

**Governor's Interagency Coordinating Council (ICC)
Meeting Minutes
January 28, 2011**

<p>Members Present: Barbara Wolfe, Sandy Simar, Karen Adamson, Anne Hennessey, Linda Wintz, Jacki McCormack, Joy Birr, Barbara O'Sullivan, Jill Haak, Michelle Willert, Sarah Thorson</p> <p>Members Absent: Lisa Lehmann, Angie Kniss</p> <p>Staff: Loraine Jensen, Lisa Backer, Kara Hall, Michelle Jones</p> <p>Guests: Judy Swett, Roxanne Botz, Tim Finn, Cathy Nelson-Messer, Lisa Cariveau</p> <p>Observers: Penny Hatcher, Melissa Wiger, Phyllis Haag, Shawn Holmes, Margaret Sullivan</p>		
<p>Agenda Item: Approval of minutes, old business</p>	<p>Introduction of members. Genie Potosky attended today's meeting as the new Department of Human Services (DHS) representative, replacing Ralph McQuarter.</p> <p>October 20, 2010 minutes: A motion was made and seconded to approve.</p> <p>ICC recruitment and replacement: Barbara O'Sullivan updated the group about a new contact person at governor's office, Tiffany, and that there has been a flood of applications to the office. Those interested in applying should submit an application as soon as possible; many current members are reapplying. Tiffany is sending completed applications as she gets them so we can review them. One has been received so far. There is an opening for a physician on the ICC. Medical community is in a better position now to appoint someone. Getting word out about openings for parents.</p> <p>Pacer's Transition Booklet: Barbara Wolfe gave an update on the completed Transition Booklet. Discussion of how we might use it and next steps. Thanked Judy for her work. The booklet is available as a Portable Document Format (PDF) on Pacer's website and on Help Me Grow (HMG). A suggestion was made to distribute it to Rule 3 licensors. Child care providers do not always know how to get information to their parents. A suggestion was also made to put it out through Women, Infants, and Children (WIC) clinics. There will be some available in hard copy. At least 1000 have been printed. Booklets are free to parents. \$3.00 for professionals. Contact Pacer for printed copy.</p>	<p>Action: Approved</p>
<p>Agenda Item: Interagency Early Intervention Committee (IEIC) Restructuring</p>	<p>Loraine presented a Power Point giving background on the need for the restructuring, a brief overview of the process and the resulting recommendations from the restructuring workgroup. Restructuring was needed based on the Office of Special Education Programs (OSEP) verification visit. Restructuring workgroup members shared their experiences about being on the workgroup, the process, etc. Workgroup members were given applications to apply for the ICC. Discussed need for "damage control" around rumor that all of the decisions were predetermined. IEICs need to be encouraged to look at the</p>	

big state picture and not just what is occurring in their specific area. ICC was not represented on restructuring workgroup due to family issues with the appointed representative. Suggestion to appoint a replacement in such cases in the future.

Reviewed restructuring workgroup recommendations. Recommendation six was related to the statements of assurances within SERVS.

Some ICC members shared concerns they have heard from the community.

There was a suggestion to have definitions or a glossary of what is meant by local/Local Education Agency (LEA)/special education administrative unit (SEAU), etc., included with the recommendations.

Part C dollars only go to the SEAUs that serve as fiscal hosts (there are currently 120). Michelle Jones helped to explain the 120 administrative units. The SEAU would get the Part C funds for that IEIC. Minnesota Department of Education (MDE) does not get the detail down to the service level when money is parceled out regionally. This would increase fiscal accountability. For example, Rum River is fiscal host for three IEICs, but at the state we cannot separate what went to each of those three IEICs. Want to get money closest to the end user (those that are doing the work) for greater accountability. SEAU is not the same as an IEIC. Funding that goes to the local entities is to be used for things where no other funding source exists. Part C funding cannot supplant funding that is already in place. Funding year-round services has been an issue that this could address.

What expenses did the IEIC have that they will no longer have? Notion of economies of scale. For example, printing, translating, website development, toll free phone number, etc. This could all be done at the state level and would no longer be up to each IEIC. Give IEICs a sense of how things can work well for them and what responsibilities are shifting to the state.

Discussed holding regional meetings or webinars to share the restructuring process, discussion, recommendations, etc. In the form of two-day retreats (“groundbreaking”) for discussion on how to do it. Groundbreaking event – meeting of regional representatives to discuss what makes sense for each region. Groundbreaking will go on even if ICC does not approve the recommendations– will focus on Comprehensive System of Professional Development (CSPD) instead.

If over 50 percent of children are in one region, how do you balance the need to have smaller numbers and still have adequate representation at the IEIC table? What makes sense? State to develop those guidelines.

Action: Lisa and Loraine will address the “definition of terms” on the responsibility chart.

Break out Region 11 due to size? Region 11 actually functions better than most due to the regional IEIC meetings that they already hold. Those in Region 11 did not feel there was a reason to break up that region but there could be smaller subgroups, if needed. Regionally, all kinds of groups meet – child care, special education, counties, etc.

Sixty percent of funding will go to local LEAs. Would Region 5 and Region 7 each be their own IEIC? Leave it up to the regions who typically work together to make that decision for themselves. Is the concept that the IEICs in a region will become one IEIC and each IEIC will get 10 percent of the Part C funding?

Concern that we will lose interagency discussion about what should happen for kids who are birth to age three. It is in statute that interagency discussions are to occur. How would the school districts involve their local partners? There is nothing that requires this of the school districts; it is the IEIC who has to have the local partnerships. IEIC membership may become larger with more partners from other areas in a larger geographic area. Who sits on the IEIC may not necessarily change. It has been hard to get good agency representation. Have to help local entities and regional IEICs think about this in a different way. Discussed expanding uniformity of Follow Along Program (FAP).

Interagency does not mean that meetings will occur six times per year. Regions 1, 2 and 3 use technology currently due to how spread out they are.

Statements of assurances. How will assurances be monitored? The service at the local level will be more defined and we will have the ability to restrict what those funds can be used for. There are ways to streamline the number of contracts needed. An implementation team will develop guidance to local areas. Issue of cost neutrality – contracting increases costs. Limit number of contracts in the recommendations or include a cost neutrality statement.

“Purple activities” could be implemented by local programs and the IEIC can facilitate economies of scale. We first need to look at compliance as a state and we are not in compliance. People value the family support activities and if compliance is the focus then there is a concern that those activities will go to the bottom of the stack. Providing services year round is the largest compliance issue. There needs to be better guidance about what can be written in an Individualized Family Service Plan (IFSP). Addressing things as family outcomes on the IFSP. Related to documentation and accountability and this will improve family outcome survey data. IEIC is more of a supervisory structure to support local implementation. All of the family support activities would still happen at the local level. Training is not a responsibility of the IEIC. The CSPD money goes to the regions. The regional IEIC could serve as the

advisory body for that CSPD entity. The Centers of Excellence (COE) applies to economies of scale.

ICC members were polled about being able to vote today or postpone for a later meeting. It was unanimous that the ICC members are not ready to vote on the recommendations today. Members want an opportunity to ask more questions related to the recommendations. Restructuring workgroup members are welcome to attend the follow-up meeting. ICC members should ask the questions that will help them make an informed decision. Need a quorum of seven.

Clarified what is meant by central point of intake and discussed how it works now and would likely continue to work in the future. Was it intended that each IEIC will have one central point of intake? Concern that it will slow things down. Central point of intake refers to HMG toll free number and online referral. Need to focus our attention on the summer months. We are supporting what is currently happening with local intake, along with the toll free number. Parents will still contact local number, if they know it. We need to be clear about what we are communicating about HMG. Individual teams still need to decide how to implement their intake. We have a recommendation that supports local entities in providing a central point of intake or intake process but we must support the toll free number and the online referral for physicians, as well as those who do not know the local area contacts.

How do the recommendations impact service coordination (SC) at the local level and are there things that we should be saying about SC in the recommendations? There is a SC effort that will be detailed in the Part C application. Restructuring should not impact SC negatively. We need more money in the system to pay service coordinators to get the job done. Discussed possible penalties and incentives related to meeting requirements. There may be more incentive for a district than there is now. The IEIC still needs to have input into SC. Who are service coordinators accountable to? LEAs write corrective action plans. Suggestion to go back and look at what the definition of SC is. It is an interagency function to create a relationship with the family and to coordinate all services received by the family, regardless of who provides the other specific services. A suggestion was made to strengthen SC language within the recommendations. Melissa Wiger addressed the committee stating that it would be difficult to vote on 60 percent of Part C funding going to local entities with majority to SC without knowing the parameters. What about quality (there are no standards)? This should be in place as a part of the restructuring process. Need to go back to the responsibility chart and who is responsible for what in regard to SC. SC is in statute, which is where the accountability comes into play. Some of this would be addressed in the assurances. There would continue to be interagency agreements at the IEIC level. Opportunity to support training related to SC. Trying to get SC information to higher education. This is an opportunity to create a set of operating procedures at a regional level. We need to look at what we are gaining through the

Action: Scheduled a follow-up meeting for Tuesday, February 8 from 10:00 a.m.-noon at MDE.

ICC members should send their specific questions to Loraine and/or Lisa by February 4 and answers will be sent out to the ICC and the four workgroup members on February 7. ICC members would also like to discuss timelines.

	<p>process, not what we are losing.</p>	
<p>Agenda Item: State Performance Plan (SPP)/Annual Performance Report (APR)</p>	<p>Lisa Backer reviewed the final draft of the APR. Discussed indicators. Indicator 1 – timely initiation of services – within 30 days. We are at 98.8 percent with mandatory target of 100 percent. Slippage from the target vs. compared to past performance. Anything above 95 percent is substantially compliant. Indicator 3 – child outcomes indicator – failed to meet all three targets that related to kids increasing rate of growth. There were inflated entry ratings in the early years of the data collection process. Adopted a revised version of the child outcomes survey form. Getting more valid rating now at entry and exit. A new Child Outcomes Summary Form (COSF) started last spring. Challenges validity of Federal Fiscal Year (FFY) 2009 data. FFY 2010 data may be the most accurate as far as baseline data. Making great progress toward having more reliable and valid data even though we are not meeting our outcome targets. APR speaks to revising down our target for FFY 2010 and MDE was required to set expanded targets. ICC has the opportunity to revise these. Proposing to change targets established for FFY 2010 down for FFY 2011 based on where we have seen our performance data. COSF ratings drive progress categories which affect summary statements. Started this on April 1, 2006. On solid ground for the first time. There is a five-year target from when you start a new data collection initiative. Original entry rating, which was elevated, does not change so it is hard to show progress. Rate of progress is based on the tools that we use to measure it (Hawaii Early Learning Profile (HELP), Creative Curriculum).</p> <p>Barbara Wolfe commented that it is not alright to lower what we are trying to shoot for. We want kids to be making more significant progress. Response: By lowering targets we are more accurately reflecting what the baseline data should have been. This data will be going public and we need to explain why it looks the way it does. Targets do not equal current performance. Comparing progress against typical peers. Goal is to close the gap between the status of children receiving early intervention services and that of their peers. Need to exit at a higher rating than they were at in entry. Ratings of six and seven are consistent with age expectations. Summary statements are OSEP’s statements and we cannot change them. Different states have different validity issues based on their definitions and eligibility criteria. Do not want to set up districts to fail before they even get started.</p> <p>Indicator 4 – Family Outcomes – 614 surveys returned; those without Minnesota Automated Reporting Student System (MARSS) numbers could not be counted (there were 100 without numbers). The questions on the survey that contribute to results are specific to early intervention. There is a companion question that is more general about parents knowing their rights. Parents who report that they know their rights but who do not attribute their knowledge to participation in early intervention were not included in that figure. Indicator C7 – not making great progress in 45-day timeline. Minneapolis and St.</p>	

	<p>Paul not included in earlier FFY data so that impacted results. We have made progress. Twenty percent of LEAs get monitored in any given year (there are about 400 LEAs). Percentage goes up if you take out the two large districts. We have no influence over the monitoring cycle. Transition data includes Minneapolis and St. Paul. Ninety-nine percent of IFSPs include documentation of transition steps and activities. Part C to Part B transition – 99.4 percent has an Individual Education Program (IEP) developed and implemented by their third birthday. Family Outcomes – had to add two years to the plan so we need to extend those. With shifting surveys it is hard to know how the new results will compare to old data. Inched targets up knowing that we can change them once we have data from new survey. When we miss the 45-day timeline, we miss it by a week or two. Federal regulations would help address that. It would also help if Minneapolis and St. Paul were not in the same monitoring cycle. Kathy Hebbeler will be in Minnesota on Thursday, March 10, to talk about outcomes data.</p> <p>ICC needs to acknowledge that they have seen the APR and that they are using it as their source, as opposed to developing something different. Sarah Thorson moved and Karen Adamson seconded.</p>	<p>Action: Approved.</p>
<p>Agenda Item: Part C Application</p>	<p>Not addressed due to lack of time. Tabled for future ICC meeting agenda.</p>	
<p>Agenda Item: ICC Member Update</p>	<p>ICC members presented their individual updates:</p> <p>Linda Wintz – no updates</p> <p>Jill – March 10 and 11, 2011, is the Division of Early Childhood Practitioners’ Conference in Bloomington.</p> <p>Joy – no updates</p> <p>Michelle Willert – She will be the ICC representative on the Early Childhood Advisory Council (ECAC) – She is involved in the Technical Assistance Center on Social Emotional Intervention (TACSEI) project as well.</p> <p>Sarah Thorson – Distributed a new organizational chart for Minnesota Department of Health (MDH). There is no longer a specific Minnesota Children and Youth with Special Health Needs (MCYSHN) department; it is a section. District consultants moved into Health Care Homes within the division and have to do with improving primary care. Sarah is now responsible for Title V. Ed Ellinger, who is a pediatrician, is the new MDH Commissioner.</p> <p>Sandy Simar – ECAC met about a month ago. Workgroups have been focusing on American Recovery and</p>	

	<p>Reinvestment Act (ARRA) activities. School readiness indicators were brought forward and can be accessed on the ECAC website. Office of Early Learning (OEL) recommendations were also discussed at the meeting. The Comprehensive Planning Process will look at the work of ECAC.</p> <p>Barbara O’Sullivan – OEL legislative report is on MDE website. New Commissioner, Brenda Cassellius, has mostly middle school experience but was a Head Start kid. No Assistant Commissioners have been appointed yet.</p> <p>Karen Adamson – no updates.</p> <p>Genie Potosky– The new DHS commissioner is from Hamline and is an expert in health care law. She is a former district attorney and has worked in the Attorney General’s office. Reorganization is on the table. Some assistant commissioners have been appointed. DHS is largest state agency. DHS is state Medicaid and state mental health authority.</p>	
<p>Meeting Schedules:</p>	<p>Dates: February 8, 2011, 10:00 a.m. – noon: Continuation of IEIC restructuring discussion and vote on approval of IEIC restructuring recommendations from the workgroup. 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>	
<p>Adjourned</p>	<p>Motion made and seconded to adjourn.</p>	