

Recommendations to the Governor on Early Childhood Programs and Services

This report is being submitted as a response to Governor Musgrove's request of the group he convened in Charlotte, NC in November 2000. The intent of the report is to provide information and recommendations that would guide decisions with regard to early childhood policies and programs during the next several years. **The group set as an overall vision that every child in Mississippi will be healthy and develop the skills and concepts that ensure learning is ongoing prior to their entry into school.** *The goal set is to build a strong infrastructure for early childhood services in Mississippi including: quality child care, quality health care, quality resources for parents and a data system that serves to support and guide the decisions made relative to comprehensive services specific to the areas listed above.*

In preparing the report the group felt it was important to place the recommendations in the context of the recent research on brain development in early childhood and in the context of the economic reality in which many of our state's children live. According to the National Center for Children in Poverty, Mississippi reports young child poverty rates (children birth through age five years) that exceed the 1992-1996 national rate of 24.7%. This is especially troubling in light of research findings on early brain development that indicate what children need for healthy brain development to occur. One pertinent conclusion that speaks to the situation is: "Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance. Redressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand the children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens" (p.5). The report continues to address the devastating affect of poverty on young children as another conclusion speaks to the heart of poverty's grasp on children's lives, ". . . Growing up in poverty greatly increases the probability that a child will be exposed to environments and experiences that impose significant burdens on his or her well-being, thereby shifting the odds toward more adverse developmental outcomes. Poverty during the early childhood period may be more damaging than poverty experienced at later ages, particularly with regard to eventual academic achievement..." (p.9). *From Neurons to Neighborhoods*

Placing the research directives in the context of the state's current condition related to systems of health, care and support for young children puts the situation in a serious state of disconnection. This set of recommendations attempts to address the disparity through a thoughtful, reasonable plan for consideration.

Data Collection

The team feels that the first priority of the administration should be to create a Children's Information Center at the Research and Development Center in order for the state to be an effective service deliverer for the children of Mississippi. The team stresses the need for a system of data collection and analysis as a result of the difficulty it experienced in compiling information for this report and in obtaining data that addresses the success of existing programs in all areas highlighted. **More compelling is the historic absence of a dedicated long-range**

agenda for children in the state focusing on child care and children's health and the fact that the Center could provide the assistance for that agenda to be developed. In view of the identified need the team recommends the creation of a Children's Information Center. The Children's Information Center would:

1. Facilitate the exchange of information across agencies.
2. Establish a system that specifies the type of data, gathers and tracks it on programs serving children eight years and younger and their families for the purpose of evaluation and to inform agencies of duplication and gaps in programs during the annual planning process.
3. Facilitate/coordinate joint planning with the early childhood interagency coordinating council.
4. Assist in a mandated interagency collaboration effort that would result in the development of a children's budget.
5. Make the data collected and analyzed available to all participating agencies for planning and evaluation purposes.

The Children's Information Center would be staffed and operate from a budget dedicated for its operation. The approximate cost of the Center would be \$500,000 for the first year and a slightly lesser amount in subsequent years since the setup costs incurred the first year would not be a factor. The costs include: staff, technology expenses, office rental space, consultants and travel.

Quality Child Care

The National Research Council and Institute of Medicine recently released a report, *From Neurons to Neighborhoods*, which summarized, evaluated and integrated the current science of early childhood education. One conclusion that the committee made related to the interrelationship between the out of home care young children receive and their healthy development. The report states: "The time is long overdue for society to recognize the significance of out-of-home, care relationships for young children, to esteem those who care for them when their parents are not available, and to compensate them adequately as a means of supporting stability and quality in these relationships for all children, regardless of their family's income and irrespective of their developmental needs" (p.7). Since the TANF program is well established in the state, childcare needs are at a crisis point. The Office for Children and Youth reports that in Federal fiscal year 2000, 40,863 children, ages birth through 12 years of age, are being served through federal funds allocated for child care for low income families. The majority of those children are under the age of five. Currently, the office has a waiting list of 12,495 children ages birth through age 12 years with the majority of those children under the age of five.

In attempt to ensure quality childcare for all children 0 to age 5 years participating in out-of-home childcare we recommend the following:

1. The Governor actively supports the objectives and strategies outlined in “Blueprint for Achieving Quality Early Childhood Services for Mississippi’s Children” developed by the Department of Human Services through the Office for Children and Youth.
2. The Governor directs the passage of legislation that states as of October 2002 and every year thereafter through October 2004, 20,000 additional childcare slots will be made available to parents of children 0-4 years of age.
3. The cost estimate of the additional childcare slots is as follows: 20,000 additional childcare slots @\$3,000 per child (\$50 per week) for the first year = \$60,000,000 and for each successive year until the number is increased by 60,000 total slots. The cost for the total increase is \$180,000,000.
4. The development of a sliding fee scale as to extend upward and broaden the current method of affordable parental co-payment for childcare. (The existing income scale provides assistance to families earning up to 85% of SMI.)

In order to appropriately fund the recommendations the following suggestions are submitted:

1. Develop a business partnership with government similar to the one developed by Governor Jim Hunt that would result in a monetary contribution to a trust fund designated for the purpose of funding early childhood programs.
2. Develop a plan whereby the maximum amount of federal dollars would be “drawn down” by appropriating the maximum amount of state funds and directing the maximum amount of TANF dollars in the state that is feasible into funding childcare slots.
3. Provide a tax incentive to businesses that offer childcare as an employee benefit.
4. Factor into the Mississippi economic development strategy the provision for the reimbursement of childcare for workers.
5. Raise the tax on casinos to the national average and allocate at least 1% of the increase in revenue to fund early childhood programs.

Quality Health Care

It is evident that the health of a child affects all aspects of his development. Research studies abound that document the connection between children’s physical and mental health and their ability to mature into productive citizens. In the recommendations below the Healthy People 2010 model is cited as it provides a measure for success.

Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designated to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 objectives are identified by number below of each the primary activities to demonstrate and ensure consistency with national health promotion and disease prevention objectives.

Most of the recommendations would not require new appropriations. The majority can be met with a redesign of the Medicaid plan.

1. The Governor directs the Director of the Division of Medicaid and the State Health Officer to utilize the expertise of nationally recognized expert, Sara Rosenbaum, Hirsch Professor of Health Law and Policy of The George Washington, University School of Public and Health Policy, Center for Public Health Services Research and Policy, to modify the existing Medicaid Plan to take full advantage of existing and any available matching resources to develop a comprehensive system of medical, developmental, and mental health services for infants, toddlers, and young children to age eight (8). Ms. Rosenbaum will assist in the development of a revision to the State Medicaid Plan to be completed no later than August 30, 2001.

Modification of the Medicaid Plan will allow the State to get maximum benefit from our generous matching rate. The “plan” modifications will address specifically:

- a. Increasing the number of primary care physicians and specialists who serve Medicaid and CHIP eligible infants, toddlers and young children to age eight (8) by 50% before the year 2005. In order to increase participation of physicians, reimbursement for Medicaid patients on all charges should be increased to 90% including inpatient charges. Additionally, mental health reimbursement is seriously below the usual and customary charges and should be increased to 90% of usual and customary charges.

Baseline: not available

Target:

Resource Issues:

Addresses: Healthy People 2010: 1-1, 1-2, 1-6, 16-6

- b. Increasing the number of Medicaid recipients with a “medical home” by 50% by 2005.

Baseline: not available

Target:

Resource Issues:

Addresses: Healthy People 2010: 1-4, 1-5, 1-6

- c. Developing a system to provide comprehensive and coordinated medical and developmental services for infants, toddlers, and young children to age eight (8) with special health, mental health and developmental needs and their families by 2003.

Baseline: 2% of the 0 to 3 population statewide. Approximately 3,500 infants and toddlers with special health care needs and their families are currently served.
Target: 5% or 6000 infants and toddlers 0 to 3 statewide.

Resource Issues: Lack of full time therapists, Physical Therapy, Occupational Therapy, and Speech Therapy. Poor or no reimbursement by Medicaid and CHIP. Education has minimal involvement (0-3 years). Lack of funds. Low reimbursement rate when paid by Medicaid. Medicaid has restrictive policies for use of Home Health therapists.

Addresses: Healthy People 2010: 1-1, 1-2, 1-5, 1-6, 1-7, 1-14, 7-7 thru 7-12

MSDH State general Infant and Toddler Funds can be used for match for (c).

- d. Increase the number and appropriateness developmental screenings provided to for infants, toddlers, and young children to age eight (8).

Baseline: Medicaid total # EPSDT (FY 99) = 106,502 all ages. MSDH total # EPSDT (FY 99) = 44,897 all ages.

Target: One-hundred percent of the 0 – 8 Medicaid and CHIP eligible population in MS receive appropriate health and developmental screening according to American Academy of Pediatrics guidelines.

Resource Issues: No information specific to 0 to 8 years. Medicaid Annual report identifies a 34% drop in expenditures for EPSDT from FY 98 to FY 99 (\$7,454,339 to \$4,921,871). According to Medicaid the annual cost per beneficiary dropped from \$79 to \$46 from FY 98 to FY 99. Medicaid reports that 18% (\$18,808,814) of the total expenditures for Physician services were for children 0 – 8 during FY 99. Eleven-percent or (\$11,381,243) of the total expenditures to physicians were for infants birth to age 1.

Addresses: Healthy People 2010: 1-1, 1-2, 7-7, 7-10, 7-11, 16-14

- e. Effectively provide appropriate pre-natal, post-partum, and infant home visits to 75% of the Medicaid and CHIP eligible mothers in the state. Visits should include at a minimum: developmental screening, health screening, nutritional assessment, parenting skills assessment, appropriate health education on the previous issues, and referral as necessary. Up to four well-baby visits are to be reimbursed by Medicaid and CHIP to occur at a frequency consistent with AAP developmental milestones for the infants first year to begin by July 2002.

Baseline: Medicaid reports that 11,700 individual recipients received enhanced Perinatal High Risk Management (PHRM) services statewide for FY 99. MSDH reports 3971 postpartum home visits. Also during FY 99, through PHRM 7,811 individuals were screened and determined to be “at-risk.”

Target: PHRM and Postpartum home visiting, 100% of pregnant Medicaid and CHIP (depending on CHIP age limitations) recipients and their infants by 2005.
Resource Issues: Inadequate Staffing (Nurses, Nutritionists, Social Workers) within the MSDH.

Addresses: Healthy People 2010: 1-1, 1-2, 1-3, 7-7, 7-10, 7-11, 15-8, 15-9, 15-20, 15-25, 16

- f. **(Reference (3.) below)**
 - g. Require all children three years and younger who are in case status with Child Protective Services at The Department of Human Services for evaluation of suspected abuse or neglect be referred for a developmental-behavioral screening under Part C of the Individuals With Disabilities Education Act.
Resource Issues: Inadequate staffing. Lack of funds under the current funding formula.
2. The Governor directs/supports legislation that mandates the State Department of Health to coordinate with the Departments of Mental Health, Education, Human Services, Medicaid, University Medical Center, Academy of Pediatrics and others as deemed appropriate to implement a well-child and school readiness screening to be administered to every five year old child prior to school entry to begin July 2002.

Model: Florida School Readiness Legislation resulted in the development of a plan whereby children entering kindergarten are being assessed in three areas: health, mental health and on factors such as language and problem solving . This will be done to determine those at risk for developing emotional, cognitive, learning, and other developmental delays or long-term mental or developmental disabilities or conditions. The legislation also directed a study to be done to document appropriate early interventions that would result, if implemented, in a more productive life for children who qualify as well a reduction in cost savings to public systems such as the criminal justice and child welfare systems. Currently the plan is being piloted to determine the effectiveness of the data collection .The approximate cost is \$6 per child which includes the training of kindergarten teachers to administer sections of the assessments. A system such as this would require additional funding to be implemented. In 1999-2000 38,133 children were enrolled in public kindergarten. An approximate cost using those figures is \$228,798 per year for assessment of the children.(FL Senate Bill 1264e1.)

3. The Governor directs all state agencies to increase/maintain efforts to enroll every eligible child in the CHIP so that by January 2002, 85% of eligible children are enrolled and by January 2004, 98% are enrolled. Additionally, the Governor directs the Office of Insurance and the Division of Medicaid to overcome any continuity of care issues when moving from Medicaid to CHIP (or vice-versa). Currently approximately 25% of eligible children are enrolled.

4. The Governor directs/supports legislation that mandates the Department of Mental Health to develop a plan for the implementation of programs that comprehensively address the need for community-based family focused mental health services and intervention programs. The Department of Mental Health shall utilize the expertise of the Departments of Health, Education, Medicaid, Institutions of Higher Learning, Board of Community and Junior Colleges, UMC, Human Services, Cooperative Extension Service, and additionally, Head Start, Early Head Start, a child care provider, a director of a families first family resource center, a parent of a child with diagnosed emotional disabilities, a director of a community based mental health center, a director of a mental health regional center, law enforcement, and a drug/alcohol rehabilitation program. The plan should be structured in such a way that it may be utilized as an essential part of State Medicaid Plan. The plan should incorporate mechanisms to utilize supervised psychiatric/psychology residents choosing to participate to provide information and limited counseling to pregnant women and mothers with children up to age 8 years. Services that are not completely covered for Medicaid reimbursement shall be submitted to the Governor for review with consideration for funding in the 2002 legislative session.

Parent Resources

According to research findings, “Children’s early development depends on the health and well-being of their parents. Yet the daily experiences of a significant number of young children are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and the psychological fallout from living in a demoralized and violent neighborhood...”(p.7). *From Neurons to Neighborhoods*.

In an attempt to acknowledge the research findings and the group’s belief that parents are the child’s first and best teacher and need support, it is recommended that :

1. By January 2002 every new parent is able to access for up to three years a personal visit parent education program that has been proven effective by research conducted by an independent source. The program, housed with the Mississippi Extension Service, would be voluntary with every parent of an infant born January 2002 and thereafter accessing the program for a period of three years. Figures compiled in 1999 show 1,735 families involved in parent programs ranging from Parents as Teachers, Bright Futures and those participating in Even Start Programs in local school districts.

Cost estimate: In the state of Missouri a voluntary parent education program is offered to any family requesting it. Currently approximately 46% of eligible families participate. According to the Department of Education the cost for 5 annual visits per family is \$235 per year per family (3 personal visits and 2 group visits). For at-risk families they will reimburse for up to an additional 20 contacts or 25 total. The additional visits are reimbursed at \$47 per visit.

2. By January 2003 increase the number of parent resource centers so that there is one viable center per county. Current figures from DHS reveal that 46 counties currently offer services through at least one parent resource center. These centers are in various stages of operation and

are funded at various levels. The figure from the Department of Education is unavailable at this time. In densely populated counties, two centers that work cooperatively would be feasible or one functioning as a hub with satellite centers would be more cost effective.

3. By January 2008 a statewide transportation would be a reality for citizens of Mississippi. This would occur through the coordination of existing transportation programs and funds dedicated to transport individuals and additional funds provided through Medicaid, Department of Human Services, Department of Health, Department of Education, Community Colleges, Department of Mental Health, Head Start and general funds. Transportation services would be restricted to supporting the family so their basic health and educational needs are met and that access to services that result in stabilization of the home occur (paying utility bills, rent, purchasing groceries, etc.).

4. Create a resource and referral agency in each region of the Department of Human Services across the state. The primary purpose of the resource and referral agency system, administered through the Office for Children and Youth, will be to inform parents as to their options of childcare available and to educate them as to the type of settings that provide quality care and educational services.

Bold Thoughts to Ponder

The team discussed several issues that are known to be controversial, but felt they were of merit to be introduced into the recommendations. Each idea is stated and possible public concerns follow.

1. The funding of childcare centers and the setting and enforcing of standards and childcare licensing be located in the same agency.

Currently the licensing of childcare facilities is in the Mississippi Department of Health and the funding of childcare settings with regard to quality enhancement and “slots” or certificates issued to providers for children who qualify is administered by the Department of Human Services. The primary reason for the suggestion is the evidence gathered from researching other states that have combined childcare administration that indicates improved services to children and better coordination of funds. The concerns that could be raised are: the public’s perception of moving the responsibility, the short-term confusion concerning the relocation of the duties and any legislative mandates that refer to the existing structure for the change in licensing regulations.

2. Mandatory attendance in kindergarten programs that are consistent with current program guidelines.

Currently kindergarten is mandated to be offered by every public school in Mississippi, but student attendance is not mandatory. There is abundant research that supports the need for children to have a quality kindergarten experience so that they will successfully meet the academic challenges of first grade. According to the

Mississippi Department of Education, in 1999-2000 38,133 children were enrolled in public kindergarten. The “con” positions of pushing for mandatory attendance are: we are hitting the flat of the curve and the conservative view that the state is requiring young children to be placed in educational programs at an age that they should be with their parents. The “pro” positions are: the requirement of attending kindergarten would help to define pre-kindergarten programs and encourage voluntary participation and it would increase the chances of more children being ready to meet first grade expectations for school success.

3. The development and funding of a marketing strategy to address early intervention and child development in the following ways:
 - (a) to expand the memory book currently offered to all new parents at the birth of their baby by First Steps Early Intervention Program to include DHS and MDE programs for children and parents
 - (b) to reduce the number of babies born with developmental delays/disabilities (spina bifida ,fetal alcohol syndrome) by 25% within three years of the advent of the specific campaign
 - (c) to coordinate various agency campaigns on issues selected by the Governor
 - (d) to utilize the suggestions put forth in the outreach section of the “Blueprint for Achieving Quality Early Childhood Services for Mississippi’s Children” developed by the Office for Children and Youth.

Currently, there is no coordinated effort to use all media available to saturate communities across the state on early intervention issues on a consistent basis. The “pro” positions are: this would raise the general public’s knowledge about various aspects of health and mental health issues that are critical to the development of healthy children who are learning from birth. This knowledge could lead to community commitments to improve partnerships with parents so the environment in which children are raised is healthy and supportive for the child’s positive social and intellectual development. No “con” positions were raised.

Conclusion

In Cynthia Duncan’s haunting book, **Worlds Apart**, about the de-humanizing effects of poverty on generations, she recalls a meeting in Greenville, Mississippi. Senator Robert Kennedy was talking with some residents and it was clear he had become troubled by both what he had seen and what he had figured out. She writes, “ Senator Kennedy had figured out how intractable the social and economic system seemed, how tenacious its resistance to reform efforts on behalf of the majority who live in such dire circumstances. “This situation can not last forever,” he said... Silence greeted his comment... Finally, an African –American minister of great humility and shrewdness, a veteran of the civil rights movement that had recently stirred the Delta no end, spoke up: “ All things do come in time, Senator. Yes, sir, maybe by the end of the century, the end of this second millennium, it’ll be different here. Maybe the Lord will smile on us, and give us a better life, so you don’t have a few with everything and most everybody else with nothing. There are days that I think it’ll take the Second Coming for that to come about-but who knows?

With the year 2000 the Lord might decide to pay us some attention here, and turn things around.”
(Foreward, **World’s Apart**)

As a group of Mississippians we are honored to have been asked to make recommendations that will, if enacted, make dramatic changes in the lives of children in our state today and in the generations to come. We are confident that all children in Mississippi, not only in the Delta, will soon receive “some attention” around the issues we have raised. We stand ready to continue in an advisory capacity or in other roles such as advocates should you request. Again, we are appreciative of your interest in this issue and in the deliberate manner in which you are seeking information to allow for the best decisions to be rendered.

Submitted by:

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(George Penick, President of the Foundation for the Mid-South, also contributed to these recommendations.)

1 A bill to be entitled
2 An act providing for a study on children with
3 developmental delays; providing purposes;
4 providing for a commission and its membership,
5 officers, and meetings; providing for the
6 administration of the study and for staff and
7 expenses; prescribing the components of the
8 study; authorizing the employment of expert
9 consultants; providing for advisory workgroups;
10 requiring reports to the Legislature; providing
11 an appropriation; providing for expiration of
12 the act; providing an effective date.

13

14 WHEREAS, the healthy development of Florida's infants
15 and children is often hampered by their exposure to multiple
16 stresses, traumatic events such as child abuse and family
17 violence, mental or emotional disorders, or developmental
18 delays or disabilities that result in personal and family
19 hardships and extreme financial costs to public and private
20 community-based systems, and

21 WHEREAS, recent brain research, as well as other
22 clinical and social research, has confirmed that there exists
23 a window of opportunity for successfully intervening with
24 children experiencing and at risk of emotional, social,
25 cognitive, learning, and other developmental delays, and

26 WHEREAS, the consequences of young children entering

27 school and becoming adults with mental disorders or
28 developmental disabilities and delays not only affect children
29 and families but also affect systems that are publicly
30 supported, such as welfare assistance, child protection,
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SB 1264

First Engrossed (ntc)

1 criminal justice, special education, and other public social
2 and health-related systems, and

3 WHEREAS, there should be a comprehensive evaluation of
4 the needs of Florida's children who are at high risk of
5 significant delays and serious developmental problems that are
6 preventable and an evaluation of the interventions available,
7 and

8 WHEREAS, Florida's systems of care and public and
9 private resources need to be better integrated and coordinated
10 to intervene early and thus to prevent the adverse effects of
11 child abuse and neglect, community violence, mental disorders,
12 learning disorders, and developmental delays and problems,
13 NOW, THEREFORE,

14

15 Be It Enacted by the Legislature of the State of Florida:

16

17 Section 1. Short title.--This act may be cited as the
18 "Study on Children with Developmental Delays Act."

19 Section 2. Purpose.--The purpose of this act is to
20 examine how this state can better identify and effectively
21 serve those young children with or at high risk of mental
22 disorders or developmental delays and disabilities, with the
23 goal of optimally minimizing the adverse effects of those
24 delays and disabilities on children in this state. As used in
25 this act, the term "children with developmental delays" means
26 those infants and young children from birth to 5 years of age
27 who are experiencing or are at high risk for developing
28 emotional, cognitive, social, learning, and other
29 developmental delays or long-term mental or developmental
30 disabilities or conditions. The study must recognize that
31 families, as well as other community-based entities, play a

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1 major role in preventing or minimizing certain risks to the
2 child, enhancing the child's development, and minimizing the
3 long-term disabling impact of any developmental delay or
4 disability. The study should focus on developing
5 early-intervention strategies and programs that provide
6 individualized treatment and other services to infants and
7 young children and to their families so that the children will

8 not suffer unnecessarily because their problems and deficits
9 were never identified or were mislabeled. The study must
10 document the ways in which providing appropriate early
11 interventions to young children who experience these
12 developmental delays or deficits or early negative family
13 circumstances will afford a more productive life for these
14 children as well as result in cost savings to public systems
15 such as the criminal justice and child welfare systems. The
16 study must use to the greatest possible extent the work and
17 findings of other groups.

18 Section 3. Study on children with developmental
19 delays; administration; study commission membership;
20 components of study.--

21 (1) ADMINISTRATION OF STUDY; STAFF; EXPENSES.--The
22 Florida Partnership for School Readiness shall conduct the
23 study on children with developmental delays to meet the
24 purposes prescribed in this act. The Executive Office of the
25 Governor, the Department of Children and Family Services, and
26 the Children's Medical Services of the Department of Health
27 shall provide assistance to the partnership on request.

28 (a) The partnership shall appoint a study commission
29 to carry out the activities required for the study. The
30 commission is to consist of the following 16 members:

31 1. The Secretary of Juvenile Justice.

- 1 2. A representative of the Department of Children and
2 Family Services.
- 3 3. A representative of the Department of Education.
- 4 4. The Executive Director of the Agency for Health
5 Care Administration.
- 6 5. A representative of the Department of Health.
- 7 6. The Department of Psychiatry Chair of the
8 University of Florida Brain Institute.
- 9 7. The Department of Pediatrics Chair of the
10 University of Miami Medical School.
- 11 8. The chair of the Florida School Readiness
12 Partnership Board.
- 13 9. The chair of the Florida Interagency Coordinating
14 Council for Infants and Toddlers.
- 15 10. A professional who has expertise in the needs of
16 children with learning disabilities.
- 17 11. A professional who has expertise in the needs of
18 children with emotional or mental disorders.
- 19 12. A professional who has expertise in the needs of
20 children with developmental disabilities.
- 21 13. A professional with expertise in the diagnosis and
22 treatment of children with speech and language disorders.
- 23 14. A professional with expertise in the
24 early-intervention and prevention services rendered to
25 children in this state.
- 26 15. A professional with expertise in autism and

27 related disorders.

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

30 (b) Appointments to the study commission must be
31 completed within 2 weeks after this act takes effect, and the

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1 study commission must conduct its initial meeting within 1
2 month after this act takes effect. The partnership executive
3 director shall appoint a study coordinator within 15 days
4 after the appointment of the commission, within funds
5 appropriated. The partnership executive director may appoint
6 one professional staff member and one clerical staff member
7 within funds appropriated, subject to the approval of the
8 partnership. The staff shall serve under the direction of the
9 partnership executive director and shall perform the duties
10 assigned by the partnership. An agency head may not designate
11 a representative to attend study commission meetings on his or
12 her behalf. Professional members of the study commission must
13 be appointed in consultation with the President of the Senate
14 and the Speaker of the House of Representatives.

15 (c) Members of the study commission and members of the
16 advisory workgroups shall serve without compensation, but are

17 entitled to receive reimbursement for per diem and travel
18 expenses as provided in section 112.061, Florida Statutes.

19 (2) COMPONENTS OF THE STUDY.--The study on children
20 with developmental delays shall contain the following
21 components:

22 (a) Examination of the research and best practices in
23 the pertinent psychiatric/medical, social,
24 psychological/behavioral, and education professions in order
25 to identify early interventions that will prevent or minimize
26 the adverse effects of emotional, social, cognitive, learning,
27 or developmental delays or disabilities on children and their
28 families.

29 (b) Determination of the best existing,
30 age-appropriate screening and evaluation tools, such as School
31 Readiness uniform screening, which are currently used by

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1 community service providers and education entities to identify
2 and link children with appropriate specialized interventions
3 and services.

4 (c) Identification of community risk factors such as
5 chronic community and family violence which expose infants and
6 young children to a variety of developmental and clinical
7 problems and limit the effectiveness of parents.

8 (d) Identification of existing services and programs
9 in this state which are effective and which need to be
10 expanded in scope, availability, or geographic access and
11 identification of new services, programs, or interventions
12 that have proven effective by means that include a review of
13 the professional expertise, available and unavailable, in this
14 state to provide these services.

15 (e) Determination of the configuration and
16 organizational arrangement of the delivery systems for
17 early-intervention services and programs to assure
18 coordination and integration with existing systems, which
19 include, but are not limited to, School Readiness, Infants and
20 Toddlers Early Intervention Program, Pre-Kindergarten
21 Disability Program, Healthy Start Program, Healthy Families
22 Florida, Florida KidCare, child and adolescent mental health
23 services, juvenile justice programs, developmental services,
24 foster care services, group care services, domestic violence
25 services, and teenage parent programs.

26 (f) Determination of the costs of providing services
27 and propose funding options.

28 (g) Based upon these finding and conclusions,
29 preparation of a plan for building a comprehensive
30 early-intervention system in this state for young children
31 with or at high risk of developmental delays or problems and

1 recommendation of public policy changes that will address the
2 issue of violence prevention. The plan must include a
3 description of services and programs accessible to all
4 communities in this state, budget and resource needs, proposed
5 statutory revisions, legislative funding options, and an
6 implementation schedule.

7 (3) EXPERT CONSULTANTS.--The study commission, with
8 the approval of the partnership, may invite national experts
9 in the area of brain research, child development and early
10 intervention, and violence intervention to participate in the
11 study activities and to make pertinent recommendations
12 concerning this state's prevention and early-intervention
13 strategies, programs, and services. Fees may be paid to the
14 consultants from the appropriation for the study.

15 (4) ADVISORY WORKGROUPS.--The study commission shall
16 establish at least two advisory workgroups. One must be a
17 scientific advisory workgroup composed of scientific experts
18 who will examine the effectiveness of various
19 early-intervention and prevention programs, preparing a report
20 for the study commission to help guide selection of programs.
21 The other must be a community advisory workgroup composed of
22 state agency program representatives; parents of children who
23 are at-risk of developmental delays or disabilities; parents
24 of children with disorders or disabilities; local providers of
25 child care, early-intervention services, and other relevant
26 services; a local school readiness coalition representative; a

27 regional policy council representative; and other experts in
28 the field or service system. This community advisory workgroup
29 shall provide the study commission with technical assistance
30 on the services and systems of this state.
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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

SB 1264

First Engrossed (ntc)

1 (5) REPORT.--The partnership must submit its report by
2 January 1, 2001, to the President of the Senate, the Speaker
3 of the House of Representatives, and the chairpersons of the
4 appropriate substantive committees of each house of the
5 Legislature. The recommendations of the task force must
6 include proposed legislation.

7 (6) APPROPRIATION.--There is appropriated for fiscal
8 year 2000-2001 the sum of \$250,000 from the General Revenue
9 Fund to the Florida Partnership on School Readiness to fund
10 the study. Of this appropriation, \$100,000 may be used to
11 reimburse national consultants in child development, brain
12 development, violence prevention, and other related areas who
13 provide consultation and share their expertise with the study
14 commission.

15 Section 4. This act expires June 30, 2001.

16 Section 5. This act shall take effect upon becoming a

17 law.

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**FLORIDA
SCHOOL READINESS BUDGET INFORMATION
HOUSE AND SENATE PROPOSALS**

- The Senate's position on funding level on line items 427 and 428 proposes a \$66 million increase for Subsidized Child Care. The House is still proposing a \$50 million increase.

HEALTH & HUMAN SERVICES

House Members	Phone Number (850)	Senate Members	Phone Number (850)
Debby Sanderson, Chair	488-0635	Ron Silver, Chair	487-5121
Bob Casey	488-0887	Patsy Kurth	487-5053
Frank Farkas	488-5719	Burt Saunders	487-5124
Lars Hafner	488-9337		
Sandra Murman	488-9910		
Durrell Peadon	488-4726		
Alternates			
Addie Greene	488-8632		
Ken Littlefield	488-5744		

- The Senate's position on line item 7 maintains the \$2,085,000 for local school readiness coalitions. The House budget cuts this amount from the education budget that has been used this year for coalition planning grants and could be used this coming year for coalition incentive grants.

EDUCATION

House Members	Phone Number (850)	Senate Members	Phone Number (850)
Stephen Wise, Chair	488-5102	Donald Sullivan, Chair	487-5065
Cynthia Chestnut	488-5794	Charlie Clary	487-5009
Lee Constantine	488-2231	Betty Holzendorf	487-5024
Evelyn Lynn	488-9873		
Jerry Melvin	488-1170		
Marjorie Turnbull	488-0965		
Alternates		Alternates	
J.D. Alexander	488-9465	Mario Diaz-Balart	487-5130
Ron Greenstein	488-3164		

- The House's position on line item 97-A provides for the transfer of Prekindergarten funds from the Lottery to General Revenue. The advantage is that the funds could potentially draw down federal funds.

EDUCATION

House Members	Phone Number (850)	Senate Members	Phone Number (850)
Stephen Wise, Chair	488-5102	Donald Sullivan, Chair	487-5065
Cynthia Chestnut	488-5794	Charlie Clary	487-5009
Lee Constantine	488-2231	Betty Holzendorf	487-5024
Evelyn Lynn	488-9873		
Jerry Melvin	488-1170		
Marjorie Turnbull	488-0965		
Alternates		Alternates	
J.D. Alexander	488-9465	Mario Diaz-Balart	487-5130
Ron Greenstein	488-3164		

- The Senate's position on line items 2067 and 2068 maintains the Partnership's \$330,000 operating budget and the \$1,075,000 for local coalitions. The house budget cuts the Partnership's \$330,000 and instead requires the Partnership to use some of the \$1,075,000 currently spent on local coalition grants on its own operating budget.

TRANSPORTATION & ECONOMIC DEVELOPMENT

House Members	Phone Number (850)	Senate Members	Phone Number (850)
James Fuller, Chair	488-4171	James Hargrett, Chair	487-5442
Larry Crow	488-9240	Jim Scott	487-5100
Bruce Kyle	488-1541	Daniel Webster	487-5047
Kelly Smith	488-0665		
Alzo Reddick	488-0760		
Alternates			
Bud Bronson	488-8992		
Lindsey Harrington	488-9175		
Randy Johnson	488-0256		