

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 as defined in section 125A.27,
2.6 subdivision 11, that are designed to actively seek out, identify, and refer infants and young
2.7 children with, or at risk of, disabilities, including a child under the age of three ~~who~~: (i)
2.8 ~~is involved in a substantiated case of abuse or neglect~~ for whom a child maltreatment
2.9 report has been accepted for an investigation or family assessment or (ii) who is identified
2.10 as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal
2.11 drug exposure;

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

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

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

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

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

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

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

2.33 (c) The local committee shall also:

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

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

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

3.13 Subd. 10n. **Required referral to early intervention services.** A child under age
3.14 three who is involved in a substantiated case of maltreatment or who is the subject of a
3.15 maltreatment report shall be referred for screening under the Individuals with Disabilities
3.16 Education Act, part C. If maltreatment has not been substantiated, parents or the child's
3.17 guardian may decline to have a referral made after they have been presented information
3.18 regarding healthy child development and early intervention referral and services. Parents
3.19 must be informed that the referral, evaluation, and acceptance of services are voluntary.
3.20 The commissioner of human services shall monitor referral rates by county and annually
3.21 report the information to the legislature beginning March 15, 2014. Refusal to have a
3.22 child screened is not a basis for a child in need of protection or services petition under
3.23 chapter 260C.