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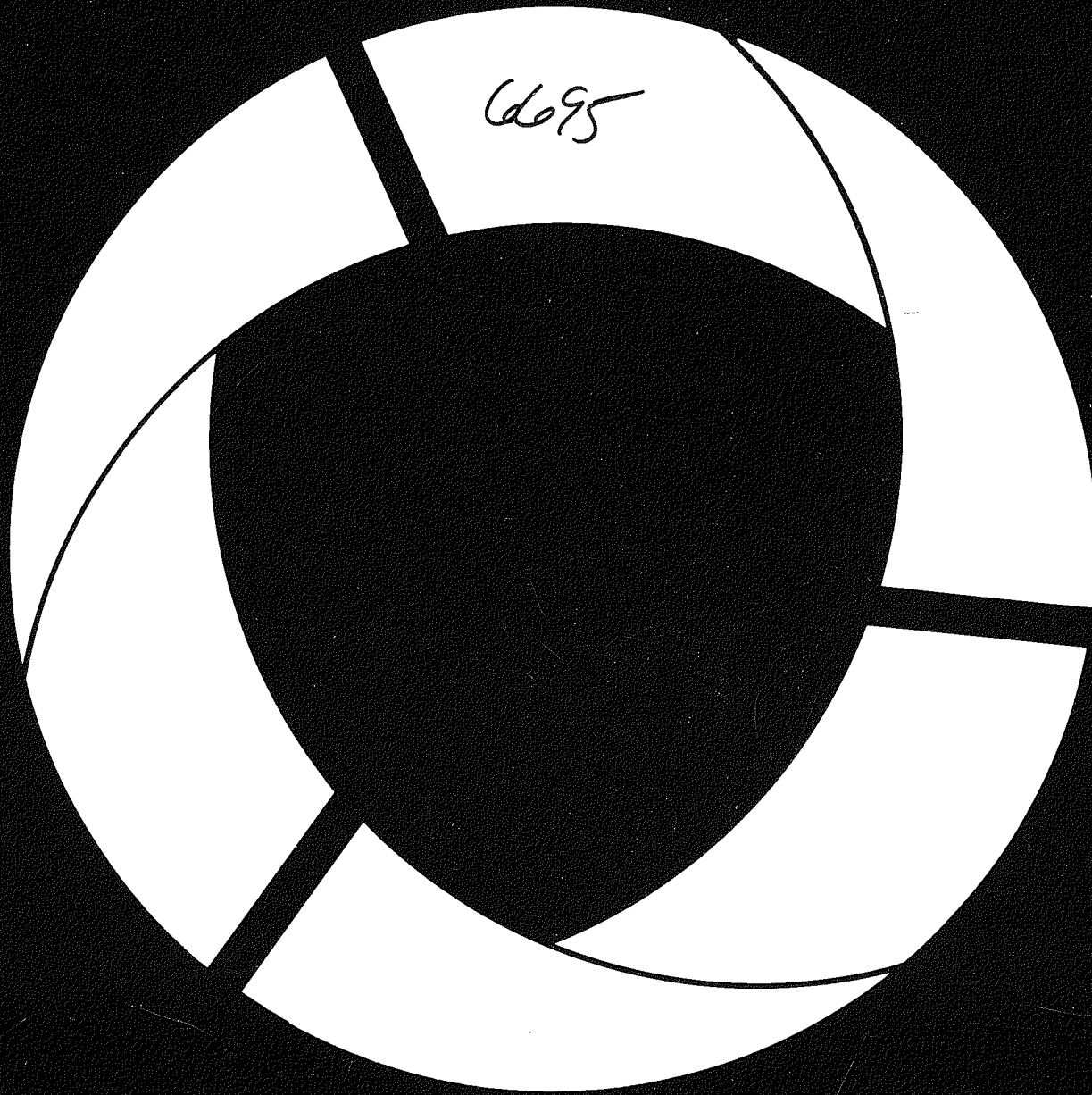
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INTERAGENCY AGREEMENT

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EARLY CHILDHOOD INTERVENTION



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STATE OF MINNESOTA

Department of Education
Department of Health
Department of Human Services

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INTRODUCTION

The Minnesota Departments of Health, Education and Human Services are committed to providing coordinated services to young handicapped children and children at risk of handicapping conditions, from birth through five years of age. Each department provides legislatively mandated or permitted services for these children.

Planning efforts to develop interagency coordination of early identification and service delivery to these children have included the 1973 Child Development Planning Project and the 1976 Minnesota State Council for the Handicapped Task Force on Early Intervention. The 1980 Minnesota Legislature, in an effort to look systematically at the needs and related issues of providing intervention services to these children with special needs, directed the Commissioner of Education, in cooperation with the Commissioners of Health and Public Welfare (now Human Services), to conduct a statewide needs assessment (Laws of Minnesota, 1980, Chapter 609, Article II, Section 13.)

No legislation resulted from the needs assessment, but, in 1982, formal interagency policy was developed requiring services for young handicapped children. A statewide coordinating task force, comprised of representatives of public and private service providers and consumer and advocacy groups, was convened to identify agency responsibilities for provision of services and the coordination necessary to provide services most effectively. The State Interagency Early Childhood Intervention Steering Committee was established to provide an interagency focus for these efforts.

In 1984, the three departments signed an Interagency Agreement which recognized the need for comprehensive planning for early intervention for young handicapped children and those at risk of handicapping conditions and their families. Using the State Interagency Early Childhood Intervention Steering Committee, they obtained funds for planning, training, and implementation of local interagency early learning committees mandated by state statute (MS 120.17). The Committee conducted an early intervention services needs assessment. Based on that assessment, training sessions were held each of three years to assist local interagency early learning committees plan coordinated services for children in their communities.

AGREEMENT

By this agreement, the Minnesota Departments of Education, Health, and Human Services reaffirm their support for comprehensive planning for early intervention services for handicapped children and children at risk of handicapping conditions and their families. Each of these agencies agrees to the goal and objectives contained in this agreement and through collaborative effort will continue to assist in the development of interagency systems to meet the needs of young children and their families.

GOAL

The goal of interagency cooperation is to promote the development of coordinated multi-disciplinary systems for serving young handicapped children and children at risk of handicapping conditions, from birth through five years of age, and their families.

OBJECTIVES

1. To increase public awareness of the rationale and need for early intervention services to young handicapped children and children at risk of handicapping conditions and their families.
2. To demonstrate program models which utilize resources across disciplines, programs and agencies on the state and local levels to meet the needs of these young children.
3. To clarify issues, define problems, and propose alternatives related to screening, diagnosis, assessment and program models to promote coordinated services to young children, from birth through five years of age, and their families.
4. To identify for the Departments of Education, Health, and Human Services changes in fiscal and program policies that may be necessary to improve coordination of services to these children and their families.
5. To facilitate implementation of PL 99-457, through participation of the State Interagency Early Childhood Intervention Steering Committee with the federally mandated State Interagency Coordinating Council.

ACTIVITIES

In order to implement this agreement, each department will assign a staff person to serve as the departmental representative on the State Interagency Early Childhood Intervention Steering Committee, which will:

1. Disseminate information relating to interagency collaboration and programs to departmental staff;
2. When provisions of PL 99-457 are in effect, assist the State Interagency Council in determining priorities for service planning, development, implementation, and evaluation;
3. Develop materials for information dissemination to school districts and local health and human services agencies, as well as local Interagency Early Learning Committees; and
4. Coordinate technical assistance with respect to early intervention technical assistance and in-service activities.

DURATION OF THE AGREEMENT

This agreement shall be effective immediately and shall remain in effect until terminated, or upon thirty (30) days written notice by one or all of the parties involved. It shall be reviewed biannually by the State Interagency Early Childhood Intervention Steering Committee and may be amended at any time by mutual agreement of the participating agencies.

SIGNATURES

Ruth E. Randall
Ruth E. Randall
Commissioner
Department of Education

4-6-87
Date

S. Mary Madonna Ashton
Sr. Mary Madonna Ashton
Commissioner
Department of Health

4-8-87
Date

Sandra S. Gardebring
Sandra S. Gardebring
Commissioner
Department of Human Services

4/13/87
Date

DESCRIPTIONS OF PARTICIPATING AGENCIES

A. Department of Education

Special Education Services

Role of State Agency. The Special Education Section, Division of Instructional Effectiveness, Department of Education, is the state agency responsible for the provision of mandatory (ages 3 through 21) and permissive (birth through age 2) special instruction and related services for handicapped students.

Authority. Authority for the provision of special education services includes but is not limited to: (1) Public Law 94 - 142, The Education of All Handicapped Act, as amended by Public Law 99-457, (2) Minnesota Statute, Sections 120.03, 120.17, and 124.32, and (3) Minnesota Rules 3500.2330.

Target Population. Every child who has a hearing impairment, visual handicap, speech or language impairment, physical handicap, or other health impairment, mental handicap, emotional/behavioral disorder, specific learning disability, or deaf/blind handicap and needs special instruction and services is eligible for special education and services.

Early Childhood Family Education

Role of State Agency. Early Childhood Family Education Community and Adult Education Section, Division of Development and Partnership Effectiveness, Department of Education, is the state agency responsible for the provision of permissive parent-child education services for children, birth to kindergarten enrollment, and their parents.

Authority. Authority for the provision of Early Childhood Family Education is specified by Minnesota Statutes, Sections 121.822 and 124.2711.

Target Population. Early Childhood Family Education programs in districts which choose to implement the program are voluntary for all children during the period from birth to kindergarten enrollment, for the parents of such children, and for expectant parents who reside in the school district which levies funds for the programs.

Early Childhood Health and Developmental Screening

Role of State Agency. Learner Support Systems in the Division of Development and Partnership Effectiveness has the responsibility for administering the Early Childhood Screening program. This includes setting standards, program implementation guidelines, reporting procedures, and fiscal aspects of the program. Training, technical assistance, and monitoring responsibilities are shared with the Minnesota Department of Health.

Authority. Authority for provision of Early Childhood Health and Developmental Screening is found in Minnesota Statutes, Section 123.701 through 123.705 and Minnesota Rules 3530.3000 to 3530.4300. The program also meets, in part, the requirement for Child Find activities outlined in federal special education laws and regulations.

Target Population. Each school district in Minnesota is required to provide screening once before children enter school. The recommended age for screening is 3 1/2 to 4 years. All children in this age group are encouraged to participate in this review of vision, hearing, immunization status, growth, health history, and development (cognition, speech and language, socio-emotional and motor development).

Eligibility. All children in Minnesota are eligible for health and developmental screening once before they enter school.

Early Childhood Education

Role of State Agency. The Instructional Design Section, Division of Instructional Effectiveness is the agency responsible for curriculum and instructional services for public school programs for children, from birth to age eight.

Authority. Authority in Minnesota Statutes 123.35 allows school boards to conduct programs for prekindergarten children and mandates kindergarten programs for children who are age five by September 1. Minnesota Rules, part 3500.1150 specifies the programs to be offered in kindergarten and elementary grades.

Target Population. All children are to be served in the kindergarten and elementary programs. Districts may charge fees to operate programs for prekindergarten children.

B. Department of Health

Services for Children with Handicaps (SCH)

Role of State Agency. SCH is the Department of Health program responsible for assuring appropriate casefinding, diagnosis and treatment of children with suspected or known handicaps and to work to improve services to handicapped children.

SCH provides high quality diagnostic services at clinics throughout the state and at medical centers. The program's professional staff counsel, refer, and advocate for families of handicapped children, provide in-service training to local health, education, and social services professionals and agencies.

Authority. Authority for the provision of diagnostic and treatment services to handicapped children is provided in the Maternal and Child Health Block Grant, Title V , USC 42 Section 2192; Minnesota Statutes, 1977, Chapter 453, Section 24; and Minnesota Rules, Parts 4705.0100 - 4705.1500.

Target Population. Any child with a handicapping condition that interferes with normal growth and development is eligible for services under the SCH program. Typical conditions include congenital heart disease, cerebral palsy, cleft lip and palate, spina bifida, cancer, mental retardation, and developmental delay.

Eligibility Criteria. Any Minnesota child, birth through 21 years of age, with a suspected or known handicap is eligible for services. Families are required to share in treatment costs according to their ability to pay.

Comprehensive Child Health Screening

Role of State Agency. Comprehensive Child Health Screening within the Department of Health has responsibility for providing standards, technical assistance and training, monitoring, and evaluation for the Early and Periodic Screening (EPS) programs and for components of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. These programs provide screening services for the early detection of problems in children who may need future evaluation, diagnosis, and/or treatment. The EPS program also provides health counseling so that improved practices can be learned.

Authority. Authority for the provision of comprehensive child health screening services is contained in the Maternal and Child Health Block Grant, Title V, USC42 Section 2192; Minnesota Statutes, 1978, Chapter 473 as amended 1980, 1981, 1982; and Minnesota Rules 4615.0900 to 4615.200.

Target Population. Any Minnesota child is eligible for child health screening services.

Eligibility Criteria. There are no income eligibility criteria for the EPS program. Fees may be required for some screening programs according to ability to pay.

Public Health Nursing

Role of State Agency. Public Health Nursing does not provide direct services but is responsible for promoting and facilitating development of locally administered public health services such as maternal and child health, home care of the ill and disabled, disease prevention and control, and health education. It also provides education programs for nurses and ancillary personnel employed by public health nursing services and school districts as well as consultation on program planning, evaluation, and administration. Local public health nursing services employ 950 nurses and more than 1,000 home health aides.

Authority. Authority for the provision of public health nursing is contained in Minnesota Statutes 144.05.

Target Population. Services available through local public health nursing services in all 87 counties include but are not limited to prenatal education, EPS, nutrition assistance through the federal WIC program, screenings for acute and chronic diseases, and home health care for the ill and disabled. Services are also provided to day care centers and group homes. Many counties also contract with physical, occupational and speech therapists.

Eligibility. Eligibility requirements vary by program.

C. Department of Human Services

Role of State Agency. Minnesota has a state-supervised, county-administered system of providing services. As a result, few services are actually provided by the state agency, which has primary responsibility for policy development and oversight. Most services are funded through Community Social Services Block Grants to Counties or through Medical Assistance. The Department has statutory responsibility for service provision to children with handicaps, including:

Children with mental retardation and related conditions

Emotionally disturbed children

Deaf and hearing impaired children

Chronically Ill Children receiving services through the
Community Alternatives for Children (Medicaid)
Waiver

Children receiving health care services provided through
the Medical Assistance Program and its federally
mandated subprogram, the Early and Periodic
Screening, Diagnosis, and Treatment Program
(EPSDT)

Services provided in programs and facilities required by
law to be licensed by the Department.

Child welfare services, both voluntary and involuntary,
to families and children experiencing crisis or
stress.

The Department provides technical assistance, training, and monitoring of service provision. Regional representatives provide information about services for individuals with mental retardation and related conditions and hearing impairments.

Authority. Authority for provision of these services is found in the following Minnesota statutes:

Mental Retardation and Related Conditions, Minnesota
Statutes, Sections 252; 256B; and 256E; and
Minnesota Rules, 9525.0015 to 9525.0165.

Mental Health, Minnesota Statutes, Sections 256E; 245.61 through 245.64; 245.711 through 245.718; and 245.73.

Deaf Services, Minnesota Statutes, Sections 256C.21 through 256C.27; and 256.971.

Medical Assistance, Minnesota Statutes, Section 256B and Minnesota Rules, 9505.0010 to 9505.0150; and 9500.1060 to 9500.1080.

Licensure, Minnesota Statutes, Section 245.

Child Welfare Services, Minnesota Statutes, Sections 256.01, subdivision 2 and 626.556.

Target Population. Any child with a handicapping condition may receive services. Although services may vary from county to county, depending on needs identified in the county's Community Social Service Plan, all counties are required to address the needs of persons with mental retardation and mental health problems. EPSDT services are designed to identify and treat conditions which may result in handicapping conditions in any child eligible for Medical Assistance. Home and community-based services are available to children with chronic illnesses or mental retardation and related conditions who qualify under the Medical Assistance Waiver Programs.

Eligibility. Programs related to Medical Assistance have certain income and asset eligibility requirements. Other services have no income requirements, but fees may be charged according to approved county fee schedules.