**Minnesota** Department of

# Education

# INTERAGENCY COORDINATION OF MENTAL HEALTH & TRANSITION SERVICES IN MINNESOTA PUBLIC SCHOOLS: A Snapshot

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## INTRODUCTION

### BACKGROUND

In 2011, the Special Education Division of the Minnesota Department of Education brought together a group of retired Special Education Directors from around the state and an attorney/consultant steeped in special education background to design and implement a strategy for getting a sampling/a picture of interagency coordination in Minnesota, i.e. what is happening, how it is working and how it could improve.

This investigative effort was motivated by legislation that created a system known as the Minnesota System of Interagency Coordination (MnSIC). The purpose of the 1998 legislation was to "… develop and implement a coordinated, multidisciplinary, interagency intervention service system for children ages three through 21 with disabilities." The statutes that created

MnSIC set out a staggered timeline for implementation, with the expectation that all children with disabilities, ages 3-21, would be eligible for this coordinated system by 2003.

## GOAL OF THIS REPORT

Recognizing that it would not be possible to measure and describe the entire world of interagency efforts on behalf of all children with disabilities, the directors who came together in 2011 decided to glean snapshots of information in two distinct areas:

- Interagency coordination on behalf of all students [K-12] with mental health disabilities, and

- Interagency coordination for those students age 18-21 and eligible for transition services.

Two methods of information-gathering were utilized. Directors first did a series of six focus groups, held in locations in the metro as well as northern and central Minnesota. Summaries of those focus group discussions, including how participants described their interagency work in both areas, are outlined below.

Following the focus group experience, the directors chose to reach out to a broader geographic audience with an online survey asking some similar questions and some new questions. Data from that survey is described beginning on Page 10.

# FOCUS GROUPS: LESSONS LEARNED

## PARTICIPANTS

Directors did a commendable job of rounding up a diverse and representative array of professionals and others typically involved in interagency efforts in their geographic regions. These focus group participants included: administrators, mental health professionals, special education coordinators, school psychologists and therapists, special education directors, disability advocates, parents, transition coordinators, school social workers, college disability coordinators, vocational counselors, independent living specialists, college professors, vocational rehabilitation counselors, county social workers and business development directors.

**QUESTIONS AND ANSWERS:**
**INTERAGENCY COORDINATION OF SERVICES FOR CHILDREN WITH MENTAL HEALTH ISSUES AGES 3–21**

Questions were posed to focus group participants regarding interagency coordination in the provision of services to all "children with mental health needs" and a representative sampling of participant responses are below.

Who are you talking about when you talk about "children with mental health needs?" Interestingly, participants in some focus groups agreed that the term includes those in special education as well as those in general education, pointing out that truancy and oppositional behavior is often not identified for special education. Other groups agreed that the term, as it applied to interagency work, only included those who had been identified with emotional behavioral disorders (EBD). Participants also pointed out that not all students with "mental health needs" will have a clinical diagnosis or be identified under the Individuals with Disabilities

Education Act (IDEA). Many of these students, it was pointed out, don't have a diagnosis because they have not been seen by a mental health professional. Some speculated that this may be due, in part, to the stigma that surrounds having a diagnosis.

What is working? Several specific programs were described, for example:

- Carlton County houses some mental health workers in the schools, thereby creating a link between the child, school and family.

- Duluth schools are working with Northwoods Children's Services to have treatment staff in schools when students are transitioning back to schools from residential treatment and when a student may be waiting for an opening in residential or day treatment.

- A school linked mental health grant in Dakota County had some success connecting students to services in the community. However, funding was inadequate to meet all the needs and the funding that was in place will soon stop.

Less concrete but equally helpful responses included:

- The right kind of relationships "work" for students with mental health needs. Relationships are critical in education, but especially for students with unmet mental health needs. Not all staff [members] are equally gifted, prepared or willing to put forth the effort needed to make such relationships work.

- It works "when the stars align." Success is possible for students [with mental health needs] when the parents, student, educators and others can put supports in place that will enable the student to cope and find success academically and socially in the school environment.

What are the challenges/barriers [to interagency coordination on behalf of students with mental health need]? Participant responses suggest that some of the most significant challenges are the result of a lack of interagency participation and cooperation. Some examples:

- "Students are coming to schools with significant mental health needs and schools are not equipped with the resources [training, skills, staffing, program models or fiscal means] to put programs in place to either meet the needs of the students or cope with their needs while they are in school."

- "It is commonly agreed that schools aren't mental health providers, but it is clear that students come to school with needs that hinder and obstruct the ability to address education for these students and their peers. Regardless of schools' preparedness or desire to be a provider of mental health services, clearly they need to act somehow to survive."

- "A frequent lack of coordination between medical intervention, therapy and services/plans that are happening at school."

Participants also frequently cited the ignorance or attitudes of others as major barriers in this area:

- Elected officials and perhaps staff at state agencies don't understand or appreciate the significance or severity of the needs of some students.

- Failure of education policy makers to understand the "therapeutic" treatment needs of many students and that such treatment is not available in schools.

- Unrealistic expectations placed on schools by the courts.

- The view of many regarding mental health needs: blaming the family, blaming staff, etc.

Other participants cited very specific challenges or barriers to interagency coordination in serving this population of children:

- County social workers giving inaccurate advice to parents.

- Using the Minnesota Automated Reporting Student System (MARSS) Code 6 as a measure of success for interagency planning "is a big problem."

- Funding sources, including private insurance, don't allow for the level of treatment that is frequently needed to have an impact on the problem.

- Limited mental health resources available in the community.

How does administration support interagency coordination of mental health services for children? Responses to this question varied considerably. One metro area participant said simply, "Interagency coordination [of mental health services] is not on the radar." Another member of the same focus group complained that administrators "want to use suspension and exclusion" as their first tools in dealing with this population of students.

The strongest indications of administrative support came from participants in northern Minnesota:

- Administrators are now starting to ask questions and listen.

- Administrators show more recognition of mental health concerns in students.

- Strong district support. Districts formerly treated students with mental health issues strictly as disciplinary problems but have noticed mental health services reduce discipline issues, improve attendance and keep students in school.

- [Services get] strong county support and private agency support.

**QUESTIONS AND ANSWERS:**
**INTERAGENCY COORDINATION OF TRANSITION SERVICES FOR STUDENTS WITH ALL DISABILITIES AGES 18–21**

What is working? The responses to this question at every focus group were much more positive than those to any questions regarding mental health services. As one participant put it, "Positive relationships among providers [of transition services] leads to increased comfort levels for parents and students; there are few turf issues because staff know each other."

Active, functioning interagency councils seem to make all the difference:

- Participating districts provide some funding to the Interagency Council for transition activities.

- Relationships established through the Interagency Council transfer to planning for students. Trust level is high among providers . . .

- There is a significant link between activities of the Interagency Council and student Individualized Education Program (IEP) transition goals and objectives.

- . . . At Interagency Council meetings they have identified gaps in services and agencies are often willing to provide services to fill gaps. Overlaps in services are also identified and addressed.

Specific coordinated services and descriptions of outcomes were detailed:

- . . Many students are involved in the process of getting a social worker through social services. Social workers are invited to transition IEP meetings now whereas previously IEP managers were not inviting county social workers.

- Vocational rehabilitation is . . . connecting with students in junior and senior years of high school. . . getting invited to IEP [meetings].

- --E-mentoring . . . where they pair up with a business person face to face, email weekly, and meet again at the end.

And the best news of all: "Students are coming into post-secondary settings better prepared and understanding their disability. High school transition programs are making a difference in preparing students for college."

What are the challenges or barriers [to interagency work with this population of students]? As noted above, when the various agencies with transition-age duties work together . . . "it works." Some of the significant challenges or barriers mentioned in focus groups were when this coordination, especially with county agencies, did not happen:

- Some counties are open to interagency coordination and some are not.

- Different counties are easier than others to collaborate with.

- The direction [of counties] to parents that children should maintain an active IEP through age 21.

- Uneven expectations between schools and county [social services]. School districts are required to provide services . . . while [county social services] can restrict services based on availability of funding.

- If counties across the state had a unified position as to what their responsibilities are and it came from the State, then all would know what are and are not responsibilities.

Other challenges and barriers cited had to do with resources, or the lack of:

- No jobs available; poor economy.

- No job coaches.

- Lack of funding from the state.

- Limited and diminishing fiscal and program resources at both the school district and county level.

- Limited services . . . to address the needs of moderately disabled students (EBD, high functioning ASD, SLD).

How does the Administration support interagency coordination in this area? The sole metro area focus group had little good to say about administrative support for interagency coordination of transition services:

- It is generally not on the radar at all . . .

- Generally they don't want or have the information they would need to be involved in these discussions.

Focus group participants in northern Minnesota had much more positive things to say about support from their administrations:

- Districts dedicate funds . . .

- School districts are well represented on the Interagency Council.

- Principals support teacher attendance at transition IEP meetings and relevant training.

What are the benefits of collaboration and cooperation?

- Retention is better in post-secondary schools.

- We provide more opportunities for students to learn about different options for the future.

- Trust level among service providers is huge.

What do you want from the State that would help you to use interagency strategies to improve outcomes for youth?

- Clear direction from the state concerning the 18-21 population.

- The State needs to clarify the responsibilities of each agency. Common messages need to come from state agencies at the policy level.

- MDE and DHS need to work together to streamline the process for third party billing for mental health.

- Clear direction regarding collaboration for children and youth with mental health needs [described as 'everyone's orphan'].

- The state needs better methods to document what is happening in interagency coordination.

- More training and support . . . for educators and human services staff.

- Eliminate the IIIPs; they do not work. Reduce regulations.

- More funding for early intervention. Adequate financial resources for agencies involved so each can carry out its responsibilities to students and families.

Anything else we should know?

- More staff training is needed on interagency planning process –not on the IIIP document.

- (T)eachers, paraprofessionals and other school staff [need] the ability (time, funding for substitutes) to connect with and know the different agencies outside of the schools.

## SURVEY DATA

In an effort to get a broader picture plus new and different information regarding the two populations of students and how they are served by interagency coordinated efforts, a survey was drafted utilizing the SurveyMonkey online system. Unlike information gathered in the focus groups, responses gathered in the survey were all from school district employees. Almost all were special education administrators or staff. Information summarized below has been rounded to the nearest percentage point.

## RESPONDENT PROFILES

The Interagency Work Survey was completed by 62 respondents: 44 percent rural, 3 percent urban and 48 percent suburban.

## INFORMATION GATHERED

Regarding interagency coordination of transition services for 18–21 year olds: respondents varied on their degree of satisfaction with interagency coordination on behalf of this population of students, although all reported that some level of it occurred. vocational rehabilitation and county social services were cited most often as active participants in both system and individual planning efforts.

Although state law requires interagency participation when a student with a disability needs services from more than one public agency, respondents to this survey reported that this happens only some with students or no students in 59 percent of the cases. When asked to rank the barriers to interagency secondary transition planning, attitudes were ranked "least problematic" by 53 percent and 58 percent of respondents cited fiscal problems as "most problematic." Interestingly, when asked what resources, supports, financial incentives, etc., could MDE provide that would improve/expand interagency secondary transition planning and service provision, 80 percent of those taking the survey declined to answer the question.

Regarding interagency coordination of services for children birth-21 with mental health issues: In this portion of the survey, roughly 50 percent of respondents said they were "satisfied" or "well satisfied" with interagency activities for students with social, emotional, behavioral and/or mental health needs. 38 percent indicated they were "not satisfied."

On the question of compliance with statutorily required interagency participation in IEPs, 21 percent indicated this occurred for all students so described. 52 percent felt it happened for

"some" students. When ranking barriers to interagency planning for this population of children, payments for services was described as "always a barrier" by 75 percent of respondents, followed by agency policies/rules/practices [25 percent] and general attitudes [20 percent]. All respondents ranked stigma as often or occasionally a barrier.

## CONCLUSIONS

One clear theme that ran through all of the responses, focus group and survey, was that when agencies meet regularly and in meaningful ways – positive results follow. Relationships are improved, better planning takes place for individual students and for system coordination and everyone's job is easier. Unfortunately, the obstacles to this are many.

The following themes and recommendations were identified from this activity.

**Theme #1:	Policy Development to Support Interagency Services and Systems Recommendations**
- Recommend practices and support services for the 18-21 year old population
  - Collect data on status of the 18-21 year old population.
  - Provide information on transition planning and graduation requirements.
  - Increase cross agency provider participation in the transition planning process.
- Support local and regional administrative units to encourage participation in interagency planning and coordination of services.
  - Provide materials that demonstrate the gaps and barriers that can be addressed by interagency coordinated efforts.
  - Provide materials and resources that identify common outcomes for youth, families, communities, agencies that can be improved by interagency coordinated efforts.
  - Provide materials and resources that demonstrate how interagency coordination can impact the accountability measures of each agency.
  - Provide materials and resources that help identify needs from disparate groups.
- Develop state agency to state agency and MnSIC interagency agreements.
- Develop a communication plan to address the needs of the families and agencies regarding coordination activities and outcomes.

**Theme #2:	Effective Practices and Provide Training Recommendations:**
- Provide training to improve interagency documentation (e.g. Minnesota Automated Reporting Student System (MARSS) #6, Individualized Educational Program / Individualized Interagency Intervention Plan (IEP/IIIP) or other planning documents).
- Provide training to improve the link between interagency secondary transition services and activities associated with measurable post-secondary outcomes on IEPs.
- Provide training on facilitation of interagency meetings and activities.
- Share innovative and successful practices across the state as part of training activities.
  - Networking of communities where success is demonstrated.
  - Training on innovative and evidenced based practices.
- Develop materials and training that demonstrate the range of mental health needs and activities to support within and outside of school (i.e. School Linked Mental Health

Grants, Positive Behavioral Interventions and Supports (PBIS), early warning signs for mental health disorders and teacher licensure).

- Develop recognition/incentives that encourage interagency system and service coordination.

**Theme # 3:    Roles/Relationships /Responsibilities that Support Coordination**
**Recommendations:**

- Develop strategies to provide individualized technical assistance and training for local and regional areas.
    - o Assist local and regional areas with a uniform, consistent message to families and to each participating agency/organization about interagency coordination benefits.
    - o Assist local and regional areas to develop strategies to improve relationships across the systems.
    - o Encourage communities to develop opportunities to engage and develop relationships across their systems.
- Provide a roles and responsibility document that includes:  schools, corrections, vocational rehabilitation, public health, health care, counties, state agencies, private providers, community providers and families. This document should span the continuum of possible services (prevention to intervention, tiered supports).

Theme # 4:    **Funding of interagency systems and services**
**Recommendations:**

- Identify possible funding support for local communities (Interagency Early Intervention Committees (IEICs), Community Transition Interagency Committees (CTICs), Mental Health and Family Services Collaboratives, and others) to engage in system planning.
- Maximize/leverage/ braid existing resources for service provision and coordination so that access to health services in school settings is increased:
    - o School linked Mental Health Grants.
    - o Third party billing activities and procedures.
    - o  Individuals with Disabilities Education Act (IDEA) and Medical Assistance (MA) practices and procedures.
- Present recommendations to agencies and legislative agendas regarding the need for funding that supports local system planning, direct service and system coordination activities.

## NEXT STEPS

MDE management and State Interagency Committee members will review these recommendations, prioritize and develop work plans as well as identify resources.