

SENATE
STATE OF MINNESOTA
EIGHTY-SEVENTH LEGISLATURE S.F. No. 1165

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DATE	D-PG	OFFICIAL STATUS
04/11/2011	1266	Introduction and first reading Referred to Education
02/23/2012	3883a	Comm report: To pass as amended and re-refer to Health and Human Services
03/13/2012		Comm report: To pass as amended and re-refer to Judiciary and Public Safety

1.1 A bill for an act
 1.2 relating to children; modifying early intervention criteria; amending Minnesota
 1.3 Statutes 2010, section 626.556, by adding a subdivision; Minnesota Statutes
 1.4 2011 Supplement, section 125A.30.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2011 Supplement, section 125A.30, is amended to read:

1.7 **125A.30 INTERAGENCY EARLY INTERVENTION COMMITTEES.**

1.8 (a) A school district, group of districts, or special education cooperative, in
 1.9 cooperation with the health and human service agencies located in the county or counties
 1.10 in which the district or cooperative is located, must establish an Interagency Early
 1.11 Intervention Committee for children with disabilities under age five and their families
 1.12 under this section, and for children with disabilities ages three to 22 consistent with
 1.13 the requirements under sections 125A.023 and 125A.027. Committees must include
 1.14 representatives of local health, education, and county human service agencies, county
 1.15 boards, school boards, early childhood family education programs, Head Start, parents of
 1.16 young children with disabilities under age 12, child care resource and referral agencies,
 1.17 school readiness programs, current service providers, and may also include representatives
 1.18 from other private or public agencies and school nurses. The committee must elect a chair
 1.19 from among its members and must meet at least quarterly.

1.20 (b) The committee must develop and implement interagency policies and procedures
 1.21 concerning the following ongoing duties:

- 1.22 (1) develop public awareness systems designed to inform potential recipient
- 1.23 families, especially parents with premature infants, or infants with other physical risk

2.1 factors associated with learning or development complications, of available programs
2.2 and services;

2.3 (2) to reduce families' need for future services, and especially parents with premature
2.4 infants, or infants with other physical risk factors associated with learning or development
2.5 complications, implement interagency child find systems designed to actively seek out,
2.6 identify, and refer infants and young children with, or at risk of, disabilities, including
2.7 a child under the age of three who: (i) is ~~involved in a substantiated case of abuse or~~
2.8 ~~neglect~~ the subject of a child maltreatment report or (ii) is identified as affected by illegal
2.9 substance abuse, or withdrawal symptoms resulting from prenatal drug exposure;

2.10 (3) establish and evaluate the identification, referral, child and family assessment
2.11 systems, procedural safeguard process, and community learning systems to recommend,
2.12 where necessary, alterations and improvements;

2.13 (4) assure the development of individualized family service plans for all eligible
2.14 infants and toddlers with disabilities from birth through age two, and their families,
2.15 and individualized education programs and individual service plans when necessary to
2.16 appropriately serve children with disabilities, age three and older, and their families and
2.17 recommend assignment of financial responsibilities to the appropriate agencies;

2.18 (5) implement a process for assuring that services involve cooperating agencies at all
2.19 steps leading to individualized programs;

2.20 (6) facilitate the development of a transitional plan if a service provider is not
2.21 recommended to continue to provide services;

2.22 (7) identify the current services and funding being provided within the community
2.23 for children with disabilities under age five and their families;

2.24 (8) develop a plan for the allocation and expenditure of additional state and federal
2.25 early intervention funds under United States Code, title 20, section 1471 et seq. (Part C,
2.26 Public Law 108-446) and United States Code, title 20, section 631, et seq. (Chapter I,
2.27 Public Law 89-313); and

2.28 (9) develop a policy that is consistent with section 13.05, subdivision 9, and federal
2.29 law to enable a member of an interagency early intervention committee to allow another
2.30 member access to data classified as not public.

2.31 (c) The local committee shall also:

2.32 (1) participate in needs assessments and program planning activities conducted by
2.33 local social service, health and education agencies for young children with disabilities and
2.34 their families; and

2.35 (2) review and comment on the early intervention section of the total special
2.36 education system for the district, the county social service plan, the section or sections of

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3.1 the community health services plan that address needs of and service activities targeted
3.2 to children with special health care needs, the section on children with special needs in
3.3 the county child care fund plan, sections in Head Start plans on coordinated planning and
3.4 services for children with special needs, any relevant portions of early childhood education
3.5 plans, such as early childhood family education or school readiness, or other applicable
3.6 coordinated school and community plans for early childhood programs and services, and
3.7 the section of the maternal and child health special project grants that address needs of and
3.8 service activities targeted to children with chronic illness and disabilities.

3.9 Sec. 2. Minnesota Statutes 2010, section 626.556, is amended by adding a subdivision
3.10 to read:

3.11 Subd. 10n. **Required referral to interagency early intervention committees.** A
3.12 child under age three who is involved in a substantiated case of maltreatment or who is the
3.13 subject of a maltreatment report shall be referred for screening under the Individuals with
3.14 Disabilities Education Act, part C. Refusal to have a child screened is not a basis for a
3.15 child in need of protection or services petition under chapter 260C.