

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

BILL: CS/SB 2120

SPONSOR: Committee on Children and Families and Senator Dawson-White

SUBJECT: Infant and Early Childhood Development

DATE: April 20, 1999 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Crosby	Whiddon	CF	Favorable/CS
2.			FP	
3.				
4.				
5.				

I. Summary:

The Committee Substitute for Senate Bill 2120 provides that music therapy may be offered in the prekindergarten early intervention program, the developmental evaluation and intervention program for high-risk and disabled infants and toddlers, early intervention services and community-based services under the developmental services program, the interagency continuum of comprehensive services for high-risk and handicapped infants and children, the brain development activities required for infants and toddlers in state-funded education and care programs, and in the Children's Early Investment Program. This act shall take effect October 1, 1999.

This bill substantially amends the following sections of the Florida Statutes: 230.2305, 391.305, 393.064, 393.066, 402.25, 411.203, and 411.232.

II. Present Situation:

Prekindergarten early intervention program

Section 230.2305, F.S., regarding prekindergarten early intervention program, sets standards for the program. The following standards are relevant to this bill:

The Department of Education and the Department of Children and Family Services, in consultation with the Legislature, shall develop a minimum set of performance standards for publicly funded early education and child care programs and a method for measuring the progress of local school districts and central agencies in meeting a desired set of outcomes based upon these performance measures. The defined outcomes must be consistent with the state's first education goal, readiness to start school, and must also consider efficiency measures such as the employment of a simplified point of entry to the child care services system, coordinated staff development programs, and other efforts within the state to increase the opportunity for welfare recipients to become self-sufficient.

The program curriculum must be developmentally appropriate according to current nationally recognized recommendations for high-quality prekindergarten programs. School districts may establish a sliding fee scale for participants.

Staff to child ratios (generally 1 adult to 10 children), minimum training requirements for all staff (which include the following areas: state and local rules that govern child care, health, safety, and nutrition; identification and report of child abuse and neglect; child growth and development; use of developmentally appropriate early childhood curricula; and avoidance of income-based, race-based, and gender-based stereotyping), and criteria relevant to teacher certification are also included in this section of law.

The school district must make efforts to meet the first state education goal, readiness to start school, including the involvement of nonpublic schools, public and private providers of day care and early education, and other community agencies that provide services to young children. This may include private child care programs, subsidized child care programs, and Head Start programs. The school district must also coordinate with the central agency for state-subsidized child care or the local service district of the Department of Children and Family Services to verify family participation in the WAGES Program.

No standard is specified for services or therapies in the prekindergarten program.

Developmental evaluation and intervention program

Section 391.305, F.S., 1998 Supp., provides that the Department of Health shall adopt rules for the administration of the developmental evaluation and intervention program. The rules shall specify standards for the development and operation of the program, including, but not limited to:

- Standards governing the eligibility for program services and the requirements of the population to be served.
- Criteria and procedures for screening, identifying, and diagnosing hearing-impaired infants.
- Criteria for determining an infant's or a toddler's need for developmental evaluation and intervention program services.
- Minimum developmental evaluation, intervention, and support services.
- Program staff requirements and personnel qualifications.
- Reporting and program evaluation procedures.

Developmental services

Section 393.064, F.S., discusses prevention services provided by the developmental services program and includes services to high-risk and developmentally disabled children from birth to 5 years of age and their families. Such services shall include the individual evaluations or assessments necessary to diagnose a developmental disability or high-risk condition and to determine the appropriate individual family and support services, unless such evaluations or assessments are the responsibility of the children's medical services program. Services may include early intervention services, including developmental training and specialized therapies. The broad category of "specialized therapies" allows the developmental services program to provide a variety of specialized supports; these include physical therapy, speech therapy, development training, and evaluation.

Section 393.066, F.S., 1998 Supp., regarding community services and treatment for persons who are developmentally disabled, provides that the Department of Children and Family Services shall plan, develop, organize, and implement its programs, services, and treatment for persons who are developmentally disabled. The goal of such programs is to allow clients to live as independently as possible in their own homes or communities and to achieve productive lives.

Community-based services shall, to the extent of available resources, include:

- Day services, including developmental training services.
- Family care services.
- Guardian advocate referral services.
- Medical/dental services.
- Parent training.
- Recreation.
- Residential services.
- Respite services.
- Social services.
- Specialized therapies.
- Supported employment, including enclave, job coach, mobile work crew, and follow-along services.
- Supported living.
- Training, including behavioral programming.
- Transportation.
- Other habilitative and rehabilitative services, as needed.

This list is not intended to be comprehensive and does include specialized therapies, as outlined above, and other habilitative and rehabilitative services, as needed.

Infants and toddlers in state-funded education and care programs

Section 402.25, F.S., 1998 Supp., regarding infants and toddlers in state-funded education and care programs and brain development activities, specifies that each state-funded education and care program for children from birth to 5 years of age must provide activities to foster brain development in infants and toddlers. A program must provide an environment rich in language and music and filled with objects of various colors, shapes, textures, and sizes to stimulate visual, tactile, auditory, and linguistic senses in the children and must include classical music and at least 30 minutes of reading to the children each day. A program may be offered through an existing early childhood program such as Healthy Start, subsidized child care, the prekindergarten early intervention program, Florida First Start, the Head Start program, or a private child care program. A program must provide training for the infants' and toddlers' parents including direct dialogue and interaction between teachers and parents demonstrating the urgency of brain development in the first year of a child's life. Family day care centers are encouraged, but not required, to comply with this section.

Continuum of comprehensive services

Section 411.203, F.S., regarding the continuum of comprehensive services, provides that the Department of Education and the Department of Health and Rehabilitative Services shall utilize the continuum of prevention and early assistance services for high-risk pregnant women and for

high-risk and handicapped children and their families as a basis for intraagency and interagency program coordination, monitoring, and analysis. The Department of Health also has a major, ongoing responsibility for the continuum of comprehensive services to high-risk pregnant women and children.

The continuum shall be the guide for the comprehensive statewide approach for services for high-risk pregnant women and for high-risk and handicapped children and their families and may be expanded or reduced as necessary for the enhancement of those services. Implementation of the continuum shall be based upon applicable eligibility criteria, availability of resources, and interagency prioritization when programs impact both agencies or upon single agency prioritization when programs impact only one agency. The continuum shall include, but not be limited to:

- Education and awareness.
- Information and referral.
- Case management.
- Support services prior to pregnancy.
- Maternity and newborn services.
- Health and nutrition services for preschool children.
- Education, early assistance, and related services for high-risk children and their families, which includes:
 - ▶ Early assistance, including, but not limited to, developmental assistance programs, parent support and training programs, and appropriate follow-up assistance services for handicapped and high-risk infants and their families.
 - ▶ Special education and related services for handicapped children.
 - ▶ Education, early assistance, and related services for high-risk children.
- Support services for all expectant parents and parents of high-risk children.
- Management systems and procedures.

The Children's Early Investment Program

The Children's Early Investment Program is created at s. 411.232, F.S. The goal of the Children's Early Investment Program is to encourage and assist an effective investment strategy for the at-risk children in this state and their families so that they will develop into healthy and productive members of society. Essential elements include that, initially, the program shall be directed to geographic areas where at-risk young children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime rate, great incidence of low birth weight babies, high incidence of alcohol and drug abuse, and high rates of teenage pregnancy. While a flexible

range of services is essential in the implementation of this act, the following services shall be considered the core group of services: adequate prenatal care; health services to the at-risk young children and their families; infant and child care services; parenting skills training; education or training opportunities appropriate for the family; and economic support. Additional services may include, without limitation, alcohol and drug abuse treatment, mental health services, housing assistance, transportation, and nutrition services.

III. Effect of Proposed Changes:

Section 1 amends s. 230.2305(3), F.S., standards in the prekindergarten early intervention program, to specifically provide that the prekindergarten program curriculum may include music therapy services for the purpose of maximizing individual potential and preventing developmental delays.

Section 2 amends s. 391.305, F.S., 1998 Supp., relating to the developmental evaluation and intervention program, to allow rules to be promulgated to specifically include music therapy services for the purpose of maximizing individual potential and preventing further developmental delays.

Section 3 amends s. 393.064, F.S., relating to prevention services in the developmental services program, to specifically include, in addition to specialized therapies, music therapy services for the purpose of maximizing individual potential and preventing further developmental delays under discretionary services provided.

Section 4 amends s. 393.066, F.S., 1998 Supp., community services to disabled persons, to specifically include, in addition to specialized therapies, music therapy services for infants and toddlers for the purpose of maximizing individual potential and preventing further developmental delays.

Section 5 amends s. 402.25, F.S., 1998 Supp., regarding infants and toddlers in state-funded education and care programs and brain development activities, to allow inclusion of, in addition to program components such as an environment rich in language and music and filled with objects of various colors, shapes, textures, and sizes to stimulate visual, tactile, auditory, and linguistic senses in the children (which must include classical music and at least 30 minutes of reading to the children each day), music therapy for the purpose of maximizing individual potential and preventing developmental delays.

Section 6 amends s. 411.203, F.S., relating to the continuum of comprehensive services, to provide that music therapy services for the purpose of maximizing individual potential and preventing further developmental delays for handicapped and high-risk infants and children be included under the education, early assistance, and related services portion of the continuum.

The Departments of Education, Health, and Children and Family Services shall utilize the continuum of prevention and early assistance services as outlined in this section.

Section 7 amends s. 411.232., F.S., Children’s Early Investment Program, to include, as an essential element, music therapy services for the purpose of maximizing individual potential and preventing developmental delays.

Additionally, throughout this bill, the name of the Department of Health and Rehabilitative Services is changed to the Department of Children and Family Services.

Section 8 provides that this act shall take effect October 1, 1999.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Department of Children and Family Services

The Department of Children and Family Services reported the inability to anticipate the fiscal impact of the bill, as filed. With the change of the mandatory “shall” to the permissive “may” in many instances, fiscal impact should be minimal. Presently, music therapy is not a service that is generally requested by clients of the developmental services program. Therefore, the number of persons who would benefit from and request the music therapy services is unknown. The rate charged by music therapists is also unknown to the Department of Children and Family Services.

Department of Education

In its impact statement on school districts and programs for the prekindergarten early intervention program and the infant and toddler state-funded programs, the Department of

Education reports that the need for music therapy varies based upon symptoms present in an individual client. In school programs music therapy may be considered an option as a related service (intended to be support services for those students with disabilities who may benefit from such special education services). When determining the need for related services for an individual client, the district will utilize an Individualized Education Plan. The committee bill no longer mandates musical therapy for all children, regardless of need, which the Department of Education had reported as inappropriate.

The Department of Education reports that no data is available on the number of music therapists hired or contracted by school districts. The committee substitute no longer mandates music therapy, but makes it permissive, thus reducing the demand for additional music therapists.

VI. Technical Deficiencies:

None.

VII. Related Issues:

No definition for what constitutes music therapy is included in this bill. The term is defined nowhere in statute. No qualifications for a musical therapist are known to the Department of Children and Family Services nor are they listed in statute. The Department of Education reports that to practice music therapy requires a graduate degree.

VIII. Amendments:

None.