

Governor's Interagency Coordinating Council (ICC)
Meeting Minutes
October 20, 2010

Members Present: Barbara Wolfe, Loraine Jensen, Lisa Backer, Sandy Simar, Lisa Lehmann, Angie Kniss, Linda Wintz, Jackie McCormack, Joy Birr, Barbara O'Sullivan, Jill Haak, Michelle Willert, Sarah Thorson (via phone)
Members Absent: Karen Adamson, Anne Hennessey, Ralph McQuarter
Staff: Loraine Jensen, Lisa Backer, Kara Hall
Presenters: Judy Swett, Pacer
Guests: Donna Miller, Judy Swett, Sara Schoepf, Hope Brandt

<p>Agenda Item: Approval of minutes, old business</p>	<p>Introduction of members. July 21, 2010 minutes: A motion was made and seconded to approve.</p> <p>PACER's Transition Booklet: Discussed letter written by Barbara Wolfe to PACER on behalf of the ICC.</p> <p>Barbara O'Sullivan discussed the difference between a grant and a contract. When a contractor does work on behalf of the department that work becomes an extension of our staff. A grant is to create information and materials or training to fulfill a need within the state at large for families and children.</p> <p>PACER transition book was part of a Request For Proposals (RFP) process as a grant agreement and therefore, the transition booklet is PACER's product, credited to the Minnesota Department of Education (MDE) funding. The information is on the PACER website, which we link to, and is considered public domain. Because the booklet was developed under a grant, PACER is not obligated to do what the ICC is asking (e.g., electronic format, modifiable by districts/families), related to the booklet. Judy intends to put out some one page handouts on the PACER website to go out with booklet. MDE requires PACER to keep track of parent contacts. A family has to call to request a copy of materials so PACER can track the "contact" to meet the grant requirements. If districts/MDE distributes the booklet, PACER has no way to document that families got the materials and that there was an interaction with a family.</p> <p>Discussed how MDE could take the information from the booklet and make it an electronic, modifiable document for specific districts/families, put it on the website to be printed, etc.</p> <p>Discussed ICC's role on input into the product. Many of the comments made by the ICC were incorporated into the booklet. Discussed reading level of the booklet and</p>	<p>Action: Approved</p> <p>Action: Barbara Wolfe will send letter to MDE regarding PACER's transition booklet.</p> <p>Need to make decision how to get information to districts and families and how to get a full copy of the booklet. MDE to pursue website posting?</p>
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	<p>reasoning for including educational terms. It was recommended that Barbara W. send letter to MDE on behalf of the ICC. Coordinators need to let parents know to call PACER for a full free copy of the transition booklet. MDE's main partner is school districts, so MDE needs something that is more adaptable.</p> <p>ICC information posted on the MDE Website: Recorded input of what to incorporate and it is still in process. Minutes, dates, archives, etc.</p>	
<p>Agenda Item: Interagency Early Intervention Committee (IEIC) Restructuring</p>	<p>Loraine shared information about the newly formed IEIC Restructuring Workgroup; reviewed workgroup member list. Every region is represented. First meeting is Oct 26.</p> <p>Lisa Backer reviewed the National Early Childhood Technical Assistance Center (NECTAC) survey that was sent out regarding other state's local IEIC structure – 33 responses. Ninety-five IEICs in Minnesota. Minnesota is a birth mandate state so we have to pay for services. Minnesota appropriates 80 percent of Federal appropriation to ICCs. Most helpful to compare ourselves to other Education lead states – Iowa, Michigan, Nebraska and Maryland are most similar to us. Survey results can be used to inform. A lot of ICCs are only birth to 3 so that could also affect survey outcomes.</p> <p>Discussed IEIC restructuring questionnaire that has been given to multiple stakeholder groups (still going to get input from other MDE division staff). Information from input gathering is being compiled and analyzed by University of Minnesota intern and this will be shared at the IEIC restructuring meeting next week. Input from ICC will be incorporated into that information. ICC members completed the form and shared responses with the group. There are things that are going well throughout the state. IEICs collaborating more would be helpful – quality improvement activities to help with spread. The number of IEICs makes it difficult. Less special education focus; county and district lines/boundaries and how they relate to IEIC.</p> <p>ICC representative to IEIC restructuring workgroup – Barbara announced that the ICC appointed Angie Kniss to the restructuring workgroup as a parent and as a member of the ICC. There are other parents on the workgroup who may also be there in a professional role.</p>	<p>Action: Angie Kniss was appointed as a parent of a child with special needs and as the ICC representative to the IEIC restructuring workgroup.</p>
<p>Agenda Item: State Performance Plan (SPP)/Annu</p>	<p>Lisa Backer presented data. Need to establish targets for December 2011 and 2012 and expand time period covered by existing SPP to June 2013. 2009 targets not met. The Office of Special Education Programs (OSEP) is reflecting on how to create a balance between compliance and results. For the other three areas needing targets, the recommendation is need these by the first week of January at the latest. Workgroup to be formed. The workgroup will do the other target setting and run it by the rest of the</p>	<p>Action: ICC to set targets for the existing 3 areas.</p> <p>Workgroup formed to look at the targets for the three other areas (Barbara, Sandy,</p>

<p>al Performanc e Report (APR)</p>	<p>group. Federal performance for 2009 has not been publicized yet. Districts are preparing to send child outcome data. ICC looked at the natural environments indicator. Small groups were formed to discuss reasonable targets and then report out. We are currently at 95.5 percent and our target for 2009 was 93 percent. Do not set targets that are lower than our current performance. Less than 1 percent served in the hospital. Kids that turn three in September, October, and November are not captured in the birth-2 data. We need to keep pushing the system forward.</p> <p>Natural Environment Performance Indicator C-2 (Age on December 1) – Infants who are hospitalized and kids who are almost 3 and are being served in a classroom are the kinds of kids who are not in natural environments.</p> <p><u>DECISION: ICC consensus targets</u> 2010 96 percent 2011 96.5 percent 2012 96.75 percent passed with one objection</p> <p>Percent of kids on IFSP birth to age 1, indicator 5 DECISION: ICC consensus targets 2010 .85 percent 2011 .875 percent 2012 .90 percent</p> <p>Minnesota has made greater performance improvements than other states though we still lag behind the country. December 1, 2009, data. Don't know impact of more accurate census data and we are unsure of accuracy of census projections. Unsure if birth cohort has gone down.</p> <p>Percent of kids on IFSP birth to age 3, indicator 6 DECISION: ICC Consensus targets 2010 2.30% 2011 2.35% 2012 2.40%</p>	<p>Linda, Jill); Lisa to convene the group. Lisa to extend invite to Sarah Thorson and Ralph McQuarter and Karen Adamson.</p> <p>Workgroup to get together, either by email, phone or in person. May need to get together since haven't had to set targets before. Late December, early January is the deadline for the targets.</p>
<p>Agenda Item: Early Childhood Mental Health Summit</p>	<p>Judy Swett presented the findings from the Early Childhood Mental Health (ECMH) Summit. Charge of grant was to report back to ICC. She is here as a member of the regional IEC. The Education Cooperation Service Unit (ECSU) provides stipends and houses the regional meeting. Planning grant, took poll of regional members, 13 IECs within this region. Interagency representation.</p> <p>Perceived barriers to families and children receiving mental health services:</p>	<p>Action: Invite a representative of the Carver County Mental Health Collaborative to present at a future ICC meeting. Also invite Young Learners Program (Joy), Thrive Project,</p>

- Lack of funding to provide services;
- Certification issues - schools unable to diagnose mental health disorders;
- Need better partnering and to bring in outside professionals;
- Lack of providers statewide to work with kids 0-5 who have mental health needs;
- Issues of understanding early childhood mental health among providers;
- Stigma surrounding mental health diagnosis;
- Issues of Head Start serving kids;
- Limited availability of culturally competent and culturally specific services;
- Help Me Grow (HMG) needs to look more at infant mental health;
- Home Visiting - someone to come into the home to work with the behaviors and mental health issues;
- Lack of understanding about Part C criteria and its impact on child find;
- Lack of training for early childhood special education (ECSE) providers related to mental health;
- Waiting list for appropriate services;
- If there was a mental health collaborative in an area, identified barriers were fewer.

Possible Strategies:

- List of providers who can work in the field of infant mental health – Catherine Wright working on that list and she will get it to Judy when it is available;
- Parent training around social/emotional development through Technical Assistance Center on Social Emotional Intervention (TACSEI). More ongoing training for families will be available;
- More information on HMG regarding infant mental health;
- Work with districts on tracking kids who are homeless;
- Better coordination;
- Partnerships with medical providers (may change with restructuring);
- Expanding day treatment programs for young children;
- Training on the use of informed clinical opinion (thru Centers of Excellence (COE)?);
- Networking (Summit was the first step);
- Community of practice or provider listserv, clearinghouse of mental health issues;
- Family systems, not just the child; need to include help around mental health issues.

Next steps:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) grant

tools (Michelle Willert).

was not awarded to Minnesota;

- Look at more regional collaboration; how will all of it play together with the restructuring;
- Parenting resources (regional IEIC talked about doing this). Anoka has a great mental health resource book and Ramsey may have one, too;
- Look at other models throughout the state. Carver County Early Childhood Mental Health Collaborative (one of the models) - ICC could get more information or have someone from that collaborative present on this at the next ICC meeting;
- Regionalized training;
- People need to talk and share information and insights back and forth more.

Attendance at Summit - mainly special education with some representation from private providers and the counties. Good beginning effort and some have asked when they are going to do another one.

Discussion: Needs more discussion but it will take more time. Feeling in the community that schools do not understand the problem so they just deny services (e.g., selective mutism). Need to train preschool teachers to look for mental health issues. TACSEI looks at where all kids are to get the basic information out. MDE incorporating recommendation and working on key messages. We want to give slides and information for others to use. Use this information in our restructuring efforts. Working toward uniformity of our state wide Part C system and to build capacity to get information out in a consistent way. Using recommendations from Glenace Edwall and Catherine Wright. Differences in lingo – social emotional vs. mental health. This might be a priority area for IEICs, especially with the carryover funds.

There was a criticism expressed at the summit that since MDE is lead, Early Intervention is very education focused and that we are not doing a good job of looking at social/emotional needs of young children. People spoke publically at summit. From a public relations standpoint, there is a perception and whatever ICC and MDE can do to counter that perception would be helpful. MDE independently identified this as a need and took action on it. Summit took place prior to TACSEI and we now have the COE.

Thrive project has worked toward cross disciplines coming together for infants and toddlers with mental health issues. Kids not qualifying - tools that would be used to qualify for early intervention and for mental health diagnosis are too different. How can a mental health diagnosis be used to meet special education criteria? ECSE teachers are not trained to analyze mental health reports to determine eligibility for services.

	<p>Need a workgroup to analyze tools we are using. Currently Axis 1 conditions included in DC: 0-3, would qualify a child for early intervention services as they are considered conditions with a high probability to resulting in developmental delay. Terri Rose does DC: 0-3 training to use the tool but still can't diagnose. This speaks to the cross discipline barriers. Look at whole child and whole family and look at it on a continuum of how to support families.</p>	
<p>Agenda Item: Service Coordination (SC) Initiative</p>	<p>Information was shared about a SC training and technical assistance Initiative. In 2008, a goal of the ICC was to look at SC and how to develop training around this. In 2009, goals were set to develop material to be field tested. These field tests took place in three locations. The field testing was done by Sue Benolken who developed a PowerPoint presentation (with Hope). There were around 90 participants. Feedback was given and a summary document prepared.</p> <p>For the next phase, Jill Haak and Sara Schoepf, Region V and VII Professional Development Facilitators, have agreed to providing leadership in the development of a multi-year training and technical assistance initiative that will be implemented by the COE. See attached handout: Dr. Joan Blaska from St. Cloud State University will be working as a consultant to the initiative.</p>	
<p>Agenda Item: Miscellaneous updates and discussion of next ICC meeting</p>	<p>ICC recruitment –missing a lot of members or current terms have expired. There is a commitment to start soliciting new members and replacements for existing members. Reviewed list to decide where to go from here. Governor needs to do all appointments.</p> <p>Next meeting – January 19 needs to be changed. January 28 is the best date for the next meeting (Friday from 8:30-12:30).</p> <p>Tentative Agenda Items:</p> <ol style="list-style-type: none"> 1. SPP/APR 2. Children's Mental Health 3. IEC Restructuring 	<p>Action: At the January meeting, need a motion that the ICC has seen (not approved) the SPP/APR report.</p>
<p>Agenda Item: ICC Member Update</p>	<p>ICC members presented their individual updates:</p> <p>Jill Haak – Getting oriented to COE. Got a lot of feedback at the Leadership conference that districts want more regional support.</p> <p>Sandy Simar – Early Childhood Advisory Council (ECAC) adopted a vision statement: <i>For the long term prosperity of Minnesota, it is imperative that young children are supported by their families and communities in achieving their maximum developmental potential. To accomplish this, we share responsibility to provide a</i></p>	

	<p><i>continuum of comprehensive and effective programs, services, and partnerships. In our coordinated efforts, we will reach across systems, cultures, and geography to provide equity of access for all children, especially for Minnesota's most vulnerable children.</i></p> <p>Presentations about data system being worked on. Starting to assign MARSS numbers to head start and early head start children. Arthur Reynolds' school readiness study data. How are we going to report overall school readiness data based on sample that the kindergarten teachers provide? How it will be measured and reported? Strategic work plan, vision and now developing a comprehensive plan to tie vision and other planning for the council. Funding thru ECAC to develop parents guide to early indicators of progress.</p> <p>Jackie – Looking at Personal Care Assistance (PCA) alternatives for those with mental health issues who will be losing services come July 1, 2011. In developing a mental health cadre, need to consider that many kids who qualify under Level 1 behaviors do not have a mental health diagnosis. Making recommendations regarding that issue. Special Education Advisory Panel met – presentations from every department about what they are working on and who they are involved with.</p> <p>Barbara O. – Education specialist position available with early childhood school readiness, head start, etc., closes November 1, 2010. Also a HMG position that was in our OSEP application will be posted to answer the HMG line, conduct outreach, and coordinate grants and contracts for consistent messages. Evolving position – person needs to come from the state pool.</p> <p>Barbara W. – Summer Institute is scheduled for June 16 and 17, 2011, at St. John's. Same format as last year. Finalizing presenters.</p>	
Meeting Schedules:	<p>Proposed Dates: January: Wednesday, January 28, 2011 (note date change) April: Thursday, April 14, 2011 Future meetings will be scheduled from 8:30 a.m.-3:00 p.m.; however, if possible, will try to have half day morning meetings only.</p>	Action: In preparation for the January 28, 2011, meeting, a workgroup will meet to assist with the Part C Performance Plan.
Adjourned	Motion made and seconded to adjourn.	