

coming from the Department of Education through the services we provide in special education. The other funding source is the authorization for 99-457, Part H, which is the planning dollars, which has been about a half a million dollars for the last four years, and we'll have one more half a million dollars coming to us for that. The other part of that act is the \$1.2 million that will come if we are in compliance. This is the fifth year, this is the last year we have to get on board or to be out of the program, out of the availability for having the \$1.2 million for being in compliance, for offering service coordination and family centered services. Two federal sources, one goes into the Department of Education, the other goes into the Department of Social Services. The Department of Education is putting their dollars with the dollars from the Department of Social Services. And although it gets very complicated in actually doing it, and there's money going back and forth between those two departments, and in and out of the general appropriation, the bottom line is what we are trying to create is a funnel, a funnel from those two agencies that goes into a single flow to families at the local level, the interagency teams at the local level, so that they don't have to try and piecemeal together five or six different programs to find the kind of funding and support for children and families in their local communities. I also want to reiterate that these dollars, the way it is constructed here, offer a great deal of flexibility about how we will do service coordination. Senator Bromm raised a very good question. His situation is going to be different than what Senator Horgan's is going to be in the Omaha area. They're going to have to put service coordination together in a different way. And finally, I would remind you that the what we are putting together in 520 is not a new mandate for the Department of Education, in other words, the school systems. It is a mandate through the Department of Social Services to provide service coordination. That does not mean the Department of Social Services is the body that will implement service coordination at the local level. That choice will remain at the local level about how they want to do it. In Senator Wickersham's area they might use the rural health...the rural children's health initiative, a combined project between the Community Action Program and the med center to provide service coordination. In Kearney, we might use the Good Samaritan Hospital, the Family Services Program that's in operation there. In Hastings, we might use Dr. Tonniges, a pediatrician, who likes to be actively involved in case management for families who have kids with disabilities. Those choices will be there at