



COORDINATION OF EARLY CARE AND EDUCATION PROGRAMS

A Report to the Minnesota Legislature

March 2006

Legislative Directive

This report is in response to the following directive from the 2005 Minnesota Legislature:

Coordination of Early Care and Education Programs. Laws of Minnesota 2005 First Special Session, Chapter 5, Article 7, Section 18. The commissioners of education, human services, and health shall identify how they will coordinate activities and resources, with input from local communities and tribal governments, including setting priorities, aligning policies, and leveraging existing resources to achieve the goal for increased school readiness of all Minnesota children. The commissioners shall report on the progress made, which must include information on: 1) coordinating and disseminating resources and information on school readiness and early care and education, health and nutrition, including child mental health and family support to parents and families with children birth to age five through key entry points, such as women, infants, and children (WIC), family home visiting, child welfare, public and private health care providers, and other public programs; and early care and education providers, public and private health care providers, foster care providers, temporary care providers, shelters, crisis nurseries, and other facilities providing long-term or temporary care for young children, birth to age five; 2) supporting families, schools, and communities in facilitating the transition of young children into the kindergarten environment; 3) identifying, coordinating, and sharing resources and strategies between state departments that address the cultural and linguistic needs of families served; 4) amending the state Medicaid plan to expand the use of the child and teen checkup funding for allowable child development services, such as outreach for early childhood screening, and streamlining the process for voluntary certification of school districts as child and teen checkup providers; and 5) referring children ages three to five in the child welfare system to the Interagency Early Intervention System for a developmental screening and referral to services if problems are identified.

The commissioners shall report to the senate and house of representatives committees having jurisdiction over early care and education by March 1, 2006.

Background

Improving children's school success is a major focus of Minnesota's Department of Education (MDE). Toward this end, the Department administers specific programs to help children during their early childhood years develop and refine their readiness skills, most notably School Readiness, Head Start and Early Childhood Special Education. However, school readiness cannot be achieved by simply attending one of these programs. School readiness is defined as the skills, knowledge, behaviors, and accomplishments that children know and can do as they enter kindergarten in the areas of motor development, social and emotional development, language development, cognition and creativity. Clearly school readiness implies an integration of experience and opportunity and at the state agency level, involves programs and practices from the Department of Human Services (DHS) – child welfare, child care, Child and Teen Checkups, children's mental health, family support - and the Department of Health (MDH) – Family Home Visiting, WIC, immunization policy,

Child Find, Vision and Hearing Screening - as well. In recognition of this fusion, the Minnesota Legislature calls upon the three state agencies to coordinate their efforts on behalf of young children and their families in order “to achieve the goal for increased school readiness of all Minnesota children.”

Process for Development of Report

Minnesota Department of Education Commissioner Alice Seagren convened a meeting with Minnesota Department of Health Commissioner Dianne Mandernach and Minnesota Department of Human Services Commissioner Kevin Goodno and their respective designees to plan the legislative report for the legislature. After the initial meeting, representatives from each agency met to identify the programs that each agency has which supports early care and education, indicate where agencies have existing coordination practices and to identify programs and services where more coordination can take place. Report content from the three agencies was drafted into a final report and presented to the commissioners for their approval at a meeting in February. The final document is posted on the Minnesota Departments of Education, Health, and Human Services websites. Plans are underway to disseminate the report to community stakeholders.

State and Local Coordination to Achieve the Goal of Increased School Readiness

In administering their respective programs for young children and their families, the three state agencies work together to coordinate efforts and determine the most effective ways to provide services to local communities. Generally, agencies follow a process as outlined below to improve service delivery, help contain costs, reduce service overlap and duplication, close service gaps and encourage community collaboration.

- Gather input from stakeholders including parents, local providers, counties, and leaders of cultural communities through community forums, group surveys and interviews, and various targeted outreach methods.
- Form interagency groups with appropriate agency staff to identify the particular issue and work toward resolution. (See examples below.)
- Review pertinent literature, examine current research and identify successful practices and policies from other states.
- Coordinate relevant programmatic aspects and activities with existing public and private efforts, both at the state and local levels.

Three examples of current coordinated activities include:

Interagency Screening Programs Team – The team promotes collaboration among DHS, MDE and MDH children’s screening programs to improve access to and coordination of services. Collaboration occurs in areas such as staff development and training, program policy implementation, shared screening tools, forms and the development of web site links. Jointly sponsored workshops focus on varying aspects of the screening process (outreach, screening and referral follow-up) with an emphasis on promoting coordination of services among local screening partners, such as schools, public health agencies and Head Start programs. Other activities include collaboration on special projects such as the development of *The Minnesota Quality Indicators for Child Health and Developmental Screening: A Comprehensive Framework to Build and Evaluate Community-Based Screening Systems (Quality Indicators Framework)*, January 2004. This framework promotes improved community collaboration and accountability within and across programs.

The Interagency Developmental Screening Task Force – This group was convened to assure the quality and effectiveness of, and provide a standard of practice for, the developmental component for screening children birth to age five. Partners include the Minnesota Departments of Education, Health and Human Services and the University of Minnesota, Irving B. Harris Center for Infant and Toddler Development. The goals of the Task Force are to develop criteria for developmental screening instrument selection and a listing of recommended and/or approved developmental screening instruments and to propose an evaluation process on the use of the *Quality Indicators Framework* for improving developmental screening for infants and young children.

Minnesota Early Childhood Indicators of Progress – Efforts by the Minnesota Departments of Education and Human Services have culminated in the publication of a document that recognizes the importance of shared responsibility and accountability in achieving positive outcomes for children ages 3 to 5 and the drafting of a similar document for children ages birth to 3. Both documents provide a framework for understanding and communicating a common set of developmentally appropriate expectations for young children to be used by parents, service providers, teachers, community leaders and policymakers.

1. **Coordinating and Disseminating Resources and Information on School Readiness and Early Care and Education, Health and Nutrition, including Child Mental Health and Family Support**

Attached please find the chart entitled “*Coordinating and Disseminating Resources and Information on School Readiness and Early Care and Education, Health and Nutrition, including Child Mental Health and Family Support*”. This chart reflects work by agency staff and identifies the state agency programs that support early care and education. It also indicates where state agencies have existing coordination practices and where more coordination can occur. (See Attachment A.)

2. **Supporting families, schools, and communities in facilitating the transition of young children into the kindergarten environment**

Children are eligible for kindergarten in Minnesota if they are at least five years of age by September first in the admission year (M.S. 120A.20) and have completed a developmental screening prior to kindergarten entry. (Exceptions to the screening requirement exist for parents with deeply held beliefs and are found in M.S. 121A.17 Subd.2.)

There are a number of ways family members, teachers and caregivers, community members and policymakers can assist and support children's transitions from their homes and early education settings into kindergarten. This time of transition can be an exciting one for children and families who come with many expectations, hopes and sometimes fears about kindergarten. Minnesota has numerous opportunities to help with this transition and communities offer a variety of activities that can help children build the foundation for future success in kindergarten.

The Minnesota Department of Education reviewed relevant literature and surveyed local early childhood education program staff to prepare this brief pursuant to direction by the Minnesota Legislature (Laws of Minnesota 2005 First Special Session, Chapter 5, Article 7, Section 18).

Local early educators and school districts employ a variety of transition activities, of which only a portion are represented at the MDE website below. Local Head Start, Early Childhood Special Education, School Readiness, Early Childhood Family Education, and preschool and child care programs partner with parents and school districts to support successful kindergarten transition. Each community uses a combination of transition strategies to best serve area families.

For more information and a listing of opportunities and activities, please visit http://education.state.mn.us/mde/Learning_Support/Early_Learning_Services/index.html (go to Early Learning Services Program Directory Search under Current Topics, enter search criteria).

3. **Identifying, coordinating, and sharing resources and strategies between state departments that address the cultural and linguistic needs of families served**

Listed below are resources at Departments of Human Services, Health and Education that address cultural and linguistic needs of families, related to the goal of supporting school readiness.

Each agency offers access to services and information through a variety of methods, including written translation of materials, multi-lingual referral lines, bi-lingual staff and contracted vendors who provide bi-lingual and culturally diverse services specific to community needs. Much of the direct work with families occurs at the local county, non-profit agency or school district level. The resources listed here are the services and materials available state-wide.

Department of Human Services

- Cultural Competency Guidelines For the Provision of Clinical Mental Health Services To American Indians In the State of Minnesota
(by the American Indian Mental Health Advisory Council)
<http://edocs.dhs.state.Minnesota.us/lfservlet/Legacy/DHS-4086-ENG>
- Guidelines for Culturally Competent Organizations
Second Edition - May 2004
(Minnesota Department of Human Services)
<http://edocs.dhs.state.Minnesota.us/lfservlet/Legacy/DHS-3963-ENG>

Each administration in DHS has a Reduce Disparities Plan with performance indicators to measure progress. This effort was initiated by Commissioner Goodno in December 2003.

DHS Multilingual Phone Line Referral Lines are designed in ten languages to provide information and referrals to callers who have limited English proficiency. Through contracts with community based organizations, interpreters help families connect with services related to health care, Early Childhood Screening program, child care assistance and other social services.

DHS coordinates a Limited English Proficiency Plan review process to ensure that each county in Minnesota has plans, staff training and resources in place to provide meaningful access to all DHS-related services.

DHS translates brochures, applications and other materials in multiple languages. Counties and social service agencies can access all materials through e-docs, an online repository of documents, sorted by language or topic area.

DHS provides funding for expanded over-the-phone interpreting services for child care resource and referral agencies statewide serving the Hmong, Somali and Spanish speaking communities.

DHS is a co-sponsor of MinnesotaHelp.Info, a website that includes information on community services, available in Spanish and English. Additional languages are being added.

Some specific initiatives highlight collaborations

Child and Teen Checkups

Through the Early and Periodic Screening, Diagnosis and Treatment Program, (EPSDT Program) or Child and Teen Checkups (C&TC) as it is called in Minnesota, DHS supports the creation and sharing of multi-cultural materials. For example, the Metro C&TC Coordinators, as part of the Metro Action Group (MAG), formed workgroups, including members from diverse communities and created materials such as videos, posters and calendars and shared them with program staff around the state.

DHS Child Development Services coordinates activities and contracts with agencies that provide culturally specific services related to school readiness. Some examples are:

Tribal Early Childhood Network (TECN)

DHS sponsors Tribal Early Childhood Network meetings to bring early childhood professionals and child care providers together to share information about child care services for American Indian children. Members of the network include: The White Earth Tribal and Community College, The Early Childhood Resource and Training Center, Mille Lacs Head Start, Red Lake and New Beginnings Child Care, The Minnesota Department of Education, Fond Du Lac Child Care Regional, Leech Lake Early Childhood Program, Bois Forte Child Care Center and others.

Early Childhood Resource and Training Center (ECRTC)

DHS supports ECRTC in providing programs, resources and training to support formal and informal child caregivers in diverse cultural and linguistic communities. ECRTC offers community-based education, career path guidance, and English language learning opportunities for those interested in working with young children. Efforts include delivery models such as home visiting for family members, friends and neighbors caring for children and development of training curriculum that focuses on the importance of

culture in the healthy social development of all children and concepts and skills important to working with families and children around differences in culture and ability.

Department of Education translates brochures, applications and other materials in multiple languages. Parents, schools, counties and social service agencies can access materials through the MDE website or order by phone or fax. Materials are developed with review by language specific community focus groups.

Department of Health translates brochures, applications and other materials in multiple languages. Families and agencies can access all materials via the web or order over the telephone. Examples include: Early Intervention Developmental Wheel available in English and Spanish; Follow Along Program forms and brochures available in English and Spanish; and Immunization education materials available in: Bosnian, Hmong, Russian, Somali, and Spanish. Community engagement tools help to increase diversity, promote cultural competence, and enhance organizational effectiveness and reliability. These tools can be found at <http://www.health.state.mn.us/communityeng/multicultural/index.html>

MDH's WIC program provides a language line for families.

4. Amending the state Medicaid plan to expand the use of the Child and Teen Checkups Funding

The legislation calls upon the commissioners to report on, "amending the Medicaid state plan to expand the use of the Child and Teen Checkups funding for allowable child development services, such as outreach for early childhood screening, and streamlining the process for voluntary certification of school districts as Child and Teen Checkups providers."

A. Expand the use of the Child and Teen Checkups funding for allowable child development services

The Medicaid state plan as it is currently written allows for all medically necessary services a child enrolled in Medical Assistance may need to address developmental problems that are discovered through provider visits, screening and subsequent follow-up and assessment by pediatric or other specialists. As the state Medicaid agency, it is the view of the Department of Human Services that no expansion is necessary.

The federal Early Periodic Screening, Diagnosis and Treatment (EPSDT) law is quite prescriptive regarding the use of Medicaid funding for Medicaid services. Using Medicaid funding to provide outreach for non-Medicaid programs is neither advisable nor would it be permitted because it is in conflict with federal Medicaid law.

B. Streamlining the process for voluntary certification of school districts as Child and Teen Checkups providers

A review of the process for voluntary certification of school districts as Child and Teen Checkups providers indicates that the process and criteria for certification for a clinic located in a school are clearly laid out in Minnesota Rule 9505.1696, Subpart 3 and 9505.1703. If criteria were reduced, the quality of care delivered would be compromised as the primary criterion consists of having appropriately trained medical professionals providing services within their scope of practice. Decreasing the current standards for licensure and/or certification for medical personnel in order to provide clinical services in school settings is not recommended by DHS nor would such differential criteria for providers in a particular setting receive federal approval. It is typically the case that existing barriers to school-based clinics have more to do with community sentiments regarding school-based clinics than with any difficulty in meeting DHS criteria.

5. Referring Children in the Child Welfare System

National data shows that many children in the child welfare system are very young and tend to have a higher rate of developmental delays and disabilities than the general population. Laws at the federal and state level have recently passed to support screening of children in the child welfare system. The intent is to ensure children involved in the child welfare system are screened to identify mental health needs or educational services to improve the functioning level for children with developmental delays.

A. The federal Keeping Children and Families Safe Act of 2003, formerly known as Child Abuse Prevention and Treatment Act (CAPTA), requires child protection workers to refer children under age 3 who are involved in a case of substantiated maltreatment, for early childhood developmental screening funded through Part C of the Individuals with Disabilities Education Act (IDEA). Parental consent is not required for child protection workers to make the referral. The county child protection worker must refer an eligible child for a developmental screening, but the early intervention screening is voluntary. The federal law permits child protection workers to release the information needed to make a referral for a developmental screening under Part C of IDEA.

Parents must provide consent for their child to be screened, or to have an evaluation or services offered for their child through Part C of IDEA. Parents have the right to refuse to have their child screened for developmental delays. Refusal to have their child screened is not a basis for a Child in Need of Protection or Services (CHIPS) petition.

Part C requires that a primary referral source contact the local Interagency Early Intervention Committee (IEIC), designated central point of intake, within two working days after identifying that a child is a candidate for a developmental screening.

The central point of intake assigns the child to the most appropriate agency to conduct the screening according to local process and procedures. Once the central point of intake receives a referral, the local team has 45 calendar days to complete the eligibility determination process and hold an initial meeting to plan services for eligible children and their families.

Under Part C, the child's development is screened in the areas of:

- Cognition
- Physical (including vision and hearing) development
- Communication
- Social/emotional development
- Adaptive development

If the developmental screening identifies concerns, a multidisciplinary team conducts a comprehensive evaluation and determines the child's needs and eligibility for Part C services. If a child is eligible, an Individualized Family Service Plan or Individualized Interagency Intervention Plan is developed by the multidisciplinary team, which includes parents and service providers. Services can include assistive technology, family training, physical therapy, occupational therapy, speech therapy, audiology, health services, nursing, psychological services, special instruction, nutrition, respite care, vision services and transportation.

Some early intervention agencies have formed partnerships with their local public health agencies to facilitate the screening of young children through the Follow Along Program or other public health programs. The Follow Along Program provides periodic ongoing tracking and monitoring of the development of children in the program. This periodic screening enables the parent and screener to monitor changes (improvements or delays) in the child's development over time. Additionally, families are provided with activities to promote normal growth and development. Public health programs vary across the state, so these partnerships will be unique to each area.

- B. The 2005 Minnesota Coordination of Early Care and Education Programs law** seeks to extend the referral of children ages 3 to 5 years who are in the child welfare system for a developmental screening by the IEIC. If the screening identifies problems, the child would be further evaluated and provided with additional services necessary to improve the child's functioning. The Department of Human Services suggests that parents of children ages 3 to 5 involved in the child welfare system be provided with information about developmental screening so they can refer their own child for a developmental screening, or the child protection worker can help make the connection.
- C. The Minnesota Children's Mental Health screening statute** requires county boards to arrange or provide a mental health screening for high-risk children in the child welfare and juvenile justice systems ages 3 months through 17 years. The purpose of screening is to identify children and youth in need of further evaluation. Children identified through the screening process are referred to a mental health professional who can determine mental health diagnoses. Diagnostic assessments are then used to develop a treatment plan to address the identified problems. If a child is diagnosed with a mental health disorder, the appropriate mental health services are offered to the child and family. County social workers or juvenile corrections staff are responsible for administering mental health screenings and for referring for diagnostic assessments. Also, the Commissioner of Human Services is required to approve children's mental health screening instruments, which must be valid and reliable for the target populations.

COORDINATION WORKPLAN

The three agencies identified the following areas to further coordinate, resources permitting.

Improving Access

Improve alignment between Child Care Assistance Program (CCAP) and Head Start so that families eligible for both programs have access to services.

Explore including family, friend and neighbor's caregivers in Minnesota's Child and Adult Care Food Program.

Distribute early childhood screening information to new CCAP recipients with children ages 0-4.

Redesign materials for CCAP providers to include kindergarten readiness activities.

Study CCAP rate structure to align with measures of school readiness.

Further identify service coordination between screening programs and improve health and developmental screening standards with particular emphasis on earlier screening and outreach to new American immigrant populations.

Link providers serving families under duress (e.g., domestic violence, homelessness, HIV/AIDS, substance abuse) to early childhood services.

Inform local child protection staff about early childhood screening.

Inform county directors and supervisors, ECSE coordinators, public health agencies, IEIC chairs, children's mental health directors regarding early childhood mental health and Part C eligibility.

Professional Development and Training Activities

Develop and implement training modules for early childhood practitioners on the *Early Childhood Indicators of Progress*. Provide technical assistance to school-based, Head Start, childcare programs. Promote incorporation of standards into higher education teacher preparation programs

Develop and implement training for county financial workers, child care assistance workers, and their supervisors to inform staff about the importance of school readiness, available resources and how to refer families to appropriate services. Promote the use of Child Care Resource and Referral agencies so that families are encouraged to choose programs that promote school readiness.

Provide training and technical assistance on revision of Minnesota's Part C eligibility criteria. Develop policies and procedures.

Parent Education

Expand strategies that parents can use to promote kindergarten readiness based on *Early Childhood Indicators of Progress*.

Improve consumer education efforts to include information on all early childhood programs and make efforts to reach parents in underserved communities.

Distribute MDE Parent Tip cards to CCAP recipients, child support offices, fatherhood initiatives and family courts.

ATTACHMENT A

1. Coordinating and Disseminating Resources and Information on School Readiness and Early Care and Education, Health and Nutrition, including Child Mental Health and Family Support

School Readiness Resources and Information	Purpose	Dissemination Point	State Agency/ies	Coordinating Activity
Minnesota Early Childhood Indicators of Progress: Early Learning Standards (2005) and <u>early learning guidelines for children age 0-3 (forthcoming)</u>	Provides a common set of developmentally appropriate expectations for children.	http://education.state.mn.us/mde/static/002628.pdf http://www.dhs.state.Minnesota.us	MDE DHS	Workshops and conferences for early childhood practitioners
Alignment of Minnesota K-12 Kindergarten Academic Standards with the Minnesota Early Childhood Indicators of Progress and the Head Start Child Outcomes Framework	Bridges early learning standards with K-12 academic standards.	http://education.state.mn.us/mde/static/002627.pdf	MDE DHS	Workshops and conferences for early childhood practitioners
Early Childhood Services : A directory of services available to children with disabilities in Minnesota	A directory of services available to children with disabilities in Minnesota.	http://www.health.state.mn.us/divs/fh/mcshn/cdte.htm	MDE MDH DHS	Used by families, health care providers, human services, public health and schools
Early Learning Services Programs Directory	Provides listing of Early Childhood Screening, Head Start, Even Start, Early Childhood Family Education and School Readiness programs throughout Minnesota.	https://app.education.state.Minnesota.us/EarlyLearningServices/search.do	MDE DHS MDH	Used by families and other service providers to locate programs that promote school readiness
Child Care Resource and Referral (CCR&R) Network	Provides funding for child care and Head Start program improvement, materials and training. Collaborative programs, such as child care/Head Start partnerships, associations and other locally coordinated collaborative early learning programs, are eligible to apply for improvement grants.	http://www.Minnesotachildcare.org/providers/capacity.php	DHS	Statewide and local partnerships with early childhood activities and programs
Early Learning Services Listing of Workshops and Conferences	Provides information on early childhood care and education workshops, conferences and meetings.	http://education.state.mn.us/mde/Learning_Support/Early_Learning_Services/Workshops_Conferences/index.html http://www.Minnesotachildcare.org/providers/capacity.php	MDE DHS MDH	Workshops and conferences

Minnesota Core Competencies for Early Childhood Practitioners	Provides common standards for professional development for early childhood practitioners.	http://www.Minnesotapdcouncil.org/	DHS MDE	Training opportunities
Financial Resources for Professional Development	T.E.A.C.H. (Teacher Education And Compensation Helps) Early Childhood® Minnesota seeks to improve education and compensation for child care providers, while reducing turnover rates.	http://www.Minnesotachildcare.org/providers/financialaid.php	DHS	Scholarships to early childhood practitioners
Individual Interagency Intervention Plan (IIIP) Guidebook	Provides resource for local service providers to develop and implement IIIPs for children and youth with disabilities age birth through 21.	http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Special_Education_Monitoring/Monitoring_Resources/Individual_Interagency_Intervention_Plan_(IIIP)/index.html	MDE DHS MDH	Community forums, training and technical assistance, state reports
Your Link Newsletter	Provides information about interagency early childhood intervention efforts.	http://www.yourlink.org	MDE DHS MDH	Used by parents and local early intervention service providers
MDE Program Data Reports	Provides participant data, plans, fact sheets and other data regarding Early Childhood Family Education, School Readiness, Head Start and Early Childhood Screening.	http://education.state.Minnesota.us/mde/Learning_Support/Early_Learning_Services/Parent_Reports/index.html	MDE	Used by local communities to plan and set priorities around school readiness
MnSIC (State Interagency Committee) Materials	Develops and publicizes models and strategies for local coordination of services to children with disabilities.	http://education.state.mn.us/mde/Learning_Support/Special_Education/Birth_to_Age_2_1_Programs_Services/MN_State_Interagency_Coord_MnSIC/index.html	MDE DHS MDH	Community forums, training and technical assistance, state reports
Minnesota Early Childhood Comprehensive Screening System grant (MECCSS)	Promotes collaborations to support families and communities around early childhood systems improvement.		MDH DHS MDE	Interagency planning
Early Intervention Services (Part C-Infants and Toddlers with Disabilities)	Identifies and provides services. Minimizes need for special education and related services after infants and toddlers with disabilities reach school age.	Interagency Early Intervention Committees (IEIC)	MDE DHS MDH	Develop and implement interagency policies and procedures; public awareness, child find, and assure development of individualized family service plans (IFSP).
Part C Data Collection	Provides early childhood special education school district data profiles.	http://education.state.mn.us/mde/Learning_Support/Special_Education/Birth_to_Age_2_1_Programs_Services/Early_Childhood_Special_Education/index.html	MDE MDH DHS	Used by local communities to plan and set priorities

Child Health and Nutrition Resources and Information	Purpose	Dissemination Points	State Agency/ies	Coordinating Activity
<p>The following are three child health and developmental screening programs which share a history of working together to coordinate screening program activities. (Please see some current examples noted on page 4):</p>	<p>Screening program coordination seeks to eliminate gaps and duplication of services and barriers to service access, and to engage in joint activities to improve program service delivery on multiple levels.</p>	<p>Through screening program coordination, dissemination points are often shared.</p>	<p>DHS MDE MDH</p>	<p>Outreach, screening and referral follow-up activities occur within and across screening programs as appropriate.</p>
<p>Child and Teen Checkups (C&TC)</p>	<p>The C&TC Program is Minnesota's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. This is a comprehensive preventive health care program for children under 21 years of age who are enrolled in Medical Assistance or MinnesotaCare. C&TC promotes school readiness through periodic health screening to identify problems early for intervention, provides health education promotes healthy lifestyles.</p> <p>Outreach and follow-up contacts include, for example, written, oral, face-to-face contacts with clients/families, promotional materials, C&TC parent checklists, C&TC appointment cards, multi-cultural materials such as translated program brochures, posters, videos/media, calendars, etc. Outreach contacts with families occur at home visits, WIC, Maternal and Child Health Programs, Head Start, health fairs, community events, schools, food shelves, etc.</p>	<p>C&TC Coordinator web site: http://www.dhs.state.mn.us/main/groups/cou_ny_access/documents/pubDHS_id_000307.hcsp (brochures and other materials, screening periodicity, outreach letter samples, bulletins, etc.)</p> <p>C&TC Provider web site: http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_026y001.hcsp (C&TC Provider guide, standards and guidelines, developmental tools, training information, etc.)</p> <p>MDH web site: http://www.helath.state.mn.us (Screening component fact sheets, provider documentation forms, hearing and vision manual, screening tips and clinic self assessment checklist, eye screening procedures, audiometer recommendations and tips, etc.)</p>		<p>Coordination at the local level includes assistance to help children and their families' access screening and any follow-up assessment, diagnostic or treatment services. Examples include locating and choosing providers, making screening and/or follow-up appointments, assisting with arranging transportation or interpreters.</p>
<p>Early Childhood Screening (ECS)</p>	<p>The ECS Program assists parents and communities to improve the educational readiness and health of all young children through the early detection of children's health, development and other factors that may interfere with a child's learning and growth. Participation in health and developmental screening is required for children</p>	<p>http://www.education.state.mn.us/mde/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Screening/index.html(Early Childhood Screening fact sheets, standards, requirements, forms, manual, links to local</p>		<p>Interagency Screening Team collaboration regarding policies and standards, coordination at the local level to eliminate gaps, reduce duplication and enhance outreach and</p>

<p>Head Start</p>	<p>prior to public school enrollment. Outreach and subsequent follow-up to referrals is coordinated with programs and services such as, special education, the Follow Along Program, Child and Teen Checkups, public health programs, health care providers, Head Start, ECFE, School Readiness, WIC and Adult Basic Education/family literacy.</p> <p>Head Start promotes school readiness by enhancing the social and cognitive development of children through the provision for health, educational, nutritional, social and other services to low income children and their families based on identified needs through an assessment.</p>	<p>program contacts)</p> <p>http://education.state.mn.us/mde/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_childhood_Screening/ECS_-_Brochures/index.html (Ready, Set, Grow-Early Childhood Screening Parent Brochures in 11 languages)</p> <p>http://www.acf.hhs.gov/programs/hsb/performance/index.htm (Head Start performance Standards)</p>		<p>referral/follow-up strategies.</p>
<p><i><u>Minnesota Quality Indicators/Child Health and Developmental Screening: A Comprehensive Framework to Build and Evaluate Community-Based Screening Systems</u></i></p>	<p>Provides screening program standards and quality indicator measures and instruments to evaluate the quality of screening programs. Includes Evaluation Checklist and Family Survey in English, Hmong, Russian, Spanish, Somali, Vietnamese. Assists with program development and evaluation and promotes community partnerships in the screening process (outreach, screening, follow-up).</p>	<p>http://www.education.state.mn.us/mde/static/002305.pdf</p> <p>Meetings, workshops and conferences</p>	<p>MDE DHS MDH</p>	<p>Interagency Screening Team collaboration produced this document and companion tools, and promotes use of it with statewide screening programs.</p> <p>Training and technical assistance for screening programs. Used by communities to plan and evaluate screening programs.</p>
<p>Developmental screening instruments and standards</p>	<p>Interagency web site provides developmental screening standards and instruments for young children and used by all three agencies. Instruments jointly reviewed and evaluated for use by ECS, C&TC, Head Start and the Follow Along program</p>	<p>http://www.health.state.mn.us/divs/fh/mch/mch-pro3.html (Developmental Screening instruments)</p> <p>Meetings, workshops and conferences</p>	<p>MDE MDH DHS</p>	<p>Interagency Developmental Screening Task Force collaboration and dissemination</p>
<p><i>Health and Developmental History Interview: A Guide for Minnesota Screening Programs for Young Children</i></p>	<p>This jointly developed tool assists screening staff obtain a comprehensive health and developmental history</p>	<p>Health and Developmental History Interview Guide http://education.state.mn.us/mde/static/001329.pdg The Health and Developmental History Interview forms (in English, Hmong, Somali, Vietnamese, Russian and Spanish) http://www.education.state.mn.us/mde/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Screening/ECS_-_Brochures/index.html</p>	<p>MDE MDH DHS</p>	<p>Interagency Screening Team collaboration</p>

Screening program multi-cultural materials and resources	Provide jointly developed program and outreach materials for diverse populations that are sensitive to culture, language, literacy and family needs. Family/client input is gathered through public forums; focus groups; surveys; interviews; client feedback at time of service; community reviews on translated materials	All outreach contacts include providing the most appropriate materials available. Bi-lingual staff outreach to non-English speaking clients, language interpreters; Language Line; Limited English Proficiency Plan, etc.	MDE MDH DHS	Interagency partnerships create and share multi-cultural resources for diverse communities Promote common message across screening programs
Training resources for screening providers and screening program staff	Provide jointly planned and presented trainings for screening program standards for providers and program staff	Training opportunities through meetings, regional workshops, online training modules, videos, training guides, dissemination or standards or guidelines, documentation forms, fact sheets, web site links for service providers and administrators	MDE MDH DHS	Interagency Screening Team coordinates training and resources. Joint workshops emphasize coordination of services at the local level.
Screening Program Reports	To provide data on screening program outcomes and the general health of Minnesota's 0-5 population and to assist the interagency screening team with future planning.	CMS 416 Report (C&TC annual report), The Early Childhood Screening Annual Statewide Reports and School District Aggregated Program Reports PIR-Head Start Program Information Reports	MDE MDH DHS	Screening program reports inform state and local community partners of screening program outcomes and help direct future planning
Title V Needs Assessment	Title V Needs Assessment Every five years the Title V program must undertake a comprehensive needs assessment: <ul style="list-style-type: none">▪ To identify state MCH priorities for the next five years to arrange programmatic and policy activity around these priorities▪ To develop state performance measures to monitor the success of their efforts	Public Health agencies and/or other community partners http://www.health.state.Minnesota.us/divs/fh/mch/blockgrant/cy2005/needsassess.rtf	MDH	Used by local communities to plan and set priorities around children's health
Minnesota Children with Special Health Needs Information and Assistance Telephone Line	Offers a comprehensive listing of services provided throughout the state and county health and human services departments, hospitals, associations and public and private agencies.	1-800-728-5420 or 651-215-8956	MDH DHS MDE	Used by parents, health care and other service providers to locate resources
Minnesota Immunization Hotline	Provides information about immunization schedules, contraindications and precautions, administration, vaccine storage and handling and other issues that arise regarding immunizations and vaccine-preventable diseases.	1-800-657-3970 or 651-201-5503	MDH DHS	Used by parents and providers
Follow Along Program	Enhances child development by monitoring children's development over time, providing a list of age appropriate activities and making referrals to early intervention in a timely manner.	http://www.health.state.mn.us/divs/fh/mcshn/fap.htm	MDH MDE DHS	Used by public health and Head Start agencies

Women, Infants and Children Program	Provides nutrition education and counseling, nutritious food and referrals to community resources such as early intervention, primary care, ECFE, School Readiness, Early Head Start and Head Start.	http://www.health.state.mn.us/divs/fh/wic/ Local public health agencies and other community organizations hold WIC clinics.	MDH MDE	Clinics distribute school readiness information
Family Home Visiting	Supports families in their capacity to care for their children.	http://www.health.state.mn.us/divs/fh/mch/fh/v/strategies/bstprct02.html	MDH MDE DHS	Training and technical assistance for local public health, ECFE, Early School Readiness, Head Start, social services home visitors.
Early Hearing Detection	Assure all newborns receive hearing screening by one month of age, diagnosis of hearing loss by three months of age and intervention by six months of age.	Hospitals, physicians, public health, human services, and education agencies http://www.health.state.mn.us/divs/fh/mch/u/nhs/index.html	MDH MDE DHS	The EHD Advisory Committee makes recommendations to MDH. Technical assistance provided by MDH, DHS, MDE.
Who Pays! Taking the MAZE Out of Funding	Provides information on medical funding sources for families.	http://www.health.state.mn.us/divs/fh/mcshn/pdfdocs/maze0106.pdf	DHS MDE MHS	Used by parents to locate health services and funding

Mental Health and Family Support Resources and Information	Purpose	Dissemination Points	State Agency/ies	Coordinating Activity
Children's Mental Health & Family Service Collaboratives	Improve service delivery coordination to meet the individual needs. Use of a wraparound process and multi-plans of care for service delivery.	http://edocs.dhs.state.Minnesota.us/lfserver/legacy/DHS-4069-ENG	DHS	Regional meetings and annual conference
Child Welfare Mental Health Screening	Statewide mental health screening is designed to identify mental health problems of children involved in the child welfare system and refer for further evaluation and services. Provide counties with information, resources and technical assistance for implementing screening requirements, including a bulletin, training and funding.	http://www.dhs.state.Minnesota.us/main/groups/publications/documents/pub/dhs_id_017312.pdf	DHS	Children's mental health provides technical assistance to counties
Mental Health Services covered under Minnesota Health Care Programs (MHCP)	Provide medically necessary mental health services for children who require varying therapeutic and/or rehabilitative levels of intervention. MHCP benefits are available to eligible receipts statewide.	http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_051292.hcsp#policy – (provider manual chapters 1-5, 16)	DHS	Services are coordinated with counties and service providers
Improve clinical effectiveness in working with young children (0-3)	Enhance the delivery of best clinical practices to improve access and availability by training in diagnosing mental health and developmental disorders in young children under the DC:0-3R.	www.nashp.org www.zerotothree.org	DHS	Training for mental health clinics to learn the DC:0-3R as well as information in advocacy newsletter, teacher/parent manual and annual conference.
Integration of Primary Care and Mental Health Services	Increases coordination and accessibility of mental health services and primary care through screening, co-location of mental health providers and care coordination.	The Minnesota Integrated Behavioral Healthcare Coalition, the Great Start Minnesota Project, and other integrated care policy and planning initiatives.	DHS MDH	DHS, MDH, and Minnesota Mental Health Action Group (MMHAG)
Early Identification of Mental Health Needs	Educating Interagency Early Intervention Committees (IEIC) on mental health to ensure assessment processes and help make appropriate referrals.	Early Childhood Special Education Leadership Conferences, training and bulletins.	DHS	MDE, MDH, and local IEIC's
Child Care Assistance Program (CCAP) Information	Helps make child care affordable for income-eligible families. All families earning above 75% of the federal poverty level have a co-payment based on their gross income and family size.	http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3550-eng http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3551-eng Also available in other languages.	DHS MDE	Brochures inform parents of the CCAP and the variety of state funded early care and education programs including Head Start, School Readiness, ECFE and food programs.
At- Home Infant Care (AHIC)	Provides financial assistance to low income families to care for child up to age 1 at home.	http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4140-eng	DHS	County social service agencies and/or resource and referral agencies.

Child Care Licensing Information	Provides standards that protect the health, safety, rights and well-being of children in childcare settings.	http://www.dhs.state.Minnesota.us/main/gro ups/business_partners/documents/pub/DHS_id_028247.hcsp	DHS	Used by parents and providers, county social service agencies, child care resource & referral, public health and Head Start
Information for Parents regarding Child Development	<ul style="list-style-type: none"> • The Magic and Mystery of Toddlers –Parent brochure describes toddler growth and learning. Includes strategies to support young children’s development. • The Wonder and Promise of Infants - Parent brochure describes infant growth and learning. Includes strategies to support infant development. • Parent Tip Cards for Math and Language available in the following languages: English, Hmong, Russian, Somali, Spanish, Vietnamese. • Developmental Wheel has information on child development for ages birth to five, as well as related nutrition, hearing, speech and language, and vision information. 	http://education.state.mn.us/mde/static/002623.pdf http://education.state.Minnesota.us/mde/stat ic/002620.pdf http://www.education.state.mn.us/mde/Learn ing_Support/Early_Learning_Services/Parent_Resources/index.html http://www.health.state.mn.us/divs/fh/mcshn/wheel.htm	MDE	Used by parents, local early childhood practitioners, public health agencies
Guides for Parents of Children with Disabilities	<ul style="list-style-type: none"> • Discover the Possibilities – A tool to support local areas in planning and implementing effective family support efforts. • Fostering Leadership Among Us – A resource manual on building leadership. • Parent to Parent Training Manual. • Parents and Professionals: Partners on a Professional Journey – A resource manual on partnerships. • Siblings of Children with Disabilities – Resources and support for families. 	http://www.education.state.mn.us/mde/Learn ing_Support/Special_Education/Birth to Age 21_Programs_Services/Early_Childhood_Special_Education/index.html	MDE MDH	Used by communities and parents to plan for young children with disabilities
Consumer education and parent referrals for early childhood programs and providers	<ul style="list-style-type: none"> • Parent referrals provide detailed information about early learning programs available by geographic location, including child care and Head State. Parents also receive information about School Readiness and ECFE. Free for all families and available online or by phone. Special outreach referrals are available to families below 250% of poverty. • Proposed Quality Rating System provides information about a voluntary system being proposed to improve quality and increase accountability in child care. 	http://www.Minnesotachildcare.org/families	DHS MDH MDE	Used by parents
MinnesotaHelp.Info	The resource database contains information on community services, health care, child care, job training, education, recreation, retirement, disability and social service information.	www.Minnesotahelp.info	DHS	

