

Minnesota Part C State Performance Plan FFY 2005 (2005-2006)



February, 2007

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Partners from the Minnesota Departments of Health and Human Services actively participated with the Minnesota Department of Education (MDE) in the formation and implementation of strategies for broad stakeholder input and involvement in Minnesota's State Performance Plan.

The Governor's Interagency Coordinating Council (ICC) played a vital role in SPP development. Minnesota Statute § 125A.28 details the required membership of the council to include "at least five parents, including persons of color, of children with disabilities under age 12, including at least three parents of a child with a disability under age seven, five representatives of public or private providers of services for children with disabilities under age five, including a special education director, county social service director, local Head Start director, and a community health services or public health nursing administrator, one member of the senate, one member of the house of representatives, one representative of teacher preparation programs in early childhood-special education or other preparation programs in early childhood intervention, at least one representative of advocacy organizations for children with disabilities under age five, one physician who cares for young children with special health care needs, one representative each from the commissioners of commerce, education, health, human services, a representative from the state agency responsible for child care, and a representative from Indian health services or a tribal council."

The SPP was first brought before the ICC for their consideration during the September 2005 meeting. The ICC was also invited to participate with the State Special Education Advisory Council for Part B (SEAC) in an interactive session to establish targets and consider activities. ICC devoted time to SPP draft indicators during November and received the indicators in a final draft format prior to submission.

Stakeholder input extended well beyond the ICC, and included:

- Two interactive breakout sessions held during the annual Early Childhood Special Education (ECSE) leadership conference in early October. This annual event provided an opportunity for input by 140 ECSE local coordinators.
- Information on each indicator and a stakeholder's input form was distributed to each of Minnesota's 95 Interagency Early Intervention Committees (IEICs) which include local education, health and social service representatives in addition to school boards and county boards, parents of young children with disabilities, child care and Head Start representation. IEICs provide the local infrastructure for implementation of the early intervention system.
- Information on each indicator and the stakeholder input form was also electronically distributed to all local directors of public health and family service agencies.
- Local directors of Special Education from throughout Minnesota were invited to a full-day meeting sponsored by MDE. Indicators were reviewed and input was sought.
- Draft indicators were posted to the MDE website and input was encouraged.

Strategies for Indicators 3 and 4, child and family outcomes respectively, were developed as part of Minnesota's General Supervision Enhancement Grant application process and are described in conjunction with those indicators.

Minnesota's Part C SPP is posted on MDE's website for ongoing public access. The availability of the SPP will be broadly communicated through the use of existing list serves which include a broad base of stakeholders, through Minnesota's quarterly early intervention publication, *Your Link*, and by advocacy partner organizations.

Monitoring Priority: Early Intervention Services in Natural Environments

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

(20 USC 1416(a)(3)(A) and 1442)

Data Source:

Data will be taken from Minnesota's Automated Student Reporting System (MARSS) Minnesota's state data system.

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Timeliness of services is a vital thread throughout Part C. Prior to addressing the indicators on the SPP, Minnesota did not define "timely" as it applies specifically to this indicator in terms of a number of specified days. At the September 2005 meeting of the ICC, the council defined "timely" for the purpose of this SPP to mean that IFSP services begin not more than 30 calendar days following the initial IFSP team meeting. Minnesota will need to work to formally adopt a definition of "timely" within rule during 2006.

Minnesota has the capacity to draw this data directly from the MARSS system. When infants or toddlers are referred for evaluation, a MARSS number is assigned to the child and an enrollment record is created within the system to define the period of evaluation. The status end date for this initial record is the date of the IFSP team meeting for children determined eligible.

A new enrollment record is created for the service delivery period. Local Education Agencies (LEAs) have been directed to use the first date of actual service as the start date of that new record. By comparing the status end date of the first record with the status start date of the second record, a determination can be made as to whether services have started within 30 calendar days and therefore can be considered "timely".

Baseline Data for FFY 2004 (2004-2005):

Analysis of data shows that 90.4% of eligible infants and toddlers and their families begin to receive the services on their IFSPs in a timely manner according to current interpretation.

Discussion of Baseline Data:

Analysis of the remaining 9.6% whose services did not begin in a timely manner shows some clear trends. Only 5.6% of the total number of IFSP team meetings took place during July or early August. However, of those that were held during this window, 33% of those resulted in services not beginning in a timely manner. This represents 20% of all instances of services not initiated in timely manner. A similar phenomenon can be detected for those services that should have been initiated during the winter holiday season. An additional 17% of those IFSP team meetings resulting in non-timely service initiation were held during November or early December.

Language also appears to be a factor when services are not initiated in a timely manner. When the primary language spoken in the home of the infants or toddlers is English, services are initiated in a timely

manner 91.1 % of the time. When the primary language spoken in the home is something other than English, services are initiated in a timely manner 84% of the time.

Implications from the analysis of this data must be interpreted with caution. The creation of enrollment records using the dates specified above represents a relatively recent change in Minnesota's Automated Reporting Student System (MARSS). Training is ongoing.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance Target of 100%
2006 (2006-2007)	Compliance Target of 100%
2007 (2007-2008)	Compliance Target of 100%
2008 (2008-2009)	Compliance Target of 100%
2009 (2009-2010)	Compliance Target of 100%
2010 (2010-2011)	Compliance Target of 100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Improve data quality. MDE must work to ensure the accuracy of data reported specific to this indicator. Ongoing communication with local MARSS reporters will highlight procedures specific to this performance indicator. Written guidance and training will be provided as necessary to improve data quality.	2006-2011	MDE Staff
Adopt a formal definition of "timely" as it pertains to the initiation of services provided through an IFSP. Through a formal rulemaking process, MDE must adopt a definition of "timely" for future SPP/APR and monitoring purposes.	2006	MDE Staff
Report status of local systems. Through a revised ECSE Data Profile format, MDE will communicate the status of local programs on this indicator in order to promote improvement.	2006-2011	MDE Staff

<p>Work to determine causality for non-compliance. MDE will identify those LEAs who exhibit a rate of non-compliance higher than the state average and survey ECSE leaders in those districts to gather information needed to plan more effective activities for the future.</p>	February, 2006	MDE Staff
<p>Continue to improve and promote Minnesota's Interpreter Contact System. The MDE website includes a page devoted to working effectively with linguistic interpreters and accessing interpreters through a searchable data base. MDE early childhood staff will promote increased use of that resource.</p>	2006-2011	MDE Staff
<p>Promote Use of Language Lines. The Minnesota Department of Human Services (DHS) maintains phone lines in multiple languages to promote access to services for residents who speak a language other than English. Parents and others needing more information are encouraged to call 1-888-291-9811 (toll-free) for personalized support in their home language.</p>	2006-2011	MDE Staff
<p>Provide information on IFSP process and timelines. PACER is committed to providing important information to all stakeholders in the early intervention system by:</p> <ul style="list-style-type: none"> ▪ Sponsoring workshops specifically for parents of children ages birth to three years of age on the IFSP process and timelines; ▪ Providing individualized assistance upon request about the IFSP process and timelines; ▪ Developing and distributing a parent-friendly handout on the IFSP process and timelines for delivery of service; and ▪ Developing and posting new materials to their website regarding the IFSP process and timelines. 	2006-2011	PACER Center
<p>Communicate Part C Standards. Provide guidance to ensure that LEA principals, superintendents and directors of special education understand differences between Part C and the 3-21 services system, especially as it relates to year-round service delivery.</p>	2006-2011	MDE Staff
<p>Monitoring data collection. MDE compliance monitors will collect the data needed for this indicator as part of their routine onsite visits to LEAs within the state. Monitors will obtain corroborating evidence from file reviews, staff interviews, parent interviews and parent surveys in order to provide this data in the future.</p>	2007-2011	MDE Staff

Create guidance materials and training for county social services providers on the definition of timely initiation of services.	2007-2011	DHS Staff
Modify the IFSP and create reporting documents that clearly specify projected start date and the actual beginning date.	2007-2008	MDE Staff
Assist in the ongoing development of an interagency monitoring process which minimally contains requirements to which county social services agencies and providers are accountable.	2007-2011	MDE, DHS & MDH Staff
Develop training and guidance materials on service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.	2007-2011	DHS Staff

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator #2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community settings.

(20 USC 1416(a)(3)(A) and 1442)

Data Source:

Data collected for reporting under section 618 (Annual Report of Children Served).

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community settings divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process: Part C promotes the provision of early intervention services in environments that are natural for young children and their families. Minnesota includes “Home” and “Programs Designed Primarily for Children without Disabilities” when considering natural environments. These are settings 13 and 12, respectively, in MARSS. The location of early intervention services is a decision made at least annually by an appropriately constituted IFSP team which includes, as per M.S. § 125A.32(a):

1. a parent or parents of the child;
2. other family members, as requested by the parent, if feasible to do so;
3. an advocate or person outside of the family, if the parent requests that the person participate;
4. the service coordinator who has been working with the family since the initial referral, or who has been designated by the public agency to be responsible for implementation of the IFSP; and
5. A person or persons involved in conducting evaluations and assessments.

IFSP teams are strongly encouraged to utilize natural environments through written guidance and ongoing professional development activities when making individualized determinations.

M.S. § 125A.05(b) says “preference shall be given to providing special instruction and services to children under age three and their families in the residence of the child with the parent or primary caregiver, or both, present.”

IFSP teams are instructed to consider home and community-based early childhood programs designed for children without disabilities as “regular education programs”. When a setting other than a natural environment is utilized, the IFSP must include a justification for that team decision.

Local data on the percent of infants and toddlers served in natural environments was a data element included on Minnesota’s 2003-2004 Early Childhood Special Education District Data Profile. This data element was displayed for each local district and compared to the performance of other districts of similar size (strata), other districts in the geographic region and to the state as a whole. Training on the local usage of the ECSE Data Profile has been provided to key stakeholders in local areas on request and at several statewide conferences.

Baseline Data for FFY 2004 (2004-2005): On 12/1/2004 a total of 2,759 infants and toddlers received services primarily in settings 13 and 12 out of the total 3,092 children included in this count (89.23%). The complete breakdown by setting for infants and toddlers birth through 2 is included on Table 2-1 below.

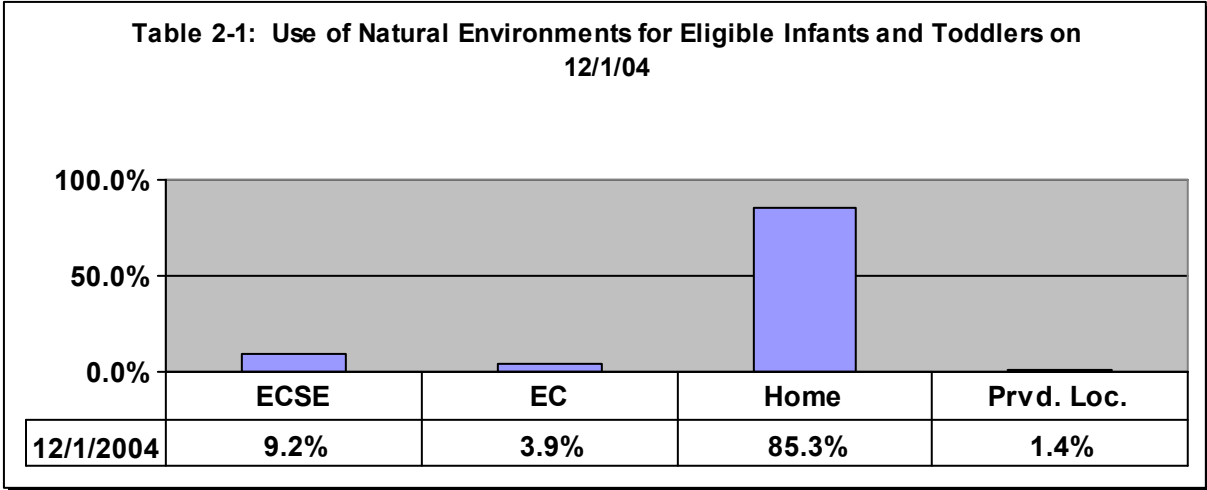
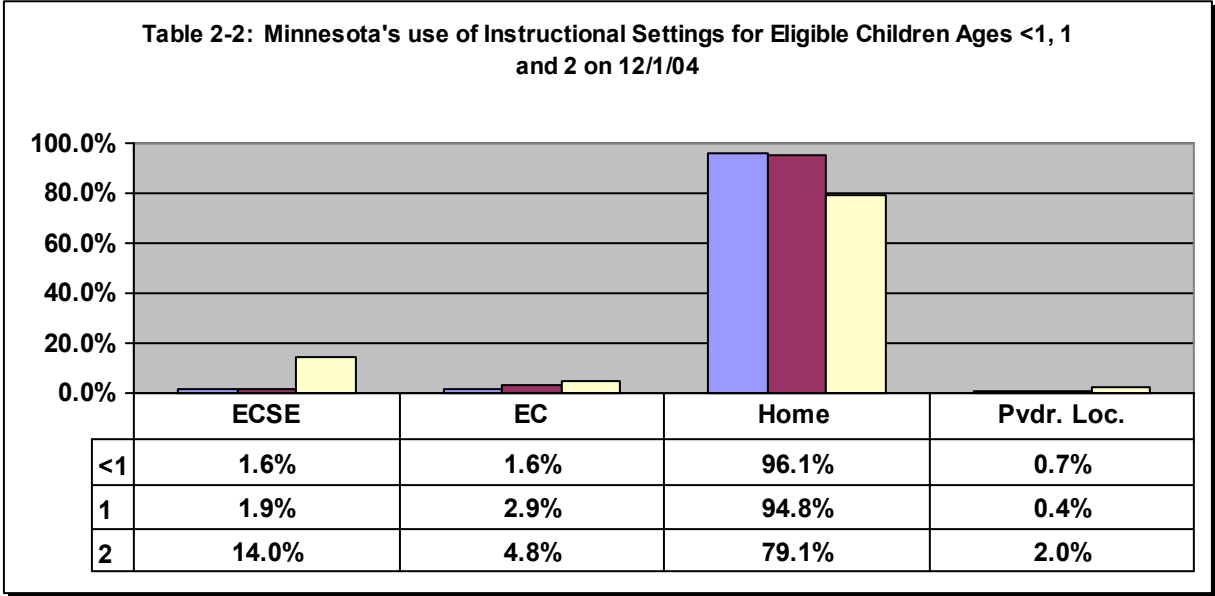


Table 2-2 below displays this same data broken down by age cohort in recognition of the fact that as children approach age 3 they are more likely to be served in a center-based option. Because there are fewer center-based options for typically-developing 2-year olds in Minnesota than for older preschool children, the center-based option for toddlers served through early intervention is often a program designed for children with disabilities. Preschool children ages 3 and 4 in Minnesota participate in Head Start, School Readiness and community-based or church-affiliated preschool programs that generally do not enroll children who are not age 3 or older on September 1st of a given year.



Discussion of Baseline Data: Reported data shows that LEAs in Minnesota serve 98.3% of infants under age one in natural environments. Almost as great a proportion, 97.7% of infants between ages 1 and 2 are served in such settings with slightly more children in this group served in community based programs for children without disabilities. The percentage drops to 84% for children ages 2-3. Further analysis of the 265 children who were age 2 on December 1st and were served primarily in programs for toddlers without disabilities reveals that almost half of them were age 2 years 9 months or older.

To gain additional insight into those infants and toddlers served in environments other than natural environments, an analysis was conducted by primary disability category. Of the 1,882 toddlers who were over age 2 on 12/1/04 and served through IFSPs, 90 were determined eligible using the criteria for autism spectrum disorder. Almost 47% of toddlers identified with ASD were served in a setting other than a natural environment, compared to 15% of toddlers eligible under developmental delay.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	89.5% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.
2006 (2006-2007)	90% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.
2007 (2007-2008)	91% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.
2008 (2008-2009)	92% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.
2009 (2009-2010)	92.5% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.
2010 (2010-2011)	93% of infants and toddlers served at home or in community-based programs designed primarily for children without disabilities.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Effectively monitor for the appropriate use of natural environments. Compliance monitors will use the ECSE Data Profiles to assist in preparation for on-site monitoring visits.	2006-2011	MDE Staff
Support the Center for Inclusive Child Care (CICC). The CICC is a multi-model professional development and information clearinghouse for child care providers throughout Minnesota. Originally known as Project Exceptional, the CICC exists to build statewide capacity among family based and center based providers to effectively meet the needs of young children with disabilities in their care. CICC continues to prioritize the	2005-2007	619 funds Contracted vendor DHS staff

availability of resources in multiple languages to meet the needs of Minnesota's increasingly diverse population. Provide training and support through the CICC in order to increase the number of trained providers who are able to fill vacancies with children who have special needs.		
Increase professional satisfaction with use of inclusive Early Childhood sites. Minnesota will create a statewide network of inclusive demonstration sites and a cadre of ECSE teachers and related service providers trained in the following National Individualizing Inclusion project components: Routines-based Assessment, Integrated Therapy, Embedded Intervention, and Collaborative Consultation.	2005-2007	MDE Staff
Facilitated capacity development for use of LRE in ECSE. Analysis of data on use of least restrictive environments in early childhood special education at the LEA level has resulted in the identification of 20 large districts with evident need to expand the capacity of their continuum of service options. MDE will use a contractor to work with target districts to identify challenges and barriers to LRE and create local work plans. While the primary outcome of this initiative is to increase use of LRE in ECSE, it will impact Part C, especially for 2-year olds transitioning from home to center-based services.	2006-2007	MDE Staff Contracted vendor
Provide targeted technical assistance to LEAs. Annually, MDE will analyze district use of natural environments and identify districts who are statistical outliers. Members of the State Early Intervention Team (SEIT), which includes colleagues from the Minnesota Departments of Health and Human Services, will provide targeted technical assistance to identify and overcome barriers to serving children in natural environments.	2006-2011	MDE, DHS and MDH Staff
Increase understanding and use of ECSE Data Profiles. In 2005 MDE created the first ECSE Data Profiles. The purpose of the profile was to provide LEAs with local data on selected indicators of ECSE program quality. Use of natural environments was included and has created greater awareness of local strengths and areas needing improvement. This activity will be continued and training on effective use of data for program evaluation and improvement will be expanded.	2006-2011	MDE Staff
Provide parents with information on natural environments. PACER is committed to providing important information to parents through the following activities: <ul style="list-style-type: none"> ▪ Sponsor workshops for parents of infants and toddlers about early intervention services in the home or community settings ▪ Provide individualized assistance upon request to 	2006-2011	PACER Center

<p>parents of infants and toddlers.</p> <ul style="list-style-type: none"> ▪ Develop and distribute family-friendly information ▪ Post pertinent information on the PACER website ▪ Annually include information on natural environments in PACER’s early childhood newsletter 		
<p>Increase provider satisfaction with the use of child care inclusive sites by continued support of grants and specialized reimbursements to child care agencies and providers. These grants and reimbursements will facilitate child care providers improving/increasing their knowledge of infant and toddler development and of special needs/disabilities and will enable child care providers to effectively incorporate children with special needs into their settings.</p>	<p>2007-2009</p>	<p>DHS Staff</p>
<p>Assure that the various DHS quality assurance initiatives assess and provide feedback on least restrictive environments, home based services and community placements available to infants and toddlers.</p>	<p>2007-2011</p>	<p>DHS Staff</p>
<p>Develop training and guidance materials on the service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.</p>	<p>2007-2011</p>	<p>DHS Staff</p>

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to

same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

In response to federal outcome reporting requirements and to improve interventions for young children with disabilities, Minnesota is implementing an outcome reporting system that will facilitate the measurement of the percent of infants and toddlers with IFSP's who demonstrate improved positive social-emotional skills; acquisition and use of knowledge and skills; and, use of appropriate behaviors to meet their needs." The procedures put into place throughout are state are based extensively on the work of and recommendations made by the Early Childhood Outcomes Center (ECO).

The Child Outcomes Summary Form (COSF) was selected as the data collection protocol because it converts data from multiple tools and multiple sources into a simple 7-point metric that will facilitate the measurement of child progress while eliminating problems inherent in a system that requires pre- and post-testing using a single tool.

Members of IFSP teams are required to complete a COSF for all children initially determined eligible under Part C who are age 30 months or younger. ECO's Summary Rating Decision Tree is used to assist in reaching consensus on ratings. No data is reported for children who are older than 30 months at the time they enter Part C as they will not be served for 6 months or more under Part C prior to their transition to services under Part B. The data element reported for each indicator is the rating from the COSF 7-point scale. MDE is well-positioned to report data for each of the five reporting categories in 2008.

A COSF must also be completed when children exit Minnesota's Part C system for any of the following reasons:

- The child is turning 3 and transitioning into services under Part B,
- The child has been reevaluated and determined to no longer be an infant or toddler with a disability and is appropriately exited from services,
- The child's parents are opting to discontinue services under Part C,
- The child is moving out of Minnesota.

Multiple data sources are incorporated in the COSF for each eligible child. Those sources include:

- norm-referenced test data generated for some children as part of initial eligibility determination
- Criterion-referenced or curriculum-based measures that have been cross-walked by ECO
- Parent report
- Observations made by early childhood special educators, related service providers and other primary caregivers

While MDE strongly encourages districts to frequently assess child progress and use that assessment data to inform intervention strategies, MDE only requires the reporting of that data at entrance into and exit from Part C for infants and toddlers with disabilities. To support local education agencies in the purchase of necessary assessment tools or training on the appropriate use of tools, an additional \$15 per child ages 3-5 from the 12/1/05 child count was appropriated from 619 discretionary funds. Districts have been given the discretion to use any criterion-referenced or curriculum-based assessment measure that has been cross-walked by ECO as the foundational element for child outcome progress measurement.

Great effort was put into building statewide capacity to collect and report meaningful data. MDE's ECSE Specialists conducted 55 half-day training sessions throughout the state between August 1 and October 30th. More than 2,000 ECSE leaders, ECSE teachers and related service providers attended these sessions. In addition, an informational overview was provided to Directors of Special Education and Head Start leadership.

Baseline data was submitted to MDE by every local education agencies using a simple Excel workbook. ECSE leaders were instructed on the completion and submission of the workbooks at their annual leadership conference. The Information Technologies Division within MDE has begun work on a web-based data collection mechanism that will be operational for the next reporting cycle.

MDE will use a formula similar to the "calculator" developed by ECO to convert subsequent ratings on the 7-point ECO scale in combination with responses to the 'b' question for each outcome (Has the child gained any new skill since the last summary rating?) into the five subgroups required in the 2008 APR.

Baseline Data for FFY 2005 (2005-2006):

Baseline data for FFY 2005 reflects the developmental status at entry of 694 infants and toddlers, birth through 30 months of age, initially served through an IFSP between April 1 and June 30, 2006. Ratings of 6 and 7 on the COSF are included in the percent of infants and toddlers demonstrating development comparable to same-age peers without disabilities. Ratings of 1-5 are included in the percent of infants demonstrating development below that of same-age peers without disabilities.

A. Positive social-emotional skills (including social relationships);

At age level: 32.3%

Below age level: 67.7%

B. Acquisition and use of knowledge and skills (including early language/ communication);

At age level: 22.8%

Below age level: 77.2%

B. Use of appropriate behaviors to meet their needs.

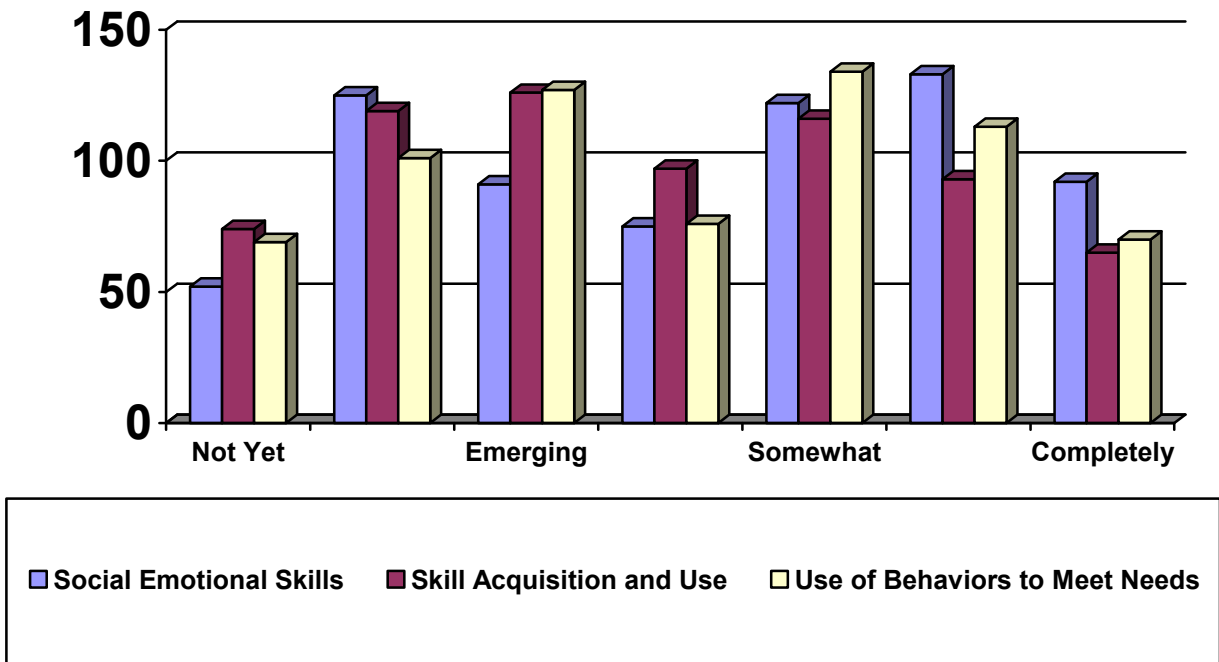
At age level: 26.6%

Below age level: 73.4%

Discussion of Baseline Data:

Ratings used to calculate Minnesota’s baseline data on each of the three child outcomes indicators were, in most cases, determined retroactively. IFSP teams applied existing entry data from within child records to the COSF after participating in training. Data reported in 2008 and beyond will be based on ratings determined within one month of entry into or exit from Part C.

**The Developmental Status at Entry into Part C on each of the 3 Child Outcomes using the COSF 7-point Scale
N=694**



FFY	Measurable and Rigorous Target
2005 (2005-2006)	Baseline data provided on the developmental status at entrance.
2006 (2006-2007)	Baseline data reported on progress on each of the three child outcomes.
2007 (2007-2008)	Determined and reported on the APR submitted 2/1/2008.
2008 (2008-2009)	Determined and reported on the APR submitted 2/1/2008.
2009 (2009-2010)	Determined and reported on the APR submitted 2/1/2008.
2010 (2010-2011)	Determined and reported on the APR submitted 2/1/2008.

Improvement Activities/Timelines/Resources:

Activities	Projected Timelines	Projected Resources
Develop a web-based data collection tool to facilitate the annual collection of child outcome data.	2007	MDE Staff
Create user-groups for each of the frequently selected assessment tools by surveying each local education agency, compiling a list by LEA and disseminating this list to local ECSE leadership.	2007	MDE Staff

<p>Expand knowledge and use of research-based intervention strategies to promote functional skill development of young children with disabilities by annually co-sponsoring, with MN DEC, a research-to-practice professional development opportunity for early intervention practitioners, including researched-based intervention strategies in early literacy, social-emotional development, and behavioral intervention.</p>	2007-2010	MDE Staff
<p>Support, through a grant to Minnesota's ECSE higher education consortium, an annual 3-day intense summer institute. Topic selected for 2007 is the collection and use of authentic assessment data to inform and improve intervention.</p>	2007-2011	MDE Staff ECSE Higher Ed Consortium
<p>Improve the intervention methodology being utilized for children served in inclusive settings through Minnesota's status as a dissemination state for the National Individualizing Inclusion Project out of Vanderbilt University.</p>	2007-2010	MN SPDG
<p>Training in "Relationship-based Intervention is provided through a grant to the University of Minnesota (U of MN). ECSE service providers will have access to training in "Relationship-based Intervention," including training initiative includes providing an internet training component and the opportunity for individual program consultation and support as well as statewide dissemination of new information and resources on mental health development.</p>	2007	MDE staff U of MN
<p>Utilize an RFP process to select geographically representative LEAs that wish to focus the utilization of research-driven practices to enhance special education outcomes. Successful proposals will have the potential for statewide applicability and sustainability.</p>	2007-2010	MN SPDG
<p>Encourage and support ECSE participation in ongoing professional development. MDE will electronically disseminate information on these events to ECSE providers. Further, MDE allocates federal funds to LEAs based on prior year 619 child count to fund such participation.</p>	2007-2011	MDE staff
<p>Disseminate promising practices and effective practices through Teacher Networks, state conferences, workshops, Directors' Forum and Institutions of Higher Education Forum.</p>	2007-2011	MDE staff

<p>Work to build capacity among families to understand and implement effective early intervention strategies.</p>	<p>2007 - 2011</p>	<p>MDE Staff</p>
<p>Actively seek opportunities to share information on effective intervention strategies with stakeholders in the early intervention system. For example, the Minnesota Association of County Social Service Agencies, the Minnesota Public Health Association and others.</p>	<p>2007 - 20011</p>	<p>Staff from MDE, MDH and DHS</p>
<p>Expand the knowledge and skills of county social services providers regarding infant and toddler development, resources and supports available so that timely and comprehensive services are provided through access to the Early Learning Guidelines document and training, information on the mental health screening requirements, training of mental health and physicians on the Ages and Stages Questionnaire: Social Emotional (ASQ:SE).</p>	<p>2007-2011</p>	<p>DHS Staff</p>
<p>Develop processes and protocols within DHS to ascertain and collect information on child and family outcomes for infants and toddlers using existing data systems.</p>	<p>2007-2011</p>	<p>DHS Staff</p>
<p>Develop training and guidance materials on service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.</p>	<p>2007-2011</p>	<p>DHS Staff</p>

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Overview of Issue/Description of System or Process:

During the January 2006 meeting of the Interagency Coordinating Council (ICC) the surveys developed by NCSEAM and ECO for the purpose of measuring outcomes for families participating in Part C were thoughtfully reviewed. The ICC recommended the ECO survey for use in MN.

The survey is now given to parents of all children who have been served by Part C in Minnesota for 6 months or more and is exiting part C for any of the following reasons.

- The child is turning 3 and is transitioning to services under Part B (3-5).
- The child has been determined to no longer be a child with a disability following a reevaluation.
- The family has voluntarily opted to discontinue participating in Part C services.
- The family is moving to another state.

In an effort to maximize the survey response rate, MDE has recommended the primary service provider or IFSP facilitator personally deliver the survey to the parent during a home visit within a month of the child's exit from Part C. The responsible team member will:

- Enter the child's unique numerical identifier onto the survey on the MDE website in the appropriate language and print.
- Hand deliver to the parent during a home visit
- Explain the importance of this information in overall program support and improvement
- Provide a stamped envelope addressed to MDE

MDE is working with teams from other states to make the Family Outcome survey available in necessary languages.

Data from surveys returned is currently hand-entered. MDE is exploring the use of a scantron version of the survey to facilitate the data entry process.

Survey dissemination started April 1, 2006 and is ongoing.

Baseline Data for FFY 2005 (2005-2006):

Data maintained by MDE suggests that 530 families were eligible to receive a Family Outcome Survey between April 1 and June 30, 2006. 403 surveys were returned indicating a 76% response rate.

For purposes of calculating our baseline performance, MDE considers responses of 5, 6 and 7 on questions 16, 17 and 18 of the ECO Family Outcomes Survey as responses that indicate a family's self-reporting of outcome attainment.

- A. 74.2% of respondent families report that early intervention services have helped them know their rights.
- B. 82.1% of respondent families report that early intervention services have helped them to effectively communicate their children's needs.
- C. 86.8% of respondent families report that early intervention services have helped them help their children develop and learn.

Discussion of Baseline Data:

63% of responding families report that they know their rights and what to do if they are not satisfied based on responses of 5, 6, and 7 on Question 6 from the ECO Family Outcomes Survey. Question 6 states "Families of children with special needs have rights and there are things families can do if they are not satisfied. How well do you know your rights?"

Knowledge of special needs is fundamental to a family's ability to communicate those needs. 81.5% of responding families report that they know a lot or most of what they need to know about their child's special needs based on responses of 5, 6 and 7 on Question 2 of the ECO Family Outcomes Survey. Question 2 states "Some children have special health needs, a disability or are delayed in their development. How much do you know about your child's special needs?"

71.7% of families report being pretty sure or very sure that they know how to help their child develop and learn based on responses to question 7 from the ECO Family Outcomes Survey which asks parents to describe their ability to help their child develop and learn. This increases to 87% when a rating of 4 is included in the calculation.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	A. Know their rights: 75% B. Effectively communicate their children's needs: 83% C. Help their children develop and learn: 87%
2007 (2007-2008)	A. Know their rights: 80% B. Effectively communicate their children's needs: 84% C. Help their children develop and learn: 90%
2008 (2008-2009)	A. Know their rights: 85% B. Effectively communicate their children's needs: 86% C. Help their children develop and learn: 93%
2009 (2009-2010)	A. Know their rights: 90% B. Effectively communicate their children's needs: 88% C. Help their children develop and learn: 96%
2010 (2010-2011)	A. Know their rights: 95% B. Effectively communicate their children's needs: 90% C. Help their children develop and learn: 100%

Improvement Activities/Timelines/Resources:

Improvement Activities	Timeline	Resources
<p>Improved family-driven assessment and family outcomes measurement. MDE has entered into a contract with the Minnesota Association of Children's Mental Health (MACMH). The overall goal of this contract is to improve family-driven assessment for each child identified under Part C and to improve the ability of the IFSP team to incorporate family-identified priorities into the IFSP and appropriately measure those outcomes. MACMH has developed a training curriculum and will provide 5 face-to-face trainings during 2007. MDE believes strengthening this component of the overall IFSP process will also positively impact infant-toddler development. Material development, dissemination and training will be an essential component of this contract.</p>	2007	MDE Staff directing work of qualified contractor 619 Funds
<p>Continue strong relationship with PACER Center. Minnesota has benefited greatly by having the nationally regarded PACER center as a local resource. MDE supports the activities of PACER by providing financial assistance, disseminating information on PACER training events, and communicating regularly with PACER advocates.</p>	2007-2011	Staff from MDE, MDH and DHS

<p>Promotion of research-based intervention practices. MDE has been selected as a dissemination state for the National Individualizing Inclusion Project out of Vanderbilt University. MDE has developed a system whereby ECSE service providers across the state will have access to training on the key project components. This relationship will expand to include training to providers on the use of the primary provider model of early intervention.</p>	2007-2011	SPDG
<p>Promotion of research-based intervention practices. MDE is committed to expanding the knowledge and use of research-based intervention strategies to promote functional skill development of young children with disabilities. To this end, MDE will co-sponsor, with MN DEC, an annual research-to-practice professional development opportunity for ECSE and early intervention practitioners. Content will include researched-based intervention strategies in early literacy, social-emotional development, behavioral intervention and strategies specific to facilitating the development of toddlers and preschool-aged children with autism spectrum disorder. These strategies can be documented on IFSPs and help families better help their children develop and learn.</p>	March 2007 and annual thereafter	MDE Staff working collaboratively with the Minnesota Council for Exceptional Children: Division for Early Childhood
<p>Build capacity to conduct culturally appropriate “family-directed assessment of the resources, priorities and concerns of the family”. MDE will work in partnership with PACER center to develop and implement training modules to assure that multidisciplinary teams conducting initial and ongoing family assessment utilize strategies that are cultural appropriate.</p>	2007-2011	SPDG PACER Center
<p>Information provided to parents. PACER center will sponsor workshops on the rights, roles and responsibilities within the early intervention system.</p>	2007-2011	PACER Center
<p>Build capacity among early intervention service providers. Data provided to MDE anecdotally indicates that many service providers do not, themselves, fully understand parental rights under Part C of IDEA. This lack of understanding, of course, makes it impossible for them explain information accurately or answer any questions posed by parents. Using available on-line technology, MDE will develop and implement an online training component for early intervention providers.</p>	2007	MDE Staff

<p>Promote various initiatives that support family involvement and knowledge such as Family Assessment, Family Group Decision Making protocols, Family and Consumer Support Grants, Consumer Driven case planning activities, mentoring and other services delivered through the Family Services and Mental Health Collaborative, Abuse and Neglect Prevention activities.</p>	<p>2007-2010</p>	<p>DHS Staff</p>
<p>Develop relationships and resources available through the Deaf and Hard of Hearing section of DHS to the infants and toddler Part C program.</p>	<p>2007-2009</p>	<p>DHS Staff</p>
<p>Develop training and guidance materials on the service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.</p>	<p>2007-2011</p>	<p>DHS Staff</p>

Monitoring Priority: Effective General Supervision Part C/Child Find

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

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

(20 USC 1416(a)(3)(B) and 1442)

Data Source:

Data collected for reporting under section 618 (Annual Report of Children Served).

Measurement:

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

Overview of Issue/Description of System or Process:

Access to services for infants and toddlers with disabilities, and their families, was central to the foundation of Part H, now Part C envisioned by the law's original authors. That vision was strengthened with the 2004 reauthorization of IDEA. The federal legislation has required participating states to develop policies to create an entitlement to services for two groups of children: those who are experiencing developmental delay and those who have a diagnosed condition that has a high probability of resulting in developmental delay. Specifically, the term "infant or toddler with a disability at Sec 632(5)(A) "means an individual under 3 years of age who needs early intervention services because the individual—(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development and adaptive development; or (ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay." Leaders in the ECSE/Early Intervention system in Minnesota during the early 1990's adopted ECSE eligibility criteria as the gateway into the early intervention system.

That criteria, essentially unchanged since its adoption, provides early intervention services to four groups of children under age 3:

- Children who are determined eligible using any of Minnesota's 13 disability categories;
- Children with an overall delay in development measured by a composite score of -1.5 SD on a norm-referenced evaluation tool;
- Children under 18 months of age who demonstrate a -2.0 SD delay on an appropriate evaluation tool; and
- Children under age 3 with a medically diagnosed syndrome or condition known to hinder normal development and a need for service determined through the IFSP team process.

MDE has worked to promote consistent eligibility determinations for children diagnosed with conditions of established risk. Extensive training has been provided to local IFSP and evaluation teams that the term “need for service” as it applies above is inherent in the child’s diagnosis.

Interagency Early Intervention Committees (IEICs) in Minnesota play a central role in the local child find system. Under M.S. § 125A.30, IEICs are responsible to “develop and implement interagency policies and procedures concerning the following ongoing duties” related to Part C child find:

1. “develop public awareness systems designed to inform potential recipient families of available programs and services;
2. implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities and their families;
3. establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements;
4. assure the development of individualized family service plans for all eligible infants and toddlers with disabilities from birth through age two, and their families...”

During the last fiscal year, MDE initiated a process whereby IEICs were required to examine existing local program data, identify areas of need, establish local priorities, set program targets and develop action plans to effectively address identified needs. This process was developed to be in direct alignment with the APR process. As part of this initiative, 63% of all IEICs identified Comprehensive Public Awareness and Outreach as a medium or high area of need and adopted appropriate goals. Most are instituting new strategies to effectively reach targeted primary referral sources in their communities. 77% of IEICs are revising policies or procedures related to child find or evaluating the effectiveness of existing policies.

To further support efforts of IEICs related to Part C child find, a new system of allocating resources to local areas was adopted. Historically, Minnesota has allocated Part C dollars to IEICs based on prior year child count data. Areas with strong child find systems received financial reinforcement. Beginning July 1, 2005, IEICs received allocations based on a multi-factorial formula that included the number of infants and toddlers in their general populations, the percent of children in that area identified as limited English proficient, and the percent of children enrolled in grades kindergarten through 2 in a local area eligible for free or reduced price school meals as well as the number of children served on December 1st of the prior year.

This formula was developed, in part, from recommendations made by an interagency work group that included representation from all geographic areas of Minnesota and included diverse stakeholders. Effectiveness of this formula revision will be closely monitored to determine impact on traditionally underserved segments of the population.

While Minnesota has worked to implement the required referral components of the *Keeping Children Safe Act*, MDE is now pursuing policy changes in response to the reauthorization of IDEA to formally require a referral of each infant or toddler involved in a substantiated case of abuse or neglect or who is identified as being affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure and to specifically include language regarding homeless children and children who are wards of the state.

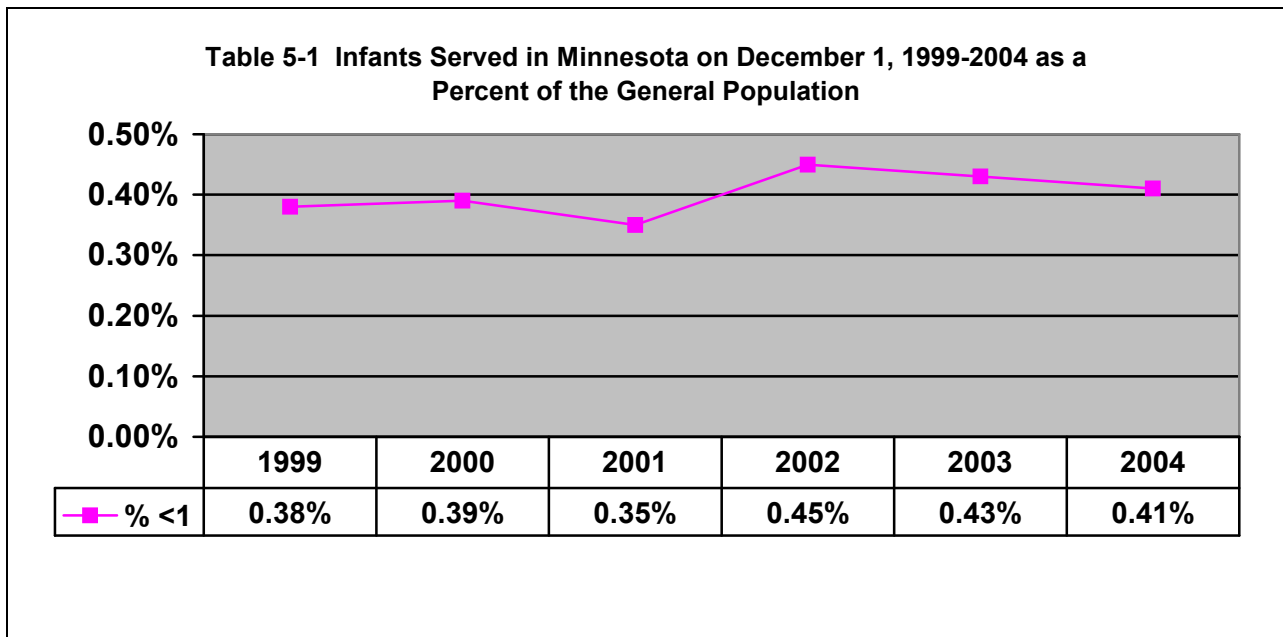
Baseline Data for FFY 2004 (2004-2005):

As provided by the U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), Minnesota determined .41% of the estimated population from birth to age 1 to be eligible and provided early intervention services through an IFSP.

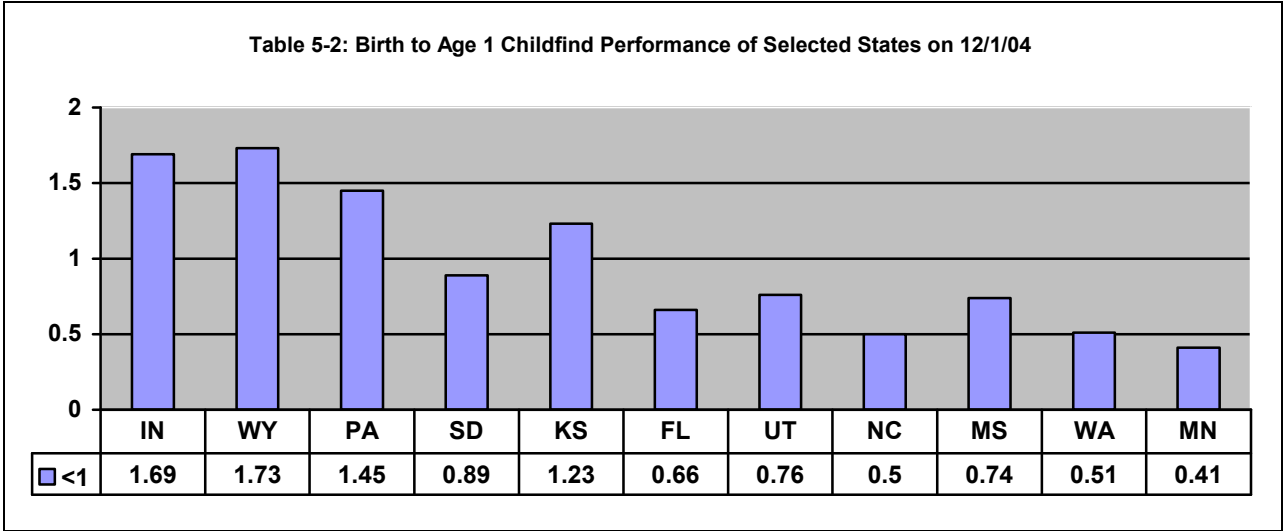
- A. Minnesota was determined to have a “moderate” definition of developmental delay following recent analysis by the National Early Childhood Technical Assistance Center (NECTAC). The range in the percentage of infants served through early intervention among the states and territories in this grouping is 1.75% to .37%. The average for this grouping is .91%.
- B. The national baseline for this indicator is .92%. At .41%, Minnesota serves 45% of the national baseline.

Discussion of Baseline Data:

Infants served through early intervention as a percent of Minnesota’s general population under age 1 has remained relatively stable from 1999 through 2004 as shown on Table 5-1 below. Performance on this indicator ranges from a low of .35% in 2001 to a high of .45% in 2002.



The ICC utilized a thoughtful process in establishing targets that are measurable, rigorous, attainable and well-reasoned. The first step in that process was to identify those states that currently implement criteria most closely resembling the criteria in Minnesota’s approved Part C State Plan. Those states and their 2004 rates of identification for infants under age one is shown on Table 5-2. Next, the average rate of identification for those states was calculated and determined to be .96%, which became the performance target for 2010. Interim targets were reached considering time needed for formal changes to Minnesota’s eligibility criteria and additional time needed to provide essential training to providers on the revised standards.



FFY	Measurable and Rigorous Target
2005 (2005-2006)	.45% of the general population of infants under age 1.
2006 (2006-2007)	.55% of the general population of infants under age 1.
2007 (2007-2008)	.6% of the general population of infants under age 1.
2008 (2008-2009)	.8% of the general population of infants under age 1.
2009 (2009-2010)	.85% of the general population of infants under age 1.
2010 (2010-2011)	.96 % of the general population of infants under age 1.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Amend Minnesota's Part C criteria.	2006	MDE
Provide training on the revised criteria to all local teams responsible for the conduct of multidisciplinary evaluations and eligibility determinations for infants and toddlers. Information will be made available in multiple formats including written guidance, downloadable presentations and face-to-face. Revisions will be communicated to the members of Minnesota's ECSE higher education consortium to facilitate pre-service training of future teachers, school psychologists and related service providers.	2006-2011	MDE
Minnesota Newborn Blood Spot Screening , sponsored by the Minnesota Department of Health, has screened all infants born in Minnesota since 1965. This program provides quality, cost-effective screening and follow-up in order to prevent or minimize the long-term effects of disorders that can lead to death, developmental disability, or other serious medical conditions in newborns. The program includes a laboratory director, laboratory supervisor and technicians, follow-up coordinator, genetic counselor, as well as clerical and technical support. All of these individuals work together to ensure that screening and follow up prevents as much morbidity and mortality as possible from identifiable and treatable inborn errors of metabolism. This effort requires collaboration with primary care physicians, medical specialists, public health personnel, hospitals, clinics, community resources and families.	2006-2011	MDH
Monitor the Effectiveness of Outreach to Primary Referral Sources through the annual collection and analysis of data on every infant or toddler referred to the local central point of intake for evaluation in a given reporting year (July 1 – June 30).	2006-2011	MDE Staff
Birth Defects Registry. Conditions identifiable at birth are entered into a registry. Unless parents opt out of this service, families will be contacted for follow-up by a staff member from the Minnesota Department of Health to link families with appropriate services and resources, including early intervention.	2006-2011	MDH Staff through a grant from the Centers for Disease Control
Newborn Hearing Screening is a voluntary program, encouraged as a standard of care for hospitals by the Minnesota Department of Health, Centers for Disease Control and the Federal Maternal and Child Health Bureau (MCHB).	2006-2011	MDH in cooperation with local birthing hospitals

<p>Maintain and promote Minnesota's Central Directory for Early Childhood Intervention Services including: the 1-800 number, printed manuals and a web accessed site with active links to resources. The Minnesota Department of Health will ensure that the web-based central directory is updated at least quarterly and is accessible to the general public including persons with disabilities (i.e. TDD).</p>	2005-2011	MDH through interagency agreement with MDE; Part C funds
<p>Follow-Along program (FAP) involves the use of the Ages and Stages Questionnaires, available in English, Spanish and Hmong, to identify developmental concerns in children from 4-36 months of age. In addition to playing a key role in Minnesota's comprehensive child find system, FAP also serves as an educational tool for participating parents, alerting them to emerging developmental milestones and providing research-based strategies to support their child's ongoing developmental progress. FAP is locally administered by public health agencies using software and protocols provided by MDH.</p>	2005-2011	MDH Part C funds
<p>Public Awareness is conducted simultaneously at the state and local level. MDH has lead responsibility for public awareness and outreach activities through an interagency agreement with MDE. To that end, MDH publishes the developmental wheel, maintains the central directory and has established an early intervention website. MDH will develop and disseminate media and public awareness kits for use in local areas.</p> <p>Local IEICs work to actively reach out to primary referral sources in their areas to generate awareness of the system and the process implemented local to make a referral when a concern exists.</p>	2005-2011	MDH and local IEICs Part C funds
<p>Allocate dollars to local Interagency Early Intervention Committees for the purposes of implementing a tracking and follow-along program and to plan and implement locally driven public awareness and child find activities as part of a comprehensive child find system.</p>	2005-2011	Part C funds
<p>Provide Targeted Technical Assistance to IEICs as ongoing follow-up to the IEIC annual planning process. Minnesota's 95 IEICs are required to review local data on indicators of program quality, aligned with former version of the APR. 68% of all IEICs formally adopted goals to increase outreach to primary referral sources in their communities. State Interagency staff will provide TA for those efforts as necessary.</p>	2005-2011	MDE, MDH and DHS
<p>Improve Early Childhood Screening Quality Over the past year, an interagency work group of staff from MDE, MDH and DHS participated in an extensive process to identify and</p>	2005-2011	MDE, MDH and DHS Staff

recommend quality screening tools for use with infants, toddlers and young children through age 5. This was part of a comprehensive initiative to improve the quality and effectiveness of screening activities throughout Minnesota.		
Amend policies and procedures to comply with IDEA 2004 and formalize outreach intended to inform parents with premature infants or infants with other physical risk factors, associated with learning or developmental complications of the availability of early intervention services in their local areas.	By June 30, 2006	MDE Staff
Multilingual Human Services Referral Phone Line can now be used by Minnesota residents with limited English proficiency to access early childhood programs and services. DHS' multilingual telephone referral lines operate in 10 languages -- Arabic, Hmong, Khmer (Cambodian), Lao, Oromo, Russian, Serbo-Croatian (Bosnian), Somali, Spanish, Vietnamese. People who speak little or no English can reach someone who speaks their language (live or voice mail) and be referred to the appropriate state or county human services provider. There is no cost to use these lines.	2005-2011	DHS Staff
Effective outreach to metro area hospitals. Metro IEIC Collaboration to conduct public awareness and child find activities. Working to increase referrals of very young infants, the Metro IEIC members work closely with hospitals. The goals include putting information into the hands of new parents as well as educating key hospital staff about early intervention. A specialized outreach tool was developed that offers a statewide central contact number and features multi cultural babies and information in four languages. This collaboration is facilitated by staff from PACER Center.	2005-2011	Minneapolis IEIC and IEICs from Dakota, Anoka, Hennepin, Ramsey, Carver and Washington Counties. PACER Center Part C funds
Distribute information to parents. PACER Center will distribute family-friendly informational packets to community organizations, ethnic, racial and culturally-specific organizations and others for distribution to families. Individualized assistance will be provided directly to families with children under age 1 who contact PACER.	2006-2011	PACER Center
Amend Minnesota Statute § 125A.30 to clarify responsibilities of local IEICs regarding referrals of children under the age of three who are involved in substantiated cases of abuse or neglect or are identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.	By June 30, 2006	MDE Staff DHS Staff
Enhance local capacity of Child Protection staff to make referrals to Part C. Identify children under age three who have developmental delays and develop methods to document eligible	2007-2009	DHS Staff

children referred for assessments. Develop and implement ongoing training for child protection workers, supervisors and early intervention staff on the requirement to refer children under age three involved in a substantiated case of abuse and neglect to the local interagency system for screening and assessment.		
Conduct outreach to those providers using a Medical Home approach. Special effort will be placed on connecting with those medical providers and families who use the Medical Home model in addressing health care needs of infants and toddlers with specific health care needs.	2006-2011	PACER Center
Provide public awareness training across divisions within DHS and to social workers, physicians, child care providers, homeless workers, health care providers, financial workers, and Collaboratives staff on the importance of early intervention and how to access the Part C system.	2007-2011	DHS Staff
Provide training on working with homeless population to local Interagency Early Intervention Committees (IEICs) on homeless service system and the prevalence of young children who may be screened and assessed by the Early Intervention System.	2007-2009	DHS Staff
Develop and provide additional training on CAPTA for grantees funded through Minnesota Housing Finance Agency working with families with children under the age of three who have developmental delays and were involved in a substantiated case of abuse and neglect.	2007-2010	DHS Staff
Strengthen local partnerships by encouraging local IEICs to send a follow-up letter to primary referral sources on their referral and disseminate locally used screening tools to medical clinics.	2007	MDE, MDH, DHS Staff
Provide training and guidance on the web for local staff on how to use and document clinical opinion in eligibility determinations.	2007-2008	MDE Staff
Update list of eligible disorders with a high likelihood of resulting in developmental delay and post on website for use by local agency staff.	2006-2007	MDH, MDE, DHS, Disability Subcommittee of the MN Chapter of the American Academy of Pediatrics, and the ICC

<p>Provide Public Health Nursing Family Home Visiting Programs targeting families who are below 180% of poverty and have one or more risk factors for developmental delays or chronic health conditions. Family Home Visiting Programs may also serve expecting families and link them to early intervention as soon as it is known the child has a condition with a high probability for a developmental delay. Provide referrals to Part C.</p>	<p>2006-2011</p>	<p>MDH, local public health agencies</p>
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Monitoring Priority: Effective General Supervision Part C/Child Find

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

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

(20 USC 1416(a)(3)(B) and 1442)

Data Source:

Data collected for reporting under section 618 (Annual Report of Children Served).

Measurement:

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

Overview of Issue/Description of System or Process: Access to services for infants and toddlers with disabilities, and their families, was central to the foundation of Part H, now Part C envisioned by the original authors of the law. That vision was strengthened with the 2004 reauthorization of IDEA. The federal legislation has required participating states to develop policies to create an entitlement to services for two groups of children: those who are experiencing measurable developmental delay and those who have a diagnosed condition with a high probability of resulting in developmental delay. Specifically, the term “infant or toddler with a disability” at Sec 632(5)(A) “means an individual under 3 years of age who needs early intervention services because the individual—(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development and adaptive development; or (ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.” Leaders in the ECSE/Early Intervention system in Minnesota during the early 1990’s adopted ECSE eligibility criteria as the gateway into the early intervention system.

Interagency Early Intervention Committees (IEICs) in Minnesota play a central role in the local child find system. Under M.S. § 125A.30, IEICs are responsible to “develop and implement interagency policies and procedures concerning the following ongoing duties” related to Part C child find:

1. “develop public awareness systems designed to inform potential recipient families of available programs and services;
2. implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities and their families;
3. establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements;

4. assure the development of individualized family service plans for all eligible infants and toddlers with disabilities from birth through age two, and their families...”

During the last fiscal year, MDE initiated a process whereby IEICs were required to examine existing local program data, identify areas of need, establish local priorities, set program targets and develop action plans to effectively address identified needs. This process was developed to be indirect alignment with the APR process. As part of this initiative, 63% of all IEICs identified Comprehensive Public Awareness and Outreach as a medium or high area of need and adopted appropriate goals. Most are instituting new strategies to effectively reach targeted primary referral sources in their communities. 77% of IEICs are revising policies or procedures related to child find or evaluating the effectiveness of existing policies.

To further support efforts of IEICs related to Part C child find, a new system of allocating resources to local areas was adopted. Historically, Minnesota has allocated Part C dollars to IEICs based on prior year child count data. Areas with strong child find systems received financial reinforcement. Beginning July 1, 2005, IEICs received allocations based on a multi-factorial formula that included the number of infants and toddlers in their general populations, the percent of children in that area identified as limited English proficient, and the percent of children enrolled in grades kindergarten through 2 in a local area eligible for free or reduced price school meals as well as the number of children served on December 1st of the prior year.

This formula was developed, in part, from recommendations made by an interagency work group that included representation from all geographic areas of Minnesota and included diverse stakeholders. Effectiveness of this formula revision will be closely monitored to determine impact on traditionally underserved segments of the population.

While Minnesota has worked to implement the required referral components of the *Keeping Children Safe Act*, MDE is now pursuing policy changes in response to the reauthorization of IDEA to formally require a referral of each infant or toddler involved in a substantiated case of abuse or neglect or who is identified as being affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure and to specifically include language regarding homeless children and children who are wards of the state.

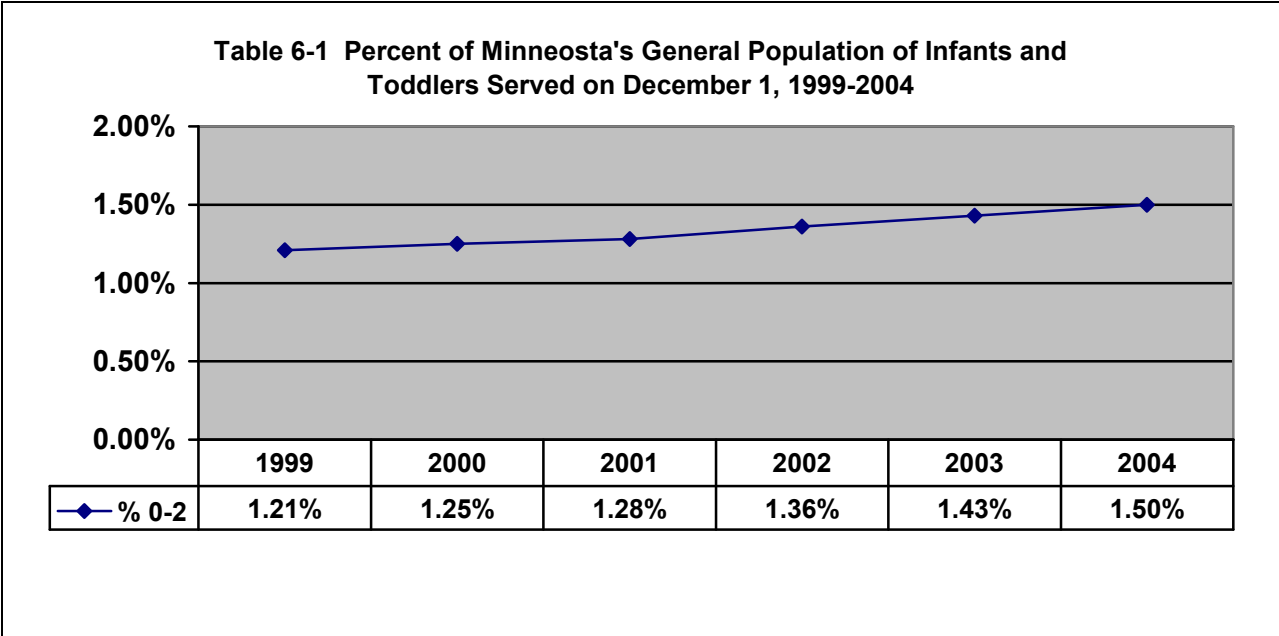
Baseline Data for FFY 2004 (2004-2005):

As provided by the U.S. Department of Education, Office of Special Education Programs, Data Analysis System, Minnesota identified 1.5 % of the estimated population from birth through age 2 as eligible for early intervention services.

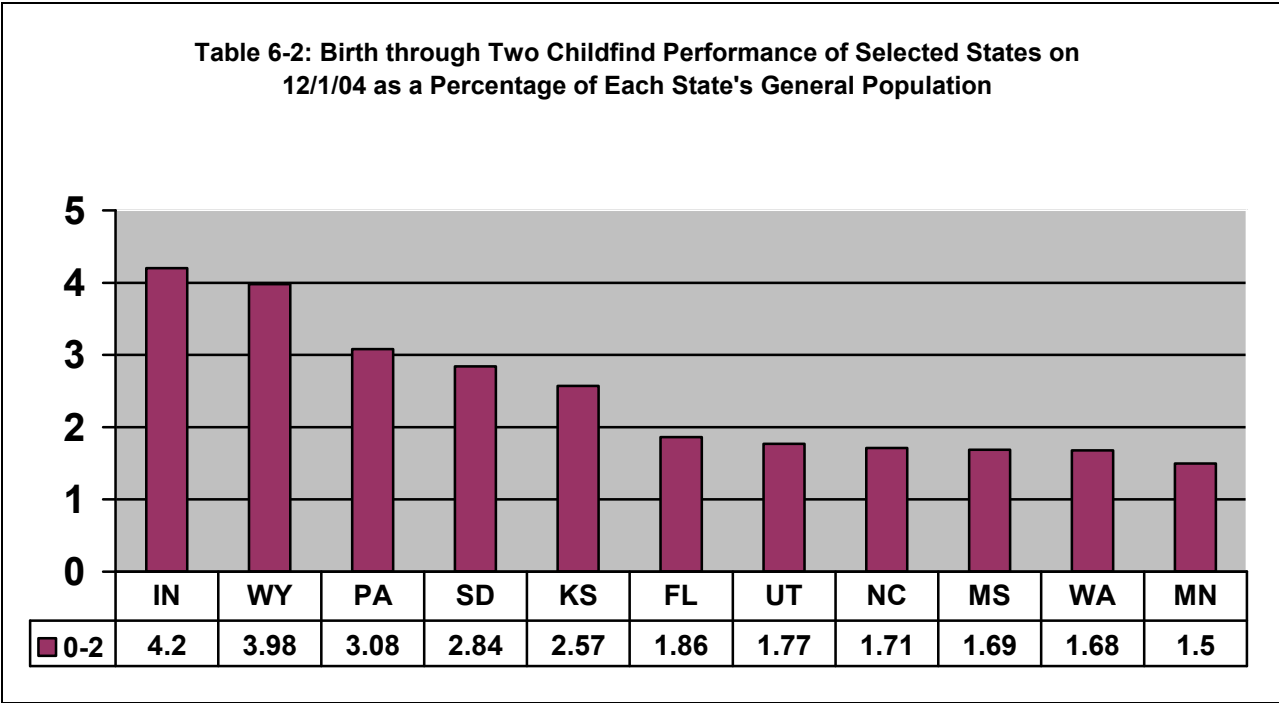
- A. Minnesota was determined to have a “moderate” definition of developmental delay following recent analysis by the National Early Childhood Technical Assistance Center (NECTAC). The range in the percentage of infants and toddlers served through early intervention among the states and territories in this grouping is 4.26% to 1.5%. The average for this grouping is 2.6%.
- B. The national baseline for this indicator is 2.3 %. At 1.5 %, Minnesota serves only 65% of the national baseline.

Discussion of Baseline Data:

Over the past five years MDE, in partnership with the Minnesota Departments of Health and Human Services and Minnesota’s 95 Interagency Early Intervention Committees, has placed renewed emphasis on child find and the use of effective evaluation methodology. Chart 6-1 (below) illustrates a steady increase in infants and toddlers served as a proportion of the general population of children under age three in Minnesota. This increase, as a direct result of training provide to those local IFSP teams and evaluation teams responsible for eligibility determinations, is heartening.



The ICC utilized a thoughtful process in establishing targets that are measurable, rigorous, attainable and well-reasoned. The first step in that process was to identify those states that currently implement criteria that most closely resembling the criteria in Minnesota’s approved Part C State Plan. Those states and their 2004 rate of identification for infants and toddlers age birth through two is shown on Table 6-2. Next, the average rate of identification for those states was calculated and determined to be 2.44%, which became the performance target for 2010. Interim targets were reached considering time needed for formal changes to Minnesota’s eligibility criteria and time needed to provide training to providers on the revised standards.



FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.57% of the general population birth through two.
2006 (2006-2007)	1.70% of the general population birth through two.
2007 (2007-2008)	1.90% of the general population birth through two.
2008 (2008-2009)	2.10% of the general population birth through two.
2009 (2009-2010)	2.25% of the general population birth through two.
2010 (2010-2011)	2.44% of the general population birth through two.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Amend Minnesota's Part C criteria.	2006	MDE Staff
Provide training on the revised criteria to all local teams responsible for the conduct of multidisciplinary evaluations and eligibility determinations for infants and toddlers. Information will be made available in multiple formats including written guidance, downloadable presentations and face-to-face. Revisions will be communicated to the members of Minnesota's ECSE higher education consortium to facilitate pre-service training of future teachers, school psychologists and related service providers.	2006-2011	MDE Staff
Minnesota Newborn Blood Spot Screening , sponsored by the Minnesota Department of Health, has screened all infants born in Minnesota since 1965. This program provides quality, cost-effective screening and follow-up in order to prevent or minimize the long-term effects of disorders that can lead to death, developmental disability, or other serious medical conditions in newborns. The program includes a laboratory director, laboratory supervisor and technicians, follow-up coordinator, genetic counselor, as well as clerical and technical support. All of these individuals work together to ensure that screening and follow up prevents as much morbidity and mortality as possible from identifiable and treatable inborn errors of metabolism. This effort requires collaboration with primary care physicians, medical specialists, public health personnel, hospitals, clinics, community resources and families.	2006-2011	MDH Staff
Monitor the Effectiveness of Outreach to Primary Referral Sources through the annual collection and analysis of data on every infant or toddler referred to the local central point of intake for evaluation in a given reporting year (July 1 – June 30).	2006-2011	MDE Staff
Birth Defects Registry. Conditions identifiable at birth are entered into a registry. Unless parents opt out of this service, families will be contacted for follow-up by a staff member from the Minnesota Department of Health to link families with appropriate services and resources, including early intervention.	2006-2011	MDH Staff through a grant from the Centers for Disease Control
Newborn Hearing Screening is a voluntary program, encouraged as a standard of care for hospitals by the Minnesota Department of Health, Centers for Disease Control and the Federal Maternal and Child Health Bureau (MCHB).	2006-2011	MDH Staff in cooperation with local birthing hospitals

<p>Maintain and promote Minnesota's Central Directory for Early Childhood Intervention Services including: the 1-800 number, printed manuals and a web accessed site with active links to resources. The Minnesota Department of Health will ensure that the web-based central directory is updated at least quarterly and is accessible to the general public including persons with disabilities (i.e. TDD).</p>	2005-2011	MDH Staff through interagency agreement with MDE; Part C funds
<p>Follow-Along program (FAP) involves the use of the Ages and Stages Questionnaires, available in English, Spanish and Hmong, to identify developmental concerns in children from 4-36 months of age. In addition to playing a key role in Minnesota's comprehensive child find system, FAP also serves as an educational tool for participating parents, alerting them to emerging developmental milestones and providing research-based strategies to support their child's ongoing developmental progress. FAP is locally administered by public health agencies using software and protocols provided by MDH.</p>	2005-2011	MDH Staff Part C funds
<p>Public Awareness is conducted simultaneously at the state and local level. MDH has lead responsibility for public awareness and outreach activities through an interagency agreement with MDE. To that end, MDH publishes the developmental wheel, maintains the central directory and has established an early intervention website. MDH will develop and disseminate media and public awareness kits for use in local areas.</p> <p>Local IEICs work to actively reach out to primary referral sources in their areas to generate awareness of the system and the process implemented local to make a referral when a concern exists.</p>	2005-2011	MDH Staff and local IEICs Part C funds
<p>Allocate dollars to local Interagency Early Intervention Committees for the purposes of implementing a tracking and follow-along program and to plan and implement locally driven public awareness and child find activities as part of a comprehensive child find system.</p>	2005-2011	Part C funds
<p>Provide Targeted Technical Assistance to IEICs as ongoing follow-up to the IEIC annual planning process. Minnesota's 95 IEICs are required to review local data on indicators of program quality, aligned with former version of the APR. 68% of all IEICs formally adopted goals to increase outreach to primary referral sources in their communities. State Interagency staff will provide TA for those efforts as necessary.</p>	2005-2011	MDE, MDH and DHS Staff
<p>Improve Early Childhood Screening Quality. Over the past year, an interagency work group of staff from MDE, MDH and DHS participated in an extensive process to identify and</p>	2005-2011	MDE, MDH and DHS Staff

recommend quality screening tools for use with infants, toddlers and young children through age 5. This was part of a comprehensive initiative to improve the quality and effectiveness of screening activities throughout Minnesota.		
Amend policies and procedures to comply with IDEA 2004 and formalize outreach intended to inform parents with premature infants or infants with other physical risk factors, associated with learning or developmental complications of the availability of early intervention services in their local areas.	By June 30, 2006	MDE Staff
Multilingual Human Services Referral Phone Line can now be used by Minnesota residents with limited English proficiency to access early childhood programs and services. DHS' multilingual telephone referral lines operate in 10 languages -- Arabic, Hmong, Khmer (Cambodian), Lao, Oromo, Russian, Serbo-Croatian (Bosnian), Somali, Spanish, Vietnamese. People who speak little or no English can reach someone who speaks their language (live or voice mail) and be referred to the appropriate state or county human services provider. There is no cost to use these lines.	2005-2011	DHS Staff
Effective outreach to metro area hospitals. Metro IEIC Collaboration to conduct public awareness and child find activities. Working to increase referrals of very young infants, the Metro IEIC members work closely with hospitals. The goals include putting information into the hands of new parents as well as educating key hospital staff about early intervention. A specialized outreach tool was developed that offers a statewide central contact number and features multi cultural babies and information in four languages. This collaboration is facilitated by staff from PACER Center.	2005-2011	Minneapolis IEIC and IEICs from Dakota, Anoka, Hennepin, Ramsey, Carver and Washington Counties. PACER Center Part C funds
Distribute information to parents. PACER Center will distribute family-friendly informational packets to community organizations, ethnic, racial and culturally-specific organizations and others for distribution to families. Individualized assistance will be provided directly to families with children under age 1 who contact PACER.	2006-2011	PACER Center
Amend Minnesota Statute § 125A.30 to clarify responsibilities of local IEICs regarding referrals of children under the age of three who are involved in substantiated cases of abuse or neglect or are identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.	By June 30, 2006	MDE Staff DHS Staff
Enhance local capacity of Child Protection staff to make referrals to Part C. Identify children under age three who have developmental delays and develop methods to document eligible	2007-2011	DHS Staff

children who were referred for assessments. Develop and implement ongoing training for child protection workers, supervisors and early intervention staff, on the requirement to refer children under age three involved in a substantiated case of abuse and neglect to the local interagency system for screening and assessment.		
Conduct outreach to those providers using a Medical Home approach. Special effort will be placed on connecting with those medical providers and families who use the Medical Home model in addressing health care needs of infants and toddlers with specific health care needs.	2006-2011	PACER Center
Provide public awareness training across divisions within DHS and to social workers, physicians, child care providers, homeless workers, health care providers, financial workers, and Collaboratives staff on the importance of early intervention and how to access the Part C system.	2007-2009	DHS Staff
Provide training on working with homeless population to local Interagency Early Intervention Committees (IEICs) on homeless service system and the prevalence of young children who may be screened and assessed by the Early Intervention System.	2007-2010	DHS Staff
Development and provide additional training on CAPTA for grantees funded through Minnesota Housing Finance Agency working with families with children under the age of three who have developmental delays and were involved in a substantiated case of abuse and neglect.	2007-2010	DHS Staff
Strengthen local partnerships by encouraging local IEICs to send a follow-up letter to primary referral sources on their referral and disseminate locally used screening tools to medical clinics.	2007	MDE, MDH, DHS Staff
Provide training and post guidance on the web for local staff on how to use and document clinical opinion in eligibility determinations.	2007-2008	MDE Staff
Develop an updated list of disorders with a high likelihood of resulting in developmental delay and post on website for use by local agency staff.	2006-2007	MDH, MDE, DHS Staff, Disability Subcommittee of the MN Chapter of the American Academy of Pediatrics, ICC

<p>Provide Public Health Nursing Family Home Visiting Programs targeting families who are below 180% of poverty and have one or more risk factors for developmental delays or chronic health conditions. Family Home Visiting Programs may also serve expecting families and link them to early intervention as soon as it is known the child has a condition with a high probability for a developmental delay. Provide referrals to Part C.</p>	2006-2011	MDH, local public health agencies
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Monitoring Priority: Effective General Supervision for Part C / Child Find

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

(20 USC 1416(a)(3)(B) and 1442)

Data Source:

Data to be taken from monitoring or State data system and must address timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

Minnesota is comprised of 96 Interagency Early Intervention Committees (IEICs) that work to establish and implement referral processes and procedures to appropriately identify infants and toddlers with disabilities in their local area. Each IEIC has an established central point of contact for use by primary referral sources to initiate the eligibility determination process. IEICs are aware of the need to complete the identification process within 45 calendar days.

Minnesota has the capacity to draw the data for this indicator directly from the MARSS system. When infants or toddlers are referred for evaluation, a MARSS number is assigned to the child and an enrollment record is created within the system to define the period of evaluation. The status start date for this record is to be the date of referral. The status end date for this initial record is the date of the IFSP team meeting for these children determined eligible. By comparing the status start and end dates of this initial enrollment record a determination can be made as to whether the evaluation has been completed within the 45-day regulatory timeline.

July 1, 2004 – June 30, 2005 represents the first reporting period from which this data will be analyzed and reported.

Baseline Data for FFY 2004 (2004-2005):

A total of 3,600 infants and toddlers were referred to Minnesota's early intervention system for evaluation between July 1, 2004 and June 30, 2005. 2,382 of those evaluations led to a determination of eligibility and the creation of an IFSP. 75.9% of those evaluations were reported to be completed within the 45-day timeline. [Note: This percentage excludes data reported by Minneapolis Public Schools due to an incorrect locally-developed reporting procedure. This reporting situation has been rectified for data reported from 7/1/05 onward.]

Discussion of Baseline Data:

Minnesota has required the creation of a distinct enrollment record for the period of evaluation for several years. Written guidance has been provided to clarify the dates that should define that record. This year

marks the first time that this data element has been examined to ascertain the extent of data accuracy or analyzed as a performance measure. It is apparent from the data review that some districts require additional training on the use of the MARSS system for reporting young children with disabilities.

Minnesota does not currently have the information necessary to attribute causality to those evaluations that exceed the 45-day timeline. Anecdotal information reported to MDE by local ECSE coordinators and lead teachers indicated that the following reasons/issues interfered with local performance on this indicator:

- School contracts result in reduced workforce during the summer or other vacation periods.
- Complex family schedules sometimes make it difficult to initiate or complete evaluations.
- A determined need for interagency coordination may delay process for children with service needs through multiple agencies.
- The hourly rate of pay for summer employment are lower than during school year for same work providing a disincentive for early interventionists who may be asked to work during the summer.
- Fluctuations in the number and rate of referrals make it difficult for administrators to accurately determine staffing needs.
- The mobility of children referred by child protection or in the foster care system creates additional challenges.
- Minnesota is experiencing a workforce shortage in specific licensure areas, including speech/language pathology.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance Target of 100%
2006 (2006-2007)	Compliance Target of 100%
2007 (2007-2008)	Compliance Target of 100%
2008 (2008-2009)	Compliance Target of 100%
2009 (2009-2010)	Compliance Target of 100%
2010 (2010-2011)	Compliance Target of 100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
<p>Improve accuracy of data on the 45-day timeline reported through the MARSS system. MDE will issue additional written guidance on reporting young children with disabilities in MARSS and provide face-to-face training as requested or deemed necessary following data review.</p>	2005-2011	MDE Staff
<p>Support local commitment to improving referral processes. During the last fiscal year, MDE initiated a process whereby local Interagency Early Intervention Committees (IEICs) were required to examine existing local program data, identify areas of need, establish local priorities, set program targets and develop action plans to effectively address identified needs. 29 of 96 IEICs prioritized improving performance toward meeting the 45-day timeline as a local goal.</p>	2006	MDE, MDH and DHS Staff
<p>Gather causality data. A survey will be conducted as part of the next IEIC Annual Plan to develop that understanding and facilitate the development of additional effective activities for inclusion in the APR for the next reporting period.</p>	May-June, 2006	MDE, MDH and DHS Staff
<p>Provide information on IFSP process and timelines. PACER is committed to providing important information to all stakeholders in the early intervention system by:</p> <ul style="list-style-type: none"> ▪ Sponsoring workshops specifically for parents of children ages birth to three years of age on the IFSP process and timelines, ▪ Providing individualized assistance upon request about the IFSP process and timelines, ▪ Developing and distributing a parent-friendly handout on the IFSP process and timelines for delivery of service, and ▪ Developing and posting new materials to the PACER website regarding the IFSP process and timelines 	2006-2011	PACER Center
<p>Provide training for county social service agencies and service providers regarding their roles and responsibilities for interagency assessments and evaluations and IFSP development and timelines.</p>	2007-2011	DHS Staff

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

(20 USC 1416(a)(3)(B) and 1442)

Data Source:

Data to be taken from monitoring system.

Measurement:

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

Overview of Issue/Description of System or Process:

Minnesota mandates the provision of a free, appropriate public education beginning at birth for children determined eligible for early childhood special education. The system is continuous and seamless. There are no referrals to the Part B system for children as they turn 3 and no need to determine eligibility. No child loses eligibility at age 3 unless their IFSP team, through evaluation and use of appropriate exiting procedures, determines that the child is no longer a child with a disability.

Often, the transition from Part C to Part B is virtually undetectable on the part of the family. In many districts, the team of service providers remains the same. Children may continue to receive service in the same setting, especially those children served in child care centers, Early Childhood Family Education programs and through Early Head Start/Head Start. There is no break in instruction.

In addition, Minnesota promotes the use of three possible formats for use by an LEA to document services for children with disabilities. An Individual Family Service Plan (IFSP) can be used to document services for eligible infants and toddlers, and their families. An Individual Education Plan (IEP) may be used for children ages 3-21 who receive specialized instruction and related services. An Individualized Interagency Intervention Plan (IIP) must be offered to families of children above age 3 who receive services from the LEA and one other specified publicly-funded provider. Because all required components of the IEP and the IFSP have been embedded into the IIP, some districts have chosen to use the IIP exclusive, or use the IIP in place of the IFSP for preschool-aged children with disabilities. This strategy further eases any remaining stress around transition to preschool services.

Baseline Data for FFY 2004 (2004-2005):

During reporting year 2004-2005, 24 districts were reviewed as part of the established cyclical monitoring process. 78 Part C records were reviewed as part of that process. Among those files there were no findings of non-compliance regarding documentation of transition steps on the IFSP. MDE does not, however, have data on the proportion of the reviewed Part C files that were for toddlers preparing for transition to Part B.

A. No citations were issued for failure to appropriately document transition services on the IFSP indicating 100% compliance across reviewed files.

B. Because education is the lead agency for Part C in Minnesota the measurement construct within this subpart is artificial. The LEA is always “notified” given that the LEA also provides services under Part C.

C. Transition services on IFSPs are the result of an IFSP team meeting held for the purposes of reviewing child progress and planning transition activities. In Minnesota the meeting held to plan transition does not involve an additional agency as the LEA is the primary provider of services under Part C and Part B. Because no citations were issued for failure to appropriately document transition services on the IFSP it is reasonable to assume that transition conferences were held to develop transition plans. Similarly, no citations were issued during the reporting period for failure to convene the IFSP team to review child progress in a timely manner.

Discussion of Baseline Data:

MDE program monitoring conduct a random demographically representative selection of student records overtime and reviews a statistically reliable number of Part C records. MDE will now select Part C records separately from other record selections.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance targets of 100% for Parts A, B, and C.
2006 (2006-2007)	Compliance targets of 100% for Parts A, B, and C.
2007 (2007-2008)	Compliance targets of 100% for Parts A, B, and C.
2008 (2008-2009)	Compliance targets of 100% for Parts A, B, and C.
2009 (2009-2010)	Compliance targets of 100% for Parts A, B, and C.
2010 (2010-2011)	Compliance targets of 100% for Parts A, B, and C.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
<p>Amend policies and procedures to comply with language in IDEA 2004 at 20 U.S.C. 1437(a) (9) (C). MDE must amend M.S. § 125A.33 to require transition activities be addressed within the IFSP by the child's team not less than 90 days and not more than 9 months prior to the child's 3rd birthday.</p>	By June 30, 2006	MDE Staff
<p>Provide additional training to IEICs and local IFSP teams to promote inclusion of transition activities into IFSPs written or reviewed for children ages 2 years 3 months to 2 years 9 months.</p>	2006-2011	MDE Staff and partners from MDH and DHS
<p>Continue to monitor for the documentation of transition activities. Monitoring reviews Part C records for transition to Part B requirements. Monitoring will also include Part B three year olds in this element of review.</p>	2005-2011	<p>MDE staff and peer monitors</p> <p>Local district staff implementing the Self-Review monitoring option.</p>
<p>Provide information on transition to parents. PACER is committed to providing information on Minnesota's process of transition from services under Part C to Part B using the following strategies:</p> <ul style="list-style-type: none"> ▪ Development and distribution of parent-friendly handouts on effective transition strategies ▪ The inclusion of information on effective transition process on the PACER website. ▪ Making transition information readily available to families from linguistically or culturally diverse backgrounds through multiple formats. ▪ Providing individualized assistance to families of toddlers on request. ▪ Including information on transition in PACERS early childhood newsletter at least one time per year. 	2006-2011	PACER Center
<p>Provide training for county social service agencies and service providers regarding their roles and responsibilities for interagency assessments and evaluations and IFSP development and timelines.</p>	2007-2011	DHS Staff

<p>Provide training and guidance on service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.</p>	2007-2011	DHS Staff
<p>Provide additional guidance on transition requirements. Specifically, develop and disseminate a revised written policy on transition. Include this policy in the agenda of the March 2007 ECSE Leadership Forum. Post this policy on the MDE website.</p>	2007	MDE Staff

Monitoring Priority: Effective General Supervision for Part C/General Supervision

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

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

Data Source: Data to be taken from State monitoring, complaints, hearings and other general supervision system components. Indicate the number of EIS programs monitored related to the monitoring priority areas and indicators and the number of EIS programs monitored related to areas not included in the monitoring priority areas and indicators.

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to priority areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to such areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, local performance plans or annual performance reports, data reviews, desk audits, etc.) corrected within one year of identification:
- a. # of EIS programs in which noncompliance was identified through other mechanisms.
 - b. # of findings of noncompliance made.
 - c. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.

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

Overview of Issue/Description of System or Process:

The Minnesota Department of Education administers a comprehensive system of general supervision including compliance monitoring, complaints, due process hearings and alternative dispute resolution options for parents, districts and other stakeholders in the special education and early intervention system.

The role of monitoring is to provide general supervision and oversight of special education and early intervention programs in Minnesota to ensure compliance with federal and state legislation. This is accomplished through the Minnesota Continuous Improvement Monitoring Process (MnCIMP). MnCIMP provides the vehicle for MDE oversight of due process and procedural safeguards, conferred education benefit and the provision of a free appropriate public education (FAPE) which Minnesota provides for children with disabilities beginning at birth. The Division of Compliance and Assistance (DCA) within MDE has the authority to ensure that each district demonstrates general compliance and continuous improvement in the implementation of the full provision of IDEA.

Each special education administrative unit is monitored for compliance under one of two continuous improvement options: Traditional Review (TR) or Self-Review (SR). Traditional Review identifies a district's compliance status during a monitoring visit and subsequent follow-up visits. Self-Review brings compliance and special education program evaluation into a single strategic plan to improve due process compliance and program results for students with disabilities. Both monitoring options include record reviews, on-site observations, and the collection of stakeholder information. Data on SPP indicators and other standards is collected by a team comprised of both MDE compliance specialists and specifically trained peer monitors from the field of special education. MDE has provided training to monitors on the provisions of Part C and strives to have at least one ECSE licensed peer monitor participate in each monitoring visit to ensure that Part C provisions are knowledgeably reviewed, including a thorough review of eligibility determinations to be certain that each decision is individually made based on evaluative data and informed clinical opinion. Compliance monitoring of Local Education Agencies (LEAs) for Part C and Part B is scheduled on a five-year cycle for both Traditional Review and Self-Review. In addition to the administrative units scheduled each year, follow-up monitoring is conducted to verify 100% compliance on previously identified non-compliance of districts monitored in a previous year.

MDE Compliance Monitors are assigned to special education administrative units (Cooperatives, LEA, etc.) in order to provide consistent application of due process standards and an appropriate level of technical assistance. Through this process monitors develop a relationship with a district which provides a broad understanding of a district's special education and early intervention programs; consequently specialists are better able to support each LEA in meeting legal requirements that ensure a free and appropriate public education.

DCA staff collaborates with other departmental divisions and units regarding the provision of special education services to infants and toddlers identified as eligible for early intervention services. Within DCA, district complaint decisions are forwarded to the designated compliance monitor for consideration when preparing for a monitoring visit. Fiscal monitors from MDE's Program Finance Division work to ensure that Part C funds are only used to serve eligible infants and toddlers and their families.

Minnesota's Total Special Education System (TSES) is the organizational system which references federal laws and regulations and state statute and rules used to evaluate the provision of special education services to pupils with disabilities. Fourteen program components listed below provide a comprehensive outline of Minnesota's TSES.

TSES Index	TSES Component Topical Area
1.0	Identification System
2.0	Referral
3.0	Evaluation or Reevaluation
4.0	Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP) and Individual Interagency Intervention Plan (IIIP) Planning
5.0	Instructional Delivery of Programs

6.0	Staffing
7.0	Facilities
8.0	Due Process Procedural Safeguards/Parent Involvement
9.0	Personnel Development
10.0	Interagency
11.0	Transportation
12.0	Coordination with other Education Programs
13.0	Fiscal Resources and Reporting
14.0	Governance

When an LEA demonstrates continued non-compliance, MDE oversight increases, repeated follow-up visits occur, specific corrective action is ordered, and fiscal sanctions may be applied. Since the use of discretionary funds is tied to monitoring performance, under state law, MDE may impose fiscal sanctions when it is determined that an LEA fails to comply with federal special education law or has inappropriately used federal funds.

LEA maintenance of effort (MOE) is monitored by the MDE Division of Program Finance. Annually the Special Education Funding and Data Team reviews the MOE of each local education agency, including each local school district, charter school and special education cooperative and reports the state's MOE to the federal office. Expenditures are compared through information reported on the Electronic Data Reporting System (EDRS). Currently this information includes allocations of state special education aid and may be made on the total expenditures or on a per-capita amount (34 C.F.R. 300-231). LEAs that failed to maintain effort will forfeit federal special education dollars equal to the amount they fell short in.

As noted, MDE administers a comprehensive dispute resolution system for the state. Minnesota Special Education Mediation Service (MNSEMS) provides conflict resolution assistance for students, schools, parents and agencies. Parents and school staff can use a mediation session or a facilitated IFSP meeting to address issues of conflict.

Parents and districts are entitled to an impartial due process hearing conducted by MDE to resolve disputes over identification, evaluation, education placement, or provision of a free appropriate public education to an infant, toddler or student with a disability. Parents and districts are encouraged to use mediation, conciliation or some other mutually agreed upon alternative before proceeding to a hearing. Information about the hearing system is available on the MDE website including a Hearing Request form, information on free or low cost legal resources and Minnesota's procedural safeguards notice.

The special education/early intervention complaint system is designed to insure that all children with disabilities are provided a free appropriate public education. A complaint can be filed about any entity that provides publicly funded education services directly to children with disabilities, that has violated a state or federal special education law or rule. Before filing a complaint, MDE encourages parents or other persons to first contact the school district's Director of Special Education, who may be able to help resolve the issue. Sample forms for use by parents, other entities or private school stakeholders are available on the MDE website.

When MDE receives a complaint, an investigator is assigned who review the written complaint to determine the issues to be investigated. The individual or entity that filed the complaint is contacted and the issues, claims and facts are discussed. MDE has 60 days to fully investigate and resolve the

complaint from the date the complaint is received in writing. If the LEA is found to be in violation and a corrective action is deemed necessary, a corrective action plan is developed and the responsible education agencies must complete the corrective action within the specified timeframe. Through active follow-up, MDE ensures that corrective action plans are appropriately implemented.

Additional mechanisms have been put into place to enhance accountability and promote continuous improvement among Minnesota's 96 Interagency Early Intervention Committees (IEICs). First, a performance-based planning and accountability process was initiated in April, 2005 to be in effect beginning July 1, 2005 and ongoing. The performance areas of the IEIC plan were aligned with prior versions of the Annual Performance Report (APR). IEICs were required to review data provided to them through the ECSE Data Profile, identify performance areas in need of improvement, establish goals and commit to improvement activities. IEICs are required to submit signed statements with their annual plan, assuring that state statute and federal components of Part C are strictly adhered to.

Members of the State Early Intervention Team (SEIT) have been assigned to serve as technical assistance and support personnel to each IEIC for the purpose of ensuring compliance with all aspects of Minnesota Statute and IDEA. SEIT is made up of staff members from the Minnesota Departments of Education, Health and Human Services.

Baseline Data for FFY 2004 (2004-2005):

A. A total of 186 Part C files were reviewed through MDE's traditional monitoring between July 1, 2003 and June 30, 2004. Seven instances of non-compliance in an area that was a monitoring priority area were identified. MDE did not verify the correction of the non-compliance in any of these instances for a baseline of 0%. Follow-up Reviews were not conducted during the reporting period.

B. A total of 2 instances of non-compliance in areas that were not included in the SPP priority areas were identified through Part C files reviewed during 2003-2004. MDE did not verify the correction of the non-compliance in either of these instances for a baseline of 0%.

C. A total of 33 instances of non-compliance were identified through alternate means including complaints and the locally-driven planning/monitoring process MnCIMP:SR. MDE verified the correction of the non-compliance within one year in 100% of these instances.

Discussion of Baseline Data:

The monitoring data provided from the 2003-2004 school year with follow-up data from the 2004-2005 school year was collected by hand. In 2003-2004, district systemic non-compliance was identified for systemic correction so while individual file data is provided for 2003-2004, individual correction was not directed at that time. Only citation areas found not to be in compliance are included in final reports consequently more areas were reviewed than reflected in the monitoring data. The Division of Compliance and Assistance is pursuing the creation of a data base to automate the collection and reporting of monitoring findings through a collaborative effort with MDE's Information Technologies unit. When this IT database is completed more refined data particular to the SPP Indicators will be available for future reporting.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance targets: A-100%; B-100%; C-100%
2006 (2006-2007)	Compliance targets: A-100%; B-100%; C-100%
2007 (2007-2008)	Compliance targets: A-100%; B-100%; C-100%
2008 (2008-2009)	Compliance targets: A-100%; B-100%; C-100%
2009 (2009-2010)	Compliance targets: A-100%; B-100%; C-100%
2010 (2010-2011)	Compliance targets: A-100%; B-100%; C-100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
<p>Revise the process for selecting records for monitoring purposes as follows:</p> <ul style="list-style-type: none"> ▪ Records selected for review for on-site monitoring visit will be selected separately for Part C and Part B. ▪ Record selection will focus on records necessary to address the SPP Indicators 	2006-2011	MDE Staff
<p>Improve the identification of non-compliance through the identification of individual files with non-compliance concerns and the inclusion of those findings in district reports, clarifying expectations for correction of identified non-compliance as soon as possible and in no case later than one year.</p>	2006-2011	MDE Staff
<p>Create database of compliance standards to be used for all general supervision components including monitoring, hearings, and complaints. This tool, currently under development, will significantly enhance the ability of MDE to track systemic issues and statewide trends and report data back to LEAs and through the SPP/APR process.</p>	2006-2008	MDE Staff

Revise elements of the database to improve tracking of individual student files with non-compliance area(s) to ensure 100% correction and notification within one year of identification.	2007	MDE Staff
Proceduralize the correction of non-systemic non-compliance to ensure that all instances of non-compliance are identified and corrected as required.	2006	MDE Staff
Provide technical assistance to LEAs and IECs related to corrective action for areas of identified non-compliance.	2006-2011	MDE Staff
Collaborate in training of peer monitors and mediators and development of interagency procedures.	2007-2011	MDE and DHS Staff
Develop reporting mechanism for Self-Review districts to provide evidence that areas of self-identified non-compliance are corrected within one year of identification.	2006- 2007	MDE Staff
Develop and implement an electronic database to track hearings including, but not limited to: timelines, findings, corrective action required.	2007	MDE Staff
Provide ongoing technical assistance to LEAs regarding prior written notice provision.	2005-2011	MDE Staff
Establish a system to send follow-up letters (at 6 months and 12 months) requesting an update on the status of corrective action and evidence of completion in districts where non-compliance was found.	2007	MDE Staff
District determination status will utilize information about instances of individual non-compliance that is not corrected within one year.	2006-2011	MDE Staff
Expand capacity for interagency monitoring by assessing the ability of DHS existing quality assurance initiatives and appeals processes to contribute to the general supervision requirements of IDEA. DHS will determine the role of the Ombudsman Office in this process.	2008	DHS Staff

Monitoring Priority: Effective General Supervision for Part C/General Supervision

Indicator #10: Percent of signed written complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Data Source: See Part C Attachment 1

Measurement:

See rows in Attachment 1.

Percent = $(1.1(b) + 1.1(c))$ divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

The special education complaint system is designed to ensure that all infants, toddlers and students with disabilities in Minnesota are provided a free appropriate public education and appropriate early intervention services under Part C and M.S. § 125A. A complaint can be filed about any entity that provides publicly funded educational services directly to students, that has violated a state or federal special education law or rule. Before filing a complaint, Minnesota Department of Education (MDE) encourages parents or other persons to first contact the school district's Director of Special Education, who may be able to help resolve the issue.

When MDE receives a written complaint it is assigned to a complaint investigator, who reviews the written complaint to determine the issues for investigation. The investigator will contact the person who submitted the written complaint to acknowledge receiving the complaint and to discuss the claims, facts, or issues. The investigator will also contact the special education director to notify him or her about the complaint, and to see if the issues could be resolved at the local level.

During an investigation, the complaint investigator will, among other things:

- Contact staff from the education agency to get additional information or assist in resolving the disagreement.
- Send a letter to the person who files the complaint, listing the issues MDE will investigate.
- Determine whether the investigation requires phone contacts, requests for written documentation, on-site reviews, interviews, consultations with educational specialists or other methods needed to successfully resolve the complaint.

The complaint investigator must review all relevant information and make an independent determination as to whether the education agency violated state or federal laws or rules. Because it is important that decisions are reached in a timely manner, MDE has 60 days to resolve the complaint. This timeline starts the day MDE receives the written letter of complaint. Under exceptional circumstances MDE may extend this 60-day deadline and will send notice of the extension.

MDE writes a final decision, and sends a copy to the person who filed the complaint and to the education agency. The final decision is in effect and binding when issued. If MDE finds no violations after the investigation, the file will be closed with the issuance of the final written decision. If the education agency committed violations that require corrective action, MDE develops a corrective action plan, which is written into the final decision. The responsible education agency must complete the corrective action within the stated time period. MDE follows up with the education agency and with the person who sent the letter to make sure the corrective action is completed. If the education agency fails to complete the corrective action, MDE will take action to ensure the matter is resolved.

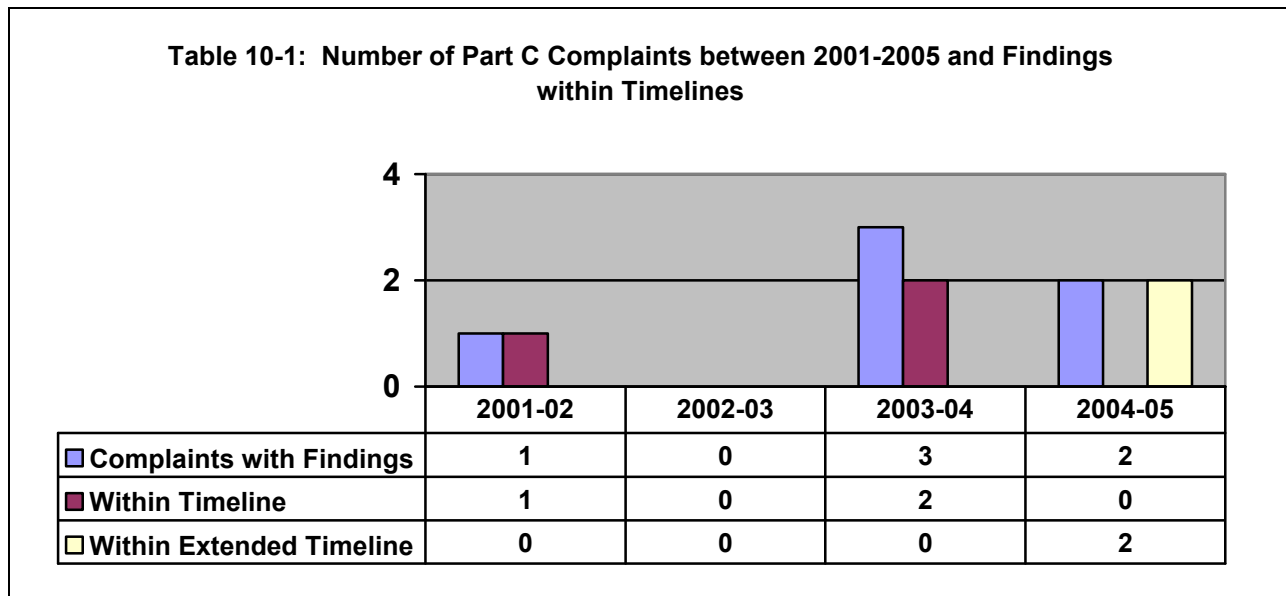
If either party to the complaint is dissatisfied with the decision rendered by MDE, the aggrieved party may appeal to the Minnesota Court of Appeals within 60 days of receiving the final decision.

Baseline Data for FFY 2004 (2004-2005):

During the reporting year, 100% of Part C complaint reports were issued within the timeline or an appropriately extended timeline.

Discussion of Baseline Data

During a typical reporting year, Minnesota receives relatively few complaints over early intervention services provided to infants and toddlers. Table 10-1 shows the number of complaints received over each of the past four years. Members of each local early intervention system responsible for conducting timely, comprehensive, multidisciplinary evaluations as well as IFSP teams regularly provide parents and guardians with copies of Minnesota’s Parents Rights and Procedural Safeguards document and explain those rights as necessary.



FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance target of 100%.
2006 (2006-2007)	Compliance target of 100%.

2007 (2007-2008)	Compliance target of 100%.
2008 (2008-2009)	Compliance target of 100%.
2009 (2009-2010)	Compliance target of 100%.
2010 (2010-2011)	Compliance target of 100%.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Upon receipt of a signed, written complaint , MDE will ensure that all complaints decisions are issued within 60 days.	2006-2011	MDE Staff
On a case-by-case basis , MDE will determine if extensions are necessary when complaints present unduly complex or systemic issues.	2006-2011	MDE Staff
During the complaint process , MDE will make certain that all parties remain informed as to the status of complaints and the issues at hand.	2006-2011	MDE Staff
MDE is developing an electronic database to track all due process data. This database will allow MDE to determine where delays in the processing of complaint decisions are occurring to a level of detail that is not currently possible. This database will also present each user with a “dashboard” that informs them of the status of each complaint for which they are responsible.	2006- 2011	MDE Staff

Monitoring Priority: Effective General Supervision for Part C/General Supervision

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

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

Data Source: See Part C Attachment 1

Measurement:

See rows in Attachment 1.

Percent = $(3.2(a) + 3.2(b))$ divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

Pursuant to federal law, Minnesota maintains procedures for impartial due process hearings.

A parent or a district is entitled to a due process hearing whenever a dispute arises over the identification, evaluation, educational placement, manifestation determination, interim alternative educational placement, or the provision of FAPE. Minn. Rule 3525.3900.

Requests for due process hearings must be in writing and filed with MDE. Should a school district administrator receive a request for a due process filing, he or she must file the request with MDE within two days of receipt of the request.

MDE cannot deny incomplete requests for hearings. However, the content of the request is dependent upon the party making the request. If a parent requests a hearing, the parent must include:

- A statement that indicates a request for a hearing
- Name and address of the child involved
- Name, address, and telephone number of parent
- Name of the school the child is attending
- The school district the parent resides in
- A description of the problem
- A proposed resolution to the problem

Should a district request a hearing, the district must include a number of additional items:

- A description of the service the district proposes to initiate or change
- A copy of the current or proposed IEP
- A copy of the prior written notice issued by the district

Any district request for a hearing must also provide the parents with a statement of basic procedures and safeguards for due process hearings, including information regarding free or low-cost legal and advocacy services available for parents. Districts must also inform parents that a hearing will take place with an impartial hearing officer assigned by MDE. Finally, districts are responsible for providing a number of procedural explanations, including information about timelines for the hearing, the rights of parties to present evidence, and a statement regarding the parent's burden of proof at a due process hearing.

Hearing officers are required to render decisions within 45 days from the date the hearing request was filed with the department. Extensions are allowed only upon request by either party. The hearing officer may grant a 30-day extension for good cause.

Baseline Data for FFY 2004 (2004-2005):

No Part C Hearings were held during the 2004-2005 reporting period.

Discussion of Data Baseline

The fact that there were no Part C hearings held during the most recent reporting year is not unusual. Members of each local early intervention system responsible for conducting timely, comprehensive, multidisciplinary evaluations as well as IFSP teams regularly provide parents and guardians with copies of Minnesota's Parents Rights and Procedural Safeguards document and explain those rights as necessary. PACER and other parent advocacy organizations work to help parents fully understand their rights and to understand dispute resolution options available to them, including the hearing system.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance target of 100%.
2006 (2006-2007)	Compliance target of 100%.
2007 (2007-2008)	Compliance target of 100%.
2008 (2008-2009)	Compliance target of 100%.
2009 (2009-2010)	Compliance target of 100%.
2010 (2010-2011)	Compliance target of 100%.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
<p>Upon receipt of a signed, written request for a due process hearing, ensure that all hearings are conducted, and decisions issued, within 45 days. Hearing officers will only issue extensions upon request by either party. Extensions will be evaluated on a case-by-case basis, and will only be issued for good cause.</p>	<p>2006-2011</p>	<p>MDE Staff</p>

Develop an electronic database to track all due process data. This database will allow MDE to determine where delays in the processing of hearings are occurring to a level of detail that is not currently possible. This database will also present each user with a “dashboard” that informs them of the status of each hearing for which they are responsible.	2006-2011	MDE Staff
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Monitoring Priority: Effective General Supervision for Part C/General Supervision

Indicator #12: Percent of hearing requests resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

Data Source: See Part C Attachment 1

Measurement:

See rows in Attachment 1.

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Resolution sessions were a new requirement of IDEA 2004 so Minnesota had no resolution sessions during the reporting period (fiscal year 2004). However Minnesota has on staff a due process hearing coordinator who maintains data on hearings and related matters including resolution sessions and their outcomes. Minnesota will set targets for this indicator after the fiscal year 2005 data is collected.

Minnesota's conciliation conference system preceded the federal "resolution process." Conciliation conferences, which are unique to Minnesota law, are required by both statute and rule. Parents must have an opportunity to meet with appropriate district staff in at least one conciliation conference in the event that the parent objects to any district proposal. Minn. Stat. 125A.091 subd 7. Should a parent wish to have a conciliation conference, the conference must be held within ten days. If the parent refuses to conciliate, this requirement is satisfied. If a conciliation conference does occur, the district must memorialize the conference and summarize the district's final offer within five business days. The memorandum can be used in subsequent proceedings. Conciliation conferences have been used extensively in Minnesota to resolve issues and reduce the need for due process hearings.

As a result of, in part, the conciliation conference process, mediation and experienced hearing officers, the majority of Minnesota hearings settle pre-hearing. Minnesota anticipates that many hearing requests will continue to settle before the hearing and before the resolution session. Parties may waive the resolution session. In Minnesota parties may choose to waive the resolution session and decide to instead use the conciliation process. Parties may also choose to use mediation rather than the resolution session. It is anticipated that the availability of these alternatives makes it likely that the use of resolution sessions will be low. It is also likely that the participants who do not resolve issues prior to a resolution session will have a greater likelihood of going to hearing when compared to the general pool of those requesting hearings.

Baseline Data for FFY 2004 (2004-2005):

There were no hearing requests for Part C, thus no resolution sessions.

Discussion of Baseline Data:

There were no hearing requests for Part C, thus no resolution sessions.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	No Targets. New Indicator. Baseline data reported on 2005 APR
2006 (2006-2007)	na (There were no hearing requests for Part C, thus no resolution sessions in 2005.)
2007 (2007-2008)	na
2008 (2008-2009)	na
2009 (2009-2010)	na
2010 (2010-2011)	na

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Electronic database with required fields concerning resolution sessions will be developed for use by hearing officers to record resolution session use and results.	2007	MDE Staff
Due process hearing coordinator maintains data on hearings and related matters including resolution sessions and their outcomes.	2005-2011	MDE Staff
Develop and distribute handout for parents on due process hearing process including resolution sessions; translate handout into Hmong, Somali, Spanish languages	2006-2011	MDE Staff PACER Center

Monitoring Priority: Effective General Supervision for Part C/General Supervision

Indicator #13: Percent of mediations resulting in mediation agreements.

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

Data Source: See Part C Attachment 1

Measurement:

See rows in Attachment 1.

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

Minnesota has a strong alternative resolution system. In addition to mediation this system includes conciliation conferences and state-provided facilitators for IEP meetings upon request. Minnesota is exploring ways to increase local capacity for meeting facilitation and dispute resolution. Minnesota shares information across systems and is working on an integrated data-base that will expedite data sharing across systems to allow more precise evaluation of the impact of various interventions. Minnesota has a mediation coordinator who collects participant feedback for mediations and facilitated IEP meetings. The feedback is collected in the form of surveys that invite all participants to respond. Surveys are collected immediately after the session is held and again 60days after an agreement is reached in order to determine the effect and durability of the agreement.

Facilitated IEP meetings, which are moderated by a trained facilitator, provide another option for resolving disputes at an early stage of conflict. The Minnesota legislature has directed MDE to offer facilitated IEP meetings. Minn. Stat. 125A.091 subd. 8. Facilitated IEP meetings are similar to regular IEP team meetings, but include the presence of a facilitator, provided at no cost to either party. Mediators and facilitators cannot be called to testify, nor can their records be used, in subsequent due process hearings.

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

Baseline Data for FFY 2004 (2004-2005):

There were no Part C mediations held during the reporting period.

Discussion of Baseline Data:

MDE works to publicize the availability of mediation as a dispute resolution option. The MDE website includes information about the mediation system and provides forms for use by parties seeking mediation.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	80%

2006 (2006-2007)	81%
2007 (2007-2008)	83%
2008 (2008-2009)	84%
2009 (2009-2010)	85%
2010 (2010-2011)	86%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Increase local capacity for meeting facilitation and dispute resolution.	Fall 2006-2011	MDE Staff
Continue collection and analysis of feedback on mediation sessions. Minnesota has a mediation coordinator who collects participant feedback for mediations and facilitated IEP meetings. The feedback is collected in the form of surveys that invite all participants to respond. Surveys are collected immediately after the session is held and again 45 days after an agreement is reached in order to determine the effect of the agreement.	2006-2011	MDE staff
Develop an integrated database that will expedite data sharing across systems. MDE is developing an electronic database to track all due process data. This database will allow MDE to determine where delays in the processing of hearings are occurring to a level of detail that is not currently possible. This database will also present each user with a “dashboard” that informs them of the status of each hearing for which they are responsible.	2006-2011	MDE Staff

Monitoring Priority: Effective General Supervision for Part C/General Supervision

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

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

Data Source: State selected data sources, including data from the State data system, as well as technical assistance and monitoring systems

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

The Minnesota Automated Reporting Student System (MARSS) is the cornerstone of data collection and analysis, compiling individual student data required by multiple program divisions within MDE including the Divisions of Early Learning Services and Special Education Policy. Data collected via MARSS are used to calculate state aid and local levy amounts, allocate federal grant resources, complete civil rights reports, perform unduplicated child counts, and report to the National Center for Education Statistics.

Upon enrollment, each student is given a unique numerical identifier that remains assigned to the student across time and, when family mobility is a factor, across school districts. The MARSS system currently includes 50 distinct data elements reported for each enrolled student and is a data partnership between MDE and school districts.

Since MDE is the lead agency for Part C, identified infants and toddlers are assigned a MARSS identifier that is unique to them and used through age 21. This provides MDE the capacity to analyze individual student data from a longitudinal perspective.

The Part C data collection efforts, implemented in 2004, were designed to supplement MARSS data with additional data elements vital to Part C and Section 619. The additional data collected from all Minnesota districts provided information for local and state use and for federal reporting.

The developers of Part C data collection efforts were committed to protecting the privacy of data subjects and the security of collected data. A password-protected web site at the University of Minnesota was used to collect the data. No personally identifiable data was posted to the site--only MARSS numbers were used. Out of respect for parents and district personnel, no data were collected that were not to be used, no data were collected that were already available, and no data were displayed that could be traced back to an individual family or child.

As a result, significant reporting enhancements occurred, allowing MDE to report early intervention services by race/ethnicity for the first time. Referral source data was collected, analyzed, and has already been used locally to improve public awareness and outreach efforts.

MARSS and Part C data efforts facilitate the collection and reporting of the following 618 and SPP data elements:

- Unduplicated count of infants and toddlers served on December 1 of any reporting year
- Race and gender of children served
- Instructional Setting (environment) where early intervention services are provided

- Specific early intervention services provided through each IFSP in place on December 1 of any reporting year
- Number of days between referral and initial IFSP team meeting for each infant or toddler determined eligible
- The primary and secondary referral sources for each referral resulting in evaluation
- The number of days between the initial IFSP team meeting and the start date of services through an IFSP
- The primary disability of each infant or toddler served (developmental delay or a categorical disability area)
- The local district serving the child and the family which allows MDE to identify geographic region, responsible IEIC and the strata of each provider
- Data on children exiting the Part C system at age 3 or earlier
- Primary language spoken in a child's home
- The level of poverty experienced by a family
- Whether the child is homeless or a ward of the State of Minnesota

Cross-tabulations can be run on any of the data elements within the MARSS system to identify relationships between data elements. Such analysis has proven invaluable in determining statewide and local performance.

A series of edit checks designed to detect inaccurate data are performed both at the district level and statewide across all districts. These edits generate error or warning messages that require follow-up by the reporting district. For example, the instructional setting reported for a child must be a code appropriate for the age of the child. Similarly, some eligibility categories (e.g. specific learning disability) generate warning messages when coded for a very young child.

Since the first Annual Performance Report, MDE staff members have been scrutinizing the data in ways that had not been done prior to the APR. It became clear that some data elements were much more accurate than others. MDE has worked to enhance written guidance on reporting infants, toddlers and young children with disabilities in MARSS.

Two significant events took place during the reporting period that will positively impact the accuracy of data. First, the Part C data efforts cast a spotlight on reported MARSS data resulting in greater awareness of local mistakes and misunderstandings regarding data reporting procedures. Second, MDE created the first ECSE Data Profile. The Data Profile is an interactive data display tool that, when a local school district number is entered, results in a data report customized for that district. The profile includes percentages and quartile rankings for several key indicators of program quality and generates comparisons of the district with other districts in the region, strata and to the state as a whole. Analyzing and reporting data in this way has motivated districts to report accurate data, in addition to driving local continuous improvement efforts.

Baseline Data for FFY 2004 (2004-2005):

- A. Minnesota historically submits accurate December 1 child count data prior to February 1st of each year. Exit and personnel data is submitted on or before November 1st. Data on early intervention services was submitted after November 1st of 2004 and 2005.
- B. Minnesota strives to report accurate data through micro-edits within the MARSS program, written guidance and face-to-face training.

Discussion of Baseline Data:

- A. MDE did not collect services on individual IFSPs prior to the 2003-2004 reporting year. Instead, IEICs reported the number of IFSPs in their local area that included each of the early intervention services. That data was not able to be disaggregated by race/ethnicity. Minnesota now has a process that allows for service data to be collected. As the process stands, it is impossible to meet the November 1 deadline as the data is collected from LEAs during the month of November. MDE will work to shift the timeline for this data element.
- B. MDE is committed to continually improving the accuracy of data reported.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Compliance Target of 100% of reported data is timely and accurate.
2006 (2006-2007)	Compliance Target of 100% of reported data is timely and accurate.
2007 (2007-2008)	Compliance Target of 100% of reported data is timely and accurate.
2008 (2008-2009)	Compliance Target of 100% of reported data is timely and accurate.
2009 (2009-2010)	Compliance Target of 100% of reported data is timely and accurate.
2010 (2010-2011)	Compliance Target of 100% of reported data is timely and accurate.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
Written guidance materials for accurate reporting of infants, toddlers and young children with disabilities within the MARSS system will be kept current with respect to data elements and actively disseminated to LEAs.	2006-2011	MDE Staff
Continually improve local and statewide edits within MDE's MARSS program to eliminate those logic errors that can be electronically detected at the point of data submission	2006-2011	MDE Staff

Training will be provided to LEAs responsible for accurate reporting through MARSS. That training will take multiple formats including face-to-face, interactive television and web-based tutorials. When possible, local MARSS reporters will be co-trained with their ECSE colleagues to enhance district-level communication necessary for accurate reporting.	2006-2011	MDE Staff
Strive to motivate local staff to invest in the accuracy of the data by publicly reporting local status on key performance indicators.	2006-2011	MDE Staff
Revise data collection methodology for the reporting of early intervention services on IFSPs to allow for that data to be reported to OSEP prior to November 1 of each reporting year for services provided on IFSPs active the prior December 1st.	2006-2011	MDE Staff