) Increase the effectiveness of accountability and compliance.

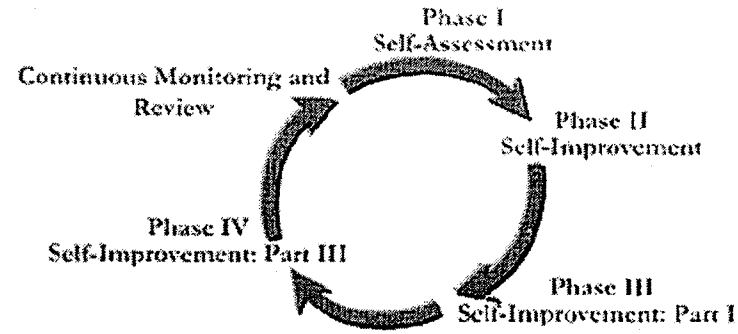
Minnesota's Self-Improvement Plan: Part III
This phase addresses four priority areas:

1) Inclusion
2) Reducing Geographic Disparities
3) Child Find
4) Assistive Technology

(To be completed in August 2003)
www.mncimp.net

Implementation of the Self-Improvement Plans
State staff are responsible for the implementation of each of the Self-Improvement Plans. Strategies from each plan are embedded into the Special Education state budget process when funds are allocated annually to carry out specific activities in each of the priority areas. Status reports are available on an annual basis, providing updates on work done in each of the priority areas.

The Steering Committee will conduct periodic reviews of each Self-Improvement Plan to assess overall progress. In addition, the Steering Committee, along with staff, will recommend changes or modifications to each Plan in light of new information or "lessons learned" over time.



MnCIMP Local Efforts
Local school districts that have been in compliance with Special Education requirements have the option to participate in the Continuous Improvement Monitoring Process for Self Review (CIMP:SR). Similar to state-level CIMP efforts, local districts conduct a self assessment or needs assessment utilizing stakeholder input and district data. A district CIMP:SR plan is then developed, identifying priority areas for improvement and strategies to be carried out in the coming year. These plans are then submitted to the Department annually for review.

Technical assistance and monitoring support is provided to the districts by staff from Special Education Accountability and Compliance and the Special Education Policy Unit, jointly.

IEIC Self Study Process

IEIC's were asked to submit, along with their Annual Plan, a Self Assessment with accompanying documentation or evidence which addressed the requirements set forth in Minn.Stat. 125A. The information gathered from the Self Assessment was used:

- To develop baseline data on the status of the requirements in Minn.Stat.125A
- To identify below and above standard practice in the state
- To develop training and technical assistance activities

All submitted IEIC Self Assessments were reviewed and the results of the study were organized into four categories:

1) IEIC Structure to include membership, selection of the chair, and frequency of meetings

2) Policy and Procedures for public awareness, child find, referral and evaluation
3) Functions of the LPA to include development of annual plan, collection of data, and management of dispute processes
4) Procedural Safeguards to include how families are provided information on parental rights and how parents file a complaint, request mediation, or file for a due process hearing

Upon review of the information by the State Early Intervention Team (SEIT) each Self Assessment was rated as a 3 (exceeds standard), 2 (at standard), or 1 (below standard). The rating of each Self Assessment was based on the narrative provided and any evidence available to document and/or support the assessment. Evidence included any information or published documents such as written policies, brochures, minutes of meetings, membership list or other such items, which demonstrate and/or documents how the requirements in Minn.Stat.125A are met.

Overall ratings of the IEICs:
Rating 3: 21
Rating 2: 32
Rating 1: 37

5 IEICs were not reported at the time of the analysis.

The Self Assessment analysis indicates the two statewide areas of greatest need are in IEIC Structure and Policies and Procedures. Many IEICs had evidence of membership of their Committee, but it was unclear if the members were active or participated in decision-making. Similarly, even though IEICs stated in their by-laws that they had child find, identification and evaluation policies and procedures, the Self Assessment failed to contain any evidence or documentation on what they were or how they were implemented.

It is extremely important to acknowledge that the rating process was the first attempt at examining the requirements of Minn.Stat.125A. This is the first activity conducted which allowed for a "state-wide look" in early intervention as defined in Minn.Stat.125A. A weakness of the process is that there are no state standards to measure the results of the study. This process did allow, however, for a set of expectations to be established that will result in a system of monitoring and improvement of Minnesota's Early Intervention System for children, birth to age five and their families.

As a result of the Self Assessment, training and technical assistance activities were developed. Each IEIC received a letter to be disseminated to the member County and School Board(s). The letter identified the rating of their IEIC Self Assessment and the name of the state staff who acts as their point person for follow-up activities. State staff compiled examples of exemplary policies and procedures that IEICs submitted which can be used as a model for other IEICs. Further training and technical assistance activities will be planned as state agency resources allow.

Return to Top | Report Home

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

Child Find System, Public Awareness, and Outreach

Desired Outcomes:

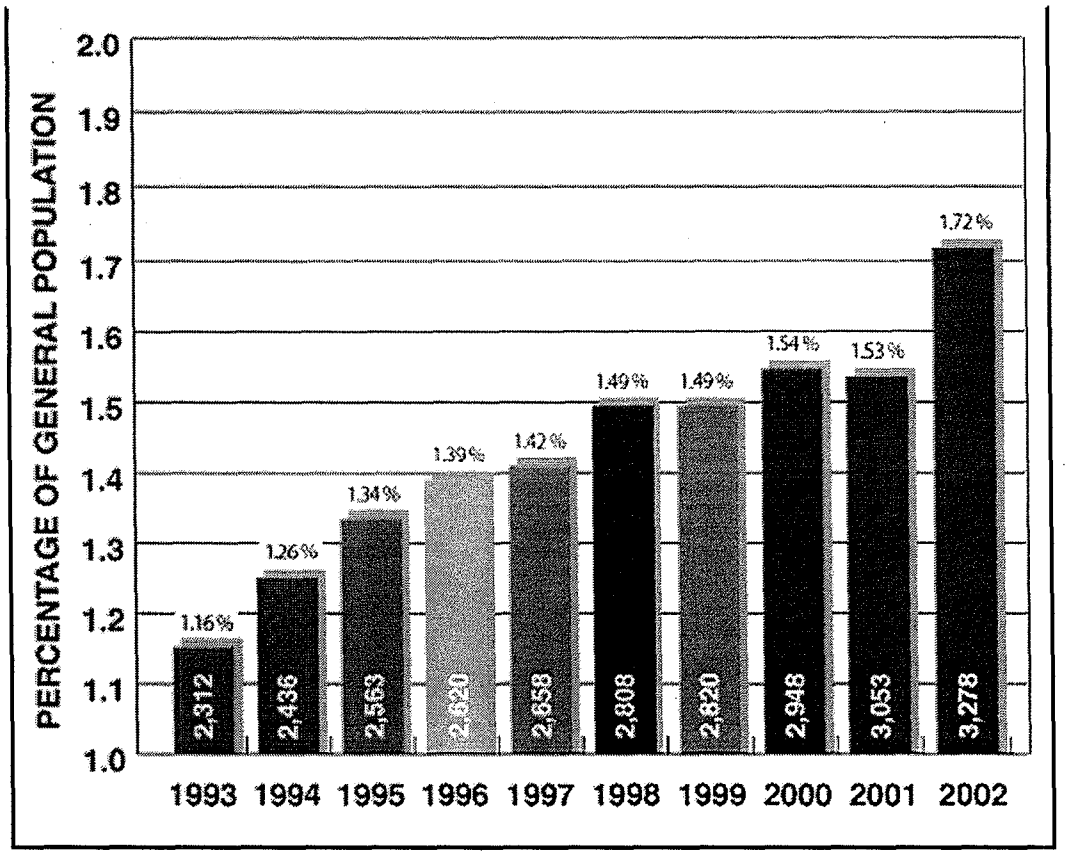
- All eligible infants and young children and their families (ages birth to three) are identified, evaluated and referred for services.
- Culturally relevant strategies and materials inform families of the availability of Early Intervention Services in order to promote the identification and referral 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.

Federally Recommended Benchmark:

- At least 1% of all infants, ages birth to one year, will have IFSPs.
- At least 2% of infants and toddlers, ages birth to 3 years, will have IFSPs.
- The percentage of infants and toddlers, age birth to 3 years with IFSPs, disaggregated by race and ethnicity,is proportional to the general population.

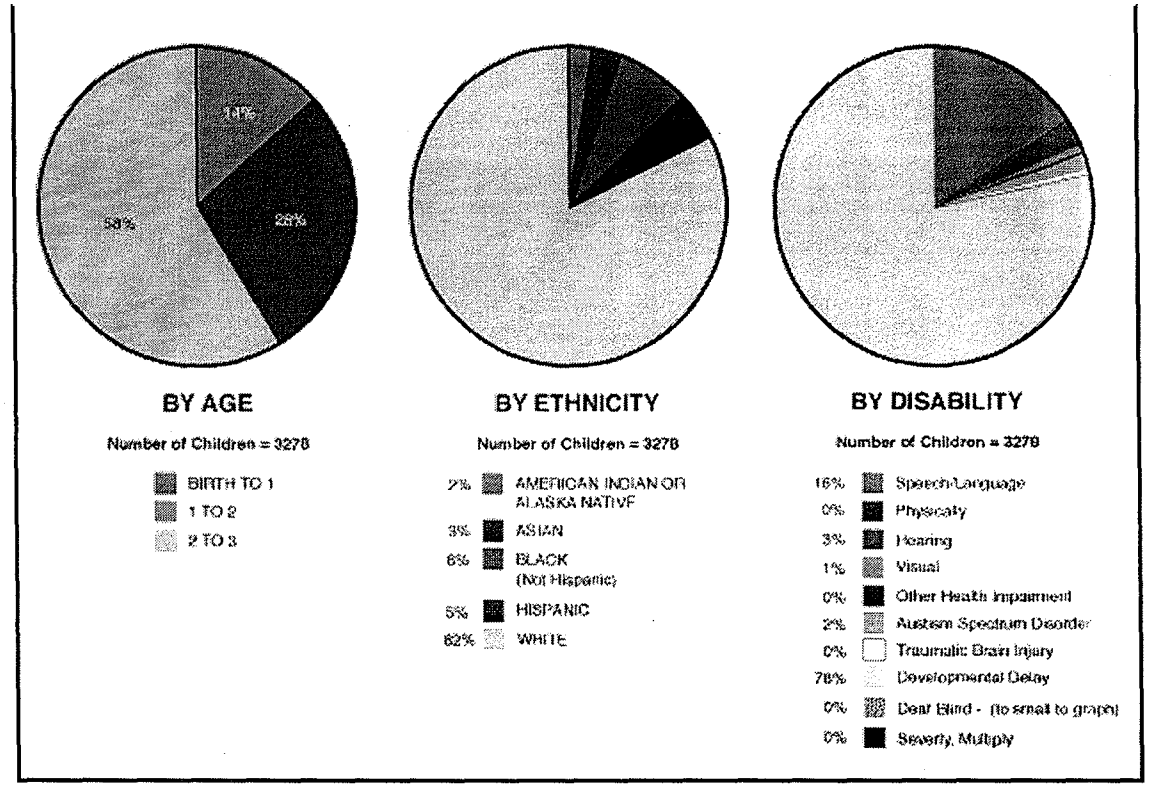
Trigger: Not more than +/- 20% variance from Minnesota's own overall identification rate across racial/ethnic groups

Table 1
Infants & Toddlers in Minnesota
Birth to Three on an IFSP on December 1



Child Find is a priority area for Minnesota's Interagency Early Intervention System, based on the findings of the CIMP (Continuous Improvement Monitoring Process). Recently developed benchmarks from the federal Office of Special Education Programs (OSEP) demonstrate that Minnesota must examine and improve its Child Find efforts in order to reach the target of serving one percent of all children under age one and two percent of the total population birth through age two. The graph above indicates that Minnesota's percentages are improving, but also reveals that our state falls below the federally recommended benchmark.

Table 2
Infants & Toddlers Receiving Early Intervention Services
in accordance with Part C on December 1, 2002



In August 2002, an Interagency Birth through Five Child Find Work Group (B-5 CFWG) was established primarily to address the United States Office of Special Education Programs' (OSEP) concerns regarding the effectiveness of Minnesota's Part C Child Find efforts. During the fall of 2002, a draft Child Find plan was developed, focusing on young children birth through five years old. This draft plan was presented to both the Governor's Interagency Coordinating Council for Early Childhood Intervention (ICC) and the State Special Education Advisory Council (SEAC) for their input. After incorporating the recommendations from both of these groups, the draft plan was then given to the Continuous Improvement Steering Committee's Six through Twenty-one Child Find Work Group (6-21 CFWG) to continue working on building a framework for a coordinated, interagency child find system up through age twenty one.

The following planning goal was adopted by the Child Find Work Group: *Minnesota's statewide comprehensive, coordinated Child Find System ensures that eligible children and youth (age birth to twenty one) with disabilities and their families are identified, evaluated and referred for appropriate services under IDEA, Parts B and C and M.S. 125A.023.*

This planning goal addresses the entire interagency system of Child Find for children and youth, ages from birth through twenty-one. Specific outcomes include coordinating across all agencies, including tribes and tribal organizations; conducting Child Find activities in ways that are culturally appropriate in order to ensure proportional representation of Minnesota's diverse communities; and ensuring that all eligible children and youth are identified, evaluated and referred for services. Partnering agencies and primary referral sources differ by age of the child/youth and the strategies reflect those differences. Comprehensive work plans were developed.

Activities to Promote Awareness

Public Awareness and Outreach campaign

One strategy within the work plan is the implementation of a new public awareness and outreach campaign. The goal of the campaign will be to increase the number of eligible infants, toddlers and young children ages birth to kindergarten entrance and their families, reflecting the demographics of the each local area, that are located, identified and served by school districts and their interagency partners. There will be particular emphasis in this campaign on children from birth through age two. This will be accomplished through the development and implementation of a uniform, statewide, comprehensive, and effective social marketing campaign that will:

1. Ensure that IEIC member agencies have the materials and knowledge needed to effectively inform parents and other primary caregivers about typical child development, signs of concern, and the positive impact of early childhood intervention on later educational success.
2. Include the creation of a potent tagline that succinctly conveys the desired message.
3. Inform all primary referral sources as described in 34 CFR 303.321(d)(3) including hospitals, physicians, parents, child care programs, local educational agencies, public health facilities, social service agencies, other health care providers, Head Start, Early Head Start, and Even Start about the process for accessing early intervention services throughout Minnesota.
4. Emphasize outreach to traditionally underserved groups, including minority, low-income, inner city and rural families and highly mobile groups such as migrant or homeless families and families who do not speak English as their primary language.

An evaluation will also be conducted regarding the effectiveness of the social marketing campaign.

First Sign Autism Awareness Project

Minnesota's prevalence rates of Autism Spectrum Disorders (ASD) have risen substantially since 1990. Recent research has shown that intervention before age three is extremely effective. Physicians are the primary source for identifying infants and toddlers exhibiting ASD. However, they lack the training, tools and time to effectively identify ASD during the toddler and preschool years. Reliable and valid screening tools for ASD are now available but not widely used.

In response to this situation a major effort has been launched. The Minnesota First Signs pilot is designed to educate pediatric practitioners about the importance of early detection and intervention of autism and other developmental

disabilities. Implementation of The First Signs pilot began in the Spring of 2003. The outcomes of this pilot are to:

1. Increase the knowledge of early warning signs among practitioners and raise their level of awareness
2. Improve the frequency and quality of screening for children (4-36 months)
3. Lower the age at which children are identified with autism and other developmental disabilities
4. Facilitate the timely referral of children to early intervention programs

As a result of this effort, during May and June:

- More that 500 physicians and medical practitioners received direct training regarding the interagency collaboration and earlier screening during well child checks promotion portion of First Signs. Numerous requests for follow up were also received.
- 130 staff members from the Minnesota Autism Network and the Early Childhood Intervention system were trained as trainers, and received the same training and materials as the medical practitioners, as well as participating in collaborative sessions to begin developing local outreach efforts.
- MN First Signs Early Intervention trainers are now available to every region of the state. This training is the initial step in the development of these staff as a critical, regional resource to promote and train medical practitioners and others on the early warning signs for Autism Spectrum Disorders and other developmental disabilities.
- This Project represents critical interagency collaboration and support of numerous community partners including; MDE-Special Education Policy Division, MDH, University of Minnesota, Autism Society of MN, First Signs Inc., MN Chapter of the American Academy of Pediatrics, MN Academy of Family Physicians, and MN Academy of Physicians Assistants.

While this phase of the Project has targeted the medical community, future plans include enhancing public awareness and education of other service providers, as well as supporting the outreach/child find efforts of the MN First Signs EI trainers and offering additional trainings for medical practitioners. http://www.firstsigns.org/

Birth Certificate Data

Local boards of health can be given private health data associated with birth registration, including information that identifies a mother or child at high risk of serious disease, disability, or developmental delay, in order to assure access to appropriate health, social, or educational services.

Child and Teen Checkups Program

(C&TC) is the name of Minnesota's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

EPSDT is a federal program that provides for the coverage of comprehensive and periodic evaluation of health, developmental, and nutritional status, in addition to vision, hearing, and dental screening services to all Medicaid enrolled children birth to 21 years of age. The program's primary goal is to prevent disease and detect treatable conditions early to avoid further serious health problems and most costly health care. Program providers include primary care providers and public health nurses who have been specially trained.

Early Childhood Health and Developmental Screening (ECS)

was created to assist parents and communities to improve the educational readiness and health of all young children through the early detection of children's health, development, and other factors that may interfere with a child's learning, growth and development. Participation in screening is required for children prior to public school enrollment. Minnesota school districts are required to offer screening to young children before kindergarten entrance, targeting children 3 to 4 years old. If children have participated in a comparable health and developmental screening within a year, ECS is not required.

Family Home Visiting (FHV) Program

The Family Home Visiting Program promotes health and self-sufficiency for some of Minnesota's most vulnerable families by offering eligible families home visits by a public health nurse and trained home visitors. The program offers a wide range of services, information and resources to help them provide a healthy start for their children and to become self-sufficient.

- 67 of 86 counties participated
- 36 participating counties enrolled and exited families
- 31 counties enrolled only
- 2,702 children (0-19) enrolled
- 2,000 primary caregivers enrolled
- 505 pregnant women enrolled

The 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. Local agencies maintain contact with the families and assure that families are connected to the services they need to care for their children. Some local agencies have cut back on their FAP due to budget constraints. Many were providing the FAP to every child but now are offering it only to at risk

children. 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 data supplied by local agencies. This information is reported to the local IEIC. The current number of children enrolled in the program is 22,756, including:

- 2,570 under age 1
- 7,575 1-2 years olds
- 6,073 2-3 years olds
- 4,301 3-4 years olds
- 1,956 4-5 years olds
- 245 5-6 years olds
- 35 6-7 years olds

The Follow Along Program (FAP) piloted 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. As a result of the pilot, MDH is proceeding with adding this component to the FAP and making the tool available to any FAP managing agency who is able to add it to their local FAP.

Head Start

Head Start and Early Head Start are federally and state funded comprehensive child development programs that serve children from birth to age 5, pregnant women and their families. The overall goal of Head Start is to increase the school readiness of young children from low-income families. At least 90% of enrolled children must come from families at or below the federal poverty line and/or recipients of public assistance. Fully including children with disabilities is a required element of the Head Start program. Minnesota Head Start and Early Head Start programs work to involve children with disabilities and their parents in all aspects of the program. Plans are developed to meet the special needs of children with disabilities so they can participate in a full range of activities and opportunities. Programs are required by Federal Performance Standards to reserve ten (10) per cent of total enrollment opportunities for children with documented disabilities.

According to the Head Start Program Information Report for 2002-2003 Program Year, 2,281 children determined to have disabilities were enrolled in Minnesota Head Start programs. 1,038 children were determined to have disabilities after enrollment. Head Start programs are required to comply with Part 1308, Head Start Performance Standards for Children with Disabilities. The standards require programs to develop a plan that contains procedures for timely screening of all enrolled children and procedures for making referrals to LEA's (Local Education Authority-School Districts, in Minnesota) for evaluations to determine whether there is a need for special education and related

services for the child. The plans must also include commitments to develop interagency agreements with the Lea's The agreements must address Part B of IDEA.

Interagency Early Intervention Committee (IEIC) Child Find Activities

The 96 local IEICs provide child find, tracking and follow along, public awareness and outreach for infants and toddlers with disabilities and their families in their communities as part of their local coordinated interagency system.

The Information and Assistance Hotline

Last year over 1,700 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 2003, 12.1% of those calls were related to children birth to age 3. Within that group, 47% of the calls were regarding children who were involved with Early Intervention Services at the time of the call. The remaining 53% were referred to their local Interagency Early Intervention Program.

Newborn Metabolic Screening Program

This public health screening program screens all infants born in Minnesota. The MDH laboratory and follow up program provides high quality, timely, low cost laboratory screening and referral resources in order to prevent or minimize the long term efforts of disorders that can lead to death, developmental disability, or other serious medical conditions in newborns.

Project EXCEPTIONAL MN

(PEMn) is a statewide network for promoting and supporting inclusive early childhood and school age programs and professionals. It is funded by the MN Dept. of Education. PEMn provides training and consultation to child care professionals around a wide variety of topic areas, including behavior challenges, disability perceptions, and specific disabilities. The website, www.projectexceptional.org, contains links to hundreds of other websites that help educators, trainers, and parents access information about early intervention, disability law, and state and national resources that will provide information to support inclusive care.

Project EXCEPTIONAL MN uses training workshops and its website to educate child care professionals and parents about Minnesota Child Find by providing local resource information. Each PEMn trainer is part of a regional training team who is familiar with their local early intervention programs and referral agencies. Child care providers and parents can access information about local resources from the website as well. In addition, specific workshops in

PEMn help child care professionals learn their local resources and how to talk to parents if concerns arise about a child's development. A new curriculum has been added to the PEMn training material that helps early educators become more familiar with Autism and local resources for parents to access for screening. PEMn has its goal to help educators more readily access the resources needed to successfully include children with special needs in early care and school age programs.

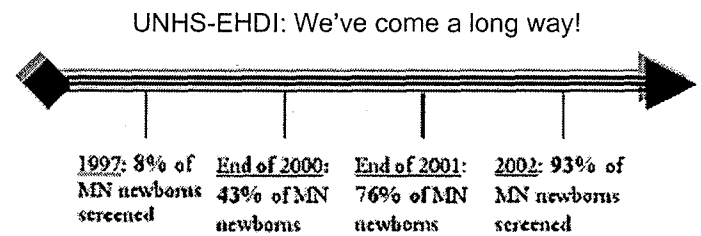
PEMn has 10 bilingual Spanish language trainers who train statewide. They have worked primarily with parents and legally unlicensed child care providers. In addition, the PEMN website has a page dedicated to Spanish language disability website and handouts useful to PE trainers and CCRR Training Coordinators, to be given to parents and child care providers. PE workshops have been taught with Hmong interpreters to Hmong child care providers in Ramsey County.

In 2004, PEMn plans to train a group of Hmong language trainers who will go into the Hmong community and train parents and child care providers. In addition, their are plans to train a group of Somali language trainers who will take PE training into the Somali early childhood community.

Universal Newborn Hearing Screening (UNHS)

To assure that:

- All Minnesota newborns are screened for hearing loss by 1 month of age
- Newborns with hearing loss are identified by 3 months of age
- Newborns with hearing loss are enrolled with their families in early intervention programs by 6 months of age



Universal newborn hearing screening (UNHS)-Early Hearing Detection and Intervention (EHDI) has become a standard of care for Minnesota newborns with nearly **95%** of Minnesota's 66,000 babies being screened for hearing

loss by early 2003. Of 110 birthing hospitals, 106 now screen all of their newborns for hearing loss in the hospital or on an outpatient basis before one month of age, or have a plan to begin shortly.

Minnesota's progress toward this goal has been remarkable in that it has occurred through voluntary collaboration, and not as the result of a legislative mandate. The process began in 1997, when the Minnesota Department of Health was directed by the legislature to implement this standard of care on a voluntary basis. MDH was fortunate to receive initial federal funding from the Maternal Child and Health Bureau and the Centers for Disease Control and Prevention to assist with the achievement of the "1-3-6". That grant has been refunded for 2003-2004.

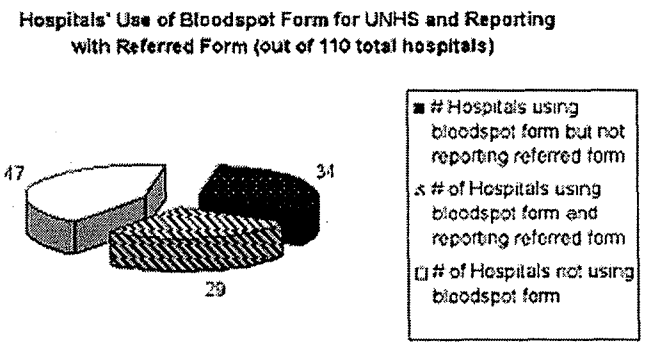
With cooperation from hospital screening programs, audiologists, physicians and families, the MDH UNHS Program staff in collaboration with the MDH Public Health Laboratory Metabolic Screening staff developed a statewide data tracking and follow-up system. Since January 2002 MDH began collecting hearing screening data on the blood spot (heel stick) form submitted to the MDH Lab, in most cases by the hospital. MDH staff work with hospitals and physicians to assure that babies who do not pass the hearing screening receive timely referral and follow-up. To that end MDH encourages hospitals to involve the local Follow Along Program public health nurse to assist families whose babies do not pass screening arrange for further assessments.

While hearing screening and reporting is voluntary, the benefits of early identification are priceless. *The growing body of evidence continues to support that children who are identified early (before 6 months of age) are able to achieve normal developmental milestones and can avoid the detrimental effects of later identification.*

> "I was thrilled that we caught it [the hearing loss] early. Otherwise she wouldn't have been identified until she was one or two years old when she started to talk . . . The day she received her hearing aids was the most fun day of our lives. Her eyes lit up and she was alert to new sounds. We're hopeful that she's going to develop her speech and language as best as she's able to. To get your child screened---that was the best professional advice–even though I thought my child could hear". - *a Minnesota parent of a newborn identified with hearing loss*

Early identification of the hearing loss through a hospital newborn hearing screening program allows for the family to take immediate steps in linking up with proper medical and educational intervention services.

While nearly 95% of newborns are being screened in Minnesota, the chart below shows that not all hospitals have joined this new state-level system. MDH looks forward to continuing to partner with hospitals and health care providers to reach full participation in the data tracking system. MDH is receiving data on over 65% of babies born in MN and on average hospitals are close to the recommended 4% refer rate.



MDH staff continue to collaborate with staff from the Minnesota Department of Children, Families, & Learning Part C, and deaf/hard of hearing services and with staff from Deaf Services in the Department of Human Services in order to provide training for 16 EHDI regional teams. The teams have attended 3 trainings annually and provide technical assistance in order to build capacity for local areas to meet the needs of deaf/hard of hearing newborns and their families. To find information or links to any of the programs mentioned above, visit the MDH website: www.health.state.mn.us/divs/fh/mch/unhs.

The Wheel

37,661 copies of the Developmental Wheel were distributed around the state in Fiscal Year 2003. 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.

Return to Top | **Report Home**

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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 number of families increase who report that their ability to meet the developmental needs of their child is enhanced.

Both the national educational programs which affect this population, the Individuals with Disabilities Education Act (IDEA) and the No Child Left Behind Act, promote efforts to help parents make informed decisions about their child's educational program, work as partners with their child's service professionals, and participate in policy decision making.

Parent involvement efforts have long been a part of Minnesota's 96 local Interagency Early Intervention Committees (IEICs). Every local IEIC has one or more parent representative. As part of local IEIC work, a team of parents and service providers annually develop a local family support plan and submit it as part of their annual plan. Training and technical assistance for these family support efforts and activities are provided by the Minnesota Technical Assistance for Family Support (MN*TAFS) team, whose work is described more fully elsewhere in this summary.

CIMP
As a result of statewide efforts to conduct self-assessment and self-improvement activities, the Steering Committee identified parent involvement as a priority area within the Continuous Improvement Monitoring Process (CIMP)

process and developed one specific Planning Goal:

> *There will be Authentic Involvement and Participation by Family Members in All Aspects and Levels of the Special Education Process Within the Context of a Birth to 21, Interagency Service Delivery System.*

The current plan seeks to promote and encourage parent and family involvement to increase knowledge and awareness of all "partners" (e.g. families, staff, and administrators) and enhance the authentic involvement of parents at all levels of the system, including policymaking and evaluation activities. Developed by CIMP, this plan was released in January, 2003, with the intended work to be carried out in the next three years.

There is currently no data available to provide evidence for the third outcome listed above - the number of families increase who report their ability to meet the developmental needs of their child is enhanced. A survey about family's perception and experiences with the system was sent out to randomly selected families in Summer 2002.

http://www.mncimp.net/

Minnesota Technical Assistance for Family Support (MN*TAFS)
Evaluation findings from the previous year based on a statewide survey of state and local stakeholders indicated that:

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 policymaking level.

2. Forty percent of responders reported an increase in parent involvement over the last 5 years at multiple levels. Many IEICs noted that Parent Involvement Trainings and 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.

Based on these findings, in fiscal year 2002-2003, the MN*TAFS team continued to provide technical assistance to strengthen and broaden family support efforts in Minnesota. This part-time team models a parent-professional partnership as they assist local teams of parents and professionals determine effective ways to connect and inform families.

There were a variety of strategies employed to address the identified needs:

- Flamestarters — nine new topical papers were written and made available on topics which discuss and explore concepts related to increasing parent involvement at the policy level, encouraging parents to engage in the process and build personal capacity:
  - Creating Your Own Influence and Using it Effectively 104k
  - Opportunities for Participation: Boards, Committees, Task Forces and Workgroups 96kb
  - What Style of Group Are You? 88kb
  - Sharing Your Parent Story 92kb
  - Mentor Parents 20kb
  - Paying Parents as Family Support Facilitators 32kb
  - Increasing Public Awareness about Disabilities and Their Impact on Families 36kb
  - Tinkering or Transforming: Looking below the surface in how we support families 88kb
  - WWW. . .The World Wide Web: For Families of Children with Disabilities 32kb
- Statewide trainings to assist local areas in assessing community needs, providing leadership and mentorship for families:
  - Fall Regional trainings at 6 sites brought together over 100 people from over half of the state's IEICs. **Discover the Possibilities - Plan, Do, Evaluate, Reflect** 116kb, a newly developed MN*TAFS tool to support local areas in planning and implementing effective family support efforts was shared with those who attended. In particular, this tool offers a process to identify underserved or disenfranchised parents, provides the means identify family needs and to obtain information about ways in which to include these parents who are currently not engaged in the process.
  - Held once at MDE in Roseville, Fostering the Leaders Among Us, the newly developed MN*TAFS training was attended by 35 people from around the state, with requests for additional training and follow up with specific local groups of mixed cultures. The content of this training is designed to help build leadership capacity and skills in ourselves and others. The concept of leadership looks very different now than it did when all the information and power were in the hands of a few individuals. This training introduces participants to information about their own leadership style, tips and strategies to build leadership skills, and an opportunity to determine where to engage as developing leaders in areas of interest to them.
  - **Fostering the Leaders Among Us** 664kb
    Fostering the Leaders Among Us - Spanish 55kb
  - Parent Mentor Trainings were offered at 2 sites with 65 attendees who represented over 1/3 of Minnesota's IEICs. These trainings were offered in response to evidence of interest in this topic that was written into local IEIC Annual Family Support Plans.
- On Site Technical Assistance was provided to six groups who requested ongoing problem solving assistance to increase the effectiveness of their local efforts.
- The principles of parent involvement and family centered practice were the central message that MN*TAFS was invited to share at presentations and/or participation in 11 related statewide initiatives.

- Six communities requested on site training and assistance in establishing or exploring Parent to Parent Mentor Training and/or Program Development.
- **Effective Local Special Education Advisory Councils (SEACs)** 1.48mb To expand the concept of family involvement at a state level, MN*TAFS was requested to develop a written guide for local Special Education Advisory Committees to use as they develop or enhance their local efforts with parents and professional service providers of school age children.

MN*TAFS Learnings from this year.

- More local groups are concerned about the quality of what they do.
- Using electronic mailing is effective.
- Local IEIC Family Support plans indicate a need for parent to parent training, and participation in that training is high.
- There is a strong, growing interest in this work from a broad audience.
- Getting parents to participate on committees continues to be difficult.
- Both parents and staff report that transitions to the next program environment are stressful and difficult.
- MN*TAFS materials and approaches have broad applicability.

Return to Top | **Report Home**

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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 Service 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 setting 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.

The current data in the following graphs, charts and tables is shown in comparison to the last two years. This is the first time this Report to the Governor has been formatted to reveal this "at a glance" comparison over time. This approach reveals patterns or trends and records progress toward or away from federally recommended benchmarks. It does not reveal the factors which influence the direction or trend.

The chart below reveals that Minnesota is making progress and is close to reaching the benchmark recommended for early intervention services in natural environments that are appropriate for the child.

Graph 3a
Program Setting (by Age)
Where Early Intervention Services are Provided
To Infants and Toddlers with Disabilities and their Families
with Part C on December 1, Fiscal Years 2001-2003

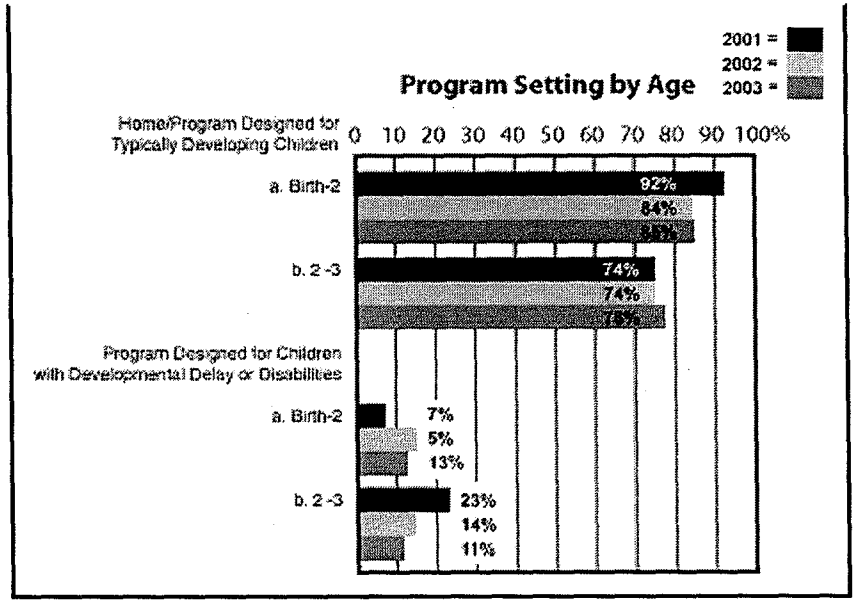


Table 3b

Program Setting by Age
Where Early Intervention Services are Provided
December 1, 2003

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

As the following table reveals, no matter what the ethnicity, the majority of the infants and toddlers receive early intervention services in the home or in programs for typically developing children such as childcare, Early Head Start or Early Childhood Family Education. Analysis of the data is needed to determine whether the demographic representation is proportional.

Table 3c
Program Setting (by Ethnicity)
Where Early Intervention Services are Provided
To Infants and Toddlers with Disabilities and their Families
with Part C on December 1, 2003

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	48	20	324	11	414
Program Designed for Typically Developing Children	4	33	15	124	6	182
Home	68	176	134	2199	45	2620
Hospital (inpatient)	0	0	0	1	0	1
Residential Facility	0	0	0	0	0	0
Service Provider Location	3	2	1	48	0	54
Other Setting	1	1	1	4	0	7
TOTALS	85	260	171	2700	62	3278

Activities to support this priority

CIMP

As part of the CIMP (Continuous Improvement Monitoring Process), a work plan was completed in June 2003 to address Self Improvement Priority 1 – Inclusion. Although that planning process and document considers this

concept from Birth -21, the desired outcome for this age group states:

> *Infants, toddlers and preschool age children with disabilities receive services in settings in which they would have participated if they had no disabilities.*

The implementation of the strategies identified as part of that work plan is the work to be addressed in the next three years. Evidence of success will be an increase in the percentages of these children who receive services in natural settings, or programs designed primarily for children without disabilities. www.mncimp.net

Your Link issue on Natural Environments
One issue of Your Link, the electronic newsletter for Minnesota's system of interagency early intervention for young children with disabilities and their families, featured the topic of Natural Environments. Besides discussing creative ways to construct and address the concept of natural settings, there was also an emphasis in the issue about using normally occurring daily routines as learning opportunities. To access this issue, click www.yourlink.org/2002_summer/index.html.

Summer Institute
In August of 2002, the annual Early Intervention Summer Institute addressed the topic of Diversity: Challenges and Opportunities in Early Childhood Assessment and Programming. Keynote speaker, Isaura Barrera, shared concepts from her book: Skilled Dialogue: Strategies for Responding to Cultural Diversity in Early Childhood, for developing competencies across cultures in the effective delivery of services to young children with disabilities. These concepts center on improving and enhancing human relations so that all parties concerned with a child's development form a coherent team to support the child's growth with a cultural context that makes sense to the child and his or her family.

This intensive graduate course was attended by professionals who work with young children with disabilities from all around the state. The annual summer institute is a collaborative effort by the institutes of higher learning throughout Minnesota, which is funded by the Minnesota Department of Education.

Project Exceptional
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. Each year, PEMn trainers train about 3,000 participants in workshops, conferences, and college courses in every region of the state. Most participants are child care providers and early care educators. The PEMn website www.projectexceptional.org includes links to hundreds of relevant disability/child care websites, a registry of PE trainers, handouts for child care providers, and a chatroom/message board center. On line consultation is provided for those looking for help with a particular special need. There are also several resources for people who have questions about early intervention and screening, including an easy-to-read power point presentation on early intervention services in Minnesota.

In 2003, PEMn collaborated with the MN Autism Training Network to bring "First Signs" training to child care

providers in the state. This training is a national initiative to increase awareness of the developmental concerns and where to refer families for screening, especially around Autism.

Early Head Start

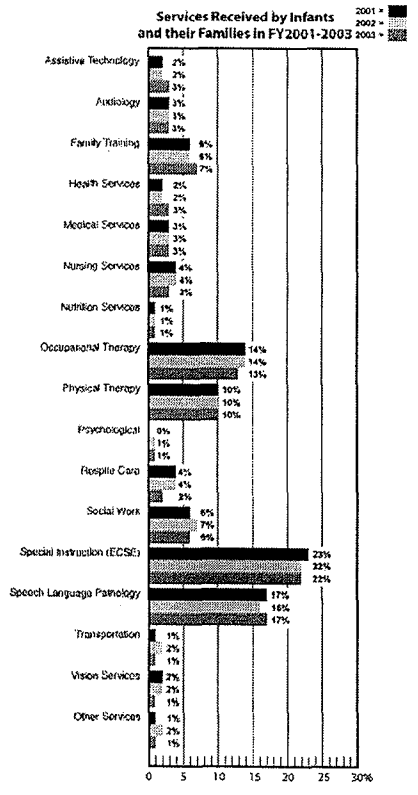
In recognition of the powerful body of research that recognizes the period from birth to age three as critical to health growth and development and to later success in school and in life, both federal and state lawmakers have provided funds for Head Start to provide formal programming for younger children 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.

In FY 02-03 seven Minnesota Head Start grantees were funded by State funds to provide Birth to Three programming. A total of fourteen of the thirty-four Head Start grantees including three tribal programs were funded by federal and/or state funding to serve the birth to three low-income population. For FY 04-05 the Minnesota Legislature set-aside to serve infants and toddlers was dropped, grantees were allowed to use part or all of their state allocation for birth-to-three services and eight grantees have chosen to do that. The total is now fifteen that provide birth-to-three services 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 eligibility criteria for Part C is that for Early Childhood Special Education, the main Part C early intervention services are early childhood special education, speech and language pathology, occupational therapy, physical therapy, social work, family training, counseling, home visits and other supports. Comparison by year reveals that this configuration of services remains fairly constant over time.

Table 4a

Early Intervention Services Received
by Infants and Toddlers and their Families on December 1, Fiscal Years 2001-2003
Total number of services in 2003 - **11,219**



See Full Size Chart

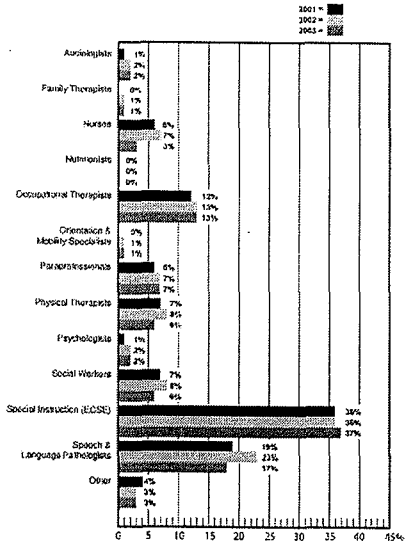
Again, that same configuration is apparent in the main Part C early intervention providers: early childhood special educators, speech and language pathologists, occupational therapists, paraprofessionals, physical therapists, social workers, and nurses. This pattern has occurred consistently over time.

Table 4b

Percent & Type of Personnel
(in full-time equivalency of assigned FTES)
employed and contracted and additional personnel needed to provide

early intervention services to infants, toddlers, and their families
on December 1, Fiscal Years 2001-2003

Total Number of Personnel FTES in 2003 - **557.2**



See Full Size Chart

Return to Top | Report Home

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

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.

The Part C Benchmark for Effective Transitions for Infants and Toddlers With Disabilities – Transition to Part B states that less the 4% of children exiting Part C at age three have their Part B eligibility undetermined or unknown.

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

In Minnesota, there are no children exiting Part C at age 3 whose eligibility is undetermined or unknown because of the model of the state system.

Table 5
Infants and Toddlers Exiting Part C Programs
July 1, 2002 - June 30, 2003

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	10	21	13	191	7	242
Part B Eligible	14	112	77	958	26	1187
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	3	3	0	18	0	24
Moved out of State	3	7	5	37	1	53
Withdrawal by Parent (or Guardian)	1	2	2	4	0	9
Attempts to Contact Unsuccessful	0	0	0	0	0	0
TOTALS	31	145	97	1208	34	1515

The process of transition from Part C (Infants and Toddlers) to Part B (Early Childhood) services is unique in Minnesota because the model of service delivery is different than other states:

- Minnesota mandates the provision of special education and related services down to birth.
- Children eligible under Part C retain their eligibility as they turn 3.
- Education is the lead agency for Part C at the state and local levels.
- In small districts, the team of service providers remains the same as children reach age 3.

Although the service delivery model minimizes transitions to unfamiliar new environments, families and service providers report that times of transition are difficult and stressful for everyone involved. As part of the Minnesota Continuous Improvement Monitoring Process, the area of transition was rated as the state's highest self-improvement priority:

Planning Goal 1: Transition Planning for Young Children, Birth to 5, and Their Families

> *Transition planning will occur for young children with disabilities, age birth to five, to ensure continuity across interagency service delivery systems.*

Planning Goal 1 is intended to ensure effective early childhood transitions to facilitate continuity across interagency service delivery systems. Results from the Minnesota Self-Assessment Process indicate that while Minnesota has a mandate to serve children and youth from birth, no systematic data has been collected to address this goal. Therefore, gathering data from local Interagency Early Intervention Committees (IEICs) is a method to assess the status of transition planning processes and procedures within the state for this age group. The development of a data

collection and analysis system needs to be designed and implemented.

To address that need, the Center for Early Education Development (CEED) at the University of Minnesota completed a study asking many stakeholder groups what Early Childhood transition data should be required and by whom. The outcome from the study revealed that the stakeholders were more interested in the state (MDE) requiring a defined transition process for young children and their families. Data and methods for collecting were not the highlights of the study even though they were the major focus. Staff at MDE are currently considering an appropriate system response to that recommendation.

Another activity to address that need relates to CIMP questionnaires. Staff and families of young children with disabilities will be asked several questions as part of their local CIMP process which are designed to gather feedback on the type and satisfaction of the local transition processes.

Return to Top | **Report Home**

Interagency Early Childhood Intervention, 16th Annual Report to the Governor

Interagency Early Childhood Intervention

16th Annual Report to the Governor
on the Status of
Early Childhood Intervention in Minnesota
July 1, 2002 through June 30, 2003

Report Home
Letter from Chair
ICC
Part C Profile
Priorities
Glossary

Glossary of Acronyms

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
MDE – Minnesota Department of Education
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
SEAC – Special Education Advisory Council
SEIT – State Early Intervention Team
SIC – State Interagency Committee
TA – Technical Assistance
UNHS/EDHI – Universal Newborn Hearing Screening/Early Detection and Hearing Intervention

Funding for this report provided under federal Part C, IDEA through the United States Department of Education

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Cost of Preparing and Producing this Report $5,000

Return to Top | **Report Home**

Interagency Early Childhood Intervention, 16th Annual Report to the Governor