SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 1018

SPONSOR: Education Committee and Senator Pruitt

SUBJECT: Young Children/Learning Gateway

DATE: March 6, 2001 REVISED: _____ _____ _____ _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harkey	O'Farrell	ED	Favorable/CS
2.			AED	
3.			AP	
4.				
5.				
6.				

I. Summary:

This bill implements recommendations of the Commission on the Study of Children with Developmental Delays. The bill authorizes pilot programs in Broward, Manatee, and St. Lucie Counties to identify and address learning problems in children from birth to age 9, earlier and more efficiently than currently happens. Each pilot program will develop a Learning Gateway to provide a single point of access for parents who suspect that their child has a potential learning problem. The Learning Gateway will inform parents, pediatricians, and teachers of the early warning signs of learning problems according to the best current research.

The bill also creates a steering committee of university researchers, parents, practitioners, and agency representatives to support and oversee the pilot program. The steering committee will work with the state universities and the Department of Education to ensure that every teacher has the ability to identify and respond to children with learning disabilities. By January 2003, the steering committee will make recommendations to the Governor, the Legislature, and the Commissioner of Education regarding the merits of expanding the pilot projects.

This bill creates unnumbered sections of the Florida Statutes.

The bill takes effect upon becoming law.

II. Present Situation:

In Senate Bill 1264, the 2000 Legislature created a commission to carry out a study on children with developmental delays and report to the Legislature by January 1, 2001, with recommendations. The purpose of the study was to focus on developing early intervention strategies and programs that would enable children and their families to avoid the unnecessary

suffering that occurs when learning problems and developmental delays are not identified or are mislabeled. The commission was comprised of 16 members, as follows:

1. The Secretary of Juvenile Justice

2. A representative of the Department of Children and Family Services

3. A representative of the Department of Education

4. The Executive Director of the Agency for Health Care Administration

5. A representative of the Department of Health

6. The Department of Psychiatry chair of the University of Florida Brain Institute

7. The chairman of the Department of Pediatrics of the University of Miami Medical School

8. The chair of the Florida Partnership for School Readiness

9. The chair of the Florida Interagency Coordinating Council for Infants and Toddlers

10. A professional who has expertise in the needs of children with learning disabilities

11. A professional who has expertise in the needs of children with emotional or mental disorders

12. A professional who has expertise in the needs of children with developmental disabilities

13. A professional who has expertise in the diagnosis and treatment of children with speech and language disorders

14. A professional who has expertise in the early intervention and prevention services rendered to children in Florida

15. A professional with expertise in autism and related disorders.

16. The parent of a child with a learning disability or emotional or mental disorder.

The study commission met in seven public meetings across the state, In Tallahassee, Miami, Jacksonville, and Orlando, and provided opportunity for public testimony at those meetings. The commission invited experts in brain research, child development and early intervention to participate in the commission's activities and to make recommendations concerning the state's early intervention programs.

In public testimony, parents of children with disabilities told of their frustration when they sought help for a suspected problem and called one agency after another without finding

information or assistance. Parents told of pediatricians who had failed to diagnose serious disorders, saying the problem would disappear as the children grew older. Other testimony indicated that pediatricians and other medical professionals may need special training in order to detect potential learning problems and other developmental delays in their young patients.

The commission formed a scientific advisory workgroup to provide information on the effectiveness of various early intervention and prevention programs. A community advisory workgroup supplied the commission with information about gaps in service and barriers to integrating existing systems. In addition to the work of the advisory groups, several commission members provided summaries of research on learning disabilities and behavior in very young children that is indicative of future communication problems.

Approximately 12 percent of Florida's public school population, ages 3-21, has an identified disability. Of the 352,089 students with disabilities:

- 45 percent are identified as specific learning disabled
- 25 percent are identified as either speech or language impaired
- 8 percent are identified as educable mentally handicapped
- 8 percent are identified as emotionally handicapped
- 14 percent are identified in other categories

In 1999-2000, Florida schools served 27,677 children ages three through five in preschool disability programs, under Part B of the Individuals with Disabilities Education Act (IDEA). Of these:

- 54 percent were speech or language impaired
- 27 percent were developmentally delayed
- 19 percent were in other categories

Under Part C of IDEA, the Developmental Evaluation and Intervention Program in the Department of Health serves 29,053 children from birth through age two who have established disabilities and developmental delays.

The commission found that, "While many of Florida's children who display early symptoms of developmental delay receive services under the state's disability criteria, many others with emerging conditions that may result in school failure do not have access to the programs, services, and support necessary to minimize the long-term impact of these conditions." The commission used the term learning problem to refer to conditions that do not meet the threshold of a learning disability or developmental delay.

In light of new scientific understanding about precursors of learning disabilities and interventions that could prevent or ameliorate them, the study commission focused much of its attention on early risk indicators. The commission also noted that combinations of risks increased the likelihood that a child will experience a learning problem, learning disability, or other disability.

The chart that follows lists risk categories associated with disabilities.

RISK CATEGORIES ASSOCIATED WITH LEARNING DISABILITIES, DEVELOPMENTAL DELAYS AND OTHER DISABILITIES

Established Conditions	Biological Risk	Environmental Risk
■ Congenital or genetic disorders associated with developmental delay (e.g. Down Syndrome, PKU, spina bifida). ■ Neurological abnormalities and insults (e.g. cerebral palsy, hyper/hypotonicity, muscular dystrophy, intraventricular hemorrhage grade 3 and 4, seizures). ■ Congenital and acquired infectious diseases known to be associated with developmental delay (e.g. AIDS, CMV, toxoplasmosis, rubella, syphilis, meningitis, encephalitis). ■ Severe attachment disorder and other atypical developmental disorders (e.g., autism, pervasive developmental disorder). ■ Sensory impairments (e.g., visual or hearing impairments). ■ Birth weight at or less than 1000 grams.	■ A child with medical complexity or technology dependency (e.g., respirator dependency). ■ A child with an illness or trauma known to be associated with developmental delay (e.g., near drowning, head injury, poisoning, Reye's Syndrome, Sudden Infant Death Syndrome, cardiac or respiratory disease, perinatal trauma or asphyxia). ■ A drug-exposed infant (e.g., an alcohol, cocaine, or a poly-exposed infant). ■ An infant of a mother with a chronic illness known to be associated with developmental delay (e.g., HIV or maternal diabetes). ■ An infant receiving care in or a graduate of a Neonatal Intensive Care Unit complicated by psychosocial and/or chronic health problems. ■ An infant with birth weight between 1000 and 1500 grams. ■ An infant with birth weight between 1501 and 2500 grams complicated by psychosocial and/or chronic health problems. ■ An infant with factors impinging on developmental progress (e.g., unusual behavior patterns in early infancy such as inconsolable crying, sleep disturbance, feeding difficulties; sensory processing deficits such as attention problems, tactile defensiveness, or lack of coordination). ■ Populations known to be at high risk because of exposure to poisons and teratogens ■ Family members with conditions such as learning disability, emotional cognitive disability, autism, or attention deficit disorders.	■ A child born to a teen mother who has not completed high school. ■ A child whose mother's education is below grade 10. ■ A child who is a victim or a sibling of a victim in an indicated report of abuse or neglect. ■ A child in an institution or for whom no legal residence or guardianship has been established, and/or a child who is in a shelter or in foster care. ■ A child with a parent or guardian who is unable to consistently perform essential parenting functions. ■ Parents who have physical impairment, significant psychological or emotional dysfunction, limited intellectual functioning, dysfunctional child and familial interaction. ■ Parents who are incarcerated; girls in the juvenile justice system who are pregnant or have children under 5; families with children in juvenile justice system, or families in which a sibling of a child under 5 is in the juvenile justice system. ■ Presence of physical, emotional, sexual, or domestic violence among family members. ■ Children of mothers or fathers receiving substance abuse treatment. ■ Parents who are migrant, homeless, or have a home environment that lacks essential physical or financial resources or stability.

Source: Florida Commission on the Study of Children with Developmental Delays, 2000, adapted from NECTAS Notes, Issue No. 5).

The chart that follows lists behavioral risk indicators of learning disabilities and developmental delay.

BEHAVIORAL RISK INDICATORS OF LEARNING DISABILITY AND DEVELOPMENTAL DELAY

Risk of Autism Spectrum Disorder and Other Developmental Delay [1]	Risk of Learning Disability and Other Developmental Delay [2]	Risk of Emotional/Behavioral Disorder and Other Developmental Delay [3]	Risk of Reading Difficulty and Other Developmental Delay [4]
■ No babbling by 12 months. ■ No gesturing by 12 months. ■ No single words by 16 months. ■ No two-word spontaneous phrases by 24 months. ■ Any loss of any language skills at any age.	■ Language – pronunciation problems, slow vocabulary growth, and lack of interest in story telling. ■ Memory—trouble learning numbers, alphabet, days of the week, poor memory for routines. ■ Attention—trouble sitting still, extreme restlessness, impersistence at tasks. ■ Fine Motor Skills--trouble with self-help skills such as tying shoes, clumsiness, reluctance to draw or trace. ■ Other—trouble interacting (weak social skills), trouble learning left from right (possible visual-spatial confusion).	**Infants:** ■ Poor self-regulation. ■ Abnormal muscle tone and motoric disorganization. ■ Abnormal sensory threshold. ■ Depressed interactive behaviors. **Toddlers and Young Children:** ■ Distracted, less-focused play and daily activities. ■ Difficulties in precision and direction of movement. ■ Learning continuity problems, sporadic mastery of skills. ■ Low stress threshold. ■ Language deficiencies.	**Infants and Prior to Pre-School:** ■ Significant delays in expressive language, receptive vocabulary or IQ. **At Entry to Pre-School:** ■ Deficient knowledge about letters. ■ Deficient understanding of the functions of print. ■ Deficient verbal memory for stories and sentences. ■ Deficient phonological awareness. ■ Deficient expressive and receptive vocabulary. ■ Deficient overall language development.

Source: Florida Study Commission of Children with Developmental Delays, 2000.

[1]Filipek, P., Accardo, P., Baranek, G., et al. (1999). The screening and diagnosis of autistic spectrum disorders. *Journal of Autism and Developmental Disorders*, 29, 439-484. Endorsed by the American Academy of Neurology and Child Neurology Society.

[2]Christopher Lonigan, Ph.D., Florida State University. Endorsed by National Center for Learning Disabilities.

[3]Marie Kanne Poulsen, Ph.D., Children's Hospital Los Angeles.

[4]Preventing Reading Difficulties in Young Children, 1998, National Research Council.

In January 2001, the commission submitted a report, including proposed legislation, to the President of the Senate and the Speaker of the House of Representatives. The commission examined the research and best practices in the pertinent professional disciplines and recommended pilot programs to determine the organizational arrangement of the delivery system that would assure coordination and integration with existing systems. The commission also recommended a steering committee to oversee the pilot projects and provide technical assistance to them.

The commission stated in its findings:

- Many parents lack an adequate understanding of child development and may not receive the assistance they need from existing systems in identifying problems that require further assessment and interventions.
- There is no visible central point in communities to access information about screening and services to address early learning problems and developmental delays.
- Many of the screening opportunities available in medical settings and early care and education settings are missed.
- Research has advanced medical screening methods to screen for a wider range of medical and biological conditions that lead to learning problems, developmental delays and disabilities.
- Many more children at risk of learning problems, learning disabilities, and mild developmental delays could be identified through a more deliberate screening effort. In addition to screens already in use, more sensitive screening instruments are being developed to identify early indicators of speech, language, and emergent literacy problems.
- Capacity in existing programs and services is limited; services may not be available for young children and their families even after screening is conducted.
- Many proven interventions are not being implemented due to lack of funding, trained personnel and capacity of communities to provide sufficient services.

The commission recommended establishing three pilot programs to create a system for the best use of current resources and to identify gaps in current services in addressing children's learning problems.

III. Effect of Proposed Changes:

The bill establishes pilot programs and a steering committee to design and test an integrated, community-based system to lessen the effects of learning problems and learning disabilities for children from birth through age nine. The system is called a Learning Gateway because its key features will be a single point of access for parents and caregivers. In order for the Learning Gateway to lead to a coherent system, the pilot programs must coordinate existing resources and identify gaps in service. The three pilot programs will be established in Broward, Manatee, and St. Lucie Counties. Interagency consortia in each county will develop a proposal for a system that will do the following:

- Give parents who suspect a potential learning problem a single place to call for information on child development and referral to screening and services, if appropriate and if desired.
- Inform and train parents, pediatricians, and teachers of the early warning signs of learning problems, according to the best current research.
- Recommend combining local planning bodies, if that would improve effectiveness of services.
- Develop a model system of care that builds upon, integrates, and fills in the gaps in existing services.

The proposals from the pilot sites will be considered and approved by a 23-member Learning Gateway Steering Committee of university researchers, parents, program providers, and agency representatives that will support and oversee the pilot programs. The Governor, the President of the Senate, and the Speaker of the House of Representatives will each appoint five members, including professionals with relevant expertise and parents. The governor will appoint one member with expertise in education, one member with expertise in speech and language pathology, one member with expertise in audiology, one member who is a parent of a child eligible for services by the Learning Gateway, and one provider of related diagnostic and intervention services. The President of the Senate will appoint one member with expertise in psychiatry, one member with expertise in pediatrics, one member with expertise in psychology, one member who is a parent of a child eligible for services by the Learning Gateway, and one member who is a provider of related diagnostic and intervention services. The Speaker of the House of Representatives will appoint one member with expertise in genetics, one member with expertise in occupational and physical therapy, one member with expertise in social work, one parent of a child eligible for services by the Learning Gateway, and one member who is a school psychologist providing diagnostic and intervention services.

Eight members of the steering committee will be agency and program representatives who can support system improvement, the steering committee will also include representatives from the Departments of Education, Health, Children and Family Services, Juvenile Justice, and Corrections, and the Agency for Health Care Administration, the Learning Development and Evaluation Center of Florida Agricultural and Mechanical University, and the Florida Partnership for School Readiness. The Governor will appoint the chair. The Learning Gateway Steering Committee will be assigned to the Department of Education for administrative purposes.

The steering committee must be appointed and must hold its first meeting within 45 days after the bill becomes law. Within 90 days after its initial meeting, the steering committee will accept proposals from interagency consortia in Broward, Manatee, and St. Lucie Counties to serve as demonstration sites for design and development of the components of the Learning Gateway. The steering committee must approve, deny, or conditionally approve a Learning Gateway proposal within 60 days of receipt of the proposal. If a proposal is conditionally approved, the steering committee must assist the Learning Gateway applicant to correct deficiencies in the proposal by December 1, 2001. Funds must be available to a pilot program 15 days after final approval of its proposal and no later than January 1, 2002.

The steering committee will:

- Develop accountability mechanisms for the pilot demonstration programs.

- Develop incentives for educators to use appropriate practices that address the unique needs of children at risk of learning problems and learning disabilities.

- Work with the state universities and the DOE to ensure that every teacher has the ability to identify and respond to children with learning disabilities.

- By January 2003, make recommendations to the Governor, Legislature, and Commissioner regarding the merits of expanding the pilot projects.

The bill will take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The private sector impact is indeterminate.

C. Government Sector Impact:

The Study Commission estimated a cost of $6 million for the 3 pilot sites with oversight by the steering committee.

Expenditures – Statewide Support and Coordination

Meetings/Staff/Support	
10 meetings 2 days for 24 members ($350/meeting) =	$ 84,000
National experts to advise steering committee	$ 60,000
Staff costs or contracted services for Committee support	$125,000
Dissemination of materials on successful practices/programs	$100,000
1 Statewide Conference	$ 75,000
Assistance to Demonstration Sites	
Provision of experts for 3 local demonstration sites	$300,000.
Statewide Products/Services	
Comprehensive Health Care Checklist	$100,000
Screening Guidelines	$ 50,000
Subtotal	$894,000

EXPENDITURES—3 LOCAL DEMONSTRATION SITES

Centralized telephone number for parents	$300,000
Community awareness campaign	$150,000
System for Screening and Tracking	$600,000
Tandem Mass Spectrometry Screening	$490,000
Increase postnatal home visits	$180,000
Services not currently provided*	$2,096,000
Curriculum & technical assistance in school readiness programs	$225,000
Curriculum and training for K-3 teachers	$225,000
General operating costs	$ 90,000
Staff support for coordination**	$450,000
Evaluation activities	$300,000
Subtotal	$5,106,000
Total	$6,000,000

*Services Not Currently Provided

The three local demonstration sites must have flexibility in expending these funds in order to meet the different needs of these communities. The expenditures might include:

- Assessment/screening of at-risk children and their families
- Tutoring services and/or supplemental materials for children and their families
- Targeted training activities outside the work day for families and other caregivers
- School/family liaison supports and activities (e.g., social workers, parent advocates, case managers, etc.)
- Transportation for families to access services

**Staff Support for Coordination

- Pay or share cost for a demonstration site coordinator and a support staff member
- Contract for services of qualified professionals for coordination, as needed

Examples of Average Salaries (Florida District Staff Salaries of Selected Positions – Fall, 1999)

- Teacher - $36,524 + Benefits
- Nurse - $24,510 + Benefits
- Psychologist - $47,630 + Benefits
- Secretary - $24,217 + Benefits

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.