

Department of Legislative Services
 Maryland General Assembly
 2005 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 834

(Senator Middleton, *et al.*)

Education, Health, and Environmental Affairs

Health and Government Operations

Pilot Program to Study and Improve Screening Practices for Autism Spectrum Disorders

This bill creates a Pilot Program to Study and Improve Screening Practices for Autism Spectrum Disorders administered by the Maryland State Department of Education (MSDE).

The bill takes effect July 1, 2005 and terminates June 30, 2008.

Fiscal Summary

State Effect: General fund expenditures could increase by an estimated \$80,100 in FY 2006, \$69,500 in FY 2007, and \$71,800 in FY 2008 for MSDE's direct costs. FY 2007 and 2008 expenditures would increase significantly depending on the cost of the contract awarded by MSDE. No effect on revenues.

| (in dollars) | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|----------------|------------|------------|------------|---------|---------|
| Revenues | \$0 | \$0 | \$0 | \$0 | \$0 |
| GF Expenditure | 80,100 | 69,500 | 71,800 | 0 | 0 |
| Net Effect | (\$80,100) | (\$69,500) | (\$71,800) | \$0 | \$0 |

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The pilot program will: (1) assess autism spectrum disorders (ASD) screening practices used in pediatric health settings; (2) implement ASD screening practices at well visits for children ages one to three in at least two Maryland jurisdictions; (3) train health care providers in ASD early detection; (4) identify, refer, and facilitate assessments for children ages one to three who are at risk for ASD; (5) facilitate access to health care and early intervention services for parents seeking an early ASD diagnosis; and (6) facilitate improved and expedited Maryland Infants and Toddlers Program services to eligible children who are referred by a parent or pediatrician.

In collaboration with the Department of Health and Mental Hygiene (DHMH), MSDE must: (1) select at least 30 pediatric health care providers to participate in the pilot program; (2) establish relationships with the providers' pediatricians and staff; (3) assess available ASD screening instruments; (4) identify ASD screening practices used by Maryland health care providers; (5) develop training materials for health care providers on ASD early detection; (6) distribute written information on ASD early detection from the Centers for Disease Control and Prevention (CDC) to parents with children in pediatric health care practices; and (7) facilitate communication between pediatric health care providers and the Maryland Infant and Toddlers Program to conduct further assessments of children with signs of ASD and provide services to children who are referred to and eligible for the Maryland Infant and Toddlers Program.

Beginning July 1, 2006, MSDE and DHMH must collect baseline data on providers' screening practices and procedures for identifying ASD and referral practices when ASD is identified. They also must test participating providers' knowledge of ASD practices and procedures and early indicators of ASD. Then, MSDE and DHMH must coordinate with the Kennedy Krieger Institute's Center for Autism and Related Disorders to train participating providers on ASD screening practices and on referral practices once ASD is identified. In addition, the two departments must ensure that the participating providers receive monetary compensation or continuing medical education credit for the training.

After the training is conducted, the providers must be retested on their knowledge of ASD screening practices and procedures and ASD early indicators. The two departments must analyze the test results before and after the training is conducted; establish the use of ASD screening instruments in providers' screening practices; collect data at regular intervals on providers' screening practices and use the data to analyze providers' use of screening instruments before and after receiving training; and collect information on the efficacy of the ASD screening instruments.

Beginning July 1, 2007, MSDE, collaborating with DHMH, must: (1) develop an improved referral system between pediatricians and the Maryland Infants and Toddlers Program; (2) monitor the referral system by meeting with pediatricians to get feedback and identify issues with the referral system; (3) establish an ASD hotline; and (4) provide information on ASD resources.

MSDE may contract with a qualified research organization to administer the pilot program. The organization must have knowledge of ASD and research and clinical experience in ASD early detection and intervention.

By October 1 of each year, MSDE must report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on the pilot program's implementation.

Current Law: The federal Individuals with Disabilities Education Act (IDEA) guarantees a free appropriate public education in the least restrictive environment to students with disabilities.

MSDE's Maryland Infant and Toddlers Program is a statewide, community-based interagency system of comprehensive early intervention services to eligible infants and toddlers ages birth through two and their families. The program must include early intervention services provided or supervised by MSDE, DHMH, the Department of Human Resources, and the Office for Children, Youth, and Families.

Background: There are approximately 4,500 autistic children of all ages in Maryland who are currently eligible for special education. MSDE also administers the Home and Community Based Services Medicaid Waiver for Children with Autism Spectrum Disorder. The waiver provides services to children ages 1 to 21 who have multiple disabilities to keep them in the community instead of in an institution. Participation is capped at 900 participants. There are more than 1,000 individuals on the waiting list for services.

ASD is a group of developmental disabilities caused by an abnormality in the brain. Although scientists do not know what causes ASD, it is believed that genetic and environmental factors contribute to the disorder, according to the National Center on Birth Defects and Developmental Disabilities (NCBDDD). Individuals with ASD may lack social skills; have difficulties with speech, language, and communication; and have repeated behaviors and routines. Children with ASD develop at different rates in different developmental areas such as motor, language, cognitive, and social skills. While there is not a cure for ASD, NCBDDD advises that early behavioral intervention is the most effective treatment in improving a child's skills.

The Maryland Infants and Toddlers Program/Preschool Services Branch oversees and supports local early intervention systems and local school system preschool special education programs for children with disabilities from birth through age five. The Program Administration and Improvement Section coordinates funding, technical assistance, training, and monitoring activities for the State's early intervention system under the IDEA. Twenty-four local interagency infants and toddlers programs provide family-centered early intervention services to enhance the development of children with disabilities from birth to age three and to support families' capacity to meet the infants' and toddlers' special needs.

The Preschool Services Section funds and provides technical assistance for preschool special education programs for children with disabilities from ages three through five in each local school system. Collaboration with other community-based early childhood programs and local infants and toddlers programs is a major emphasis for preschool special education programs at the State and local levels.

The branch coordinates support and information activities for families of children with disabilities from birth through age 21 through local Family Support Networks, Preschool Partners, and Partners for Success Resource Centers.

State Expenditures: MSDE advises that it would contract with a qualified organization to administer the program. General fund expenditures could increase by an estimated \$80,111 in fiscal 2006, which accounts for a 90-day start-up delay. This estimate reflects the cost of hiring one contractual staff specialist at MSDE to develop the pilot program and establish a contractual relationship to operate the program. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

| | |
|---|-----------------|
| Salary and Fringe Benefits | \$37,330 |
| Provider Training/Database Expenses | 35,000 |
| Other Operating Expenses | <u>7,781</u> |
| Total FY 2006 State Expenditures | \$80,111 |

Future year expenditures at MSDE reflect: (1) full salaries with 4.6% annual increases and 6.8% employee turnover; (2) 1% annual increases in ongoing operating expenses; and (3) the program terminating June 30, 2008.

For the remainder of the pilot program, MSDE estimates approximately \$415,000 for contractor costs annually in fiscal 2007 and 2008. However, MSDE further advises that the expenditures will depend on the contractor's costs to provide the provider ASD

testing and training and compensating providers for participating that will not be known until MSDE receives responses to requests for proposals from contractors.

The Department of Legislative Services (DLS) concurs that general fund expenditures would increase significantly in fiscal 2007 and 2008 to fully implement the program. However, DLS believes that those expenditures cannot be reliably estimated at this time.

The extent to which this bill would increase the number of children enrolled in MSDE's Infants and Toddlers Program cannot be reliably estimated at this time. The bill also might result in children who would have been referred to this program anyway, being referred at an earlier age. The program serves approximately 10,000 children annually. The fiscal 2006 proposed budget includes \$5.2 million in general funds and \$7.6 million in federal funds.

DHMH advises that they can collaborate with MSDE on the pilot program within existing budgeted resources.

Additional Information

Prior Introductions: None.

Cross File: HB 579 (Delegate Donoghue, *et al.*) – Health and Government Operations.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, National Center on Birth Defects and Developmental Disabilities, Department of Legislative Services

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