

MINNESOTA DEPARTMENT OF

*Children,
Families &
Learning*



Minnesota's Self-Assessment Process

Goals and Indicators System for Children with
Disabilities (Birth to 21) and their Families

Executive Summary
October, 2001

Friends and Colleagues,

On behalf of all those who made this possible, I'm pleased to share this Executive Summary of *Minnesota's Self Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families*. Members of the Steering Committee, staff of the Department of Children, Families & Learning, and many others across the state contributed a significant amount of time and energy to conduct a self-assessment that analyzes how successful Minnesota has been in achieving compliance and improving results for children and youth with disabilities and their families.

As a result of conducting the self-assessment, the state is now embarking on a course of action aimed at self-improvement. This aspect of the continuous improvement monitoring process will guide our efforts over the next several years to improve programs and services at both the state and local level.

I want to personally thank everyone who worked so hard to make Minnesota's self-assessment a success and look forward to continuing our efforts in the future. I'm particularly proud to be working alongside so many people across the state who are committed to improving results for children and youth with disabilities and their families.

Sincerely,

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Introduction

Minnesota's Self-Assessment Process represents one of the most **ambitious projects** ever undertaken by Minnesota's special education community and the Division of Special Education (DSE) of the Department of Children, Families, and Learning (CFL). To accomplish this task, historical public comment was analyzed and new public comment was sought from a wide range of stakeholders across the state in an effort to assess how successful the state has been in achieving compliance and improving results for children and youth with disabilities. Through actively seeking input from a diverse range of perspectives, this process serves as the foundation upon which a consensus can be achieved to identify statewide special education priorities and determine a future course of action. As such, it represents the "end of the beginning" of a long-range improvement process that is dynamic and responsive to new challenges.

Minnesota has a long history of public involvement as a result of state leadership that is implemented within a context of local control. In this operational framework, state legislative mandates dictate what is to occur, but it is often left to local discretion about how it is done. It is within this general context that Minnesota's Self-Assessment Process was conducted. The purpose of this executive summary is to describe key aspects of this major initiative and to summarize processes and outcomes.

In 2000, the U.S. Department of Education, Office of Special Education Programs (OSEP), notified the DSE that Minnesota was one of 16 states selected to undergo a self-assessment as part of OSEP's comprehensive Continuous Improvement Monitoring Process. Outlined in the *Continuous Improvement Monitoring Process*¹ manual, compliance monitoring

**Public Involvement in
Minnesota Education**

**OSEP's Continuous
Improvement
Monitoring Process**

includes the following components: (1) *Self-Assessment*, (2) *Validation Planning*, (3) *Validation Data Collection*, (4) *Reporting to the Public*, (5) *Improvement Planning*, (6) *Implementation of Improvement Strategies*, and (7) *Verification and Consequences*. It is through the Continuous Improvement Monitoring Process that OSEP determines —

How accountable the state has been implementing the Part B and Part C requirements of the Individual with Disabilities Education Act Amendments of 1997 (IDEA); and

How well the state is improving results for children with disabilities, from birth to age 21.

Demonstrating accountability to OSEP is not only important to ensure that children and youth are provided with federally mandated programs and services, it is also vitally important to the state because it is a requirement for receiving federal funding for its Part B (for children and students with disabilities ages 3 through 21) and Part C (for infants and toddlers with disabilities). To facilitate the Continuous Improvement Monitoring Process, OSEP has developed a number of “cluster areas” which states can use to monitor their Part B and Part C activities. Each cluster area corresponds with a specific aspect of the IDEA 97 requirements and includes: Parts B and C, Cluster Area GS—*General Supervision*; Part C, Cluster Area C—*Comprehensive Public Awareness and Child Find System*; Part C, Cluster Area F—*Family-Centered Services*; Part C, Cluster Area E—*Early Intervention Services in Natural Environments*; Part C, Cluster Area T—*Early Childhood Transition*; Part B, Cluster Area P—*Parent Involvement*; Part B, Cluster Area F—*Free Appropriate Public Education in the Least Restrictive Environment (FAPE in LRE)*; and Part B, Cluster Area T—*Secondary Transition*.

Purpose of the Self-Assessment

Representing just one component of OSEP’s Continuous Improvement Monitoring Process, the purpose of self-assessment is to establish a baseline for measuring progress in each cluster area to assess how well the state is improving results for children with disabilities and to demonstrate compliance with meeting federal requirements. To conduct the self-assessment, OSEP recommends that the state establish a Steering Committee representing a diverse range of key stakeholders to develop and implement a “process that facilitates continuous feedback and use of information to support continuous improvement.” In addition, OSEP recommends the state conduct data collection and analysis activities to ensure that multiple types of input are obtained from a wide range of resources to address each cluster area. With input provided by the Steering Committee and other sources of information, it is intended that the state’s self-assessment process will lead to identifying promising practices, areas that need improvement, and areas that may not be in

¹ Office of Special Education Programs—OSEP (2000). *Continuous Improvement Monitoring Process*. Office of Special Education Programs, U.S. Department of Education, Washington, DC.

compliance with state and federal requirements. This information also serves as the basis from which the state will implement other aspects of OSEP's Continuous Improvement Monitoring Process (*Validation Planning, Validation Data Collection, Reporting to the Public, etc.*) as well as State Improvement Grant (SIG) initiatives.

While OSEP is interested in obtaining information regarding the state's performance in all Part B and Part C cluster areas, it is particularly focused on identifying states that demonstrate specific "risk factors." A "risk factor" is an operationally defined, national benchmark that operates as a "red flag" to help OSEP determine whether a state is fully complying with the mandates of IDEA 97. States that demonstrate an excessive number of risk factors with no mitigating circumstances are generally subject to a more intensive level of monitoring and direct intervention by OSEP staff. For example, one risk factor targeted by OSEP is whether a state is serving too many of its students with disabilities in segregated special education programs. Any state that exceeds the national benchmark of 23% of students with disabilities served in segregated programs is considered by OSEP to be "at risk" for a more rigorous level of monitoring, often requiring the development of a comprehensive improvement plan detailing corrective action. Other examples of risk factors monitored by OSEP include previous noncompliance by the state, number of complaints filed by members of the public, and the dropout and graduation rates of students with disabilities, in addition to several others. Thus, an important function of the self-assessment process is to reveal the extent to which a state demonstrates any of the OSEP risk factors so that appropriate corrective measures can be taken. The self-assessment process implemented in Minnesota was designed to address OSEP risk factors as well as Part B and Part C cluster areas.

OSEP Risk Factors



Minnesota's Self-Assessment Process

Minnesota's Goals and Indicators System

The general approach used to conduct the self-assessment process involved systematic data collection strategies, along with seeking input from stakeholders statewide to address OSEP requirements for both Parts B and C of IDEA '97. As such, the self-assessment process includes the entire spectrum of state programs and services for children and youth with disabilities from birth through age 21. Because the self-assessment process provided Minnesota with an opportunity to address both state issues and priorities as well as OSEP requirements, the DSE, along with input from key stakeholders, developed *Minnesota's Goals and Indicators System for Children with Disabilities ,Birth through 21, and Their Families* (i.e., *Minnesota Goals and Indicators System*), a series of goals and indicators designed to: (1) address OSEP cluster areas, and (2) address Minnesota-specific needs toward achieving the effective implementation of IDEA 97. Cross-referenced with OSEP cluster areas, *Minnesota's Goals and Indicators System* represents the basis from which all data collection and input activities from stakeholders occurred. In its final form, 65 performance indicators were identified for the following three major goal areas —

Goal 1: To improve educational results for children and youth with disabilities through the provision of high quality Special education instruction and related services.

Objectives —

- Improve the involvement rate and academic performance of children and youth on statewide assessments.
- Improve the identification process so that services will be provided as soon as it is identified the child has a disability which will impact his/her educational performance.
- Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.
- Improve goal attainment of children and youth with disabilities in cognitive, social, emotional, and physical domains.
- Improve the ability of children and youth to make successful transitions (including early childhood, within school, and post-secondary transitions) throughout their educational program.

Goal 2: To improve educational benefit for children and youth with disabilities through the development and implementation of inter-agency service delivery systems.

Objectives —

- To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.
- Improve the access of children and youth with identified disabilities to mental health services across agencies.
- Ensure a sufficient number of qualified professionals, service providers, and paraprofessionals to meet the educational needs of children and youth with disabilities.
- Reduce system bias in the identification, placement, instruction, and provision of other services related to diverse populations.
- Implement a Continuous Improvement Monitoring Process (CIMP) designed to improve student learning, program effectiveness, and self-monitoring, in all local special education administrative units in the state.
- Decrease the geographic disparity in the provision of services to individuals regardless of disability.
- Improve interagency cooperation and coordinated service delivery.
- Enhance the effective and efficient statewide use of assistive technology for students and educational technology for students and staff.
- Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities.

Goal 3: To assure free and appropriate public education and early intervention services through state and local implementation of required procedures for finding, evaluating, placing, instructing and supporting children and youth with disabilities.

Objectives —

- Improve access and quality of due process options in district and interagency programs.
- Increase compliance in district and interagency programs.

Statewide Input and Data Collection Activities

Multiple input and data collection activities were used to address the indicators contained in *Minnesota's Goals and Indicators System*.

Input activities were conducted through information dissemination efforts by DSE staff and stakeholders to various groups and organizations statewide. Major sources of input included the Minnesota Self-Assessment Steering Committee, Minnesota Special Education Advisory Council (SEAC), Minnesota Interagency Coordinating Council (ICC), and the Minnesota Directors of Special Education. In addition, input was sought through the dissemination of *Minnesota's Self Assessment Process: How You Can Help*, a flyer distributed statewide in an effort to obtain public comment and input into the self-assessment process. As a result of these efforts, public comment was obtained from a wide range of stakeholder groups including parents, advocates, special education teachers, coordinators, general education teachers and administrators, health care workers, human services personnel, and other interagency and community service providers across the state. Information dissemination efforts were enhanced through the DSE's Web site, a site that provided ongoing information about the state's self-assessment activities and was also used for data collection activities.

Complementing efforts to seek input about goals and indicators, systematic data collection and analysis activities were also initiated or utilized in the self-assessment process. Foremost among these was the work accomplished by the CFL Data Group, a work group comprised of staff representing Division of Special Education (DSE), Division of Early Childhood and Family Initiatives (DECFI), Division of Accountability and Compliance (DAC), and the Division of Information Technology—Data Management Section (DIT). Members of the CFL Data Group were assigned a specific goal and indicator included in *Minnesota's Goals and Indicators System* for which they were responsible developing a Data Summary Report. Data Summary Reports were used by the Minnesota



Minnesota's Self-Assessment Steering Committee

The Minnesota Self-Assessment Steering Committee represents the core of Minnesota's self-assessment efforts, assisting the DSE in the development and revision of *Minnesota's Goals and Indicators System*. The DSE actively sought representation from parents, advocates, general and special education professionals and administrators, public and private service providers, child care providers, institutions of higher education, correctional facilities, vocational programs, and legal protection advocacy groups. In addition, the DSE made a concentrated effort to ensure that the Steering Committee reflected the ethnic and cultural diversity that exists within the state. Through these efforts, DSE was able to establish a committee that reflects the interests of a wide range of stakeholders within the state, ranging from parents of children and youth with disabilities to representatives of various organizations (e.g., Education Minnesota, PACER Center).

Over a 10-day period, Steering Committee members provided critical input in an effort to identify priorities, needs, and improvement strategies. Beginning with Version 11—and concluding with Version 15—of *Minnesota's Goals and Indicators System*, Steering Committee members provided DSE staff with valuable insights and expertise by engaging in an intensive analysis of each iteration of the indicator system and a critical review of Data Summary Reports prepared by DSE staff. Through their efforts, committee members not only

Steering Committee Activities

identified strengths and weaknesses, but also strategies for future improvement in measuring and reporting progress. The self-assessment process was principally driven by the consensus building and decision-making activities of the Steering Committee. A concentrated effort was made to limit DSE staff involvement in committee activities in order to avoid unduly influencing the decision-making process. As such, DSE staff involvement was generally limited to: informing the committee about OSEP reporting requirements, context, and history of Minnesota self-improvement efforts and conducting overviews of data collection and analysis procedures used to generate Data Summary Reports. As a result, the Steering Committee contributed greatly toward the development of a self-assessment process that credibly and accurately depicts how effective the state has been in achieving compliance with IDEA 97 and improving results for children and youth with disabilities.



Key Findings of Minnesota's Self-Assessment Process

While information collected through public comment and systematic data collection and analysis efforts provided extensive information regarding Minnesota's compliance with federal IDEA 97 regulations and area where improvement is needed, it is particularly worthwhile to highlight instances where the state is addressing specific OSEP "risk factors" that determine the extent of state compliance relative to national expectations. Each major risk factor is addressed below, accompanied by a brief summary of past and current Minnesota efforts to ensure compliance and specific references to applicable goals and indicators of *Minnesota's Goals and Indicators System*.

Minnesota Response to OSEP Risk Factors

OSEP Risk Factor: A State's Previous Noncompliance with IDEA 97 Requirements

In 1995, a Federal Monitoring Report cited deficiencies relative to secondary transition planning. The major areas cited included: (1) missing statements of transition needs and transition services on the IEP, (2) inviting other agencies to the IEP meetings, (3) ensuring other public agencies implement transition services, and (4) failure to include transition on the team notice as a purpose of the IEP meeting. While Minnesota has undertaken various initiatives to

make improvements in this area, including hiring a full time transition specialist and an interagency transition consultant, compliance with the transition provisions of IDEA 97 remains a high priority. DSE has taken the lead to develop the *Minnesota State Plan for Transition Services to Youth with Disabilities*, a long-range implementation plan that includes a wide range of actionable components to ensure that comprehensive interagency transition services are provided by educational, vocational, social service, and correctional facilities within the state. Supporting data can be found in Data Summary Report Goal 1, Objective 5, Indicator (d).

OSEP Risk Factor: States that Serve Less than the National Average for Part C

According to the *21st Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*² (i.e., 21st Annual Report), Minnesota served approximately 1.50 percent of the total birth through 2 population in 1997. While this was below the national average of 1.70 percent at that time, it is important to emphasize that Minnesota has a number of other early childhood services other than Part C, including significant state resources in Head Start, Child Care, and Early Childhood and Family Education programs. Unlike other states, infants and toddlers at risk and their families who are served by Part C services in Minnesota generally tend to be those with more severe developmental disabilities. Supporting data for this OSEP risk factor can be found in Data Summary Report Goal 1, Objective 2, Indicators (b) and (c) and Goal 2, Objective 1, Indicator (a).

OSEP Risk Factor: States that Serve More than 23% of Students in Segregated Classes

Currently, Minnesota serves less than 8% of children and youth with disabilities in segregated classes. The state has achieved inclusion of students with disabilities in general education settings to a much greater extent than the national average (*21st Annual Report*, U.S. Department of Education, 1999). Whereas nationally, 73% of children with disabilities are served in a general education classroom or general education classroom plus a "resource room" setting, this statistic for Minnesota increases to 85%. A significant factor which accounts for this difference is that nationally, 46% of students with disabilities are served in general education classroom programs, whereas 63% of students in Minnesota are served in this type of setting. Supporting data for this OSEP risk factor can be found in Data Summary Report Goal 2, Objective 1, Indicator (c).

OSEP Risk Factor: States that Demonstrate High Public Inputs

In general, when compared to other states, Minnesota has a relatively low number of complaints. Current data indicate that almost half of the cases filed

² U.S. Department of Education (1999). *Twenty-First Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*. U.S. Department of Education, Washington, DC.

in 2000 have been withdrawn, closed, or resolved at the local level. In addition, Minnesota has not received a Part C complaint and all of the 96 IECs in the state have hearing procedures on file with the Department of Children, Families, and Learning. Supporting data for this OSEP risk factor can be found in Data Summary Report Goal 3, Objective 1, Indicator (a).

OSEP Risk Factor: States Whose Dropout Rate is Higher than the National Average

Minnesota's dropout rate of 28.93% is below the "at risk" criterion of 32%. Overall, the dropout rates of students with disabilities in Minnesota generally appears to be significantly less than the dropout rates observed in national data based on the *21st Annual Report*. Dropout rates for students with disabilities do not appear to vary by gender. In the 1998-99 school year, 5.1% of female students with disabilities dropped out, whereas 5.2% of males did the same. However, dropout rates do vary by race and ethnicity, ranging from 3.7% for White (Non-Hispanic) students with disabilities to 15.3% of students with disabilities identified as Hispanic. Supporting data for this OSEP risk factor can be found in Data Summary Report Goal 1, Objective 3, Indicator (c).

OSEP Risk Factor: States Whose Graduation Rate with Regular Diplomas is Below the National Average

Historically, Minnesota has achieved relatively high graduation rates of students with regular diplomas. For example, its overall graduation rate of 79.93% compares very favorably with the national average of 64%. Minnesota students in any disability category graduate from 12th grade with greater frequency than the national average for peers in the same disability category based on the *21st Annual Report*. According to this report, Minnesota leads the nation with the highest percentage of students with disabilities graduating from high school with regular diplomas (38.2%), compared to the national average of 24.5%. When interpreting this result, it is important to consider that graduation requirements vary considerably from state to state and that Minnesota's graduation requirements and diploma options may be different from those of other states. Supporting data can be found in Data Summary Report Goal 1, Objective 3, Indicator (b).

OSEP Risk Factor: States with Student Exemption Rates of 10-20% or Less on Statewide Assessments

Minnesota has maintained an exempt status considerably below the national average. Exemption rates on the statewide Minnesota Comprehensive Assessment ranged from a low of 4% on the 1998-99 writing test to a high of 8% on the 1999-2000 3rd grade-reading test. Exemption rate data were available for three years on the Basic Skills Tests (BSTs). Exemption rates on the BSTs decreased from the first to third year, with a large reduction observed between 1999-2000, where rates were found to be below one percent (-1%). Supporting data for this OSEP risk factor can be found in Data Summary Report Goal 1, Objective 1, Indicator (d).



Future Continuous Improvement Initiatives

Priority Areas of Improvement

Minnesota's Self-Assessment Process represents one of a series of **steps** in the implementation of a long-range continuous improvement effort that is taking place within the state. The input obtained from the Steering Committee and other stakeholders (e.g., Minnesota Special Education Advisory Council, Minnesota Directors of Special Education), statewide surveys, and local implementation plans provide important direction to the DSE with regard to addressing IDEA 97 compliance and improving results for children with disabilities. Not only has this information revealed a number of areas where the state demonstrates significant strengths in overall compliance with the federal requirements, it has also illuminated areas where improvement planning and activities need to occur. While it is naturally expected that different types of stakeholders are likely to identify priorities based on the primary interests of their constituencies, a convergence of opinion was obtained in the course of self-assessment activities. As such, it was possible to identify areas of consensus regarding key areas in which the state can focus improvement planning and activities in the future. The "top 5" areas where there appears to be considerable agreement from various sources of information and principally, the Minnesota Self-Assessment Steering Committee include:

Improvement Area 1: Improve the ability of children and youth to make successful transitions.

Transition of children and youth is a broad concept that includes: (1) transition planning for children birth to three and preschool to kindergarten, (2) transition of students with disabilities between separate sites and the school and community, and (3) transition planning for ages 14 to 21 to meet postschool and adult living objectives. While Minnesota transition systems change efforts began almost a decade prior to the federal mandates of IDEA 97, there is widespread agreement among stakeholders that the provision of transition services are not being uniformly implemented within the state. A general lack of service coordination, state restructuring efforts, and staff turnover, have all contributed toward limiting progress in this area. In response to these issues, Minnesota has undertaken various remedies to make improvements in this area, including hiring a full-time transition specialist and an interagency transition consultant. With regard to achieving a long range solution to address the provision of transition services, the DSE has taken the lead to develop the *Minnesota State Plan for Transition Services to Youth with Disabilities*, a comprehensive implementation plan that includes a wide range of actionable components to ensure that comprehensive interagency transition services are provided by educational, vocational, social service, and correctional staff within the state. Adopted in draft form in 1999, the plan was designed to address specific service “gaps” that have been identified through state compliance monitoring and local district Continuous Improvement Monitoring Process (CIMP) efforts. The plan includes activities related to: (1) staffing; (2) staff development; (3) student involvement; (4) individual education or interagency plan development; (5) provision of services; (6) advisory councils; (7) Community Transition Interagency Committees; and (8) continuous improvement monitoring strategies.

Improvement Area 2: Ensure a sufficient number of qualified professionals and paraprofessionals.

In its *Issue Paper #1: Special Education Teacher Shortages in Minnesota* and follow-up report, *Summary of SEAC Recommendations on Special Education Teacher Shortages in Minnesota*, the Minnesota Special Education Advisory Council (SEAC) has actively sought solutions to address the problem of teacher shortages in the state. Through a comprehensive examination of this issue, SEAC has recommended that CFL: (1) implement policies and programs to support and promote recruitment and retention of special educators; (2) implement a data collection system that facilitates reliable and accurate information about teacher shortages; and (3) implement policies and practices that support efforts of institutions of higher education (IHEs) to recruit and retain quality students in special education programs.

These general recommendations concur with the findings of the Minnesota Self-Assessment Steering Committee and the Minnesota Directors of Special Education. Workforce shortages, recruitment, and retention issues also

constitute a large part of the DSE's State Improvement Grant (SIG) initiatives, where Goal 3 of the SIG is devoted to: *Ensuring the Availability of a Qualified Special Education Workforce in all Regions and Communities of Minnesota*. Specific objectives contained in Goal 3 include: (1) conducting staff development training that prepares Minnesota's paraprofessional workforce to support special education staff in meeting the needs of students with disabilities, (2) implementing licensure changes and staff development activities that increases supply and retention of a highly competent workforce of teachers of students with emotional and behavioral disorders (EBD); (3) conducting staff development opportunities and implement recruitment and information dissemination initiatives to ensure a sustainable special education workforce in areas where documented shortages exist; and (4) conducting activities to increase networking activities among current teachers in low incidence disability areas and to provide incentives to attract professionals serving students with low incidence disabilities.

Improvement Area 3: Improve access to mental health services across agencies.

Members of Minnesota's Self-Assessment Steering Committee indicated that inclusion of needed mental health services, in order for some students to benefit from special education instruction, was a high priority in which both planning and implementing improvement activities were essential. Committee members indicated that mental health needs on IFSPs and IEPs were necessary to meet programmatic as well as legal requirements. Members of the Steering Committee also suggested that special education teachers and other professionals needed to gain a much better understanding of the present mental health system and to develop effective strategies for accessing and evaluating services for children and youth with disabilities. In addition, Steering Committee members recommended: (1) developing an operational definition of "mental health services" and "mental health needs" and to design a process for collecting and reviewing information from Individual Education Plans (IEPs); (2) promoting the increased use of Functional Behavioral Assessments (FBAs) that facilitate student access to the mental health system and which serve as a means of increasing coordination across service systems; and (3) identifying a broader range of data sources to collect information about mental health services to children and youth with disabilities. With regard to the latter, Steering Committee members indicated that data sources could include input from Children's Mental Health Collaboratives and Family Service Collaboratives. Barriers to accessibility, frequency of access, transportation issues, time limitations, parent preferences, waiting lists for services, limitations posed by "third-party" payers, and specific issues that impact students and families representing culturally and linguistically diverse groups were all identified as types data that could be collected.

Improvement Area 4: Improve interagency cooperation and coordinated service delivery.

The passage of *Minnesota's Interagency Services for Children With Disabilities Act of 1998 (MS 125A.023)* has mandated the development and implementation of a statewide interagency intervention system for children ages birth through 21 with disabilities. Given the implications and broad scope of this initiative, it is clear that a number of challenges will be faced in the planning, development, and implementation of a coordinated, multidisciplinary system of services. The DSE has been charged with providing leadership and oversight responsibility for this initiative, supported by the collaborative efforts of other agencies and organizations within the state. Represented by Goal 2 in the State Improvement Grant (SIG), *Fully Implement a Coordinated, Multidisciplinary Interagency Service System for Children and Youth with Disabilities Birth through 21 Statewide*, DSE's state improvement objectives include: (1) Implementing statewide systems of interagency collaboration for all children with disabilities through 21 by 2003; (2) implementing statewide training to effectively involve parents of children with disabilities in interagency service delivery systems; and (3) promoting school-to-work transition opportunities for students through interagency collaboration and coordinated services. Efforts to achieve these objectives are manifested by the work of the unified governance structure referred to as the Minnesota State Interagency Committee (MnSIC). Members of Minnesota's Self-Assessment Steering Committee recommended that improvement activities include evaluation strategies such as the use of "customer satisfaction" surveys conducted with parents and family members receiving interagency services. In addition, Committee members recommended satisfaction surveys also need to be conducted with direct service staff (e.g., special education teachers, coordinators, social workers, counselors, psychologists) to help determine whether interagency agreements and similar collaboration efforts have resulted in an improved service delivery system for children and youth with disabilities.

Improvement Area 5: Reduce system bias related to the needs of diverse populations.

The needs of diverse populations have been a high priority for the DSE since the establishment of the Minority and Cultural Issues Workgroup in 1996. This group, consisting of DSE staff along with a number of external consultants, was initially formed to address the disproportionate representation of culturally and linguistically diverse students in special education programs. This workgroup conducted a number of focus groups in Minnesota with parents and various professional staff serving African-American, American Indian, Hispanic, and Asian American students with disabilities. In 1998, members of the workgroup developed and disseminated *Reducing Bias in Special Education Assessments for American Indian and African American Students*, a manual that can be used by educators to reduce bias in their assessment practices. Members of the Minority and Cultural Issues Workgroup have conducted extensive training in *Reducing Bias* and are currently piloting the application of these procedures in a number of school districts within the state.

In addition to the actions initiated by the DSE, Minnesota's Special Education Advisory Council (SEAC) has also studied this issue through *Issue Paper #4: Diversity in Minnesota's Special Education Programs*, providing such recommendations as: (1) increasing the program options and funding for students who need assistance in school, but who do not have lifelong disabilities; (2) conducting ongoing training in *Reducing Bias in Special Education Assessments for American Indian and African American Students*; and (3) exploring options to increase general education's capacity to implement effective pre-referral procedures.

In reviewing information in this area, members of Minnesota's Self-Assessment Steering Committee indicated that any issue which suggested the presence of potential discrimination and bias, needed to be treated as a high priority. Improvement strategies recommended by the Steering Committee included: (1) implementing training activities that promote cultural competency skills in both restrictive and less restrictive environments, particularly where African Americans and American Indians are placed; (2) having the Division of Accountability and Compliance develop a strategy to track specific sites or buildings in which nondiscriminatory evaluation and eligibility determination citations have been issued. These sites can then participate in a pilot project in which baseline data are collected and analyzed to determine whether corrective action plans have resulted in a reduced number of citations; and (3) training efforts to reduce bias in special education evaluation should be expanded to include a wide variety of professionals (i.e., interagency service providers) who work with culturally and linguistically diverse populations of students with disabilities.

Minnesota Self-Assessment Steering Committee

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