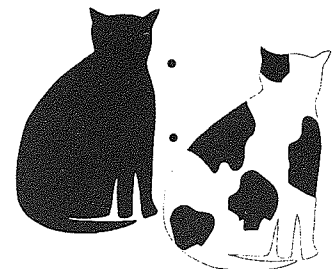
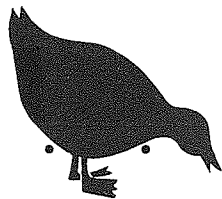




3 0307 00034 3528



Delineation of Roles and Responsibilities for the Key Components of Early Intervention in Minnesota



HV
889
.M6
D45
1990

**Delineation of Roles and
Responsibilities for the Key
Components of Early Intervention
in Minnesota**

February 15, 1990

OCT 17 1990

TABLE OF CONTENTS

BACKGROUND.....1

MINNESOTA'S KEY COMPONENTS.....3

MISSION STATEMENT.....4

FRAMEWORK FOR IMPLEMENTATION

 LEAD AGENCY.....4

 STATE AGENCY COMMITTEE.....5

 GOVERNOR'S INTERAGENCY COORDINATING COUNCIL
 ON EARLY CHILDHOOD INTERVENTION.....6

 COMMUNITY INTERAGENCY EARLY INTERVENTION
 COMMITTEES.....8

RESOURCES.....9

GOVERNOR'S COUNCIL MEMBERSHIP.....11

BACKGROUND

The Minnesota Departments of Education, Health and Human Services are committed to improving the lives of Minnesota's children and their families through the provision of a wide array of collaborative, integrated early intervention services. The goal of the state departments is to maximize the growth and development of all Minnesota's children.

There has been a longstanding commitment in Minnesota to young children and families dating back to the 1960s. Minnesota has also been committed to the provision of early intervention services that are interagency in nature, as evidenced by establishment of the State Interagency Early Childhood Steering Committee in 1982 which resulted in the signing of two Interagency Agreements for Early Childhood Intervention and amendments to state legislation (MS 120. 17).

GOVERNOR'S EXECUTIVE ORDER: In addition to the interagency agreements and MS 120.17, the following excerpt from the Governor's 1987 Executive Order reflects commitment at the state level to interagency collaboration for the development and implementation of family centered, community based early intervention services:

"....handicaps can be ameliorated...through early intervention and development; and

"....the Commissioners of Education, Health and Human Services support the development of a statewide system of comprehensive multidisciplinary programs providing appropriate early intervention services to all children who are handicapped, to all children who are at risk of handicapping conditions, and to their families; and

"....the federal government has passed PL 99-457 to assist states in planning and developing statewide systems of early intervention services for all children with handicaps or at risk of handicapping conditions from birth to school age and for their families; and

"....PL 99-457 requires the appointment of a lead agency for the purpose of general administration of the program and coordination of the activities of the other state agencies;...."

PL 99-457: The following citation from Section 671 of PL 99-457 (1986) reflects the federal commitment to early intervention that is both family centered and interagency in nature:

"(a) FINDINGS.- The Congress finds that there is an urgent and substantial need-

(1) to enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay,

(2) to reduce the education costs to our society, including our Nation's schools, by minimizing the need for special education and related services after handicapped infants and toddlers reach school age,

(3) to minimize the likelihood of institutionalization of handicapped individuals and maximize the potential for their independent living in society, and

(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

(b) POLICY.- It is therefore the policy of the United States to provide financial assistance to States -

(1) to develop and implement a statewide comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families,

(2) to facilitate the coordination of payment for early intervention services from Federal, State, local and private sources (including public and private insurance coverage). and

(3) to enhance its capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to handicapped infants, toddlers, and their families."

MINNESOTA'S KEY COMPONENTS FOR EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH HANDICAPPING CONDITIONS AND THEIR FAMILIES

Governor's Interagency
Coordinating Council on Early
Childhood Intervention (ICC)

Department of
Education
(Lead Agency)

Department of
Health

Department of
Human
Services

State Agency Committee (SAC)

Community Interagency
Early Intervention
Committees (IEICs)

98 in Minnesota

Regional Early
Childhood
Coordinators

(Education)

* Services
for Children
with Handicaps;
* Public Health
Nursing
Consultants
(Health)

* Regional Service
Coordinators;
* Regional Centers
for the
Hearing Impaired
(Human Services)

- Health Care Providers
- Head Start
- Local Education Agency
- School Board
- Early Childhood Family Education
- County Social Services Agency
- County Board
- Parents
- Advocacy Organizations
- Public Health Agency
- Child Care Providers

Other Regional/Local Resources

MISSION STATEMENT

The lead agency, the Minnesota Department of Education, in conjunction with the Minnesota Departments of Health and Human Services, the Governor's- Interagency Coordinating Council on Early Childhood Intervention (ICC), and community Interagency Early Intervention Committees (IEICs), is committed to the optimal growth and development of young children ages birth through five with handicapping conditions and at risk for such and their families.

- * Interagency collaboration is necessary at the community and state level to assure the development of a comprehensive array of educational, health and social services throughout the state.
- * These services are best provided in a manner which is individually responsive to the strengths and needs of children and their families, sensitive to cultural diversity, and guided by the principle of community based, family centered services.

FRAMEWORK FOR IMPLEMENTATION

Therefore, Minnesota has implemented interagency, comprehensive early intervention services for young children with handicaps or at risk for such and their families through the following components:

- I. **The Lead Agency, designated by the Governor, is the Minnesota Department of Education**

PURPOSE/ROLE

- A. A single line of responsibility for carrying out the general administration, supervision and monitoring of programs and activities receiving assistance under the Federal mandate, P.L. 99-457, Part H, to ensure compliance with this part, through such activities as:
 - (1) the development, administration and implementation of Minnesota's Plan for Services to Young Children with Handicaps and their Families under Part H of the Education of the Handicapped Act. This grant details Minnesota's plan for expenditure of federal dollars for the planning

and implementation of state efforts under P.L. 99-457,
and

(2) the allocation of personnel and resources including the development of staff assignments and the establishment of priorities through the annual work plan process

B. The lead agency will be responsible for establishing a **State Agency Committee (SAC)**, in conjunction with the Minnesota Departments of Health and Human Services, to:

(1) develop a state definition of developmental delay;

(2) identify and coordinate all available resources within the state from federal, state, local, and private sources;

(3) develop a process to resolve intra- and interagency conflicts at the state, regional, and local levels;

(4) enter into formal interagency agreements that define the financial and legal responsibility of each agency for the provision and funding of early intervention services;

(5) present significant statewide policy issues to the Council for consideration and advice;

(6) identify changes in fiscal and program policies that may be necessary to improve coordination of services to these children and their families;

(7) establish a system for the provision of early intervention services. Such a system should enable state, regional, and local groups to clarify issues, define problems, and propose alternatives related to child find, screening diagnosis, assessment and program models, in order to promote coordinated services to young children, from birth through five years of age, and their families;

(8) participate as ex-officio, non-voting members on the Governor's Council;

(9) ensure a system for procedural safeguards within each of the three state agencies for children and their families under PL 99-457 and MS 120.17;

(10) put the following components into place in Minnesota:

- a) Individualized Family Service Plan (IFSP)
- b) Public Awareness Program
- c) Central Directory of Information
- d) Comprehensive System of Personnel Development
- e) Data Collection and;

(11) ensure horizontal integration and leadership in relationships on SAC and between agencies particularly legislatively.

II. The Governor's Interagency Coordinating Council on Early Childhood Intervention, (ICC) appointed by the Governor of the State of Minnesota

PURPOSE/ROLE

The Council will advise and assist the lead agency, the Minnesota Department of Education as well as recommend policies to the Governor, Legislature, the SAC and the Minnesota Departments of Health, and Human Services. These recommendations are intended to provide interagency collaboration in a multidisciplinary, coordinated, comprehensive, early intervention system serving children under age 5 with handicaps and their families in the following manner:

- A. Identify priority issues annually and develop a work plan for ICC activities taking into account long-range and annual goals.
- B. Make policy recommendations regarding significant statewide issues such as the incorporation of each agency's services into a

unified state and local system of multidisciplinary assessment practices, assignment of financial responsibility, the promotion of interagency agreements, individual intervention plans and comprehensive systems to find children in need of services.

- C. Assist the lead agency in the effective implementation of the state-wide system of early intervention services by establishing a process that includes:
 - 1. seeking information from service providers, case manager, parents, and others about any federal, state, or local policies that impede timely service delivery; and
 - 2. taking steps to ensure that any policy problems identified above are resolved.
- D. Submit recommendations by January 15 each year to the House and Senate Education Committees of the Legislature, the Governor, and the Commissioners of Education, Health, and Human Services.
- E. Recommend resources such as funding sources, innovative programs and technical expertise.
- F. Increase public support for early intervention services to young children with handicapping conditions or at risk for handicapping conditions and their families.
- G. Make recommendations regarding the role of community Interagency Early Intervention Committees.
- H. Assist in the flow of information between the Council, lead agency, as well as each Council member's respective constituencies.
- I. Participate in a minimum of quarterly Council meetings. ICC members are encouraged to participate in task forces established to address state-wide issues as well as conferences and workshops when desired.

III. Community Interagency Early Intervention Committees

PURPOSE/ROLE

A school district, group of districts, or special education cooperative, in cooperation with the county(s) in which the district(s) or cooperative is located, shall establish an Interagency Early Intervention Committee (IEIC) to address the following issues for children under age 5 with handicapping conditions and their families. The composition of IEIC membership is detailed in M.S. 120.17. The duties of the IEICs include:

- (A) Identify current services and funding being provided within the community.
- (B) Establish and evaluate the identification, referral, and community early intervention systems to recommend, where necessary, alterations and improvements.
- (C) Facilitate the development of interagency Individual Education Plans (IEPs) and Individual Service Plans (ISPs) when necessary to appropriately serve children and their families and recommend assignment of financial responsibilities to appropriate agencies.
- (D) Implement a process for assuring that services involve cooperating agencies at all steps leading to individualized programs.
- (E) Review and comment on the early intervention section of the total special education system for the district and the county social services plan.
- (F) Facilitate the development of a transitional plan if a service provider is not recommended to continue to provide services.
- (G) Meet at least quarterly and report on the IEIC progress to the ICC and SAC.

IV. Resources

A. The Regional Early Childhood Coordinators Project

PURPOSE/ROLE

This project assists community Interagency Early Intervention Committees; school districts; local, regional, and state health, education, and human services agencies; as well as other agencies, providers and consumers. There are ten Regional Early Childhood Coordinators, each located in one of the Governor's planning regions. This project is jointly funded by federal interagency P.L. 99-457, Part H dollars for birth through two years of age and Education of the Handicapped Act, Part B, Section 619 dollars for ages three through five. The duties of the Regional Coordinators include the following:

1. increase public awareness of the rationale and need for coordinated early intervention services;
2. clarify issues, define problems and propose alternatives related to screening, referral, assessment, intervention, evaluation and procedural safeguards systems to promote coordinated services;
3. coordinate technical assistance activities for consumers and service providers based on identified needs;
4. assist in facilitating communication between service providers, state agencies, SAC and the ICC regarding service provision and responsibilities at the local level; and
5. identify and implement model programs which utilize resources across disciplines, programs and agencies.

B. Additional resources such as Head Start, advocacy groups, private providers of early intervention and medical services to children, child care, institutions of higher education, etc. all play a

significant role in the provision of early intervention services to our children and their families. Many of the programs available through state departments are listed in the Interagency Agreement. Continued efforts will be made to work with these entities as Minnesota forms a collaborative, comprehensive, interagency service system.

ICC MEMBERSHIP

Established by Governor 's Executive Order in 1987, the fifteen member ICC exceeds Federal and state membership requirements. The Governor felt so strongly about parent representation that he appointed a parent as Council chair and named four other parents as ICC members. In addition, members from other advocacy organizations representing children and families also serve on the Council; Association for Retarded Citizens of Northeast Minnesota (ARC-Duluth), Association for Retarded Citizens-Minnesota (ARC-MN), Parent Advocacy Coalition for Educational Rights (PACER), Association for the Care of Children's Health (ACCH) and the United Way. There is broad geographic representation from greater Minnesota.

A technical amendment was made during the last legislative session to have the three state agency representatives serve in an ex-officio capacity. This was an ICC recommendation in order to increase the representation from public and private providers of early intervention services on the ICC.

GOVERNOR'S INTERAGENCY COORDINATING COUNCIL ON EARLY CHILDHOOD
INTERVENTION

PARENTS

Jeanette Behr
Lake Elmo, MN

Debra Johnson
Paynesville, MN

Shirley Kramer
Burnsville, MN

Jan Ormasa
St. Paul, MN

PUBLIC/PRIVATE PROVIDERS

Sarah Colwell, MD
Park-Nicollet Clinic

Dodi Haugen
Early Childhood Family Education

Tom Papin
Itasca Co. Social Services

Sharon Shapiro
Head Start

Al Swedberg
Special Education - Moorhead

(See Appendix A for
more complete information
about Council members.)

PERSONNEL PREPARATION

Joan Blaska, Ph. D.
St. Cloud State University

LEGISLATORS

Representative Kathleen Vellenga

Senator Donna Peterson

OTHER PERSONS KNOWLEDGEABLE
ABOUT EARLY INTERVENTION

Sue Abderholden
ARC-MN

Ann Niedringhaus
ARC - Duluth
ICC Chair

Beverly Propes
United Way

EX-OFFICIO

Norena Hale, Ph.D.
Unique Learner Needs Section
MN Dept. of Education
Lead Agency

Carolyn McKay, MD
Maternal and Child Health Division
MN Dept. of Health

Janet Wiig
Children's Services Division
Dept. of Human Services



©

1990 by MCSC
First Printing

This publication is available from: The *Minnesota Curriculum Services Center* which is supported by the State of Minnesota Department of Education. The MCSC does not discriminate on the basis of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance or disability.

Minnesota Curriculum Services Center

Capitol View • 70 Co. Rd. B-2 W • Little Canada • MN 55117
(612) 770-3943 • 1-800-652-9024

E1001

**2944
3903000**

