

Minnesota Part C Annual Performance Report FFY 2005 (2005-2006)



February, 2007

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

The Governor’s Interagency Coordinating Council (ICC) worked closely with staff in the development of the APR:

- Data was shared for each indicator,
- Activities were reviewed,
- Progress/slippage was discussed and
- New activities were developed at the ICC meetings.

The ICC met in January 2007 to determine their priorities for the coming year and sought alignment of their work with the APR indicators.

The Annual Performance Report will be posted on the Minnesota Department of Education web site. It includes documentation of the state’s performance (progress and/or slippage) in meeting the ‘measurable and rigorous targets’ defined in the State Performance Plan. The Department posts performance of local educational agencies (early intervention program sites) on its web site each year. Data are not reported to the public in instances where cell sizes are small and the publication of the data would result in the disclosure of personally identifiable information about individual children or where the data is insufficient to yield statistically reliable information. Many of the state’s local education agencies serve a small population and it is not possible to report the data. In these instances, reporting of data will be done jointly with other member districts in larger administrative units, such as special education cooperatives. The performance on Indicators 1-8 will be posted in early March 2007 and training will be provided to local staff for accessing and utilizing their data in program improvement in March as well.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:
 Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.
 Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2005	Compliance Target of 100%

(2005-2006)	
-------------	--

Actual Target Data for 2005:

91% of the infants and toddlers with IFSPs received their initial early intervention services in a timely manner. At the September 2005 meeting of the ICC, the Council defined “timely” for the purpose of this SPP to mean that IFSP services begin not more than 30 calendar days following the initial IFSP team meeting.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

The Minnesota Department of Education (MDE) staff provided one statewide and numerous regional training sessions as well as individual consultations to improve data quality for this indicator. The participation of local MARSS (student identifier) data reporters, ECSE Coordinators and other ECSE staff was required. This indicator was included in the ECSE Data Profiles provided for each LEA in March 2006 and will continue to be included in future Data Profiles. Advocacy organizations in the state, including PACER, provide ongoing training and individual assistance to families in order that they understand the IFSP process and timelines. MDE staff has provided guidance to early childhood special education coordinators, principals, superintendents and directors of special education related to this indicator.

The data shows improvement over the previous period although it does not reach the compliance target of 100%. Of the 2,585 records that were reviewed, 2,357 were timely. (Records with both the enrollment date and the initial service date within the reporting period were included in this analysis.) The data represents the timely initiation of initial services on a child's initial IFSP but it does not cover all services on all IFSPs. At the current time, Minnesota does not have a system to collect the data for this indicator as most recently defined by OSEP to include the timely initiation of *all* services on a child's IFSP. Data are readily available that provide information on the timely initiation of the first services on a child's initial IFSP and used that data in reporting actual target data for 2005. Three months accounted for more than half of those records that did not meet the definition of timely – July, October and December. Data are not available to account for the reasons such as systemic or exceptional family circumstances.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

A plan has been developed to have compliance monitors collect the data needed for this indicator as part of their routine onsite visits to LEAs within the state. Monitors will obtain corroborating evidence from file reviews, staff interviews, parent interviews and parent surveys in order to provide this data in the future. Additional activities have been added to the State Performance Plan for this indicator to enhance interagency understanding of the requirements.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

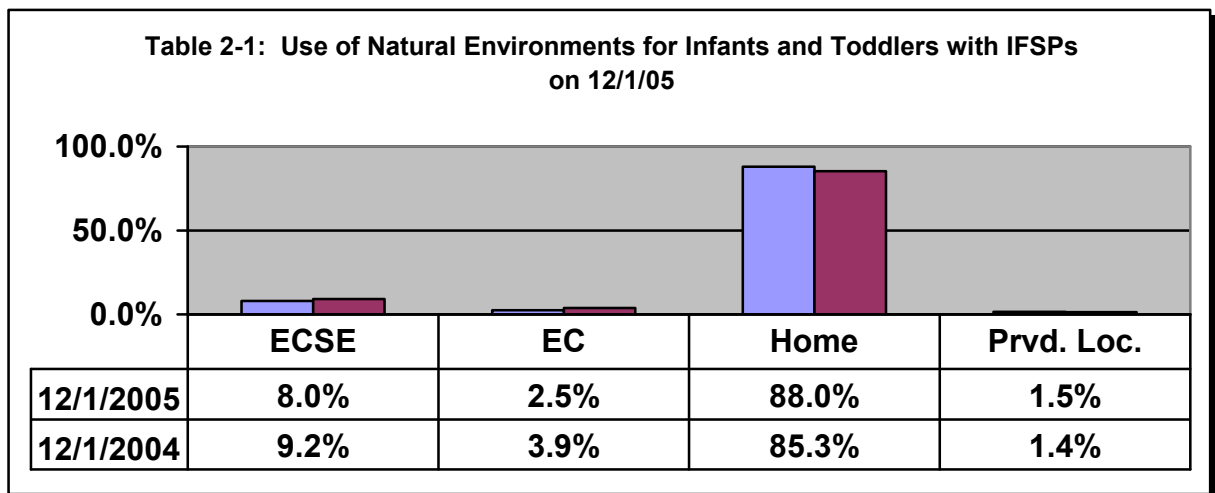
(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	89.5% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.

Actual Target Data for 2005:

On December 1, 2005, 90.3% of infants and toddlers with disabilities were served at home or in community based programs designed primarily for children without disabilities. This equals 2,899 of the 3,209 children served. Minnesota’s performance exceeded the established target by 0.8%.



¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

In February 2005, the Minnesota Department of Education completed and disseminated the first annual Early Childhood Special Education District Data Profiles which included data on the performance of each LEA in serving infants and toddlers with disabilities in natural environments. The ECSE District Data Profile was posted on the MDE website. Early Childhood Special Education leaders from throughout Minnesota participated in an informational session on the interpretation and potential use of the data for program evaluation and improvement. An updated data profile was created and published in March 2006, reinforcing local improvement activities and building additional capacity regarding the use of data to guide comprehensive improvement. In addition, MDE compliance monitors use the data included in the ECSE District Data Profiles in preparation for on-site monitoring visits.

Throughout FFY 2005, the Center for Inclusive Child Care (CICC), supported in part by MDE, has worked to build capacity among child care providers throughout Minnesota to effectively include infants, toddlers and preschool children with disabilities in child care centers and family child care homes. The CICC provided multiple on-line and face-to-face training opportunities on multiple topics of importance to child care providers. Trainings are provided in multiple languages to meet the needs of child care providers who speak languages other than English. The CICC maintains a directory of certified trainers and consultants in many content areas and hosts a dynamic website that has become an important state resource. Visit <http://www.inclusivechildcare.org/> for available from CICC.

In 2005, Minnesota was selected to participate as a dissemination site by the National Individualizing Preschool Inclusion Project. Teams from Anoka-Hennepin and St. Paul, two of our state's largest school districts, participated in a 3-day training session on the strategies central to implementation of the project. The State Personnel Development Grant is funding greater dissemination of the project.

Minnesota's progress during the reporting period can be attributed to an increase in the number of infants and toddlers served at home. This increase exists within each one-year age cohort. There were decreases in the number and proportion of children served in center-based programs designed primarily for children with and without disabilities but a net increase in children served in natural environments.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

New activities have been added to the State Performance Plan for this indicator to enhance interagency capacity.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	0.45% of the general population of infants under age 1

Actual Target Data for 2005:

0.46% of Minnesota’s infants under age one was served under Part C.

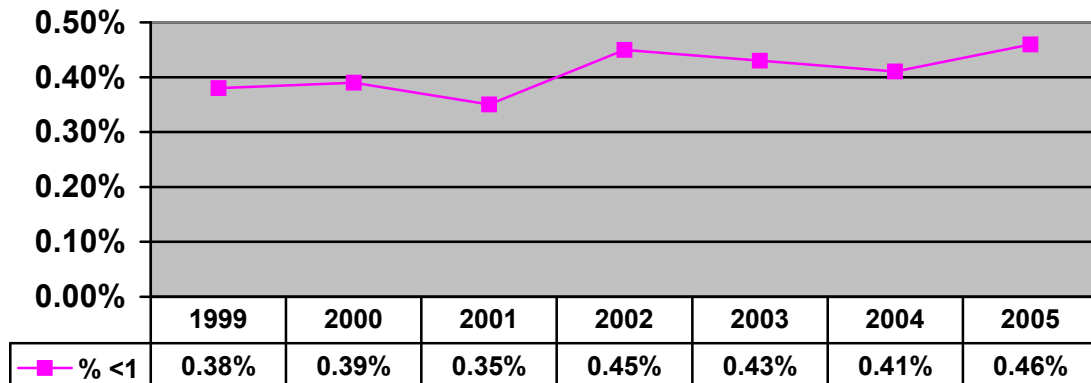
A. Comparison to other states with similar eligibility definitions: Minnesota’s actual target data for 2005 falls within the range of rates found within the other states/territories with a similar moderate eligibility definition although it does rank 12th out of 13 in these comparisons.

B. Comparison to national data: Minnesota’s rate of 0.47% falls below the national average of 0.99% and is among 7 states with rates at or below .50% (Kentucky, Arkansas, Alabama, Georgia, Mississippi, Nevada and Minnesota).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

318 infants under age one, out of a general population of 68,753 (0.46%), were served in Minnesota’s Part C program. As demonstrated by the table below, child find rates are slowly increasing in the state and the current performance did exceed the target set for 2005 by 0.01%.

Table 5-1 Infants Served in Minnesota on December 1, 1999-2004 as a Percent of the General Population



An analysis of the state by economic development regions and strata, yielded the following findings:

- Dramatic increases were found in one particular region in the west central part of the state and staff intend to investigate further to determine what new strategies were implemented that may have accounted for this increase.
- 5 of 11 regions had a rate above the state target.
- The Minneapolis/St. Paul metro area has the lowest rate of serving infants under one year of age. This could be due, in part, to the concentration of high quality, specialty pediatric hospitals, rehabilitation centers and other services in this part of the state. This is also true in the areas surrounding other major medical centers in the state such as Rochester (Mayo Clinic) and Duluth where many infants are receiving services through the medical system rather than from Part C.
- The highest rate for serving young children under age one in Part C is found in small communities in greater Minnesota with a K-12 population of under 2,000 students. In contrast to the metropolitan areas with medical centers discussed above, these communities lack access to specialty pediatric services and Part C fills a necessary gap in services.

A stakeholder group consisting of the members of the ICC and other interested parties met from March to July 2006 to discuss the Part C eligibility criteria and local systems changes necessary to carry out expanded child find and service delivery under these criteria. Recommendations from the stakeholders group were forwarded to MDE and were utilized in the final system design for serving the newly eligible children and their families. Rulemaking is now in process and will be finalized by June 30, 2006. In March 2006, written guidance regarding the required changes in eligibility was released to the field. Since that time, numerous presentations have been made on these changes to the state’s ECSE Coordinators, Special Education Directors, School Psychologists, and related staff at their respective meetings and conferences. Technical assistance has been provided on an ongoing basis by staff via telephone and email as well as onsite visits to local school districts and their corresponding local Interagency Early Intervention Committees (IEICs). Staff has met regularly with the members of Minnesota’s ECSE higher education consortium to facilitate pre-service training of future teachers, school psychologists and related service providers on the revised criteria.

Minnesota’s Newborn Screening Program, Minnesota’s Birth Defects Information System, Newborn Hearing Screening, and the Follow Along Program are public health initiatives that all participate in child find activities at the state and local levels. The Minnesota Newborn Screening

Program works to ensure that screening prevents as much morbidity and mortality as possible resulting from over 50 identifiable and treatable inborn errors of metabolism. More detailed information is available at <http://www.health.state.Minnesota.us/newbornscreening>. Minnesota's Newborn Screening Program collaborates with primary care physicians, medical specialists, hospitals, and families across the state. Every year approximately 100 infants are diagnosed with one of the conditions for which Minnesota screens. These infants and families are referred to early intervention, parent support resources, medical specialists, financial resources, public health nursing, WIC and other community resources.

All 108 Minnesota birthing hospitals have opted to perform voluntary newborn hearing screening, either inpatient or outpatient. Approximately 87% of newborns are screened by one month of age. In the reporting period, 55 children with a confirmed hearing loss were reported to the Minnesota Department of Health (MDH). Training and technical assistance was provided to hospitals, providers, early interventionists and audiologists, including the 16 Regional Early Hearing Detection & Intervention (EHDI) teams. A multi-disciplinary state EHDI Summit was held in April 2006, resulting in stronger links between screening, diagnosis, and early intervention. The Family Support Connection at Lifetrack Resource Center has developed a regional parent guide program and initiated steps to become a chapter of the national Hands and Voices.

Infants born in Hennepin and Ramsey Counties (about 50% of all births) as well as those admitted to any of the NICUs statewide with any of the 44 reportable conditions in the Minnesota Birth Defects Information System are referred for follow-up. Families are contacted to ensure appropriate referrals to services are made including either the Follow Along Program (FAP) or Part C Early Intervention Services. In the reporting period, staff contacted 366 families by phone.

The Follow-Along program (FAP) uses the Ages and Stages Questionnaires, which are available in English, Spanish and Hmong, to identify developmental concerns in children from 4-36 months of age. In addition to playing a key role in Minnesota's comprehensive child find system, FAP also serves as an educational tool for participating parents, alerting them to emerging developmental milestones and providing research-based strategies to support their child's ongoing developmental progress. FAP is locally administered by public health agencies using software and protocols provided by MDH. FAP served approximately 23,000 children in the reporting period. Regional meetings of FAP coordinators occurred quarterly to facilitate software training and best practices discussion.

MDH has lead responsibility for public awareness and outreach activities through an interagency agreement with the lead agency, MDE. To that end, MDH publishes a developmental wheel, maintains the central directory and an early intervention website. MDH distributed over 114,000 developmental wheels in English and Spanish during the reporting period. A total of 818 copies of the printed central directory were distributed. Efforts continue to create an improved web-based directory that is user friendly and accessible to all. Over 200 calls from families with children under the age two were received through the 1-800 number. Of those calls, 32% were already enrolled in Part C while 68% were referred to the local central intake. In the last year over 4,600 Health Care Provider Guidebooks were distributed. The website receives over 7,000 hits per quarter.

IEICs are allocated funds to implement a tracking and follow-along program and to plan and implement locally driven public awareness and child find activities as part of a comprehensive child find system. Minnesota's 95 IEICs are required to review local data on indicators of program quality, aligned with the SPP. The funds are distributed based upon the submission of a comprehensive child find plan by each IEIC. The plans were reviewed and approved by interagency staff at the state level. Targeted technical assistance was provided to local areas whose comprehensive child find plans did not meet the criteria set forth in the plan application process.

Over the past year, an interagency work group of staff from MDE, MDH and DHS participated in an extensive process to identify and recommend quality screening tools for use with infants, toddlers and young children through age 5. This was part of a comprehensive initiative to improve the quality and effectiveness of screening activities throughout Minnesota. The work group reviewed standardized developmental screening instruments for children 0-18 years of age for use in public and private settings. Staff education, training and technical assistance has been provided throughout the state on the use of standardized screening tools.

Public Health Nursing Family Home Visiting Programs continue at the local level although some have gone from providing universal visits to all newborns and their families to providing targeted visits serving families who are below 180% of poverty and have one or more risk factors for developmental delays or chronic health conditions. In the reporting period, over 3,600 infants and toddlers with special health care needs were seen through the Title V Block Grant funding. Of those children, local public health agencies reported that approximately 550 children had an IFSP. Family Home Visiting Programs also serve expecting families and link them to early intervention as soon as it is known the child has a condition with a high probability for a developmental delay.

Special effort will be placed on connecting with those medical providers and families who use the Medical Home model in addressing health care needs of infants and toddlers with specific health care needs. Currently 22 teams that include a pediatrician or family practice doctor, a care manager and two parents of children with special health needs have been developed in communities throughout the state. The teams receive ongoing training where best practices and national and local resources are shared to help make improvements in the care of children with special health needs. One key component of the model is improving communication between specialty care and local community resources such as Part C, social services, public health, and schools. Part C staff educates teams on local resources including IEICs. Many of the teams have gone back and added IEIC staff to their teams to facilitate better communication between the medical community and Part C and other local resources.

Minnesota Statute § 125A.30 was amended to clarify responsibilities of local IEICs regarding referrals of children under the age of three who are involved in substantiated cases of abuse or neglect or are identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Ongoing training is provided by DHS.

An additional activity was conducted last year that was not included in the Part C SPP and will be continued into the future - MAZE Training. In the last year MDH staff have provided Taking the MAZE Out of Funding training to over 1,000 people from all areas in the state. Participants included parents, advocates, and education, human services and public health staff. For a copy of the training packet go to <http://www.health.state.Minnesota.us/divs/fh/mcshn/finres.htm>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

New activities have been added to the State Performance Plan for this indicator to provide guidance on the new eligibility criteria and enhance interagency child find efforts.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.57% of the general population birth through two

Actual Target Data for 2005:

Minnesota’s Part C program served 1.56% of the general population birth through two in the reporting period.

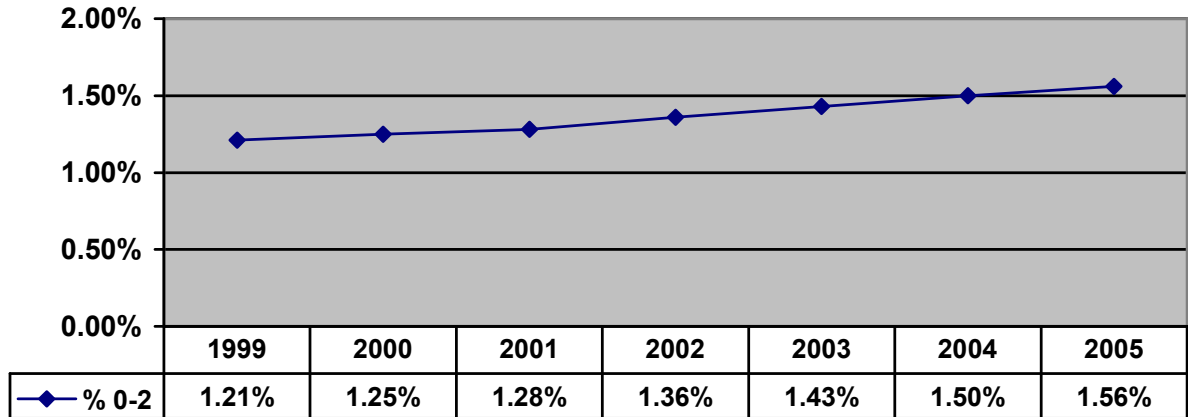
A. 1.56% is served in Minnesota compared to a range of 1.47% at the low end to a high of 4.09% for states in the moderate eligibility definition. Minnesota’s performance falls at 12th out of 13 states/territories in this eligibility definition.

B. The national average is 2.40% with rates ranging from 1.34% to 6.71%. Of the 21 states with rates below 2.00%, Minnesota’s rates are better than only 5 states.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Minnesota served 1.56% (3,209 out of 205,705 children), ages birth through age two, in its Part C program. As demonstrated in the table below, child find percentages are slowly increasing in the state. While we fell slightly short of our target for 2005, the difference is not statistically significant and represents a continued trend in the right direction toward an increased percentage of children under age 3 served in Part C.

Table 6-1 Percent of Minnesota's General Population of Infants and Toddlers Served on December 1, 1999-2005



An analysis of the state by economic development regions, yields the following findings:

- 8 of 11 regions showed an increase in the rates of young children served in Part C.
- Dramatic increases were found in one particular region in the west central part of the state and staff intend to investigate further to determine what new strategies were implemented that may have accounted for this increase.

A stakeholder group consisting of the members of the ICC and other interested parties met from March to July 2006 to discuss the Part C eligibility criteria and local systems changes necessary to carry out expanded child find and service delivery under these criteria. Recommendations from the stakeholders group were forwarded to MDE and were utilized in the final system design for serving the newly eligible children and their families. Rulemaking is now in process and will be finalized by June 30, 2006. In March 2006, written guidance regarding the required changes in eligibility was released to the field. Since that time, numerous presentations have been made on these changes to the state's ECSE Coordinators, Special Education Directors, School Psychologists, and related staff at their respective meetings and conferences. Technical assistance has been provided by staff on an ongoing basis via telephone and email as well as onsite visits to local school districts and their corresponding local IEICs. Staff has met regularly with the members of Minnesota's ECSE higher education consortium to facilitate pre-service training of future teachers, school psychologists and related service providers on the revised criteria.

Minnesota's Newborn Screening Program, Minnesota's Birth Defects Information System, Newborn Hearing Screening, and the Follow Along Program are public health initiatives that all participate in child find activities at the state and local levels. The Minnesota Newborn Screening Program works to ensure that screening prevents as much morbidity and mortality as possible resulting from over 50 identifiable and treatable inborn errors of metabolism. More detailed information is available at <http://www.health.state.Minnesota.us/newbornscreening> Minnesota's Newborn Screening Program collaborates with primary care physicians, medical specialists, hospitals, and families across the state. Every year approximately 100 infants are diagnosed with one of the conditions for which Minnesota screens. These infants and families are referred to early intervention, parent support resources, medical specialists, financial resources, public health nursing, WIC and other community resources.

All 108 birthing hospitals in the state have opted to perform voluntary newborn hearing screening, either inpatient or outpatient. Approximately 87% of newborns are screened by one month of

age. In the reporting period, 55 children with a confirmed hearing loss were reported to the MDH. Training and technical assistance was provided to hospitals, providers, early interventionists and audiologists, including the 16 Regional EHDI teams. A multi-disciplinary state EHDI Summit was held in April 2006, resulting in stronger links between screening, diagnosis, and early intervention. The Family Support Connection at Lifetrack Resource Center has developed a regional parent guide program and initiated steps to become a chapter of the national Hands and Voices.

Infants born in Hennepin and Ramsey Counties (about 50% of all births) as well as those admitted to any of the NICUs statewide with any of the 44 reportable conditions in the Minnesota Birth Defects Information System are referred for follow-up. Families are contacted to ensure appropriate referrals to services are made including either the FAP or Part C Early Intervention Services. In the reporting period, staff contacted 366 families by phone.

The Follow-Along program (FAP) uses the Ages and Stages Questionnaires, which are available in English, Spanish and Hmong, to identify developmental concerns in children from 4-36 months of age. In addition to playing a key role in Minnesota's comprehensive child find system, FAP also serves as an educational tool for participating parents, alerting them to emerging developmental milestones and providing research-based strategies to support their child's ongoing developmental progress. FAP is locally administered by public health agencies using software and protocols provided by MDH. FAP served approximately 23,000 children in the reporting period. Regional meetings of FAP coordinators occurred quarterly to facilitate software training and best practices discussion.

MDH has lead responsibility for public awareness and outreach activities through an interagency agreement with the lead agency, MDE. To that end, MDH publishes a developmental wheel, maintains the central directory and an early intervention website. MDH distributed over 114,000 developmental wheels in English and Spanish during the reporting period. A total of 818 copies of the printed central directory were distributed. Efforts continue to create an improved web-based directory that is user friendly and accessible to all. Over 200 calls from families with children under the age two were received through the 1-800 number. Of those calls, 32% were already enrolled in Part C while 68% were referred to the local central intake. In the last year over 4,600 Health Care Provider Guidebooks were distributed. The website receives over 7,000 hits per quarter.

IEICs are allocated funds to implement a tracking and follow-along program and to plan and implement locally driven public awareness and child find activities as part of a comprehensive child find system. Minnesota's 95 IEICs are required to review local data on indicators of program quality, aligned with the SPP. The funds are distributed based upon the submission of a comprehensive child find plan by each IEIC. The plans were reviewed and approved by interagency staff at the state level. Targeted technical assistance was provided to local areas whose comprehensive child find plans did not meet the criteria set forth in the plan application process.

Over the past year, an interagency work group of staff from MDE, MDH and DHS participated in an extensive process to identify and recommend quality screening tools for use with infants, toddlers and young children through age 5. This was part of a comprehensive initiative to improve the quality and effectiveness of screening activities throughout Minnesota. The work group reviewed standardized developmental screening instruments for children 0-18 years of age for use in public and private settings. Staff education, training and technical assistance has been provided throughout the state on the use of standardized screening tools.

Public Health Nursing Family Home Visiting Programs continue at the local level although some have gone from providing universal visits to all newborns and their families to providing targeted visits serving families who are below 180% of poverty and have one or more risk factors for developmental delays or chronic health conditions. In the reporting period, over 3,600 infants and

toddlers with special health care needs were seen through the Title V Block Grant funding. Of those children, local public health agencies reported that approximately 550 children had an IFSP. Family Home Visiting Programs also serve expecting families and link them to early intervention as soon as it is known the child has a condition with a high probability for a developmental delay.

Special effort will be placed on connecting with those medical providers and families who use the Medical Home model in addressing health care needs of infants and toddlers with specific health care needs. Currently 22 teams that include a pediatrician or family practice doctor, a care manager and two parents of children with special health needs have been developed in communities throughout the state. The teams receive ongoing training where best practices and national and local resources are shared to help make improvements in the care of children with special health needs. One key component of the model is improving communication between specialty care and local community resources such as Part C, social services, public health, and schools. Part C staff educates teams on local resources including IEICs. Many of the teams have gone back and added IEIC staff to their teams to facilitate better communication between the medical community and Part C and other local resources.

Minnesota Statute § 125A.30 was amended to clarify responsibilities of local IEICs regarding referrals of children under the age of three who are involved in substantiated cases of abuse or neglect or are identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Ongoing training is provided by DHS.

An additional activity was conducted last year that was not included in the Part C SPP and will be continued into the future - MAZE Training. In the last year MDH staff have provided Taking the MAZE Out of Funding training to over 1,000 people from all areas in the state. Participants included parents, advocates, and education, human services and public health staff. For a copy of the training packet go to <http://www.health.state.Minnesota.us/divs/fh/mcshn/finres.htm>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

New activities have been added to the State Performance Plan for this indicator to provide guidance on the new eligibility criteria and enhance interagency child find efforts.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
 Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.
 Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance Target of 100%

Actual Target Data for 2005:

83.4% were completed in a timely fashion or were untimely due to factors outside of the control of the local system (child and family circumstances).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

The current data reflects an improvement over last year’s rate of 75.9%, although it does not meet the compliance target of 100%. A total of 3,320 evaluations resulted in eligibility determinations between July 1, 2005 and June 30, 2006. Of those, 2,196 were completed within the 45 day regulatory timeframe. Of the 1,161 untimely evaluations, 584 were for systems-related reasons, 481 were attributed to exceptional family circumstances and 96 were due to exceptional child circumstances. 2,770 or 83.4% of the evaluations were timely or untimely due to child and family reasons (2,770/3,320 x 100 = 83.4%).

LEAs were required to report on the timeliness of each Part C evaluation and identify the reasons for untimeliness. This data has provided both the state and local systems with valuable information that can be incorporated into improvement activities to rectify any systemic problems. MDE staff has provided targeted technical assistance to LEAs in this area. Staff has also facilitated links to other LEAs where the timelines are typically met in order to assist the LEAs in identifying action steps to be taken to correct problems with meeting the timelines.

In reviewing the current data, most of the untimely evaluations are from only one region of the state. Having worked closely with LEAs in this region, it is clear that the problems are procedural in nature and can be rectified with targeted technical assistance and follow-up.

MDE staff provided one statewide and numerous regional training sessions as well as individual consultations to improve data quality for this indicator. The participation of local MARSS data reporters and ECSE Coordinators and other ECSE staff was required at these sessions. This indicator was included in the ECSE Data Profiles provided for each LEA in March 2006 and will continue to be included in the future. Three years ago, MDE initiated a process whereby local IECs were required to examine existing local program data, identify areas of need, establish local priorities, set program targets and develop action plans to effectively address identified needs. This year, over 80% of the IECs prioritized improving performance toward meeting the 45-day timeline as a local goal.

Advocacy organizations in the state including PACER provide ongoing training and individual assistance to families in order that they understand the IFSP process and timelines. MDE staff has provided technical assistance to early childhood special education coordinators, principals, superintendents and directors of special education related to this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

New activities have been added to the State Performance Plan for this indicator to provide interagency capacity and knowledge of the requirements.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2005	Compliance Target of 100% for Parts A, B and C

Actual Target Data for 2005:

- A. 80.04% of IFSPs included transition steps and services.
- B. Because every child currently served through Minnesota’s early intervention system receives services from an LEA, notification of LEA when children will be potentially eligible under Part B occurs for 100% of the children.
- C. 30.35% of transition conferences were reported to have been held while the child was between 2 years, 3 months and 2 years, 9 months of age.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Minn. Stat. § 125a.33 was amended during the 2006 Minnesota legislative session to include the appropriate timeline for a transition conference to be convened.

Five regional training sessions were held for members of Interagency Early Intervention Committees in May 2006. Transition conference requirements were included in the content.

Compliance monitors are now reviewing IEPs of preschool children who participated in early intervention services for evidence of appropriate transition activities.

Data on transition activities reported in this APR were collected directly from LEAs for all children who received early intervention and turned three years of age between April 1 and June 30, 2006 (N = 534). This represents a change from how Minnesota's baseline data in the SPP was obtained. That data was exclusively obtained through compliance monitoring and was based upon a review of 78 Part C files. Data reported in this APR is based upon a significantly larger number of Part C records than was included in the baseline data and more accurately reflects practice. No sampling was used.

It is important to note that, while transition conferences were reported for all children turning three, only 30.35% were held during the regulatory timeframe. The remaining conferences were held during times that coincided with an actual transition in service location or service provider. Minnesota's current Part C structure makes those transitions seem more meaningful than the rather artificial transition at age three.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

Review of data on the timing of transition conferences across Minnesota indicates a clear need for additional training on transition requirements for all early intervention service providers and service coordinators. Minnesota's SPP has been revised to address this newly identified need.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Workgroups were convened to discuss the measurement and data collection, determine if the data collected is the correct data for the indicator/measurement, determine the accuracy of the data, analyze the data in regards to what it says about the indicator, and analyze and revise improvement activities in order to meet the target. The workgroup for Indicator 9 is composed of MDE staff from Due Process, Complaints, and Compliance Monitoring.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% Compliance

Actual Target Data for FFY 2005:

Monitoring Data

Cumulative # of Records Monitored	Cumulative # of Findings of Non-Compliance	# Findings Corrected in 1 Year	% Correction
22	158	152	96.2%

Complaints	Complaints With Findings of Non-Compliance	# Findings of Noncompliance	Corrected within One Year	% Correction
1	0	0	NA	NA

Adjudicated Hearings	Findings of Noncompliance	Correction Within One Year	% Correction
0	NA	NA	NA

Percent of noncompliance corrected within one year of identification: 96.2%

- a.) 158 of findings of noncompliance.
 - b.) 152 of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = [(b) divided by (a)] times 100.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Numerous activities were completed in FFY 2005 in order to increase the accuracy of the data collected. Complaints and due process hearings have a system in place that ensures 100% correction of identified non-compliance within one year of documented notification. The Access Monitoring Database has been updated with continual improvements made to ensure that all data is collected accurately and can be used for the purposes of this indicator.

Baseline data from FFY 2004 reported 0% correction of non-compliance identified through monitoring. A total of 9 instances of non-compliance were identified in FFY2 003, but no Follow-Up Reviews were conducted in FFY 2004 to verify if the non-compliance had been corrected. Non-compliance identified through other means, i.e. alternate dispute resolution systems, showed 100% correction as all 33 instances of non-compliance were corrected within one year.

For FFY 2005, the data indicate that 96.2% of all noncompliance identified had been corrected within one year. The data shows overall improvement in the correction of non-compliance. However, this still falls below the target of 100% compliance.

In FFY 2004, MDE monitored systemic compliance and did not track individual compliance. Compliance monitors looked at compliance as a systems issue within a district (systemic non-compliance). As a result, the data regarding correction of non-compliance for monitoring is an estimate based on the improvement in the number of citations identified in an area of systemic

non-compliance. The data gathered is based on the number of citations previously identified and the number of citations identified in the follow-up review and from annual local performance plans reported in local APRs. If six citations were identified previously and zero citations identified on the follow-up, this was considered 100% correction even though the six files previously identified may not have been identified individually as corrected. In FFY 2005, MDE began requiring 100% correction of both systemic and individual noncompliance. A system is in place to track the correction of non-compliance to ensure that all non-compliance identified through traditional monitoring and self review is corrected within one year.

MDE is also working on establishing new systems to track correction of non-compliance identified through Complaints and Hearings in a more detailed manner. Currently there is 100% correction of non-compliance for complaints and hearings, but new systems will assist with data collection and ensure the accuracy of the data for future reporting.

Enforcement actions that the state has taken include additional technical assistance, CAPs and increased oversight is provided to districts that do not correct all identified individual non-compliance within one year. The progress an LEA makes in correcting identified non-compliance will also be incorporated into the factors used to identify the determination status for that district.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006:

New activities have been added to the State Performance Plan for this indicator to enhance the state's general supervision system, interagency capacity and understanding of the requirements.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2005	100% Compliance

Actual Target Data for 2005:

$(1/1) * 100 = 100\%$

(Excerpted from Attachment 1)

(1) Signed, written complaints total	1
(1.1) Complaints with reports issued	1
(a) Reports with findings	1
(b) Reports within timeline	1
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0

In 2005, MDE received one Part C complaint and issued a report on this complaint. No complaints were withdrawn or dismissed without any written report. Please note that MDE considers any complaint with a report issued, regardless of whether wrongdoing on the part of the district was found, as a “report with findings”.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

In Minnesota, any individual or organization may file a complaint alleging that an LEA has violated provisions of the federal or state special education rules. Complaints must be in writing, signed by

the individual or organization filing the complaint, and sent to MDE. Complaints must allege violations of state or federal special education laws or rules that occurred not more than one year prior to the date that the complaint is received. Complainants must include the facts upon which they base their allegations of violations. MDE provides an optional complaint form to assist those who wish to file a complaint.

Upon receipt of a signed, written complaint, the 60-day time period for issuance of a final decision begins. Initially, a complaint is reviewed by the supervisor and assigned to a complaint investigator. Support staff immediately perform procedural duties, setting up files for each complaint, gathering district information, and calculating timeframes.

Initially, a complaint investigator with the permission of the complainant, contacts the special education director to determine if it is possible to resolve the complaint at the district level. Calls to the special education director are routine, as this facilitates early settlement, assures that the district is the appropriate party to address the issues set forth in the complaint, and helps determine if there are additional issues that should be addressed.

The complaint investigator also contacts the complainant and confirms receipt of the complaint. This call also allows the investigator to clarify and confirm the issues set forth in the written complaint and assures that the proper parties are named.

Following confirmation, the investigator drafts an issue letter, which is reviewed by the supervisor and mailed to the complainant, the superintendent, and the special education director. The supervisor and the complaint investigator have regular meetings, every two weeks, regarding each complaint being handled by the investigator.

MDE requires complaint investigators to present a draft complaint report to the supervisor 45 days after receipt of the complaint. Should the supervisor and the investigator determine, at the 45-day mark, that an extension would be necessary, an extension, which is only permitted on a case-by-case basis, will be issued. Extensions are issued when complaints present situations, such as unduly complex issues or systemic problems which require additional time for thorough investigation and thoughtful resolution.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006: No revisions necessary.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2005	100% Compliance

Actual Target Data for 2005:

There were no Part C hearing requests or hearing in the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

MDE had no Part C hearing requests or hearings in FFY 2006.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005: No revisions necessary.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2005-2006	88% of mediations will result in agreement

Actual Target Data for 2005:

MDE had no Part C mediation requests in the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Minnesota defines “mediations related to due process” as mediations that are requested after a hearing request is made. Other mediations may be tangentially related to hearings but this definition is the least subjective and most accurate. Mediations are counted in the year in which they are requested. Minnesota had an average 88% agreement rate for five years preceding the 2005 FFY and used this rate to set its target for this indicator.

Minnesota has a strong alternative resolution system. In addition to mediation, this system includes conciliation conferences and state-provided facilitators for IFSP meetings upon request. Minnesota has been providing statewide training in order to increase local capacity for IFSP meeting facilitation. More than 109 school districts have received this training and overwhelmingly participants have responded positively to it. The second phase of this statewide project will be to provide training on dispute resolution. Minnesota shares information across systems and is working on an integrated data-base that will expedite data sharing to allow more precise evaluation of the impact of various interventions. Minnesota has a mediation coordinator who collects participant feedback for mediations and facilitated IFSP meetings. The feedback is collected in the form of surveys that invite all participants to respond. Surveys are collected immediately after the session is held and again 60 days after an agreement is reached in order to determine the effect and durability of the agreement.

Facilitated IFSP meetings, which are moderated by a trained facilitator, provide another option for resolving disputes at an early stage of conflict. The Minnesota legislature has directed MDE to offer facilitated IFSP meetings (Minn. Stat. 125A.091 subd. 8). Facilitated IFSP meetings are similar to regular IFSP team meetings but include the presence of a facilitator, provided at no cost

to either party. Mediators and facilitators cannot be called to testify, nor can their records be used, in subsequent due process hearings.

Mediation provides an informal, yet structured, process by which a neutral third party assists districts and parents in resolving disputes. All parties must voluntarily agree to participate in mediation. A party requests mediation by completing and signing a request form, which is sent to MDE. Request forms are available on-line, at school district offices, agency offices, and advocacy organizations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005: No revisions necessary.

Part C State Annual Performance Report (APR) for 2005

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2005	<ul style="list-style-type: none"> a. All required data will be submitted on or before due dates. b. All data submitted by MDE will be accurate.

Actual Target Data for 2005

- A. Minnesota submitted data on child count, including race and ethnicity and settings and exit data on or before the due dates.
- B. Minnesota’s 618 data is accurate. MDE has worked during the reporting year to greatly improve the validity and reliability of data used to measure Minnesota’s performance on the SPP/APR. Review of data submitted by LEAs demonstrates an ongoing need for training and technical assistance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

Written guidance posted on the MDE website to assist LEAs in accurately submitted data through the Minnesota Automated Reporting Student System (MARSS) was updated during 2006.

A joint training model was developed and implemented for ECSE service providers and MARSS reporters focusing specifically on those data components that require active communication to ensure accurate reporting. This training was provided in each economic development region of Minnesota.

Publicly reporting local performance data has placed greater importance on the accuracy of the data reported resulting in increased local investment in the accuracy of the data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005: No revisions necessary.

APR Template – Part C (4)

MINNESOTA

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

TABLE 4
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2006-07

PAGE 1 OF 1
OMB NO.: 1820-0678
FORM EXPIRES: 11/30/2009
STATE: Minnesota

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	1
(1.1) Complaints with reports issued	1
(a) Reports with findings	1
(b) Reports within timeline	1
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	0
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution meetings (For States adopted Part B Procedures)	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated) (For all states)	
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	0
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	0
(3.3) Resolved without a hearing	0