

350

MINNESOTA  
DEPARTMENT OF

CAPITOL SQUARE  
550 CEDAR STREET  
SAINT PAUL, MN 55101-2273

T: (612) 296-6104  
TTY: (612) 297-2094  
<http://cfl.state.mn.us>

*Children,  
Families &  
Learning*

December 22, 1997

Senator Martha Robertson  
Co-chair Joint Special Education Subcommittee  
Room 125 State Office Building

Representative Mindy Greiling  
Co-chair Joint Special Education Subcommittee  
Room 533  
State Office Building

Senator Robertson and Representative Greiling,

Attached are two documents. The first is a Task Force report, relating to a Unified Service System for children and youth with disabilities. The second is a one-page description of two possible forms of a rule to address the federal requirement to assure appropriate training and supervision of paraprofessionals.

At the meeting on Monday December 15 we discussed a wide range of issues relating to special education. One of the issues was the relationship between special education services and the existing collaboratives. During Bruce Johnson's tenure as Commissioner, he directed the formation of an interagency task force to make recommendations relating to a Unified Delivery System for children and youth with disabilities. The report from that Task Force was delivered at the same time that Commissioner Johnson resigned his position. At about the same time all legislative proposals from administrative agencies were due in the Governor's Office. In the midst of the turnover the Task Force report was left out of the final proposals submitted by the DCFL.

The report has not been modified or updated, it is exactly as the Task Force agreed the about 18 months ago.

In essence, the report requires that each county (singly or in groups of their choosing) form a collaborative to address services for children with disabilities. The Task Force recommended that each such collaborative consider the consolidation of all existing collaborative efforts. Each collaborative could choose or not, to form a single entity, incorporating some or all-existing efforts or they could elect to fold the requirements of this collaborative into an existing initiative. The recommendation does not expand, from current requirements, the range of children and youth whose needs must be addressed or the services that must be delivered. It does address the issue of billing procedures for Medicaid.

An interagency meeting is scheduled for next week. At that meeting we will develop language proposals to address licensure issues and billing procedures. Those will be forwarded to you as soon as they are complete.

The attached language for a paraprofessional rule provides two different formats we are considering. Representative Greiling asked me for my thoughts on proposed language addressing the paraprofessional issue. Since we are proposing this as rule language to be developed next winter and spring, we have not mad decisions regarding the precise

language or which form we would propose. That decision will be based on public reaction to the proposal. I think that its obvious that we will find champions for both models so that someone (we assumed it would be the State Board) will have to determine which to adopt. The traditional model includes detailed requirements for hours of training and supervision to assure district address of those issues. The hours that included came as recommendations from a large interagency group that has been studying paraprofessional issues for more than two years. The second model is written in results terms and simply describes the required result rather than a required time and process.

I would be pleased to discuss the recommendations with you at your convenience. I will be on vacation until January 5 but I can be contacted and am willing to come in to discuss this with you at any time. If you want to discuss this with me before January 5 please contact my secretary, Patty Anderson, at 296-0313 and she will be able to contact me regarding the time you want to meet.

Sincerely,

A handwritten signature in cursive script that reads "Wayne Erickson".

Wayne Erickson, Manager  
Division of Special Education

XC: Commissioner Wedl  
Assistant Commissioner Trewick  
Lisa Larson  
Dan Mueller

## **EXAMPLE STATUTE/RULE LANGUAGE**

The following are examples of the traditional and results-oriented styles for statutes and rules.

### **TRADITIONAL STYLE**

**TRAINING AND SUPERVISION OF PARAPROFESSIONALS.** For paraprofessionals employed to work in programs for students with disabilities, the school board in each district shall assure that:

1. Within 45 school days of employment, each paraprofessional will be provided 20 hours of training on competencies necessary including: Emergency procedures; Orientation to the building; roles and responsibilities; confidentiality; vulnerability; and reportability.
2. During each year of employment, each paraprofessional shall be provided 20 hours of training on competencies specific to the assignment given to each. The ongoing training shall include skill development on competencies specific to the student(s) with whom each is working and the role they are assigned such as: understanding the disabilities of the students with whom each is working, following lesson plans; implementing follow-up instructional procedures and activities; etc.
3. Each paraprofessional is provided appropriate oversight direction from a licensed special education teacher including scheduled meeting time with a licensed teacher of not less than 30 minutes per week.

### **RESULTS-ORIENTED STYLE**

**TRAINING AND SUPERVISION OF PARAPROFESSIONALS.** For paraprofessionals employed to work in programs for students with disabilities, the School Board in each district shall assure that:

1. Prior to or immediately following employment, each paraprofessional will develop sufficient knowledge and skills to begin to meet the needs of the students with whom they work. Initial knowledge and skill development shall include competencies such as: emergency procedures; orientation to the building; roles and responsibilities; confidentiality; vulnerability; and reportability.
2. Training is provided each school year to assure the continuing skill development of each paraprofessional staff. Such ongoing training will include competencies specific to the student(s) with whom each is working and the role they are assigned such as: understanding the disability; following lesson plans; and implementing follow-up instructional procedures and activities.
3. A procedure is designed and implemented to assure that each paraprofessional works under the direction of a licensed special education teacher.

□

**RECOMMENDATIONS FROM  
COMMISSIONER'S TASK FORCE  
FOR THE DEVELOPMENT OF A  
UNIFIED SERVICE SYSTEM FOR  
CHILDREN AND YOUTH WITH DISABILITIES  
AND THEIR FAMILIES**

**INTRODUCTION**

Bruce H. Johnson, Commissioner of the Department of Children Families and Learning appointed a Task Force of state agency staff, county and district staff, and parents to make recommendations relating to steps to implement a unified service system for children and youth with disabilities and their families. The starting point for Task Force discussion was the: REPORT TO THE MINNESOTA LEGISLATURE ON INTERAGENCY ALIGNMENT OF RULES FOR CHILDREN WITH DISABILITIES (February 1996)

**GOAL**

The Task Force adopted the following goal for its work:

Identify state level barriers and develop incentives to support and encourage local community efforts and recommend legislation and inter-agency policies to expand the concepts of the Part H process to older age groups and improve coordination among existing entities using systems that exist.

**VISION**

The Task Force vision for its recommendation is a structure that:

- a. achieves consumer defined outcomes through focused accessible services that support family and community efforts to foster individual development for all children and youth with disabilities, birth to twenty-two, and their families;
- b. is organized around an efficient and accountable structure of governance, funding and administration to facilitate access to and delivery of all services to children and youth with disabilities, ages birth to twenty-two, and their families;
- c. has the capacity to measure, report on, and make decisions based on the results at the individual, community, and state levels.

## **BARRIERS**

The Task Force identified the following barriers as existing conditions that required address in the recommendations and in the strategies to be used to gain general support for the proposals.

### **BARRIERS RELATING TO FUNDING.**

- Differing federal requirements for using revenues;
- Special education funding formula;
- Turf guarding regarding payor of last resort;
- Cost shifting.

Each of the various revenue sources has specific requirements, often around recipient eligibility whether based on family income, disability diagnosis, age limitations, or other factors established by the funding source. These often-incompatible requirements make planning for and use of resources through blending, co-mingling, or other joint funding designs very difficult if not impossible. Since many of the sources are federal, state agencies and the Legislature cannot control or alter the requirements. Also since service providers follow their funding sources, the combination of funding source concerns coupled with the concerns of multiple payers coordinating with multiple providers for the same or closely related services exacerbates the complexity of the problems. A specific barrier to increasing collaboration is the new special education funding formula. Since districts receive state revenues based on a two-year-delayed base funding approach, it is difficult to access the revenue needed to start new programs. A third funding barrier relates to the expectation that there will be decreasing resources available to deliver services. This tends to cause partners in any proposed collaborative effort to look for ways to shift costs to the partners.

The most significant funding barrier seems to be related to cost shifting and distrust among the partners in any collaborative effort. A part of this problem is caused by the difference in mandates under which existing systems operate. The special education portion of the education system operates under federal laws that are very broad and encompassing and that establish an entitlement based on student and parent rights. The result is that certain services will be delivered regardless of the availability of adequate resources. The rehabilitation, health, and human service systems operate under laws that establish eligibility with less specific client and parent rights which means the services will be delivered within the context of existing resources. These two facts lead to the second issue: Who is to be the payor of last resort? This question often leads to distrust and cost shifting which is where this discussion started.

### **BARRIERS RELATING TO GEOGRAPHIC BOUNDARIES.**

- County lines and school district boundaries are too different;
- Small counties do not have enough staff to work on so many committees/teams.

A significant barrier to local collaboration is the differences in geographic boundaries of the various agencies. There are counties with as many as fifteen school districts (Hennepin), Cook County is a single district and there are school districts that include parts of three counties. In addition, in order to efficiently administer special education, school districts are collaborating in "cooperatives" some of which cross several counties and parts of counties. Health and Human Services are organized around county lines and Rehabilitation Services are delivered with State employees on a regional basis. Corrections is provided through state run facilities and community correction facilities. These widely varying organizational patterns makes sharing staff, collaborative planning, and cooperating on service delivery very difficult if not impossible in some cases.

**BARRIERS RELATING TO STAFFING.**

- Pre-service training continues to do single focus training;
- Politics, e. g. social worker's unions - will guard staff and funds in any mandates;
- Pretense of participation - how to train people for real participation;
- Changing from top-down to participatory policies;
- Human factors;
- Staff hired for individual competency - they don't know how to work on a team.

The tendency of staff employed by a single agency to want to protect what they have ("A bird-in-the-hand ..." syndrome) combined with the differences in union contracts under which staff with the same title but employed in different agencies, makes job sharing, joint employment, and transferring administrative employment status between agencies very difficult if not impossible. Other staffing issues include the human factors of the ability, capacity, and willingness to make the necessary changes and the fear of loss of job, status, or a career path one currently enjoys. Preservice training programs continue to train staff with a single focus. Issues surrounding concerns such as the difference between education occupational therapy or social work and medical occupational therapy or social work may also require definition before full acceptance can be gained.

**BARRIERS RELATING TO LIMITED INVOLVEMENT OF STAKEHOLDERS.**

- Minnesota Association of Counties needs to be involved;
- Non-inclusive input to Task Force;
- Advocacy group involvement;
- Juvenile Justice not involved.

There are barriers imposed by the very nature of this assignment, which, in its initial steps did not include all stakeholders. For example, staff from the Juvenile Justice system were not involved, the deaf and vision communities were nor involved, and parent groups and individuals were represented by one advocate organization and one parent. Significant steps must be taken during the process of proposing such legislation to assure the broad involvement necessary to gain general support so as not to give the impression that this is a "top-down" decision.

**BARRIERS RELATING TO AN UNCERTAIN FUTURE.**

- Fear/concern of public agencies in federal changes;
- Uncertainty of the future, e.g. block grants, Medicaid;
- Expect decreasing resources, e.g. money, staff, time.

Potential changes in policy and funding currently under consideration at the federal, state, and local levels make the future uncertain at best. Any and all recommendations that are made by the task force could be obviated by a single change in any one of the current programs in Washington or the state legislature. These include issues such as block grants, eligibility criteria, and changes in the level and eligibility for Medicaid funding.

**ADDITIONAL BARRIERS.**

- Complexity of trying to explain what we are proposing;
- Redoing systems that are in place;
- The very specific focus of advocacy groups.

In addition to the specific barriers identified above, a number of other factors relating to the design and implementation of a unified delivery system need to be addressed as proposals move into plans and eventually into implementation. They include issues such as the very complexity of unifying the services delivered by the various agencies makes describing and thus understanding and acceptance difficult. The fact that parts of the total proposed program currently exist in different agencies means that a primary issue is dealing with change rather than starting a new program such as was the case with Part H (and that took more than 10 years to gain final resolution). The concept of change makes understanding and broad acceptance difficult to realize in the short term. The perceived issue of sharing individual information across agency lines continues to concern staff, at least in the initial stages of implementing jointly operated programs and services.

### **TASK FORCE MEMBERSHIP**

Patricia Carlson	Director Olmstad County Human Services
Wayne Erickson	Department of Children, Families and Learning
Gary Germann	Director St. Croix River Education District
Marge Goldberg	Director PACER Center Inc.
Norena Hale Ph.D.	Department of Economic Security
Darlene Hamer	Special Education Coordinator, Montevideo
James Huber	Department of Human Services
Mary Lillesve	Department of Children, Families and Learning
Scott McConnell	Director Institute for Community Integration, University of Minnesota,
	Department of Health
Janet Olstad	Department of Human Services
Shirley Patterson	Department of Children, Families and Learning
Eugene Piccolo	Parent, Detroit Lakes
Beverly St. John	Special Education Supervisor, Little Falls
Tom Shoepf	Superintendent of Schools Cloquet
Russell Smith	Director Developmental Disabilities Council
Colleen Wieck	Office of Ombudsman for MH & MR
Bill Wyss	



## SPECIFIC RECOMMENDATION

### M.S. AAA.AA. **Citation and General Provisions.**

Subdivision 1. **Citation.** Sections AAA.AA through EEE.EE shall be cited as the "Interagency Service Delivery Act."

Subd. 2. **Purpose.** It is the policy of the state to develop and implement a comprehensive, multidisciplinary, and coordinated interagency program of instruction and services for all children and youth with disabilities, birth to twenty-two, and their families. The purpose of this act is threefold:

- (a) to assure that such a system is available to residents in all areas of the state;
- (b) to provide a framework through which existing interagency efforts can be expanded, refined, and combined; and
- (c) to provide each area of the state with a framework within which they have the flexibility to match local conditions and traditions with the need for a comprehensive system of services.

Subd. 3. **Outcomes.** The result expected from the formation of an interagency structure as defined in this act is a structure that:

- (a) achieves consumer defined outcomes through focused accessible services that support family and community efforts to foster individual development for all children and youth with disabilities, birth to twenty-two, and their families;
- (b) is organized around an efficient and accountable structure of governance, funding and administration to facilitate access to and delivery of all services to children and youth with disabilities, ages birth to twenty-two, and their families;
- (c) has the capacity to measure, report on, and make decisions based on the results at the individual, community, and state levels.

Subd. 4. **Eligibility.** Children and youth with disabilities, birth to twenty-two, and their families shall be provided instruction and services according to the provisions of this act when they need instruction or services from any two or more of the agencies responsible for:

- (a) Blind; Education, Rehabilitation Chapter 248;
- (b) Children's Mental Health Act sections 245.487 - 245.496;
- (c) Community Social Service Act Chapter 256E
- (d) Deaf and Hard of Hearing Services Act sections 256C.21 - 256C.29;
- (e) Local Public Health Act Chapter 145A;
- (f) Maternal and Child Health section 145.88
- (g) Medical Assistance for Needy Persons Chapter 256B;
- (h) Juvenile Court Act sections 260.011 - 260.301;
- (i) Rehabilitation Services Chapter 268A;
- (j) Special Education section 120.03, 120.17, and 120.1701.

Subd. 5. **Services.** Instruction and services required by this act:

(a) are those required in the respective acts from which eligibility is derived in subd. 4 of this section and all related federal laws and rules; and

(b) shall be coordinated by the agencies so that they are:

- (1) outcome based and individualized appropriate to stages of development in intellectual, social, emotional, physical, and self-sufficiency domains for individuals and family needs;
- (2) defined by goals established by the recipient and family in conjunction with service providers;
- (3) designed by the service providers in conjunction with the recipient and family; and
- (4) available on a year around basis when indicated.

Subd. 6. **Individual interagency intervention plan.** Instruction and services provided for children, youth, birth to twenty-two, and families shall:

(a) be written into an individual interagency intervention plan that meets the requirements of the following as appropriate to the eligibility determined in subd. 4 of this section:

- (1) an individual education plan (IEP) as specified in section 120.17 and in the federal law P.L. 101-476, The Individuals with Disabilities Education Act Part B;
- (2) an individual family service plan (IFSP) as specified in section 120.1701 and the federal law P.L. 101-476, The Individuals with Disabilities Education Act Part H;
- (3) a collaborative family service plan (CFSP) as specified in section 245.494 subd. 1;
- (4) an individual written rehabilitation plan (IWRP) as specified in the federal Rehabilitation Act of 1973 as amended;
- (5) an individual service plan (ISP) as specified in section 252.32 subd. 2;
- (6) an individual health plan(IHP);
- (7) an individual family community support plan as specified in 245.4881 subd. 4; and

(b) identify the:

- (1) interagency service coordinator of the family's choosing; and
- (2) agency responsible for paying for and assuring implementation of each of the services identified in the plan.

#### **M.S. BBB.BB Local Agency Responsibilities.**

Subdivision 1. **Interagency service structure.** By July 1, 1999 all local counterparts of the state agencies responsible for the administration of the programs itemized in AAA.AA subd. 4 of this act shall collaborate on the establishment of an interagency service structure in each county. The collaborating agencies in two or more counties may agree to establish a single interagency service structure.

The purpose of the structure is to provide the means for interagency collaboration in the delivery of instruction and services for children and youth with disabilities, birth-22, and their families and in accessing and coordinating the efficient use of all available public and private sources to pay for those services. The structure may include various committees with differing membership and capacities such as policy, budget, administration, and services. The structure shall involve parents and consumers and, as appropriate, involve local and regional public and private agencies and organizations that administer or deliver instruction and services required in this act.

Subd. 2. **Existing collaborative initiatives.** The responsibilities of existing boards, councils, committees, and collaborative efforts within a county must be considered for incorporation into the interagency service structure of that county. The organizational pattern of an existing



entity may be used as the basis for the total structure if the resulting structure serves at least the entire county and all children and youth with disabilities birth to 22 and their families.

(a) each interagency service structure must consider and incorporate as appropriate, the responsibilities of currently operating entities within the county including:

- (1) community health board established in 145A.03.
- (2) community transition interagency committee established in section 120.17 subd. 16;
- (3) interagency early intervention committee established in section 120.1701 subd. 5.
- (4) local advisory council established in section 245.4875 subd. 5;
- (5) local coordinating council established in section 245.4875 subd. 6;
- (6) children's mental health collaborative established in section 245.493;
- (7) family service collaborative established in section 121.8355;
- (8) special education parent advisory committee established in section 120.19 subd. 19 and state board of education rules 3525.1100; and
- (9) any other interagency service committee currently organized in the county.

(b) In the event that duties of another entity are incorporated into an interagency service structure, state and federal revenues that would accrue to the incorporated entity accrue to the interagency service structure and shall be used as intended by the funding agency.

**Subd. 3 Interagency service structure capacity.** With the advice of consumers and service providers, each interagency service structure shall develop the capacity to:

(a) adopt interagency agreements that ensure effective delivery of the instruction and services required under this act including procedures for:

- (1) assuring active involvement of elected boards of the participating members at appropriate decision making points;
- (2) assuring necessary planning to provide smooth transitions from prenatal and maternity programs and into adult serving programs;
- (3) securing, allocating, and coordinating fiscal and human resources from all participating members and from public and private grant-giving institutions and agencies;
- (4) encouraging participation of private non-profit groups including contributions of resources;
- (5) developing and implementing a unified system of multidisciplinary assessment practices;
- (6) developing individual interagency intervention plans;
- (7) facilitating interagency information exchange assuring data and family privacy issues are addressed;
- (8) periodically assessing the needs of all county residents; and
- (9) incorporating other interagency activities that will lead to improvements and strengthening of the interagency structure.

(b) identify a member agency as the primary agency for purposes specified in subd. 6 of this section;

(c) identify a member agency as the Medicaid and third party billing agent for all eligible services delivered by the members of the interagency service structure;

(d) develop and implement a procedure for assigning service coordination responsibilities as specified in subd. 7 of this section;

(e) develop and implement a procedure for defining individual interagency intervention plans as specified in section AAA.AA subd. 6 of this act;

(f) implement dispute resolution procedures as specified in section DDD.DD of this act;

(g) provide parent/family information and training and professional development opportunities for staff from all service providing agencies; and

(h) develop and implement an evaluation plan, including participation in state level evaluation and data gathering activities, to provide information for continuous improvement decisions.

Subd. 4. **Third-party payment.** Nothing in this act relieves an insurer or similar third-party from an otherwise valid obligation to pay, or changes the validity of an obligation to pay, for services rendered to a children and youth, birth to 22, with a disability and their families.

Subd. 5. **Agency obligation.** Nothing in this act relieves or reduces the obligation of a state, regional, or local agency or organization to fulfill the requirements of state or federal laws and rules that establish responsibilities for that agency to seek-out, assess, deliver, assure, or pay for instruction or services for children and youth with disabilities and family.

Subd. 6. **Primary agency duties.** The local primary agency shall:

(a) facilitate the development of an annual budget including funding commitments that specify agreements among participating agencies to provide and pay for services as part of the interagency service structure;

(b) facilitate the development and submission of interagency resource applications;

(c) administer funds received through the annual funding commitments and grants received by the structure. The primary agency may budget for indirect costs for an amount not to exceed five percent of the total budget for purposes of assigning staff to act as administrator or coordinator for the structure and other administrative expenses incurred for the structure;

(d) provide oversight and coordination for interagency data collection efforts; and

(e) request mediation and facilitate the implementation of procedures to resolve disputes between agencies and receive and process written requests from parents for matters that may be resolved through dispute resolution procedures.

Subd. 7. **Service coordination.** Each interagency service structure shall establish a process to coordinate the instruction and services delivered to each eligible recipient. The purposes of service coordination are to empower families to act as the primary decision maker and to advocate for the family within the system. The process shall include at least:

(a) provision of a single point of contact for parents and families;

(b) facilitation of assessment activities across agencies;

(c) facilitation of the process to develop, review, and evaluate individual interagency intervention plans;

(d) coordination and monitoring of the implementation of the individual interagency intervention plan;

(e) notification to the primary agency of disputes between service providers that impact service delivery; and

(f) provision of ongoing communication between the family and service providers.

#### M. S. CCC.CC **State Responsibilities.**

Subdivision 1 **Commissioner Duties.** By January 1, 1998 the commissioners of the departments of children, families, and learning; commerce; corrections; economic security; health; and human services shall;



(a) establish and allocate adequate human and fiscal resources from existing resources for the operation of an interagency steering committee consisting of appropriate staff from each agency, local service structure representatives, parents, and consumers. The purposes of the steering committee are to provide leadership, direction, training, and assistance in the implementation of this act. and

(b) coordinate with appropriate related federal programs such as the Supplemental Security Income program under the Social Security Administration.

**Subd. 2. Interagency Steering Committee Duties.** The interagency steering committee shall:

(a) with the advice of consumers and local service providers, recommend policies to ensure continuous improvement in results achieved from this act including policies for:

- (1) identifying and assisting in the removal of state and federal barriers to local collaboration;
- (2) assuring adequate, equitable, and flexible funding streams;
- (3) unifying the services delivered by the various state agencies;
- (4) unifying a system of multidisciplinary assessment practices and procedures;
- (5) developing and implementing individual interagency intervention plans;
- (6) defining the role of and operating procedures for local interagency service structures; and
- (7) procedures for dispute resolution.

(b) using existing resources, develop interagency operating agreements to initiate activities to implement the policies with special focus on activities that enhance the capacity of local interagency service structures to meet the requirements of this act by providing:

- (1) information;
- (2) technical assistance;
- (3) models for parent/family information and training;
- (4) a model for an individual interagency intervention plan;
- (5) models for local interagency structure agreements; and
- (6) interagency professional development opportunities to develop and improve services provided according to this act;

(c) develop and implement procedures to align its policies and procedures with the Children's Cabinet as specified in section 4.045 and to coordinate with the activities and responsibilities of the various state boards, commissions, councils, task forces, and advisory committees that advise on or oversee services provided for children and youth with disabilities and their families including at least the:

- (1) Children's Subcommittee of the Governor's Mental Health Council established in section 245.697 subd. 2a;
- (2) Commission Serving Deaf and Hard of Hearing People established in section 256C.28;
- (3) Governor's Planning Council on Developmental Disabilities established in the Developmental Disabilities Act P.L. 104.183 and Executive Order 91- 29;
- (4) Interdepartmental Policy and Program Development Team established in 256C.23
- (5) Maternal and Child Health Advisory Task Force established in section 145.881;
- (6) Rehabilitation Advisory Council for the Blind established in section 248.10;
- (7) Rehabilitation Advisory Council established in the federal Rehabilitation Act of 1973 as amended;
- (8) State Community Health Advisory Committee established in section 145A.10 subd. 10.
- (9) State Council on Disability established in section 256.482;
- (10) State Interagency Coordinating Council, established in section 120.1701,
- (11) State Transition Interagency Committee formed by the Interagency Office on Transition Services established in section 120.183;

(12) Special Education Advisory Council established in the federal P.L. 101.476 Individuals with Disabilities Education Act.

(d) by July 1, 1999 develop an evaluation plan and recommend polices and funding for a process that utilizes interagency data collection procedures to provide feedback to state policy makers, local structure collaborators, and the recipients of the services including at least:

- (1) input information and data such as: number of operating interagency service structures, participation of required agencies and organizations; revenues expended collaboratively; increased revenues accessed; data sharing mechanisms; and
- (2) outcome or results data and information such as; effectiveness of services in terms of achieving goals of recipients, effectiveness of services in terms of preparation of recipients for the next stage in their lives, and recipient and family satisfaction.

**M.S. DDD.DD. Procedural safeguards and dispute resolution procedures.**

**Subd. 1. Procedural safeguards and complaint procedures.** Children, youth, parents, and families shall be provided procedural safeguards and have access to complaint procedures as established in the state and federal laws and rules governing the services for which eligibility is individually derived in section AAA.AA subd. 4 and 5.

**Subd. 2. Dispute resolution procedures.** Interagency disputes shall be resolved as follows:

(a) Disputes that arise between local agencies regarding implementation of the provisions of this act shall be resolved through the following steps:

- (1) the agencies party to the dispute shall attempt to conciliate their differences within the structure provided in the county. If resolution is reached the decision is final;
- (2) the agencies shall utilize the mediation services provided according to section 120.17 subd. 3b (d). If resolution is reached the decision is final.
- (3) the agencies shall appeal to the state interagency steering committee. The decision of the steering committee is final unless appealed to state court.

(b) Disputes that arise between state agencies regarding implementation of the provisions of this act shall be resolved through the following steps:

- (1) the agencies party to the dispute shall attempt to conciliate their differences within the state interagency steering committee. If resolution is reached the decision is final;
- (2) the commissioners of the agencies party to the dispute shall determine resolution. If resolution is reached the decision is final;
- (3) the Governor, in consultation with the Office of the Attorney General as needed. shall make a final decision.

**M.S. EEE.EE Grant Program.** A grant program is established to provide incentive revenues for the operation of interagency service structures. Grants shall be awarded to the primary agency of each county's structure established according to this act for each year of its operation.

**Subdivision 1. Amount of grant.** Each grant shall equal \$4,000 as a base amount for each interagency structure plus a pro-rata share of the total allocation based on the number of children and youth under the age of 22 residing in the county(ies) served by the structure in the previous year as a proportion of the number of children and youth under the age of 22 residing in the state as a whole in the previous year.



Subd. 2. **Criteria for awarding grants.** The commissioner shall award grants based on the submission of a completed application that provides the following information:

(a) for FY 98

- (1) the names of the county(ies);
- (2) affirmation, by signature, of the member agencies specified in section BBB.BB subd. 1 of this act;
- (3) primary agency with contact person; and
- (4) the number of residents under the age of 22 in the county(ies).

(b) for FY 99

- (1) the names of the county(ies);
- (2) a copy of the interagency agreement established pursuant to section BBB.BB subd. 3(a);
- (3) names of all member agencies and organizations;
- (4) primary agency with contact person; and
- (5) the number of residents under the age of 22 in the county(ies).

(c) In addition to the information specified in subd. 2 (b) of this section, for succeeding years the commissioner may require the submission of evaluation results.

**Allocation.** There is allocated from the general fund, to the department of children, families, and learning, for purposes of this grant:

FY 1998 - \$698,000

FY 1999 - \$698,000

**OPTIONAL; SUBD. EEE.EE**

**M.S. EEE.EE Grant Program.** A grant program is established to provide incentive revenues for the operation of interagency service structures. Grants shall be awarded to the primary agency of each county's structure established according to this act for each year of its operation.

**Subdivision 1. Amount of grant.** Each grant shall equal \$4,000 as a base amount for each interagency structure plus a pro-rata share of the total allocation based on the number of children and youth under the age of 22 residing in the county(ies) served by the structure in the previous year as a proportion of the number of children and youth under the age of 22 residing in the state as a whole in the previous year.

**Subd. 2. Criteria for awarding grants.** The commissioner shall use up to \$700,000 of the funds from the increase realized by the state from P.L. 101-476 the Individuals with Disabilities Education Act (IDEA) to provide these grants. Grants shall be awarded based on the submission of a completed application that provides the following information:

(a) for FY 98

- (1) the names of the county(ies);
- (2) affirmation, by signature, of the member agencies specified in section BBB.BB subd. 1 of this act;
- (3) primary agency with contact person; and
- (4) the number of residents under the age of 22 in the county(ies).

(b) for FY 99

- (1) the names of the county(ies);
- (2) a copy of the interagency agreement established pursuant to section BBB.BB subd. 3(a);
- (3) names of all member agencies and organizations;
- (4) primary agency with contact person; and
- (5) the number of residents under the age of 22 in the county(ies).

(c) In addition to the information specified in subd. 2 (b) of this section, for succeeding years the commissioner may require the submission of evaluation results.