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MINNESOTA DEPARTMENT OF

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Minnesota's Self-Improvement Plan — Part II

**Minnesota's Continuous Improvement Process
for Children with Disabilities, Birth to 21,
and their Families**

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Consultant's Report

MINNESOTA'S CONTINUOUS IMPROVEMENT PROCESS FOR CHILDREN WITH
DISABILITIES, BIRTH THROUGH 21, AND THEIR FAMILIES

Minnesota's Self-Improvement Plan—Part II

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Minnesota's Self-Improvement Plan—Part II

Minnesota's Continuous Improvement Process for Children with Disabilities, Birth Through 21, and their Families

Introduction

This report represents the third in a series of “phases” to provide information about Minnesota’s plan to improve services for children and youth with disabilities, birth through 21, and their families. As such, this report is a continuation of ongoing efforts on behalf of the state to address all of the priority areas identified in *Minnesota’s Self-Assessment Plan*. As a result of state self-assessment efforts, 12 specific areas were identified for statewide self-improvement. The current document, *Minnesota’s Self-Improvement Plan—Part II*, provides information about planning outcomes and strategies for three of these priority areas: (1) *Improving Educational Results for Children and Youth with Disabilities*, (2) *Family Involvement*, and (3) *Accountability and Compliance*.

PHASE III PRIORITIES

① Educational Results

② Family Involvement

③ Accountability & Compliance

Much like the general rationale used to generate the state’s initial improvement plan, *Minnesota’s Self-Improvement Plan—Part II*, also emphasizes a “focused” approach to the self-assessment process. That is, rather than attempting to address all 12 priorities identified as a result of the self-assessment at once, the state has decided to adopt a more deliberative process to ensure that each priority was thoroughly and comprehensively addressed.

A Focused Approach to Planning

The focused approach used to address priorities identified in the self-assessment process is one that has provides several advantages. First, it provides members of Minnesota’s Continuous Improvement Steering Committee with an opportunity to focus concentration on the development of a plan that is specific to a given self-improvement priority—that is, more time and attention can be devoted to critical issues when all 12 priorities identified through self-assessment are “chunked” rather than addressed as a whole. Second, the plans which are developed are less likely to overextend resources by attempting to be “all things to all people.” As a

result, the plans which are developed are more likely to represent what most parents, advocates, professionals and other types of stakeholders across the state agree are the areas in which self-improvement activities are most critically needed. Finally, a focused approach fully recognizes that some priorities are simply seen as more important or urgent than others, and as such, require a greater level of attention and oversight. This does not mean to imply, however, that other areas of self-improvement identified through the self-assessment process are deferred or put “on hold.” Rather, the state has implemented, and will continue to follow through with a wide range of initiatives in other need areas identified through self-assessment, although primary attention and resources will be targeted for priority areas where stakeholder consensus has been achieved. This “focused” approach is dynamic, with self-assessment priorities expected to change as the state conducts ongoing and continuous efforts aimed at self-improvement.

History of State Self-Assessment and Self-Improvement Planning Efforts

Minnesota's self-improvement efforts reflect more than two years of self-assessment and planning initiatives involving various stakeholders across the state. Along with members of Minnesota's Continuous Improvement Steering Committee, assessment and planning activities have spanned across various divisions of the Minnesota Department of Children, Families & Learning, as well as other statewide advisory and planning groups such as the Minnesota Special Education Advisory Council (SEAC), the Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC), the Minnesota System of Interagency Coordination (MnSIC), and others. Moreover, a concerted effort has been made by staff of the Division of Special Education to ensure that self-improvement efforts are synchronized with other state initiatives, such as the State Improvement Grant (SIG) and statewide efforts to implement a unified and integrated birth through 21 service delivery system.

A History of Self-
Assessment and Self-
Improvement Efforts in
Minnesota

Because of the rather complex nature in which the planning activities have evolved, it will be necessary to provide an overview of the general context in which the current plan was developed. This discussion will include a brief, yet critical, review of the state's self-assessment efforts and a description of previous self-improvement planning activities that have occurred. Providing a context is important because it affords reviewers with information regarding the far-reaching and labor intensive efforts necessary to develop a plan that reflects widespread input from a variety of stakeholders throughout the state. *Minnesota's Self-Assessment Plan—Part II* embodies literally thousands of hours of effort devoted by professional staff, members of Minnesota's Continuous Improvement Steering Committee, and many other groups and individuals across the state who, directly or indirectly, also contributed to the development of the plan.

Phase I: Minnesota's Self-Assessment Process

In many ways, *Minnesota's Self-Assessment Process* represents a synthesis of various data collection and analyses efforts which have taken place in the state over the past several years. These efforts are detailed in *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families*¹ (i.e., *Minnesota's Self-Assessment Process*), a comprehensive self-assessment effort conducted in 2000 for the purpose of assessing how successful the state has been in achieving compliance with IDEA and improving results for children and youth with disabilities. *Minnesota's Self-Assessment Process* represents "Phase I" of the state's efforts to firmly establish and institutionalize a continuous improvement monitoring process. Self-assessment is also the driving force of current statewide planning activities. By design, all self-improvement initiatives described in this report are aligned with the priorities identified in *Minnesota's Self-Assessment Process*.

Minnesota's Goals and Indicators System is Based on OSEP Cluster Areas

Considered one of the most ambitious projects ever undertaken by Minnesota's special education community and the Division of Special Education (DSE), the self-assessment process involved a systematic analysis of the 16 indicators included in *Minnesota Goals and Indicators System*. The purpose of the *Minnesota Goals and Indicators System* was to address: (1) federal reporting requirements, and (2) targeted areas of concern within the state. Also, these indicators served as the foundation for which the state would base its current self-improvement planning efforts².

Minnesota's efforts to conduct a comprehensive self-assessment was largely manifested through the activities of the Self-Assessment Steering Committee, now referred to as Minnesota's Continuous Improvement Steering Committee. Representing the core of the state's self-assessment effort, Steering Committee members engaged in an intensive analysis of the 16 original objectives of *Minnesota's Goals and Indicators System* to identify priorities, needs, and self-improvement strategies.

Upon completion of self-assessment activities, Steering Committee members conducted a ranking of the indicators to identify what they considered the "Top Five" priorities for self-improvement. As a result of their efforts, Minnesota's initial self-improvement initiatives focused on the following priority areas based on self-

¹ Division of Special Education, Minnesota Department of Children, Families & Learning, *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families*. (Saint Paul, Minnesota, Minnesota Department of Children, Families & Learning).

² Note: The 16 original indicators have since been merged into 12 priority areas due to commonalities within plans and an overall interest in more clearly focusing on self-improvement efforts in a more comprehensive manner. It is important to note that *none* of the original priorities have been eliminated—rather, the change simply reflects an effort to reorganize in order to facilitate self-improvement planning activities. These revisions are detailed in *A Proposal for the Organization of Future Planning Priorities for Minnesota's Continuous Improvement Steering Committee*. Appendix A provides a summary of the seven synthesized priorities which will be addressed in Phases III and IV of the continuous improvement monitoring process. The other five priorities were addressed in Minnesota's initial self-improvement efforts (Phase II). The revisions which appear in Appendix A have been approved by Minnesota's Continuous Improvement Steering Committee.

assessment activities: (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 of Mental Health Services Across Agencies*, (4) *Improve Interagency Cooperation and Coordinated Service Delivery*, and (5) *Reduce System Bias Related to the Needs of Diverse Populations*.

Phase II: Minnesota's Self-Improvement Plan

Phase II: Self-Improvement Process

Once the self-improvement priorities were identified from the self-assessment process, staff of the Division of Special Education (DSE) launched "Phase II" or *Minnesota's Self-Improvement Plan*. This effort was conducted by assembling internal workgroups to determine how best to address each priority. All workgroups received ongoing input and support from specialists representing Parts B and C of IDEA. Basing much of their work on OSEP-recommended models for self-improvement, DSE staff developed self-improvement plans utilizing a four-step process: (1) the development of a draft plan, (2) review by a Quality Control Team (to ensure accuracy, consistency, and completeness), (3) review by the full Steering Committee, and (4) finally, "ratification."

To conduct the review process, DSE staff once again convened Minnesota's Continuous Improvement Steering Committee in 2001. Comprised of many of those who served on Minnesota's Self-Assessment Steering Committee, the primary role assigned to members was to "assist and advise CFL in its continuous improvement planning process under the IDEA for children and youth with disabilities, ages birth-21, and their families." Once draft plans were developed, they underwent intensive scrutiny by members of the Steering Committee. These efforts are described in detail in *Minnesota's Self-Improvement Plan for Children and Youth with Disabilities, Birth to 21*³.

Phase III: Minnesota's Self-Improvement Plan: Part II

In 2002, DSE staff launched "Phase III" of the self-improvement process to address self-assessment indicators considered next highest in priority after the "Top Five" targeted in *Minnesota's Self-Improvement Plan*. Priorities in Phase III include: (1) *Improving Educational Results for Children and Youth with Disabilities*, (2) *Family Involvement*, and (3) *Accountability and Compliance*. However, unlike the planning activities that occurred in Phase II, the general process used to develop the current self-improvement plan changed considerably.

As a result of evaluating the overall process used in the initial self-improvement plan, a need was found to involve Steering Committee members at an earlier stage of the planning process. In addition, upon reflecting on "lessons learned," it was

³ Division of Special Education, Minnesota Department of Children, Families & Learning, *Minnesota's Self-Improvement Plan for Children with Disabilities, Birth to 21, and their Families*. (Saint Paul: Minnesota, Minnesota Department of Children, Families & Learning).

also concluded that additional efforts were needed to increase coordination of planning activities and maximize existing resources to ensure the sustainability of the planning process. In order to address these issues, a “design team” comprised of Steering Committee members and DSE staff was created to explore ways of resolving these issues in a manner that was logistically possible and feasible for members of the Steering Committee. Based on the work of the design team, it was determined that the entire process could be greatly facilitated by having members of the Steering Committee involved in plan development at a very early stage. Through this process, the design team sought to ensure that each member would have a much greater opportunity to engage in “hands-on” participation in the development of the plans.

In May 2002, a meeting of the Minnesota’s Continuous Improvement Steering Committee was convened to review the changes in process recommended by the design team and to establish subcommittees needed for each Phase III priority. To ensure leveraging of all available resources, additional workgroup members from various organizations within the state could be sought for additional input and technical assistance, including DSE itself. Other individual and groups for which input could be solicited included those who had firsthand knowledge or expertise in specific topical areas, including (1) advocates, (2) parents, (3) Education Minnesota (the state’s organization of teaching professionals), (3) Minnesota Administrators of Special Education, (4) Legal Advocacy, and (5) existing DSE workgroups or leadership committees.

Workgroup Planning Activities

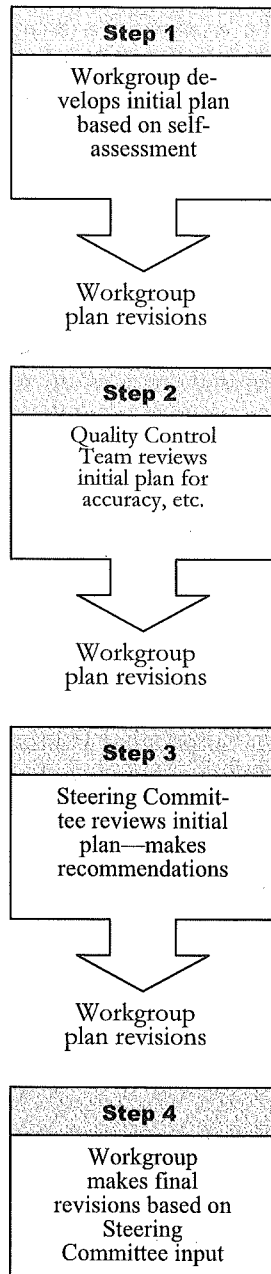
Once workgroups were formed for each priority (i.e., “Improving Educational Results for Children and Youth with Disabilities,” “Family Involvement,” and “Accountability and Compliance”) members met periodically to engage in self-improvement planning activities. A process that occurred from May to November 2002, each workgroup was responsible for assigning work tasks internally and scheduling meetings as necessary throughout this time period. Because of the nature of the planning task for each priority, a great deal of discretionary decision-making was given to each workgroup to accomplish their specific task. For example, some workgroups opted to meet more frequently to work as an entire group, while others preferred to meet less frequently, assigning specific tasks to subcommittees or certain individuals. However, irrespective of how each workgroup chose to organize its activities, all were required to develop plans to include the following components:

- **Desired Outcome**—A statement of the expected outcome as a result of implementing appropriate strategies.
- **Evidence**—A measurable objective that indicates the extent to which the Desired Outcome has been reached.
- **Data**—The extent to which data is currently available (i.e., “Yes” or “No”).

The Process Used by
Workgroups for Plan
Development

- **Strategies**—Recommended actions based on an information Source that reflects a consensus of public input toward achieving a Desired Outcome.

Figure 1: Four-Step Process



- **Source**—Where specific Strategies have been identified (State Improvement Grant, Self-Improvement Grant, etc.).

These planning components are essentially the same as those used in Phase II, the first self-improvement plan developed by the state. Whenever necessary, DSE staff were in attendance to facilitate workgroup efforts and to ensure coordination of all planning activities.

Development of the Plan

Similar to the development of the state's first self-improvement plan (i.e., Phase II), a four-step process was employed. As shown in Figure 1, the first step required each workgroup to develop a draft plan using the Self-Improvement Planning Components (e.g., Desired Outcome, Strategies, Evidence). Once the plan was developed by the workgroup, it was reviewed by DSE's Quality Control Team for accuracy, consistency, and completeness. Members of the Quality Control Team included Team Leader, Dr. William McMillan—supervisor of the state's Continuous Improvement Monitoring Process (MnCIMP) efforts—internal DSE staff, external consultants, and staff representing Parts B and C, including inter-agency initiatives. This review constituted the second step of this process.

Upon undergoing review by the Quality Control Team, the plans were then revised and presented for discussion and review by Minnesota's Continuous Improvement Steering Committee, the third step in this process. In this step, the *entire* Steering Committee had the opportunity to review self-improvement plans developed by the various workgroups. To facilitate the review process, representatives of the various workgroups, including members of the Steering Committee who participated in those workgroups, gave a presentation to the full Steering Committee to provide them with an overview of the strategies developed to achieve desired outcomes. At these presentations, members who did not participate in a workgroup other than their own were provided with the opportunity to ask questions or raise concerns. Changes and modifications were made as necessary to improve the plans. Once these final revisions were made, the fourth and final step of the planning process was implemented. That is, the Steering Committee convened once again for final review and "ratification" based on a

portunity to ask questions or raise concerns. Changes and modifications were made as necessary to improve the plans. Once these final revisions were made, the fourth and final step of the planning process was implemented. That is, the Steering Committee convened once again for final review and "ratification" based on a

group consensus of an expressed willingness to “publicly support” the revised plan in each priority area.

Organization of the Plan

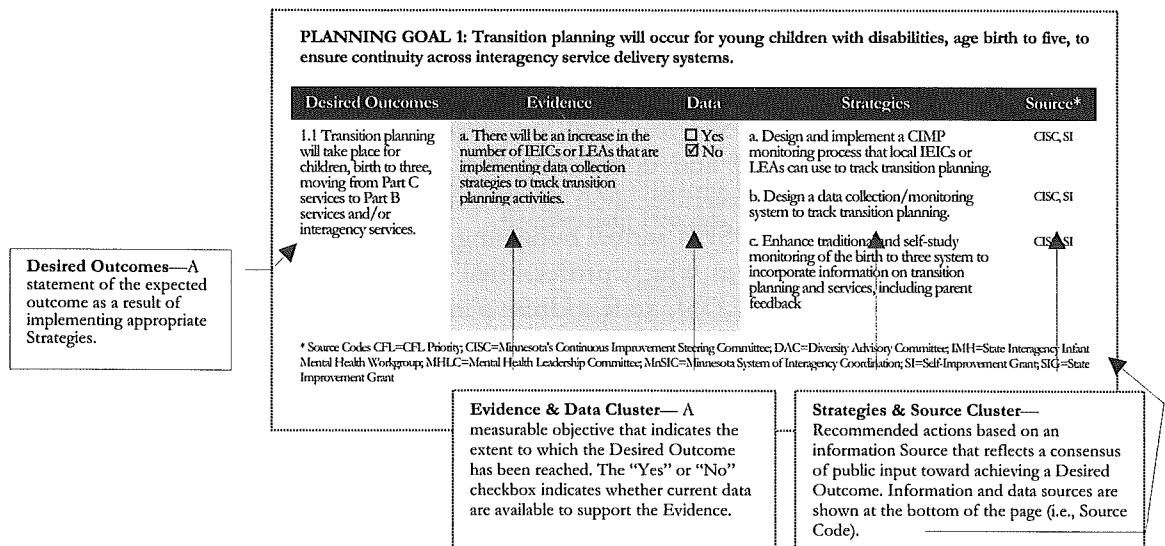
Rather than configured as a single, all-encompassing “plan,” Minnesota’s self-improvement efforts are focused in specific priority areas. In this case, three priorities will be addressed: (1) *Improving Educational Results for Children and Youth with Disabilities*, (2) *Family Involvement*, and (3) *Accountability and Compliance*. Each priority area contains one or more Planning Goals that include a “custom-tailored” set of planning components to achieve desired outcomes. Also, each self-improvement priority is accompanied by a narrative that provides: (1) a general overview of the priority, (2) a description of data sources to support its status as a “high” priority, and (3) a description of causes and barriers. The narrative is then followed by a detailed plan of self-improvement for each priority.

How to Read the Plan

A sample of a self-improvement plan is presented in Figure 2. Every plan that is prepared for a priority contains one or more Planning Goals. Each Planning Goal, in turn, contains the following Planning Components: Desired Outcomes, Evidence, Data, Strategies, and Source(s) described in the section *Workgroup Planning Activities*. It is important to emphasize that the Planning Components are not presented in a “linear” manner; that is, in a stepwise progression moving from left to right. Rather, the plan is best viewed as two main “clusters” that address Desired Outcome(s) for each Planning Goal. In the example provided in Figure 2, the Evidence and Data cluster are directly related—they “go together.” In other words,

Determining Whether a
Desired Outcome Has
Been Met

Figure 2: Example of Self-Improvement Plan



evidence must be supported by some type of data. Moreover, it is important to know whether such data are available (i.e., “Yes” or “No”). Similarly, the Strategies and Source(s) represent a second cluster—they are also directly related. That is, the development or implementation of a Strategy must necessarily be the responsibility of some entity or stakeholder group. While Strategies and Evidence are also obviously related, they do not necessarily also represent a “one-to-one” correspondence. As a result, there may be multiple Strategies employed that contribute, directly or indirectly, to obtaining the Evidence necessary to show that the Desired Outcome had been met. In most cases, the Desired Outcomes that were included in the plan were typically those in which it was thought could be reasonably achieved in a one to three-year time span.

Management of the Plan

Each self-improvement priority plan will be managed on a “day-to-day” basis by a specially designated workgroup consisting of Division of Special Education (DSE) staff, supported by various advisory groups, consultants, and support staff of the Department of Children, Families, & Learning. Dr. Bill McMillan will provide overall general supervision of workgroup staff and ongoing facilitation of Minnesota’s Continuous Improvement Steering Committee. This group is kept informed of progress by DSE management and members of each priority workgroup. In addition, ongoing communication and coordination efforts will be conducted with other relevant stakeholders across the state. Dr. McMillan will also assume responsibility for ensuring internal DSE communication and coordination activities, particularly with regard to such efforts as the State Improvement Grant (SIG) and other activities related to self-improvement.

Planning Activities are
Directly Related to DSE’s
Annual Budget Process

Very much like the strategies used to develop the initial self-improvement plan, DSE workgroup members provided specialized technical assistance in the development of the plans, and will assume responsibility for establishing timelines to complete the Desired Outcomes. To accomplish this task, each workgroup will be required to develop an annual work plan that will contain details regarding short-term (e.g., one-year) and long-term (three-year) goals, specific activities to be accomplished and designating the “contact person” responsible for coordination and/or implementation. In all cases, the workplans will be developed commensurate with DSE’s annual budgeting process, where funds will be allocated according to the extent which professional development, technical assistance and outreach activities of DSE staff address planning goals.

In addition, each workgroup will be responsible for providing an overview of their implementation activities with members of Minnesota’s Continuous Improvement Steering Committee to inform them of major tasks that will be accomplished throughout the year. These updates will also help ensure fidelity with self-improvement areas identified by the Steering Committee and the priorities established by the Minnesota Special Education Advisory Council (SEAC) and the Division of Special Education (DSE).

Future Directions for Self-Improvement

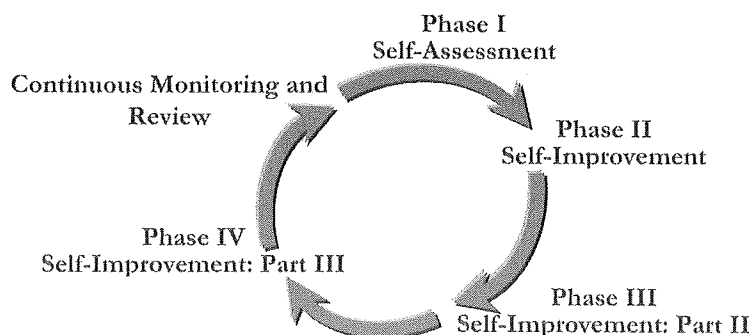
Phase IV Priorities

Figure 4 shows the cyclical nature of the planning process, from self-assessment to self-improvement monitoring and review. Based on where the state is now, the next critical phase of continuous improvement process will be to address the remainder of the priorities identified through self-assessment in Phase IV. This aspect of self-improvement will include the following priority areas: (1) *Child Find*, (2) *Inclusion*, (3) *Assistive Technology*, and (4) *Geographic Disparities*. Similar to the process used in Phase III, active involvement will be sought from members of the Steering Committee to engage in workgroup activities in the early stage of the planning process.

Once planning activities have been completed for Phase IV in 2003, the process of monitoring and review will ensue to assess overall progress of the self-improvement plans. Beginning with a review of Phase II planning activities, Minnesota's initial self-improvement plan effort, members of the Steering Committee will judge the extent to which intended outcomes have been achieved. With assistance from staff of the Division of Special Education (DSE), the Steering Committee will use both a formative and summative approach in order to make judgments about the progress of outcomes relative to "contextual" considerations. In this case, an important contextual element to consider is the general timeframe in which Phase II activities have been implemented. Given that the plan developed for each self-assessment priority can range in duration from one to three-years, it will only be possible to assess partial progress, or the amount of progress made toward achieving a specific outcome. This would constitute a more formative assessment of how each plan was making progress. A summative review would be to determine what strategies have actually been implemented based on timelines and budget objectives that have been developed by DSE staff.

In addition to thoroughly assessing the progress of each plan, the Steering Committee will also have the opportunity to engage in a discussion of aspects of the plan that may be changed or modified in light of new information or "lessons

Figure 4: Minnesota's Continuous Improvement Monitoring Process



learned.” This monitoring process will be repeated as for other phases of self-improvement planning, where the plans will be monitored at least annually to assess progress of implementation and achievement of intended outcomes.

Phase III: Self-Improvement Priority 1

Improving Educational Results for Children and Youth with Disabilities

INTRODUCTION

Increasingly, a successful school experience is becoming the gateway to full and productive participation in our society. Never before has there been such an emphasis on academic attainment, graduation, and preparation for the workplace in our American schools. Whereas only a few decades ago, it was possible for a youth to find gainful and lifelong employment without a high school diploma, that option is much less available today. In fact, a high school diploma is looked upon by many employers as a *minimum* requirement for employment, often requiring some type of postsecondary education or training as well. The press for accountability and high academic standards, increased graduation rates, and a viable future workforce all represent artifacts of a social system that is increasingly demanding more from modern public education.

Within this mix of reform and move toward higher standards is the notion that all children have the right to participate and gain access to the educational opportunities that will lead them to full and productive lives. Affirmation of this principle is apparent in the Individuals with Disabilities Education Act (IDEA), which includes a number of provisions to ensure that children and youth with disabilities are provided with access to all of the opportunities that education has to offer. Similarly, the basic tenets of IDEA have been reinforced through the recent legislative initiative of the reauthorization of the *Elementary and Secondary Education Act (ESEA)*, also referred to as the *No Child Left Behind Act*. This law encompasses a wide range of initiatives aimed at ensuring that all children are afforded the benefit of a quality education that will prepare them for adult living. And nowhere is the spirit of this law more applicable than when addressing the needs of children and youth with disabilities. Historically, results for children and youth with disabilities have been reflected in low rates of academic achievement and graduation and high rates of suspensions, expulsions, and dropouts—indicators that serve as fairly good predictors regarding one's successful adaptation to society and overall quality of life. While Minnesota students with disabilities have generally fared better than their counterparts in other states in these areas, there is no universally accepted definition that "success" has been achieved.

This Self-Improvement Priority, Improving Educational Results for Children and Youth With Disabilities, focuses on Minnesota's efforts to ensure that the federal mandates of the IDEA and the reauthorization of the ESEA are adhered to in both substance and spirit. This priority includes three specific planning goals that have been adopted by Minnesota's Continuous Improvement Steering Committee

as a means of addressing critical issues for improving educational results for children. These planning goals include:

Planning Goal 1: Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

Planning Goal 2: Improve the involvement rate and academic performance of children and youth with disabilities on statewide assessments.

Planning Goal 3: Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.

Each planning goal is accompanied by one or more indicators as outlined in *Minnesota's Continuous Improvement Goals and Indicators System*.

Improving Educational Results Subcommittee

In an effort to address the issue of improving educational results for all children and youth with disabilities, ages birth through 21, the Division of Special Education established an Improving Educational Results Subcommittee, a workgroup comprised of members of Minnesota's Continuous Improvement Steering Committee and DSE staff. Members of the Improving Educational Result subcommittee include:

Dr. Bill McMillan, *Supervisor, Division of Special Education*

Emily Knight, *State Improvement Grant Coordinator, Division of Special Education*

Barbara Jo Stahl, *Specialist, Division of Special Education*

Dr. Nancy Larson, *Specialist, Division of Special Education*

Dr. Don Stovall, *Steering Committee Member, Higher Education*

Janet Salk, *Steering Committee Member, Higher Education and the Minnesota Special Education Advisory Council*

Diana McHenry, *Steering Committee Member, Education Minnesota*

Dr. Michael Sharpe, *Steering Committee Member, University of Minnesota*

The purpose of the Improving Educational Results subcommittee was to review current data to identify causes and barriers for indicators within each planning goal area and develop a Self-Improvement Plan to address these issues.

Data Sources

Several data sources were used to identify causes and barriers described for this priority area. One source comes from the results of *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* (i.e., *Minnesota's Self-Assessment Process*), a comprehensive self-assessment effort conducted in 2000 for the purpose of assessing how successful the state has been

WORKGROUP MEMBERS

in achieving compliance with IDEA and improving results for children and youth with disabilities. In addition, Minnesota's Automated Reporting Student System (MARSS) database was used to identify desired outcomes with regard to improving educational results for students in statewide testing programs such as the Minnesota Basic Standards Test and the Minnesota Comprehensive Assessment.

**CAUSES AND
BARRIERS**

Causes and Barriers

Planning Goal 1: Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

In general, the percentage of Minnesota children and youth with disabilities participating in general education settings for 40% or more of their school day has remained stable since 1997. While participation rates do not vary significantly by gender, some variation has been observed by race, ethnicity, and by age. Overall, it is important to consider that Minnesota has achieved inclusion of students with disabilities in general education settings to a much greater extent than the national average (U.S. Department of Education, 1999). Whereas nationally 73% of children with disabilities are served in a regular classroom or regular classroom in addition to a resource room setting, this statistic for Minnesota is 85%. A significant factor in this difference is that nationally 46% of students with disabilities are served in regular classroom programs. In Minnesota, 63% of students with disabilities are served in this type of setting.

Minnesota has not attained this same rate of inclusion for its younger children with disabilities. Only 28% of children with disabilities ages 3-4 received special education and related service in programs designed primarily for children without disabilities. However, infants and toddlers fare better—78% of eligible infants and toddlers with disabilities received early intervention in their homes or in a family child care home—both considered to be natural environments. An additional 5.3% were served in programs designed primarily for children without disabilities such as a child care center, Early Childhood Family Education or Early Head Start. About 15% of infants and toddlers received special education services in programs designed exclusively for children with disabilities.

With regard to graduation rates, recent data shows that the graduation rates of 12th grade students with disabilities (i.e. across disability categories) have not increased substantially since 1997. However, within various disability categories, increased graduation rates have been observed in the following areas: Emotional/Behavioral Disorder, Deaf-Blindness, Pervasive Developmental Disorder—Autism, Speech-Language Impaired, Mild-Moderate Mentally Impaired, and Moderate-Severe Mentally Impaired.

In general, the majority of students with disabilities who drop out of school do so at the age of 17 or 18 years, probably in the 12th grade. Graduation rates of 12th grade students with disabilities do not significantly vary with gender, but there are

significant differences observed based on race and ethnicity. Typically, students identified as Asian/Pacific Islander, Black (Non-Hispanic) and Hispanic students graduate with significantly less frequency than other peers with disabilities.

Planning Goal 2: Improve the involvement rate and academic performance of children and youth on statewide assessments.

Minnesota has identified the increased performance on statewide assessments as an area of high priority for students with disabilities. One of the components of Minnesota's accountability program is the Minnesota Comprehensive Assessment (MCA). The MCA is a paper and pencil test that serves as a measure of student attainment on Minnesota's high academic standards. Currently, the tests are administered annually in the spring to students in Grades, 3, 5 and 11, starting with the 1997-98 academic year. Test performance is reported in one of four proficiency levels with Level I representing the lowest level. All public school students must take the MCA unless specifically exempted by the student's Individual Education Plan (IEP) team. Similarly, all students in the state, unless exempted by an IEP team, are required to pass the Basic Standards Test (BST), a minimum competency assessment in reading, mathematics, and writing in order to obtain a high school diploma. Most students take the reading and math test for the first time in 8th grade, and the writing test in 10th grade. The goal set by the Department of Children, Families & Learning is to increase the overall percent of students passing each of these tests each year.

In a review of current MCA and BST data, it is apparent that students with disabilities typically perform below their general education peers. Clearly, a leading cause for this discrepancy is the general nature of how disabilities are identified within the public schools. That is, students with disabilities are by nature identified because of the often severe impact that a disability can have on learning and school achievement. As such, most students who are identified with a disability require specially designed instruction and demonstrate a different pattern of school progress.

But even acknowledging that students with disabilities are likely to perform below their general education peers on statewide tests, there appear to be other performance anomalies as well—even "within" the special education population. Perhaps the most pressing of these is the MCA and BST performance of students who represent various culturally and linguistically diverse populations. In the last decade, Minnesota has experienced significant growth in its diverse populations, particularly in the Minneapolis-St. Paul metropolitan area. Along with this increased growth, has been the need to address the various challenges experienced by students from differing cultural and linguistic backgrounds, many of whom are challenged by low socioeconomic conditions and served by an educational system that is still evolving in terms of implementing services to meet their needs.

Planning Goal 3: Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.

Based on data obtained from Minnesota's Self-Assessment Process, all students exiting special education in grades 9-12 were rated by their case manager and/or IEP team members along several dimensions: (1) appropriate personal responsibility, (2) social skills, (3) independent problem solving skills, and (4) self-acceptance. Performance along each dimension was scored in one of three categories: "No Understanding," "Understanding," or "Application." Overall, students with disabilities exiting special education increased their performance along each dimension. The smallest increase in the percent of students scoring in the "Application" level was 2% in problem solving; whereas the greatest gain was 5% in social skills. As might be expected, performance varied across the exit status categories. Two particularly important groups to evaluate and compare are those who graduated and those who dropped out. Graduates with disabilities scored at higher rates at the application level in these skills as compared to dropouts.

As a recently instituted and ongoing part of local district monitoring, individual student records are reviewed across three years in order to allow for a better understanding and documentation of student growth and changes in service delivery. These monitoring activities are called "longitudinal reviews." Based on data obtained from Minnesota's Self-Assessment Process, there has been a substantial increase in documented growth in individual plans over the years for which data are available. During the 1995-96 school year, 22% of 32 longitudinal reviews showed growth. The percent increased to 44% in 1996-97 and 61% in 1999-2000 with reviews increasing to 156 and 223 for those years, respectively.

**PLANNING
GOALS**

Planning Goal 1: Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

The purpose of Planning Goal 1 is to: (1) increase the percentage of children and youth with disabilities participating in the general curriculum with appropriate support, (2) increase the percentage of youth that graduate from high school, (3) decrease the drop out rate of children and youth, (4) increase the array of appropriate early intervention, special education and related services for children in charter schools, separate sites and community placements, (5) reduce the percentage of suspensions/expulsions for students with disabilities, and (6) increase the percentage of children exiting from special education to general education. The strategies outlined for this planning goal also relate to strategies that were developed in Phase II of *Minnesota's Self-Improvement Plan*, including: Self-Improvement Priority 2, *Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*, (Strategies 3.3b, 3.3c, 3.3d, and 3.3h), Priority 3, *Improve Access to Mental Health Services Across Agencies*, (Strategies 1.2a, 1.3a, 1.4a, 1.5a, 1.6a, and 2.4c) and Priority 5, *Reduce System Bias Related to the Needs of Diverse Populations* (Strategies 1.1a, 1.1b, 1.1c, 1.1d, 1.2a, 1.2b, 1.3a, 2.4a, 2.4c, and 2.5a).

Planning Goal 2: Improve the involvement rate and academic performance of children and youth with disabilities on statewide assessments.

Planning Goal 2 is designed to outline strategies that will: (1) increase the performance of students with disabilities on the Minnesota Comprehensive Assessment, (2) increase the performance and pass rates of students with disabilities on the Basic Standards Test, (3) increase the performance of students with disabilities on alternate assessments, and (4) maintain an exempt status rate of between 10-20% of children and youth with disabilities on statewide assessments. The strategies outlined for this planning goal also relate to strategies that were developed in *Phase II of Minnesota's Self-Improvement Plan*, including: Priority 3, *Improve Access to Mental Health Services Across Agencies*, (Strategies 1.2a and 1.5a) and Priority 5, *Reduce System Bias Related to the Needs of Diverse Populations* (Strategies 2.4 and 2.5).

Planning Goal 3: Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.

The purpose of this planning goal is to: (1) increase personal/social attribute ratings of students exiting special education, and (2) increase the percentage of children and youth with disabilities showing growth in their individual plan goals (three-year monitoring longitudinal reviews). The strategies outlined for this planning goal also relate to strategies which were developed in Phase II of *Minnesota's Self-Improvement Plan*, including: Priority 3, *Improve Access to Mental Health Services Across Agencies*, Planning Goals 1 and 2.

Self-Improvement Priority 1—Educational Results

Improving Educational Results for Children and Youth With Disabilities

PLANNING GOAL 1: Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Increase the percentage of children and youth who are receiving appropriate supports for successful participation in the least restrictive or natural environment and the percentage of children and youth who are exiting from special education to general education.	a. There is an increase in the number of students with IEPs with general education accommodations and modifications in IEPs.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Promote collaboration between general and special education staff to provide appropriate accommodations and modifications.	SIG/CFL
	b. There is an increase in the number of ethnic minority and culturally and linguistically diverse children and youth with disabilities placed in the least restrictive environment.		b. Conduct staff development activities that provide general education administrators with the leadership, knowledge, and skills necessary to promote access to general education programs and accommodations and modifications for students with disabilities.	SIG/CFL
	c. There is an increase in the number of infants and toddlers served in natural environments.		c. Conduct staff development training that prepares Minnesota's paraprofessional workforce to support special education staff in meeting the support needs of students with disabilities.	SIG/CFL
	d. There is an increase in the number of children ages 3 and 4 with disabilities who receive special education and related services in Primary Disability Instructional Setting #1 (a program designed primarily for children without disabilities).		d. Conduct staff development training on the integration of assistive and educational technology into special and general education programs to provide for accommodations and modifications.	SIG/CFL
	e. There is an increase in the percentage of young children, birth to 5 who no longer require special education services.		e. Conduct training and information dissemination activities to build the capacity of families, schools, and communities to support students with disabilities in general education programs.	SIG/CFL
	f. There is an increase in the percentage of students exiting special education to general education noted in the end-of-year status report for children and youth with disabilities.		f. Clearly define "general education curriculum" for children prior to kindergarten entrance.	SIG/CFL
			g. Offer technical assistance tailored to districts committed to expanding their birth through 21 service continuum.	SIG/CFL
1.2 Increase the array of appropriate and timely interventions, special education and related services for children in charter schools, separate sites, corrections and community placements.	a. An annual decrease will occur in the numbers of citations and concerns in data compiled by DAC and DSE on initial monitoring and compliance visits as well as follow-up visits to charter schools, separate sites, corrections, and community placements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Conduct a needs assessment related to curriculum and assessment of programming for students with IEPs and IIPs who receive educational services in charter schools, separate sites, and community placements.	CFL
			b. Conduct staff development training on curriculum and service delivery options, particularly for youth ages 18-21 for staff in charter schools, separate sites, correctional facilities, and community placement programs.	CFL

* **Source Codes** ADR WG=Alternative Dispute Resolution Work Group; CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; CWG=Complaints Work Group; DAC1= Division of Accountability and Compliance Committee; DAC2=Diversity Advisory Committee; HSG=Hearing Stakeholder Group; ICC= Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA requirement; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; MNTAFS= Minnesota Technical Assistance for Family Support; MWG=Monitoring Work Group; PI=Public Input; PS=Participant Surveys; SI=Self-Improvement Grant; SIG=State Improvement Grant; SEMS=Minnesota Special Education Mediation Service

Self-Improvement Priority 1: Educational Results

Improving Educational Results for Children and Youth With Disabilities

Desired Outcomes	Evidence	Data	Strategies	Source*
			c. Engage all appropriate personnel in Department of Corrections facilities to develop a plan for ensuring that all corrections institutions will reach compliance with the Total Special Education System (TSES) standards.	CFL
			d. Increase the array of services available from minimal special education services to a full continuum of services for students in charter schools, separate sites and community placements by licensed staff.	CFL
			e. Include monitoring of the continuum of placements available and utilized for young children with disabilities prior to kindergarten enrollment as part of the regular compliance monitoring process.	CFL
			f. Develop a strategic plan to address the unique challenges to service delivery for youth ages 18-21 with an emphasis on reaching those who may not be in traditional settings.	CFL
1.3 Reduce the percentage of suspensions/expulsions for students with disabilities.	a. There will be an annual decrease in the percentage of students with disabilities who are suspended or expelled based on data reported in the end-of-year suspension and expulsion report prepared by the Division of Accountability and Compliance (DAC). b. There will be a decrease in the number of students in 45-day alternative placements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Target suspension and expulsion of students with LD, EBD, DCD, and OHI by creating a strategic plan to provide staff development to districts in the areas of manifestation determination, cultural competence, functional behavior analysis and the use of positive behavioral supports. b. Collaborate with the Safe and Drug Free Schools initiative to provide technical assistance to schools in the areas of suspension, expulsion and truancy. c. Collaborate with Safe and Drug Free Schools on their restorative justice initiatives. d. A procedure will be developed to count the number of 45-day alternative placements.	CFL CFL CFL CFL
1.4 Increase the percentage of youth with disabilities that graduate from high school and decrease the drop out rate.	a. There will be an annual increase in the graduation rates of students with disabilities based on the end-of-year status report for students with disabilities in 9-12th grades. b. There will be an annual decrease in the dropout rates of students with disabilities based on the end of the year status report for students with disabilities in 9-12th grades.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop a strategic plan to address special education's role in the delivery of mental health services, including facilitating access and coordination across service systems in order to ensure positive student educational and social outcomes. b. Target EBD drop out levels by developing a strategic plan with district staff, special education administrative personnel, corrections personnel, and CFL partners, such as the Safe and Drug Free Schools initiatives. Focus on increasing the connectivity of EBD students to successful school participation. c. Collaborate with Safe and Drug Free Schools on their restorative justice initiatives.	CFL CFL CFL

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Self-Improvement Priority 1: Educational Results

Improving Educational Results for Children and Youth With Disabilities

Desired Outcomes	Evidence	Data	Strategies	Source*
			d. Develop a tracking system for students who are in the "continuing" status at the time their grade peers graduate. e. Collaborate with the University of Minnesota's "Check and Connect" program and with other programs designed to address high school dropout issues involving students with disabilities.	CFL CFL
1.5 Increase the percentage of eligible young children Birth-5 who receive early intervention services.	a. An increase in the percentage of eligible children receiving early intervention services is observed.		a. Review records of children eligible for early intervention services whose parents decline to determine reasons. Develop a workplan to address identified reasons.	CFL

PLANNING GOAL 2: Improve the involvement rate and academic performance of children and youth with disabilities on statewide assessments.

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Increase performance on the Minnesota Comprehensive Assessment.	a. There is an increase in the percentage of students taking the MCA. b. Increase the percentage of students who are proficient on the MCA.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Identify effective strategies in reading and math that will increase the performance of culturally and linguistically diverse and economically disadvantaged populations. b. Implement the strategies identified and developed for African American and American Indian students by the University of Minnesota at Moorhead to promote effective practices for reading and math.	CFL CFL
2.2 Increase performance and pass rates on Minnesota Basic Standards Test.	a. There is an increase in the percentage of students taking the BST. b. Increase the percentage of students who pass the BST.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Disseminate information about funding sources to train and implement research-based practices in reading and math (e.g., Kansas Learning Strategies, Project READ, Orton). b. Promote awareness of the availability of research-based practices in reading and math.	CFL CFL
2.3 Increase performance on alternate assessments.	a. There is an increase in the performance level on alternate assessments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Promote ongoing progress measurement practices, such as the use of diagnostic instruments and skills inventories.	CFL
2.4 Maintain a rate below the national average in the use of alternative assessments.	a. A rate below the national percent taking alternate assessments will be maintained.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Train staff to make appropriate decisions regarding alternate assessments. b. Encourage districts to maintain alternate assessment results in cumulative files of students.	CFL
2.5 Increase the readiness skills of kindergarten students with disabilities.	a. There is an increase in the readiness skills of kindergarten students with disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Provide training to ECSE providers regarding effective methods of measuring readiness skills. b. Develop a tracking system to monitor progress of readiness skills for children and youth with disabilities.	CFL

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Self-Improvement Priority 1: Educational Results

*Improving Educational Results for Children and Youth With Disabilities***PLANNING GOAL 3: Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.**

Desired Outcomes	Evidence	Data	Strategies	Source*
3.1 Students with disabilities will become more independent and self-sufficient.	a. There will be an annual increase in IEP plans that confirm specific goals that address social skills deficits, impairments in social functional, or need for emotional-behavioral support as indicated in local self-reviews and state validation. b. Personal or social attribute ratings of children and youth with disabilities will demonstrate culturally appropriate improvement in interpersonal functioning or functional independence because of interventions applied.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop a procedure for the documentation of social and emotional goals. b. Ensure that IEP teams identify interpersonal, functional, and community barriers that are likely to interfere with independence. c. Incorporate personal-social attributes in local MnCIMP reviews. d. Encourage local districts to assess an individual's level of independent functioning. e. Encourage the appropriate use of IEP goals that address self-sufficiency and social context of children and youth. f. Incorporate student self-report on personal-social objectives within surveys conducted with Minnesota students.	CFL CFL CFL CFL CFL
3.2 Participation in special educational programming will have a positive impact for those identified in need of services.	a. Longitudinal reviews show improvement of skills in the areas of academic, social, emotional, and physical domains that contribute to independent functioning as indicated in local self-reviews and state validation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Encourage and support the use of exit surveys and review of status for children and youth where the IFSP/IEP/IIP team recommends discontinuation of special education services. b. State-level technical assistance will be provided to districts, parents, and interagency partners that identify personal-social characteristics as an area of need.	CFL CFL
3.3 Schools will offer a continuum of services available to children and youth with disabilities in order to encourage social and emotional development and mental well-being.	a. IEPs will list services that include (but is not limited to) social skills groups, friendship groups, anger management groups, anxiety management groups, as well as interventions for specific academic, physical, and behavioral needs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Support school districts in completing needs assessments to ensure that a range of inclusive setting options are available to children and youth with disabilities. b. Identify and disseminate information to school districts via the Web regarding evidence-based approaches and best practices in the area of social and emotional well-being, particularly in relation to issues impacting adolescence. c. Additional related strategies may be found in state improvement priority #3 Mental Health (2002), Planning Goals 1 and 2.	CFL CFL CFL

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Phase III: Self-Improvement Priority 2

Family Involvement

One of the most important aspects of special education services is the role played by parents in the education of their child with a disability. Whether their status is that of a “new” parent just learning how to navigate through the complex processes and procedures, or a “veteran” of numerous planning meetings, involved parents are critical to ensuring the long-term success of their child. Recognizing the importance of parent participation, advocacy organizations have worked hard to secure parental rights and promote strategies to actively engage parents in the planning process. Largely as a result of these efforts, the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) included provisions for information and training activities aimed at helping parents to: (1) better understand the nature of their child’s disability and their educational needs, (2) communicate effectively with school personnel regarding their child’s education, (3) participate in the decision-making and IEP process, and (4) become informed about their rights under IDEA and to participate in school reform activities. In many ways, these provisions are consistent with those of the recently enacted *No Child Left Behind Act*, which promotes efforts designed to help parents make more informed decisions about their child’s educational program.

Stipulations to promote family participation include requirements for obtaining parent involvement in evaluation, eligibility, and placement decisions. In addition, IDEA contains procedural safeguards requiring parent participation in all meetings and providing them with informed consent. Parent involvement in policymaking is also reinforced in current law to increase participation in local, state, and national advisory boards and in the development of improvement plans. A specific focus of IDEA is to address the needs of “underserved parents” and “parents of children who may be inappropriately identified.” This aspect of the federal requirements was included to specifically address the needs of those who traditionally have had few opportunities to participate in the educational system as a result of environmental and socioeconomic challenges.

Historically, the Division of Special Education (DSE) of the Minnesota Department of Children, Families & Learning (CFL) has supported efforts to promote parent participation by working closely with PACER Center (Parent Advocacy Coalition for Educational Rights) and other organizations in the planning, development, and implementation of information dissemination and training activities. PACER Center is the state’s Parent Training and Information

Center (PTI) that receives funding support from CFL to promote parent and family involvement and training activities throughout Minnesota.

In 1998, the Special Education Division joined with PACER Center and other disability-related organizations to conduct the *Information and Training Needs Survey*. The purpose of the survey was to collect data to assess the needs of parents with regard to the parent information and training requirements outlined in IDEA. Survey data were gathered from approximately 3,000 parents throughout Minnesota to obtain information in the areas of: (1) Disabilities and Special Education Services, (2) Special Education Laws and Rules (3) Resources to Help Families, (4) Advocacy and Collaboration, and (5) Delivery of Information. The results of this survey showed that parents wanted to learn more about the specifics of IDEA, how Minnesota Graduation Standards would impact their child's education, how to develop and implement effective transition plans, and what options were available to them if their child was placed in an alternative educational setting. In addition, parents also expressed interest in learning more about how they could influence decisions at the local, regional, and state level.

In addition to the statewide survey, the Division of Special Education sought input from parents of children with disabilities in the development of the *Local Plan for Implementation of IDEA 97 and Program Evaluation and Continuous Improvement*, a statewide data collection effort in which parents were included in local planning teams to identify training and technical assistance priorities. An analysis of all of the data submitted by local teams showed that *Parent Involvement* [Sec. 1415(b)] of IDEA 97 (i.e., "Procedures for parent involvement on team for assessment, placement, and IEP development"), was ranked second in terms of the needs, reflected in such areas as training, clarification of issues, dissemination of materials, and updating of rules and regulations.

Parent involvement efforts have long been a part of Minnesota's 96 local Interagency Early Intervention Committees (IEICs). IEICs represent local planning councils for the development of infrastructure and coordinating services for ages birth to five. Each IEIC is required to develop a family support plan through their family support subcommittees and submit it as part of their annual plan. Planning strategies can include parent-to-parent networks, information and referral resources, and community involvement activities that involve siblings and extended families, leadership, educational and advocacy training. Every local IEIC has one or more parent representative. Outreach to underrepresented parents is being accomplished through IEICs in collaboration with the Minnesota Technical Assistance for Family Support (MN*TAFS) network. MN*TAFS is the state-level vehicle for training and technical assistance to local IEICs on family supportive practices. More than 40% of IEICs within the state have participated in MN*TAFS trainings on parent involvement since 1997, with additional training and technical assistance efforts planned for implementation in the future. Recently, MN*TAFS completed an evaluation of statewide family support efforts

for the early childhood age group. This evaluation was conducted by utilizing a variety of information resources including a statewide survey of parents, professionals, and state level employees, feedback from IEIC annual plans, and evaluation data obtained from a statewide conference. Much like what was found in the *Local Plan for Implementation of IDEA '97 and Program Evaluation and Continuous Improvement*, a key finding of this evaluation was that "parent and family involvement" is considered to be a high priority among both professional staff and parents alike.

Parents are represented on state committees and advisory councils as well. For example, the Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC) often exceeds the 20% parent membership requirement and a parent always chairs the council. Similarly, all Part C workgroups (i.e., IEIC Monitoring Workgroup, Third Party Payment Workgroup, ICC Subcommittees including Legislation and Communication) include parent members. Consistent with its mission that "Families will be essential and actively involved in planning their child's future," current ICC strategies to promote and support an increase in active and meaningful parent and family involvement include such activities as mobilizing parents to influence legislative priorities, soliciting regular parent feedback, and maintaining ongoing communication and education efforts with parents. As an indication of its commitment to parent involvement in Part C in particular, it is worthwhile to note that Minnesota falls into what is referred to as a "Category 1" state, an indication that it exceeds federal recommended allocations for Part C funds for the purposes of parent involvement. This benchmark was established by the Office of Special Education Programs (OSEP) as part of its effort to assess the federal Part C priority, *Meaningful Family Involvement*.

Efforts to increase family involvement in Minnesota with regard to Part B are being accomplished through the establishment of local special education advisory councils. Requiring that at least half of the membership be comprised of parents of students with disabilities, the purpose of the advisory council is to promote the participation of parents in "district policymaking and decision-making." All Minnesota districts, or cooperative of districts, are required by Minnesota statute to establish a parent advisory council. Parent involvement at the state level has occurred for more than a decade, advising both the Division of Special Education and the Division of Accountability and Compliance on issues related to the education of children with disabilities.

As a result of statewide efforts to conduct self-assessment and self-improvement activities, Minnesota's Continuous Improvement Steering Committee identified parent involvement as a priority area as part of *Minnesota's Continuous Improvement Goals and Indicators System*. Consisting of 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 truly authentic involvement of parents at all levels of the system, including policymaking and evaluation activities. Details of the Desired Outcomes, Strategies, Evidence, and Data can be seen in the Self-Improvement Plan, which accompanies this narrative.

**CAUSES AND
BARRIERS**

Family Involvement Subcommittee

In an effort to address the issue of improving educational results for all children and youth with disabilities, ages birth through 21, the Division of Special Education established a Family Involvement Subcommittee, a workgroup comprised of members of Minnesota’s Continuous Improvement Steering Committee and Division of Special Education staff. Members of the Subcommittee include:

Byron Bland, *Administrator, Hennepin County Home School and Vice Chair, Minnesota Special Education Advisory Council (SEAC)*

Dao Xiong, *Parent, PACER Center*

Debra Niedfeldt, *Parent, Governor’s Interagency Coordinating Council on Early Childhood Intervention (ICC)*

Jesús Villaseñor, *Parent, PACER Center*

Judy Wolff, *Facilitator, Minnesota Regional Low Incidence Services*

Veneta Lykken, *Parent, Governor’s Interagency Coordinating Council on Early Childhood Intervention (ICC)*

Wes Mattsfield, *Parent and Chair, Governor’s Interagency Coordinating Council on Early Childhood Intervention (ICC)*

Sara Schoepf, *Minnesota Technical Assistance for Family Support (MN*TAFS) Coordinator*

Cindy Yess, *Parent and Chair, Minnesota Special Education Advisory Council (SEAC)*

Staff assigned to assist the subcommittee include:

Jan Rubenstein, *Education Specialist, Division of Early Childhood and Family Support (ECFS)*

Marty Smith, *Education Specialist, Division of Special Education (DSE)*

Mary McDevitt Kraljic, *Education Specialist, Division of Special Education (DSE)*

The purpose of the Family Involvement Subcommittee was to review current data to identify causes and barriers for indicators within each planning goal area and develop a Self-Improvement Plan to address these issues.

Data Sources

Several data sources were used to identify causes and barriers described for this priority area. One source comes from the results of *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* (i.e., *Minnesota's Self-Assessment Process*), a comprehensive self-assessment effort conducted in 2000 for the purpose of assessing how successful the state has been in achieving compliance with IDEA 97 and improving results for children and youth with disabilities. Also, information obtained from the Commission on Excellence in Special Education *Introduction to a New Era: Revitalizing Special Education for Children and their Families and Involving Parents in the IEP Process* (Smith, 2000—ERIC Digest E611), was used to identify and describe causes and barriers to parent involvement. Finally, data from *Information and Training Needs Survey*, a 1998 statewide needs assessment of about 3,000 parents of children and youth with disabilities, and the *Local Plan for Implementation of IDEA '97 and Program Evaluation and Continuous Improvement*, a statewide data collection effort in which parents were included in local planning teams to identify training and technical assistance priorities were also used throughout various portions of this narrative.

Causes and Barriers

In its monograph, *Introduction to a New Era: Revitalizing Special Education for Children and their Families and Involving Parents in the IEP Process*, the Commission on Excellence in Special Education indicated that the referral and eligibility process can often be “overwhelming” for parents. As such, the Commission recommended that the U.S. Department of Education increase support for:

“programs that promote parental understanding of their rights and educational services under IDEA so parents can make informed decisions about their children, particularly programs that serve families who have not traditionally been informed or involved in their children’s education.”

As indicated above, a specific focus of IDEA is to address the needs of “underserved parents,” clearly an issue of increasing importance within the state. For example, according to a 1998 Urban Coalition study, there were 474 sixth-grade American Indian students attending Minneapolis and Saint Paul schools compared to 238 American Indian students enrolled in ninth-grade—by twelfth-grade, this population had been reduced to just 71. In a nationally focused study conducted by the National Center for Educational Statistics Center (NCES, 1999), it was shown that Hispanic youths are the most at-risk for dropout. NCES results indicated that the status dropout rate for Hispanic youths born outside the U.S. was about 42 percent. Even when Hispanic youth born within the U.S. are considered, the dropout rate is still almost 29 percent, compared to about 13 percent for African Americans, and 7 percent for white or Euro-Americans. Both of these studies contain strong implications for parent involvement and helping parents to make

informed decisions about their children. This was clearly reflected in the results of the 1998 *Minnesota Information and Training Needs Survey*, where parents representing culturally and linguistically different populations were much more likely to indicate they either “Need Some” or “Need Lots More” information in most areas included in the survey.

Much of the research on parent involvement indicates that, whatever their situation, most parents and families want to provide the best possible future for their children. However, despite good intentions and interest, some families are unaware of how to be more actively involved in their child’s educational program. According to Smith (2000), “when parents are not active in the IEP process, educators may sometimes *misinterpret* their lack of involvement.” That is, educators may just assume that most parents are “satisfied” with their child’s educational program or are simply apathetic about taking an active role in the planning process. In some cases, there may be some educators who mistakenly believe that parents do not have the education or training to make good decisions about their child’s educational program.

In examining the issue of barriers to effective, “authentic” parental involvement, Smith (2000) identified a number of “root” causes, all equally applicable to what is currently occurring within the State of Minnesota as well:

Communication Problems and Educational Jargon—Communication problems and lack of understanding of the school system may result from the intricate and sometimes arcane language used in the IEP. Law-related elements, the meaning of statistical analyses, and terminology about placement and programming options (e.g., resource room, mainstreaming, inclusion, self-contained) may confuse or discourage a parent.

Lack of Understanding of the School System, Lack of Knowledge of How to Help their Child, or Feelings of Inferiority—Sometimes parents feel ill-equipped to provide meaningful educational information about their child that can help professionals develop special education programming. The professional staff’s lack of understanding of the student’s culture or language may lead parents to feel inferior or inhibited. For example, some parents are from places in the world where they were not allowed to question or disagree with authority figures, and so they may be reticent to assert their opinions with professionals. In some cases, some parents simply indicate that they do not feel comfortable or welcome in the school setting—that their input isn’t really valued and they are not really treated as equal members of the planning team.

Logistical Problems—Parents’ participation might be hindered by lack of transportation or child-care, or scheduling difficulties related to work or other responsibilities. For example, parents cite conflicts between work and school schedules; that is, when meetings are scheduled at times that do not work for families.

To achieve authentic family involvement, a number of self-improvement strategies will need to be implemented throughout the state. Inservice and preservice initiatives which help to build staff competencies, particularly cultural competencies, outreach and information dissemination activities for underrepresented populations, and ongoing efforts to implement practices that are child and family-centered are just some of the ways to help ensure that parents are included as equal partners—that is, partners who can express their own needs as well provide unique expertise to contribute to the growth and development of their child.

Planning Goal 1: 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 purpose of Planning Goal 1 is essentially to increase the knowledge and skills of parents and families to meet the needs of children and youth with disabilities. Desired outcomes include: (1) Ensuring that *all partners*—including families, staff and administrators, are provided with the necessary information, knowledge, and skills to effectively work toward creating a birth through 21 interagency service delivery system that meets the needs of infants, young children, and youth with disabilities, (2) Ensuring the authentic involvement of family members in the educational planning for their child or youth, including prereferral interventions, identification, assessment, program planning and implementation, transition and exiting, and (3) Ensuring authentic family involvement in policy and decision-making at the local and state level.

**PLANNING
GOAL**

Self-Improvement Priority 2—Family Involvement

Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities

PLANNING GOAL 1: 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

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 There will be authentic involvement and participation by family members in their child's special education and/or interagency planning process including pre-referral interventions, identification, assessment, planning, implementation, transitions, and exiting.	a. Families report increased satisfaction with the degree of their participation in the special education and/or interagency planning process for their child or youth.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Use culturally competent, family-centered practices for involving families at the pre-service and in-service levels.	SI Priority #5
	b. All partners (e.g., families, staff, administrators) report an increase in the use of family-centered practices in this process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Continue to develop indicators of effective partnerships between families and staff and meaningful family participation in the individual planning process.	CISC, MNTAFS, IDEA
	c. Families and professionals increasingly report that there is collaboration and open communication between families and staff in the special education and/or interagency process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Document the benefits (emotional/financial/social) of authentic family involvement as well as the costs and implications (child, family, community) of not engaging families.	CISC
	d. There is an increase in the proportion of families who report that they are informed of their child's progress as often as parents of non-disabled peers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Develop and promote models for training staff in cultural competency and partnering with families at both the pre-service and in-service levels. These models for training should include a recognition of the variety of cultural beliefs and circumstances.	SI Priority #5, CFL, IDEA
	e. Monitoring reports indicate increased rates of family participation in the special education and/or interagency process from assessment through exit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Provide ongoing training for families in order to facilitate their role as partners in their child's education.	CISC, SIG
			f. Provide ongoing training for community groups on culturally appropriate outreach and involvement with families.	DAC ²
			g. Obtain ongoing feedback from families and professionals regarding family participation in their child's planning process.	SI, MNTAFS
			h. Use conciliation settings as a place to find out how local districts are doing with regard to authentic parent satisfaction and involvement.	DAC ² , CISC
			i. Encourage districts to develop indicators to measure their own authentic family involvement.	CISC
1.2 All partners (families, staff and administrators) have the information, knowledge and skills necessary to work together effectively to meet the needs of infants, young children, children and youth with disabilities.	a. There is an increase in partners (families, staff and administrators) who report and demonstrate that they have the information, knowledge and skills necessary to work together effectively to meet the needs of infants, young children, children and youth with disabilities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop staff competencies related to partnering with families to serve as a framework for preservice and inservice training and technical assistance.	CISC
			b. Develop guidelines for the Division of Special Education to ensure family involvement in the development and provision of training and resource materials.	CFL, ICC, SEAC

* Source Codes ADR WG=Alternative Dispute Resolution Work Group; CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; CWG=Complaints Work Group; DAC¹= Division of Accountability and Compliance Committee; DAC²=Diversity Advisory Committee; HSG=Hearing Stakeholder Group; ICC= Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA Priority; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; MNTAFS= Minnesota Technical Assistance for Family Support; MWG=Monitoring Work Group; PI=Public Input; PS=Participant Surveys; SI=Self-Improvement Grant; SIG=State Improvement Grant; SEMS=Minnesota Special Education Mediation Service

Self-Improvement Priority 2—Family Involvement

Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities

Desired Outcomes	Evidence	Data	Strategies	Source*
b. All partners report an increase in the number of teams that are working together and communicating effectively.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Convene a group of stakeholders to address issues that impact the adoption of family-centered practices. These issues may include school culture, contract limitations, etc.	CISC
			d. Provide ongoing outreach and training for families regarding their rights under IDEA.	CFL
			e. Develop and evaluate ongoing research and training activities for staff and administrators regarding IDEA.	CFL
			f. Develop multiple mechanisms to provide ongoing, flexible outreach and training for families, staff and administrators on negotiation and communication skills necessary for working together as a team.	CISC, CFL
			g. Provide ongoing in-service training for staff and administrators on issues relevant to family participation, such as cultural competence, importance of partnering with families, home visiting (both value of and how to provide effective home visits), and understanding and acknowledging the levels of family involvement.	SI Priority #5, CISC
			h. Increase work with stakeholders to ensure that competencies at the licensure/re-licensure levels include skills needed to partner with families (i.e., knowledge of IDEA, negotiation and communication skills, cultural competence, facilitation, conflict resolution, cultural diversity, sensitivity training, etc.).	SEAC, ICC
			i. Develop and disseminate effective outreach strategies for service coordinators, case managers, cultural liaisons and other Child Find staff for use with disenfranchised and/or hard-to-reach families. (Strategies may include home visits, pre-referral discussions, one-on-one sharing of information, coaching, support in planning meetings, cultural liaisons' role, etc.)	IDEA
			j. Utilize a variety of techniques in order to obtain feedback from disenfranchised and/or hard to reach families.	IDEA
			k. Provide ongoing service coordination training for families since family needs change as their child grows older.	MnSIC
			l. Collaborate with general education initiatives regarding family involvement in order to ensure that they are inclusive of families who have children with disabilities.	CFL

* **Source Codes** ADR WG=Alternative Dispute Resolution Work Group; CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; CWG=Complaints Work Group; DAC1= Division of Accountability and Compliance Committee; DAC2=Diversity Advisory Committee; HSG=Hearing Stakeholder Group; ICC= Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA Priority; IMH=State Interagency Infant Mental Health Workgroup; MHL=Minnesota Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; MNTAFS= Minnesota Technical Assistance for Family Support; MWG=Monitoring Work Group; PI=Public Input; PS=Participant Surveys; SI=Self-Improvement Grant; SIG=State Improvement Grant; SEMS=Minnesota Special Education Mediation Service

Self-Improvement Priority 2—Family Involvement

Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities

Desired Outcomes	Evidence	Data	Strategies	Source*
1.3 Authentic family participation is evident at the state and local level in the areas of planning, policy and evaluation.	a. Families report an increase in meaningful participation at the state and local level in the areas of planning, policy and evaluation.		a. Require family involvement in state and local level advisory and/or decision-making bodies.	CISC, IDEA Part C
	b. Membership on state and local level planning, policy and evaluation groups contain representatives from diverse families.		b. Establish a network of statewide community connections (formal and informal) for assistance in outreach to families, particularly disenfranchised families.	CISC, SI, IDEA
	c. Interagency Agreements and Memoranda of Agreements (MOAs) reflect family centered principles at the state and local level.		c. Develop a list of indicators for meaningful family participation for use at the state level in order to ensure that staff competencies will reflect these indicators.	CISC
			d. Conduct ongoing needs assessments to determine what it is families need in order to fully participate.	CISC
			e. Ensure that systems are in place to support ongoing family participation on state and local level advisory and/or decision-making bodies, both new and existing. Examples include flexible meeting times and locations, mentoring of family members, stipends, childcare reimbursement, transportation reimbursements, interpreter services, family-friendly and culturally appropriate settings.	CISC, IDEA Part C
			f. Implement outreach strategies to creatively seek and recruit family participation in state and local level advisory and/or decision-making bodies.	CISC, CFL, ICC, IDEA
			g. Collaborate with existing programs (and create new programs where needed) to ensure that parent leadership skills training is available in local communities.	CFL, SEAC, ICC
			h. Develop, implement and evaluate training and ongoing support for state staff involved in new and existing state decision making groups to enhance meaningful family participation and partnerships. Training will be conducted jointly by family members and staff.	CISC, MNTAFS, IDEA
			i. Develop creative mechanisms to fund these strategies.	CISC
			j. Recruit and train disenfranchised and culturally diverse family members as teachers, administrators, and practitioners to assure that cultural competencies are reflected throughout the system.	CISC

* Source Codes ADR WG=Alternative Dispute Resolution Work Group; CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; CWG=Complaints Work Group; DAC¹= Division of Accountability and Compliance Committee; DAC²=Diversity Advisory Committee; HSG=Hearing Stakeholder Group; ICC= Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA Priority; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; MNTAFS= Minnesota Technical Assistance for Family Support; MWG=Monitoring Work Group; PI=Public Input; PS=Participant Surveys; SI=Self-Improvement Grant; SIG=State Improvement Grant; SEMS=Minnesota Special Education Mediation Service

Phase III: Self-Improvement Priority 3

Accountability and Compliance

The mission of the Division of Accountability and Compliance (DAC) of the Minnesota Department of Children, Families & Learning (CFL) is to safeguard the individual rights of all learners. To accomplish this mission, DAC must ensure that the federal mandate of a free appropriate public education (FAPE) is available to all Minnesota children and youth.

INTRODUCTION

DAC is CFL's primary mechanism for ensuring compliance with the Individual with Disabilities Education Act (IDEA) and is responsible for all special education compliance activities within the state for children and youth, birth through 21. As such, the DAC is responsible for developing and implementing the process of data collection and analysis in order to identify compliance deficiencies and develop corrective action plans. As part of these responsibilities, DAC ensures local education agencies (LEAs) take corrective action when deficiencies are identified. DAC is specifically responsible for conducting complaint investigations and monitoring activities and implementing the alternative dispute resolution and due process hearing systems within the state.

To carry out its mission, the DAC has four systems designed to ensure compliance and resolve disputes: (1) special education mediation and alternative dispute resolution (ADR), (2) special education complaint investigation (Complaints), (3) special education due process hearings (Hearings), and (4) special education compliance monitoring (Monitoring). Each system has unique responsibilities, jurisdictions, and standards cumulatively ensuring the provision of FAPE to children and youth in Minnesota.

This Self Improvement Priority, *Increasing the Effectiveness of Accountability and Compliance*, focuses on Minnesota's efforts to ensure that the federal mandates of the IDEA and the reauthorization of the Elementary and Secondary Education Act (ESEA), often referred to as the *No Child Left Behind Act* (NCLB), are adhered to in both substance and spirit. This priority includes six specific planning goals that address critical issues for improving educational results for children. These planning goals include:

Planning Goal 1: Develop and implement an accountability and compliance system that will result in improved educational benefits for students with disabilities.

Planning Goal 2: Implement a process in which educators, administrators, service providers, families, and students use effective communication skills and restorative processes as they resolve conflicts.

Planning Goal 3: Develop and implement an effective complaint investigation process that will operate consistently with state and federal special education law.

Planning Goal 4: Identify, define, publicize, utilize, and evaluate an array of effective ADR options.

Planning Goal 5: Implement and evaluate a special education monitoring process aimed at improving services and outcomes to children and youth with disabilities.

Planning Goal 6: Implement and evaluate a special education due process hearing system aimed at improving services and outcomes for children and youth with disabilities.

**WORKGROUP
MEMBERS**

Accountability and Compliance Steering Committee and Workgroups

In an effort to improve the effectiveness of the current processes used by DAC, a steering committee was formed. The steering committee was comprised of three members of the Minnesota's Continuous Improvement Steering Committee: Linda Bonney, advocate, representing the Minnesota Disability Law Center (MDLC); James Stucco, Jr., Assistant Principal, Cottage Grove Park High School, representing the Minnesota Secondary School Principals Association (MSSPA) and CFL's Special Education Advisory Council (SEAC); and Barbara Troolin, Director of Special Education, South Washington County Schools, representing Minnesota Administrators for Special Education (MASE), (SEAC), and the Governor's Inter-agency Coordinating Council (ICC).

In addition, DAC lead staff in each area, Patricia McGinnis (ADR), Tanya Rios (Complaints), James Mortenson (Hearings), and Bonnie Carlson (Monitoring) were identified as members of the DAC steering committee. Due to the unique aspects of each system, individual workgroups were formed for ADR, complaints, and monitoring. The three DAC workgroups included a member of the steering committee, DAC staff, CFL staff from the Division of Special Education (DSE) and the Division of Early Childhood and Family Initiatives (ECFI), local special education directors from greater Minnesota and from the metro area, parents, and representatives of Education Minnesota and the Advocacy Coalition.

The ADR workgroup was comprised of the following people:

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| ■ Linda Bonney, <i>MDLC</i> | ■ Barbara Troolin, <i>MASE, SEAC, ICC</i> |
| ■ Patricia McGinnis, <i>DAC, MNSEMS</i> | ■ Gary Lewis, <i>MASE</i> |
| ■ Barbara Sorum, <i>Student Advocate</i> | ■ Virginia Richardson, <i>PACER Center</i> |
| ■ Don Krukow, <i>Project Lead</i> | ■ Carol Vollmar, <i>Education Minnesota</i> |
| ■ Lisa Backer, <i>ECFI</i> | ■ Susan Thoen, <i>Parent</i> |
| ■ James Stucco Jr., <i>MSSPA, SEAC</i> | ■ Andrea Jepsen, <i>Parent</i> |

The Complaints workgroup was comprised of the following people:

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| ■ Linda Bonney, <i>MDLC</i> | ■ James Stucco Jr., <i>MSSPA, SEAC</i> |
| ■ Tanya Rios, <i>DAC</i> | ■ Lauri Fildes, <i>MASE</i> |
| ■ Eric Kloos, <i>DSE</i> | ■ Gary Lewis, <i>MASE</i> |
| ■ Robyn Widley, <i>DSE</i> | ■ Pat Anderson, <i>PACER Center</i> |
| ■ Tom Uecker, <i>Education Minnesota</i> | |

The Monitoring workgroup was comprised of the following people:

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|------------------------------|---|
| ■ Linda Bonney, <i>MDLC</i> | ■ Barbara Troolin, <i>MASE, SEAC, ICC</i> |
| ■ Bonnie Carlson, <i>DAC</i> | ■ Gary Lewis, <i>MASE</i> |
| ■ Stan Karcz, <i>DAC</i> | ■ Pat Anderson, <i>PACER Center</i> |
| ■ Tom Delaney, <i>DSE</i> | ■ Kathleen Wilder, <i>Education Minnesota</i> |
| ■ Lisa Backer, <i>ECFI</i> | ■ Lisa Trembley, <i>Parent</i> |

It should be noted that a stakeholders group was established early in the spring of 2002 to examine the effectiveness of the special education due process hearing system. The due process hearings stakeholders group included representatives of DAC, DSE, MDLC, MASE, PACER, Education Minnesota, ARC, the Minnesota School Boards Association (MSBA), unaffiliated parents, and a sitting U.S. District Court Judge. The work of this stakeholders group was blended into the steering committee initiative and can be accessed via the internet at: <http://cfl.state.mn.us/dmc/dph/stakeholders.html>. The Due Process Hearings Stakeholders Group was comprised of the following people:

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|---|--|
| ■ Luther Grandquist, <i>MDLC</i> | ■ Daryl Miller, <i>MASE</i> |
| ■ Jim Mortenson, <i>DAC</i> | ■ Chris Sonenblum, <i>MASE</i> |
| ■ Bob Brick, <i>ARC Minnesota</i> | ■ Virginia Richardson, <i>PACER Center</i> |
| ■ Barbara Case, <i>DSE</i> | ■ Jan Manchester, <i>Education Minnesota</i> |
| ■ Kirk Schneidawind, <i>MSBA</i> | ■ Barbara Sorum, <i>Parent</i> |
| ■ Donovan Frank, <i>U.S. District Court</i> | |

In addition, the following DAC staff facilitated the steering committee, stakeholders, and workgroup meetings, but did not serve as “voting” members of the groups: Darren Kermes, Assistant Manager, Kristen Schroeder, Education Specialist, Jennifer Thompson, Legal Intern, and Kristin Hall, Legal Intern.

Following a planning meeting with the DAC steering committee, each of the workgroups met four times during the summer and early fall of 2002. The hearings stakeholders group met over ten times during this same period. In late September 2002, the DAC steering committee reconvened to examine the individual plans created by the ADR, complaint, and monitoring workgroups along with the draft proposals submitted by the hearings stakeholders group. The DAC steering

committee refined each of the workgroup plans and generated outcomes which were common to each workgroup, including emphasizing communication within and outside CFL and developing a restorative component for all DAC systems.

Data Sources

Several data sources were used to identify causes and barriers described in this priority area. One source comes from the results of *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families (Minnesota's Self-Assessment Process)*, a comprehensive self-assessment effort conducted in 2000 for the purpose of assessing how successful the state has been in achieving compliance with IDEA and improving results for children and youth with disabilities.

CAUSES AND BARRIERS

Causes and Barriers

As indicated earlier, three specific workgroups were assembled to examine causes, barriers, and other relevant issues with regard to the development of an effective accountability and compliance system. The ADR Workgroup examined the systems currently in place to afford both parents and district staff options to resolve disputes without seeking a due process hearing. The group found that current systems of dispute resolution include conciliation, mediation, and facilitated IEP meetings. Members of the workgroup suggested strategies to improve the use of conciliation and strongly encouraged the continued emphasis on mediation and facilitated IEP meetings. The ADR workgroup considered other alternative dispute options, but determined more research and review was necessary prior to recommending the use or non-use of any alternatives under consideration. To this end, the workgroup encouraged the establishment of an ongoing advisory committee to undertake the necessary review and make recommendations to CFL.

The Complaint Workgroup focused on ways to improve the timely resolution of complaints without sacrificing the quality of the decisions made. The workgroup made numerous specific recommendations designed to improve CFL's compliance with federal 60-day timelines to improve corrective action follow-up, and develop consistent internal procedures for the special education complaint process.

The final group, the Monitoring Workgroup, acknowledged the positive transition made to Minnesota's Continuous Improvement Monitoring Process: Self Review (MnCIMP-SR) by the majority of Minnesota school districts. The MnCIMP: SR self-review monitoring process is a collaborative effort between the DAC and a local education agency (LEA) to maintain and improve due process compliance. Self-review monitoring includes a cyclical collection of LEA compliance information, analysis of this data, corrective action plan (CAP), and development and implementation of the CAP. On a four-year cycle, the DAC conducts a validation review of the LEA's compliance efforts that verifies compliance findings, improvements, and efforts aimed at continuous improvement. Throughout this process, a lead compliance monitor provides technical assistance to support an

LEA in meeting compliance obligations and develops an in-depth understanding of LEA compliance issues. Initially, the majority of technical assistance is provided through the DAC. However, in the event the LEA demonstrates consistent compliance, best practice technical assistance is made available through the Division of Special Education (DSE).

Upon reviewing aspects of the MnCIMP: SR process, the Monitoring Workgroup encouraged the ongoing efforts to bring 100% of Minnesota districts into this model. Specific suggestions were made to expand the review of local eligibility decisions to include files of students determined not eligible for special education services. The workgroup also noted targeted areas in need of additional monitoring support including corrections, charter schools, and care and treatment programs.

In the course of examining each aspect of the current accountability system (e.g., ADR, complaints, hearings, and monitoring), several themes emerged across all workgroups:

- Communication between internal and external systems needs to improve. Specifically, DAC systems need to continue to improve internal communication as well as communication between CFL divisions. Moreover, communication between CFL and the field needs to continue to improve primarily in terms of utilizing public input prior to issuing policy interpretations.
- Parent outreach needs to improve—including the publication of a more readable “parents’ rights” brochure and better dissemination of information to parents.
- Child find efforts need to improve, especially in the area of early childhood special education.
- Special education eligibility determinations need to be examined in terms of both ensuring proper identification (seen as a current system strength) and proper determinations with regard to non-eligibility.
- Data collection needs to occur in a more systematic manner. Specifically, data should be collected across systems to provide feedback, training, and technical assistance that improve outcomes for children and youth with disabilities. Similarly, these data should be reviewed regularly to analyze trends and influence policy. Findings should be summarized in an annual report and made available to stakeholders throughout the state.
- A local person serving as an IEP facilitator would improve technical compliance and IEP development.
- Training needs, both pre-service (higher education) and in-service (CFL), should be addressed concerning compliance and due process issues for

educators, parents, advocates, administrators, and compliance professionals.

- Interagency dispute resolution systems need to be developed.
- The NCLB Act, the reauthorization of IDEA, along with other federal policies, requires intensive review to ensure state and local compliance.

The steering committee also suggested the creation of ongoing advisory committees or subcommittees for the purposes of developing a system for special focus monitoring. In addition, other types of advisory committees were recommended to accomplish the following tasks: (1) research an early neutral evaluation process and decide on its value for Minnesota, (2) propose legislation to define conciliation, (3) ascertain whether mediation agreements are binding and who has the authority to enforce them, and (4) determine the effects of hearing system changes on other systems.

**PLANNING
GOALS**

Planning Goal 1: Develop and implement an accountability and compliance system that will result in improved educational benefit for students with disabilities.

The primary purpose of Planning Goal 1 is to establish a system of accountability and compliance that will result in improved educational benefit for students with disabilities. The focus is on a data driven process which describes how educational benefit can be measured and assessed to ensure that students are provided with a FAPE. This goal anticipates changes from “traditional” monitoring at the level of the local education agency in favor of a self-review process (i.e., MnCIMP: SR).

Planning Goal 2: Implement a process in which educators, administrators, service providers, families, and students use effective communication skills and restorative processes as they resolve conflicts.

The purpose of this goal is to increase awareness, knowledge, and skills of educators, administrators, service providers, families and students in utilizing more effective communication skills and restorative processes as they resolve or prevent conflicts. This planning goal contains strategies for increasing the collaboration and problem-solving skills among all types of stakeholders, including students with disabilities, to ensure that restorative processes are present throughout the special education and interagency due process systems.

Planning Goal 3: Develop and implement an effective complaint process that will operate consistently with state and federal special education law.

The purpose of this planning goal is to ensure that the complaint process is operating effectively and is consistent with state and federal special education law. For example, planning strategies have been developed to address an issue involving education complaint investigation to ensure that such investigations are completed within 60 days. In addition, other strategies focus on the area of corrective action and the extent to which it is completed according to the timeline specified in the

final decision, and develop consistent internal procedures for the special education complaint process.

Planning Goal 4: Identify, define, publicize, utilize, and evaluate an array of effective ADR options.

The purpose of this goal is to increase the capacity of parents and professionals across the state to utilize alternative dispute resolution options to resolve conflicts in special education. There is widespread consensus that ADR processes can effectively assist parents, educators, service providers, and administrators in meeting the educational needs of children and youth with disabilities. Planning strategies are included to address such issues as increasing alternative dispute resolution options, including the overall level of compliance with the agreements that result from alternative dispute resolution processes. Strategies also focus on assessment of user satisfaction and overall improvement in educational programming for children and youth with disabilities.

Planning Goal 5: Implement and evaluate a special education monitoring process aimed at improving services and outcomes to children and youth with disabilities.

The purpose of this goal is to ensure that district, interagency, and nontraditional programs will be in compliance with federal and state requirements. Strategies have been developed to assess local education agencies that require more than one on-site follow-up to complete a corrective action plan. The focus of this plan will be on increasing the timely implementation of corrective action plans and decreasing the number of citations. In addition, the planning strategies developed for this goal are aimed at increasing the number of administrative units participating in Minnesota's Continuous Improvement Monitoring Process: Self Review (MnCIMP:SR) process and at the development and implementation of family participation and satisfaction of the overall process.

Planning Goal 6: Implement and evaluate a special education due process hearing system aimed at improving services and outcomes for children and youth with disabilities.

The purpose of this goal is to ensure that the state has a hearing system that is widely considered effective and efficient in resolving disputes. Strategies for this goal focus on increasing the number of hearings disposed of within 45 days, increasing the percentage of cases settled, and decreasing the average length of a hearing.

DEFINITIONS

The following terms are used in this plan. For the purpose of this document, the following definitions are used:

Non-Traditional Schools: Non-traditional schools include, but are not limited to, charter schools, area learning centers, alternative programs, and educational settings in correctional facilities.

Local IEP/IFSP/IIIP Facilitator: A person, not funded through a state program, who assists in the group process.

Impartial Facilitator: A neutral, state-provided person who assists in the group process.

Early Neutral Evaluation: An alternative dispute resolution process in which the parties to the dispute present their issues to a knowledgeable and neutral third party who provides an opinion as to the likely outcome if the parties proceed to a due process hearing.

Restorative Process/Roundtable: With the assistance of an impartial facilitator, parties acknowledge a dispute and share how they experienced it, how to make things better between them, how to prevent the dispute from occurring again, and how to rebuild trust.

Alternative Dispute Resolution (ADR): Any process involving a neutral person that is used as an alternative to court (or a due process hearing) to resolve one or more issues of controversy. It includes, but is not limited to, the following ADR processes: conciliation, mediation, facilitated IEP/IFSP/IIIP meetings, circles, early neutral evaluation, and arbitration.

Conciliation: An informal process by which the parent and the district staff may further discuss a disagreement. The district must offer the parent an opportunity to conciliate upon receipt of notification of a disagreement from the parent. The process must begin within 10 days of the parent's notification of the disagreement and result in a conciliation memorandum to the parent indicating the status of the disagreement and the district's proposed action.

Facilitated IEP/IFSP/IIIP Meeting: An IEP/IFSP/IIIP meeting that includes an impartial facilitator who promotes effective communication, addresses conflicts that arise, and assists a team in developing an acceptable IEP/IFSP/IIIP.

Mediation: A voluntary process that uses an impartial mediator to assist students, parents, educators, and agency personnel in resolving a dispute about a child's special education needs. By encouraging open communication in a confidential setting, the mediator guides participants toward a mutually acceptable solution.

Self-Improvement Priority 3—Accountability and Compliance

Increasing the Effectiveness of Accountability and Compliance

PLANNING GOAL 1: Develop and implement an accountability and compliance system that will result in improved educational benefit for students with disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Policy and training decisions are based on accountability and compliance trends and public input.	a. An annual report on trends in accountability and compliance is available to the public.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Establish a workgroup to review trends in accountability and compliance and prepare an annual report.	CWG, DAC ¹
	b. Policy plans exist from data on accountability and compliance problem areas.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Improve communication and collaboration within the Division of Accountability and Compliance as well as between the Division of Special Education and the Division of Accountability and Compliance to monitor trends and improve problem areas.	CWG, MWG, ADR WG
	c. Policy plans are implemented.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Analyze and compare frequently cited issues between monitoring, complaints, ADR, and hearing systems to determine the scope of problem and training needs.	MWG ADR WG
	d. CFL provides training or technical assistance in problem areas in response to trend data.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Develop and evaluate special education training based on analysis of the common issues identified in monitoring, compliance, mediation, and other alternative dispute resolution options.	MWG ADR WG
	e. Public input is used in policy and rulemaking.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Increase public participation in policy and rulemaking.	CISC
1.2 Changes in monitoring from traditional to self-review result in increased educational benefit.	a. Educational benefit is measurable.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Establish a workgroup to address measures of educational benefit.	CISC
	b. There will be an increase in educational benefit as determined by an analysis of individual district compliance trends.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Develop strategies to measure educational benefit in concert with federal policy such as the <i>No Child Left Behind Act</i> and the reauthorization of IDEA.	CISC
			c. Collect and analyze data on educational benefit across a variety of sources including MnCIMP: SR, individual district noncompliance trends, etc.	MWG

PLANNING GOAL 2: Implement a process in which educators, administrators, service providers, families, and students use effective communication skills and restorative processes as they resolve conflicts.

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 There is increased collaboration and problem solving among educators, administrators, staff, families, service providers, and students.	a. Participants report increased sense of trust and ability to work together.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Define set of skills for the facilitator of the "roundtable."	ADR WG
	b. Restorative processes are present throughout the special education and interagency due process systems.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Ensure that facilitation skills are a requirement of licensure.	ADR WG
	c. Restorative processes increasingly repair damaged relationships and improve communication among parents, districts, students, and interagency partners as reported on participant evaluations.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Include the defined facilitation skills in higher education's training requirements.	ADR WG
			d. Develop dispute resolution core competencies through licensure/preservice and inservice training for all licensed personnel.	HSG, SEMS

* **Source Codes** ADR WG=Alternative Dispute Resolution Work Group; CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; CWG=Complaints Work Group; DAC¹=Division of Accountability and Compliance Committee; DAC²=Diversity Advisory Committee; HSG=Hearing Stakeholder Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; MNTAFS=Minnesota Technical Assistance for Family Support; MWG=Monitoring Work Group; PI=Public Input; PS=Participant Surveys; SI=Self-Improvement Grant; SIG=State Improvement Grant; SEMS=MN Special Education Mediation Service

Self-Improvement Priority 3— Accountability and Compliance

Increasing the Effectiveness of Accountability and Compliance

Desired Outcomes	Evidence	Data	Strategies	Source*
	d. There is an increase in the number of trained facilitators.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Design joint training on dispute resolution and compliance for parents, advocates, administrators, educators, hearing officers, complaint investigators, and mediators.	Mediators DAC, ADR WG
	e. There is a decrease in recidivism of disputes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	f. Requests for dispute resolution decrease among pilot program participants.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f. A cadre of trained IFSP/IEP/IIP facilitators provide service coordination for students in special education, birth through 21 (similar to the ECSE model).	ADR WG
	g. There is an increase in the use of facilitators at pilot sites.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	g. Design, implement and evaluate a pilot program of trained facilitators who assist in service coordination for students with IFSP/IEP/IIPs.	ADR WG
2.2 The Division of Accountability and Compliance will operate collaboratively and responsibly with the public.	a. Materials are disseminated so that families are well informed of their rights and due process options including Alternative Dispute Resolution options.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Partner with parent groups to create a comprehensive parents' rights packet that describes due process options. This packet will contain informational materials on each option in alternate formats and multiple languages (e.g., Connecticut model).	ADR WG, CWG, PI
	b. Users report increased satisfaction with the effectiveness of the accountability and compliance processes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Disseminate the brochure in multiple languages with special focus on reaching families from outstate areas and non-English speaking families.	DAC ¹ , DSE
			c. Analyze and compare frequently cited issues between monitoring, complaints, ADR, and hearing systems to determine the scope of problem and distribute findings to stakeholders.	MWG, ADR, WG
			d. Develop a process to measure user satisfaction with the effectiveness of accountability and compliance processes.	MWG, ADR WG
			e. Establish and maintain links to the CIMP website to look at all compliance data reports.	CISC

PLANNING GOAL 3: Develop and implement an effective complaint process that will operate consistently with state and federal special education law.

Desired Outcomes	Evidence	Data	Strategies	Source*
3.1 The Special Education complaint process will operate consistently with state and federal special education law.	a. Special education complaint investigations are completed within 60-days.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Assure adequate staffing and resources are assigned to complete complaint investigations within the federal and state requirements.	CISC, DAC ¹ , CWG
	b. Corrective action is completed according to the timeline specified in the final decision.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Propose standards for internal complaint procedures and for granting extensions in state rule.	CWG, PI
	c. There is an interagency complaint procedure in place.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Assure adequate staffing and resources assigned to corrective action follow up.	DAC ¹ , CWG
	d. State rules are in place to govern the special education complaint process and an interagency complaint process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Develop state rules to govern the special education complaint process and an interagency complaint process, assuring public input.	CWG
	e. There are consistent internal procedures for follow up on Corrective Action Plans in place.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	e. Develop an interagency complaint procedure.	DSE, MnSIC

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Self-Improvement Priority 3- Accountability and Compliance

Increasing the Effectiveness of Accountability and Compliance

Desired Outcomes	Evidence	Data	Strategies	Source*
	f. There is a program for special focus monitoring.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	f. Ensure extensions are granted only when pursuant to federal requirements and state rule.	DAC, CWG
	g. Procedures are in place to address repetitive noncompliance within one district.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	g. Develop and implement consistent internal procedures for follow up on Corrective Action Plans.	CWG, DAC
			h. Develop and define a program for special focus monitoring in collaboration with both the complaint and monitoring teams.	DAC
			i. Develop procedures to address repetitive noncompliance within one district.	DAC, CWG

PLANNING GOAL 4: Identify, define, publicize, utilize, and evaluate an array of effective Alternative Dispute Resolution (ADR) options.

Desired Outcomes	Evidence	Data	Strategies	Source*
4.1 Parents and professionals across the state utilize alternative dispute resolution options to resolve conflicts in special education.	a. Alternative dispute resolution options are readily available statewide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Establish a work group to ensure public input in the identification and definition of alternative dispute resolution options. Define alternative dispute resolution options and associated terms.	MNSEMS, PI, ADR WG, HSG
	b. There is an increase in the use of alternative dispute resolution options.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Publicize an array of alternative dispute resolution options.	ADR WG
	c. There is an increase in meeting applicable timelines for alternative dispute resolution options.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Develop appropriate timelines for alternative dispute resolution options.	ADR WG
			d. Collect data on use of alternative dispute resolution options.	ADR WG, PI, DAC
			e. Design a mediation process that accommodates the needs of participants in litigation.	ADR WG, PS
4.2 ADR processes effectively assist parents, staff, and administrators in meeting the needs of children and youth with disabilities.	a. There is an increase in compliance with the agreements that result from alternative dispute resolution processes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Follow up with alternative dispute resolution participants to determine if settlements, mediated agreements, or orders are being followed.	ADR WG, SEMS, DAC, PI
	b. Users report continued satisfaction with effectiveness of alternative dispute resolution processes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Ensure an adequate number of alternative dispute resolution practitioners to meet the statewide need.	SEMS, WG
	c. Users report continued satisfaction with alternative dispute resolution practitioners.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Develop and evaluate training for alternative dispute resolution practitioners in new processes.	SEMS, Mediators, ADR WG
	d. Users report satisfaction with alternative dispute resolution options available.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Analyze data collected on various alternative dispute resolution options to inform policy and process.	ADR WG
	e. Users report that ADR results in better educational programming for children and youth with disabilities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Prepare annual report of data gathered on alternative dispute resolution options for use with workgroups.	ADR WG

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Self-Improvement Priority 3– Accountability and Compliance*Increasing the Effectiveness of Accountability and Compliance*

PLANNING GOAL 5: Implement and evaluate a special education monitoring process aimed at improving services and outcomes to children and youth with disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
5.1 District, interagency, and nontraditional programs will be in compliance with federal and state requirements.	a. There will be a decrease in the overall frequency of citations, as measured on the four-year monitoring cycle.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Analyze monitoring trend data in individual sites and statewide including trends in student placements (birth-21) and child find.	MWG
	b. There will be a decrease in the number of districts, interagency, and nontraditional programs that require more than one on-site follow-up to complete their corrective action plan.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Establish a workgroup to investigate the most frequently cited areas including, but not limited to, transition, goal writing, extended school year, and care and treatment.	MWG
	c. There will be an increase in the timely implementation of corrective action plans.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. The Department of Children, Families & Learning will provide training to LEAs on compliance issues.	MWG
	d. There will be a decrease in the number of citations regarding qualified personnel (see Self Improvement Priority 2).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. The Department of Children, Families & Learning, in conjunction with collaborating MnSIC agencies, will develop a monitoring system to address interagency issues.	MWG, MnSIC
	e. There will be an increase in the number of administrative units participating in the local Continuous Improvement Monitoring Process – Self Review (CIMP: SR).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	e. Develop a system to evaluate reports of children determined ineligible for special education services.	MWG
			f. Establish non-traditional schools and alternative educational programs as a monitoring priority.	MWG
			g. Provide ongoing training for peer monitors.	MWG
			h. Provide ongoing training and support to LEAs in order to facilitate their participation in the local MnCIMP-SR.	MWG
5.2 The monitoring system is effective and responsive to the needs of its stakeholders.	a. Stakeholder feedback consistently rates monitoring positively.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Refine the traditional monitoring process to ensure validity and the ability to target systemic issues.	MWG
	b. There will be an increase in the number of methods used to ensure family participation in monitoring.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Establish a workgroup to assist the monitoring team in developing targeted priorities and methods of evaluating effectiveness.	MWG
	c. Monitoring reports will be generated in a timely manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Determine stakeholder satisfaction through ongoing evaluations and regular contact with the field.	MWG
			d. Develop and implement strategies to ensure increased family participation in the monitoring process (see Family Involvement Priority self-improvement plans).	MWG
			e. Establish technological communications between stakeholders.	CISC
			f. Provide district monitoring reports via the DAC website.	CISC, CFL

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Self-Improvement Priority 3– Accountability and Compliance

Increasing the Effectiveness of Accountability and Compliance

PLANNING GOAL 6: Implement and evaluate a special education due process hearing system aimed at improving services and outcomes for children and youth with disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
6.1 The hearing system is effective and efficient in resolving disputes.	a. Stakeholders report that the hearing system is effective in resolving disputes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Eliminate the strike provision.	HSG
			b. Establish a one-tier hearing system.	HSG
	b. There is an increase in the percentage of hearings disposed of within 45 days.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Establish criteria for the selection of hearing officers.	HSG
	c. Eliminate cases filed as both hearings and complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Develop and implement a method to evaluate the hearing system.	HSG
	d. There is an increase in the percentage of cases settled prior to the hearing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	e. Establish a deadline of 60 days in which parties can appeal a hearing decision to federal court.	HSG
	e. There is a decrease in the average length of a hearing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	f. Establish a three-year statute of limitations for hearing requests.	HSG
			g. Provide alternative dispute resolution options for districts and parents.	HSG
			h. Ensure hearing officers anticipate and solve any foreseeable potential details at the prehearing conference.	HSG
			i. Limit extensions to hearing timelines.	HSG
			j. Demonstrate general supervisory authority over the hearing system.	HSG

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Appendix A

A Proposal for the Organization of Future Planning Priorities for Minnesota's Continuous Improvement Steering Committee

Introduction

As a result of *Minnesota's Self-Assessment Process* (Phase I), 16 priorities were originally identified and assigned rankings in 2000. Five (5) of these priorities were addressed in the state's initial *Self-Improvement Plan* (Phase II). The remaining 11 priorities were reorganized for future self-improvement efforts for Phases III and IV. Because several priority areas were considered to closely related to one another, they have been synthesized and collapsed into seven general, but more comprehensive priorities. As such, Phase III will address four priority areas (i.e., (1) Improving Educational Results for Children and Youth with Disabilities, (2) Family Involvement, and (3) Accountability and Compliance, while Phase IV self-improvement efforts will be focused on the remaining four priority areas (i.e., (1) Child Find, (2) Inclusion, (3) Assistive Technology, and (4) Geographic Disparities. The rationale for integrating objectives of each priority appears in the footnotes at the bottom of the page.

Improving Educational Results for Children and Youth with Disabilities

Objective 1.1 Improve the involvement rate and academic performance of children and youth on statewide assessments.

- 1.1 (a) Increase performance on MN Comprehensive Assessments.¹
- 1.1 (b) Increase performance and pass rates on MN Basic Skills Test.²
- 1.1 (c) Increase performance on alternate assessments.³
- 1.1 (d) Maintain an exempt status rate of between 10-20% of children and youth with disabilities on statewide assessments.

¹ Improvement in MCA scores has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

² Improvement in performance on the Basic Skills Test has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

³ Improvement in performance on the Basic Skills Test has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

Objective 1.3 Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

1.3 (a) Increase the percentage of children and youth participating in the general education curriculum with appropriate supports.⁴

1.3 (b) Increase the percentage of youth that graduate from high school.⁵

1.3 (c) Decrease the dropout rate of children and youth.⁶

1.3 (d) Increase the array of appropriate early intervention, special education and related services for children in charter schools, separate sites and community placements.

1.3 (e) Reduce the percentage of suspensions/expulsions for students with disabilities.⁷

1.3 (f) Increase the percentage of children exiting from special education to general education.

Objective 1.4 Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.

1.4 (a) Increase personal/social attribute ratings of students exiting special education.

1.4 (b) Increase the percentage of children and youth showing growth in their individual plan goals (three year monitoring longitudinal reviews).⁸

Accountability and Compliance

Objective 2.5 Implement a Continuous Improvement Monitoring Process (CIMP) designed to improve student learning, program effectiveness and self-monitoring in all local special education administrative units in the state.⁹

⁴ Service provision in the LRE has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and Outcome 2.3, Evidence a; and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence d.

⁵ Improvement in high school graduation rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

⁶ A reduction in dropout rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

⁷ A reduction in expulsions and suspension rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

⁸ Improvement in goal attainment has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence b.

2.5 (a) Annually increase the number of administrative units that meet criteria for effective Continuous Improvement Monitoring Process (CIMP) planning.

2.5 (b) Increase the number of administrative units implementing Minnesota's Continuous Improvement Monitoring Process (CIMP).

Objective 3.1 Improve access and quality of due process options in district and interagency programs.

3.1 (a) Improve the resolution of complaints with 100% of the complaints resolved within the 60 day time limit.

3.1 (b) Increase the number of mediations requested by parents.

3.1 (c) Improve the efficiency of hearings.

3.1 (d) Improve the fairness and impartiality of hearings.

3.1 (e) Increase the consistency of hearing decisions relative to state policy and interpretations.

Objective 3.2 Increase compliance in district and interagency programs.¹⁰

3.2 (a) Decrease the overall frequency of citations.

3.2 (b) Decrease in the frequency of citations in student eligibility by disability.

3.2 (c) Reduce to zero the number of districts and interagency programs that require more than one on-site follow-up to complete their corrective action plan.

3.2 (d) Increase the timely implementation of corrective action (made by DAC) in school districts, special education programs run by the Department of Corrections, treatment centers and other non-traditional programs.

3.2 (e) Ensure through monitoring and state oversight that programs provide, pay for and/or facilitate payment for early intervention services.

3.2 (f) Decrease the percentage of maltreatment reports that are unsubstantiated.

3.2 (g) Increase the percentage of districts demonstrating compliance related to Extended School Year Programs (ESY).

⁹ CIMP efforts are enhanced through the following aspects of previous Self Improvement Priorities: Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.1, Strategy a; Outcome 1.2, Strategy a; Outcome 2.1, Strategy e. Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.4, Strategy b; Outcome 1.7, Evidence a, Strategy a. Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.1, Evidence a and Outcome 2.5, Evidence a, Strategy g.

¹⁰ Accountability and Compliance issues have been addressed in the following aspects of previous Self Improvement Priorities: Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.2, Strategy c; Outcome 3.2, Evidence b, Strategy c and Outcome 4.1, Strategy d. Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 1.2, Evidence h, Strategies f&g. Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence b, Strategy b and Outcome 2.5, Evidence a, Strategy f.

Family Involvement

Objective 2.9 Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities.

2.9 (a) Increase parental awareness and understanding of rules, procedures and due process laws.¹¹

2.9 (b) Increase parental participation in their child's education.¹²

2.9 (c) Increase parental satisfaction with child performance, service delivery systems and general compliance.¹³

Inclusion

Objective 2.1 To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

2.1 (a) Increase the percentage of infants and toddlers, ages birth to three, served in natural settings.

2.1 (b) Increase the percentage of children and youth, ages 3-21, served in general education settings and decrease the percentage of students served in special education settings.

2.1 (c) Increase the percentage of children and youth, ages 3-21, served in the same school buildings as their general education peers and decrease the percentage of children and youth served in special education settings in separate sites.

¹¹ Increased parental knowledge and skills have also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 3.2, Evidence a, Strategies b & d; Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a & b and Outcome 2.5, Strategy b; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 2.1, Evidence d & e, Strategies f & g; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.1, Evidence a, Strategies a, b & c and Outcome 2.2, Evidence b, Strategies a & b.

¹² Increased parental participation has also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 3.2, Evidence a, Strategies b & d; Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a & b and Outcome 2.5, Strategy b; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 2.1, Evidence d & e, Strategies f & g; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.2, Evidence b, Strategies a & b.

¹³ Increased parental satisfaction has also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.2, Strategy c and Outcome 3.1, Evidence b, Strategy b and Outcome 2.1, Evidence b, Strategy c and Outcome 2.5, Evidence a and Strategy c; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 1.1, Strategy g and Outcome 1.2, Evidence e, Strategy e and Outcome 2.1, Evidence a, Strategy c; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.2, Evidence a, Strategy c

Geographic Disparities

Objective 2.6 Reduce the geographic disparity in the provision of services to individuals regardless of disability.

2.6 (a) Maintain similar proportions of licensed staff to unduplicated child count for high incidence disabilities across geographic regions of the state.¹⁴

2.6 (b) Maintain similar proportions of licensed staff who work in licensed and unlicensed disability areas to unduplicated child count for low incidence disabilities across geographic regions of the state.¹⁵

Child Find

Objective 1.2 Improve the identification process so that services will be provided as soon as it is identified that the child has a disability which will impact his/her educational performance.

1.2 (a) Decrease the average age at which children and youth are referred and screened.

1.2 (b) Decrease the average age at which children and youth are served.

1.2 (c) Maintain a percentage of evaluations that determine appropriate early intervention services for infants, toddlers and their families at or above the national average.¹⁶

Assistive Technology

Objective 2.8 Enhance the effective and efficient use of assistive technology for students and educational technology for students and staff.

2.8 (a) Improve access to assistive technology services and devices.

2.8 (b) Increase the percent of districts and trained district staff systematically conducting assistive technology evaluations.

¹⁴ Increasing the number of special educators has also been addressed in Self Improvement Priority 2, Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals under Outcome 1.1; Outcome 2.1, Evidence a & b, Strategies a-h; Outcome 3.5, Evidence a & b, Strategies a-c; and Outcome 4.1, Evidence a, Strategies a-d and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 3.1, Evidence a, Strategies a&b; Outcome 3.2, Evidence a, Strategy a and Outcome 3.4, Evidence a, Strategies a&b. Increasing knowledge and skills of special education professionals has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a&b; Outcome 1.5, Evidence a, Strategy a; Outcome 2.4, Evidence a, Strategy c.

¹⁵ Increasing knowledge and skills of special education professionals in emerging areas has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 3.3, Evidence a, Strategies a-c and with respect to the needs of diverse populations in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.5, Strategy h.

¹⁶ Child Find activities have also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Strategy b, Objective 2.5 and Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence b.

APPENDIX A: REORGANIZATION OF PLANNING PRIORITIES

2.8 (c) Increase performance of children and youth with disabilities on factors such as productivity, independence, participation, quality, quantity, speed and accuracy as a result of using assistive technology.

2.8 (d) Improve the ability of IEP/IFSP and collaborative service teams to make informed decisions through increased awareness, access, knowledge, training and skills on educational technology.