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HOUSE OF REPRESENTATIVES
COMMITTEE ON
GENERAL EDUCATION
ANALYSIS

BILL #: HB 1015

RELATING TO: Prevention and amelioration of learning disabilities in young children

SPONSOR(S): Representative Harrell

TIED BILL(S): HB 1561

ORIGINATING COMMITTEE(S)/COUNCIL(S)/COMMITTEE(S) OF REFERENCE:

(1) GENERAL EDUCATION
(2) EDUCATION APPROPRIATIONS
(3) COUNCIL FOR LIFELONG LEARNING
(4)
(5)

I. SUMMARY:

This bill authorizes three pilot programs (a.k.a. "demonstration projects") in Broward, Manatee, and St. Lucie Counties to identify and address learning problems in children from birth to age 9 by:

- Establishing a single access point for screening, assessment, and referral for services.
- Developing strategies for providing systematic hospital visits or home visits to new mothers.
- Developing strategies to increase early identification of precursors to learning problems and disabilities through improved screening and referral practices.
- Developing a system to log the number of children screened, assessed, and referred for services. In conjunction with the technical assistance of the steering committee, demonstration projects shall develop a system for targeted screening. Procedures must be established within the demonstration community to ensure that periodic developmental screening is conducted for children from birth through age 9 who are served by state intervention programs.
- Establishing an automatic **r**eferral of high-risk newborns.
- Developing a model system that builds upon, integrates, and fills the gaps in existing services.
- Hiring staff knowledgeable about child development, early identification of learning problems and disabilities, family service planning, and services in the local area.
- Collaborating with readiness coalitions, local school boards, and community resources in arranging and providing training and technical assistance for early identification and screening.
- Developing strategies to increase the use of appropriate intervention practices, including training and technical assistance teams.

Additionally, the demonstration projects may include “high-quality” early education and care programs; assistance to parents; speech and language therapy; parent education and training; comprehensive medical screening and referral with biomedical interventions; referrals for family therapy, mental health services, and treatment programs; family support services; therapy for learning differences; referral for IDEA services; expanded access to community services; parental choice in the provision of services.

The bill also creates a steering committee for policy development, consultation, oversight, and support for the implementation of the projects. 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. HB 1015 requires an estimated initial appropriation of approximately $6,000,000. Subsequent appropriations have not been estimated.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

1.	Less Government	Yes []	No [x]	N/A []
2.	Lower Taxes	Yes []	No []	N/A [x]
3.	Individual Freedom	Yes []	No []	N/A [x]
4.	Personal Responsibility	Yes []	No []	N/A [x]
5.	Family Empowerment	Yes []	No [x]	N/A []

For any principle that received a "no" above, please explain:

This bill creates a Learning Gateway Steering Committee and Learning Gateway Demonstration Projects that are authorized to hire staff, set up offices, and provide services that may be currently available and duplicative with other programs.

This bill would evidently require children up to age nine who are in families served by state intervention programs to submit to "targeted screening," and for the parents to make themselves available to attend education programs related to possible learning problems. If the results of the mandatory screening were to suggest possible problems, the child shall be "referred for coordination of further assessment."

Demonstration projects must "pilot an automatic referral of high-risk newborns to the local Learning Gateway." Parental consent is only required for "further referral."

Demonstration projects must develop strategies for providing "systematic hospital visits or home visits by trained staff to new mothers."

The bill states that the steering committee "should assist project in developing and testing screening processes to address social, emotional, behavioral interactions between the child and caregiver which could indicate future problems or delays."

To the extent that such participation in screenings, assessment, evaluation, and education is not voluntary, these provisions appear to run counter to the principles of "Less Government," and "Family Empowerment."

NOTE: The sponsor of the bill has indicated that it is not her intention for the screening to be coercive or non-voluntary, and that it would be her wish to clarify that they are to be non-coercive and voluntary.

B. PRESENT SITUATION:

According to the Department of Health, children from birth to 9 years of age with learning problems or learning disabilities are often not identified until they are enrolled in school and experience difficulties in the classroom. Children from birth until age 5 with mild to moderate learning problems or learning disabilities frequently do not meet eligibility criteria for the Children's Medical Services Infants and Toddlers Early Intervention (EI) Program, nor the local school district's Prekindergarten Disabilities programs. Both of these programs focus on children with either established medical

conditions known to have a high probability of developmental disabilities, or on children who have a demonstrated significant developmental delay.

School Readiness Act

In 1999, the Legislature established s. 411.01, F.S., The School Readiness Act. It established a statewide school readiness program for the state's at-risk birth-to-kindergarten population. The program consists of an integrated seamless service delivery system for all publicly funded early education and child care programs including: First Start, Even Start, pre-k, Head Start, migrant pre-k, Title I, subsidized child care, and teen parent.

The School Readiness Act established the school readiness program through school readiness coalitions established by a county or a multi-county combination, and the program is phased in on a coalition-by-coalition basis. The Act charges that each new school readiness program provide the elements necessary to prepare at-risk children for school, including health screening and referral. In May of 2000, the School Readiness Performance Standards were adopted. Of the 57 school readiness coalitions, 30 have approved plans ready for implementation. These coalitions work with State and local programs that provide health and mental and behavioral health services. These programs include:

- Department of Health Children's Medical Services, which screens, case manages and provides services for eligible children from ages 0 to 5 exhibiting clinical evidence of developmental delay and other disorders affecting the ability to learn;
- Healthy Start Coalitions' member providers that screen and track pregnant women and infants that qualify for Healthy Start Services;
- Department of Health School Health Program nurses that deliver services to Pre-K through 12th grade school children that include; screening and referral of children for vision, hearing and other health problems, nursing assessments and referrals to community-based medical and mental and behavioral health providers, and administration of medications for mental and behavioral health problems;
- Department of Education that administers school-based Early Intervention programs, services to Exceptional Student Education students as defined by Part B (children from birth to age three) and C (children from age three to 21) of the Individuals with Disabilities Education Act (IDEA),[1] and the Florida Diagnostic and Learning Resources System funded through IDEA, Part B; Preschool; and State General Revenue funds; and·
- Department of Children and Family Services that provides mental and behavioral health services to children of all ages through a network of contracted community mental health providers. The Department of Health currently has an Infant Screening Program which tests newborns for five hereditary diseases, utilizing the State Laboratory in Jacksonville with a follow-up component in the Children's Medical Services program to evaluate newborns with presumptively positive results on initial screenings.

[1] Since 1975, the Individuals with Disabilities Education Act, or IDEA, (formerly the Education for All Handicapped Children Act) has required states to provide all children with disabilities, aged three through twenty-one, with the right to a free appropriate public education (FAPE) in the least restrictive environment (LRE.) The IDEA assists states in meeting these requirements by funding each state based on the number of identified disabled children residing within its borders. A referral for evaluation of a child may be made by the child, the child's parents, a teacher, doctor, or social worker. The local school district must then evaluate the child, using multiple tools and methods, through a process that meets the IDEA's criteria for fairness, accuracy, and completeness. Only a child who has a disability which results in the need for special education is eligible under the IDEA. Once a child is eligible under the IDEA, the state's educational agency must arrange a meeting with the child's parents, teacher(s), evaluators, and educational facility administrators to prepare an individualized education plan (IEP). An IEP is a written document required by the IDEA which describes all of the services a particular child will need in order to get a FAPE. Parents have the right to participate in all decisions regarding the identification, evaluation, planning, or placement of their disabled child.

2000 Legislation

In ch. 2000-330, L.O.F., 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. 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, 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.

The commission formed an advisory workgroup to provide information on the effectiveness of various early intervention and prevention programs. The community advisory workgroup identified gaps and problems in current services:

- Reduced attention to serving at-risk children after the adoption of Part C;
- Differences in eligibility thresholds between Part C and Part B;
- Limited case management services;
- Inadequate attention by some physicians to infants' and toddlers' development;
- Unavailability of intervention services after delays are discovered;
- Inadequate parental knowledge and participation in seeking services for their children; and
- Insufficient coordination across programs.

According to the Commission, approximately 12 percent of Florida's public school population, ages 3-21, has an identified disability.

In 1999-2000, Florida schools served 27,677 children age's three through five in preschool disability programs, under Part B (children age three through 21) 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 (children from birth to three) of IDEA, the Developmental Evaluation and Intervention Program in the Department of Health serves 29,053 children from birth through age two that have established disabilities and developmental delays.

In January 2001, the commission submitted a report, including proposed legislation. 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. .
- 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. The commission also recommended a steering committee to oversee the pilot projects and provide technical assistance to them.

Existing State Programs Serving Children With (or At Risk of) Developmental Delays/Learning Problems

Florida's programs and services for children birth through age nine are administered by five state-level entities and a number of local coalitions. The state-level entities with responsibilities for serving young children or their parents include:

- Department of Health
- Agency for Health Care Administration
- Department of Education
- Department of Children and Family Services
- Florida Partnership for School Readiness.

Councils or coalitions overseeing services for children birth through age nine include:

- School Readiness Coalitions
- Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)
- Part C Regional Policy Councils
- Community Alliances
- Healthy Start Coalitions.

In addition, federal Head Start and Early Head Start programs for preschool children operate throughout the state, administered by federal agencies and local councils. Florida law (s. 125.901, F.S.) also allows counties to establish Children's Services Councils. The statute provides for the creation by county ordinance of independent special districts that may levy ad valorem taxes by a majority vote of the people to provide services for children. Seven counties have approved tax levies for Children's Services Councils: Broward, Hillsborough, Martin, Okeechobee, Palm Beach, Pinellas, and St. Lucie. Children's Services Councils operate without taxing authority in Highlands, Lake, Manatee, Miami-Dade, Orange, and Volusia counties, and in Jacksonville.

As indicated above, Florida's programs and services for children birth through age nine encompass a wide array of legislative initiatives creating programs with different goals and funding sources, and sometimes serving overlapping populations of young children, with a variety of medical and developmental conditions. According to the House Committee on Children and Families, Interim Report, 1999, the programs and services are fragmented; families often find it difficult to understand and access services; and the demand for services exceeds capacity.

A Department of Health spokesperson provided further information about the Part C program (children ages birth to three) under IDEA. He said 32 percent of the children enrolled enter the Part B (children age three through 21) system at 36 months, 21 percent enter other programs, 23 percent receive no further services, and 24 percent are lost to follow-up.

The Department of Education has a number of programs for children from birth to age five. Of 27,677 children in the prekindergarten disabilities program, 54 percent have a speech or language deficit diagnosis. Programs include:

- The Prekindergarten Early Intervention program, serving 30,500 children;
- Title I prekindergarten, serving 3,699 children;
- Migrant prekindergarten, serving 5,424 children;
- Even Start family literacy, serving 3,900 children;
- Florida First Start, serving 3,000 children;
- The Home Instructional Program for Preschool Youngsters (HIPPY), serving 370 single parents in 16 school districts; and
- The Teen Parent Program, serving about 5,000 babies and their parents.

Florida laws that govern intervention programs for young children, as mentioned above, are listed below:

- Section 228.055, F.S., establishing six regional autism centers to provide nonresidential resource and training services for persons with autism, a pervasive developmental disorder that is not otherwise specified, an autistic-like disability, dual sensory impairment, or sensory impairment with other handicapping conditions.
- Chapter 230, F.S., creating educational programs for preschool children including the Prekindergarten Early Intervention Program, Florida First Start Program, teenage parent programs, and educational services in Department of Juvenile Justice programs.
- Chapter 232, F.S., which defines academic performance standards for students in Florida's public education programs.
- Chapter 383, F.S., governing maternal and child health programs including Healthy Start; Regional Perinatal Intensive Care Centers; screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors; newborn hearing screening; perinatal intensive care services; community-based prenatal and infant health care; and birth records.

- Chapter 391, F.S., which establishes Children's Medical Services, including general program provisions, Children's Medical Services Councils and Panels, and the Developmental Evaluation and Intervention Program.
- Chapter 402, F.S., governing Child Care services and quality initiatives, including licensing standards, Gold Seal standards and incentives, and subsidized child care regulations.
- Chapter 409, F.S., which creates the Healthy Families program as well as the children's health insurance programs.
- Chapter 411, F.S., which contains the Florida Prevention, Early Assistance and Early Childhood Act and establishes the Florida Partnership for School Readiness.

Regional Autism Centers

Known as the Centers for Autism and Related Disorders (CARD), each of the state's six autism centers established in s. 228.055, F.S., is operationally and fiscally independent. Each center is statutorily charged with coordinating services within and between state and local agencies and school districts but may not duplicate services provided by those agencies or school districts. Each of the six centers is located at a university (see next section *University Programs* for specific locations and service areas).

The centers are community-based programs. The staff members travel to visit constituents in their homes, schools, or wherever assistance is needed. The state of Florida is divided by counties into six regions with CARD professionals serving each area. CARD centers serve children and adults of all levels of intellectual functioning who have autism, autistic-like disabilities, pervasive developmental disorders, dual sensory impairments, or other disabling conditions.

University Programs in Florida Regarding Developmentally Disadvantaged

UNIVERSITY OF SOUTH FLORIDA (Tampa):

- Degree programs in Emotional & Behavioral Disabilities, Behavioral Disorders, Counselor Education, Varying Exceptionalities
- *Center for Autism & Related Disorders (CARD)* – The Louis de la Parte Florida Mental Health Institute serves Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Indian River, Le, Manatee, Martin, Okeechobee, Pasco, Pinellas, Polk, St. Lucie, and Sarasota Counties.
- Chiles Center for Healthy Mothers & Babies
- Florida Health Information Center
- Institute for Child Health Policy - Health Services Research, Characteristics of Risk Adjustment Systems.
- College of Medicine - includes Family Medicine, Pediatrics (Immunology, Child Development & Neurology), and Psychiatry & Behavioral Medicine

FLORIDA STATE UNIVERSITY (Tallahassee)

- Council for Exceptional Children
- Emotional Disturbance/Learning Disabilities/Varying Exceptionalities Programs
- Mental Disabilities Program
- College of Medicine (same programs as listed above - USF)
- *Center for Autism and Related Disorders (CARD)* – The Department of Communication Disorders serves Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties.
- The L. L. Schendel Clinic for Communication Disorders as a teaching, research, and service laboratory for student learning that serves over 500 clients annually.

- TaCTICS - (Therapists as Collaborative Team members for Infant/Toddler Community Services)
- Nutrition, Food & Exercise Science Program

UNIVERSITY OF FLORIDA (Gainesville):

- College of Medicine (*regional autism center)* serves Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Levy, Marion, Putnam, Suwannee, and Union Counties.

UNIVERSITY OF FLORIDA HEALTH SERVICE CENTER (Jacksonville):

- *Regional autism center* serves Baker, Clay, Duval, Flagler, Nassau, and St. Johns Counties.

FLORIDA ATLANTIC UNIVERSITY (Boca Raton)

- Communication Disorders Department - Graduate course sequence designed to meet the needs of individuals holding an undergraduate degree in Communication Disorders as well as individuals who have an out-of-field baccalaureate degree. Coursework is offered for students whose baccalaureate degrees are in a field other than speech, language, and hearing and who require prerequisite coursework prior to initiating graduate courses.
- Counselor Education Department - Master's degree (M.Ed.) designed to prepare counselors for educational and mental health settings.
- Exceptional Student Education Department - Undergraduate degree in Exceptional Student Education: Varying Exceptionalities; Master's degrees in Varying Exceptionalities, Emotional Handicaps, Learning Disabilities, and Mental Retardation; Doctor of Education degree. An endorsement in pre-kindergarten handicapped is also offered.
- *Center for Autism and Related Disorders (CARD)* – not referenced in statute

UNIVERSITY OF MIAMI:

- *Center for Autism and Related Disorders (CARD)* – The Mailman Center for Child Development serves Broward, Dade, Monroe, and Palm Beach Counties and offers the following programs:
    - Clinical programs focus on diagnostic and intervention activities related to many conditions associated with developmental delay or disability. The quality and quantity of clinical services provide the basis for advanced clinical training, research and the development of more effective strategies for diagnosis and treatment. Community based intervention activities are included.
    - Attention Deficit Hyperactivity Disorder Early Identification Research Project
    - Debbie Institute Early Intervention and Child Care Program
    - Florida's Early Intervention Program - Developmental evaluations for NICU graduates who are significantly at risk for developmental delay. Coordinates early intervention services for infants and toddlers ages birth through two who live in the north section of Dade County, and who have a developmental delay or disability.
    - Comprehensive Evaluation Team - Interdisciplinary evaluation and diagnosis for children with developmental delay, disability or complex learning needs. Counseling, referral and care coordination are provided.
    - Infant, Child and Adolescent Nutritional Services
    - Psychological Assessment Services
    - Florida Child Health and Developmental Disabilities Surveillance Project - Computer database system for the long-term monitoring, care coordination and analysis of the incidence of conditions that require special school services.
    - EPS Educational Research
    - Early Childhood Special Education

UNIVERSITY OF CENTRAL FLORIDA (Orlando):

- National Student Speech Language Hearing Association.
- FLARE - Family Literacy and Reading Excellence Center
- *Regional autism center* – College of Health and Public Affairs serves Brevard, Lake, Orange, Osceola, Seminole, Sumter, and Volusia Counties.

FLORIDA INTERNATIONAL UNIVERSITY (Miami):

- Degree programs in Special Education, Counselor Education, Educational Psychology and School Psychology, and Deaf Education

NOVA SOUTHEASTERN UNIVERSITY (Ft. Lauderdale):

- Degree programs in Speech-Language Pathology, Family Support Studies, Early Childhood Education, Exceptional Student Education (Emotionally Handicapped, Mentally Handicapped, Specific Learning Disabilities, Varying Exceptionalities)

C. EFFECT OF PROPOSED CHANGES:

The bill establishes three pilot programs (a.k.a. "demonstration projects") and a steering committee to design and test an integrated, community-based system designed 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. The pilot programs are intended to coordinate existing resources and fill gaps in service. The three pilot programs will be established in Broward, Manatee, and St. Lucie Counties.

Demonstration Projects

Interagency consortia (comprised of public and private providers, community agencies, business representatives, and the local school board) in each county will develop a proposal for a system that will do the following:

- Indicate an access point for screening, assessment, and referral for services, integration of services, linkages of providers, and additional array of services to address needs of targeted children and families
- Include existing services and determine additional services
- Determine funding sources and their uses
- Recommend combining or linking local planning bodies
- Use partnerships (public/private; faith-based; volunteers)
- Authorize hiring of appropriate, knowledgeable staff, establish office space, and contract with private providers as needed to implement the project
- Designate a central information and referral access phone number as the primary source of information on services for young children.
- Develop strategies for providing systematic hospital visits or home visits by trained staff to new mothers.
- Develop public awareness strategies, using a variety of media such as print, television, radio, and a community-based internet web site.
- Engage local physicians in enhancing screening opportunities
- Develop strategies to increase early identification of precursors to learning problems and learning disabilities through screening and referral
- Develop a system to log the number of children screened, assessed, and referred for services and after development and testing, tracking should be supported by electronic data system
- Develop a system for targeted screening and establish procedures to ensure that periodic developmental screening is conducted for children served by state intervention programs

- Conduct a needs assessment of existing programs and services where targeted screening programs should be offered. Coordinate further assessment after required referral from state intervention program.
- Refer to appropriate entities within the service system
- Provide for follow-up contact to all families whose children were ineligible for IDEA Part B or C services
- Pilot expansion of newborn screening to include tandem mass spectrometry with the intention of statewide implementation at the earliest feasible date.
- Pilot an automatic referral of high-risk newborns

Steering Committee

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 provide policy development, consultation, oversight, and support for the pilot programs; and advise the agencies, the Legislature, and the Governor on statewide implementation. Other duties and responsibilities include:

- Procure the products through contracts or other means
- Accept proposals from interagency consortia in 3 counties
- Help projects determine funding sources and uses
- Designate, with the demonstration projects, a central information and referral access phone number in each pilot community to increase public awareness.
- Provide assistance in developing brochures to be distributed to parents of newborns and in developing and distributing educational materials and information
- Establish guidelines for screening children from birth through age 9
- Assist projects in developing and testing screening processes to address social/emotional/behavioral interactions between the child and caregiver, which could indicate future problems or delays.
- Help projects develop a system for targeted screening
- Consult with projects regarding piloting the expansion of newborn screening to include tandem mass spectrometry with the intention of statewide implementation at the earliest feasible date.
- Develop, in conjunction with projects, incentives (which should be awarded based on integration of instructional strategies, staffing ratios, staff training requirements, family involvement) for educators and parents to use appropriate practices to address the unique needs of all.
- Work towards the goal of ensuring that every teacher has the ability to identify and properly respond to children who have learning problems and learning disabilities.
- Identify competencies for instructional personnel to address learning problems and learning disabilities that may impede school success.
- 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.
- Identify, in cooperation with the Florida Partnership for School Readiness, effective research-based curriculum for early care and education programs
- Develop, in conjunction with the projects, processes for identifying and sharing promising practices
- Showcase programs and practices at dissemination conference.
- Recommend monetary awards to programs selected as “promising practices”
- Establish processes for facilitating state and local providers’ ready access to information and training and for encouraging researchers to guide practitioners in designing and implementing research-based practices.
- Assist projects in conducting periodic conferences

- Assist School Readiness Estimating Conference and the Enrollment Conference for Public Schools in developing estimates of birth through age 9 at-risk children
- Develop, in conjunction with the projects, accountability mechanisms, including operational indicators and indicators to address quality of programs and integration of services.
- Oversee a formative evaluation of the project during implementation
- Make recommendations to the Governor, Legislature, and Commission of Education
- May recommend statewide expansion of any component of the system.
- Develop, in conjunction with the projects, a statewide strategic plan for implementing a model system statewide.

The steering committee must be appointed and must hold its first meeting within 45 days after the bill becomes law.

State Intervention Programs

State intervention programs, whose recipients would be targeted for periodic developmental screening, include those administered or funded by the: Agency for Health Care Administration; Department of Children and Family Services; Department of Corrections and other criminal justice programs; Department of Education; Department of Health; and Department of Juvenile Justice. When results of screening suggest developmental problems, potential learning problems, or learning disabilities, the intervention program shall refer the child to the Learning Gateway for coordination of further assessment.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Authorizes a three-year demonstration program, to be called the Learning Gateway, in three counties (Broward, Manatee, and St. Lucie). The purpose of the Learning Gateway program is to design and test an integrated community-based system to lessen the effects of early learning problems and learning disabilities in children age three through nine, through identification, education, and intervention. Creates the Learning Gateway Steering Committee to assist the three Learning Gateways. Provides duties of Learning Gateway Steering Committee include providing policy development, advising agencies, the Legislature and Governor on statewide implementation; and procuring products through contracts or other means. Provides that interagency consortia are comprised of public and private providers, community agencies, business representatives, and the local school board. Requires that description of proposed system of care indicate point of access, integration of services, linkages of providers, and services required to address the needs of targeted children and families. Authorizes demonstration projects to hire staff, establish office space, and contract with private providers as needed to implement the project.

Section 2. Sets forth components of the Learning Gateways. These components are: (1) Community education and family-oriented access strategies; (2) Screening and developmental monitoring; and (3) Early education, services, and supports.

The demonstration projects have the budgetary authority to hire personnel. The gateway provider shall provide (if services are not provided by existing systems): intake with families; appropriate screening or referral; needs/strengths-based family assessment; family resource plans; referrals for services; service coordination as needed by families; assistance in establishing a medical home; case management and transition planning. The steering committee and project shall designate a referral access phone number in each pilot community to increase public awareness and improve access; number is to be highly publicized as the primary source of information on services for young children; telephone staff should be trained and supported to offer accurate and complete information. Projects shall develop strategies for providing systematic hospital visits or home visits

and public awareness strategies, and a community-based internet web site. Public awareness strategies targeting parents of children from birth through age 9 are required to be designed.

Steering committee should assist projects in developing and testing screening processes to address social/emotional/behavioral interactions between the child and caregiver that could indicate future problems or delays. Projects should engage physicians in enhancing screening opportunities; and shall develop strategies to increase early identification of precursors to learning problems and learning disabilities through improved screening and referral practices within public and private early care and education programs and K-3 public and private school settings.

The demonstration projects shall develop a system to log the number of children screened, assessed, and referred for services; tracking should be supported by electronic data system for screening and assessment. In conjunction with the technical assistance of the steering committee, demonstration projects shall develop a system for targeted screening. The projects should conduct a needs assessment of existing programs and services where targeted screening programs should be offered. Based on the results of the needs assessment, procedures must be established within the demonstration community to ensure that periodic developmental screening is conducted for children from birth through age 9 who are served by state intervention programs or whose parents or caregivers are in state intervention programs.

Intervention programs for children, parents, and caregivers shall include those administered or funded by the: Agency for Health Care Administration; Department of Children and Family Services; Department of Corrections and other criminal justice programs; Department of Education; Department of Health; and Department of Juvenile Justice. When results of screening suggest developmental problems, potential learning problems, or learning disabilities, the intervention program shall refer the child to the Learning Gateway for coordination of further assessment.

Projects shall pilot an automatic referral of high-risk newborns.

Services of projects may include: high-quality early education and care program, assistance, speech therapy, parent education, medical screening and referral with biomedical interventions, referrals, therapy for learning differences, parental choice in provision of services by providers.

Incentives, if developed by steering committee, should be award based on integration of instructional strategies, staffing ratios, staff training requirements, family involvement, and services designed to meet the unique needs of all.

Steering committee shall work toward the goal of ensuring that every teacher has ability to identify and properly respond to children who have learning problems and learning disabilities. Steering committee, with universities and DOE, shall identify competencies for instructional personnel; competencies must be used to develop or adopt research-based preservice and inservice training programs for teachers; each teacher preparation program in the SUS must require 3 hours in child development; steering committee shall work with Doe to ensure that certification requirements prepare teachers. Committee may recommend monetary awards. Projects may recommend to committee more effective resource allocation and flexible funding strategies.

Holds harmless district funding for special education (if interventions are successful and fewer students are in special education, district funding will continue as if students are in special education).

Section 3. Requires steering committee assist in developing estimates of birth through age 9 at-risk population. Requires the steering committee, in conjunction with the Learning Gateway demonstration projects, to develop accountability mechanisms to ensure that the Learning Gateway programs are effective and that resources are used as efficiently as possible. Requires the steering

committee to oversee a formative evaluation of the project during implementation, including reporting short-term outcomes and system improvements.

Also provides that by January 2003, the steering committee shall make recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Commissioner of Education related to the merits of expansion of the demonstration projects.

Also provides that the steering committee, at any time, may recommend statewide expansion of any component of the system, which has demonstrated effectiveness as documented by the formative evaluation. If statewide expansion of the comprehensive system is recommended after the second year of the program, the steering committee, in conjunction with the demonstration projects, shall develop state-level and community-based strategic plans to formalize the goals, objectives, strategies, and intended outcomes of the comprehensive system, and to support the integration and efficient delivery of all services and supports for children from birth through age 9 who have learning problems or learning disabilities. In conjunction with the demonstration projects, the steering committee shall develop a statewide strategic plan for implementing a model system statewide. Requires community-level strategic plans include certain strategies, including training of professionals and resource needs of the assessment.

Section 4. Provides that the Legislature shall appropriate a sum of money to fund the demonstration programs and shall authorize selected communities to blend funding from existing programs to the extent that this is "advantageous to the community and is consistent with federal requirements."

Section 5. Provides that the act shall take effect upon becoming a law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

As of April 7, 2001, there is $6 million in the Senate budget (S.A. 131D); there is not an allocation in the House budget. Provision in the bill which indicate a fiscal impact include:

- School districts are “held harmless” for any reduction in the number of ESE students.
- Electronic data system to “track” screening and assessment information.
- Use of media for public awareness (print, television, radio, and a community-based web site)
- Hiring of ‘knowledgeable’ staff
- Use of tandem mass spectrometry for newborn screening
- Incentives to educators and parents for meeting unique needs of all learners
- Reducing staffing ratios and staff training requirements to be eligible for incentives

Some of the above are estimated in the figures below. Some are not determined at this time.

Study Commission Estimate

The Study Commission estimated an initial cost of $6 million for the 3 pilot sites, with oversight by the steering committee. Their figures are as follows:

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 would need to 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

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The Department of Health indicated that the Department of Health's State Laboratory, the Children's Medical Services Infant Screening follow-up program, and the Office of Vital Statistics will need to develop new procedures, enhance data systems, and identify additional resources to comply with the provisions for tandem mass spectrometry and referral based on birth certificate information.

Specifically, they stated that the State Laboratory and Children's Medical Services would incur costs associated with implementation of tandem mass spectrometry totaling approximately $519,776 in Year 1 and $90,997 in Year 2. Additional detail from the Department of Health:

CMS (Children's Medical Services) Infant Screening Program Follow-up Component:

- Currently, newborn infants in the state of Florida are tested for five hereditary diseases, which without detection and treatment within a few days of birth, will die or develop severe mental retardation. The program began in 1965 with the screening for a single disorder, phenylketonuria (PKU), and has been expanded to include galactosemia, congenital hypothyroidism (CH), congenital adrenal hyperplasia (CAH) and hemoglobinopathies, including Sickle Cell Disease.
- Data from the calendar year 2000 show that the State Laboratory reported 2,137 newborns with presumptively abnormal test results that required CMS follow-up for confirmatory testing, education, and treatment. The CMS Infant Screening budget for Fiscal year 00-01 totals $436,590. Therefore, the cost of CMS services per newborn with a presumptive abnormal test that requires follow-up services is estimated at $204 based on current data.
- Based on national attention regarding the expansion of disorders to be evaluated in the Infant Screening Program, an expansion from five disorders to a panel of twelve disorders is proposed. For the additional seven disorders screened, Dr. Ming Chan, the State Laboratory Bureau Chief, roughly estimates that 1:100, or 1%, of the birth population will be identified with presumptive abnormal screening tests, requiring CMS follow-up services.
- To determine the estimated CMS costs to address the expanded Infant Screening follow-up in a three county pilot addressed in this bill, the following factors are considered: The estimated live births in Broward, St. Lucie and Manatee Counties total 24,400. Therefore, the estimated number of newborns referred for follow-up by the lab is 244 (1% of 24,400). Using the current approximate cost ($204) for follow-up of each newborn with a presumptively abnormal test, then estimated additional resources total $49,776.
- If statewide implementation of the expanded screening program from five to seven tests were proposed, the estimated annual additional resources for CMS follow-up is calculated at $408,000. This figure assumes a statewide birth rate of 200,000 with an estimated 1% of the births requiring follow-up for presumptive abnormal results for the seven additional tests.

The cost of CMS follow-up for 2,000 additional newborns (at an estimated cost of $204 per infant) totals $408,000.

State Laboratory Infant Screening Component:

- The cost of purchasing a Tandem Mass Spectrometer and related equipment and disposables for the proposed three county pilot is estimated at $450,000 for the first year. Additional estimated annual costs for maintenance and disposables is $31,000 for Year 2. ·
- If statewide implementation of the enhanced program is considered in lieu of the pilot project, three tandem mass spectrometers with related equipment and disposables would be required with estimated costs of $1,350,000.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

Article IX, Section 1, Florida Constitution states in pertinent part that, "[a]dequate provision shall be made for a uniform . . . system of free public schools that allows students to obtain a high quality education . . ."

This bill establishes the Learning Gateway pilot program in only three counties in the state. Under the provisions of the bill, a number of services are provided to students and teachers through, or in conjunction with, the public school system in each of these three counties. These services are not provided to students statewide on a uniform basis nor is it clear when or if these services will be expanded throughout the entire state. Thus, it is not clear how this pilot program may be viewed under the uniformity standard in the Florida Constitution.

B. RULE-MAKING AUTHORITY:

None.

C. OTHER COMMENTS:

Some of the bill's provisions appear to be in conflict with recent policy decisions and laws passed by the Legislature.

- The 2000 Legislature eliminated the prescriptive requirements for teacher preparation programs and professional teacher certification. HB 1015 requires the steering committee, in cooperation with the universities and DOE, to identify competencies for teachers, and that these competencies be used to develop preservice and inservice training programs. Additionally, the bill requires each teacher preparation program in the SUS to require 3 hours of credit in child development.
- The 1999 School Readiness Act and the A+ Plan moved toward paying for outcomes rather than for specific teacher/student ratios or prescriptive training requirements. HB 1015 provides for incentives for the adjustment of 'staffing ratios" and "staff training requirements."
- Additionally, the 1999 School Readiness Act set a date, July 1, 2002, for the termination of the State Coordinating Council for School Readiness Programs (originally the State Coordinating Council for Early Childhood Services). The Learning Gateway Steering Committee established in HB 1015 appears to have many similar functions as the original State Coordinating Council for Early Childhood Services

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

N/A

VII. SIGNATURES:

COMMITTEE ON GENERAL EDUCATION:

Prepared by:	Staff Director:
Gip Arthur	Ouida Ashworth