

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

PART A

Sec. A-1. 20-A MRSA §7209, sub-§4, ¶B, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

B. To develop statewide policies and procedures for carrying out federal and state laws and rules relating to child find, early intervention services and the provision of a free, appropriate public education to children from birth to under 6 years of age; ~~and~~

Sec. A-2. 20-A MRSA §7209, sub-§4, ¶C, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

C. To provide training in federal and state laws, regulations, rules and policies relating to child find as provided in 20 United States Code, Section 1412 (a) (3), early intervention services and the provision of a free, appropriate public education to children from birth to under 6 years of age and to conduct regular file reviews to determine compliance with federal and state laws, regulations, rules and policies and conduct training and provide technical assistance where deficiencies are found; ~~and~~

Sec. A-3. 20-A MRSA §7209, sub-§4, ¶D is enacted to read:

D. To report annually to the council and to the joint standing committee of the Legislature having jurisdiction over education and cultural affairs on the performance of the Child Development Services System. This report may include information on any expansions of the connections of child find and service delivery with school administrative units, with the Department of Health and Human Services and with medical providers. This report may include information on any expansion of the connection of child find with nurse midwives. This report may include information on the number of children screened in the programs in Title 22, sections 1532, 8824 and 8943, the number of such children referred to the Child Development Services System who were found eligible for early intervention and the number of such children referred to the Child Development Services System who were found ineligible for early intervention. This report may also include information on annual performance over at least a 5-year period of each individual regional site and of the entire Child Development Services System; may benchmark performance against state and national standards; may include information about performance in child find, service delivery, service coordination, eligibility and exit data for children leaving the Child Development Services System; and may describe strategies that the Child Development Services System has undertaken to maximize the usage of a broad base of community resources including private providers, public schools, resources from other agencies and other available resources serving children and families. The report must be publicly posted on the website of the department.

Sec. A-4. 20-A MRSA §7209, sub-§8, ¶F, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

F. Coordinate with eligible families the development of individualized family service plans for children with disabilities from birth to 2 years of age or coordinate an individualized education program for a child 3 years of age to under 6 years of age unless an individualized family service plan is preferred; ~~and~~

Sec. A-5. 20-A MRSA §7209, sub-§8, ¶G, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

G. Designate local personnel for training to commit funds for free, appropriate public education. Personnel who commit funds for free, appropriate public education must be trained and certified by the state intermediate educational unit established under subsection 3. The board of directors of a regional site shall determine and designate which trained and certified personnel may commit funds; and

Sec. A-6. 20-A MRSA §7209, sub-§8, ¶H is enacted to read:

H. Ensure that children from birth until 6 years of age who are referred to the Child Development Services System also receive appropriate referrals for support outside of the system, including appropriate public and private programmatic resources, regardless of the child's eligibility for early intervention or free, appropriate public education.

PART B

Sec. B-1. Training and support to regional site boards. The Department of Education shall develop and present to the Joint Standing Committee on Education and Cultural Affairs and to the state interagency coordinating council described in the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441 a plan for improving training and support to Child Development Services System regional site boards of directors. The Department of Education shall present the plan no later than 7 days after the effective date of this Act.

Sec. B-2. Unmet needs monitoring. To assess the continued provision of free, appropriate public education to children after transition to public school, the Department of Education shall develop a plan to review unmet needs in school administrative units monthly or bimonthly and implement a pilot plan among no fewer than 6 school administrative units, including a mix of small, medium and large districts. The department shall, no later than January 31, 2008, present the pilot plan to the Joint Standing Committee on Education and Cultural Affairs.

Sec. B-3. Data linkage. The Maine Education Policy Research Institute in the University of Maine System shall deliver a report on or before January 31, 2008 to the Joint Standing Committee on Education and Cultural Affairs on necessary technical and legal advances that would enable data linkage to facilitate research projects that would involve linkage of personally identifiable health and MaineCare data and personally identifiable education data in a way that would be in compliance with federal privacy law and regulation, including the federal Family Educational Rights and Privacy Act of 1974, 20 United

States Code, Section 1232g (2006) and the federal Health Insurance Portability and Accountability Act of 1996, 42 United States Code, Sections 1320d to 1320d-8 (2006). The institute may consult with the Office of the Attorney General and with the Office of Policy and Legal Analysis for advice on identifying which, if any, state laws, rules or policies would have to be changed to enable or facilitate such studies within the bounds of federal law and regulation. This report must include a design of a pilot study to test the technical advances outlined in this section and must also investigate the possibility of data linkage for assessing the effectiveness and efficiency of delivery of early intervention, education and health and human services to individuals with disabilities. The report may describe data linkage with a broad range of research questions. The report may address how to use data linkage studies to assess the effectiveness and efficiency of delivery of early intervention, education and health and human services to individuals with disabilities, including the number of case managers per child. A goal of such work is that the Department of Education and the Department of Health and Human Services work together to determine how data systems can be designed to facilitate analysis of data across departments.

Sec. B-4. Transition policy. The Department of Education shall develop, in consultation with school administrative units and Child Development Services System regional sites, a policy that articulates a consistent method for transition of children from the Child Development Services System to school administrative units. This policy must articulate the transmittal of records of children both previously and currently served by the Child Development Services System.

Sec. B-5. Interagency agreement. The Department of Education and the Department of Health and Human Services shall revise the interdepartmental agreement. The agreement must articulate the responsibilities for appropriate referrals to the Child Development Services System from the metabolic screening program under the Maine Revised Statutes, Title 22, section 1532, from the newborn hearing screening program under Title 22, section 8824 and from the central registry for birth defects under Title 22, section 8943. The agreement must also articulate clear definitions of the roles and responsibilities of the respective departments and their regional service delivery systems in implementing a high-quality early childhood system consistent with the requirements of Parts B and C of the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq., as amended.'

SUMMARY

This amendment strikes and replaces the bill to implement certain recommendations of the Subcommittee To Study Early Childhood Special Education, which was established by Public Law 2005, chapter 662 to study early intervention and early childhood special education services for children from birth to 8 years of age. The amendment accomplishes the following recommendations of the subcommittee.

1. It assigns to the Child Development Services System the responsibility for service coordination for eligible children from birth until 5 years of age, for child find for children from birth until 5 years of age, for appropriate referrals to support services and programs outside of the system that are appropriate for children and families referred to the system and for ensuring that eligible children from birth until 5 years of age receive early intervention or free, appropriate public education as well as referrals to other programs and services based upon child and family needs.

2. It expands connections of federally mandated child find and service delivery with school administrative units, with programs of the Department of Health and Human Services and with medical and other providers of services to children from birth until 5 years of age.

3. It requires the Department of Education and the Department of Health and Human Services to develop a revised interagency agreement to address mutual support for children with special needs from birth to 8 years of age; to assign responsibility for appropriate referrals from the Department of Health and Human Services to early intervention and special education services, including referrals to the Child Development Services System from the metabolic abnormality detection program, the newborn hearing program and the birth defects registry; to include components of a high-quality early childhood services system consistent with the requirements of Parts B and C of the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq., as amended.

4. It requires the Child Development Services System to report annually to legislative, advisory and governing bodies about the performance of the system, including information on the performance of individual regional sites and of the system.

5. It requires the Department of Education to develop and present to the Legislature and to the interagency coordinating council described in the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441 a plan for improving training and support to Child Development Services System regional site boards of directors.

6. It requires the Maine Education Policy Research Institute in the University of Maine System to explore and report to the Joint Standing Committee on Education and Cultural Affairs on necessary technical and legal advances that would enable data linkage of individually identifiable health and education data in a way that would be consistent with federal laws and regulations on privacy while facilitating research projects on such matters as effectiveness, efficiency and cost-effectiveness of service delivery.