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MINNESOTA DEPARTMENT OF

*Children,  
Families &  
Learning*

# Minnesota's Self-Improvement Plan

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

**February, 2002**

Consultant's Report



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

# Minnesota's Self-Improvement Plan

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# Minnesota's Self-Improvement Plan

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

### Introduction

The purpose of this report is to provide a detailed description of Minnesota's plan to improve services for children and youth with disabilities, birth to 21, and their families. Representing the culmination of nearly two years of work on behalf of many professionals, parents, and advocates across the state, this report is actually the "second phase" of the state's ongoing, continuous improvement monitoring process activities. Most notably, it is a product which directly emanates out the state's comprehensive self-assessment efforts—"the first phase"—of the state's continuous improvement initiative. As such, this document symbolizes Minnesota's efforts to develop and implement a continuous improvement monitoring process which is consistent with the guidelines established by the Office of Special Education Programs (OSEP) of the U.S. Department of Education<sup>1</sup>.

### Context

Because of the highly complex nature of Minnesota's Self-Improvement Plan, it will be necessary to provide an overview of the general context in which the plan was developed. This discussion will include a brief, yet critical, review of the state's self-assessment efforts and a description of planning activities which subsequently occurred, resulting in the development of the current plan. Providing a

#### PRIORITIES

① Transition

② Workforce

③ Mental Health

④ Interagency

⑤ Diversity

context is also important because it provides reviewers with information regarding the far-reaching and labor intensive efforts that were necessary to develop a plan that reflects widespread input from a variety of stakeholders throughout the state. *Minnesota's Self-Assessment Plan* 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. Among these individuals are the

many parents and advocates who provided public input through various focus groups, interviews, and statewide surveys, and professional staff who participated in the development of improvement plans through their local Continuous Improvement Monitoring Process (CIMP) efforts. As a result of these continuous

<sup>1</sup> U.S. Department of Education, Office of Special Education Programs, *Continuous Improvement Monitoring Process: 1999-2000 Monitoring Manual*. (Washington, DC: U.S. Department of Education, 1999).

improvement efforts which sometimes even preceded initiatives at the federal level, the current plan is built on many hours of commitment by a wide range of stakeholders, supported by large amounts of data which have been collected and analyzed in an effort to develop a plan that addresses Minnesota's most pressing self-improvement priorities.

### Unique Characteristics of the Plan

**Minnesota's Self-Improvement Plan can be characterized as being unique** in several ways. First, it is a plan which encompasses improvement priorities which span the entire spectrum of ages birth to 21, incorporating both Parts B and C of the Individuals with Disabilities Education Act (IDEA). As such, the plan is "holistic;" that is, all of the identified outcomes and strategies in the plan were designed to be in synchronization with the entire service delivery system, beginning at birth and continuing to age 21. Another unique characteristic of the plan is that it is highly "focused;" that is, it concentrates on five major priorities and does not over extend resources by attempting to be "all things to all people." Rather, the plan represents what most parents, advocates, and professionals and other types of stakeholders across the state agree are the areas in which self-improvement activities are most critically needed.

In many ways, Minnesota's approach to self-improvement is not unlike the concept of "focused monitoring," where the process of identifying and addressing self-improvement priorities is one that is highly systematic and concentrated. The goal is to achieve *quality* programs and services which, in turn, lead to improved results for children and youth with disabilities. In this case, the state has chosen to focus on the "Top Five" of 16 objectives of *Minnesota's Goals and Indicators System* (see *Minnesota's Self-Assessment Process* in the next section). As a result, the major thrust of the state's self-improvement efforts will be directed toward addressing these five priority areas. 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, a wide range of initiatives will continue statewide in all 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.

### Minnesota's Self-Assessment Process

**In many ways, Minnesota's Self-Assessment Plan is a synthesis** of various data collection and analyses efforts which have taken place in the state over the past several years. The most notable of these is *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families*<sup>2</sup> (i.e., *Minnesota's Self-Assessment Process*), a

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<sup>2</sup> 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)

## MINNEOSTA'S SELF-IMPROVEMENT PLAN

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. As indicated previously, *Minnesota's Self-Assessment Process* represents the "first phase" of the state's efforts to firmly establish and institutionalize a continuous improvement monitoring process. Self-assessment is also the clear driving force of the current plan. Therefore, by design, all self-improvement initiatives described in this report are aligned with the priorities identified in *Minnesota's Self-Improvement Process*.

### Description of the Self-Assessment Process

Considered one of the most ambitious projects ever undertaken by Minnesota's special education community and the Division of Special Education (DSE), the approach used to conduct self-assessment involved a systematic and intensive review and analysis of *Self-Assessment Summary Reports* generated for each of the 16 indicator areas. Summary reports included: (1) data from state monitoring, complaint management, etc., (2) survey data, (3) state reports to OSEP ("618" data), (4) results of OSEP monitoring reports, and the (5) results of various state evaluations and studies. The purpose of this effort was to seek input from stakeholders statewide to address OSEP requirements for both Parts B and C of IDEA. These requirements were encapsulated in the form of *Minnesota's Goals and Indicators System for Children with Disabilities, Birth through 21, and their Families*<sup>3</sup> (i.e., *Minnesota Goals and Indicators System*). This system consisted of a series of goals and indicators that were cross-referenced with OSEP cluster areas with the intent of addressing both federal requirements and specific areas of concern within the state.

Minnesota's efforts to conduct a comprehensive self-assessment was largely manifested through the activities of the Self-Assessment Steering Committee, a leadership group represented by parents, advocates, general and special education professionals and administrators, public and private service providers, child care providers, institutions of higher education, correctional facilities, vocational programs, legal protection advocacy services, and others. Representing the "core" of the state's efforts to conduct self-assessment, Steering Committee members engaged in an intensive analysis of the 16 major objectives of *Minnesota's Goals and Indicators System* over a ten-day period to identify priorities, needs, and self-improvement strategies.

Based on their conclusions as a result of reviewing the available data, the Steering Committee engaged in an effort to identify the "Top Five" priority areas for self-improvement. To accomplish this task, a rating scale was developed based on the following criteria: 5 = *High*, "most urgent;" 3 = *Medium*, "moderately urgent;" and 1 = *Low*, "less urgent." Once the results were compiled from this rating task, the

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<sup>3</sup> Note: See Appendix A: *Minnesota's Goals and Indicators System for Children with Disabilities, Birth through 21, and their Families* to review the goals and indicators examined by the Steering Committee in their efforts to identify self-improvement priorities.

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indicators selected with the highest need for self-improvement activities for the future included those shown below.

### Self-Improvement Priorities

Self-Improvement  
Priorities  
*Priorities Identified by  
Minnesota's Self-Assessment  
Steering Committee*

- Priority 1**—*Improve the Ability of Children and Youth to Make Successful Transitions*
- Priority 2**—*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*
- Priority 3**—*Improve Access of Mental Health Services Across Agencies*
- Priority 4**—*Improve Interagency Cooperation and Coordinated Service Delivery*
- Priority 5**—*Reduce System Bias Related to the Needs of Diverse Populations*

### Minnesota's Approach to Self-Improvement

Once the self-improvement priorities were identified, staff of the Division of Special Education (DSE) assembled five internal "workgroups" (one work group assigned to each priority area) to engage in a series of strategic planning sessions to determine how best to address each priority. All workgroups received ongoing input and support from specialists representing Parts B and C as well as staff from Minnesota's State Interagency Systems (MnSIC). Essentially, the role of each workgroup was to develop and implement a process for self-improvement that: (1) reflected the conclusions of the Steering Committee based on their intensive review of the available data, (2) included strategies to enable the state to improve from its current "baseline" to achieve "evidence of change" goals and benchmarks, and (3) contained measurable objectives to demonstrate the achievement of short-term and long-range impacts.

Basing much of their work on OSEP-recommended models for self-improvement as part of the continuous improvement monitoring process, DSE staff identified planning goals for each priority area, with each goal containing the following Self-Improvement Planning Components:

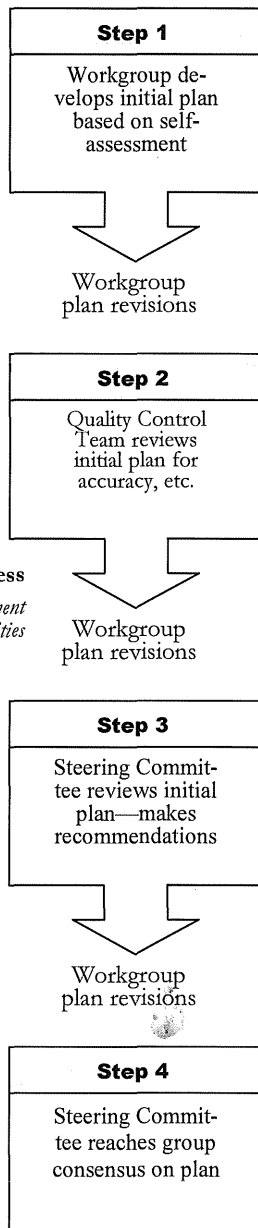
- **Desired Outcomes**—A statement of the expected outcome as a result of implementing appropriate Strategies.
- **Evidence**—A measurable objective that indicates the extent to which the Desired Outcome has been reached.
- **Data**—The extent to which data is currently available (i.e., "Yes" or "No").
- **Strategies**—Recommended actions based on an information Source that reflects a consensus of public input toward achieving a Desired Outcome.
- **Source**—Where specific Strategies have been identified (State Improvement Grant, Self-Improvement Grant, etc.).

## MINNEOSTA'S SELF-IMPROVEMENT PLAN

### Self-Improvement Plan Development

**The development of the self-improvement plan involved a four-step process.** In the first step of this process, it was the responsibility for each workgroup to develop a draft plan using the Self-Improvement Planning Components (e.g., Desired Outcomes, 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 Progress (CIMP) efforts—internal DSE staff, external consultants, and staff representing Parts B and C, including interagency initiatives. This review constituted the second step of this process. After undergoing review by the Quality Control Team, the plans were then revised and presented for discussion and review to Minnesota's Continuous Improvement Monitoring Steering Committee, the third step in this process. Subsequently, final revisions were made by each workgroup and the plans were presented to the Steering Committee for final review and "ratification" based on a group consensus of an expressed willingness to "publicly support" the revised plan in each of the five priority areas.

#### The Four-Step Process *Identifying Self-Improvement Priorities*



### The Role of the Steering Committee

**To address the self-improvement priorities** initially identified through the self-assessment process, the Division of Special Education convened once again Minnesota's Continuous Improvement Monitoring Steering Committee in 2001. Comprised of many of those who served on Minnesota's Self-Assessment Steering Committee, including several new members, the title of the committee was changed to more accurately reflect ongoing and continuous efforts of the state to monitor how well the state is meeting the needs of children and youth with disabilities. The primary role assigned to the Steering Committee was to "assist and advise the CFL in its continuous improvement planning process under the IDEA for children and youth with disabilities, ages birth-21, and their families."

To carry out their responsibilities, members of the Steering Committee engaged in an intensive review of *Self-Improvement Summary Reports* prepared by DSE staff. Each report contained a detailed summary of each priority area, including such information as a brief overview of the priority, a description of issues and barriers, and barriers, and a rationale for the development of "Planning Goals" for each priority area. Each report also included a draft plan which contained all of the previously described Self-Improvement Planning Components.



**Minnesota's Continuous Improvement Steering Committee**

**Minnesota's Continuous Improvement Steering Committee**

*Committee Members and Affiliation*

Linda Bonney	Minnesota Disability Law Center
Bob Brick	Arc Minnesota
Bob DeBoer	New Visions School
Gene Edwards	Education Minnesota
James Huber	Minnesota Department of Human Services, Minnesota Statewide Interagency Committee (MnSIC)
Kathy Landwehr	Interagency Early Intervention Committee (IEIC) and Local Public Health
Mindy Jezierski	Fond du Lac Ojibwe School
Veneta Lykken	Parent, Minnesota Interagency Coordinating Committee (ICC)
Wes Mattsfield	Parent, Minnesota Interagency Coordinating Committee (ICC)
Diana McHenry	Education Minnesota
Debra Niedfeldt	Parent, Minnesota Interagency Coordinating Committee (ICC)
Brenda Pautsch	Minnesota Department of Corrections, Children's Mental Health Collaboratives
Lory Perryman	Parent, Family Services, Inc.
Janet Salk	Parent, Minnesota Institutions of Higher Education, Special Education Advisory Council
Deborah Saxhaug	Minnesota Association for Children's Mental Health
Michael Sharpe	Institute on Community Integration—University of Minnesota
James C. Stocco, Jr.	Minnesota Association of Secondary School Principals (MASSP), Special Education Advisory Council (SEAC)
Barbara Troolin	Minnesota Administrators of Special Education (MASE), Special Education Advisory Council (SEAC), Interagency Coordinating Council (ICC)
Jesús Villaseñor	Parent, PACER Center
Judy Wolff	Minnesota Regional Low Incidence Services
Dao Xiong	Parent, PACER Center
Cindy Yess	Early Childhood Coordinator, Parent, Special Education Advisory Council (SEAC)

In preparing the *Self-Improvement Summary Reports*, DSE staff used self-assessment results to establish linkages between planning outcomes and strategies. In most cases, additional sources of information were collected and incorporated into the plans to supplement or enhance various planning components (e.g., outcomes, evidence, strategies). Other sources of information often included in the plan were goals and objectives from the State Improvement Grant and the state's (SIG) Self-Improvement Grant, along with guidance and direction from such groups as:

- Special Education Advisory Council (SEAC)
- Diversity Advisory Committee (DAC)
- State Interagency Infant Mental Health Workgroup (IMH)
- Mental Health Leadership Committee (MHLIC)
- Minnesota System of Interagency Coordination (MnSIC)

### Review Process Used by Steering Committee

The process used by Steering Committee members to review each *Self-Improvement Priority Summary* was similar to that used in reviewing *Data Summary Reports* throughout the self-assessment process. That is, committee members generally worked in small groups to review each summary, discussing their issues and concerns in relation to the potential effectiveness of the plan. To facilitate the review process, each group summarized their observations on a *Small Group Reporting Form*, a form designed to help small groups to assess the adequacy of planning components (e.g., outcomes, evidence, strategies). Once completed, each group reported its overall findings to the full Steering Committee, offering recommendations for changes or improvements, ranging from rewriting or editing of the planning components to adding or deleting various aspects of the plan. After all of the recommendations for changes were offered by each small group, committee members were asked to vote whether they were able to tentatively “accept” and publicly support the self-improvement plan contingent on the recommendations made by the Steering Committee.

## Description of the Self-Improvement Plan

### Organization of the Plan

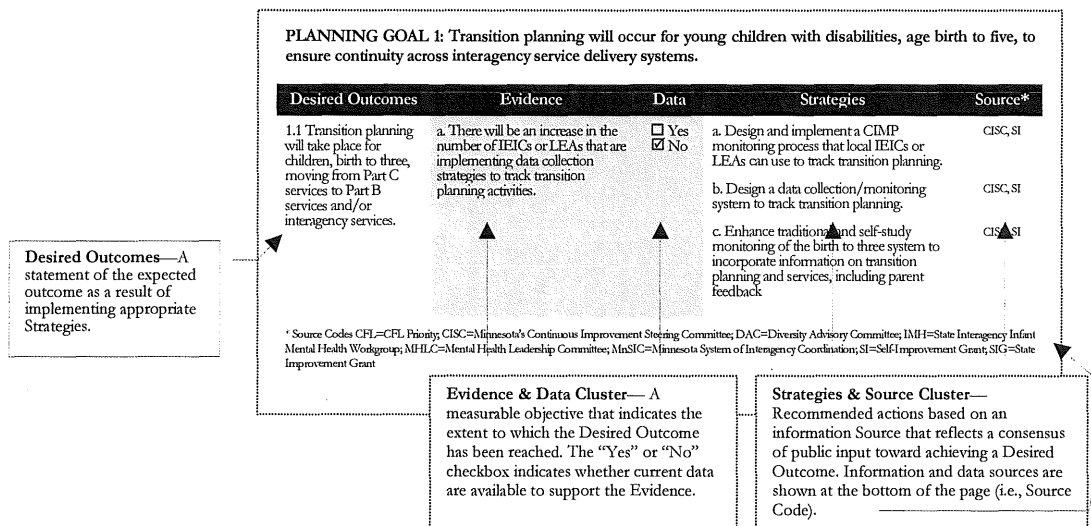
As indicated earlier, Minnesota's Self-Improvement Plan is based on a consensus among a wide range of stakeholders of the areas that constitute the highest priorities within the state. Rather than configured as a singular, all-encompassing “plan,” Minnesota's self-improvement efforts are focused in five specific priority areas. As such, planning components for each priority area represent a “custom tailored” set of strategies, evidence of change, and outcomes aimed at making substantive, and measurable improvement. As presented in this document, each self-improvement priority is accompanied by a narrative that provides details about the scope of the issue: (1) a general overview of the priority, description of data sources to support its status as a “high priority,” including causes and barriers, and (2) an explanation of key Planning Goals which drive self-improvement initiatives in the priority area. This narrative overview is then followed by a detailed plan of self-improvement for each priority.

### How to Read the Plan

As described earlier, the detailed plans that follow the narrative for each priority contain information regarding the following Self-Improvement Planning Components: Desired Outcomes, Evidence, Data, Strategies, and Source(s)—all preceded by an overall Planning Goal. A sample of a self-improvement plan is presented in Figure 1. 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 a Desired Outcome. In the example above, the Evidence and Data cluster are directly related—they “go together.” Similarly, the Strategies and Source(s) represent a second cluster—they are also directly related. While Strategies and Evidence are also obviously related, but they do not necessarily represent

## MINNEOSTA'S SELF-IMPROVEMENT PLAN

Figure 1: Example of Self-Improvement Plan



a "one-to-one" correspondence. As a result, there may be multiple strategies employed that will contribute, directly or indirectly, to obtaining the evidence necessary to show that the Desired Outcome had been met. In most cases, the Desired Outcomes were included in the plan were typically those in which it was thought could be reasonably achieved in a 1-3 year time span.

### Management of the Plan

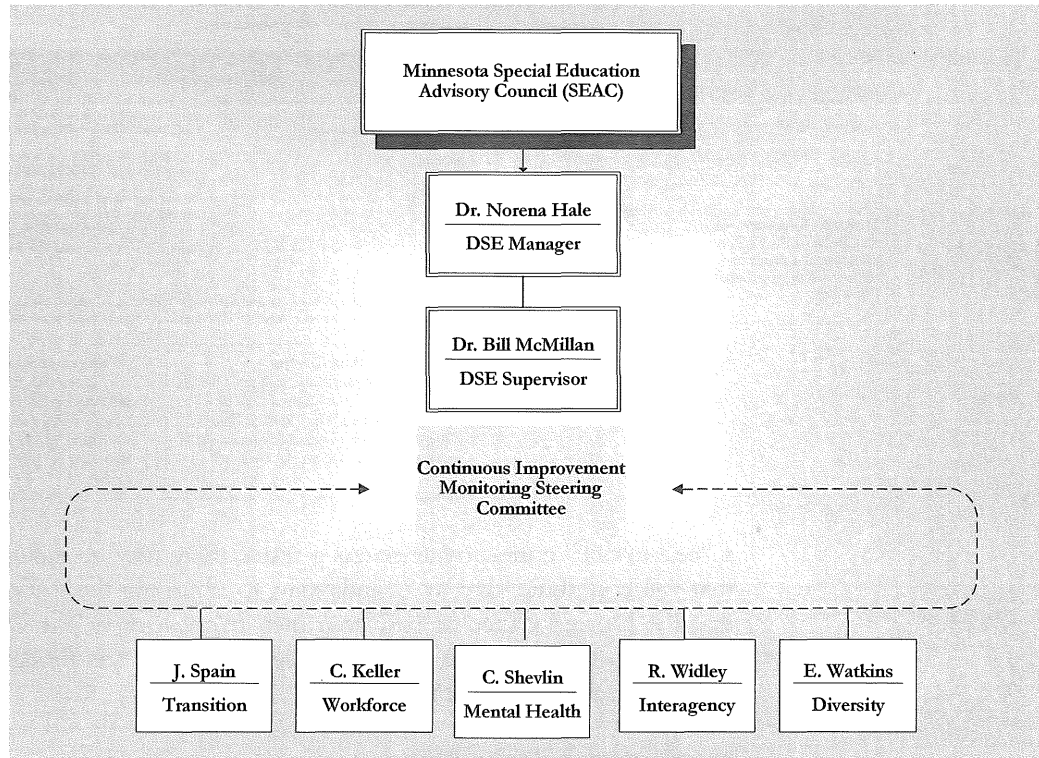
**Each self-improvement priority plan will be managed on a "day-to-day" basis** by a specially designated workgroup consisting of Department of Special Education staff, supported by various advisory groups, consultants, and support staff of the Department of Children, Families, and Learning. The activities of each DSE workgroup will be monitored in several different ways, as indicated by the *Self-Improvement Plan Management Plan* (see Figure 2). The purpose of the chart is to demonstrate essential aspects of the management process and the flow of continuous improvement monitoring activities. As shown, the chart depicts the key advisory role of the Minnesota Special Education Advisory Council (SEAC). SEAC's role is to provide input regarding policies, practices and issues related to the education of children and youth with disabilities and IDEA compliance. As indicated in the detailed plans for each area, the priorities that have been identified by the SEAC are reflected as a "CFL Priority" to reflect statewide action taken as a result of SEAC's role.

DSE management staff, Drs. Hale and McMillan, provide overall general supervision of workgroup staff and facilitation of Minnesota's Continuous Improvement Monitoring Steering Committee, the group of stakeholders largely responsible for providing input and feedback regarding self-assessment and

## MINNEOSTA'S SELF-IMPROVEMENT PLAN

Figure 2: Self-Improvement Management Plan

Self-Improvement  
Management Chart  
*Process of Self-Improvement  
Monitoring*



continuous improvement initiatives. This group is kept informed of progress by DSE management and members of each priority workgroup.

### Improvement Plan Timelines

In most cases, DSE workgroups 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 the 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 planning activities with members of Minnesota’s Continuous Improvement Monitoring 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 committee and the priorities established by



## MINNEOSTA'S SELF-IMPROVEMENT PLAN

the Minnesota Special Education Advisory Council (SEAC) and the Division of Special Education.

### Future Directions for Continuous Improvement Monitoring

The current self-improvement plan represents another important step in Minnesota's efforts to improve results for children and youth with disabilities. However, like self-assessment, self-improvement is seen as a dynamic and continuous process, one in which priorities will change as measurable improvement is made in current areas of focused self-improvement and as other emerging issues arise. In order to accomplish this objective, it will be necessary to establish a framework for continuous improvement monitoring that is itself "continuous" and which maintains continuity and ongoing evaluation of progress. While the current approach used by Minnesota to conduct self-assessment and self-improvement activities has proven effective in identifying major areas of self-improvement, there is also the widespread recognition that this process must be formally "institutionalized" in order to meet the objectives of maintaining continuing and conducting ongoing assessment of progress not only in the current "focused" areas of self-improvement, but in other areas where self-improvement initiatives are needed as well. In addition, a consistent framework for continuous improvement monitoring will also help to facilitate consistency with all other aspects of the general monitoring model (self-assessment, self-improvement, reporting to the public, etc.).

In order to ensure that the continuous improvement monitoring process is fully institutionalized as a viable part of Minnesota's efforts to improve results for children and youth with disabilities, staff of the Division of Special Education have assembled a "design team" to develop the procedures and processes that will be used to establish a statewide advisory group dedicated to helping the state with their efforts to conduct comprehensive self-assessment and self-improvement initiatives. One of the most immediate and important tasks that will be faced by the design team is to establish a process that continuously monitors *all* 16 indicators of *Minnesota's Goals and Indicators System* so that new priorities can be identified in a timely manner. Currently, focus is directed on the "Top Five" priorities areas, but it is recognized that these priorities are dynamic and their status is likely to change as other issues emerge. While many DSE activities continue to be aimed at addressing the "other 11" indicators, the design team must decide on a process regarding how an indicator will receive "focus" as a high priority and alternatively, at what point major planning goals have been substantially achieved in the current "Top Five" areas. In doing so, a process will be created in which all indicators are monitored on a continuous basis.

#### Establishing a Design Team

*Ensuring all 16 Minnesota indicators are monitored on a continuous basis.*

Currently, the members of the design team consist of DSE staff and members of the current Steering Committee. These individuals will use their collective experiences from "lessons learned" in past efforts to develop a continuous monitoring process that will effectively serve Minnesota children and youth with disabilities in the future.

## Self-Improvement Priority 1

### Improve the Ability of Children and Youth to Make Successful Transitions

#### INTRODUCTION

The Minnesota Department of Children, Families & Learning (CFL) has the responsibility of ensuring that the federal mandate of free, appropriate public education, as legislated by the Individuals with Disabilities Education Act (IDEA), is provided to all of Minnesota's children and youth who are identified for special education. The secondary transition requirements of IDEA underscore the concept that the fundamental purpose of education remains that of ensuring young people with disabilities will have the opportunity to lead productive, purposeful lives as adults in society. The transition service requirements are based on two conceptual principles: (1) to help children and youth with disabilities and their families think about life after high school by identifying long-range goals, and (2) to design the school experience to ensure that children and youth with disabilities gain the skills and connections they need to achieve those goals.

Because of the rather substantive changes required of service systems, including ways of thinking by people who deliver these services, transition remains a high priority in the state. This priority is evident in the *1998 Information and Training Needs Survey: Report on the Statewide Information and Training Needs of Parents with Children with Disabilities*, the 2000 report of *Local Plan for the Implementation of IDEA and Program Evaluation and Continuous Improvement* and most recently, by Minnesota's Self-Assessment Steering Committee in the 2000 report *Minnesota's Goals and Indicators System for Children with Disabilities Birth through 21 and Their Families*. Based on a consensus of the Steering Committee, the area of transition was rated as the state's highest self-improvement priority. However, through their self-assessment efforts in this area, Steering Committee members concluded that "transition" is a concept that encompasses much more than the IDEA requirements for secondary aged youth. As a result, future efforts to address the issue of transition will require the adoption of a more holistic approach that incorporates the needs of children and youth at all age levels, from birth through age 21.

#### Transition Work Group

In an effort to address the issue of transition for all children and youth with disabilities, ages birth through 21, the Division of Special Education (DSE) established a Transition Work Group. Members of the Transition Work Group include:

- Dr. Norena Hale, State Director of Special Education
- Robyn Widley, DSE Supervisor

- Deb Johnson, DSE Consultant
- Jayne Spain, DSE Transition Specialist

The purpose of the Transition Work Group was to identify existing policies, service gaps, and options for actions in relation to transition issues. In the course of their work, the group identified the following leading causes and barriers that impact the ability of children and youth to make successful transitions:

- Lack of interagency collaboration
- State restructuring efforts
- Staff turnover
- Lack of systematic data collection and follow-up analysis
- Lack of a formal tracking system to measure "transition" between separate sites
- Lack of pre-service opportunities within Institutes of Higher Education (IHEs)

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**CAUSES &  
BARRIERS**

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In deliberation of these findings, the Transition Work Group developed the *Minnesota State Plan for Transition Services to Youth with Disabilities*, a comprehensive implementation plan that includes a wide range of actionable components to ensure that comprehensive interagency transition services are provided by educational and other service providers within the state. The plan was designed to address specific service "gaps" that have been identified through state self-assessment and continuous improvement monitoring processes (i.e., CIMP) effort. As such, the plan includes a comprehensive array of planning and implementation strategies that broadly addresses all aspects of transition for the entire age spectrum of children and youth with disabilities in Minnesota, ages birth through 21.

#### **Data Sources**

**Two main types of data sources provide evidence** for the causes and barriers described for *Self-Improvement Priority 1*. Clearly, one source is the *Minnesota State Plan for Transition Services to Youth with Disabilities*. Another data source comes from the results of *Minnesota's Self-Assessment Process*, i.e., MN Self Assessment 1.5 (b). Finally, recent recommendations of the state's Special Education Advisory Council (SEAC) are also included in the current self-improvement plan. SEAC is the state's advisory group responsible for advising the Division of Special Education and the Office of Monitoring and Compliance. In this capacity, the essence of SEAC's purpose is to provide a broad base of input regarding policies, practices and issues related to the education of children and youth with disabilities, ages birth through 21. Reflective of Minnesota's demographics, regions, and relevant constituencies, SEAC provides an informed and representative perspective on the issue of transition. Within the details of the self-improvement plan, SEAC priorities and concerns are shown as a "CFL Priority," indicating the Division of Special

Education has adopted a priority of SEAC as its own. Resources consulted for this *Self-Improvement Priority Summary* include the State Improvement Grant (SIG Objective 2.3.1) and Minnesota's Self-Improvement Grant, e.g., Need Areas 1.5 (a) and 1.5 (d).

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**PLANNING  
GOALS**

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**Planning Goal 1: Transition Planning for Youth, Birth to 5**

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

**Planning Goal 2: Transition Planning Ages 5-14**

**The purpose of Planning Goal 2 is to ensure that preparatory transition planning** occurs for youth at the elementary level. Efforts are needed to help elementary and intermediate level youth begin the process of identifying and articulating needs, preferences, and interests in preparation for secondary transition planning. Using the Preparatory Standards as a foundational tool, children and youth with disabilities will engage in self-discovery and exploration activities that will promote their involvement in the planning process in the five transition areas.

**Planning Goal 3: Transition Planning for Secondary and Postsecondary Age Children and Youth**

**Increasing effective transitions for secondary and postsecondary age youth** is the purpose of Planning Goal 3. Despite system change efforts in the 1980's and 90's, there is still a need to develop interagency linkages at the local, regional, and state level to promote the provision of transition services to youth with disabilities. Throughout the state there are inconsistencies with educators and service providers about transition requirements within IDEA. Many are not clear about their individual roles and responsibilities in the provision of a "coordinated set of transition activities." Because of this, gaps in services and an "over-reliance" on special education occurs. As such, it is important to develop strategies that will help to clarify policies, roles and responsibilities across agencies in transition (through policy letters, interagency agreements or memorandums of understanding) and to develop and implement cross-training initiatives which focus on transition issues. This planning goal also includes strategies for developing and implementing a continuous, systematic data collection process in which Community Transition Interagency Committees (CTICs) are able to monitor transition outcomes for youth with disabilities upon exiting school. Both follow-up and follow-along data collection and monitoring activities have been included in the plan.



**Planning Goal 4: Transition/Reintegration Planning in Separate Sites**

**The purpose of this planning goal is to improve the transition/reintegration process** for youth between separate sites, school, and the community. One of the major factors that contribute to high recidivism rates, behavioral regression, school failure, and drop-outs is the lack of adequate transition service support to children and youth exiting separate sites. Children and youth with disabilities exiting correctional centers, day treatment programs, chemical dependency programs, and other care and treatment facilities often receive little or no coordinated support from educational and community service agencies. Minnesota's Self-Assessment Steering Committee found that a formal tracking system between separate sites (e.g., corrections, day treatment programs), school, and the community is not available. Therefore, among the strategies included in this planning goal is a provision for the implementation of a formal tracking system to conduct a follow-up analysis of children and youth with disabilities transitioning between separate sites, school, and the community.

## Self-Improvement Priority 1

### *Improve the Ability of Children and Youth to Make Successful Transitions*

**PLANNING GOAL 1: Transition planning will occur for young children with disabilities, age birth to five, to ensure continuity across interagency service delivery systems.**

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Transition planning will take place for children, birth to three, moving from Part C services to Part B services and/or interagency services.	a. There will be an increase in the number of IEICs or LEAs that are implementing data collection strategies to track transition planning activities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Design and implement a CIMP monitoring process that local IEICs or LEAs can use to track transition planning. b. Design a data collection/monitoring system to track transition planning. c. Enhance traditional and self-study monitoring of the birth to three system to incorporate information on transition planning and services, including parent feedback	CISC, SI CISC, SI CISC, SI
1.2 Transition planning will take place for children, three to five, as they move to and from kindergarten and/or other interagency services.	a. There will be an increase in identifying the needs, preferences, and interests of young children and their families in transition planning as they move from or into kindergarten or other interagency services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Design and implement a CIMP monitoring process that local IEICs or LEAs can use to track transition planning. b. Design a data collection/monitoring system to track transition planning. c. Enhance traditional and self-study monitoring of the three to five system to incorporate information on transition planning and services, including parent feedback	CISC, SI CISC, SI CISC, SI

**PLANNING GOAL 2: Ongoing transition planning will occur for children and youth with disabilities, age 5-14, and their families.**

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Ongoing planning will occur for children and youth with disabilities, age 5-14, and their families in the transition areas.	a. There will be an increase in the number of IEPs and IIPs for children and youth with disabilities, age 5-14, which address individual needs, preferences, and interests within the transition areas.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Establish an interagency workgroup to identify policies, procedures, data elements and requirements needed for successful transition planning for children and youth, age 5-14. b. Develop policy changes needed to enhance transition planning for children and youth, ages 5-14. c. Design a model which incorporates the areas of transition into the existing K-12 Graduation Standards. d. Collaborate with community partners on the development of an individual portfolio for children and youth with disabilities. e. Collaborate with the interagency transition workgroup to design and implement a CIMP tool that addresses the elements of successful transition planning.	CISC CISC CISC CISC CISC

\* Source Codes CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; DAC=Diversity Advisory Committee; IMH=State Interagency Infant Mental Health Workgroup; MHLIC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; SI=Self-Improvement Grant; SIG=State Improvement Grant

# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 1

### *Improve the Ability of Children and Youth to Make Successful Transitions*

**PLANNING GOAL 3: Transition planning will continue for secondary aged youth with disabilities and follow-up will occur for post-secondary-aged youth with disabilities.**

Desired Outcomes	Evidence	Data	Strategies	Source*
3.1 Youth with disabilities, age 14-21, will be more successful in the transition process.	a. There will be an increase in the number of secondary-aged youth with disabilities who have IEP/IIIP plans which address individual needs, interests and preferences within the transition areas.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Revise the Minnesota Student Attribute Scales to incorporate issues related to cultural competence. Gather data regarding the effectiveness of the Scales and develop a continuous feedback loop to improve the Scales. Provide training for special education personnel on the revised Scales.	SI
	b. There will be an increase in family satisfaction with the transition process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Systematically gather input from families regarding the transition process.	CISC, SI
3.2 Special education personnel, youth, families and interagency partners will have consistent information on transition planning.	a. There will be an increase in the knowledge and skills of special education staff, interagency staff, youth and families regarding transition planning and interagency collaboration.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Through a collaborative effort with Institutions of Higher Education (IHEs), enhance the pre-service opportunities for special education personnel regarding transition planning.	SIG, SI, CFL
	b. There will be a decrease in Division of Accountability and Compliance citations regarding transition.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Provide transition-focused training to targeted groups on topics such as needs, preferences and interests, interagency roles and responsibilities, federal and state rules and cultural competence when moving from school to adult living.	SIG, SI, CFL
			c. The Division of Accountability and Compliance will provide compliance training to LEAs on transition planning and compliance issues.	SIG, SI, CFL
			d. Develop resources for families and youth describing interagency responsibilities in the areas of transition.	SIG, SI, CFL
3.3 There will be an increase in the number of effective CTICs.	a. CTICs report an increase in the level of effective transition planning occurring at the local level.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and disseminate "guidelines" for CTICs.	SIG, SI, CFL
			b. Clarify policies, roles and responsibilities across agencies in transition through policy letters, interagency agreements or memorandums of understanding.	SI, CFL
			c. Develop and administer a self-assessment tool to all CTICs regarding current transition practices at the local level and barriers to implementation of IDEA requirements.	SI, CFL
3.4 Young people with disabilities who were served in special education will have improved success as adults.	a. There will be an increase in the adult success rates of former students as indicated by data gathered regarding employment and wage information, post-secondary education, vocational rehabilitation services, and community living.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. A data collection and reporting system will be developed in collaboration with other relevant agencies to systematically track post secondary status in the transition areas.	SI, CFL
			b. Supplement and streamline Minnesota's data collection activities (i.e., MARSS, hyperlinks to other state agencies) to enhance long-term data collection capacity.	SI, CFL

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 1

### *Improve the Ability of Children and Youth to Make Successful Transitions*

**PLANNING GOAL 4: Transition/reintegration processes for children and youth with disabilities between separate sites, schools, and the community will occur.**

Desired Outcomes	Evidence	Data	Strategies	Source*
4.1 Children and youth will successfully transition/re-integrate between separate sites, schools and communities, including: (1) corrections and detention programs, (2) mental health programs, (3) age 18-21 transition programs and (4) other separate site programs.	a. There will be an increase in the number of children and youth who successfully reintegrate into programs, schools and/or communities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop a web-based reintegration manual that: (1) defines separate sites; (2) includes strategies for ensuring communication and effective transition/reintegration processes between separate sites, schools and communities where the young person will be living and (3) incorporates an up-to-date listing of separate sites.	SI, CFL
	b. There will be increase in the number of programs that successfully reintegrate children and youth into programs, schools and/or communities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Field test and evaluate the effectiveness of the reintegration manual, revise as appropriate.	SI, CFL
			c. Develop and implement training on the reintegration process and use of the reintegration manual.	SI, CFL
			d. Compliance training will be provided to LEAs on the reintegration of children and youth from separate sites.	CISC, CFL
			e. Develop a data collection system to conduct follow-up analysis of children and youth transitioning between separate sites, schools and communities. This system will help to identify areas needing improvement and assess technical assistance needs of staff.	SI, CFL
			f. Enhance existing data systems for the transfer of information (IEP, IIP, TEAL, etc) regarding Graduation Standards.	SI, CFL
			g. Identify uniform record keeping criteria for exit reports.	SI, CFL
			h. Clarify data privacy issues.	CISC, CFL
			i. Review and recommend changes to state laws and rules regarding requirements for educational programs in care and treatment facilities to be inclusive of other separate sites.	CFL
			j. Design and field test a comprehensive educational screening tool for use by separate sites that: (1) is valid and reliable for intended purpose, (2) is a data-driven continuous improvement and accountability system and (3) is comprehensive in scope, incorporating assessment/evaluation, general education, special education, transition, reintegration, Graduation Standards and credit needs.	CFL
			k. Conduct training on the comprehensive educational screening tool for staff at separate site programs and facilities.	CFL

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## Self-Improvement Priority 2

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### Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals

The Minnesota Department of Children, Families & Learning (CFL) has the responsibility of ensuring that the federal mandate of free, appropriate public education, as legislated by the Individuals with Disabilities Education Act (IDEA), is provided to all of Minnesota's children and youth who are identified for special education. One of the biggest barriers to achieving the mandate is that Minnesota—along with the rest of the nation—faces a persistent shortage of a quality workforce. The workforce consists of those individuals who provide services under Parts C and B of the IDEA, such as: special education teachers; related service personnel like school psychologists, school social workers, school nurses, speech-language pathologists, physical therapists, occupational therapists, audiologists, interpreters, and orientation and mobility specialists, and professionals who are employed or contracted by special education to provide Part C services such as local and regional health and human service providers; and paraprofessionals.

#### Workforce Initiatives Work Group

To address this problem, which is approaching crisis proportions for special education teachers, CFL's Division of Special Education (DSE) established a Workforce Initiatives Work Group. The members of the Work Group include:

- Dr. Norena Hale, State Director of Special Education
- Dr. Bill McMillan, DSE Supervisor
- Eric Kloos, DSE Supervisor
- Emily Knight, State Improvement Grant (SIG) Coordinator
- Kathy Manley, Personnel Licensing
- Dr. Clay Keller, DSE Consultant.

As the Work Group developed the policies and actions that form the plan for *Self-Improvement Priority 2*, it focused on the IDEA and emphasized personnel for education, a population over which its efforts can have some influence. At the same time, it followed previous DSE initiatives such as the linkages created with Part C efforts in the ongoing development and implementation of the Part C Interagency Comprehensive System of Personnel Development (CSPD). Thus, the Work Group sought to use the self-improvement plan as the basis for collaborating with other agencies on the needs of their Part C personnel who are vital to the successful implementation of the IDEA, but are experiencing growing

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#### INTRODUCTION

and urgent recruitment and retention difficulties. The Planning Goals and Desired Outcomes of the plan for *Self-Improvement Priority 2* have been chosen to address causes and barriers that create and contribute to the difficulties Minnesota faces with ensuring the availability of a quality supply of individuals who work with children and youth with disabilities and their families. Though described here relative to individual Planning Goals, the causes and barriers overlap and relate to each other. They are thus better viewed holistically as a set of interrelated conditions, just as the set of Planning Goals and Desired Outcomes represents an integrated, systemic approach to the complex problems of the recruitment, preparation, employment, and retention of individuals who work with children and youth with disabilities.

### Data Sources

Three types of sources provide evidence for the causes and barriers described in this Self-Improvement Summary Report. One source consists of analyses conducted for Minnesota's Self-Assessment Process. A second comes from recent recommendations of the state's Special Education Advisory Committee (SEAC) and the Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC). These two groups—representative of the demographics, regions, and relevant constituencies in the state—provide, in a sense, focus group perspectives on these issues. The third source contains some of the growing professional literature on these topics. Particular studies used in this summary include: *Bright Futures for Exceptional Learners: An Action Agenda to Achieve Quality Conditions for Teaching and Learning* from the Council for Exceptional Children (CEC), the major professional organization for special education in the United States; the *Preliminary Data and Interpretation for the Minnesota Study of Personnel Needs in Special Education* (MNSPeNSE)<sup>1</sup>, and other sources.

### Planning Goal 1: Recruitment

The Division of Special Education implements self-improvement activities to ensure that a sufficient and diverse pool of individuals enter the professions and seek employment throughout Minnesota. This goal, however, addresses what is recognized as a paradoxical situation. In education, at least, although there appear to be enough active licenses in each disability category and each related service profession in the state, there still is a need for more entrants, and particularly entrants representing the diverse communities in Minnesota (Self-Assessment), into the various professions. The shortage of qualified applicants is the greatest barrier to hiring special education teachers and other related personnel, as reported by administrators in the state (MNSPeNSE). In 1999-2000, 281 positions were left unfilled or were filled by substitute teachers, who typically are not fully licensed in this area (MNSPeNSE). Full-time equivalencies in special education have been

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PLANNING  
GOALS

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<sup>1</sup> MNSPeNSE represents the Minnesota component of a much broader national study (i.e., SPeNSE) funded by the U. S. Department of Education's Office of Special Education Programs to study personnel needs in area of special education.

increasing in Minnesota over the last few years (Self-Assessment), creating a greater need for educators. A module in the *Twentieth Annual Report To Congress On The Implementation Of The Individuals With Disabilities Education Act* (U. S. Department of Education, 1998) concludes that, nationally, the annual supply of special education degree graduates is low relative to this increased demand. Therefore, a steady, larger, more diverse stream of individuals needs to enter special education professions in the state.

#### Planning Goal 2: Preparation

**It is imperative that Minnesota citizens can readily access the special education licensure** programs they want and the special education knowledge they need. One strategy to meet this demand involves the creation of additional, and more accessible, opportunities for pursuing preparation in special education fields. Even for the most frequently available teaching licensure areas of Specific Learning Disabilities and Emotional/Behavioral Disorders, significant portions of the state are not within a reasonable distance (50 miles) of a preparation program (Self-Assessment). The opportunities are greatly reduced for teacher licensure programs in the low incidence disability areas. Indeed, Minnesota has no teacher licensure program in Visual Impairments that is currently admitting students. Distance education options for delivering licensure programs appear to be used sparingly in the state. As the need for special educators is increasing, and administrators are using more and more personnel who are not fully licensed to fill those positions (Self-Assessment; MNSPeNSE), it is also important to facilitate opportunities for these educators to complete their training and earn the licenses they need. Finally, as the field of special education and its requirements continue to change, as they always have, there is a need to make sure that the possibilities for obtaining necessary knowledge and skills in these emerging areas are widely available.

#### Planning Goal 3: Retention

**Self-improvement activities need to be implemented that will help individuals** who work with children and youth with disabilities find their professions to be satisfying ones in which to remain as they develop in their careers. As such, implementing strategies that result in the long-term retention of highly qualified special educators will be critical in order to meet personnel demands. A significant proportion of the state's openings for special educators in 1999-2000 was due to staff turnover (MNSPeNSE). A recent national report identified some of the reasons for the growing rates of special educator attrition (i.e., *Bright Futures*). These included: changing responsibilities in the professions, paperwork, inadequate support, and isolation. A study of factors affecting special educators' intentions to stay in their profession highlighted the importance of relieving the stress that educators feel through better designed jobs, building-level support from administrators and teachers, and continued learning (Gersten, Keating, Yovanoff, & Harniss, 2001). Thus, if working conditions for special educators can be improved, some of the need for more special educators will be alleviated, as more will remain in their

professions. In addition, more individuals may choose to enter the fields, thus contributing to recruitment solutions.

**Planning Goal 4: A Supply and Demand Model**

**It is critical that the supply and demand needs for special education personnel**, including related services personnel and paraprofessionals, can be reliably and accurately predicted at the state, regional, and local levels. To accomplish this goal, there is a clear need to develop and implement a data collection system that can reliably and accurately describe and predict special educator trends in Minnesota (SEAC). Although the pursuit of this Planning Goal supports the others and provides a means to help achieve their ends, it represents a significant developmental activity for the agency and so is kept separate. A recent review of supply and demand models by the National Clearinghouse on Professions in Special Education—a federally funded resource to support the recruitment, preparation, and retention of educators and related services personnel for children and youth with disabilities—found no example to recommend as “best practice.” Some workforce questions, such as how well are recent immigrant groups represented in special education professions or what proportion of the special education workforce has disabilities, cannot currently be answered given the tools available (Self-Assessment). The answers to other questions may reside in a better understanding of existing data. For instance, research on special educators’ career paths (Singer, 1993a, b) indicates that special education teachers, like general education teachers, are most likely to leave during the first years of their careers. This is a long-standing trend for teachers, rather than a recent development unique to special education.



## Self-Improvement Priority 2

### *Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

**PLANNING GOAL 1: A sufficient and diverse pool of individuals enter the professions and seek employment throughout Minnesota.**

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Increase the number of individuals pursuing special education as a career.	a. There is an annual increase in the number of individuals who are newly licensed as special education teachers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop and implement a recruiting plan to inform potential teacher candidates (e.g., parents and siblings of individuals with disabilities, junior and senior high school students, and paraprofessionals) about areas of high need, programs of study offered, and potential sources of financial aid.	SIG
	b. There is an annual increase in the number of individuals who are newly licensed as related service personnel.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Develop and implement incentives and training opportunities to increase the number of licensed staff.	SIG
	c. There is an annual increase in the number of individuals with competencies in the delivery of services to children with disabilities from birth to age 3 and their families.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Develop recommendations regarding the use of incentive programs for promoting recruitment.	SI
	d. There is an increase in the number of paraprofessionals identified as meeting the <i>Core and Special Education Competencies for Paraprofessionals</i> .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Develop and disseminate print-based materials to institutions of higher education, districts, schools, and agencies about recruitment and incentives program information on the Minnesota Special Education Employment Board, a state special education job posting and application web site.	SIG, CFL
			e. Represent special education in federal and state teacher recruitment and incentives programs.	CFL
			f. Use free recruitment television public service announcements developed by the National Clearinghouse on Professions in Special Education.	CFL
			g. Communicate with the ICC and collaborate with state agencies on the development and implementation of plans to recruit Part C service providers.	CFL
			h. Develop and implement incentives and training opportunities to increase the number of related service personnel.	CFL
			i. Develop and implement a system whereby paraprofessionals can be trained in Core and Special Education Competencies that can contribute to work on college degrees and towards special education teaching licenses.	SIG, CFL
			j. Develop recommendations that elevate special education professions in both status and pay.	CFL

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
1.2 Increase the percentage of individuals from typically underrepresented groups (e.g., ethnic minorities and culturally and/or linguistically diverse groups, including the newer groups immigrating to Minnesota, and especially parents of children and youth with disabilities from these groups; males; and individuals with disabilities) entering the field of special education.	a. The proportions of special educators from ethnic minorities and culturally and/or linguistically diverse groups increase to reflect the proportions of these groups in the state's teaching-age population.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and implement a recruiting plan to inform potential teacher candidates about areas of high need, programs of study offered, and potential sources of financial aid.	SIG
	b. There is an increase in the percentage of male special educators.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Develop and implement incentives and training opportunities to increase the number of licensed staff.	SIG
	c. The proportion of special educators with disabilities increases to reflect the proportion of this group in the state's teaching-age population.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Develop recommendations regarding the use of incentive programs for promoting recruitment and retention, particularly for diverse populations.	SI
			d. Develop a means to collect more detailed diversity information about special educators.	CFL
			e. Collaborate with existing programs that support the recruitment and training of individuals from ethnic minorities and culturally and/or linguistically diverse groups into the teaching field (e.g., state-funded Multicultural Educators program plus individual institutions of higher education programs).	DAC, CFL
			f. Explore ways of building upon existing programs (e.g., state-funded Multicultural Educators program) that support the recruitment and training of teachers to also include related services fields and second licenses (e.g., adding a second license in special education).	CFL
			g. Communicate with the ICC and collaborate with state agencies on the development and implementation of plans to recruit and retain Part C service providers from typically underrepresented groups.	CFL
			h. Develop and implement incentives and training opportunities to increase the proportion of related service personnel from typically underrepresented groups.	CFL
			i. Develop and implement incentives and training opportunities to increase the proportion of paraprofessionals from typically underrepresented groups.	CFL
			j. Develop and implement a plan to recruit from other states special education teachers and related service personnel from typically underrepresented groups.	CFL
1.3 Increase the number of qualified special education job applicants.	a. Directors report increased satisfaction with the pools of applicants they have for posted special education openings.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Implement a centralized listing of available special education positions for use by hiring agencies and potential teacher candidates.	SIG

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
b. There is an annual decrease in the percentage of individuals who are not fully licensed, practicing special educators.  c. There is an annual increase in the percentage of individuals who are fully licensed, practicing special educators.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Conduct a survey assessing the training needs, knowledge, and skills of staff who are not fully licensed.	SI
			c. Implement the use of the Minnesota Special Education Employment Board to facilitate the advertising of available related service personnel positions by hiring agencies and the application process by potential candidates.	CFL
			d. Implement the use of the Minnesota Special Education Employment Board to facilitate the advertising of available paraprofessional positions by hiring agencies and the application process by potential candidates.	CFL
			e. Provide districts with the use of <i>Teachers-Teachers.com</i> , a national special education job posting and application web site.	CFL
			f. Communicate with the ICC and collaborate with state agencies on the use of the Minnesota Special Education Employment Board to facilitate the advertising and application process for Part C service provider positions in the state.	CFL

**PLANNING GOAL 2: People in Minnesota can readily access the special education licensure programs they want and the special education knowledge they need.**

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Increase statewide access to licensure programs for special educators.	a. All special education teacher licensure programs are available either live or through distance education within a reasonable distance of any location in the state.  b. All special education related service personnel licensure programs are available either live or through distance education within a reasonable distance of any location in the state.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop and implement incentives and training opportunities to increase the number of licensed staff.	SIG
			b. Improve communication between CFL (including Board of Teaching, Licensure, and Division of Special Education) and institutions of higher education to coordinate preservice and inservice training curriculums and to extend the availability of licensure programs in special education to all regions of the state.	SIG
			c. Inform institutions of higher education about the Division of Special Education's workforce initiatives.	CFL
			d. Support institutions of higher education that want to develop special educator licensure and Part C service provider training programs.	CFL
			e. Support development of alternative preparation programs that meet state criteria.	CFL

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
			<p>f. Investigate distance education options from other states for Minnesota licensure programs.</p> <p>g. Develop programs to address licensure preparation needs still existing.</p> <p>h. Improve infrastructure and use of technology to deliver education options for licensure programs via distance learning.</p> <p>i. Communicate with the ICC and collaborate with state agencies on the development of training programs to address Part C service provider needs that still exist.</p> <p>j. Develop the Minnesota Special Education Employment Board as a central source of information about availability, location, and comparability of training and licensure programs, including course schedule information.</p>	CFL
2.2 Increase the number of licensed personnel participating in training in high need and emerging areas of special education (e.g., categorical disability areas without licenses, such as, autism spectrum disorders, traumatic brain injury, other health impaired, and deaf-blind; transition; assistive technology; developing cultural competencies; working with paraprofessionals; and interagency service coordination).	<p>a. There is an increase in the percentage of licensed personnel who participate in training opportunities in each high need and emerging area of special education.</p> <p>b. There is an increase in the percentage of special educator licensure programs that use Division of Special Education materials on high need and emerging areas of special education.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>a. Improve communication between CFL (including Board of Teaching, Licensure, and Division of Special Education) and institutions of higher education to coordinate preservice and inservice training curriculums and to extend the availability of licensure programs in special education to all regions of the state.</p> <p>b. Promote training related to special education for staff who are "eminence licensed" (e.g., Indian language and culture teachers).</p> <p>c. Conduct training activities for special education staff and general and special education administrators in the area of hiring, supervising, and monitoring the job performance of paraprofessional staff.</p> <p>d. Enhance existing preservice programs so that the needs of Minnesota's changing student population are reflected.</p> <p>e. Develop competency training programs for each high need and emerging area of special education.</p> <p>f. Implement training opportunities through a variety of means, e.g., conferences, workshops, summer institutes, distance education, and the Internet.</p> <p>g. Communicate with the ICC and collaborate with state agencies on ways to provide training on high need and emerging areas of special education to Part C service providers.</p>	<p>SIG</p> <p>CFL</p> <p>SIG</p> <p>DAC</p> <p>CFL</p> <p>CFL</p> <p>CFL</p>

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
			h. Explore collaboration with institutions of higher education programs in other states that specialize in the development of cultural competency for the training of teachers and related service personnel and implement similar programs as appropriate.	DAC
2.3 Increase the number of districts that meet statutory training requirements for paraprofessionals.	a. There is an increase in the number of districts that meet statutory training requirements for paraprofessionals.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Conduct staff development and information dissemination activities to increase knowledge and skills of paraprofessional staff.	SIG

**PLANNING GOAL 3: Minnesota's individuals who work with children and youth with disabilities find their professions to be satisfying ones in which to remain as they develop in their careers.**

Desired Outcomes	Evidence	Data	Strategies	Source*
3.1 Increase instructional time available to address student needs.	a. There is an increase in the average proportion of time special educators spend on instruction.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop recommendations regarding issues of caseload/workload, including interagency case management/service coordination.  b. Establish a Workload Task Force.  c. Pursue legislative initiatives on workload in coalition with stakeholder groups.  d. Communicate with the ICC and collaborate with state agencies on workload initiatives for Part C service providers.	SI  CFL CFL CFL
3.2 Increase non-instructional alternatives and resources available to special educators to meet required non-instructional needs.	a. There is an increase in the number of paraprofessionals or clerical support staff that districts code as working on non-instructional needs.  b. There is an increase in the number of non-instructional and other agency staff providing service coordination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop recommendations regarding issues of the reimbursement of clerical support staff for IFSPs, IIPs, and IEPs.  b. Implement the legislation allowing fiscal support for non-instructional activities.  c. Communicate with the ICC and collaborate with state agencies on the development and implementation of plans to support Part C service providers with the performance of required but non-core responsibilities.	SI  CFL CFL
3.3 Increase general and special education administrator knowledge and support of special education and educator needs.	a. There is an increase in the percentage of special education administrators who receive Division of Special Education training in special education and educator needs.  b. There is an increase in the percentage of general education administrators who receive Division of Special Education training in special education and educator needs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop and implement incentives and training opportunities to increase the number of special education administrators who receive training on special education.  b. Improve communication between CFL (including Board of Teaching, Licensure, and DSE) and institutions of higher education to coordinate preservice and inservice training curriculums and to extend availability of licensure programs to all regions in state.  c. Conduct training activities for special education staff and general and special education administrators in the area of hiring, supervising, and monitoring the job performance of paraprofessional staff.	SIG  SIG SIG

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
			d. Conduct training activities for special education staff and general and special education administrators in the area of hiring, supervising, and monitoring the job performance of special education staff.	SIG, CFL
			e. Develop Division of Special Education training for general education administrators.	SIG, CFL
			f. Develop licensure programs in special education administration.	CFL
			g. Communicate with the ICC and collaborate with state agencies on the development and implementation of plans to train general education, special education, and agency administrators in the requirements of Part C legislation and programming.	CFL
			h. Train general education administrators on the leadership and general knowledge skills necessary to promote access to general education programs for students with disabilities.	SIG
3.4. Increase opportunities for the use of career-long support (e.g., networking, coaching, and mentoring) and connections to broader professional communities for special education personnel.	a. There is an increase in the number of career-long support opportunities available to special education personnel.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and implement supportive activities for special education personnel currently working in the field.	SIG
	b. There is an increase in the percentage of special education personnel who participate in career-long support opportunities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Develop and implement mentoring opportunities for administrators and teachers entering the field of special education.	SIG
			c. Develop mentoring opportunities for special education personnel who are culturally and/or linguistically diverse.	CFL
			d. Conduct a survey assessing the training needs, knowledge, and skills of not fully licensed staff.	SI
			e. Represent special education in state initiatives regarding mentoring and support of education personnel.	CFL
			f. Communicate with the ICC and collaborate with state agencies on the development and implementation of career-long support opportunities for Part C service providers.	CFL

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 2

*Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*

Desired Outcomes	Evidence	Data	Strategies	Source*
3.5 Increase the percentage of licensed special education personnel who remain in special or general education.	a. There is an annual increase in the proportion of individuals who are retained in special education.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop recommendations regarding incentive programs for promoting retention.	SI
	b. There is an annual decrease in the proportion of individuals working in special education who leave the educational profession.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Represent special education in state initiatives regarding retention and career development of education personnel.	CFL
			c. Develop programs to address retention and career development needs not covered by existing programs.	SIG, CFL
			d. Communicate with the ICC and collaborate with state agencies on the development and implementation of programs to support the retention of Part C service providers.	CFL

**PLANNING GOAL 4: Special education personnel needs, including related service personnel and paraprofessionals, can be reliably and accurately predicted at the state, regional, and local levels.**

Desired Outcomes	Evidence	Data	Strategies	Source*
4.1 Increase the capacity to predict future supply and demand trends for special education personnel, including related service personnel and paraprofessionals.	a. There is a model that can accurately predict over time state and district supply and demand needs and trends for special education personnel, including related service personnel and paraprofessionals.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and implement a process that uses appropriate technology to reliably track the supply and demand for special education personnel, including related service personnel and paraprofessionals, and informs the department on trends and issues to be addressed.	SIG
			b. Review the system for data collection procedures, including data elements and termination codes to monitor personnel exiting special education.	SI
			c. Establish a work group to develop and implement a process to address supply and demand issues within the state.	CFL
			d. Communicate with the ICC and collaborate with state agencies on how to model the supply and demand of Part C service providers.	CFL

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## Self-Improvement Priority 3

### Improve Access to Mental Health Services Across Agencies

#### INTRODUCTION

The challenge of addressing children's mental health has been advancing on a national and state level over the last several years. According to experts, there is a growing need for mental health services because more than ever, children and youth are being diagnosed with mental health problems. As a result, one of the most pressing issues faced in Minnesota special education is how to provide children and youth with disabilities with needed related services, including mental health services, within the framework of the Individuals with Disabilities Education Act (IDEA). Currently, the IDEA does not contain a clear definition of "mental health services," although it does identify a number of "related" services (e.g., counseling, psychology, social work, etc.) which may be included in the educational plans. IDEA also requires that children and youth be provided with a comprehensive evaluation to determine eligibility for special education and related services, including mental health services. As such, assessment teams need to address the social, emotional and developmental functioning of a child when determining special education service needs. A prerequisite to the provision of these services, however, is to ensure that children and youth with disabilities will benefit from "specially designed instruction." Thus, within the context of special education services, the provision of related services, including mental health services, must be supported by a clear educational and instructional focus. The plan for *Self-Improvement Priority 3* is intended to address these complex, but critical issues to improve access to related services, including mental health services, for children and youth with disabilities.

#### Mental Health Work and Advisory Groups

**In an effort to address the issue of mental health** for children and youth with disabilities, ages birth through 21, two groups have been involved with the planning and development of self-improvement planning goals. The first involves a Division of Special Education (DSE) work group consisting of:

- Dr. Norena Hale, State Director of Special Education
- Dr. Bill McMillan, Supervisor
- Cindy Shevlin-Woodcock, Interagency Mental Health Consultant
- Robyn Widley, DSE Supervisor
- Marty Smith, Self-Improvement Grant Coordinator

In addition to this internal DSE workgroup, input regarding self-improvement planning outcomes and strategies was also obtained from the Mental Health Leadership Committee (MHLC), an advisory group consisting of professionals working in the field, other state agencies, parents, and various professional and advocacy organizations within Minnesota. The input obtained from this advisory group provided added depth to the plan, reflecting different aspects of the issue to address the needs of a wide range of constituencies and interests. Finally, the plan for *Self-Improvement Priority 3* is also shaped by the work of those involved in the Minnesota Infant Mental Health Project, a statewide project designed to ensure the availability of specialized mental health services for young children. As part of a coordinated, interagency statewide initiative, the recommendations of those who participated in the Minnesota Infant Mental Health Project have provided the groundwork for the development of a locally implemented infant mental health intervention system with an infrastructure built upon local programs and services which support infant mental health. These recommendations fall into four broad based areas: (1) assessment, (2) intervention, (3) consultation, and (4) personnel development. The work completed through this project is also reflected in the current self-improvement plan.

#### **Causes and Barriers in Accessing Mental Health Services**

##### **National Perspective**

It has been estimated that one in five children, between the ages of 9-17, has a diagnosable mental health or addictive disorder associated with at least minimum impairment in their functioning at school, home, or with peers. Approximately 1 in 10 has a serious emotional disturbance with substantial functional impairment. Numerous studies have shown that untreated mental health problems can develop into more serious psychosocial impairments as the child matures, placing them at risk for school failure, dropping out, and being placed in more restrictive settings (e.g., juvenile detention facilities and care and treatment centers). In the report entitled *Mental Health: A Report of the Surgeon General* (National Institute of Mental Health, 1999), the Surgeon General suggests that schools become "portals of service" for children and families. The report encouraged schools to develop a range of multiple sources, including school-based services, mental health, and social services, to address the needs of children and youth experiencing mental health or addictive disorders.

The Office of Special Education Programs (OSEP) has estimated that 3-5% of children and youth with disabilities have a coexisting mental health disorder. Children who have physical problems, intellectual disabilities, low birth weight, family history of mental and addictive disorders, multi-generational poverty, caregiver separation, abuse, and neglect are at greater risk for experiencing mental health disorders. Mental health problems affect children of every race, ethnicity, age, socioeconomic status, and gender, although poor and minority children face an even greater risk. However, despite the prevalence of mental or addictive disorders in

children and youth, it has been estimated that less than 2% of children and youth receive mental health services.

#### Minnesota Perspective

In Minnesota, concerns about *what types* of mental health services are required and *who* is responsible for delivering those services under the IDEA continues to be a source of much discussion. According to Minnesota's Special Education Advisory Committee (SEAC), one major challenge stems from the lack of knowledge and awareness of mental health issues and treatment options among many groups of stakeholders. This deficit can be observed at all levels of the system, indicating a need to implement professional development activities to increase the capacity of special education and related services staff to recognize and address mental health issues and concerns of children and youth with disabilities. Increasing or promoting efforts involving early intervention, family involvement, effective prereferral practices, and the provision for comprehensive evaluations that address related and/or mental health issues on IFSPs, IEPs, or IIPs, all represent critical areas of self-improvement that need to be addressed. Equally important is the "systems level" context in which mental health issues are considered for children and youth with disabilities. According to various stakeholders, in order to improve access to mental health services within the state, it is imperative that Minnesota fully implement a service delivery system that: (1) ensures access to mental health services, (2) provides for coordinated efforts across systems, (3) incorporates best practices, and (4) clearly articulates mental health policies and practices in relation to the IDEA requirements.

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#### CAUSES & BARRIERS

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Many of the strategies contained in the plan developed for *Self-Improvement Priority 3* result from Minnesota's Coordinated Interagency Services Act of 1998. For example, this plan contains strategies for increasing: (1) governance agreements between school and county boards that articulate fiscal and programmatic responsibility for the provision of mental health services; (2) special education evaluations that reflect interagency provider participation; (3) the use of school and community-based mental health services to ensure Least Restrictive Environments (LRE); (4) the use of the IFSP or IIP to address the mental health needs of eligible children; (5) interagency service coordination for children and youth with disabilities who have identified mental health needs; and (6) resources for funding and staffing related services, including mental health. The implementation of these strategies will help to facilitate a comprehensive service delivery model that is aimed at improving access of mental health services across agencies for children and youth with disabilities.

#### Data Sources

A variety of sources were used to describe causes and barriers on a state and national scale. With regard to national issues, prevalence data of population estimates, dropout rates, and placements in restrictive settings was largely obtained from various studies and initiatives funded by the U.S. Department of Health and

Human Services (e.g., *Mental Health: A Report of the Surgeon General, National Plan for Research on Child and Adolescent Mental Disorders*, and *Fact Sheet on Mental Health Issues*). Data sources for Minnesota causes and barriers were derived from such sources as the Special Education Advisory Council (SEAC), recommendations from *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* (e.g., Minnesota Self-Assessment Objectives 2.5 & 2.7(a), 2.4(d) and 2.4 (e)), State Improvement Grant (SIG) Objective 1.5, and information provided in the *Letter of Clarification Regarding the Provision of Mental Health Services*. Also, recommendations from the Minnesota Infant Mental Health Project were incorporated into the current plan, as well as recommendations obtained from the Mental Health Leadership Committee (MHLIC).

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**PLANNING  
GOALS**

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**Planning Goal 1: Access to Mental Health Services in Order to Benefit from Specialized Instruction**

**With the increased interest in children's mental health**, a number of issues have been raised regarding the provision of services to meet these needs within the requirements of the IDEA. The legal and programmatic requirements of the educational system in relation to the mental health service delivery system need to be clarified to increase the capacity of special education and related services personnel to address mental health issues and concerns in children and youth with disabilities. Clearly defined guidelines that facilitate access to comprehensive evaluation and related services, including mental health, are essential in order to focus attention on initiatives that build system capacity, identify professional development needs, and create opportunities for promoting the participation of families in the planning process. As such, the primary purpose of this planning goal is to facilitate access to needed related services, including mental health services, to ensure children and youth with disabilities benefit from specialized instruction. Achieving this goal requires the implementation of a number of self-improvement strategies aimed at improving early intervention and prereferral practices, evaluations that address social and emotional issues of youth, and identifying mental health and related services goals and objectives, including appropriate accommodations, on IFSPs, IEPs, and IIPs. For example, special education and related staff need to understand how existing processes and procedures (e.g., Functional Behavior Assessments (FBAs), positive behavior intervention plans (BIPs), can be used in the educational assessment and planning process to identify mental health and related services needs, design effective interventions, and help facilitate referrals to community-based agencies.

**Planning Goal 2: Interagency Infrastructure that Facilitates Coordination, Planning, Evaluation and Delivery of Mental Health Services**

**With the increased emphasis on serving the mental health needs** of children and youth with disabilities, there is a need for special educators and related services staff to coordinate evaluation and services across agencies in a timely and efficient manner. For example, education professionals and their interagency partners need to develop a good working knowledge of the local system of services and the skills to

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collaborate and coordinate across agencies in order to meet the identified mental health needs of children and youth with disabilities. It is also imperative that these efforts to coordinate mental health and other related services be supported by a clear educational and instructional focus. All of the issues indicated converge upon a growing consensus that comprehensive mental health policies are essential in developing a coordinated service system that can meet educational and mental health needs. It is the intent of this planning goal to implement strategies that address effective coordination with community-based mental health services under requirement of the IDEA and Minnesota's Coordinated Interagency Services Act of 1998.

## Self-Improvement Priority 3

### *Improve Access to Mental Health Services Across Agencies*

**PLANNING GOAL 1: Children and youth with disabilities, age birth-21, will have access to mental health services in order to benefit from specialized instruction as required under the IDEA '97.**

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Special education and related services staff, families, and interagency service providers recognize and address mental health related service needs of children and youth with disabilities, ages birth -21.	a. Special education and related services staff, families, and interagency service providers demonstrate increased capacity to recognize and address mental health related service needs of children and youth with disabilities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop, implement, and evaluate training for special education and related services staff, families, and interagency service providers to recognize and address the mental health related service needs of children and youth with disabilities.	CFL, SI, SIG
	b. Child find activities that include a mental health screening and referral component will increase.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Develop, implement, and evaluate training for special education and related services staff, families, and interagency service providers on the impact of cultural, ethnic, and social differences in considering the mental health related service needs of culturally and linguistically diverse children with disabilities.	CISC, CFL, SI
			c. Develop definitions across disciplines for such terms as mental health related service needs, comprehensive day treatment, psychotherapy, counseling, etc.	CISC
			d. Increase the ability for schools to access third party reimbursement for mental health related services.	CISC
1.2 Prereferral interventions address mental health and behavioral needs of children and youth in the K-12 system.	a. Increased awareness and knowledge among general education staff about mental health needs of children and youth and effective prereferral interventions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop, implement, and evaluate training for IHE preservice and current general education staff to increase knowledge and awareness about mental health needs of children with disabilities and the use of effective prereferral interventions including a Functional Behavioral Assessment (FBA).	SI, SIG
1.3 Comprehensive evaluation plans will include a social, emotional, and developmental history.	a. There is an increase in the number of comprehensive evaluation plans that include a social, emotional, and developmental history.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and disseminate best practice strategies to include social, emotional, and developmental histories in comprehensive evaluation plans.	MHLC
1.4 Comprehensive special education evaluations address mental health related service needs of children and youth with disabilities, ages birth to 21, in order to benefit from specialized instruction.	a. There is an increase in the number of comprehensive special education evaluations that include a social/emotional and developmental history component.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and disseminate an evaluation protocol and a range of assessment options to assess the mental health related service needs for children and youth with disabilities.	MHLC
			b. Design and implement a monitoring protocol as part of the CIMP process to measure the effectiveness of evaluation planning to address the mental health and related service needs of children and youth with disabilities.	MHLC
1.5 IFSPs, IEPs, and IIPs address, either directly or indirectly, the mental health related service needs which have been identified by the planning team.	a. There is an increase in the number of IFSPs, IEPs, and IIPs that address, either directly or indirectly, the mental health related service needs which have been identified by the planning team.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and disseminate best practices information regarding program planning and evidence-based interventions that meet the mental health related service needs of children and youth with disabilities, ages birth-21.	MHLC, MnSIC, SI

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-improvement Priority 3

### Improve Access to Mental Health Services Across Agencies

Desired Outcomes	Evidence	Data	Strategies	Source*
1.6 Adaptations and accommodations listed on the IFSP/IEP/IIIP address mental health related service needs of children and youth with disabilities.	a. There is an increase in the number of adaptations and accommodations listed on the IFSP/IEP/IIIP that address mental health related service needs of children and youth with disabilities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop, implement, and evaluate the application of adaptations and accommodations implemented for children and youth with disabilities that address identified mental health related service needs.	MHLC
1.7 LEAs partner with other agencies to meet the mental health related service needs of children and youth with disabilities.	a. There is an increase in the number of LEAs that utilize the CIMP mental health related services evaluation protocol.  b. There is documentation of improvement in graduation, suspension, and dropout rates as well as service provision in the least restrictive environment (LRE).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Design and implement an evaluation protocol as part of the CIMP process to evaluate the effectiveness of services delivered to address the mental health related service needs of children and youth with disabilities.	MHLC
1.8 Confidentiality and data privacy will be ensured through policy and practice.	a. There is documentation that confidentiality and data privacy policies and practices are in place.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop policy and practice guidelines regarding confidentiality and data privacy.  b. Disseminate information and conduct training on protocol regarding data privacy and confidentiality.	CISC, SI  CISC, SI

### PLANNING GOAL 2: Interagency infrastructure is in place which allows for coordination, planning, evaluation and delivery of mental health services under IDEA (birth-21) and the Coordinated Interagency Services Act of 1998.

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Local comprehensive mental health service systems are in place for children and youth with disabilities, age birth-21.	a. There will be an increase in the number of governance agreements that articulate school board and county board fiscal and programmatic responsibilities for the provision of mental health services, age birth-21.  b. There will be an increase in the number of local comprehensive mental health service systems that are coordinated and reduce fragmentation of services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Collaborate with MnSIC to provide guidelines and technical assistance to ensure availability and coordination of a comprehensive mental health service system, age birth-21, in a manner that reduces fragmentation.  b. Collaborate with MnSIC to ensure that local governance agreements include language clarifying fiscal responsibility and programmatic accountability for mental health services, age birth-21.  c. Systematically gather input from families, special education staff, and interagency service providers regarding the availability and coordination of a comprehensive mental health service system, age birth-21.  d. Clarify responsibility of charter schools in the mental health service delivery system.	CISC, IMH, MnSIC  CISC, IMH, MnSIC  CISC, IMH, MnSIC  CISC, IMH, MnSIC

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## Self-Improvement Priority 3

### Improve Access to Mental Health Services Across Agencies

Desired Outcomes	Evidence	Data	Strategies	Source*
2.2. Special education evaluations and re-evaluations reflect interagency provider participation, age birth-21.	a. There will be an increase in the percentage of special education evaluations and re-evaluations that reflect interagency provider participation, age birth-21.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Coordinate with MnSIC and the State Infant Mental Health Workgroup (IMH) to ensure that local comprehensive service systems address the policies and procedures necessary for interagency service providers to participate in evaluations and re-evaluations, age birth-21.	IMH, MnSIC, SI
2.3 School and community-based mental health services are utilized to ensure children and youth with disabilities are served in the Least Restrictive Environment (LRE).	a. There will be an increase in the percentage of children and youth with disabilities with appropriately identified mental health needs who are served in their home, school and community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Identify and/or develop and disseminate best practice strategies and effective models for the provision and coordination of mental health services between school and community settings, ensuring the LRE.  b. Develop, implement, and evaluate training and technical assistance for accessing and coordinating community-based mental health services.	MHLC, SIG  MnSIC, SIG
2.4 There is a process in place for interagency teaming and coordination enabling access to school and community mental health services as needed for children and youth with disabilities, age birth-21.	a. There is an increase in frequency of IFSPs and IIPs that address mental health related service needs of children and youth with disabilities, age birth-21.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Partner with other agencies and develop an interagency data collection system built upon existing systems and databases to track the use of mental health services in school and community settings.  b. Collaborate with MnSIC to provide guidelines and ongoing technical assistance and support for local service systems regarding accessing and coordinating mental health services in schools and communities.  c. Develop, implement, and evaluate training for special education staff and interagency service providers on writing measurable goals and objectives for mental health related service needs and on interagency coordination and communication (i.e., IIP).	IMH, MHLC  IMH, MHLC  CFL, MHLC, MnSIC, CFL
2.5 Interagency service coordination is available for children and youth with disabilities with identified mental health related service needs, age birth-21.	a. There is an increase in the number of children and youth with disabilities, age birth-21, who receive coordinated interagency services to address mental health related service needs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop and disseminate information on service coordination at the local level for children and youth with disabilities.  b. Partner with other agencies to develop, implement, and evaluate training on interagency service coordination that addresses mental health needs for special education staff, families, and interagency service providers.  c. Systematically gather input from staff and families regarding the effectiveness of coordinated mental health services in school and community.	IMH, MnSIC  MnSIC, SIG  MHLC MnSIC

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## Self-Improvement Priority 4

### Improve Interagency Cooperation And Coordinated Service Delivery

#### INTRODUCTION

In 1998, the **Interagency Services for Children with Disabilities Act** (M.S. 125A.023 and 125A.027) was passed by Minnesota Statute. This legislation supports the development and implementation of a coordinated, multidisciplinary, interagency intervention service system for children and youth with disabilities ages 3-21 and their families. This system is formally referred to by all of the collaborating partners as the Minnesota System of Interagency Coordination (MnSIC). The following state departments and organizations are represented on MnSIC:

- Minnesota Department of Children, Families & Learning
- Minnesota Department of Health
- Minnesota Department of Human Rights
- Minnesota Department of Human Services
- Minnesota Department of Economic Security
- Minnesota Department of Commerce
- Minnesota Department of Corrections
- The Association of Minnesota Counties
- Minnesota Administrators of Special Education
- Minnesota School Boards Association
- School Nurse Association of Minnesota

This legislation was proposed in response to multiple, parallel, yet often unconnected service delivery systems currently operating in Minnesota to provide services to children and youth with disabilities and their families. As such, it affects all agencies and educational organizations working with young people with disabilities and their families. The goal of this legislation is to streamline service delivery by reducing duplication of services from multiple service providers and by increasing collaboration and cooperation among all partners providing services to children, youth, and their families.

#### Causes and Barriers

**The local interagency early intervention system has successfully implemented** statewide interagency planning for young children, ages birth to three, with disabilities in Minnesota. The success of this federal/state initiative, known as Part C of IDEA,

as voiced both by parents of children with disabilities and local interagency service providers, is the major cause for the development of state legislation on coordinated interagency services for children with disabilities, ages 3-21. Interagency service delivery systems are now being developed in order to improve educational benefit for children and youth with disabilities.

Barriers to statewide interagency service coordination and planning are varied. There are differences in terms of payment requirements and provision of services for counties and schools that set up an "uneven playing field" as reported by local administrators. Federal and state requirements in IDEA and Minn. 2001 Special Session Laws, Chapter 6, Article 3, Sec. 6 are that special instruction and related services are entitled and provided at no cost to the family. State requirements for services provided and paid for by the county as per Minn. 2001 Special Session Laws, Chapter 6, Article 3, Sec.6 are held to different standards - that of mandates or availability of funding. Local interagency service planning takes time, as evidenced by comments from local service providers, administrators, and families. The identification of service coordination as a function in a local interagency service system is critical—with lack of fiscal resources identified as a barrier.

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**CAUSES &  
BARRIERS**

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The use of a single interagency plan of services has been implemented in Minnesota in two specific interagency service systems: interagency services for children with disabilities ages birth to 2 use the Individual Family Service Plan (IFSP) and wraparound services for children with mental health needs through the Children's Mental Health Collaborative may use the Collaborative Family Service Plan (CFSP). The IFSP is required for eligible children per IDEA-Part C requirements. County boards and school boards are required to provide, facilitate, and arrange payment for a list of entitled services as per IDEA-Part C requirements and Minn. Stat. 125A.29, 125A.34 and 125A.36. Minnesota's legislation on Children's Mental Health Collaboratives (Minn. Stat. 245.493) allows for the development of local integrated service planning and funding and encourages the use of an interagency service plan (e.g. Collaborative Family Service Plan) for those children/youth up to age 18 with or at risk of suffering an emotional or behavioral disturbance who can benefit from multi-agency service coordination and wraparound services.

The success of these coordinated service plans led to the development of the Individual Interagency Intervention Plan (IIIP). The IIIP requires that all service providers be able to communicate and develop the needed plan requirements as per agency policies and standards. To that end, an application (i.e. "electronic Services Program" - eSP) that has browser-based access via the world wide web is being developed on a state server. Barriers to the use of this system include: need for clarity around data and system privacy, security, possible connections to existing information systems in other state agencies to eliminate redundant data entry at the school/county level, and need for further development of reporting functions.

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**Planning Goal 1: Implementation of Statewide Interagency Coordinated Service System**

The purpose of Planning Goal 1 is to ensure that a statewide interagency coordinated service system is in place to meet the needs of children with disabilities and their families. The State Interagency Committee (SIC) has been appointed to oversee and make key decisions about the development and implementation of this legislation. Minnesota Statute 125A.023 states that SIC must develop guidelines for implementation of policies to ensure a comprehensive, coordinated system of all state and local agency services. In addition, SIC is responsible for guidelines that will assist local Governing Boards of the Interagency Early Intervention Committees (IEICs) to carry out their duties in 125A.027 (MN Statute on the design and implementation of local interagency systems).

At the state level, interagency agreements delineate responsibilities of the participating agencies to better coordinate funding and services. Similarly, local interagency agreements reflect local responsibilities for funding and coordinated services. Existing local interagency groups that coordinate funding and services for children and youth and their families include:

- Interagency Early Intervention Committees (IEICs)
- Community Transition Interagency Committees (CTICs)
- Family Services Collaboratives (FSCs)
- Children's Mental Health Collaboratives (CMHs)
- Combined Family Services and Children's Mental Health Collaboratives

In 2000, there were 96 IEICs, 78 FSCs, 35 CMCHs and 72 CTICs. IEICs and CTICs are found in all 87 counties and 347 school districts in Minnesota. FSCs and CMCHs are located in 75 counties and more than 300 school districts statewide. The Minnesota System of Interagency Coordination (MnSIC) is designed to serve children and youth with disabilities and their families into existing models of integrated service delivery. Some of these models serve a broader population, as in the case of the CMHs and FSCs, and some serve a more narrowly defined population, as in the case of IEICs and CTICs, which are age-specific. Some, but not all charter schools are included in collaborative agreements.

As outlined in MS 125A.027, interagency governance agreements were not required until January 1, 2001 for the 3-5 year old age group. These agreements are submitted to the Department of Human Services to ensure that all counties and school districts in Minnesota have a local interagency governance structure developed and implemented for children and youth with disabilities who need services from the school and, at a minimum, one other public agency. Over 80 percent of all counties and school districts have submitted a local interagency governance agreement as of the end of September, 2001. Future "phase-in" plans

for local governance agreements follow a progressive implementation schedule that starts for children and youth up 9 years of age by October 2001; 14 years of age by July 2002; and 21 years of age by July 2003.

**Planning Goal 2: Implementation of the Individual Interagency Intervention Plan (IIIP)**

**This planning goal will help to ensure that eligible children and families** in Minnesota receive coordinated interagency services through the use of the Individual Interagency Intervention Plan. Minn. Stat. 125A.023, subd. 3(f) requires that MnSIC develop a "standardized written plan" that is widely referred to as the "Triple Ip," when spoken or "IIIP" when written. In addition, Minnesota Statute 125A.027 requires local school and county boards to implement the IIIP for eligible children and families. The IIIP is developed for interagency teams to document, describe, and coordinate services as well as payment arrangements.

The IIIP is to contain the minimum statutory documentation requirements from federal and state law that are mandated to be on a written plan that describe needed interagency services and payment arrangements for an eligible child with disabilities. (Eligibility is defined as a child or youth, age 3 through 21, who is eligible for special education and needs services from *two or more* public agencies—of which one is the school.) While the IIIP provides a place to document the requirements of various plans, there is also an expectation that a family-focused, family-centered and/or person-centered, wraparound philosophy be used to assure family and child focused planning.

At the present time, required data and documentation elements from eight (8) service plans for eligible children up to age 9 are included in the IIIP. All relevant state agencies responsible for services and funding arrangements for eligible children up to age 9 have approved the current version of the IIIP. The current version of the IIIP is to be used in place of these 8 other service plans. Further negotiations between state agencies will occur by February, 2002 regarding required documentation elements for eligible children/youth through age 21. It is anticipated that 3 other service plan requirements will be included in the final version. State agencies serving on the MnSIC will approve the final version of the IIIP.

In addition, an electronic application for the IIIP that provides browser-based access via the world wide web to interagency service providers and parents is being developed. This application is named the "electronic Services Program" (eSP). This application is a State of Minnesota initiative and has online training modules. eSP will facilitate IIIP development across local agencies, will eliminate redundant data entry, will standardize required data documentation elements and will create federal and state reports. Further training and technical assistance to new groups of users is needed. There is also a need to clarify and communicate to parents and service providers the data privacy and security procedures that are inherent in the eSP application.

## Self-Improvement Priority 4

### *Improve Interagency Cooperation and Coordinated Service Delivery*

**PLANNING GOAL 1: MnSIC will ensure that a statewide interagency coordinated service system is in place to meet the needs of children and youth with disabilities and their families.**

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 The MnSIC Infrastructure is in place at the state level to coordinate services and reduce duplication.	a. All state agencies have signed the state interagency agreement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. The state interagency agreement will be revised as appropriate.	MnSIC, SIG
	b. All state agencies have input in the development of the MnSIC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Agency approvals/signatures will be obtained.	MnSIC, SIG
	c. There will be increased levels of satisfaction among local public agency staff regarding state agencies' direction, guidance and clear definitions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Develop Memoranda of Understanding (MOUs) among state agencies regarding responsibilities.	MnSIC, SI, SIG
	d. Documentation of State Interagency Committee (MnSIC) meetings are provided on the web.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Clarify the responsibilities of charter schools in the interagency system.	MnSIC
	e. Clarification on the responsibilities of charter schools in the interagency system are documented on the MnSIC and CFL web sites.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Identify methodology to link data from various sources in order to aggregate at the state level.	MnSIC
	f. A coordinated data collection system is in place at the state level.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f. MnSIC will consider the fiscal impact of implementation of the Interagency Coordinated Service System.	MnSIC
	g. Documentation on the fiscal impact of the implementation of the MnSIC will be available.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	g. MnSIC will systematically gather input regarding state agencies' direction, guidance and clear definitions from providers, administrators, advocates and families.	CISC
			h. MnSIC will identify and address the barriers to implementation of a coordinated interagency service system.	SIG, MnSIC
1.2 The MnSIC infrastructure is in all school districts and counties to coordinate services and reduce duplication.	a. All local public agencies have input into the development and implementation of the local interagency coordinated services systems and interagency agreement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Develop guidelines for local governance agreements.	MnSIC
	b. All county boards and school boards in Minnesota have signed local interagency agreements based upon implementation timelines in Minn. Stat. 125A.027, Subd. 3.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Review submitted local interagency agreements for all required components outlined in the guidelines.	MnSIC
	c. MnSIC website, newsletters, and position papers will be developed and disseminated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Establish a MnSIC website and prepare newsletters and position papers related to the development of a local, coordinated interagency service system.	SIG
	d. Interagency staff will receive appropriate and timely training, as needed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Develop, implement, and evaluate interagency staff development activities.	SIG, MnSIC
	e. Local service providers and families report increased coordination and improvement of services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. MnSIC will systematically gather input to assess satisfaction levels of staff and families related to coordinated services at the state level.	SIG
			f. MnSIC will explore options for accountability of systems at the local level.	MnSIC
			g. MnSIC will investigate needed monitoring of interagency services and systems.	MnSIC

\* Source Codes CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; DAC=Diversity Advisory Committee; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; SI=Self-Improvement Grant; SIG=State Improvement Grant

# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 4

### Improve Interagency Cooperation And Coordinated Service Delivery

**PLANNING GOAL 1: MnSIC will ensure that a statewide interagency coordinated service system is in place to meet the needs of children and youth with disabilities and their families.**

Desired Outcomes	Evidence	Data	Strategies	Source*
	f. Documentation will be provided in MnSIC's annual report on accountability of local systems.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	g. Within each age group implementation timeline, there will be a decrease in the number of complaints compared to the Year One baseline.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	h. Documentation will be provided in MnSIC's annual report on needed monitoring activities.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**PLANNING GOAL 2: MnSIC will ensure that eligible children and youth and their families receive coordinated services through the use of the Individual Interagency Intervention Plan (IIIP).**

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Local public agencies are coordinating resources for necessary services to eligible children and youth and their families through the use of IIIP.	a. Local service providers and families report increased coordination and improvement of services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Develop guidelines and provide technical assistance regarding coordination of services.	MnSIC
	b. MARSS data will be used to demonstrate the degree of implementation and use of the IIIP according to the implementation timelines in MN Stat. 125A.027, Subd. 3.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. MnSIC will coordinate with CFL Workforce Work Group in the development of a definition of service coordination and delineation of roles and responsibilities.	SI
	c. Data will be analyzed to determine the extent to which the use of the eSP (Electronic Services Program) facilitates statewide interagency use of the IIIP.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Systematically gather input from families and staff to assess satisfaction with coordinated services at the local level.	SI, MnSIC
	d. Staff and families report increased knowledge and skills in the use of the IIIP and the eSP, when appropriate.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Add data indicator for "IIIP" to MARSS.	SIG, MnSIC
	e. Families report increased understanding and involvement in the local interagency service delivery system.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Provide for the ongoing development, implementation, and maintenance of the eSP system in order to anticipate future data needs.	CFL
	f. Adequate training will be provided for interagency service providers on the use of the IIIP.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f. Develop, implement, and evaluate training and technical assistance activities on the use of the eSP for all parties involved including parents, special education staff, interagency staff and advocates.	CFL
			g. Develop, implement, and evaluate statewide training to effectively involve parents of children with disabilities in interagency service delivery systems.	SIG, MnSIC
			h. Develop, implement, and evaluate statewide training for interagency service providers on the use of the IIIP.	SIG, MnSIC

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## Self-Improvement Priority 5

### Reduce System Bias Related to the Needs of Diverse Populations

#### INTRODUCTION

Schools in Minnesota have a legal obligation to appropriately identify children and youth with disabilities and to provide a Free and Appropriate Public Education (FAPE). Children and youth placed into special education programs who do not have disabilities as defined by law and rule constitutes a discriminatory practice that could result in the denial of equal educational opportunity. One factor to consider as to whether children and youth with disabilities are provided with FAPE is the extent to which *system bias* may be present. System bias generally refers to discriminatory practices that occur over time and are “institutionalized,” that is, firmly embedded in the system. One incident of discriminatory practice does not constitute systemic bias. Rather, discriminatory practices must be pervasive, along with the implied or expressed support of those working within the system. System bias can result in disproportionate numbers of children and youth placed in special education programs. Most often this phenomenon occurs for children and youth who represent culturally and linguistically diverse groups.

#### Diversity Advisory Committee (DAC)

The Division of Special Education's Diversity Advisory Committee (DAC) was instrumental in developing the planning goals and outcomes described in the Diversity Self-Improvement Plan. As the Division of Special Education's advisory group, the DAC has broad representation in terms of diverse populations, regions of the state, parents and advocates, and areas of expertise in the area of diversity. Based on DAC's review of the various data sources, research conducted by the Division of Special Education, and results of focus groups conducted across the state, three priorities were identified in which self-improvement initiatives were needed:

- Prereferral practices, including relationships with general education.
- Evaluation, eligibility determination, and placement practices.
- Development of a culturally competent and diverse workforce.

These three priorities represent the general framework of the plan for *Self-Improvement Priority 5* and are the basis in which all goals and outcomes were identified. Along with other internal workgroups within the Division of Special Education, the DAC will provide ongoing advisory and technical assistance support throughout the course of implementing and evaluating self-improvement activities.

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**Causes and Barriers**

In Minnesota, children and youth from some backgrounds are overrepresented in special education programs while other groups are underrepresented. Overrepresentation means that a higher proportion of children and youth from culturally and linguistically diverse groups are placed in special education programs in comparison to their overall representation in the population. In general, children and youth from African American and American Indian ethnic groups that are native English speakers are overrepresented in special education. Overrepresentation may result from having a higher incidence of disability because of health problems or other factors. It may also be the result of bias in the educational system that causes children and youth to be perceived as poor performers. Research suggests that overrepresentation can also be due to a combination of these factors. For example, the combination of high poverty rates, health related problems, and system bias could contribute to the overrepresentation of African American and American Indian children and youth.

A consequence of overrepresentation is that special education services may not provide the intended benefits for culturally and linguistically diverse populations. For example, once identified as having disabilities, data suggest that African American and American Indian children and youth are more likely to be placed in restrictive placement programs. Similarly, data also indicates that they are less likely to pass the *Basic Skills Test (BST)* for graduation and more likely to drop out when compared with Caucasian children and youth with disabilities in special education.

With the exception of Hispanic linguistic groups, children and youth of limited English proficient (LEP) backgrounds tend to be underrepresented in special education programs regardless of ethnicity. For example, new immigrants from Africa whose native language is not English are often underrepresented in special education programs. Hispanic children and youth are represented, statewide, at close to expected rates but with slight differences depending on whether the home language is English or Spanish. There are several explanations for underrepresentation: (1) certain groups are perceived to have fewer problems, or are more successful in school than other groups; (2) there is a great deal of variation in how differences in disability are perceived and treated among different cultures, and (3) there is potential bias in the educational system.

**Planning Goal 1: Access to Appropriate Prereferral Services**

**Effective prereferral services gives schools, children and youth and families** an opportunity to gather information, develop preventative strategies, and find solutions that will lead to success in the general education program. Prior to making a referral for special education evaluation, prereferral teams must determine whether there is sufficient evidence of a disability to support a referral or whether it is more likely that the student's difficulties are the result of race and culture, communication, socioeconomic status, or other factors. In determining whether to

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proceed with a formal referral, the team also needs to consider school-related factors. For example, there may be a mismatch between the student's background knowledge and classroom expectations, as in the case of newly immigrated populations.

While effective prereferral is widely acknowledged as a way of successfully reducing inappropriate referrals to special education, a number of challenges remain. One is that prereferral is a general education responsibility and while many teachers and administrators support these activities, many continue to struggle, either as a result of a lack of commitment among staff, lack of awareness and understanding, or the erroneous, but rather widespread assumption that prereferral is a special education responsibility. In any event, even when there is a clear commitment to effective prereferral practices, many schools lack the resources, training, and technical assistance necessary to conduct prereferral activities that meet the needs of culturally and linguistically diverse children and youth. For example, many schools do not have access to cultural liaisons or other personnel that can foster communication with culturally and linguistically diverse parents. To address these issues, a variety of strategies are suggested to improve accountability for prereferral and to expand resources and training initiatives. Currently, promising efforts are underway to improve prereferral practices in Minnesota under the auspices of the State Improvement Grant (SIG). The proposed strategies outlined in the plan for *Self-Improvement Priority 5* are intended to build on and enhance these ongoing initiatives.

**Planning Goal 2: Appropriate Evaluation, Identification, and Service in Special Education.**

**Based on current knowledge of culturally-competent service delivery**, many in the field of special education agree there is a need to promote or increase:

- Knowledge and resources for conducting appropriate evaluations.
- Knowledge and resources to ensure appropriate, culturally competent special education services, especially for LEP children and youth with disabilities.
- Effective data collection and/or reporting systems necessary for planning and decision-making.
- Financial resources in order to meet the needs of a rapidly changing student population.
- Awareness of legal standards and consequences.

One major issue with regard to the delivery of culturally-competent services is the lack of effective communication with parents and the implementation of strategies for considering cultural context in the evaluation and eligibility determination process. For these reasons, several strategies are suggested to improve the involvement of trained cultural liaisons in prereferral and special education

processes. Proportionate representation in special education is also an obvious and essential part of the self-improvement plan. In addition to training and resources, strategies are recommended to make useful data more readily available and to improve accountability systems. It is imperative that educators obtain reliable information regarding how children and youth are served and the results that are achieved. This aspect of the plan for *Self-Improvement Priority 5* also contains strategies for addressing the needs of children and youth served in Part C programs and services.

**Planning Goal 3: Access to Services from a Culturally Competent and Diverse Workforce.**

**Over the years, the recruitment, training, and retention** of diverse special education personnel has been a challenging area. While it is widely acknowledged there is a need for entrants representing the diverse communities in Minnesota, the shortage of qualified applicants was the greatest barrier to hiring special education teachers and other related personnel as reported by administrators in the state. If Minnesota is to reduce disproportionality and improve outcomes for minority children and youth, it is imperative that improvements be made in recruitment, retention, and training of diverse personnel. Many of the self-improvement strategies are based on those developed for *Self-Improvement Priority 2: Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*. Members of the Diversity Advisory Committee (DAC) were also able to suggest ways to expand these efforts through collaboration with existing programs that recruit general education teachers. Distance learning and technology were seen as effective strategies by members of the DAC to provide instruction and training for persons throughout all parts of the state.

## Self-Improvement Priority 5

### *Reduce System Bias Related to the Needs of Diverse Populations*

**PLANNING GOAL 1: Ethnic minority and culturally and/or linguistically diverse children and youth will have access to appropriate prereferral services.**

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Effective prereferral practices will be used by general education, LEP and other staff when working with ethnic minority and culturally and linguistically diverse children and youth.	<p>a. There will be a decrease in the disproportional representation of ethnic minority and culturally/linguistically diverse children and youth in special education.</p> <p>b. Data on referral rates will more closely approximate proportionality on a year-to-year basis.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>a. Develop prereferral standards or guidelines and practice options to improve implementation of effective prereferral practices, including financial incentives, legal provisions, and other options.</p> <p>b. Conduct and evaluate staff development activities using research-based effective prereferral practices with general and special education staff to reduce the disproportionate placement of diverse populations in special education programs.</p> <p>c. Implement the referral data collection process piloted in Reducing Bias in Special Education Assessment.</p> <p>d. Collaborate with CAPS, MEEP, LEP and other programs to infuse effective prereferral practices into their training.</p>	<p>CFL, SIG</p> <p>DAC, SIG</p> <p>DAC</p> <p>DAC</p>
1.2 There will be effective collaboration between family and school for culturally and linguistically diverse children and youth at risk of special education referral.	a. Families will report increased satisfaction and increased involvement in the prereferral process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>a. Improve family involvement in prereferral through ongoing parent involvement grants and other means.</p> <p>b. Provide and evaluate training on involving families in the prereferral process with general education teachers, administrators, and other support personnel.</p>	<p>CFL, DAC</p> <p>CISC</p>
1.3 There will be increased communication and effective collaboration between general education and special education staff and administrators.	<p>a. Staff and administrators will report increased knowledge and skills in implementing culturally competent prereferral strategies.</p> <p>b. There will be an increase in the number of schools reporting the use of culturally competent prereferral activities.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	a. Conduct and evaluate staff development activities for administrators, teachers and other support personnel on effective communication and collaboration in the prereferral process.	DAC, CFL

**PLANNING GOAL 2: Ethnic minority and culturally and/or linguistically diverse children and youth will be appropriately evaluated, identified and served in special education.**

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Increase interpreting services and translation of written materials for families of culturally and linguistically diverse children and youth with disabilities.	a. Monitoring data and CIMP results will show increased use of interpreters and/or translation of required due process documentation and at team meetings.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>a. Develop best practice materials and training for the interpretation and/or translation of IEPs, IFSPs, IIPs in the format requested by the family.</p> <p>b. Increase the availability of interpreting services and translation of necessary due process documentation as provided for all other children and youth with disabilities in</p>	<p>CISC</p> <p>CISC</p>

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 5

### Reduce System Bias Related to the Needs of Diverse Populations

Desired Outcomes	Evidence	Data	Strategies	Source*
			a variety of formats throughout the state for families who have limited English proficiency.	
			c. Develop and promote policies and rules for the provision of interpretation and translation of required due process documentation and at team meetings.	CISC
2.2 There will be increased and improved communication between families of ethnic minority and culturally/linguistically diverse children and youth and special education personnel.	a. Families will report an increase in satisfaction regarding communication with special education staff and cultural liaisons.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Improve participation of ethnic minority and culturally/linguistically diverse families in the special education process and promote their involvement through family centered practices, parent involvement grants and other means.	DAC
	b. As a result of training activities, families report increased understanding of the special education planning process and nondiscrimination issues.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Provide training for families and advocates on cultural diversity and nondiscrimination issues and the special education process.	CFL
			c. Systematically gather input from families regarding communication and the special education process.	CISC
2.3 There will be a system so that districts throughout Minnesota have access to trained cultural liaisons for prereferral and special education activities.	a. A network of cultural liaisons will be established for all major population groups in all regions of the state.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Provide and evaluate training and ongoing support for cultural liaisons.	CISC
	b. Cultural liaisons will demonstrate competency in special education and cultural issues as a result of ongoing training and support.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Provide and evaluate training and technical assistance for general education, special education, Part C personnel and interagency staff and families on the role of cultural liaisons.	CFL
			c. Explore and disseminate information on funding options for cultural liaisons, particularly in districts with rapidly changing populations.	DAC
2.4 Ethnic minority and culturally and/or linguistically diverse children and youth served in special education programs will have increased positive educational outcomes.	a. Demonstrate improvement in MCA scores, BST scores, and Alternate Assessment results, and graduation rates; and a decrease in drop out rates, suspension, and expulsion rates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Establish data collection and analysis systems by race, language and disability.	DAC, SI
	b. Longitudinal record review conducted by the Division of Accountability and Compliance for ethnic minority and culturally and/or linguistically diverse children and youth will indicate progress toward goals and objectives and graduation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. The Division of Accountability and Compliance will develop and implement criteria to accurately identify positive educational outcomes for ethnic minority and culturally/linguistically diverse children and youth with disabilities.	CISC, DAC
	c. There is an increase in the percentage of record reviews that demonstrate the consideration of language needs in IFSPs/IEPs/IIIPs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Develop and implement training and technical assistance on cultural diversity and effective instruction for special education personnel.	CISC, DAC, CFL
			d. Collaborate with CFL early literacy efforts to meet the needs of ethnic minority and culturally and/or linguistically diverse children and families.	DAC
			e. Implement IDEA provisions that native language be addressed in the IFSP/IEP/IIIP.	DAC

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# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 5

### *Reduce System Bias Related to the Needs of Diverse Populations*

Desired Outcomes	Evidence	Data	Strategies	Source*
	d. There is a decrease in the number of ethnic minority and culturally and/or linguistically diverse children and youth with disabilities placed in more restrictive environments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	f. Develop and implement cultural diversity training and technical assistance activities for special education personnel working in the area of transition (ages 14-21).  g. Collaborate with DSE and MnSIC to incorporate cultural and linguistic concerns into transition planning, birth-21.	CISC  DAC
2.5 There will be more proportional representation for ethnic minority and culturally and/or linguistically diverse groups currently over- and under-represented in special education.	a. Monitoring data and CIMP results will show increased use of nondiscriminatory evaluation procedures.  b. MARSS data will show children and youth with disabilities (birth-21) are identified for special education services in proportion to their occurrence in the general population.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Increase the number of districts that have implemented procedures to reduce bias in special education evaluation.  b. Ensure the development, training, and use of culturally appropriate child find materials and activities in Interagency Early Intervention Committees (IEICs), preschool screening programs, and other programs for children and youth with disabilities.  c. Improve data analysis and reporting systems so that information on disproportional representation is available at the state, regional, and district levels to aid in planning and decision making.  d. Resource materials for appropriate evaluation and services will be readily available.  e. Explore options to collect data on the country of origin of children and youth in the educational system.  f. Work with the Division of Accountability and Compliance to enhance monitoring procedures related to diversity and nondiscrimination.  g. Incorporate elements related to diversity and disproportional representation into the Continuous Improvement Monitoring Process (CIMP).  h. Collaborate with Regional Low Incidence projects and professional associations to identify resources and provide training and ongoing support so that culturally and linguistically competent evaluation services are available throughout the state.  i. Ongoing staff development activities for EBD teachers and other special educators on the use of Functional Behavioral Assessments (FBAs) will be enhanced to include issues related to gender, race, ethnicity and mental health disorders.	SIG  SI  DAC  DAC  DAC  DAC  CFL  DAC  SI, SIG

\* Source Codes CFL=CFL Priority; CISC=Minnesota's Continuous Improvement Steering Committee; DAC=Diversity Advisory Committee; IMH=State Interagency Infant Mental Health Workgroup; MHLC=Mental Health Leadership Committee; MnSIC=Minnesota System of Interagency Coordination; SI=Self-Improvement Grant; SIG=State Improvement Grant



# MINNEOSTA'S SELF-IMPROVEMENT PLAN

## Self-Improvement Priority 5

### Reduce System Bias Related to the Needs of Diverse Populations

**PLANNING GOAL 3: Ethnic minority and culturally and/or linguistically diverse children and youth with disabilities will have access to services from culturally competent, diverse personnel.**

Desired Outcomes	Evidence	Data	Strategies	Source*
3.1 Increase the percentage of individuals from typically underrepresented groups (e.g., ethnic minority and culturally and/or linguistically diverse groups, including the newer groups immigrating to Minnesota; males, and individuals with disabilities) entering and being retained in the field of special education.	a. The proportions of special educators from ethnic minority and culturally and/or linguistically diverse groups increase to reflect the proportions of these groups in the state's teaching-age population.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Collaborate with existing programs that support the recruitment and training of ethnic minorities and culturally and/or linguistically diverse individuals into the teaching field (state-funded Multicultural Educators program plus individual IHE programs).  b. Build upon existing programs (i.e., state funded Multicultural Educators program) that support recruitment and training of teachers to include related services fields and second licenses (adding a second license in special education).	DAC, CFL  CFL
3.2 Increase statewide access to licensure programs for special education.	a. All special education licensure programs are available either live or through distance education within a reasonable distance of any location in the state.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Improve infrastructure and use of technology to deliver education options for licensure via distance learning.	DAC, SIG
3.3 Increase the number of licensed personnel trained in emerging areas of special education.	a. There is an increase in the percentage of licensed personnel who participate in training opportunities in each emerging area of special education.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Require training related to special education for staff who are "eminence licensed" (for example, Indian language and culture teachers).  b. Enhance existing preservice programs so that the needs of Minnesota's changing student population are reflected.  c. Explore collaboration with Institutions of Higher Education (IHE) programs in other states that specialize in the development of cultural competency for the training of teachers and related service personnel. Implement similar programs as appropriate.	DAC  DAC  DAC
3.4 Increase opportunities for, and the use of, career-long support (e.g., networking, coaching, and mentoring) and connections to broader professional communities for special educators.	a. There is an increase in the number of career-long support opportunities available to special educators.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Support special education personnel who are culturally and linguistically diverse from the majority of their peers by developing and/or enhancing mentoring opportunities to foster cultural competencies.  b. Promote continual learning related to cultural competence for all special education personnel.	DAC  DAC

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