Welcome and agenda

- Housekeeping
- Updates
- Forms
- Provider panel
- School and coordination of services
Update on providers and people served

• 48 enrolled agencies

• 75 enrolled comprehensive multi-disciplinary evaluation (CMDE) providers

• 652 people received EIDBI services as of July 1, 2019

• To find an EIDBI provider, visit the MHCP Provider Directory and search for “CMDE” or “EIDBI”
Recipients of EIDBI services

![Bar chart showing the number of recipients of EIDBI services from 7/1/2018 to 7/1/2019. The chart shows a significant increase in the number of recipients from 7/1/2018 to 7/1/2019.]
How to receive updates

Minnesota Health Care Programs (MHCP) provider news updates:

• Sign up to receive updates on [DHS – MHCP provider news and updates](https://www.mn.gov/dhs)

EIDBI policy changes:

• See the [EIDBI Policy Manual](https://www.mn.gov/dhs)
Billing, enrollment and policy updates

Updates to:

• Signature requirements on the Individualized Treatment Plan (ITP) and Comprehensive Multi-Disciplinary Evaluation (CMDE) forms

• Billing codes

• Enrollment portal for providers
State Plan Amendment (SPA)

Approved on June 6, 2019:

• Observation and direction change

• Level I and Level II providers can now provide observation and direction to other Level I and Level II providers
SPA: Observation and direction

• State Plan Amendment approved the change

• See handout
• Continuing work on 2020 legislation

• Legislation for increased background study requirements for EidBI providers was not included in the Health and Human Service Bill
  • Will try again in 2020
Training updates

• EIDBI 101 launched on TrainLink; training exception removed

• EIDBI 101 for families and lead agencies is in development and should launch by fall 2019

• Multicultural online training development updates:
  • Stakeholder feedback
  • Timeline
Upcoming provider feedback meetings

Dates and times:

• July 23, 2019, 11 a.m. to 12:30 p.m.
  DHS Andersen Building or via webinar

• Oct. 15, 2019, 11 a.m. to 12:30 p.m.
  DHS Andersen Building or via webinar

Additional information and registration: [2019 EIDBI provider input and information sessions](#)
Recent outreach

• May 13, 2019: Managed care organization meet-and-greet with EIDBI providers

• May 29, 2019: Freeborn County presentation

• June 26, 2019: Moorhead community outreach meeting

• July 10, 2019: Steele County presentation

• Meeting with families during site visits:
  • Six visits completed so far
Upcoming outreach

• **Age & Disabilities Odyssey Conference** in Duluth, MN:
  
  • Presentation: Aug. 1, 2019, 1-2:15 p.m.
  
  • Booth: July 30 through Aug. 1, 2019

• Community outreach meeting in Grand Rapids, MN:
  
  • July 31, 2019, 7:30 p.m., Itasca Resource Center

• Currently planning fall provider meet-and-greets and other events
Provider panel introductions

Please introduce yourself by sharing your:

• Name
• Organization
• Role
Panel questions

• How long have you been providing EIDBI services?

• What counties in Minnesota do you serve?

• How many children receive EIDBI services through your agency?

• What do you see as the biggest incentive to provide EIDBI services?
• Tell us about your transition from CTSS to EIDBI:
  • What worked well?
  • What was a barrier?

There have been many changes within EIDBI, many of which were identified as solutions from this group (e.g., provider qualification changes). How have those changes improved services?
Ten Minnesota Commitments to Equity

1. Prioritize equity.
2. Start from within.
4. Go local.
5. Follow the money.
7. Monitor implementation of standards.
8. Value people.
10. Give students options.
• Data review
• Collaborative effort: PBIS
• Collaborative effort: SLMH
• Collaboration with schools
• Resources
MN Special Education child count: 3–5 years old

Minnesota Special Education
Child Count Ages 3-5

School Year


Child Count

13,986 14,284 14,365 15,076 15,361 15,289 15,175 15,296 15,799 16,586 17,445 18,353
MN Special Education child count: 6–21 years old

Minnesota Special Education
Child Count Ages 6-21
Minnesota Child Count Ages 0-21
Autism Spectrum Disorder

School Year | ASD Child Count | % of Total Child Count
--- | --- | ---
2006-07 | 9,930 | 8.2%
2007-08 | 11,314 | 9.2%
2008-09 | 12,707 | 10.2%
2009-10 | 13,879 | 11.0%
2010-11 | 14,646 | 11.5%
2011-12 | 15,378 | 12.0%
2012-13 | 15,967 | 12.4%
2013-14 | 16,603 | 12.8%
2014-15 | 17,067 | 13.0%
2015-16 | 17,647 | 13.2%
2016-17 | 18,483 | 13.4%
2017-18 | 19,386 | 13.6%
2018-19 | 20,485 | 13.9%
MN child count: ASD 3–5 years old

Minnesota Child Count Ages 3-5
Autism Spectrum Disorder

<table>
<thead>
<tr>
<th>School Year</th>
<th>ASD Child Count</th>
<th>% of Total Child Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>1,241</td>
<td>8.9%</td>
</tr>
<tr>
<td>2007-08</td>
<td>1,341</td>
<td>9.4%</td>
</tr>
<tr>
<td>2008-09</td>
<td>1,513</td>
<td>10.5%</td>
</tr>
<tr>
<td>2009-10</td>
<td>1,533</td>
<td>10.4%</td>
</tr>
<tr>
<td>2010-11</td>
<td>1,440</td>
<td>9.6%</td>
</tr>
<tr>
<td>2011-12</td>
<td>1,461</td>
<td>9.5%</td>
</tr>
<tr>
<td>2012-13</td>
<td>1,456</td>
<td>9.5%</td>
</tr>
<tr>
<td>2013-14</td>
<td>1,446</td>
<td>9.5%</td>
</tr>
<tr>
<td>2014-15</td>
<td>1,432</td>
<td>9.4%</td>
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<tr>
<td>2015-16</td>
<td>1,506</td>
<td>9.5%</td>
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<tr>
<td>2016-17</td>
<td>1,609</td>
<td>10.0%</td>
</tr>
<tr>
<td>2017-18</td>
<td>1,753</td>
<td>10.2%</td>
</tr>
<tr>
<td>2018-19</td>
<td>1,864</td>
<td>10.0%</td>
</tr>
</tbody>
</table>
Minnesota Child Count Ages 6-21
Autism Spectrum Disorder

School Year | ASD Child Count | % of Total Child Count
--- | --- | ---
2006-07 | 8,614 | 8.3%
2007-08 | 9,877 | 9.4%
2008-09 | 11,086 | 10.5%
2009-10 | 12,231 | 11.5%
2010-11 | 13,091 | 12.1%
2011-12 | 13,817 | 12.8%
2012-13 | 14,406 | 13.3%
2013-14 | 15,064 | 13.8%
2014-15 | 15,552 | 14.1%
2015-16 | 16,084 | 14.3%
2016-17 | 16,782 | 14.6%
2017-18 | 17,562 | 14.8%
2018-19 | 18,545 | 15.1%
Students identified with ASD compared to students in child count

Number of Students Identified with ASD Compared to Number of Students in Child Count

- Ages 0-2
  - Special Education Child Count: 0
  - ASD: 0

- Ages 3-5
  - Special Education Child Count: 5,000
  - ASD: 5,000

- Ages 6-21
  - Special Education Child Count: 100,000
  - ASD: 10,000

- Ages 0-21
  - Special Education Child Count: 140,000
  - ASD: 15,000
Students with ASD percentage of child count, by age

Student with ASD Percentage of Child Count

- Ages 0-2: 1.2
- Ages 3-5: 10.2
- Ages 6-21: 15.1
- Ages 0-21: 13.9
PBIS supports in Minnesota
Positive Behavioral Interventions & Supports (PBIS) in a flash

- Tier 1: Universal support
- Tier 2: Small-group support
- Tier 3: Individualized support
PBIS in a flash: Universal features

- **Common vision and values** – Creating a culture that is embraced and supported by the majority of members

- **Common language** – Terminology that is used is understood and used by majority of members in the organization – informative, efficient, effective and relevant

- **Common experience** – Routines and procedures are practiced and experienced similarly by all members of the organization – utilization of data to inform practice

- **Quality leadership** – Members working together to achieve the goals and vision

www.pbis.org
Growth of PBIS in Minnesota

- Sustaining
- Second Year
- First Year

Regionalized Support

690
PBIS by the numbers in Minnesota

- **234** districts/charters
- **690** schools
- **33.3%** of the state’s schools
- **335,598** students impacted by SW-PBIS
- **38.9%** of the state’s students
School-based mental health services reach children in typical, everyday environments. The natural, non-stigmatizing location offers an early and effective environment for intervention.

These school-connected clinical mental health treatments include interventions that:

- Increase accessibility for children and youth who are uninsured or underinsured
- Improve clinical and functional outcomes for children and youth with a mental health diagnosis
- Improve identification of mental health issues for children and youth
School-Linked Mental Health School/Program sites
July 2018 to December 2018

SLMH interactive map
## Give and get chart example

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>SLMH Get</th>
<th>School Get</th>
<th>SLMH Give</th>
<th>School Give</th>
<th>Shared Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboratively identifying and implementing an Evidence Based Practice (EBP)</td>
<td>SLMH staff have a clear understanding of how to implement the identified EBP via direct clinical services and/or ancillary supports within the context and needs of the partnering school</td>
<td>School staff have a clear understanding of the capacity of the SLMH provider agency to implement the EBP within their school via direct clinical services and/or ancillary supports</td>
<td>SLMH staff provide a menu of opportunities of EBPs, direct clinical services and/or ancillary services (e.g., training, consultation, etc.) available to support the requirements and priorities of the grant</td>
<td>School staff will provide time, resources and appropriate space to implement SLMH EBP (clinical service or and/or ancillary services) within existing multi-tiered system of support (MTSS) e.g., PBIS</td>
<td>SLMH staff grantee and designated school staff have identified (e.g., resource mapping) agreed upon EBPs across the tiers and are implementing the identified EBPs with fidelity</td>
</tr>
<tr>
<td>Data-based decision making</td>
<td>Access to data reflecting school MTSS* system (e.g., PBIS), including a process to identify students needing additional support and or who would benefit from the identified SLMH EBP</td>
<td>Transparency and precision in the identification of students who would benefit from SLMH EBP, evidence of implementation with fidelity (e.g., Tiered Fidelity Inventory) and student progress</td>
<td>Agreement to collect and share implementation and progress data within the guidelines of both educational and medical legal requirements (i.e., HIPPA, FERPA) with designated school team</td>
<td>Provide regular access to data review meetings to systematically identify students, or groups of students who would likely benefit from SLMH EBP</td>
<td>Transparency in the process of monitoring the implementation of the SLMH EBP, identification of students who would benefit from SLMH EBP and progress data for both</td>
</tr>
<tr>
<td>Professional Development (PD)</td>
<td>SLMH team staff will have opportunity to participate in school PD opportunities to understand the culture of a school building and how SLMH services can be aligned within the educational setting</td>
<td>School staff develops a better understanding of the SLMH staff role as well as of the EBP(s) being provided to students across tiers</td>
<td>SLMH staff will provide the professional development for school staff to related to mental health in schools across tiers and info on EBP(s) being provided</td>
<td>School staff will provide access to SLMH staff to participate in school PD opportunities to learn about school culture and systems to better align supports across existing tiers</td>
<td>School staff and SLMH staff will develop a mutual understanding of each partner’s role and function in a multi-tiered and multi-disciplinary relationship</td>
</tr>
</tbody>
</table>
Collaboration with schools and families: Communication

• Make it clear what your role is, who you are and who you work for (even having a prepared document to give to teams is helpful)

• Make it clear that you have a release from the parent and offer to share it anytime

• Make it clear what you hope to accomplish and how (observation, talking with the IEP team, finding out what strategies they use, etc.)
Collaboration with schools and families: Policies

• School districts and/or buildings may have policies regarding outside practitioners; ask about these policies – offer teams time to look into these policies

• Offer to send them something in writing that describes your intent, services, etc.

• Give them time to figure out who the person at the school is that typically deals with these requests (special education coordinator, special education teacher, general education teacher, social worker, psychologist, principal, counselor, etc.)
• Ask the parent who they primarily communicate with; this will help to determine the contact person

• Specifically set up times to observe student and talk to staff; give teams times as far in advance as possible and be open to working around their schedules

• Be clear with the staff about whether the student should know you are coming (i.e., if you are observing the student and do not want to influence student behavior)
Collaboration with schools and families: Benefits

• There is a mutual benefit to the services that all parties are providing in how we can work together to support students; generalize skills across settings

• Share examples of what has worked in the past with other schools/districts

• Recognize the expertise of the team; listen to what they are doing

• Collaborate
Collaboration with schools and families: Understanding limitations

• Confidentiality and release of information
• Teacher/student schedules
• Changes in routine (e.g., field trips, special school events, testing)
• Familiarize with school services and limitations
• If making suggestions to school teams, understand they are not required to implement everything suggested – start small with something teams can build success with
MN Autism Community of Practice

The goal of the Minnesota Autism Community of Practice is to build the capacity of staff, districts and regions, to provide a full array of educational services for individuals with autism spectrum disorders. The CoP is comprised of regions that provide technical assistance and training opportunities for schools and families.

Community Resources

MN Department of Education ASD

Lori Farrell MA, BCBA
Autism Spectrum Disorders Specialist
651.582.8578, amsd.spec@state.mn.us

MN Low Incidence Projects
http://www.mnlowincidenceprojects.org/autism.html
Tami Childs, Ph.D., Coordinator, Minnesota Autism Project
612.638.1519, tami@thechildsgroup.com

Autism Society of Minnesota
651.647.1083, www.ausmn.org
Help Me Grow MN
helpmegrownm.org

PACER Center
952.838.0900,
http://www.pacer.org/

Autism Society of America
www.autism-society.org

Autism Speaks
https://www.autismspeaks.org/

Minnesota Parents Know
http://holpamkgrow.org/

National Professional Development Center on Autism Spectrum Disorders (NPDC)
http://autismnpdc.fpg.unc.edu/national-professional-development-center-autism-spectrum-disorder

Autism Internet Modules (AIM)
http://www.autisminternetmodules.org/

Autism Navigator
http://autismnavigator.com/resources-and-tools/

The content of this brochure does not necessarily represent the policy of the federal Department of Education or the state Department of Education and you should not assume endorsement by the federal or state government. Funding for this brochure is made possible with a grant from MN Department of Education. The source of the funds is federal award Special Education—Program to States, CFDA 84.027A.
• MDE PBIS page

• pbis.org

• Minnesota PBIS website

• AFIRM EBP modules

• MDE autism website
Thank you!

Erin Farrell
Erin.farrell@state.mn.us
651-582-8578
Next advisory group meeting

• **When:** Oct. 4, 2019

• **Where:** Room CC14, Conference Center A, Minnesota Department of Education, 1500 Highway 36 W., Roseville

• Additional dates and meeting minutes can be found at our [EIDBI Advisory DHS Webpage](#)
Hyperlinks in full form

- **MHCP directory**: http://mhcpproviderdirectory.dhs.state.mn.us
- **EIDBI statue**: https://www.revisor.mn.gov/statutes/cite/256B.0949
- **Provider feedback meetings registration**: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-307985
Comments / Questions?
Thank you!

EIDBI team

ASD.DHS@state.mn.us

mn.gov/dhs/EIDBI