

S

B

H

O

g

HOUSE COMMITTEE REPORT *File*

(11)

Date Referred: May 2, 1990
(FINANCE added 5/2)

FURTHER REFERRALS:

Date of Committee Action: 5/6/90

The FINANCE Committee considered:

SB 409

SENATE BILL NO. 409

SCHOOL TRAINING FOR ALCOHOL BIRTH DEFECTS

"An Act relating to training for teachers and certain school officials."

RECOMMENDATIONS:

- be replaced with HCS SB 409 (HESS) the same title
 a new title
- have attached amendment(s)
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
(Dept)

APPROVES PREVIOUS:

(Date/Dept)

- fiscal impact _____
- zero fiscal note _____
- zero with analysis _____

- fiscal note(s) 2/23/90 ED
- zero fiscal note(s) 2/23/90 HESS
- zero fn/analysis _____

SIGNING DO PASS:

[Signature] Hoffman

[Signature] Swackhammer

[Signature] Brown

[Signature] Koponen

[Signature] Ummu

SIGNING:

(Check approp. column)

	Do Not Pass	No Rec	Amend
<u>[Signature]</u> Larson	X		
<u>[Signature]</u> Barnes	X		
<u>[Signature]</u> Phillips			✓
<u>[Signature]</u> Riesen			✓

[Signature] Larson
Chairman's Signature
[Signature] Hoffman

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to Training for Teachers and Certain School Officials
Sponsor: Binkley
Requestor: _____

Agency Affected: Health & Social Services
BRU: _____
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

FY 90 fiscal impact is "0."

Prepared by: Sally Mead Phone: 561-4211
Division: Office of Prevention Date: _____
Approved by Commissioner: Myra M. Tunson Date: 2/2/90
Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

**STATE OF ALASKA
1990 LEGISLATIVE SESSION**

BILL VERSION: SB 409 (a)
PUBLISH DATE: 2/23/90

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Training for Teachers and
certain State Officials
Sponsor: Binkley
Requestor: Senate C&RA

Agency Affected: Education
BRU: Educational Program Support
Components: Office of the Director

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL	15.0	2.0	2.0	2.0	2.0	2.0
CONTRACTUAL	35.5	13.0	13.0	13.0	13.0	13.0
SUPPLIES	3.0					
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	30.0	30.0	30.0	30.0	30.0	30.0
MISCELLANEOUS						
TOTAL OPERATING	83.5	45.0	45.0	45.0	45.0	45.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	83.5	45.0	45.0	45.0	45.0	45.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached analysis.

Prepared by: Toni Kabler Jones Phone: 465-2830
Division: Educational Program Support Date: 2/21/90
Approved by Commissioner: William G. Demmert Date: 2/21/90
Agency: Education
Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor

1082

Narrative Outline - Fiscal Note for SB 409

FY'91

Personal Services	-0-	
Travel	15,000	Task Force: Nine (9) members at three (3) meetings to determine content of the inservice training module for serving FAS/FAE students.
Contractual	35,500	Phone/audio conference, phone contact with other states, task force members, and in-state school districts, other agencies, and task force members development of training program. (2,500) Development of Training materials; trainer for pilot training and summer academies - identify experts and materials to provide training (15,000). Print and duplicate materials for all the school districts (15,000). Postage for sending materials to school districts (3,000).
Commodities	3,000	Supplies, and purchasing copyright of training materials.
Grant	30,000	June '91 Summer Academies (Fairbanks, Anchorage, Juneau) Training of Trainers/Scholarships to school districts.
<u>Total</u>	<u>83,500</u>	

FY'92-'96 (each year)

Travel	2,000	Subsequent years inservice training related travel, technical assistance to school districts, and revisions to the training module and materials.
Contractual	13,000	Phone/audio conference (2,500) Print materials, updating/revision of materials for school district use. (7,500) Postage (2,000) Purchase of copyright (1,000)
Grant	30,000	Scholarships for school districts to participate in Summer Academy Training or for accessing trainers through the Talent Bank to provide staff in-service training in their district.
<u>Total</u>	<u>\$45,000</u>	

Original sponsor(s): SEN. BINKLEY, Zharoff, Cognill, Eliason, Pearce,
Adams, Faiks, Sturgulewski, Frank, Jones, Pourchot, Kelly, Uehling, Halford

1 IN THE SENATE BY THE HESS COMMITTEE
2 HOUSE CS FOR SENATE BILL NO. 409 (HESS)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to training for teachers and certain
7 school officials."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 14.20 is amended by adding a new section to read:

10 ARTICLE 8. REQUIRED TRAINING.

11 Sec. 14.20.680. TRAINING REQUIRED FOR TEACHERS AND OTHER SCHOOL
12 OFFICIALS. (a) A school district or regional educational attendance
13 area shall train each teacher, administrator, counselor, and special-
14 ist on the needs of individual students who have alcohol or drug
15 related disabilities. The training must utilize the best available
16 educational technology and include an overview of medical and psycho-
17 logical characteristics associated with alcohol or drug related dis-
18 abilities, family issues, and the specific educational needs of stu-
19 dents with alcohol or drug related disabilities.

20 (b) A newly hired teacher, administrator, counselor, or special-
21 ist who has not previously received the training required under (a) of
22 this section shall receive the required training within 45 days after
23 the first day the teacher, administrator, counselor or specialist
24 begins to work.

25 * Sec. 2. APPLICABILITY. Teachers, administrators, counselors, and
26 specialists employed by a school district or regional educational atten-
27 dance area on the effective date of this Act shall receive the training
28 required under AS 14.20.680(a), enacted by sec. 1 of this Act, before
29 July 1, 1992. Notwithstanding AS 14.20.680(b), enacted by sec. 1 of this

1 Act, a teacher, administrator, counselor, or specialist who is hired by a
2 school district or regional educational attendance area after the effective
3 date of this Act, but before July 1, 1992, shall receive the training
4 required by AS 14.20.680(a), enacted by sec. 1 of this Act, at any time
5 before July 1, 1992 or within 45 days after the teacher, administrator,
6 counselor, or specialist began work, whichever is later.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

May 2, 1990

TO: Representative Lyman Hoffman, Co-Chairman
House Finance Committee

FROM: Senator John Binkley *John*

RE: HCSSB409 (HESS) - Relating to training for teachers
and certain school officials

I would appreciate your consideration of scheduling HCSSB409 (HESS) at the earliest possible time.

HCSSB409 (HESS) would require school districts and REAA's to train teachers and other school personnel on alcohol and drug related birth defects. This would include the special educational needs of the children.

Children with alcohol and drug related birth defects show symptoms of hyperactivity, poor coordination, and noncompliance. In school they require constant supervision, have difficulty with change, require additional classroom structure, and have extremely low attention spans.

Not all of these children are referred to special education. Not all of these children are developmentally disabled. Yet all of these children present special challenges to parents, teachers, and other care providers.

The Department of Education has responded to SB 409 with a plan to develop training materials for inservice instruction, to be implemented during the 1991-1992 school year.

The bill is supported by NEA, Alaska Association of School Boards, the Department of Education, the Office of Prevention, Tanana Chiefs Conference, Rural CAP, AFN, Village Participation Conference, the FAS/FAE Support Network in Alaska.

Thank you for your consideration.

The Crack Children

Their troubles don't end in infancy. As cocaine babies grow up, health and social workers are discovering a whole new set of drug-related problems.

Arthur was already 3 days old when his aunt found him in the Houston garage where his crack-addicted mother had abandoned him. Arthur's aunt adopted him, but at 13 months, he was so wild that his aunt called him "possessed." She brought him to a special program for infants sponsored by Houston's Mental Health and Mental Retardation Authority. There, he would not let his teacher, Geynille Agee, come closer than eight feet before he began hurling toys at her. Two years later Agee thinks she has made a little progress with the boy; he can now walk calmly down the hall holding his aunt's hand—something he could never do before.

Christina, another 3-year-old in the Houston program, does not like to be touched. Her teacher tried gently rubbing the child's skin with soft toys. Most made Christina shrink away. Finally, Christina became interested in puzzles, but rather than pick up the pieces herself, she would gingerly hold her teacher's wrist while the woman put the pieces together.

Arthur and Christina (not their real names) are among the oldest of a generation of children across the country who share a terrible heritage—their mothers all smoked crack while they were pregnant. A few years ago crack-exposed babies made headlines when they began showing up in intensive-care nurseries. Then, the struggle was just to get them out of the hospital. Now, experts say, their problems appear to be long term—and far more difficult to solve.

The first wave of crack babies is just approaching school age, and educators are frustrated and bewildered by their behavior. "They operate only on an instinctual level," says Agee of her students. "They eat and sleep, eat and sleep. Something has been left out." Sometimes withdrawn, these children may have trouble playing or even talking with other kids. Some have tremors or periods when they seem to tune out the world. No one yet knows how to undo the damage caused by a pregnant woman's drug use. Some teachers predict that special-education programs like the one in Houston will soon be swamped with crack children. "We need experts to deal with them immediately," says a spokesper-

son for the city's mental-health authority. "But who will be the experts? We are all having to learn about this one together."

There's no question that the need is tremendous. According to a major national study of the problem, about 11 percent of all newborns—375,000 babies annually—have been exposed to drugs in utero. Crack cocaine is the primary addiction of pregnant women, although many use other drugs as well. The doctor who conducted



EUGENE RICHARDS—MAGNUM

Tragic start: Pregnant crack user

Damage Done

- At least 375,000 babies are born annually to mothers who use drugs.
- One survey estimates that the number of drug-exposed infants has more than tripled since 1985.
- Cocaine cuts the flow of nutrients and oxygen to the fetus, causing deformities and growth impairment.
- Drug-exposed 2-year-olds have trouble concentrating, interacting with groups and coping with structured environments.

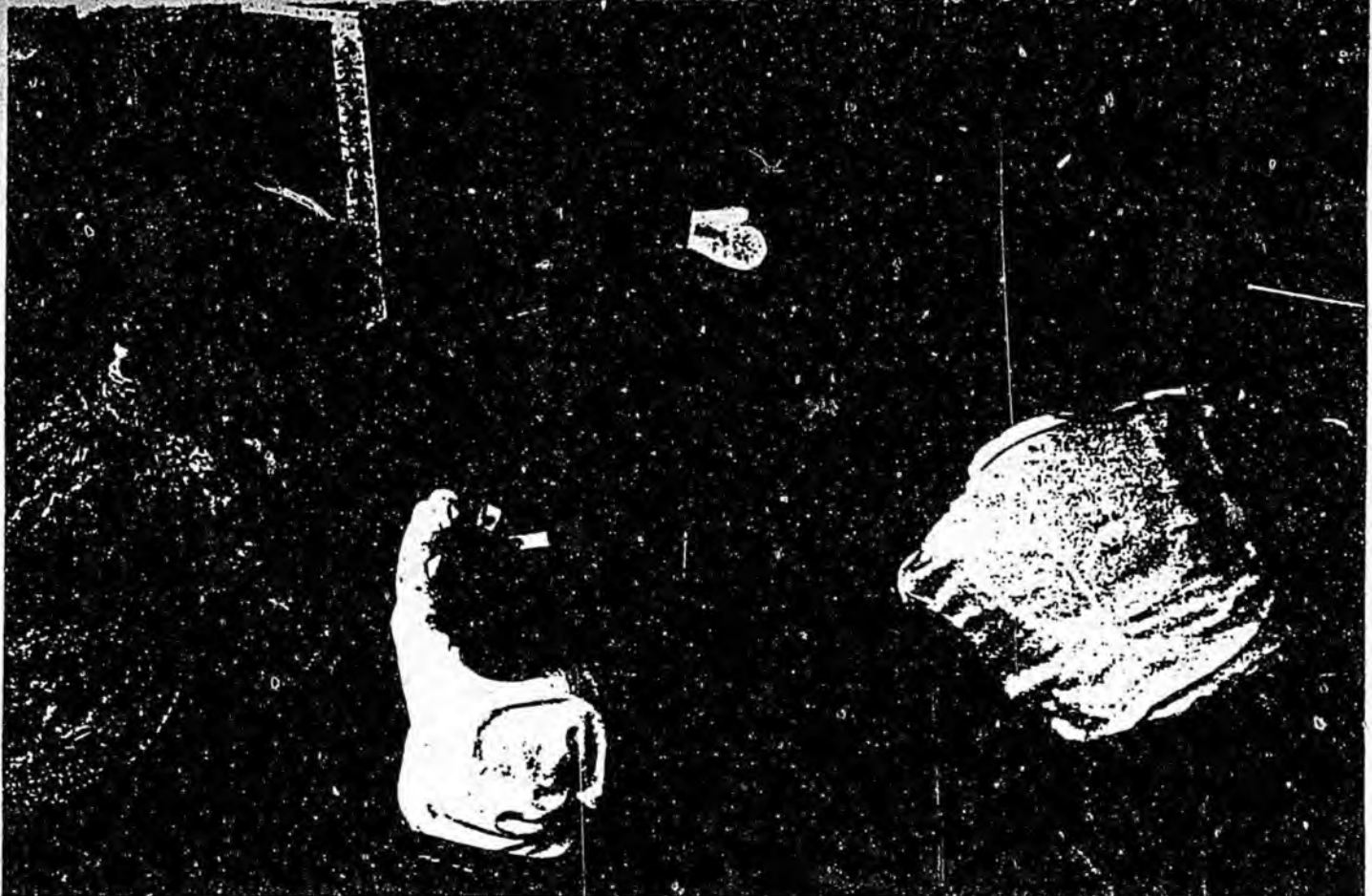
that 1988 study, Ira Chasnoff, president of the National Association for Perinatal Addiction Research and Education, thinks his results probably understate the problem because a mother's drug use can be hard to detect. Drug screening is not routine in many hospitals, and even with testing, crack use is not always obvious.

Without reliable testing, doctors must look for other clues. For example, pregnant crack addicts may not visit a doctor until they actually go into labor and are ready to deliver—and sometimes not even then. "When a patient comes in with no history of prenatal care, we automatically start wondering if there's been drug abuse," says Dr. Ezra Davidson of King-Drew Medical Center in Los Angeles. Davidson, who is also president of the American College of Obstetricians and Gynecologists, estimates that a quarter of the babies coming into his hospital's intensive-care nursery have drug-related problems.

Many of these babies start their lives with serious handicaps. They are likely to be born prematurely, says Dr. Gordon B. Avery of Children's National Medical Center in Washington, D.C., and may weigh as little as two pounds. "They get hit with everything other premature babies do—plus," Avery says. Compared with other preemies, they're more likely to have hydrocephaly (water on the brain), poor brain growth, kidney problems and apnea (when babies suddenly stop breathing). They are also more likely to have suffered an infarct of the brain—similar to a stroke.

Birth defects: And that's only the beginning. Doctors who have followed the progress of crack babies now believe their drug-related birth defects may contribute to major developmental difficulties. Dr. Judy Howard of the UCLA School of Medicine, who has studied hundreds of crack children, says that they are hard to care for almost from the moment of birth. They may be either extremely irritable or very lethargic, have poor sucking abilities that hamper feeding and irregular sleep patterns. As they grow older, they may be hyperactive, slow in learning to talk and have trouble relating to other people—just like Arthur and Christina, the youngsters in the Houston program.

As part of her research, Dr. Howard com-



PHOTOS BY LESTER SLOAN—NEWSWEEK

pared preemies born to crack users with other (noncrack) preemies. Even at the age of 18 months, after receiving good medical care and educational therapy, the crack kids were in bad shape. They tended to hit their toys or throw them around the room, without apparent motive or provocation. "Their facial expressions appeared flat and joyless and their body language did not demonstrate enthusiasm," says Howard, who points out that children who can't or won't play with toys are missing an important avenue of development. "The kids have an impairment that makes them disorganized in everything they do," she says. Doctors haven't been able to pinpoint the exact reason for these problems, but they suspect neurological damage. Howard says it's as if the part of the brain that "makes us human beings, capable of discussion or reflection," has been "wiped out."

Early Intervention: So far, there are only a handful of programs dedicated to helping crack children. At the Salvin Special Education School in Los Angeles, teacher Carol Cole says her two-year-old program is still experimental; every day she and her colleagues try to figure out new ways to help the kids. Early intervention and individual attention seem to be crucial. There are no more than eight 3- and 4-year-olds in each class with as many as three teachers. Much of the day is taken up with regular preschool activities—songs, games, art projects. But the school also has a pediatrician, psychologists, social workers and speech and language specialists. They're all ready



to help with the problems caused not only by the mothers' crack use, but also by the youngsters' often chaotic home lives. In some of their families, drug use is still a factor. That puts these kids at high risk for abuse and neglect. Doctors also suspect that the children may be seriously injured just by breathing the crack-filled smoke in their homes. Cole says that the continuity

Doing what they can: Teachers with crack kids at the Salvin School

and routine at school help the kids feel secure. They also get lots of opportunities to talk about things that may be bothering them. "We acknowledge what exists," says Cole. "We talk about the specifics of their lives. And they feel safe when they know we know."

Lost generation: As America's crack problem worsens, health and social workers are left with only two options: get mothers into treatment programs in time to protect their babies, or prepare to deal with a steady stream of troubled children. Unfortunately, many drug facilities exclude pregnant women; in one recent study of programs in New York City, 54 percent wouldn't let these mothers in. And once children are born to crack mothers, the problems become even more daunting. "We simply can't take all these babies away from their mothers," says Dr. Loretta Finnegan of Jefferson Medical College in Philadelphia, who has worked with pregnant addicts for many years. "Where are we going to put them?" In addition to stepping up—and paying for—drug enforcement and drug treatment, the country now must confront a whole new facet of the crack epidemic: an entire generation that may never be free of the scourge.

BARBARA KANTROWITZ with PAT WINGERT in Washington, NONNY DE LA PEÑA in Houston, JEANNE GORDON in Los Angeles and TIM PADGETT in Chicago

Anchorage Daily News
April 22, 1990

Alaskans should lead the attack against fetal alcohol syndrome

616 0287 0391

"Sally," like many children who suffer from Fetal Alcohol Syndrome (FAS), had a special affection for animals.

The perfect job for Sally, thought Dr. Ann Streissguth, a nationally known FAS expert at the University of Washington, would be working with a veterinarian.

Sally got a job bathing animals and cleaning out animal cages. She managed to hold down this job for a year — which Streissguth says is "probably the record we've ever had of a child with FAS holding a job."

As a result of the brain damage she suffered from her mother's alcohol abuse during pregnancy, Sally couldn't focus on tasks. She couldn't remember from one day to the next how to do jobs like sweeping the floor in front of the animal hospital.

Like many FAS young people, Sally loved to make friends and talk with them. But her constant socializing distracted other employees from their work.

With the right education, young adults

JUDITH KLEINFELD

with FAS might do much better. But we know little about what works for them.

A rural teacher put it squarely, "I've got two kindergarten children with FAS, and more are coming up. What do I do?"

I had never seen a study on educating FAS children so I called experts around the country to find out what was going on. The answer is "hardly anything."

The best work available is a report by Ann Streissguth and her colleagues, A Manual on Adolescents and Adults with Fetal Alcohol Syndrome with Special Reference to American Indians, commissioned by the Indian Health Service. But it doesn't focus on education.

In this study, Streissguth followed up 61 adolescents and adults who had been diagnosed as having FAS or its less extreme form, Fetal Alcohol Effects (FAE).

"Of the 61 patients," she says, "none of

them were living independently. We found terrible problems. They weren't able to work. They weren't able to care for their children.

"We found that the schools weren't meeting their needs. They were often getting kicked out of school not because they couldn't read or write but for behavior problems.

"It was the behavior problems that the schools couldn't stand and which the job programs couldn't stand and which their employers couldn't stand."

Teachers often had the wrong reactions about how to work with FAS children. Many, for example, wanted to avoid "labeling" these children for fear that the diagnosis would make people expect too little from them.

The serious problems Streissguth found are not inevitable. The outlook might be considerably better if we knew more about how to educate FAS/FAE children.

Under the leadership of Sen. John Bink-

ley of Bethel, Alaska is emerging as a pioneer in efforts to combat alcohol-related birth defects. Binkley has introduced legislation to increase public awareness of the problem, treat pregnant women who abuse alcohol, and educate teachers. It's impressive legislation.

But we need to do more than spread knowledge of how to educate FAS/FAE children. The basic knowledge isn't there to spread. With the highest rate of FAS/FAE in the country, Alaska should pioneer in producing this research.

An Alaskan FAS/FAE parent group has been started and publishes a useful newsletter. Contact Chris Jackson, FAS Education Coordinator, P.O. Box 74612, Fairbanks, Alaska 99707, 456-1101.

□ Judith Kleinfeld is head of the Department of Education, Fairbanks Faculty, College of Rural Alaska at the University of Alaska Fairbanks.