

MnSiC News

Newsletter of the Minnesota System of Interagency Coordination

Fall 2003



*Working
together
to improve
services
for children
and youth
with
disabilities
and their
families.*

The Work of MnSiC Continues!

The MnSiC legislation remains intact and the work of MnSiC continues beyond its final year of implementation. The interagency coordinated system is in place at the local level for children and youth with disabilities ages birth to 21. The State Interagency Committee (SIC) continues to focus on issues such as funding sources, family involvement, and long-term sustainability of the interagency coordinated system.

The State Interagency Committee meets regularly to identify, recommend and implement strategies to ensure the successful continuation of this system. Thus far during 2003, SIC members have addressed several important topics at their meetings. For example, at the February 14th meeting, Representatives Alice Seagren, Mindy Grieling, and Jim Abeler joined SIC members for a discussion on how MnSiC might be sustained beyond FY 2003, and how current and upcoming legislative work might impact the work of SIC and the implementation of MnSiC. At its April meeting, SIC members identified and discussed several concerns regarding Data Privacy Practices issues relating to SIC activities and the IIP/eSP.

The interagency work being done in Minnesota is recognized as exemplary nationally. Legislators continue to work hard on behalf of the MnSiC initiative and the children and families it affects. When asked at the February 2003 SIC meeting about the future of the MnSiC legislation during this climate of budget cuts, Representative Alice Seagren responded as follows:

If we had not passed this legislation in 1998, we would be doing it now in the interest of streamlining government.

(Note: If you wish to view the minutes of the State Interagency Committee, please visit the MnSiC website at: <http://www.mnsic.org/products>.)

In addition to the State Interagency Committee, the Minnesota System of Interagency Coordination (MnSIC) includes an advisory group and a number of workgroups that work on behalf of the initiative to meet the legislative requirements (M.S. 125A.023). Below is an update summarizing the current efforts of the advisory group and the workgroups.

Birth to 21 Advisory Group

The Birth to 21 Advisory Group continues to meet three to four times a year. They meet to review technical assistance products being developed and to provide feedback. They also provide the state with valuable input on needs and concerns that arise in the local areas.

The Advisory Group is looking for additional members. If you are interested in providing a valuable service to the state and this interagency effort, please contact Sue Benolken, at (651) 284-4156; email: sue.benolken@state.mn.us.

Evaluation Workgroup

The Evaluation Workgroup is charged with the task of developing and implementing an

evaluation system for measuring the success of state and local interagency efforts in improving the quality and coordination of services for children and youth with disabilities ages 3-21. The Workgroup is using a data-driven evaluation system design, which also has a graphical form for ease of communication, assessment, and strategic use, called the Balanced Score Card (Posner and Kouzes). The Workgroup has identified an overall goal and key indicators. Work is currently focused on refining and seeking approval for the evidence.

Coordination of Services Workgroup

The MnSIC Funding and Service Coordination Workgroups, along with the joint Minnesota Department of Education and Department of Human Services Revenue Options Leadership Committee, combined to form the Coordination of Services Workgroup. The goal of this Workgroup is to address statewide implementation of system and service coordination through interdisciplinary and comprehensive strategies. This year, the Coordination of Services Workgroup completed an annual strategic plan, is working to complete case

studies of service coordination systems in Minnesota, and is in the planning stages of developing a service coordination technical assistance guide and related legislative proposal by the end of the year.

IIIP Workgroup

The IIIP Workgroup surveyed the state for comments regarding the IIIP up to age 21. The only change to be made to the IIIP is to remove the "profiles of learning" pages and replace them with the new forms. In addition, the Workgroup is preparing some further guidance materials to assist local IIIP teams.

What Local Communities Say About the IIIP

The MnSIC Newsletter will regularly share working models and strategies for building a coordinated interagency services system for children and youth with disabilities, birth to 21. As of July 1, 2003, the IIIP is available to address the needs of children and youth with disabilities up to 21 years of age who are receiving services from two or more agencies. The IIIP utilizes a person-/family-centered planning process and is intended to be flexible to allow it to meet the diverse and changing priorities and needs of individuals with disabilities and their families. Below are stories from a parent, local service providers, and a special education director sharing their perspectives on this new system.

The IIIP: Well Worth the Effort!

My name is Carolyn, and I live in Moorhead, MN with my husband, Bob, and our seven children. Bob and I have been married for 23 years. In 1990 we became foster parents for Clay County. I have been a stay-at-home mom for most of those years. We are truly blessed with four birth children, one adopted daughter, and two permanent foster children. In 1994, our then foster child, Sara, was showing signs of developmental delays, and so began our journey into the world of special services.

At the age of six, when we adopted Sara, she had two diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Fetal Alcohol Syndrome (FAS). Since that time, Sara has also been diagnosed with Reactive Attachment Disorder (RAD) and Bipolar Disorder. As one could imagine, we have faced many challenges and received many different services. At first we were working with a special education team and an Individual Education Plan (IEP) that included occupational therapy, adaptive physical education, special education, a support paraprofessional in the classroom, and a pediatrician to identify and coordinate Sara's medication needs. This process worked well.

As Sara moved into the k-12 education system, the need for home, community, and educational supports increased. I became involved with our local Interagency Early Intervention Committee (IEIC) around this same time. This committee addresses the needs of children ages birth to seven. Our two permanent foster children also have FAS and other complications from premature birth. They required intensive services from birth on and were placed on an Individual Family Service Plan (IFSP). One of the first things I heard about at the committee meetings was the Individualized Interagency Intervention Plan (IIIP). Because the IIIP was modeled after the IFSP and was

to be phased in by age groups, the IEIC was the first to discuss this document and its implementation. The IEIC was asked to form a IIIP training team with a parent component to help with the implementation of the IIIP process into the local county and school district. As I learned more about the IIIP, I knew this was exactly what Sara needed.

By the time Sara was in third grade, the complications resulting from her mental health issues and learning disability were overwhelming our family. The county stepped in to provide services under Rule 79 Case Management, a service for children with mental health diagnoses and psychiatric medication monitoring. We also established respite services for Sara. The next year we added developmental services through the county, a behavioral specialist, and in-home support. The following year Sara began receiving services under the MR/RC Waiver Program. As Sara's mom, it became my full-time job to coordinate communication between agencies, educate staff regarding Sara's mental health issues, and coordinate her five care plans- Individual Service Plan through the waiver, Rule 40/Behavior Intervention Plan, IEP, Crisis Plan, and a manic plan. During every meeting or phone call, I was bombarded with comments regarding Sara's manipulative behaviors, her raging and manic episodes that interfered with her

day and with staff's ability to care for her, and her "working of the system" that enabled her to accept no accountability for her behaviors. Sara's strengths were never discussed.

Weekly meetings at school were a given, as well as many phone calls in between. When Sara began showing signs of another manic episode, it was my job to notify all the professionals with whom we were working, gather input needed for a medication change, and monitor Sara for 24 hours a day to ensure her safety. My husband and I were the only ones who had a complete, comprehensive understanding of Sara's needs. Just getting through the week was exhausting, leaving us with very little time or energy to focus on the needs of our other children.

Our county had implemented the Wraparound Process, a coordinated team effort to address the needs of high maintenance children. We had a team for Sara and although it did help with the communication issue, I continued to coordinate the majority of her services and supports. I learned more about the IIIP and attended a state training. Our school district was slowly moving forward with the process but with the implementation stages, it would be another year before this new system would be available for Sara's age group.

Sara's annual IEP was due in March 2002. I approached her special education staff and requested that they consider the IIIP for Sara. After consulting

with other team members, it was decided that it was in Sara's best interest to coordinate her care and start addressing her needs using a comprehensive,

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strengths-based process. So, in late March of that same year, 15 professionals and Bob and I sat down to write a IIIP for Sara, completing the process in under two hours. At the time, Sara's school was not equipped to access the eSP Internet version of the IIIP, so we completed a paper version of her IIIP. After years of hearing what Sara couldn't do, we finally had a document that not only addressed her needs and concerns, but also acknowledged her many strengths! We remain forever grateful for the effort the team put forth that day.

Sara's progress during that first year on her IIIP was remarkable. We utilized Sara's strengths to provide her with more accountability for her learning. Last spring we conducted the annual review of Sara's IIIP. The process went smoothly and we were able to write global goals for many of her need areas. Most importantly we were able to develop a behavior plan that encompassed all areas of Sara's life and could be applied in all environments. One of Sara's greatest achievements this past year was participating in the regular education

classroom for up to three hours a day without behavioral supports. Coordinating Sara's care through the IIIP has meant less meetings (reduced to a couple of times a year), fewer phone calls, and the development of a cooperative working relationship among staff whose focus is on ensuring that Sara reach her full potential in all environments. Most importantly, the IIIP has allowed me to be a Mom again to Sara and our other children.

Whenever I talk to other parents about the IIIP, I encourage them to gather as much information about the process as possible, and consider all options available to them before deciding which process best fits their situation. Never close the door on an option. What might not seem helpful right now, may be exactly what you need a year from now. The IIIP is to be developed within the context of strengths-based, family-/person-centered philosophies, where the person/family are considered to be the core of the team. It provides an opportunity for open communication and collaboration among team members and facilitates the ability to coordinate areas of learning.

Professionals can support the IIIP process by providing parents with the information they need to understand and consider implementing this new process for their child. The IIIP requires interaction, collaboration, and partnerships between families and professionals. It is a new way of developing your child's plan of care and the process may seem awkward

initially. But, in terms of outcomes for children—it is well worth the effort!

Submitted by Carolyn Strnad. If you have questions about the IIP process, you may contact Carolyn by email at: CarMar1957@aol.com. ■

Success In Spite of Complicated Logistics

Frequently there is an overwhelming chasm between what we know is good for families and students, and the reality of its implementation. We know that providing coordinated interagency services to students with disabilities and their families is highly beneficial. Yet, for this to occur in a seamless, efficient manner is another reality. By most measures, the Northern Lights Special Education Cooperative and Interagency Council should not be successful. Encompassing 12 school districts separated by as much as 120 miles and the agencies of 5 counties, each with its own operational system, the logistics of interagency coordination should be a frustration. The fact is, we are doing quite well.

Several key components have been essential in the process of successful interagency coordination. Our Interagency Council, which is a consolidation of our Interagency Early Intervention Committee and the Community Interagency Transition Committee, boasts a membership of 42 dedicated,

positive, enthusiastic parents, educators, and agency personnel from all five counties. Not only does this facilitate providing coordinated services from birth through age 21, but it also provides a forum for agencies within a county or from different counties to reach consensus on issues. Our Interagency Council builds relationships among individuals which translates into cooperation between organizations. We also place a great deal of importance on providing all stakeholders with reliable, accurate and usable information. It is our goal to provide the students and parents with quality information about what ought to be and what is available. Through the development of resource maps, conducting transition workshops for parents and students, organizing work/focus groups for teachers, distributing informational brochures, and a wide variety of other instructional projects, we are increasing understanding and thereby, improving our chances of successfully meeting families' needs.

Additionally, Lake County and Lake Superior School District #381 have agreed to share the cost of a Dedicated Service Coordinator for a period of two years. The task of the Coordinator, Susan Frericks, is to provide actual coordination of interagency services within the district and to develop a procedure and materials for implementing that service when her position terminates. All protocols developed by the Lake County Service Coordinator Consortium are available free

online. (<http://www.cloquet.k12.mn.us/speced/coop/interagency/interagency.htm>)

Finally, the Northern Lights Special Education Cooperative Director, Linda Forsberg, is a very progressive individual committed to providing the best services possible to students. Where others would take a “wait and see” posture, she provides leadership and a “we can do that” perspective. From the very beginning, Linda has promoted the philosophy that coordination of services is about the relationships between agencies, not the document. The IIP is simply a place where plans and decisions are recorded. The heart of service coordination is developing partnerships that serve individuals with disabilities.

Obstacles and Solutions

Thomas Edison is supposed to have said, “I have not failed, I’ve just found 10,000 ways that won’t work.” New ideas and new procedures are frequently difficult and always require training. Discussion and shared problem solving has been a successful tactic. The Northern Lights Interagency Council (affectionately referred to as the IC, “the ick”) has provided a forum for planning training as well as funding for its implementation. Multi-agency teams have provided ongoing training in the use of IIP document and coordination procedures for teachers, agency employees, and parents.

To promote equal participation and efficiently plan for both educational and noneducational issues in all settings, the Inter-

agency Council recommends the use of the needs-based IIIP meeting format. (See website for detailed description). A needs-based meeting places all

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members on equal footing and removes the traditional “educational emphasis,” allows members to develop shared goals, places priority on family preferences, and culminates in the development of a unified plan.

Due to heavy case loads and time limitations, case management responsibility has traditionally been one of the greatest barriers to interagency cooperation. Everybody is too busy and everybody’s caseload is too large. The Dedicated Service Coordinator model adopted by Lake County and Lake Superior Schools is an ideal solution. A single individual meets with the family to discuss priorities and issues and identify team members, arranges for all the necessary individuals to attend the meeting, facilitates the IIIP and insures that appropriate goals are determined. Families have a central contact person and team members do not inherit additional responsibilities. Through the direction of our Interagency Council, we expect every individual involved with the family to introduce the

service options that are available. (Again, see website for sample questions.) Parents may refuse a IIIP, opt to have any team member as the overall case manager, or they may allow the position to be shared. In the absence of a service coordinator, shared responsibility has been the Interagency Council’s recommendation. Susan Frericks has developed a comprehensive task responsibility checklist that the team can use to share case management duties, permitting the increased workload to be spread among several individuals.

The success of any plan is dependent upon the extent to which the team works together for the benefit of the family. Much of the success the Northern Lights Special Education Cooperative has had in implementing the IIIP is due to the relationships and partnerships developed through the Northern Lights Interagency Council. For further information, feel free to contact Kris Gerard Jacobs, Interagency Council chairperson (kgerard@cloquet.k12.mn.us) or Linda Forsberg, Director of Special Education (lforsber@cloquet.k12.mn.us).

To access web information, go to: <http://www.cloquet.k12.mn.us/speced/coop/interagency/interagency.htm>. Click on “Service Coordination/IIIP Tools.” Also note the sample Interagency Resources available.

Contributed by Steve Schoenbauer, Secondary Transition Coordinator.

A Resounding “Yes” for the IIIP

A new law passed in Minnesota in 1998; its goal is to ensure that children and youth who have a disability get the services they need and that those services are coordinated. There are two main parts to this law—service coordination and a new plan called the Individual Interagency Intervention Plan (IIIP).

In November 2001, the Lake Superior School District (ISD #381), Lake County Human Services, the Northern Lights Area Special Education Cooperative, and the North Shore Collaborative began working together to establish a system that will provide coordinated care for eligible children/youth and families. Administrators of each of these agencies serve on an Interagency Team to ensure the development and implementation of service coordination in our school district and county. One of their initial steps to meet the new State mandate was to hire an Interagency Coordinator to develop a system of interagency coordination and begin implementing service coordination with children and youth with disabilities and their families. I, Susan Frericks, was the person hired as Interagency Coordinator, and I have been in this position since January 2002.

From the beginning it was clear that training needed to occur on two levels. First, direct service staff needed training in

order to understand coordinated services and the IIP so that they could offer it as an option for families and also work with staff in other agencies in a coordinated fashion. Second, families also needed training to understand their options and what it could mean for their child and family.

Over the course of the last year and a half, I have talked with many families and groups of parents. Special educators and county social workers have distributed brochures and flyers describing service coordination to parents and clients. Members of the Interagency Team and I have talked to their staff members and colleagues about service coordination. In all, over 25 presentations have occurred for families or professionals; these range from short ten-minute information talks to half-day workshops. Twenty-four families have explored service coordination on an individual level and we have had 16 coordinated IIP meetings for children age six and older. This is in a county of approximately 11,000 citizens with about 250 special education students in our school district.

Development work is also occurring on 2 levels—the system level and the individual or family level. At the system level, we worked on developing a system that supports coordinated services. We are learning how to work across agencies and to understand each other's culture and mandates. We are also learning each other's

language (e.g., what is a case manager in your agency/school?). We are determining if it is OK to change another person's typo in a shared plan, or if we should call the other

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team member first. We continue to work on developing trust and an understanding for where our organizations and professions overlap and where they are unique.

On the individual/family level we have been working with families to identify their priorities, strengths and concerns. We inform teams when a family has chosen coordinated services and a coordinated plan. We plan for and strive to be prepared for meetings. In addition, I have been available to facilitate coordinated planning meetings. Finally, we work to write the child's/youth's plan ensuring that it is truly coordinated across settings—community, home and school.

We strive to maintain positive relationships with families and several families have not had their child's second annual IIP meeting, meaning that they choose to continue with coordinated services. When I work with families, I make every attempt to meet with them in their home prior to the IIP meeting. During that initial visit, I

ask them to describe their child in each of the areas included on the IIP document. If it is an older child, then I ask the youth to describe their own strengths in each of those areas. We ask families and children to identify the priorities and concerns they want covered at the IIP meeting.

So, how is the IIP process going? We asked ourselves that question and many more when we sent out evaluations in spring 2003. On the plus side, many direct service providers agree that families were actively involved in planning the services needed for their child. They also know where to get additional information on this mandate, and how to refer a family to receive IIP/service coordination. They are less sure about their ability to provide information about the IIP and service coordination directly to families, and getting all this information into a coordinated plan within school timeframes continues to be a daunting task.

However, we were disappointed last spring when no families returned our written evaluation. We continued to solicit input from them throughout the summer; our school psychologist drafted a telephone survey and called families during the summer. Individually, some local parents tell us that other parents, outside of our Coop area, have not been offered the option of a IIP, nor heard about it. I do not doubt that some parents inside our area have been missed; we

continue to try different ways of reaching parents (e.g., input meetings, support groups, PTAs/PTSOs, booths at school openhouses).

Why are we doing this? What is the difference? If we plan differently, does that affect services? In my experience, the answer is a resounding **“YES!”** There have been occasions during a IIIP meeting when the light bulb has gone off for team members: “Oh, the in-home family support plan has a safety goal? Well, I can support that by doing such and such here in the school setting.” Or, “OK, so we can have a shared goal, with agency-specific objectives underneath.”

Imagine the power of change that could occur for a child when a goal is consistently applied in all areas of their life! This type of planning does affect services; it does positively affect children and youth and their families, and it does empower *all* members of the team, including children and youth with disabilities and their families.

Submitted by Susan B. Frericks, Interagency Coordinator, William M. Kelley High School, Lake Superior School District #381. ■

IIIP Mandated! Lessons for Implementation

The IIIP process can work! For those of us in the northwest corner of Minnesota, it serves as a tool for increasing communica-

tion and cooperation between the various agencies that work with children with disabilities.

The Area Special Education Cooperative (ASEC) is the largest coop geographically in Minnesota. It is made up of four counties: Norman, Polk, Red Lake and Marshall. These counties are very rural with an average of ten people per square mile. Within these counties we have 14 school districts with an average district size of 500 students. Even though our numbers are small, the needs of students and families mirror the needs in just about any part of the state—we just drive farther to serve students and families!

Why It Works

Perhaps being small works to our advantage. The agency people who worked to develop our IEIC process and the IFSP for preschool children are generally the same individuals involved with the IIIP collaboration. By the time the IIIP process came along, we had already worked through much of our ignorance regarding each others agency mission and focus, and had developed a strong level of trust. This is not to say, however, that the road was not bumpy or without road blocks.

Early on, information regarding the IIIP mandate came primarily from the Department of Education. In the early years, I sat on all four county IEIC Committees and brought, for discussion at each meeting, the latest information about the

mandate. While confusion existed because other agencies were not receiving information about the mandate, we had excellent discussions and it gradually became apparent that this process was not markedly different from the IFSP process, which was working well for us.

Commitment and Training

Commitment from the major players was critical to our collaborative efforts. Through their years of working with the IEIC, most of the first or second level agency administrators had developed good working relationships with the other agencies. Our common entry point was the realization that none of us could meet all the needs of children with disabilities and their families. While agency heads were committed to the process, it quickly became apparent that staff needed training to understand and buy into the process.

The Polk County IEIC was the early test ground for developing the training all agency staff received. Training all agency personnel together provided the opportunity to connect with individuals from other agencies and to hear questions and comments about the process from different agency perspectives. ASEC Assistant Director Julie Jodock and I then took the Polk process and modified it to fit the needs of our other three counties.

Timelines for completing the IIIP document were resolved prior to training; agencies agreed to

follow the school's timeline, as theirs is the shortest. Agencies also agreed that if an agency did not have their part of the IIIP completed by the school deadline, the IEP portion of the IIIP would be sent out. Once we completed training in each county, school and other agency staff were reassured to know their responsibilities and mandates did not

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change. Only the "paper" documentation of each agencies' responsibilities looked different. School staff also understood they were not responsible for writing present level statements or goals for other agencies. While other agency staff realized much of the documentation they needed was already in the schools present level, thereby often decreasing their work. During this past year, the comfort level for and commitment to the process have increased.

Finally At the Table

Over the years we had conversations at many meetings regarding ways agencies could make the system work for a child and family. It started with baby steps by individuals saying "We can do this, if you can do that."

Now we find that by sitting at the same table discussing a child, we are able to generate better services through our collaboration. An example of this collaboration is evidenced in summer programming for some children with emotional/behavioral disorders who live in our small rural communities. We often could not document a need for extended school year programming but teams recognized a summer with little structure was not in student's best interest. We were able through the counties, to get summer mental health groups going for needy kids. Respite services are another area in which we made big strides.

Because other agencies are now at the table, they are able to see a real family and the dynamics of the child that they could not see in a phone call or office visit. Each time this happens, the reality of our commitment to helping children and families is strengthened.

At one of our trainings, Lloyd Rath, who was then the Director of Probation, shared some of his past experiences. He spoke about the difficulty of getting agencies to communicate with each other and the difficulty of providing effective services when everyone is not on the same page. With great eloquence he thanked everyone who had finally made it the norm instead of the exception to allow his probation staff to sit at the same table when discussing student needs. This is what the heart of the IIIP process is about.

Where Are We Now

Are we 100 percent into the IIIP? No, but this past year we made great strides in our goal of writing a IIIP for every child involved with two or more public agencies. *Do all school and agency staff embrace the IIIP?* Of course not, however we find each time we go through the process it makes more sense to them. We still hear some concern that the process is too time consuming. This issue was nicely addressed at one of our staff meetings by Shoneen Wagner, a special education teacher who has written IIIPs. Shoneen said she did not find the process more time consuming because outside agency staff already have been informally attending her IEP meetings. *What do the parents think of the IIIP process?* Dawn Bly, a parent of a child with disabilities, recently reflected on how the process has worked for their family. She stated that the process is not perfect, but it looks at the child as a whole and at the family integrated with the child in the community. The team is not just looking from the educational or social services perspective. Dawn says she likes that everyone comes together and works for what is best for her child.

While the IIIP document is not wholeheartedly embraced, the IIIP process makes perfect sense for serving children with disabilities and their families.

Contributed by Colleen Goltz, Assistant Director, Area Special Education Cooperative. ■

Resources

Beach Center on Disability Web Site

<http://www.test.lsi.ku.edu/Beach2003/>

The Beach Center conducts research, carries out training and technical assistance, and provides international, national, state, regional, and local service. These activities are carried out in collaboration with families who have members with disabilities, individuals with disabilities, the professionals and policy leaders who serve families and individuals, and members of the communities in which the families and individuals live, all in order to enhance the quality of life of families and individuals affected by disability.

National Resource Center for Family-Centered Practice Web Site

<http://www.uiowa.edu/~nrcfcp/index.html>

The National Resource Center for Family Centered Practice provides technical assistance, staff training, research and evaluation, and library research on family-based programs and issues to public and private human services agencies in states, counties, and communities across the United States. The Center has worked in child welfare, mental health, juvenile justice, community action, county extension, Head Start, and job training programs.

PACER Center Web Site

<http://www.pacer.org/index.htm>

PACER Center was created by parents of children and youth with disabilities to help other parents and families facing similar challenges. Today, PACER Center expands opportunities and enhances the quality of life of children and young adults with disabilities and their families. PACER is staffed primarily by parents of children with disabilities and works in coalition with 18 disability organizations.

Minnesota Technical Assistance for Family Support (MN*TAFS)

MN*TAFS offers support to family support subcommittees of Interagency Early Intervention Committees (IEICs) as they support families who have young children with disabilities, policymakers, and state-level stakeholders. For information contact Sara Schoepf, mntafs@ties.k12.mn.us; Beth Jansen, bjansen@rea-alp.com; or Deb Niedfeldt, neidfeld@sparc.isl.net.

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Appointed memberships include —

- Minnesota Departments of — Education; Economic Security; Commerce; Corrections; Health; Human Rights; Human Services
- Association of Minnesota Counties
- Minnesota School Boards Association
- Minnesota School Nurse Organization
- Minnesota Administrators of Special Education

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